LOCAL PROCEDURE FOR THE ADMISSION OF YOUNG PEOPLE WHO ARE 16-18 YEARS OLD.

1. Introduction
The National Service Framework for Children, Young People and Maternity Services (NSF) was launched by the Department of Health (DH) in 2004. The standard for Hospital Services was launched in 2003 following the Kennedy and Laming enquiries. The NSF applies to all children and young people up until their 19th birthday. This document relates to young people between the ages of 16 and 18 and it could include young people who are slightly older in the case of a significant disability. Each case should be considered on its own merits.

General standards for hospital services may be summarised as follows:

- Children and young people receive care that is integrated and co-ordinated
- Children, young people and their families are treated with respect, as active partners in decisions about their care, and can exercise choice when possible
- A child’s / young person’s discharge from hospital is planned in good time and liaison with other relevant agencies. The length of stay in hospital is kept to the minimum, through improved co-ordination of community- based care
- The care provided is high quality, evidence based and developed through clinical governance systems which focus on the care of children and young people
- Hospitals meet their responsibilities to safeguard and promote the welfare of children and young people
- There are policies in place and staff who are trained to care for children and young people with mental health needs in hospital. Arrangements for providing emergency and non-urgent surgical services for children and young people reflect their particular needs. Tertiary services work closely with local services and commissioners to remodel the way these services are provided.
- Care is provided in an appropriate location and in an environment that is safe and well suited to the age of the development of the child and young person.

In addition, standard 4 states that all young people should have access to age appropriate services which are responsive to their specific needs as they grow into adulthood.

As awareness of these standards grows; there has been an increased demand on the paediatric services to consider admission of many 16-18 year old patients onto the paediatric wards at RCHT. This version supersedes any previous versions of this document.

2. Purpose of this Procedure
This Standard Operating Procedure (SOP) sets out the key criteria for decision making in order to ensure that all admissions of adolescents to the paediatric department are appropriate, therefore ensuring that the young person is admitted to the department which best meets their needs. The process for this is illustrated in Appendix 1. This is supported by further information in Appendix 2 in relation to caring for adolescents so that if they chose or have to be admitted to adult areas the staff there have knowledge and skills to do this.

3. Ownership and Responsibilities
An early medical discussion will help to identify the best course of management for the young person (see appendix 1). In the event of a lack of agreement between the Consultant Paediatrician and the Adult service Consultant in relation to the most appropriate place to admit the
patient, this will be escalated to the Divisional Management team in hours and senior manager on call via the site coordinator out of hours.

### 3.1 Role of Managers

Line managers are responsible for ensuring this procedure is followed and staff have access to training as required.

### 3.2 Role of Individual Staff

All staff members are responsible for reading the procedure and following it accessing training and education as required and appropriate.

### 4. Standards and Practice

Professionals may need to consider further development of their knowledge and skills in working with young people, including: the biology and psychology of adolescence; communication and consultation strategies; multi-disciplinary and multi-agency teamwork; and an understanding of the relevant individual conditions and disorders and their evolution and consequences in adult life. An E-Learning package developed by Royal College of Paediatrics and Child Health (RCPCH), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN) and other royal Colleges is available to all staff so they can develop the necessary skills to help young patients make necessary changes to lead a healthier and more active life. It is an interactive on line sessions. This can be found on: www.rcpch.ac.uk/AHP. It is easy to register and is free. Professionals within the Children’s Unit can be a resource for practitioners particularly in respect of communication, team working and understanding conditions and disorders and their evolution, as now many children and young people survive into adult hood with complex conditions that previously would have been lethal in infancy.

Our adult colleagues also have a role to play to educate Paediatric staff on the age range 16-19 years.

**All young people aged 16-18 years of age admitted to a paediatric ward will be under the care of the adult physicians, unless the young person is already an existing patient of a Paediatric consultant prior to transition.**

Discharge and on-going care: - Any young person under 18 years of age can be referred to the Community Children’s Nursing Team for post discharge care. However this is currently a Monday-Friday 9-5 service. To contact the service, follow the flow chart below.
5. **Dissemination and Implementation**

This policy should be implemented and disseminated through the organisation immediately following ratification and will be published on the organisation's intranet site (document library). Access to this document is open to all. Managers need to ensure that all staff they manage are aware of this policy. This should be achieved by discussion at Departmental meetings and through ward/department processes for new policy implementation.

6. **Monitoring compliance and effectiveness**
Element to be monitored | Monitoring of compliance with this policy will be conducted and led via information from the Patient Administration System (PAS) re where this age group are cared for. Trends, exceptions and outcomes will be reported to the Divisions via the Children’s Services Operational Group (CSOG) and onward to the Equality & Diversity Committee along with recommendations and action plans where deficiencies have been identified.

Lead | The audit will be undertaken by the Children & Young Person’s Lead.

Tool | Audit documentation will capture and record evidence regarding the identified elements to be monitored.

Frequency | Annually.

Reporting arrangements | Children’s Services Operational Group (CSOG) and onward to the Equality & Diversity Committee.

Acting on recommendations and Lead(s) | The CSOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes.

Change in practice and lessons to be shared | Any changes that are identified and require actioning will be taken to Divisional Nurses and Department Leads. Any lessons learned will be shared with all relevant stakeholders.

7. Updating and Review
This policy will be reviewed every 3 years or earlier if required.

8. Equality and Diversity
This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

8.1. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.

9. Governance Information

<table>
<thead>
<tr>
<th>Date Issued/Approved:</th>
<th>February 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Valid To:</td>
<td>February 2020</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253119</td>
</tr>
<tr>
<td><strong>Manager confirming approval processes</strong></td>
<td>David Smith. Divisional Manager Women, Children &amp; Sexual Health</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Related Documents:</strong></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Version No</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Changes from previous version</strong></td>
<td>Slight re format of flow chart.</td>
</tr>
</tbody>
</table>
Local Procedure for the admission of young people who are 16-18 years old.
Appendix One – Flow chart to follow if young person of 16-18 years of age is admitted.

Assess each individual case based on the following 5 considerations and take action as indicated on the right.

The Paediatric team can advise staff on the ward to which the young person is admitted re environmental and young person centred needs. E.g. Activity and educational resources.

Contact: Matron Child health / Paediatric bleep holder out of hours. Mobile: via switchboard

Consideration 1: Young person has a clinical need requiring admission to a specific area. E.g. Diabetes, obs and gynae, trauma, oncology.

Admit to adult area where clinical need is met and seek advice from paediatric team.

Consideration 2: Are there other reasons why the young person might be better cared for in a paediatric environment?

- Development delay.
- Chronic disease, well known to the paediatric team, +/- with transition plan in place.
- Known to CAMHS, known to have child protection plan, looked after child.

In hours- notify relevant consultant/team.

Consideration 3: Would the young person prefer a paediatric ward? We try but cannot always always cohort patients by age and gender. We aim to support their preference.

No

Admit to adult area and seek advice from paediatric team.

Yes

Consideration 4: Is a bed available on the paediatric wards?

No

Admit to adult area and seek advice from paediatric team.

Reevaluate daily.

Yes

Consideration 5: Liaise with the paed Matron/ bleep holder out of hours. Mobile: via switch. Has there been a medical discussion and agreement about the admission and appropriate sharing of management by the adult/ speciality on the paediatric wards?

No

Ensure medical discussion and agreement then admit to Paediatric Ward.

Yes

Arrange admission to Paediatric Ward.
Appendix Two

Understand
The biological and social aspects of being a teen

Respect
The ‘cultural’ differences between teenagers and adults

Communicate
Friendly chats, not interrogations

Collaborate
You and me working together

Support
The non medical side of hospital.

The above is taken from “Teens in Hospital” by Jessica Platt – link below to read full booklet

http://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnx5cGhzaWd8Z3g6NjA3NjcxZWJhMjUxNTI5OA
Appendix 2. Initial Equality Impact Assessment Form

| Name of the strategy / policy/proposal / service function to be assessed (hereafter referred to as policy) | (Provide brief description): Local Procedure for the admission of young people who are 16-18 years old. |
| Directorate and service area: Child Health | Is this a new or existing Policy? New |
| Name of individual completing assessment: Mary Baulch | Telephone: 01872 252411 |

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
Clear information for health care professionals caring for young people admitted to hospital aged 16-18 years old.

2. Policy Objectives*  
Assisting choice and inclusion for young people admitted to hospital.

3. Policy – intended Outcomes*  
Assisting choice and inclusion for young people admitted to hospital.

4. *How will you measure the outcome?  
Audit documentation will capture and record evidence regarding the identified elements to be monitored.

5. Who is intended to benefit from the policy?  
Children, young people and families.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
Yes

b) If yes, have these *groups been consulted?  
Yes

C). Please list any groups who have been consulted about this procedure.  
Child health work force

7. The Impact  
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td>Written with a specific age group in mind but is an operating procedure to extend a service already delivered to a younger age group</td>
</tr>
</tbody>
</table>
**Local Procedure**

for the admission of young people who are 16-18 years old.

<table>
<thead>
<tr>
<th><strong>Sex</strong> (male, female, transgender / gender reassignment)</th>
<th>√</th>
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<tbody>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Disability -</strong></td>
<td>√</td>
</tr>
<tr>
<td>learning disability, physical disability, sensory impairment and mental health problems</td>
<td></td>
</tr>
<tr>
<td>This includes this group specifically and mentions considering an older age group if appropriate</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>√</td>
</tr>
<tr>
<td><strong>Sexual Orientation,</strong></td>
<td>√</td>
</tr>
<tr>
<td>Bisexual, Gay, heterosexual, Lesbian</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.
   - Yes
   - No √

9. If you are not recommending a Full Impact assessment please explain why.

No areas indicated

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director M. Gilbert</th>
<th>Date of completion and submission Feb 2017</th>
</tr>
</thead>
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Names and signatures of members carrying out the Screening Assessment
1.
2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______ M. Gilbert __________

Date ___ Feb 17 ___________