



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

Baseline Assessment of the Care of Children Under 18
Admitted to Adult Wards in Northern Ireland

December 2012

The Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

Our reviews are carried out by teams of independent assessors, most of whom are either experienced practitioners or experts by experience.

Our reports are submitted to the Minister for Health Social Services and Public Safety and are available on the RQIA website at www.rqia.org.uk.

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Executive Summary

The purpose of this review is to carry out a baseline assessment of the provision of care to children under the age of 18 years admitted to adult hospital wards. There have been no specific standards issued in Northern Ireland in relation to this topic. A service framework for children is being developed, which provides the opportunity to establish regional standards.

The review team was advised that in 2009-10 3,933 children were admitted to adult wards in Northern Ireland. Previous reports in the United Kingdom present a clear consensus that children admitted to hospital should, as far as possible, be cared for in paediatric, rather than adult wards.

The review team found that there is no standardisation of the age limits across hospitals up to which children are admitted to paediatric wards. In addition, different clinical policies for children can have different upper age limits to which they apply. It is recommended that there is a regionally agreed age up to which admission to paediatric wards would be the normal practice. When this is set, plans should be agreed to design services for children in order to achieve this goal.

The review team found that all health and social care trusts had identified children in adult wards as an important issue for clinical governance and had put measures in place to reduce risk. Training programmes were being carried out in relation to fluid management and other clinical issues. Some trusts had developed policies for the care of children in adult wards, and some had specific working groups to address issues. The review team found examples of innovation and good practice in acute general and maternity services, which could be usefully shared across trusts.

Arrangements were found to be in place for the safeguarding of children admitted to adult wards, including pre-employment checks, child protection training and referral to social services. Trusts indicated that, given the number of staff involved in these settings, it is a challenge to ensure that all staff on adult wards are kept up-to-date on issues relating to children.

Trusts seek to put in place measures to improve the experience of children admitted to adult wards, such as providing them with side rooms, and facilitating parents to stay over.

The overall conclusion of the review team is that the current provision of services in Northern Ireland is resulting in significant numbers of children being cared for in adult wards who should be admitted to paediatric wards. This report makes 14 recommendations for improvements to service delivery.

1.0 Introduction

1.1 Background and Context for the Review

The care of children in adult settings in hospitals has been reported in a number of previous reports.

The Platt report¹ on the Welfare of Children in Hospital (1959) is recognised as playing a pivotal role in changing the way services were provided to meet the needs of children. It highlighted the recognition that children should have much greater access to visiting by their parents. The report emphasised that children in hospitals should not be treated in the same way as adults.

The Kennedy report² into events surrounding deaths of children who underwent heart surgery at the Bristol Royal Infirmary (2001) found problems with the quality of care at this hospital. Services were fragmented, the rights and vulnerability of children were overlooked, and open and honest relationships with children and parents were lacking. Staff were skilled in treating adults, but had no specific training in treating children, and facilities were designed with little acknowledgement of the needs of children. The report recommended that: “Children should always (save in exceptional circumstances, such as emergencies) be cared for in a paediatric environment, and always by healthcare professionals who hold a recognised qualification in caring for children. This is especially so in relation to paediatric intensive care.”

In 2002, the European Association for Children in Hospital (EACH) published a Charter³ for the rights of children in hospital. EACH is the umbrella organisation for member associations involved in the welfare of children in hospitals across Europe. Article 6 (1) of the Charter stated that: “Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.”

The National Service Framework (NSF) for Children⁴ (2003) set out a standard for hospital services for children in England. It stated (paragraph 5.4) that: “Children should not be cared for in adult wards, but on wards that are appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual child or young person. In particular the needs of adolescents require careful consideration.” The standard for hospital services set out three dimensions of quality which: “a hospital needs to get right if it is to provide the service that children deserve.”

- Child-centred hospital services

¹ Platt report: Platt, H (1959) The Welfare of Children in Hospital (the Platt report)

² Kennedy report: The Stationery Office (2001) The Report of the Public Inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984- 1995: Learning from Bristol

³ European Association for Children in Hospital (2002) : The EACH Charter and Annotations

⁴ National Service Framework [NSF] for Children: Department of Health (2003) Getting the right start: National Service Framework for Children - A Standard for Hospital Services

- Quality and safety of care provided
- Quality of setting and environment

In 2006, the Healthcare Commission⁵ reviewed the progress being made by hospitals in England towards achieving the 2003 NSF standard for hospital services for children. The review found that the needs of children were better met when they were being cared for in services managed by paediatric directorates. The review recommended that each trust needed to apply greater scrutiny to services provided to children outside the paediatric department.

In 2007 the Children's Surgical Forum of the Royal College of Surgeons of England published a report on Surgery for Children, Delivering a First Class Service⁶. The forum which brings together a range of professionals involved in delivering surgical services to children concluded (paragraph 1.4) that: "As far as possible, adults and children should be segregated in all services areas including outpatient clinics, operating theatres, day care units, wards and emergency departments. This is desirable for adults and children alike." In relation to wards the report stated that: "Children should not be admitted to adult surgical wards or critical care facilities other than in special circumstance, in which case there should be full discussion with key children's services personnel to enable risk assessment and exploration of the alternatives before the decision is made."

In 2010, the report of a review of children's services in the NHS, led by Professor Sir Ian Kennedy, was published⁷. It stated that: "outside specialist paediatric services and settings, NHS professionals often have very little training in caring for children, and little awareness of how their needs differ from those of adults" (p50).

In 2008, RQIA was commissioned by DHSSPS to carry out a review on Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children⁸, and a follow up review in 2010⁹. These reviews included consideration of the arrangements in place for managing intravenous infusions for children in adult wards. Following these reviews RQIA decided to undertake this wider assessment to include issues relating to patient safety and child protection. The review also takes account of the experience of children and their carers when they are admitted as inpatients in adult settings.

In May 2010 Standards of Care for Children Undergoing Ear, Nose and Throat Surgery were issued by the DHSSPS¹⁰. These standards were also linked to

⁵ Healthcare Commission: Improving services for children in hospital, February 2007

⁶ The Royal College of Surgeons of England (July 2007) Surgery for Children. Delivering a First Class Service. Report of the Children's Surgical Forum

⁷ Professor Sir Ian Kennedy, (September 2010): Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs.

⁸ RQIA Independent Review. Reducing the risk of hyponatraemia when administering intravenous infusions to children, April 2008

⁹ RQIA Follow-up Review- Reducing the risk of hyponatraemia when administering intravenous infusions to children May 2010

¹⁰ Improving Services for Paediatric ENT Surgery – Policy and Standards of Care for Paediatric ENT Surgery in Northern Ireland. May 2010

paediatric surgery standards¹¹. Both standards make reference to ensuring that children are treated and looked after in a suitable environment with staff who have received the appropriate training.

In 2011, Transforming Your Care¹² stated that a major review of in-patient paediatric services should be carried out in Northern Ireland. As a result of this the DHSSPS will be carrying out a review of paediatric services which includes a consultation process. This current review of children on adult wards will help to inform this process.

1.2 Purpose of the Review

Currently in Northern Ireland there are no specific standards in relation to the admissions of children to adult wards. This review therefore represents a baseline assessment to inform the provision of care arrangements and for consideration in relation to future policy and standards. RQIA is aware that work is underway to develop a regional children's service framework. This will provide an opportunity to establish a future standard for provision of care in this regard.

The terms of reference for the review were:

1. To assess quality and safety of in-patient services to children under 18 in acute adult wards.
2. To assess that hospitals are aware of their legal responsibilities in relation to children in adult wards.
3. To assess the equivalence and appropriateness of care for children under 18 in acute adult wards, to ensure that they are able to receive the same standard of care on adult wards as that delivered within a paediatric unit.
4. To assess the provision of maternity services in relation to young people under 18.

¹¹ Improving Services for General Paediatric Surgery - Policy and Standards of care for General Paediatric Surgery in Northern Ireland (2010).

¹² Transforming Your Care: A Review of Health and Social Care in Northern Ireland. December 2011

1.3 The Review Team

Name	Title	Organisation
Niall McSperrin	Lay Reviewer	
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Phelim Quinn	Director of Regulation and Nursing	RQIA
Judith Taylor	Pharmacy Inspector	RQIA
Dr David Stewart	Director of Reviews and Medical Director	RQIA
Mary McClean	Project Manager	RQIA
Patricia Corrigan	Administrative support	RQIA
Louise Curran	Administrative support	RQIA

2.0 Methodology

2.1 Trust Self-assessment Proforma

The process used to carry out the review involved a number of stages, commencing with the submission of a self- assessment questionnaire to RQIA. This questionnaire covered the following areas:

- A profile of the number of children under 18 admitted to adult wards in 2009-10, along with their age range, gender and average length of stay.
- Clinical and social care governance arrangements in relation to organisational policies, planning and provision of services, record keeping, untoward incident follow up and clinical audit.
- Staff training in relation to child protection and intravenous fluid management.
- Clinical management; pain management and patient consent.

2.2 Validation Visits

a. Health and Social Care Trusts

The members of the review team, which included a lay reviewer, undertook validation visits to each trust between 10 and 14 October 2011, which involved the following approaches:

- i. Meetings with senior managers to discuss governance arrangements for children under 18 in adult wards. Further meetings with trust staff to discuss the information provided and local arrangements.
- ii. Focus group discussions with junior and senior medical, nursing, pharmacy and maternity staff.
- iii. Visits to a range of medical, surgical and maternity wards.

b. Independent Hospitals

RQIA officers carried out validation visits to each independent hospital surveyed in relation to the information which they had provided.

2.3 Reporting

This report presents the findings and conclusions of the review team following this baseline assessment, and provides recommendations in relation to taking forward the issues which have been identified. Initial feedback was provided to each trust at the end of each review visit.

3.0 Admission Arrangements for Children

Each health and social care (HSC) trust was asked to provide information on the number of children under 18 years who were admitted to adult wards and the age range of children admitted. Information was also requested on the arrangements for the admission to maternity units for young women under 18 years of age. All trusts have paediatric wards which were not the focus of this review. Table 1 below shows the age range and number of children and young people under 18 admitted to acute adult wards 2009-10.

Table 1: Age range and number of children and young people under 18 admitted to acute adult wards 2009-10 (by HSC trust)

Trust	Number of children	Age range
Northern	579	14-17
South Eastern	453	14-17
Southern	1,045	14-17
Western	593	14-17
Belfast	1,263	13-17
Total	3,933	13-17

[Source: Trust self-assessment submitted to RQIA].

Trusts provided information about the specialities to which children under 18 were most commonly admitted to adult wards. Admissions were most common in adult medicine and adult surgery wards. In 2009-10 trusts advised that there was a total of 420 admissions of children and young women under 18 to maternity wards.

3.1 Belfast Health and Social Care Trust

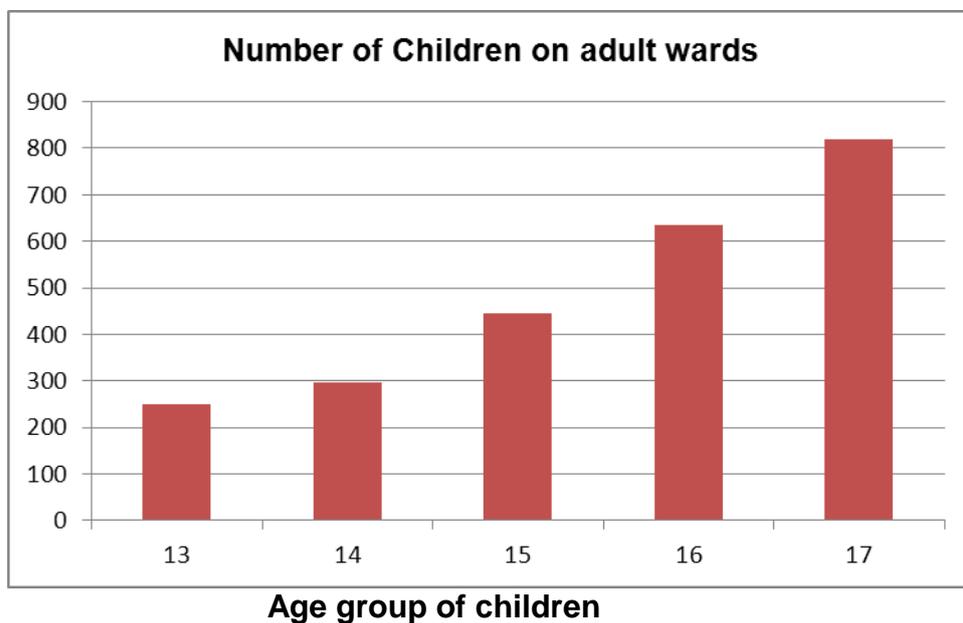
Paediatric services in the Belfast Health and Social Care Trust (Belfast Trust) are provided at Royal Belfast Hospital for Sick Children (RBHSC), which has 107 beds. RBHSC provides general paediatric care for children living in the Belfast area and regional specialist care for children living throughout Northern Ireland. There is also a children's ward at Musgrave Park Hospital for children with orthopaedic and rheumatological conditions.

The Belfast Trust provides maternity services at the Royal Jubilee Maternity Hospital (RJMS) and the Mater Hospital. Prior to September 2011, the usual upper age limit for children to be admitted to Royal Belfast Hospital for Sick Children (RBHSC) was up to their 13th birthday but this was then extended to their 14th birthday. Above this age, children are generally admitted to adult wards. Children who have previously been attending RBHSC for specific treatment can continue to be admitted up to their 16th birthday.

The trust advised that the number of children under 18 admitted to adult wards in 2009-10 was 1263.

The Belfast Trust provided information on children admitted to adult wards for 2008/09 to 2009/10. The age range was 13-17. For this two year period there were 973 males and 1463 females. The mean length of stay on adult wards within the trust varied, showing for example children spent 11.5 days in neuro-surgery and 3.5 days in maternity. The mean length of stay for children admitted into adult surgical and medical wards in the Belfast City hospital was 2.1 days and 3.3 days respectively. Figure 1 shows the age distribution for these admissions. The largest number of admissions were among children aged 16-17.

Figure 1: Number of children under 18 per age group in adult wards in Belfast Trust in 2008-09 and 2009-10.



3.2 Northern Health and Social Care Trust

Paediatric services in the Northern Health and Social Care Trust (Northern Trust) are provided at Antrim Area Hospital and Causeway Hospital in Coleraine. Maternity services are also provided at both hospitals.

For Antrim Area Hospital the usual upper age limit for admission to a paediatric ward is 14 years 11 months. In Causeway Hospital it is 15 years 11 months. Above these ages, children under 18 years are generally admitted into adult wards. Exceptions to this include children with disabilities and long-term conditions who can continue to be cared for in paediatric wards. Influencing factors include the size of the child, and also whether they wish to remain in paediatrics or prefer to go to an adult ward. Some younger children can be admitted to adult environments for specific interventions, for example, in cardiology in Causeway Hospital.

The trust advised that 579 children under 18 were admitted to adult wards in 2009-10.

In the Northern Trust children were admitted to maternity, gynaecology and cardiology wards, although the majority were admitted to general medical and surgical wards. Based on the mean length of stay, children remained on wards, for example in Antrim Area Hospital, in haematology for 3.12 days, gynaecology 3.79 days, general surgery 2.38 days and general medicine 2.67 days. The age range on all wards was between 14-17 years.

3.3 South Eastern Health and Social Care Trust

Paediatric services in the South Eastern Health and Social Care Trust (South Eastern Trust) are provided at the Ulster Hospital, Dundonald. Obstetric services are provided at the Ulster Hospital and there are midwifery led maternity units at both Lagan Valley and Downe hospitals.

Children are usually admitted into paediatric wards up to their 14th birthday, but may continue to be admitted up to their 18 birthday if they have complex needs. Some children under 14 may be admitted to adult wards if there is a specialist need for the admission.

The trust has established an adolescent bay, staffed by paediatric nurses, at the Ulster Hospital. This can admit young people up to the age of 18, under the care of clinicians from a range of specialties.

The trust advised that 453 children and young people were admitted to adult wards in 2009-10.

Within the South Eastern Trust children were admitted to general medical and surgical wards, and also to maternity, gynaecology, and endocrinology. The age range for this group was between 14-17, with the majority being 16 and over, although there were children under 14 on a number of adult wards.

3.4 Southern Health and Social Care Trust

Paediatric services in the Southern Health and Social Care Trust (Southern Trust) are provided at Craigavon Area Hospital and at Daisy Hill Hospital, in Newry. Maternity services are also provided at both these hospitals.

At the time of the review visit the usual practice was that children up to their 14th birthday were admitted to paediatric wards. However, there is clinical agreement that children or young people with complex health needs, or requiring treatment of diabetic ketoacidosis, are admitted to the children's ward. In March 2010, the trust developed a strategic position statement, Changing for Children. This proposes the establishment of new arrangements so that young people from 14 to 16 years would be admitted to adolescent units for acute medical and elective surgical care. The trust advised that 1,045 children and young people, aged 14 to 18 were admitted to adult wards in 2009-10.

In the Southern Trust the adult wards to which most children were admitted were general surgical and medical wards and medical assessment units. There were also admissions to specialised units including dermatology, maternity, gynaecology, ear, nose and throat (ENT) and cardiology. Children admitted were aged between 14-17 years. Based on the average length of stay in Craigavon hospital for example, children remained on medical admission units for two days.

3.5 Western Health and Social Care Trust

Paediatric services in the Western Health and Social Care Trust (Western Trust) are provided at Altnagelvin Hospital in Londonderry and the new South West Acute Hospital in Enniskillen¹³. Maternity services are also provided at these two sites.

The usual upper age limit for admission to paediatric wards differed between the two hospitals. Children with longstanding conditions could remain in paediatric wards. At Altnagelvin, children were admitted to paediatric wards up to their 14th birthday and in Erne Hospital (which was open at the time of the review visit) it was up to their 16th birthday. The review team was advised that younger children were admitted to a dermatology unit at Altnagelvin Hospital, but this was under review. In June 2012 services at Erne hospital moved to the new South West Acute Hospital, where all patients are provided with single room accommodation.

The trust advised that 593 children and young people aged 14 to 18 were admitted to adult wards in 2009-10.

In the Western Trust children under 18 were admitted to a number of specialities which included maternity, gynaecology, haematology, endocrinology and cardiology. The wards that admitted most children were general medical and surgical wards. The children were primarily between the ages of 14-17, although within some units there were children under 14. Based on the mean length of stay for children admitted to adult wards, this was less than three days.

¹³ The Review team did not visit the South West Acute Hospital in Enniskillen

3.6 Summary

The review team was advised that almost 4,000 children under 18 years were admitted to adult wards in Northern Ireland in 2009-10. Children were admitted to a broad range of specialties and, in particular, to adult surgery and adult medical wards.

The arrangements for the admission of children are not standardised across trusts in relation to the ages when children are usually admitted to paediatric wards. The cut-off ages can vary between hospitals in the same trust.

The review team found that for each trust the majority of children were between the ages of 15-17. There were also more females than males and this is explained through admissions in the maternity units. The length of hospital stay also varied and was found to be longer within some specialist units.

4.0 Organisational Challenges

RQIA's review team asked each trust to highlight the key challenges which faced the organisation in the provision of care for children who were being admitted to adult wards. Several common themes emerged.

4.1 Recruitment and Retention of Paediatric Nurses

Trusts advised that they had difficulty in recruiting and retaining paediatric nurses to work in adult ward environments where children were also being cared for. Trusts recognised the benefits in having paediatric nurses in these adult wards, but the small number of children being admitted to individual wards impacted on the ability to retain staff. Nurses were concerned about the ability to retain paediatric knowledge and skills in this situation. The Northern Trust is considering methods of enabling paediatric nursing staff to rotate between the Antrim paediatric and emergency departments.

4.2 Training on Issues Related to Children

Trusts advised that it was difficult to provide and sustain training related to children across all the adult settings in which children were being admitted. A large number of clinical staff were involved in the care of children. There was a need to ensure that they had mandatory child protection training, and training in relevant issues such as fluid management for children. The South Eastern Trust has developed a pack for every adult ward in which children were admitted, setting out policies and procedures in relation to children. This pack also includes guidelines as to when children should be referred for a paediatric opinion. The Western Trust has packs available in adult wards, which contain documentation relevant to children.

4.3 Appropriate Accommodation

Trusts advised that a major constraint on moving to their desired position where children and young people were accommodated in more age appropriate environments was the lack of appropriate staffed accommodation. The current age cut-offs for admission to paediatric environments were significantly influenced by local availability of paediatric beds. In particular, the limited space at RBHSC led to the policy to admit children over 14 years to adult wards rather than the specialist children's hospital.

Trusts also advised that the lack of single room accommodation in some wards, and overnight accommodation for parents, impacted on the provision of suitable arrangements for those children who were admitted to adult wards. New build facilities, such as the South West Acute Hospital in Enniskillen, have single room accommodation, which addresses this problem.

A lack of appropriate accommodation for adolescents was a particular challenge. Trusts recognised that they had different needs, and different approaches were being considered.

The Northern Trust was considering plans to have a limited number of wards designated for admission of children under 18 years.

The South Eastern Trust had established an adolescent bay, in the Ulster Hospital and this allowed young people to be cared in a (specific) setting for their needs.

The Belfast Trust had considered cohorting young people into a limited number of wards but, there had been difficulties in balancing the needs for specific specialty care for children within this approach.

The Southern Trust was planning to establish adolescent units for children under 16 requiring acute medical and elective surgical care. In the interim period, arrangements were in place to cohort young people in specific adult wards.

The Western Trust had established an innovative approach to the provision of ENT services for children in a ward used primarily for adults. A section of an adult ward was dedicated at particular times for elective surgery for children and young people and staffed with paediatric trained staff.

4.4 Transition Arrangements

Trusts advised that ensuring effective arrangements were in place for the transition of care between paediatric and adult services for children with long-term and complex conditions created challenges. These could be impacted on when children were admitted to adult wards.

All trusts indicated that there were arrangements in place to allow children who were having ongoing care to be readmitted to paediatric wards even if they were older than the usual cut-off age for admission.

4.5 Different Age Ranges for Clinical Policies

The review team was advised that different clinical policies for the treatment of children can apply up to different ages. For example, guidance for fluid management for children is up to 16 years of age, whereas guidance for the treatment of diabetic ketoacidosis is up to 18 years of age.

When children are cared for in paediatric wards the relevant paediatric policy will generally apply. In adult wards, there is a need to ensure that the correct policy is applied to each child admitted, based on their specific age. With small numbers of children admitted, the use of policies in particular clinical situations may also be very infrequent.

4.6 Children with Mental Health Issues

Trusts advised that the provision of suitable accommodation for children and young people who have mental health issues can be difficult. Young people can be admitted to a busy adult medical admission unit as a place of safety while waiting transfer to an appropriate mental health service.

4.7 Summary

The review team was advised by trusts that the current arrangements result in significant numbers of children and young people being admitted to adult wards. These create considerable challenges in ensure the safe and effective delivery of care. These challenges are also evident in the provision of care for children who have mental health problems. Trusts have indicated that they are putting in place measures to manage identified risks. However, their desired position would be to have children and young people cared for in age appropriate environments. Achieving this is being constrained by a lack of suitable staffed accommodation.

5.0 Organisational Governance

5.1 Organisational Focus

The review team found that each trust had identified children being cared for in adult wards as an important issue for the trust governance agenda and for the trust senior team to address. Trusts were aware of risks and challenges associated with their local arrangements and were putting in place measures to manage identified risks. All trusts were taking multidisciplinary approaches to addressing these issues.

5.2 Leadership

Each trust has an identified lead director for children's services who is an executive director on the trust board. Trusts have also established specific arrangements for leadership for issues in relation to safeguarding of children. For example, in the Belfast Trust there is a lead doctor identified in each hospital for issues relating to children under 18 admitted to adult wards. The Northern Trust has an identified safeguarding lead for the trust. The Southern Trust has an identified safeguarding lead in each hospital.

As children are being cared for in a range of wards, the management issues relating to children in adult wards requires effective cooperation at directorate level (coordination and planning of services). Some trusts have established specific groups to address planning issues related to children in adult wards.

In the Northern Trust, the review team met with members of a multidisciplinary working group. This was established to develop and oversee the implementation of an action plan to address issues relating to the care of children in adult wards, which had been identified from an investigation following a clinical incident in the trust.

In the South Eastern Trust, a multidisciplinary group has been established, specifically in relation to the care of children in adult wards. This group has taken forward a range of initiatives designed to reduce risk and improve services. These include:

- preparing a resource pack for all adult wards in relation to the care of children
- developing an agreed checklist for those children who should be referred to paediatric services
- developing a formal trust policy on the care of children in adult wards
- ensuring that this group of patients is included in the trust audit programme for safety, quality and patient experience issues

In the Southern Trust, a multidisciplinary working group was established (as part of both Changing for Children and Prevention of Hyponatraemia), to devise a shared care policy for the management of young people aged 14 -18 years who are admitted to acute wards. The trust has prepared a shared care management plan for young people presenting with diabetic ketoacidosis, an algorithm for prescription of fluid for children admitted to adult wards.

5.3 Clinical Responsibility

Trusts advised that at the time of the review visit, the usual arrangement was for the clinical responsibility for a child who was admitted to an adult ward to be with the admitting consultant for the specialty. Paediatricians could be contacted for advice when required. Children with complex needs known to the paediatric service could continue to be admitted to children's wards.

The Southern Trust advised that a consultant post had been established for adolescents, and that it had established a protocol for 14 to 18 year olds admitted to adult wards.

5.4 Availability of Records

The review team sought information as to the availability of previous records to inform the treatment and care of children and young people admitted to adult wards.

Trusts advised of arrangements to ensure access to the clinical records from previous treatment, on an outpatient or inpatient basis. The time to retrieve records can depend on whether the previous treatment was on a different site, as the electronic system of records management is site specific. All trusts can now access previous radiological investigations and reports through picture archiving and communication systems (PACS).

In relation to social care records, there are arrangements in place to access the electronic care record, Access to Social Services Client Administration and Retrieval Environment (SOSCARE). These differ between hospitals and generally the review team found that direct access is not available to staff looking after children admitted to adult wards.

5.5 Reporting and Follow up of Incidents

All trusts have policies and procedures in place for the reporting and follow up of incidents. Serious adverse incidents (SAIs) are reported to the Health and Social Care Board and are subject to follow up within the regional procedures. SAIs are reported and considered at relevant committees within the trust governance structures.

There are no specific arrangements for monitoring incidents which relate to children in adult wards, however, relevant incidents are considered in line with trust procedures. Trusts were able to advise the review team of some incidents, which had been recorded in the previous year on the incident reporting system, where an incident had related to an under 18 year old patient in an adult ward.

5.6 Clinical Audit

The review team asked for information on clinical audits which related specifically to the care of children and young people in adult wards. All trusts were participating in a regional audit of the use of intravenous fluids for hospitalised children diagnosed with appendicitis or bronchiolitis.

The Belfast Trust had carried out three specific audits in relation to young people in adult environments on:

- child protection arrangements in adult accident and emergency departments
- deliberate self-harm management for under 18 year olds at the Mater and Belfast City hospitals
- audit of the use of a revised paediatric fluid balance chart in adult ward areas

The South Eastern Trust had carried out an audit in relation to the procedures to prevent hyponatraemia among children in acute inpatient facilities. The trust was also participating in a national audit on paediatric Crohn's disease and paediatric ulcerative colitis.

The Southern Trust has ongoing regular audit in relation to fluid prescription and hyponatraemia for children on adult wards. The trust was also participating in a national inflammatory bowel disease audit on Crohn's disease and ulcerative colitis, which included adolescent patients.

5.7 Distribution of Circulars and Information Relevant to Children

The review team asked trusts for details of the arrangements for distributing circulars and information of particular relevance to children, to staff who care for children in adult wards.

Trusts have arrangements in place for the receipt, recording and distribution of circulars and other sources of advice to ensure that appropriate action has occurred. Circulars and policies are generally available to all hospital staff through the trust intranet sites.

The review team noted the benefits in the South Eastern Trust of having a resource pack in each adult ward relating to the care of children, where relevant information is brought together and is easily accessible.

5.8 Summary

The review team found that the care of children in adult wards was regarded as an important issue within trust governance arrangements. Although there are no specific arrangements for monitoring incidents in respect of children in adult wards, relevant incidents are considered in line with trusts procedures. Leadership for children was clearly identified at director level. Trusts had recognised risks and operational issues in relation to the care of children and some trusts had established working groups to focus on these issues. Across trusts there are examples of good practice, which the review team considers could be usefully shared on a regional basis.

6.0 Clinical Management and Pharmacy

The review was provided with information about aspects of the clinical management of children in adult wards. Information was also requested on arrangements for training, pharmacy, consent and provision of clinical equipment for children in adult wards. These issues were discussed at meetings and focus groups in trusts.

6.1 Clinical Policies

Trusts provided details of clinical policies and procedures that were relevant to the care of children in adult wards. In general, these relate to the care of all children and cover a wide range of topics. Policies are usually made available through trust intranet sites. The South Eastern Trust had developed a policy for the care of children under 18 in adult acute wards, and the Southern Trust had developed a protocol for 14 to 18 year olds for care arrangements in adult wards.

All trusts have procedures in relation to intravenous infusion for children up to 16 years, in keeping with regional guidance. These are widely disseminated to adult wards to which children have been admitted. Policies on the treatment of diabetic ketoacidosis have also been widely disseminated. The Northern and Western trusts have issued guidance to wards on the use of paracetamol for children.

6.2 Early Warning Score Charts

The review team discussed the use of early warning score (EWS) charts with each trust in relation to children in adult wards. These charts are designed to provide a severity of illness score to predict the need of urgent medical treatment as early as possible. The review team noted a range of different policies in relation to children and various charts in place for early warning scores across Northern Ireland.

The Belfast Trust has implemented a paediatric early warning score chart (PEWS). At the time of the review visit, the trust was developing a new sick children's early warning score chart (SCEWS). This is age specific and will be of particular benefit when children are in an adult ward.

The Northern Trust is working towards harmonisation of a number of different charts that were in place across the trust. The Trust has a standardised PEWS observation chart and policy in place since June 2008.

The South Eastern Trust was piloting a new PEWS chart for children up to 14 years. This was also used in the adolescent unit. For children aged 14-18 years in adult wards, an adult medical early warning score (MEWS) chart would be used.

The Southern Trust has developed a PEWS chart for children up to 14 years, with an adult MEWS chart being used for children in adult wards over that age.

The Western Trust has EWS charts but did not use a specific chart for children. The trust considered that PEWS charts could potentially be useful, but no validated PEWS chart was available for implementation at the time of the review.

6.3 Intravenous Fluid Management

The review team found that all trusts have implemented policies and procedures for the use of intravenous fluids in children under 16 years, in line with regional guidelines. Adult wards where children are cared for are included in training programmes and in the dissemination of regional guidelines.

6.4 Pain Management

Trusts provided information about the arrangements for pain management for children in adult wards.

The Belfast Trust has an acute pain service available on all hospital sites. Nurses providing the service can contact the paediatric pain nurses at RBHSC for advice and guidance when required.

The Northern Trust advised that pain relief is prescribed to children on adult wards by medical staff, in line with their clinical judgement. They can contact paediatric leads in relation to pain management for under 18 year olds.

The South Eastern Trust advised that children in adult wards can be referred to the acute pain service if assistance is required with their analgesia. The trust advised that staff providing the service have experience treating paediatric patients.

The Southern Trust advised that children can be referred to the acute pain management team which is responsible for reviewing the effectiveness of pain management.

The Western Trust advised that a children's trained nurse is the identified pain nurse for the trust.

All trusts advised that there are tools used to assess levels of pain in children which are age appropriate using, for example, pain rulers or smiley faces.

In the Southern Trust a hospital passport was being trialled, with a section "How You Know I am In Pain". This is designed to enable children or young people who have a learning disability with complex needs, or a difficulty with communication, to let clinical staff know they are in pain.

6.5 Consent to Examination and Treatment

Trusts advised that their procedures regarding consent for examination, treatment or care for children under 18 in adult wards are in line with regional guidance. The Belfast, South Eastern and Western trusts have adopted the regional consent policy and documentation. Northern and Southern trusts have trust specific policies.

6.6 Pharmacy

The review team found that there were some differences in the arrangements for provision of pharmacist input at ward level in different hospitals across Northern Ireland.

In the Belfast Trust, ward based pharmacists are in place for the majority of adult wards. The trust has three paediatric pharmacists and one for maternity services at Royal Jubilee Maternity Service. There is a lead pharmacist for medicines governance issues. There are policies and procedures in place in relation to safe medicines practice, but these are not specific to children in adult wards. The British National Formulary for Children is not routinely issued to adult wards. The pharmacy service issues a newsletter on relevant issues on a quarterly or six monthly basis.

In the Northern Trust, there is ward pharmacist provision in every ward. There is a clinical pharmacist for paediatric wards who can be contacted if specialist advice is required for children on adult wards. In general there are not specific policies and procedures in relation to prescribing for children on adult wards. However, there is a procedure in relation to paracetamol prescribing, which has been distributed to all wards. The British National Formulary for Children is available in an electronic format to all wards.

In the South Eastern Trust, there is a clinical pharmacy service available in most wards. The trust does not have a paediatric trained pharmacist, and ward based clinical pharmacy is not available for the Women and Children's Directorate. Where clinical pharmacy is provided at ward level, pharmacists check the inpatient drug Kardex and discharge prescriptions. The trust has a medicines policy which covers both adults and children. The British National Formulary for Children is also available within the trust.

In the Southern Trust, there is a clinical pharmacy service available in adult medical wards, but the coverage in surgical wards is limited. The trust governance pharmacist provides an input to training for junior doctors and the trust is carrying out a pilot of web-based pharmacy training. In general there are not specific policies in relation to prescribing for children, with the exception of intravenous fluids. The British National Formulary for Children is available electronically. The British National Formulary for Children is available in all adult wards where children and young people are admitted.

In the Western Trust, a ward based clinical pharmacy service is available in the majority of wards throughout the trust, including all medical wards. There is a paediatric pharmacist available at Erne Hospital and a full-time pharmacist in the Women's and Children's Directorate at Altnagelvin Hospital. The trust has developed a medicines code that covers all aspects of medicines use at ward level. It does not specifically refer to the use of medicines in children under 18 in adult wards. The British National Formulary for Children is not routinely issued to all adult wards, but is available electronically. A paediatric drug calculator is made available in theatres and intensive care units (ICU). Trust pharmacy staff advised that there can sometimes be difficulties in accessing information on cross-border patients who

are admitted. They advised that they would contact GP practices and community services in this regard. The trust issues a quarterly quality and safety newsletter, which always includes medication related learning. The medicines governance pharmacist also circulates the regional medicines governance newsletter.

6.7 Training

All trusts provided information about their training arrangements in relation to the prescribing, administering and monitoring of intravenous infusions for children. Training programmes are in place in all trusts, which are delivered both online through trust intranets and in educational sessions with staff. The Western Trust has developed a knowledge competency assessment tool to support training.

Trusts provide a range of other training programmes on clinical issues available. There are no specific lists of clinical training recommended for staff that care for children in adult wards.

6.8 Equipment

The review team asked each trust to provide information as to whether specific items of equipment in relation to children and young people were provided in adult wards that cared for children under 18. All trusts advised that appropriate equipment was available, including resuscitation equipment and paediatric Intravenous (IV) giving sets. Ensuring that this equipment was available did impact on available storage in some wards.

6.9 Summary

The review team found that trusts have established systems in place relating to the clinical care of children in adult wards with particular reference to fluid management, consent and the use of appropriate equipment. There are some differences in the provision of relevant services, including pain management and clinical pharmacy at ward level. There are also differences in the availability of the British National Formulary for Children. All trusts use early warning score charts and there are some differences in the charts which are being used. Two trusts have specific policies in relation to the care of children in adult wards.

7.0 Maternity services

The review team met with staff from maternity services in each trust. They visited a number of maternity units to discuss arrangements for the provision of maternity care to young mothers under the age of 18 years.

The review team was advised by several trusts that the numbers of births to teenage mothers had fallen in recent years and constitutes a low percentage of activity for maternity units.

7.1 Belfast Health and Social Care Trust

The review team found that individualised care planning takes place in maternity services for each woman. The trust advised that the focus of care is during the whole period of the pregnancy. There are good arrangements in place for liaison between maternity and social services. The clinical psychology service can also provide input where required.

During the antenatal period there is a specific teenage parent craft service provided by a midwife who can arrange for one-to-one or small group sessions. However, the trust advised that some young women prefer to attend adult classes. The trust is taking part in a project for school age mothers in partnership with schools. At the Mater Hospital one midwife works specifically with teenagers.

The trust policy is to provide the young woman with a side room at the time of delivery whenever possible. There is no restriction on the age when a woman can have midwife-led care. After delivery, they may be admitted to the main postnatal ward.

Maternity staff have been trained to complete Understanding the Needs of Children in Northern Ireland (UNOCINI) child protection assessment forms for under 18 year olds. Maternity services can access a child protection nurse if required, to provide advice on child protection issues.

A consultant obstetrician and gynaecologist advised the review team that they have developed a particular interest in services for teenagers and have established an adolescent gynaecology clinic.

7.2 Northern Health and Social Care Trust

The Northern Trust has arrangements in place for individualised care planning for all young women using maternity services. There are established systems for liaison between maternity services and social services. There was also evidence of effective links between maternity services and education services for school age mothers.

During the antenatal period parent craft classes are provided for young mothers. There is a family support and intervention team which has a long waiting list.

The trust advised that there are a small number of single rooms available in Antrim Maternity Unit, although they would aim to provide young mothers with a single room when possible. Arrangements are made to enable a relative to stay with the young person throughout their admission, as necessary.

Ward sisters in maternity services have been trained to complete UNOCINI assessments. These are completed at the time of booking and a social worker will carry out a home visit. There is a child protection nurse specialist linked to maternity services.

The trust has established arrangements to obtain feedback from users of maternity services, with a maternity-specific evaluation form.

7.3 South Eastern Health and Social Care Trust

The South Eastern Trust has established a specific antenatal clinic at the Ulster Hospital for young women, run by a midwife who acts as the parentcraft coordinator. It takes place alongside a consultant clinic so that referrals can easily be made. Young women are referred to the clinic at booking. Young women can be seen individually or in group settings. The review team was advised that, in general, attendance is good, and young women are encouraged to bring their partner and parents.

There are good relations between maternity services and social services. There is a school age mothers (SAMS) project, with a particular focus on those young mothers still in education.

The trust policy is that young women under 16 years are referred for delivery to the Ulster Hospital. Midwifery led units can admit 16-17 year olds; however, this is not common practice.

In the maternity unit at the Ulster Hospital, half of the rooms are single rooms. This allows the trust to facilitate young women to have single room accommodation and a partner or parent to stay.

Midwives can complete UNOCINI forms online and send them to the trust social services gateway team¹⁴ who allocate a named social worker. Midwives indicated that communication worked well in this regard. Midwives do not have direct access to SOS CARE, but can access information by contacting social services.

7.4 Southern Health and Social Care Trust

The Southern Trust advised that there is an individualised approach to the planning of care for young women using maternity services. There are good working relations between maternity and social services.

¹⁴ Gateway is a Social Work Service for children and families

During the antenatal period parent craft classes are provided for teenagers. Young women under 18 who are pregnant are provided with support through SureStart.¹⁵ There is a school age mother's project, which deals with issues such as where the new mother will live and access to education.

Decisions as to whether to provide a young woman with a side room or for placement in shared ward accommodation are taken on a case-by-case basis. Arrangements can be made for a parent to stay over. Generally there is more access to single accommodation at Daisy Hill than in Craigavon Hospital, due to the layout of the maternity ward.

Maternity staff meet every two weeks with members of the child protection team. This enables joint discussions to take place in relation to the care of young women under 18, where there are specific issues. A child protection nurse specialist is linked to maternity services. Staff in maternity services can undertake UNOCINI assessments and can make referrals to social services using this framework.

7.5 Western Health and Social Care Trust

The first booking for young women who are pregnant is through community midwives. At the time of the review, the trust was carrying out a pilot of a new Family Nurse Partnership initiative in part of the trust area, a model developed in the United States of America. The aim of this initiative is to provide young women during their first pregnancy, with education and support to look after their babies. Support is provided weekly during pregnancy, and monthly after the baby is born.

Maternity services are managed within the Women and Children's Directorate and work closely with social services. There are arrangements in place to support young women in maintaining their education.

Young women under 16 years of age who are pregnant have consultant-led care. Over 16 year olds can access midwife-led care.

The new maternity unit at Altnagelvin has a significant number of single rooms. The trust carries out regular surveys and provides feedback forms in relation to patient experience of maternity services.

Maternity staff complete UNOCINI forms and there is close working with the trust gateway team. Maternity wards have access to the SOS CARE social services IT system.

¹⁵ SureStart is a government led initiative aimed at giving every child the best possible start in life and which offers a broad range of services focusing on Family Health, Early Years Care and Education and Improved Well Being Programmes to children aged 4 and under.

7.6 Summary

The review team found that all trusts had considered the needs of young women under 18 years who use maternity services. Trusts have arrangements to plan individualised care arrangements. Specific initiatives are in place in some trusts for the antenatal care of young women. The review team considered that it would be useful to share the learning from the different models of care in place, or being piloted, across trusts. There are links established to ensure appropriate referrals are made to social services and to enable young women to continue education. In general, trusts seek to provide single room accommodation for young women to facilitate parents or partners to stay over. This is more easily accommodated in those units with greater numbers of single rooms. Maternity staff can complete UNOCINI assessment forms. There are some differences between trusts in the arrangements for access to SOSKARE for maternity services.

8.0 Child Protection

The review team found that all trusts had identified the need to ensure that there were effective child protection arrangements in place when children and young people are admitted to adult wards. Through focus groups with staff, and visits to wards, there was evidence that safeguarding arrangements had been embedded at ward level.

8.1 Pre-employment Checks

All trusts advised that their recruitment policies require is that enhanced disclosure checks through AccessNI¹⁶ for staff including those working on adult wards that admit children. Applicants are advised of the need for such checks during recruitment.

8.2 Training on Safeguarding for Children

Trusts advised that child protection awareness is included in corporate induction programmes for staff working in wards that admit children.

Child protection training at stage one, which is the basic foundation level, is targeted at staff who have regular contact with children and/or parents. Trusts have programmes in place to provide this for staff who work on adult wards that admit children. Some specific initiatives have taken place to encourage and monitor uptake of child protection training.

In the Belfast Trust training in child protection and safeguarding is provided by safeguarding nurse specialists on a multidisciplinary basis. Uptake is recorded and monitored.

In the Northern Trust the Area Child Protection Committee undertakes an annual training needs analysis and a trust-wide nursing learning and development forum considers collaborative approaches to delivering safeguarding training.

In the South Eastern Trust training is delivered on a multidisciplinary basis, and uptake is monitored for staff working in the acute sector.

The Southern Trust advised that is difficult to provide training on a multidisciplinary basis and staff primarily access uniprofessional training. Multidisciplinary training, which is provided in relation to safeguarding, includes the use of UNOCINI and considers the impact of domestic violence on children.

The Western Trust provides training on the use of UNOCINI, which is open to all staff. The trust also provides training on courtroom skills; however, it tends to be midwives, health visitors and medical staff who attend.

¹⁶ AccessNI enables organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in certain defined areas, such as working with children or vulnerable adults

In general, trusts advised that rolling out child protection training to all staff who work in adult wards was challenging, due to the number of staff who are required to be released to take part in training.

The review team was advised that an e-learning package on child protection is part of the mandatory training for all levels of F1 and F2 doctors¹⁷. This is monitored through the training tracker IT system.

8.3 Referral Arrangements to Social Services

The review team found that there were clear arrangements in place to refer issues and concerns to social services regarding children admitted to adult wards. In focus groups and during ward visits, the review team found that staff were aware of procedures for referral.

There were some differences in practice within and between trusts in relation to who completed UNOCINI assessment forms. In some units these are usually completed by social workers whereas in others nurses will initiate the process. The South Eastern Trust described a joint approach where the assessment was initiated in the emergency department by a nurse and then completed by a social worker.

8.4 Links with Public Protection Arrangements

The review team was advised that the Southern Trust is taking a lead role in developing a regional model for the application of the Public Protection Arrangements in Northern Ireland (PPANI) in relation to acute hospital settings. This will include consideration of the arrangements to be put in place when an offender is admitted to hospital for treatment. Trusts have considered the potential risks in such situations and described the actions taken to manage these risks to protect children.

8.5 Access to SOSKARE

SOSKARE is an IT system which holds information on children and adults who have been in contact with social services in Northern Ireland. It is therefore an important source of information to inform professionals if a child admitted to an acute ward has previously been known to social services.

The review team discussed arrangements for access to SOSKARE in hospitals. All trusts had procedures in place to facilitate this, which differed between hospitals.

In most units there was not direct access at adult ward level to SOSKARE, with access facilitated through contacting social services. In some hospitals, information on SOSKARE can be made available through the emergency department where there was direct access to the system.

¹⁷ A Foundation Doctor (FY1 or FY2) is a grade of medical doctor undertaking a two- year, general postgraduate medical training programme. This is compulsory for all newly qualified medical practitioners in the UK from 2005 onwards.

8.6 Summary

The review team found that all trusts had considered child protection arrangements in relation to placing children in adult wards and these were embedded at ward level. Trusts confirmed that pre-employment checks were being carried out and training programmes were made available. Trusts experienced challenges in rolling out training programmes to the number of staff who required this, particularly releasing staff for training. Referral arrangements to social services are in place. The Southern Trust is leading on the development of new arrangements to take forward PPANI in acute hospitals. The review team found that while there were arrangements to facilitate access to information on SOSKARE when a child is admitted to an adult ward, these differed between units.

9.0 Patient Experience

Admission to hospital can be a difficult experience for any patient. The review team discussed with trusts their arrangements to improve the experience for children and young people who were required to be admitted to adult ward settings.

9.1 Facilities for Children and their Carers on Adult Wards

In general, trusts advised that children under 18 admitted to adult wards are provided with a single room, if this is available. There is a significant variation in the number of single rooms between hospitals and wards. In some wards there are few side rooms and these may be required for isolation for infection control purposes. Newer units have more single rooms, and all new build facilities are designed to provide ward accommodation in single rooms.

Trust staff advised that they facilitate parents to stay over when possible. Adult wards do not generally have separate rooms for parents for this purpose, which can be the case in paediatric units. However, reclining chairs are usually available for a parent who is staying over.

Adult wards will not usually have the range of facilities for entertainment of children, which can be available in a paediatric unit. However, there is generally access to a television for the child. The Belfast Trust had a play team in the children's hospital who offered advice for children admitted to the Royal Victoria Hospital on the same site. The South Eastern Trust has two play specialists who worked predominately in paediatrics, but could provide advice for older children.

Members of the review team spoke to a number of young people during visits to wards. They indicated that hospital stays can be quite boring and they are encouraged to bring in their own equipment, such as laptops, for amusement and to maintain contact with friends.

9.2 Patient Advocacy

The review team asked trusts if there were arrangements in place for patient advocacy, which could be accessed by children and parents when a child was placed in an adult ward. This role was generally considered to be undertaken by nursing staff or the social work team.

In some hospitals, such as Altnagelvin, a patient liaison service could be contacted if a patient required support in representing a concern to the relevant hospital department. In the adult neurosurgery ward in the Royal Victoria Hospital the review team met with a paediatric nurse who acted as the key worker for a child on admission. The Belfast Trust also had a social worker for oncology and haematology patients under the age of 18 years. The Southern Trust has a patient support service in Craigavon Area and Daisy Hill hospitals, which responds to the needs of children and young people.

9.3 Education of Children

Trusts advised that many children are admitted for short periods and do not require specific arrangements in relation to their education.

Some children are admitted for longer periods and the review team asked about arrangements in place in relation to education. Trusts advised that arrangements are made for children to undertake exams and to have education provided when in hospital. In some instances, informal arrangements take place with children's schools when a child is admitted for a prolonged period. The Northern Trust had an identified link to schools. However, in general the review team found that there were not agreed policies between education and health trusts in relation to this issue.

9.4 Collection of Information about the Experience of Children in Adult Wards

The review team was advised that, in general, trust surveys of patient experience have not had a specific focus on children in adult wards. However, issues could be highlighted through surveys or other approaches, such as the collection of patient stories. The review team was advised of a specific initiative in neurosurgery in the Belfast Trust, where the views of children and their carers had been surveyed.

9.5 Summary

The review team found that trusts made arrangements to accommodate children admitted to adult wards in single rooms when possible, and to accommodate parents to stay over. However, there is a wide variation between hospitals in the number of single rooms available. Children generally will have access to television. As there are limited other recreational facilities available for children or young people on adult wards, they tend to bring in their own equipment. There are not usually specific arrangements for advocacy for children in adult wards. This role is normally undertaken by nursing staff or the social work team. The review team found examples of good practice to support children. There are not formally agreed arrangements in place in relation to the education of children when they are in hospital, but trusts will seek to make informal arrangements for children when they are in hospital for longer periods. In general, there are not arrangements in place for the collection of specific information about the experiences of children in adult wards.

10.0 Independent Hospitals

10.1 Introduction

RQIA requested and received information from two independent hospitals in relation to this review. RQIA met with staff at both hospitals to discuss the arrangements in place for the care of children and young people. Independent hospitals are required to be registered with RQIA and are subject to its inspection processes.

10.2 Ulster Independent Clinic, Belfast.

The review team was informed that all children under 18 years, admitted to the Ulster Independent Clinic, are provided with single room accommodation with en suite facilities. A parent or guardian can stay throughout the period of admission.

Operating lists can include both children and adults, with children's operations being placed at the beginning of the list. Following surgery, children are admitted to a designated bay, which is screened from other patients.

The Ulster Independent Clinic has established a paediatric committee to consider the arrangements for children admitted to the hospital. The hospital has a specific policy for the needs of adolescents aged 12 to 16, in addition to a policy on the admission of children. There is a paediatric manual available in all areas of the hospital. This sets out procedures in relation to admission, care and discharge of children. It includes guidelines on fluid management for children. The hospital consent policy and procedure contains a specific section for young people aged 16 to 17 years.

The review team was advised that most children admitted are day patients, with those staying overnight most commonly admitted for ENT surgery. Surgeons operating on children have either a specific paediatric role or extensive experience with children in their HSC practice.

The hospital uses a paediatric pain scale and has a policy in place for pain assessment. Staff have access to the British National Formulary for Children in clinical areas. The emergency trolley contains a paediatric drug box and paediatric checklist. The clinic prepares a pharmacy newsletter, which had covered the topic of dose calculations for paediatrics.

All nursing staff are expected to undergo the British Medical Journal (BMJ) Hyponatraemia module and 96 per cent had completed the training during 2009-10. All nursing staff are provided with life support training.

The hospital policy is that all staff employed undergo enhanced AccessNI checks before commencing employment. From May 2011, all staff are expected to undergo mandatory stage one child protection training on an annual basis.

When children are admitted, there are televisions in all bedrooms and the hospital provides a children's activity pack. There are not specific arrangements in place in

relation to education, as children are admitted for short periods and for elective surgical procedures.

The hospital seeks information through a questionnaire from all patients on their experience during admission.

10.3 North West Independent Hospital, Ballykelly

The review team was advised that when children are admitted for elective surgery to the North West Independent Hospital, a specific area is designated for this purpose. This area has keypad access. All children are admitted to single rooms in this area, and most are day cases. If a child requires an overnight stay, a parent or guardian can remain with a temporary bed made available in the room.

Specific operating lists are arranged for children. The recovery facilities after surgery are provided in single rooms.

The hospital has a designated children's lead and a lead children's nurse. When arrangements are being made to admit children for surgery, paediatric trained nurses are available at the time of admission. Surgery on children is carried out by surgeons who have the relevant experience. There are arrangements in place to contact a paediatrician for advice if required.

The hospital uses a fluid management chart for children up to 16 years. Regional guidance for prescription of fluids to children and a trigger list to report incidents related to fluids are displayed in clinical areas. The hospital uses observation charts for children, which were devised in the Belfast Trust.

Nursing staff caring for children receive paediatric immediate life support training on a yearly basis. A programme of training for staff has been devised and provided in relation to awareness of hyponatraemia.

In relation to pharmacy, the hospital uses a medicine prescription and administration record chart developed by the Western Trust. A medicines audit is carried out on a monthly basis and includes patients under 18. The review team was advised that staff undergo annual medicine competency assessments.

All staff are provided with training at basic stage one in child protection. The hospital policy on recruitment is that all staff have enhanced checks through AccessNI.

When children are admitted, their single room accommodation is provided with a television, and a separate room can be used as a toy room.

To determine patient experience, the hospital carries out a survey of patient views, which is used to assess the quality of services provided. Reviewers found that, in general, there was positive feedback from parents about the service and care delivered to children.

10.4 Summary

The information provided by the Ulster Independent Clinic and the North West Independent Hospital indicated that children are provided with single room accommodation when admitted. Children are usually admitted as day patients, or for up to 48 hours after elective surgery. Arrangements have been established to design services to meet the specific needs of children who are treated. Clinical and child protection training are provided relevant to the needs of children.

11.0 Conclusions and Recommendations

The review team concluded that the current provision of hospital services in Northern Ireland is resulting in significant numbers of children being cared for in adult wards. Trusts have in place measures to address the risks associated with this situation and the review team found examples of good practice, which should be shared across organisations. Nevertheless, the review team has concluded that an agreed goal should be set for an upper age limit up to which children should be admitted to paediatric wards, and plans put in place to develop services which can meet this goal.

During the course of this review, RQIA has been advised that almost 4,000 children under the age of 18 were admitted to adult wards in hospitals in Northern Ireland during 2009-10. Children were admitted to a broad range of specialties and, in particular, to adult surgery and adult medical wards. Children under 18 requiring mental health assessment and care are routinely admitted to adult wards, as places of safety, until seen by mental health specialists.

Previous reports in the United Kingdom have highlighted issues relating to the care of children in adult settings. It has been repeatedly emphasised that children should not be treated in hospitals in the same way as adults. Furthermore, as far as possible, children should be cared for in separate paediatric environments rather than in adult wards.

There have been no specific standards issued in Northern Ireland. However, a service framework for children is currently being developed, which provides the opportunity to establish regional standards.

The review team found that there is no standardisation of the upper age limits for usual admission to paediatric services across hospitals. These vary within and between trusts. Limits have been set to reflect local availability of paediatric beds and can vary between 14 and 16 years. All trusts have arrangements to facilitate the admission of children with long-term conditions to paediatric services that have been caring for them previously.

The review team was advised that the lack of standardised age levels for admission across services impacts on both the planning and delivery of services.

The two independent hospitals had actively taken steps to design services to meet the needs of children who were admitted for elective surgery, including access to paediatric trained nurses. All children were provided with single rooms.

- 1. The review team recommends that an agreed age for all hospitals in Northern Ireland is established, up to which children would normally be admitted to paediatric wards. Service planning can then be taken forward for the future provision of services to meet this requirement.**

The review team also found that there are not agreed ages for the development of clinical policies. Regional guidance in relation to fluid management is for children up to their 16th birthday, whereas for the treatment of diabetic ketoacidosis, guidance is up to the 18th birthday. Early warning score charts can relate to different age groups.

Staff in paediatric wards will generally be caring for children in line with paediatric policies. Staff in adult wards looking after children need to be fully aware of the age limits for each policy as it is being applied.

- 2. The review team recommends that all trusts establish a system to monitor the number and age of children admitted to adult wards where this is not already in place.**
- 3. The review team recommends that, when clinically appropriate, the age of application of clinical policies for older children should be set in line with an agreed regional age for the admission of children to paediatric services.**

The review team found that trusts had identified children being cared for in adult wards as an important issue for clinical governance. Leadership was clearly identified at director level within trusts. Risks and operational issues had been recognised and actions were being taken to address these, such as the development of specific policies and setting up specific working groups. In each trust there were examples of good practice in addressing issues related to the care of children in adult wards. One such example was the provision of a resource pack which is available to all adult wards in the South Eastern Trust, which admit children, including guidelines for referral for a paediatric opinion. In general, there were not routine systems in place to monitor the number of children being admitted to adult wards.

- 4. The review team recommends that arrangements should be put in place to facilitate the sharing of learning and good practice between organisations in relation to the care of children in adult wards.**
- 5. The review team recommends that all trusts consider the development of trust specific resource packs on the care of children to distribute to adult wards.**
- 6. The review team recommended that all trusts have agreed criteria for referral for a paediatric opinion for children admitted to adult wards.**

There are some differences in the provision of relevant services including pain management and clinical pharmacy at ward level. There are also differences in the availability of the British National Formulary for Children.

- 7. The review team recommends that all trusts review the arrangements for access to the British National Formulary for Children in adult wards where children are treated.**

The review team found that there are some differences in the early warning score charts, which are used for children being cared for in adult wards. RQIA is aware that there is significant work underway across Northern Ireland to harmonise charts.

8. The review team recommends that current initiatives to harmonise early warning score charts in Northern Ireland should consider the specific needs of children admitted to adult wards.

Arrangements are embedded across Northern Ireland in relation to training on the use of intravenous fluids. Education and training has also been provided in relation to other clinical issues by individual trusts, such as the treatment of diabetic ketoacidosis and the use of paracetamol. However, the review team found that there is not a regionally agreed list of what training should be made available for staff caring for children on adult wards.

9. The review team recommends that an agreed list of topics should be developed for inclusion in induction and update training for staff caring for children in adult wards.

The review team found that each maternity service has considered the needs of young pregnant women under the age of 18 years. Examples of innovative service models were described, including interagency projects with education providers. Referral arrangements are in place with social services and some trusts have staff members specifically dedicated to the needs of this age group. The review team considers that it is important that trusts share the learning from current initiatives and good practice.

10. It is recommended that trusts establish an appropriate mechanism to share the learning from projects and initiatives relating to the provision of maternity services for young women under 18 years.

The review team found that all trusts had considered child protection arrangements in relation to placing children in adult wards and these were embedded at ward level.

Pre-employment checks were being carried out and training programmes on child protection were made available. Trusts experienced challenges in rolling out training programmes to the number of staff who required this, including the release of staff for this training. Referral arrangements to social services are in place.

The Southern Trust is leading on the development of new arrangements to take forward public protection arrangements in acute hospitals.

The review team found that there were procedures to facilitate access to information on SOS CARE when a child is admitted to an adult ward. These arrangements differ between units. In general, staff in adult wards did not access information directly at ward level.

11. The review team recommends that all trusts review their arrangements for access to SOS CARE information pertaining to children on adult wards, to ensure that this is easily accessible when required.

The review team was provided with information by those organisations under review in relation to the approaches taken to enhance the experience of children and their carers when admitted to hospital.

The review team found that trusts made arrangements to accommodate children admitted to adult wards in single rooms when possible, and to accommodate parents to stay over. However, there is a wide variation in the number of single rooms available. In the independent hospitals reviewed children have access to single rooms.

Children on adult wards generally have access to television, but other recreational facilities are limited on adult wards, so they tend to bring in their own equipment.

The experience of children in adult wards has not, in general, been a specific area of focus for patient experience activity in trusts.

12. The review team recommends that trusts establish arrangements for receiving feedback from children who have been patients on adult wards and from their carers.

Advocacy is an important aspect of care for patients. Generally there are not specific arrangements in place for children in adult wards. Advocacy is usually undertaken by nursing or social work staff, or a patient liaison service may be available.

13. The review team recommends that all trust review their advocacy arrangements to ensure that children admitted to adult wards and their carers can access support appropriate to their needs.

There are not formally agreed arrangements in place in relation to the education of children when they are in hospital. However, trusts seek to make informal arrangements for children when they are in for longer periods.

14. The review team recommends that a formal agreement is put in place between health and education authorities on access to education support for children who require it when admitted to acute hospitals.

12. 0 Recommendations

1. An agreed age should be established for all hospitals in Northern Ireland up to which children would normally be admitted to paediatric wards. Service planning can then be taken forward for the future provision of services to meet this requirement.
2. All trusts should establish a system to monitor the number and age of children admitted to adult wards where this is not already in place.
3. When clinically appropriate, the age of application of clinical policies for older children should be set in line with an agreed regional age for the admission of children to paediatric services.
4. Arrangements should be put in place to facilitate the sharing of learning and good practice between organisations in relation to the care of children in adult wards.
5. All trusts should consider the development of trust specific resource packs on the care of children to distribute to adult wards where children are admitted.
6. All trusts should establish agreed criteria for referral for a paediatric opinion for children admitted to adult wards.
7. All trusts should review the arrangements for access to the British National Formulary for Children in adult wards where children are treated.
8. Current initiatives to harmonise Early Warning Score charts in Northern Ireland should consider the specific needs of children admitted to adult wards.
9. An agreed list of topics should be developed for inclusion in induction and update training for staff caring for children in adult wards.
10. Trusts should establish an appropriate mechanism to share the learning from projects and initiatives relating to the provision of maternity services for young women under 18 years.
11. All trusts should review their arrangements for access to SOSKARE information pertaining to children on adult wards, to ensure that this is easily accessible when required.
12. The review team recommends that trusts establish arrangements for receiving feedback from children who have been patients on adult wards and their carers.
13. All trusts should review their advocacy arrangements to ensure that children admitted to adult wards and their carers can access support appropriate to their needs.

14. A formal agreement should be put in place between health and education authorities on access to education support for children who require it when admitted to acute hospitals.



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