



Action for Sick Children Scotland

Is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of ALL sick children within our healthcare system. Our work includes:

Working with the Scottish Government, NHS and voluntary sector to ensure that health services are planned for sick children and young people in child centred environments with appropriate ratios of trained staff

Informing children, parents and carers of their rights and responsibilities; empowering them to participate in decisions about treatment and care

Raising awareness, representing **children's needs and concerns** within government, healthcare committees and other non-governmental organisations

Promoting high quality of healthcare services at home and in hospital, while working to obtain equality of services and access across Scotland

Action for Sick Children Scotland

Newsletter

Winter 2015/16

Appropriate Care for Children and Young People in all Hospital Settings

Risk Assessment and Care Pathway Guidance



Jean Davies

Action for Sick Children Scotland (ASCS) is proactive in its work to improve healthcare services for children in Scotland. Jean A Davies, Clinical Nurse Manager Paediatrics, NHS Ayrshire & Arran highlights a successful, collaborative approach taken by ASCS, The William Quarrier Scottish Epilepsy Centre (WQSEC) and NHS Ayrshire & Arran to share good practice in relation to safe, effective person centred care for young people in Scotland. Jean writes:

'In some areas across Scotland children between 14 and 16 years are admitted for care in environments that are not specifically suitable or designed for their age group. Young people in these settings become more vulnerable than those receiving care in child specific (paediatric) environments and special consideration is required by service providers **to ensure their patients' safety, protection,** health and wellbeing. Clinicians within the **field of children and young people's health** care believe that there is an increased risk of physical and emotional harm to young people who do not receive their care in age appropriate settings and by appropriately trained staff. When children are admitted to adult care environments they may witness distressing events, sights and sounds that could negatively impact on their current care episode, subsequent recovery and on their future health and wellbeing.

Background

Children and young people's experiences of care and services throughout their life course can have a significant impact on their health

and wellbeing. The European Association for Children in Hospital (EACH) Charter of 1988, the United Nations Convention on the Rights of the Child (UNCRC) (1989), the NHS Quality Strategy (2010) and The Children and Young



People (Scotland) Act 2014 are agreed benchmarks to ensure children and young **people's rights and safeguards and are used to** commission and deliver excellent care and services for babies, children and young people.

Recognition of the issue

Within my own area of practice in NHS Ayrshire & Arran I was aware of instances, although infrequent, of children between the ages of 14 and 16 years receiving care and treatment in areas not designed and designated for paediatric care. As the Clinical Nurse Manager for Paediatrics it is my responsibility to ensure best standards of practice for children and young people attending for healthcare.

It was important that the issue was promptly addressed and the situation provided an opportunity to develop a risk assessment and care pathway for young people aged 14 years and over receiving care and treatment in areas not designed and designated for

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Promoting the Healthcare Rights and Needs of Children and Young People

Manifesto for the Scottish Government, Members of the Scottish Parliament and those responsible for the formulation of healthcare policy



Action for Sick Children Scotland (ASCS) calls upon the Scottish Government, elected Members of the Scottish Parliament, and those responsible for the formulation of healthcare policy, to ensure that the healthcare rights of all children and young people are upheld in line with the European Association for Children in Hospital (EACH) Charter, which is underpinned by the United Nations Convention on the Rights of the Child (UNCRC). ASCS calls upon them to ensure that:

- 1. There is equity of access to education for all children and young people absent from school due to ill health by ensuring effective implementation and monitoring of the new Education Guidance.**
EACH Charter Article 7, UNCRC Articles 28 and 29
- 2. The planned Guidance on medication and medical treatment in school is completed and issued as soon as possible and that the affected children and young people receive, as of right, the medication and medical treatment in school that they require to maintain their health and to enable them to benefit from their education.**
EACH Charter Article 7, UNCRC Articles 23, 28 and 29
- 3. The mental health of children and young people receives the same priority as their physical health.**
EACH Charter Article 8 and 10, UNCRC Articles 23 and 24
- 4. Young people moving into adult health services receive age appropriate care by suitably trained staff in an age appropriate environment.**
EACH Charter Articles 8 and 9, UNCRC Articles 28 and 29
- 5. All NHS Boards appoint an Executive Lead responsible for ensuring that the rights of children and young people are embedded in all their services.**
EACH Charter Articles 1-10, UNCRC Articles 3, 5, 9, 12, 16-19, 23-25, 28 -31
- 6. Each GP practice has one or more GPs with specific postgraduate training in child health and this information is clear for families attending the practice.**
EACH Charter Articles 8, UNCRC Articles 23 and 24
- 7. Children in hospital should be provided with nutritious wholesome food, appropriate for those with special dietary needs, attractively presented in an age appropriate manner.**
EACH Charter Article 7, UNCRC Articles 23 and 24
- 8. Policies are introduced that enable children, including those with additional support needs, to exercise their right to play in all healthcare settings.**
EACH Articles 1, 4, 7, UNCRC Articles 23, 24 and 31
- 9. Methods of recording information on the dental profile of children with additional support needs are devised.**
EACH Article 5, UNCRC Articles 23 and 24.
- 10. Steps are taken to reduce the number of tooth extractions carried out under general anaesthesia for all children and to report on the proportion of tooth extractions carried out for children with additional support needs.**
EACH Articles 1 and 5, UNCRC Articles 23 and 24.



Notes on ASCS Manifesto

1. Guidance on the Education of Children Unable to Attend School Due to Ill Health: Scottish Government (2015) <http://www.gov.scot/Publications/2015/06/684>
2. Guidance on the Administration of Medicines: Scottish Government (2006) <http://www.gov.scot/Publications/2001/09/10006/File-1>
3. ASCS has serious concerns about a number of issues in relation to the mental healthcare of children and young people, not least the admission of children to adult psychiatric wards. Mental Health service provision has worsened in recent years and our concerns include: access to mental health services (3 out of 4 children and young people with mental health problems are thought to not access any treatment), the poor priority of mental health compared to physical health, waiting times, staffing resources, placements far from home or in police cells.

These are matters of UK wide concern as the Equality for Mental Health Petition makes clear with its 10 point Charter which covers all our concerns. <http://www.equality4mentalhealth.uk/>

For more information on campaigning work in Scotland visit: The Scottish Children Services Coalition <http://www.thescsc.org.uk/urgent-action-called-for-as-more-than-half-of-health-board-figures-fail-to-meet-child-mental-health-targets/>
4. Think Transition: Developing the Essential Link between Paediatric and Adult Care: Royal College of Physicians of Edinburgh (RCPE) (2008) <http://www.cen.scot.nhs.uk/files/16o-think-transition-edinburgh.pdf>
Principles of Good Transitions 2, Scottish Transitions Forum (2014) <http://scottishtransitions.org.uk/wp-content/uploads/principlesofgoodtransition-arc-scotland.pdf>
5. Part 1 of the Children and Young People (Scotland) Act 2014 places a duty on public authorities, including Health Boards, to report on what they are doing to encourage and support children's rights under the UNCRC. ASCS believes that the appointment of an Executive Lead would support Boards to take forward children's rights.
6. In their document 'Learning Together for Child Health', the Royal College of General Practitioners (RCGP) and the Royal College of Paediatrics and Child Health (RCPCH) state that GPs should undertake regular continuous professional development in paediatrics in conjunction with local paediatric teams. Further, the recent Out of Hours Review by Sir Lewis Ritchie recommends that a fourth year in general practice be utilised to extend GP trainees' experience in child health.
7. ASCS's surveys of parent/carer experience of the provision of food in hospital for their children, and its surveys of Health Board nutritional policy in practice revealed substantial deficiencies. The current review of the guidance on Food in Hospital (Scotland) provides an opportunity to address the issues as recommended by ASCS: <http://www.ascscotland.org.uk/default.asp?page=46>
8. National Play Strategy (2013) states: "Improving outcomes for children's quality of life through play is one of the 10 elements of transformational change set out in the Early Years Framework. It recognises that play is central to how children learn, both in terms of cognitive skills and softer skills around relating to other people and that it is a right and a fundamental part of children's quality of life." (Article 31 UNCRC)
9. Extensive data (Scottish Government National Dental Inspection Programme (NDIP)) is collected annually around children's dental health. However ASCS has discovered a gap in this information. Data gathered makes it impossible to determine the dental profile of children with additional support needs.
10. Of all children who are admitted for day case surgery under general anaesthesia, 38% (2012-13 statistics) are for tooth extraction. This remains by far the most common reason for a child to receive general anaesthesia. However, what we cannot determine from the national data is the proportion of children with additional support needs who currently receive general anaesthesia for tooth extraction.





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paediatric care (Appendices 1 & 2). The guidance was written specifically for, and made available to, frontline staff working with children but who do not hold recognised **qualifications in children's care. The aim was to ensure that** children and young people receive age appropriate care in a suitable environment from staff with the knowledge and skills to meet the needs of children, families and carers.

Working together to ensure safe practice

ASCS provides a resource and support for all those involved with the care of children and young people in Scotland and the NHS Ayrshire & Arran risk assessment and pathway documents were discussed with the ASCS Trustees during one of their meetings.

It was felt that the risk assessment and pathway could be a useful tool in the care and management of young people aged 14 to 16 years and a decision was made to share the work with any interested colleagues who provide care for this age group outside of designated paediatric settings.

ASCS had received an enquiry from Gerard Gahagan, Head of Service at The William Quarrier Scottish Epilepsy Centre (WQSEC) in Glasgow, about their views on the standards of care that would be required if a young person aged 14 to 16 **years old was to be admitted to the centre. WQSEC's** current lowest age of admission is 16 years and their present policies and standards relate to the care of adult patients. Dagmar Kerr of ASCS met with Gerard at the WQSEC and had a tour of the excellent facility. Gerard explained how patient care is delivered at WQSEC and Dagmar was particularly interested to see how the centre provides a good, age appropriate service for the younger patients who are in the sixteen to early twenties age group. When admitting younger patients WQSEC works very **closely with the Children's Epilepsy Team based at the Royal** Hospital for Children in Glasgow. The hospital team is able to support young patients in the William Quarrier Scottish Epilepsy Centre and to ensure great continuity of care.

Dagmar and Gerard talked about the advice and support available from ASCS and the guidance in the European Association for Children in Hospital (EACH) Charter to ensure appropriate standards of care for young people in clinical settings www.each-for-sick-children.org. The Centre already meets most of the EACH Charter **points, but staff were unaware of a child's right to education** during times of illness.

Dagmar agreed to provide an information and professional

ASCS is grateful to the Scottish Government which provides Third Sector Early Intervention Core and Project Funding.



development session on the EACH Charter for the staff at the centre.

There was further discussion about the possibility of young people between the ages of 14 and 16 being admitted to WQSEC. Dagmar mentioned that a risk assessment and care pathway had already been developed in NHS Ayrshire & Arran for the few patients that might occasionally have to be treated in an adult setting. The documents were shared with Gerard who adapted them for specific use within WQSEC and arrangements were made for me to visit WQSEC to discuss progress.

Assessment

I was pleased to meet Gerard at WQSEC not long after **Dagmar delivered the EACH session. The staff's dedication** and commitment to provide safe, effective, person centred care at the Centre was very apparent during my visit. We continued the discussion about age appropriate care and the safeguards that must be in place for young people aged between 14 and 16 years admitted to WQSEC. It was evident during our discussion and through observation of the care environment, that Gerard and his staff are able to meet the needs of patients in the younger age groups. They also understood very well the impact on health and wellbeing that an admission for an episode of care can have on young people, their education, their friends and families.

Recommendations

- Young people aged between 14 and 16 years have a right to safe, effective, person centred care and there is a duty of care on service providers to ensure that best practice standards are met.
- Where care for children and young people is being provided outside of designated paediatric settings all risks of harm must be assessed and preventative factors and controls put in place to minimise the risks.
- Care pathways must reflect that all consideration has **been given to protect and promote the young person's** rights, safeguards, health and wellbeing.
- Strong partnerships, collaboration, sharing ideas and joint working are beneficial in helping address universal issues relating to the care of children and young people.

Click on ASCS website link or paste in browser to read <http://www.ascscotland.org.uk/default.asp?page=41>

APPENDIX 1 Health & Safety General Risk Assessment
APPENDIX 2 Care Pathway for Young People aged 14 years and over receiving care and treatment in areas not designated for paediatric care

ASCS is grateful to Jean Davies for this article and to NHS Ayrshire & Arran, Gerard Gahagan and Dagmar Kerr for their help, advice and support.