

Inpatient Admission Pathway for Young People (aged 16 to 17 years) attending WAHT

Department:	All in-patient wards
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Target Organisation:	Worcestershire Acute Hospitals NHS Trust
Target Departments:	Women & Children's Division Urgent Care & Specialty Medicine Division Surgical Division Specialised Clinical Services Division
Target Staff Categories:	All clinical staff working on in-patient wards across WAHT

Purpose
<ul style="list-style-type: none"> • Provide clarity and direction for management of young people aged 16 - 17 receiving inpatient care on the children and adult wards at WAHT • Ensure that the young person's needs are met and reasonable adjustments are in place in the area where they are receiving care. • Staff caring for the young person have an awareness of: <ul style="list-style-type: none"> ➤ Safeguarding ➤ Consent ➤ Emotional health and wellbeing ➤ Education • Ensure WAHT have an awareness of where young people are being cared for across all areas of the Trust and ensure the young person's wellbeing is closely monitored.

Key Amendments to this Document

Date	Amendment	By Whom

Read in conjunction with:

Safeguarding Children Policy	WAHT-TP-037
Policy for Consent to Examination or Treatment	WAHT-CG-075
Resuscitation Policy	WAHT-TP-108
Delivering Same Sex Accommodation Policy	WAHT-CG-521

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Executive Summary

1. **The Children Act 2004 - definition of a child:** A child/young person is anyone who has not yet reached their 18th birthday, regardless of their personal or social circumstance. Be mindful that young adults between 18-25 years of age with complex needs are still entitled to additional support such as Education, Health and Care Plan (EHCP) may be in place. For example, Children Looked After (CLA) become a care leaver from the age of 18yrs up until their 25th birthday. They will receive additional support from the local authority via a Personal Assistant (PA).
2. The purpose of this document is to clarify the location arrangements for young people (YP) admitted to an adult ward or an area as an inpatient.
3. 16 to 17 year old should be given the choice of care location, the adult ward or the children's ward (Riverbank).
4. All children under the age of 14 must be admitted to the children's ward, except where the child requires the expertise of the specialist facility e.g. Maternity/Gynaecology services. Any proposed exceptions to this must be discussed with the relevant adult and paediatric teams to confirm pathway and agree mitigations.
5. Young People (YP) transitioning from children to adult services should be admitted where the young person requires expertise of the adult specialty facility.
6. Young Person admitted to an adult ward have the right to have a parent stay with them, this includes somewhere for the parent to sleep (inpatients). Ideally the young person should be admitted to a side room.
7. YP should not be nursed alongside acutely ill patients. If admitted to the Adult Intensive Care Unit (ICU), the YP must be nursed in a side room.
8. Young person with complex needs, where known to Children's Services and under active follow up by one of the paediatricians may be accommodated on the children's ward. This will be determined by the paediatrician on call.
9. A record of all visits by professionals/family to YP cared for on adult wards must be made in the patient record/electronic patient record (EPR).
10. Safeguarding children's policy applies to all under 18's. All safeguarding concerns should be recorded in the patient record/EPR record and the Integrated Safeguarding Team made aware.
11. Incident reporting (including safeguarding incidents) for YP, irrespective of care location must be made through the Datix reporting system.
12. All ward managers of inpatient services, band 6s and Lead Consultant /medical staff are to attend Level 3 Safeguarding Children training.
13. A daily report of YP admitted to adult care locations is generated in EPR and circulated to named individuals on a daily basis. Quarterly audit will take place initially, moving to twice yearly as this guideline is embedded into practice.

1. Introduction

The legal definition of a 'Child' is age related and refers to an individual that is up to the age of 18 but not including their 18th birthday (The Children Act 2004). We use the term 'young person/people' to refer to older or more experienced child who are more likely to be able to make decisions for themselves. Worcester Acute Hospital Trust (WAHT) has the capacity to accommodate all children and young people under the age of 16 on the children's ward (Riverbank) but recognises that it is appropriate to care for some young people in the appropriate speciality. Some children and young people (up to their 18th Birthday) with complex needs may be admitted to the children's wards at the request of the admitting paediatric consultant. Looked After Children (LAC) may have additional care needs and professional involvement up until their 18th birthday and advice and support with presenting individual cases can be obtained from the Integrated Safeguarding Team.

Services provided for young people in every department must be person-centred and young people should receive care that is integrated and coordinated around their individual needs, and the needs of their family as per the principles of caring for young people (Appendix 1).

2. Purpose/Scope

The purpose of this guidance is to clarify arrangements for young people (YP) aged 16–17 who are admitted to or receive treatment in an inpatient setting. This guidance sets out clear criteria for decision making to ensure that young people are offered an informed choice of admission ward wherever possible and reasonable adjustments are put in place to support them. Careful consideration must be given to the young person's choice of admission area, level and type of care needed, any associated safeguarding risk factors (e.g. self-harm), risk to other children if on the children's ward, safeguarding risk to the young person if placed in an adult ward and available bed capacity.

Anyone under the age of 16 years should be cared for on a children's ward unless the medical/surgical diagnosis dictates otherwise for example where there is a need for maternity or some gynaecology services. However, this does not change the fact that they are legally still a child for whom there is someone with parental responsibility and for whom protection is afforded under the Children Act 2004. Decision for admission of this cohort of young people to an adult ward **must not** take place without consultation between adult and children's specialities to ensure full consideration of the request is given, mitigations agreed and put in place should these rare circumstances occur.

Care and treatment of the YP must be person centred. Staff must work in partnership with the YP and provide care with the YP's consent. Consent must be treated as a process that continues throughout the duration of care and treatment. Consent is only valid if it is given voluntarily by an appropriately informed young person capable of consenting to the particular intervention. However, unlike adults, the refusal of a young person over the age of 16 may, in certain circumstances, be overridden by either a person with parental responsibility or a court.

3. Guideline for Young People (up to but not including their 18th Birthday) – Appendix 2: Admission pathway

Currently almost all young people are being accommodated on the children's ward under the appropriate speciality unless the patient chooses to be admitted to an adult ward through patient choice. There are exceptions where the young person has complex needs, is known to Children's Services and under active follow up by one of the paediatricians. A discussion with on call paediatric consultant will be required to determine if it is appropriate to offer the family an option to stay on the

children's ward. There will be many young people in transition where care may be appropriate on the adult wards. The care location for unplanned admissions for young people should be given careful consideration.

It is essential to establish the exact nature of the relationship between the young person and the adults in their lives when making decisions about care and treatment. It is good practice that decisions to admit a young person should be as inclusive as possible.

The nurse attending to the young person at confirmation of the need for admission to an inpatient area, must ensure that the young person is aware of the options available to them. When speaking to the young person, they must consider the following:

- Will the young person's preference affect their quality and safety of care? For example, a young person who is requiring BiPap respiratory support will need access to appropriately trained and competency assessed staff. This expertise is available on an acute respiratory ward but not on the Children's Ward.
- A young person with a learning disability or neurodivergence condition may benefit from admission to the children's ward.
- Does the young person need intensive care (ICU)? If yes, communications with Adult ICU and Paediatric Intensive Care will have to confirm appropriate location of bed.
- Does the young person pose a risk to other children and young people? For example, combative and disruptive behaviour which may affect other children and young people's psychological and physical wellbeing, (particularly if the child does not have a parent resident). If yes, young person will require admission to an adult ward.
- Will the young person be at risk if on an adult ward? For example, is an adult patient undertaking combative and disruptive behaviour which may affect the young person's psychological and physical wellbeing.
- Can the young person's preference be accommodated? For example, is there bed availability on the chosen ward. If the children's ward is at or nearing capacity, priority for admission to the children's ward will be given to younger children to prevent them being transferred out to other hospitals. If there are beds on the children's ward but not the adult wards, consideration will be given to being admitted to the children's area.

The table below demonstrates examples of admission routes.

- 16-year-old under the paediatricians will be admitted to Riverbank Children's Ward
- 16 and 17-year-old under a named paediatrician who has not transitioned from children to adult services can choose to be admitted to an adult ward and be under the care of Consultant Paediatrician **at WRH site only**.
- 16- and 17-year-olds can be admitted to adult ward areas under the adult team. (All YP choosing care at Alexandra Hospital will be admitted under the Adult Service only).
- A 17-year-old will be admitted to the Children's Ward under adult medical / speciality team.

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4. Young Person bed preference availability

If the young person's preference cannot be accommodated due to bed availability the Bed Managers on the Capacity Team should be informed so that transfer to the chosen area can be completed when a bed becomes available. The young person can ask for their ward preference to be reviewed at any time and this must be undertaken.

The young person's bed preference must be documented in the notes with the completed form (Appendix 3) and confirmation that the information leaflet has been given to the young person (Appendix 4).

Escalation to take place if medical teams or inpatient areas are unable to accept the referral of the young person or the chosen area cannot be accommodated. Please refer to Appendix 5

The following should occur for all 16-17 year olds:

- Young people should be provided with information that enables them to understand their plan of care and treatment and allows the young person the opportunity to be involved in the decision-making process. The young person may wish for their parent to be involved in the decision-making process, the extent of information sharing with the parent must be determined by the young person.
- If the young person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. The Clinical Site Matron should be informed of any signs of vulnerability and the appropriate location for admission should be considered and discussed.
- All Matrons in adult services must know of young people admitted to their service. The checklist for matrons overseeing the care of young people on adult wards must be completed (Appendix 6).
- Staff patient safety huddles undertaken in the adult ward areas should identify that there is a young person on their ward, and this should be highlighted to the matron on their daily walk round.
- Advisory support for young people being cared for in adult areas will be provided by the Children's nursing team, during office hours this will be via the Children's Directorate Matron or Riverbank Ward Manager (contact via Switchboard), out of hours the nurse in charge of Riverbank Ward.
- Consider use of advocacy service
- Recording of visits by professionals or family to young and vulnerable people in hospital should be made in the patient records by the nurse providing care. This is to ensure that professional care and treatment is documented, and family input/support is known to the team.
- Any safeguarding concerns should be recorded in patient records for any young person and the Integrated Safeguarding Team made aware through the Trusts safeguarding procedures.
- When making a medical diagnosis for vulnerable people under 18 years, the young person's explanation for injury must be closely questioned where there are concerns and multi-agency advice actively sought.

5. Deteriorating Young Person: Use of early warning score and Resuscitation Guidelines

Please note:

The Young Person being cared for on the Children's Ward will be monitored using NPEWS (the National Paediatric Early Warning Score).

The Young Person being cared for on an Adult Ward will be monitored using NEWS2 (National Early Warning Score).

In the rare event that resuscitation procedures are needed:

The paediatric and adult resuscitation teams are to be alerted via the 2222 extension, both teams are to attend, and a view will be taken as to the appropriate lead team on initial assessment of the young person and confirm the resuscitation protocols to be followed.

The young person on the Children's Ward will receive paediatric life support and will switch to adult life support if thought appropriate by and under the leadership of the Adult Emergency Team.

The young person on the Adult Ward will receive adult life support and switch to paediatric life support if thought appropriate by and under the leadership of the Paediatric Emergency Team.

6. Reasonable adjustments - Neurodivergence and Autism

To support young people accessing our services, reasonable adjustments will be put in place (Appendix 7).

Other reasonable adjustments consist of:

- Transgender, - a discussion must take place with the young person who must be asked if they would prefer the privacy of a single room, if one is available. This must not be arranged without their consent.
- Non-binary or gender non-conforming young people who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice
- YP to be given the choice of being seen on their own or with their parent / carer present.
- Young person on Children's Ward to be cared for with other young people in a 'same sex' bay wherever possible.
- YP on an adult ward to be offered a side room if available, otherwise will be cared for in a 'same sex bay'.
- YP to be offered the choice of parent / carer to have 'open visiting' and to remain overnight on the children's ward. Should the young person request an adult ward with a parent / carer to stay overnight, this must be given due consideration and accommodated whenever possible. The parent must be informed that should they stay overnight they are likely to be sleeping on a reclining chair or bed next to the YP. Please be aware that the ward will be unlikely to offer same sex accommodation for the parent.
- Parent under-taking 'open visiting' and 'overnight stay' to receive concessionary parking.
- Resident parent to have access to breakfast and hot drinks.
- Young person to be aware of and have access to Play Specialist team, who may be able to advise on coping strategies and provide age relevant activities. Contact Riverbank ward should a young person being cared for on an adult ward require access to a play specialist.

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- If young person has learning disabilities or is neurodivergent inform the Learning Disability Team who can advise on further adjustments to personalise care and support young person. Ask the young person or parent / carer if there is a health / hospital passport that can be referred to. See Appendix 7 for further examples of reasonable adjustments.
- YP who has presented at the Alexandra Hospital Emergency Department may prefer to remain at the Alexandra Hospital for ease of visiting.
- YP to receive copies of their discharge summaries and outpatient appointment if applicable.

7. Safeguarding Concerns for Young People

Staff must check both internal safeguarding alerts via PAS/EPR and for Young People from out of area the CP-IS system.

Clinical staff should assess the level of need for all young people in line with The Multiagency Levels of Need: Guidance to help support children, young people & families in Worcestershire and appropriate referrals to be made to Early Help or Worcestershire Children's First - Children's Social Care.

Staff should gain advice on child protection/safeguarding issues, from the Integrated Safeguarding Team in the Trust or direct from Worcestershire Children's First - Children's Social Care.

Where there are safeguarding alerts or concerns raised for individual Young People then appropriate conversations to be held with the Integrated Safeguarding Team in hours. Out of hours - the on-call Paediatrician can be contacted via switchboard or Worcestershire Children First Emergency Duty Team on 01905 768020.

Safeguarding children's policy applies to **ALL** under 18's. Staff should follow the Safeguarding Children's Policy.

Clinical staff should bear in mind that they can and should, where they deem it appropriate, override a young person's wishes and feelings in seeking advice.

Please note: All safeguarding checks must be completed in line with Trust Policy, ward staff need to be aware of alerts and any restrictions in visiting or information sharing.

8. Young Carers

All young people identified on admission as a 'young carer' to be signposted to: [Young Carers | Worcestershire Association of Carers \(carersworcs.org.uk\)](http://YoungCarers.WorcestershireAssociationofCarers.org.uk)

9. Consent for Young People

Section 8 of the Family Law Reform Act (1969) acknowledges that young people aged 16 or above are presumed to be capable of consenting to their own medical treatment, and any ancillary procedures involved in that treatment, such as receiving an anaesthetic. The law also states that they must be the person who is asked to give consent unless they are not able to make the decision. Parents (those with Parental Responsibility (PR) can only give consent on behalf of the young person if the YP is legally unable to consent for themselves.

Parental Responsibility refers to the individual who has legal rights, responsibilities, duties, power and authority to make decisions for a child. Parental responsibility may be held by the Local Authority or special guardian.

As for adults, consent is only valid if it is given voluntarily by an appropriately informed young person capable of consenting to the particular intervention. However, unlike adults, the refusal of a person aged 16 or above may, in certain circumstances, be overridden by either a person with parental responsibility or a court.

In order to establish whether a 16 to 17 year old has the requisite capacity to consent to the proposed intervention, the same criteria as for adults should be used. Where a young person lacks capacity consent should be sought from a person with parental responsibility for that young person. For example, if a treatment is medically required because the young person has mental health concerns or the young person requires life-saving treatment, the parents or person with parental responsibility (guardian) must be contacted.

In the case of 16 to 17 year old who are looked after by the local authority, parental responsibility may be held by the local authority. For a 16 to 17 year old looked after by the local authority please contact Children's Social Care and speak to the named social worker for the young person.

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

If a 16 to 17 year leaves the hospital before they have been medically assessed/treated and deemed fit for medical discharge and you are concerned about their immediate health and safety, call the police on 999 and ensure an adult with parental responsibility (PR) (or children's social care if they hold PR) are informed.

The Integrated Safeguarding Team is available during normal working hours, for advice or support and can be contacted through switchboard. Out of hours, the on-call consultant paediatrician may be able to assist and advice.

Family Front Door (FFD) or Emergency Duty team (EDT) from Worcestershire Children's First (WCF) can be contacted on 01905 822 666 option 1 option 2 / EDT – 01905 768020

10. Advocacy

Consider use of Advocacy Service (contact details available via The Source on the Trust Intranet pages) to support the young person by:

- listening to their views and concerns
- help the young person explore their options and rights
- provide information to help the young person make informed decisions
- help the young person to contact relevant people, or contact them on the young person's behalf
- accompany young person and provide them with support in meetings or appointments.

11. Deprivation of Liberty & Children & Young People

In under 18's, in order for a **Deprivation of Liberty** to be lawful, a legal framework must be placed around the arrangement, in order to ensure that the Deprivation of Liberty in relation to the child is lawful In practice (this is referred to as a **DoL**. If Deprivation of Liberty is required, we see this undertaken as part of Family Court proceedings.

The statutory framework for the **Deprivation of Liberty Safeguard's (DoLS)** is separate to above and relates to people aged 18 years and above i.e. does not apply to those under 18 years of age.

12. Death of a care leaver aged up to their 25th birthday

Should this occur The Named Doctor for Safeguarding Children and the Trust's Integrated Safeguarding Team should be notified.

The local authority should notify the Secretary of State for Education and Ofsted of the death of a care leaver aged up to their 25th birthday as per the revisions to Working Together to Safeguard Children December 2023.

The local Authority make the notification in the same way as for a Child Serious Incident Notification, via the Child safeguarding incident notification system:

- Local authorities have a duty to notify where a child dies or is seriously harmed, and abuse or neglect is known or suspected. This includes children that are looked after and care leavers up to and including the age of 17 years.
- Local authorities have a duty to notify the death of a looked-after child regardless of abuse or neglect being present.
- Local authorities should notify the death of a care leaver for those aged up to their 25th birthday, where it is aware of their care leaver status, regardless of abuse or neglect being present.

13. Daily Notifications

In order for the Trust to maintain oversight of where YP are receiving inpatient care outside of the children's ward, a daily report is generated and distributed to the Matron for Inpatient Children's Services, Divisional Director of Nursing (Women & Children's), matron and divisional nursing director for adult specialty, ward or department. The report is available via WREN:

[Inpatients aged under 18 years old being cared for in adult areas](#)

The Matron of the adult specialty, ward or department must ensure oversight of the above report and identify young people in their care during their daily huddle. The matron of the adult specialty, ward or department will visit the care location and ensure that all ward facilities and ward environment are suitable for the YP and maintain a checklist (Appendix 6) for this group of patients. This is to provide assurance that the young person's needs are being met and ward staff have reviewed and are aware of any safeguarding alerts.

14. Designated Roles and Responsibilities

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

- Chief Nurse, Deputy Chief Nurse, Medical Director, Divisional Triumvirates will ensure this policy is implemented across the Trust.
- Directorate management teams should ensure that the contents of this guidance are brought to the attention of employees under their supervision.

- Managers are responsible for ensuring staff are aware of the guidance and that they are expected to take all reasonably practicable measures to provide appropriate care for young people under their care.
- Staff are expected to refer to this guidance when caring for young people, provide an environment of care appropriate to age and needs. Each young person should be individually assessed within the context of their family.
- Individual members of staff are responsible for ensuring they follow this guidance and that they report any concerns to their manager.
- All inpatient matrons to work collaboratively to ensure that the young person is receiving appropriate care and support.
- Role of Capacity / On call site Team – Ensure that the young person is placed in their preferred bed where possible and help emergency department flow of patients. The Capacity and on call site teams will have an overarching view of the hospital site.

15. Incident Reporting

Where an incident occurs (including safeguarding incidents) for YP, irrespective of the care location, a Datix must be completed via the electronic incident reporting system. This is to ensure that there is a proactive reporting system to ensure mechanisms are in place to remedy situations where there are potential gaps in service/ lessons to learn.

16. Discharge Planning

Ensure young person and with their consent their parent / guardian is aware of the plan in place for discharge, their prescribed medication and when last taken, their treatment plan and any follow up arrangements. The young person may need more time to process the information and check understanding. It is preferable that the young person is discharged in the company of their parent / guardian, consider the young person's finances and other forms of transport home if this is not possible.

17. Training

All ward managers of inpatient services, band 6s and Lead Consultant /medical staff are to attend Level 3 Safeguarding Children training. This will help to ensure that the matrons are aware of any safeguarding issues surrounding young people who are placed on adult wards and all clinical teams will have a link and trained individual to act as a resource for their teams.

All staff on adult wards should be compliant with safeguarding children training appropriate to their role as assigned through ESR.

18. Audit of Guideline

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

Appendix 1:

Principles of caring for young people:

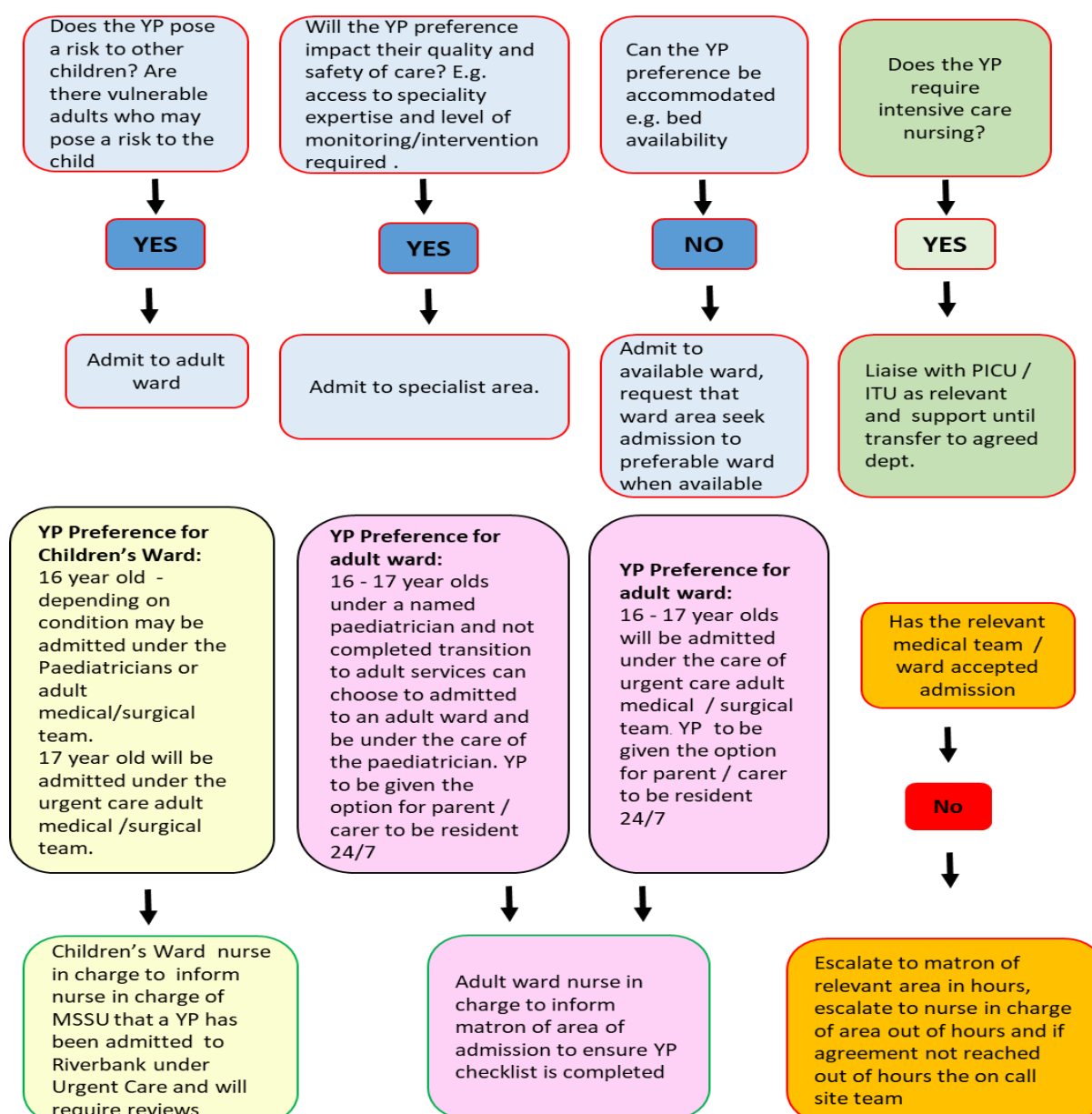
- **Communication** – speak directly to the young person, allow time for the young person to process information, give answers to questions and ask questions of their own. Use language they understand, and communication aids as needed (e.g. learning disabilities). Check their understanding of the information given.
- **Confidentiality and Consent** – Explain to young person that their information is private and will not be shared with others without their consent providing it does not put the young person at risk or when there is an overriding public interest. (Please refer to I Safeguarding Policies). Parents (those with PR) can only give consent on behalf of the young person if they are legally unable to consent for themselves. A young patient may be competent to make some, but not all, decisions and clinical staff should promote an environment in which young patients can engage in decisions as much as they are able.
- **Assessment of capacity**: In law, young people aged 16 and over are presumed to have capacity. They can consent to, or refuse, treatment, including hospital admission. They can refuse access to their medical records and not give consent for clinicians to disclose information to parents.
 - The Mental Capacity Act 2005 (MCA) provides a clear framework for parents on who should be consulted in the decision-making process, and in what circumstances (for example in life-saving treatment).
- **Shared decision making**. It is important that the young person is aware of treatment options and their pros and cons to enable them to decide about their preferred option. Refer to ask 3 questions:
 - What are my choices
 - what is good and bad about each choice
 - how do I get support to help me make a decision that is right for me.
 Parental viewpoints can also be considered if acceptable to the young person
- **Advocacy** – There may be some occasions when the young person finds it difficult to understand the care and support being offered or find it hard to speak up. Advocates can provide independent additional support to the young person, and they should be offered the choice of speaking to an advocate if unsure.
- **Chaperone** – should be offered in all circumstances when intimate examinations or treatments are performed. Young person's preference for gender of chaperone should be considered.

- **Education** – all young people should receive the same access to educational provision as their peers. If a young person is in hospital for more than 15 school days, the Local Authority need to be informed so that some provision can be provided.
- **Feedback** – Young person's view of care to be sought, good practices to be shared and any complaints followed up using the PALS and Complaints procedures, with associated outcomes used for shared learning.

Appendix 2: Admission Pathway for 16 to 17 year olds

Attending nurse to explain to 16-17 year old (YP – young person) the admission ward options. Assess capacity and record in line with Trust procedure. Provide YP with information leaflet and **ensure informed decision is made and documented**. Where possible admit YP to preferred ward.

Attending Nurse to take the following into consideration



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Appendix 3:

Ward preference consultation with young person: Attending nurse / doctor to complete with young person and place in medical records. YP to have the opportunity to read the information leaflet: Appendix 4 of Standard Operating Procedure: Inpatient admission of 16–17-year-olds attending WAHT			
Name / PID Label		CallMe# _____ Please circle: Male / Female Transgender: Male / Female Non-binary Non-conforming	
Parent / carer / local authority: Name: _____ _____	Relationship	Contact Number	Would like parent carer to be: Resident Non-resident
Permission to share information:	Parent / Carer: Name: _____ _____ Name: _____ _____	Yes Yes	No No
Ward Preference: Please circle	Children's Ward	Adult Ward	
Chaperone for examinations can be requested. Please circle	Parent / Carer: Name: _____ _____	Male healthcare worker Female healthcare worker	
Would you find it helpful to have access to the Play Specialist Team? They can provide you with age- appropriate activities such as art / crafts etc.		Yes	No
Please provide us with any other information about yourself that you would like us to know, so that we can help you make your stay a good experience, for example any worries or concerns that you have, what helps you, who is important to you, what hobbies / interests do you have, are you easily bored etc.			
Discussed with: Print Name: _____	Signature: _____ _____	Role: _____ _____	Date: _____ _____

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Appendix 4:

Information leaflet

Aged 16 or 17 years old and being admitted to Hospital?

We recognise your needs as a separate group of young people and Worcestershire Acute Hospitals NHS Trust would like to offer you an informed choice of where you can be cared for.

On the children's ward, we care for children and young people from the age of 1 day to their 16th birthday. From 16 years onwards whenever, possible we will give you a choice of being cared for on a children or adult ward.

To help you make decisions Ask 3 Questions:

What are my choices?

What is good and bad about each choice?

How do I get the support I need to help me make the right decision for me?

What is the difference between a children's and adult ward?

On a children's ward you will:

- most likely be cared for in a room with other young people aged 12 years and over. This may or may not be with young people of the same sex, if this is of concern to you, please let the staff know.
- be cared for by nurses trained specifically to look after children
- if you are 16 years old and depending on your condition you will either, be cared for by a doctor trained to look after children or a doctor trained to look after adults. If you are 17 years old, you will be cared for by a doctor trained to look after adults.
- be able to have a parent/carer always stay with you if you wish
- be allowed to have visits from friends outside of school hours. If they are under 18 years of age they must be accompanied and supervised by an adult (this is at the discretion of the nurse in charge).
- be able to leave the ward if accompanied by your parent or carer and your condition allows, please inform your nurse if you wish to leave the ward.
- have access to bedside television which is free of charge for most of the day
- On the children's ward the other patients will be children and some of these will be babies who may be very sick.

On an adult ward:

- You will most likely be in a room with other adults who will be of the same sex.
- You will be cared for by nurses who are trained in looking after adults
- You will most likely be cared for by a doctor trained in adult medicine

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- You will be able to have a parent / carer to stay with you during the day
- You / your parent will need to ask the nurse in charge if it is possible for your parent / carer to stay overnight.
- Visiting hours may apply
- You will be charged for using bedside television
- Some of the patients will be very old and very sick

There will be occasions when your choice cannot be accommodated for various reasons, for example:

- Your medical condition requires specialist care (for example vascular care, gynaecological conditions associated with pregnancy or cancer).
- There is a shortage of beds in your chosen ward (in these cases the Bed Managers will be informed of your choice and will try and accommodate you as soon as possible).

The Doctors and Nurses will help you make this choice, please complete the following form with the nurse or doctor looking after you.

Other useful information:

Confidentiality

Confidentiality means that anyone who looks after your health must keep information about you private. This may be doctors, nurses, pharmacists or other health workers.

What information is confidential?

Confidential information includes:

- anything you say
- anything someone writes about you
- details of any treatment you've had

Talking to health workers

You can talk to health workers about anything to do with your health.

Health workers must keep your information confidential if you talk to them about something personal, such as:

- sex
- relationships
- pregnancy
- contraception
- drugs and alcohol
- feeling down

Sharing your information

They may share information about you with other health workers who are looking after you to make your care safer, easier and faster.

- They'll only share information that is needed to give you the best care.
- If there are particular things that you don't want to be shared, tell your health worker.
- If they think you are at risk of serious harm or you are in danger, they may have to tell another adult about it to be able to help you. But even then, they should tell you they're going to do this and explain who they will tell and why.
- Sometimes the law allows the health service to share information about you without you agreeing to it. This would only happen if you had an illness that puts other people at risk, such as meningitis.

Safeguarding / Child protection services

Sometimes, people who inspect safeguarding / child protection services may ask to look at the records of children and young people who have been involved with these services. This is to make sure that children /young people are protected from harm.

These inspectors must keep your personal information safe and private, unless they think you are in danger.

Consent

Consent means agreement. Anyone involved in looking after your health must have your agreement before they can examine or treat you.

Who can give consent?

You can give consent if you can:

- understand what is involved
- decide things for yourself

You may not feel able to give consent for some things as some decisions are more difficult than others.

Before you give consent, you may find it helpful to speak to a parent, guardian, advocate or another adult you trust. They will help explain things to you and help you express your views.

Even if you can't give your consent, you can still be involved in discussions about your health care.

Who can give consent for you?

If you can't give consent, your parent or the person who looks after you will be asked for their consent to your examination or treatment.

If it's an emergency, doctors can treat you without your consent or the consent of a parent or guardian if:

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- the treatment will save your life
- the treatment will stop you becoming even more unwell

Decisions about consent

Decisions about consent will be made by your doctor or someone else looking after your health. To make a decision they need to be sure you understand:

- the kind of examination or treatment suggested
- the possible effects of this treatment

The doctor, nurse or other health worker must explain things to you in a way you can understand. If they don't do this, you should ask them to explain more clearly.

How to give consent

You can give your consent by saying you agree, doing something to show you agree or signing an agreement form.

If your doctor asks to examine your foot, you can show you agree to this by removing your shoe.

If the examination or treatment is complicated, like an operation, they will ask you to sign a form.

Change of mind

You can change your mind about giving consent at any time by telling the person looking after you. Before doing so, you should understand how this could affect your health.

Asking questions

You can ask as many questions as you want about your health and care.

You might want to know:

- why you're being examined or treated
- what will happen
- what good it will do
- if there are any risks
- if there's a different treatment you could choose instead
- what could happen if you don't have the examination or treatment
- the name of the doctor or other health worker looking after you

You should also ask if you would like:

- some information to take away
- more time to make your decision

Refusing an examination or treatment

You can refuse to have an examination or treatment if you understand how this could affect your health.

Your doctor and your parent or the person who looks after you should always listen to you, even if they disagree with your decision.

Ref: NHS Inform: Information for young people using NHS services.

If you are unhappy with the care that you get

Please ask to speak to the nurse in charge, who will listen to your concerns and try to help you. If the nurse in charge or ward manager is unable to help, you can contact Patient Advice and Liaison Service (PALS) on 0300 123 1732 or email: wah-tr.PALS@nhs.net.

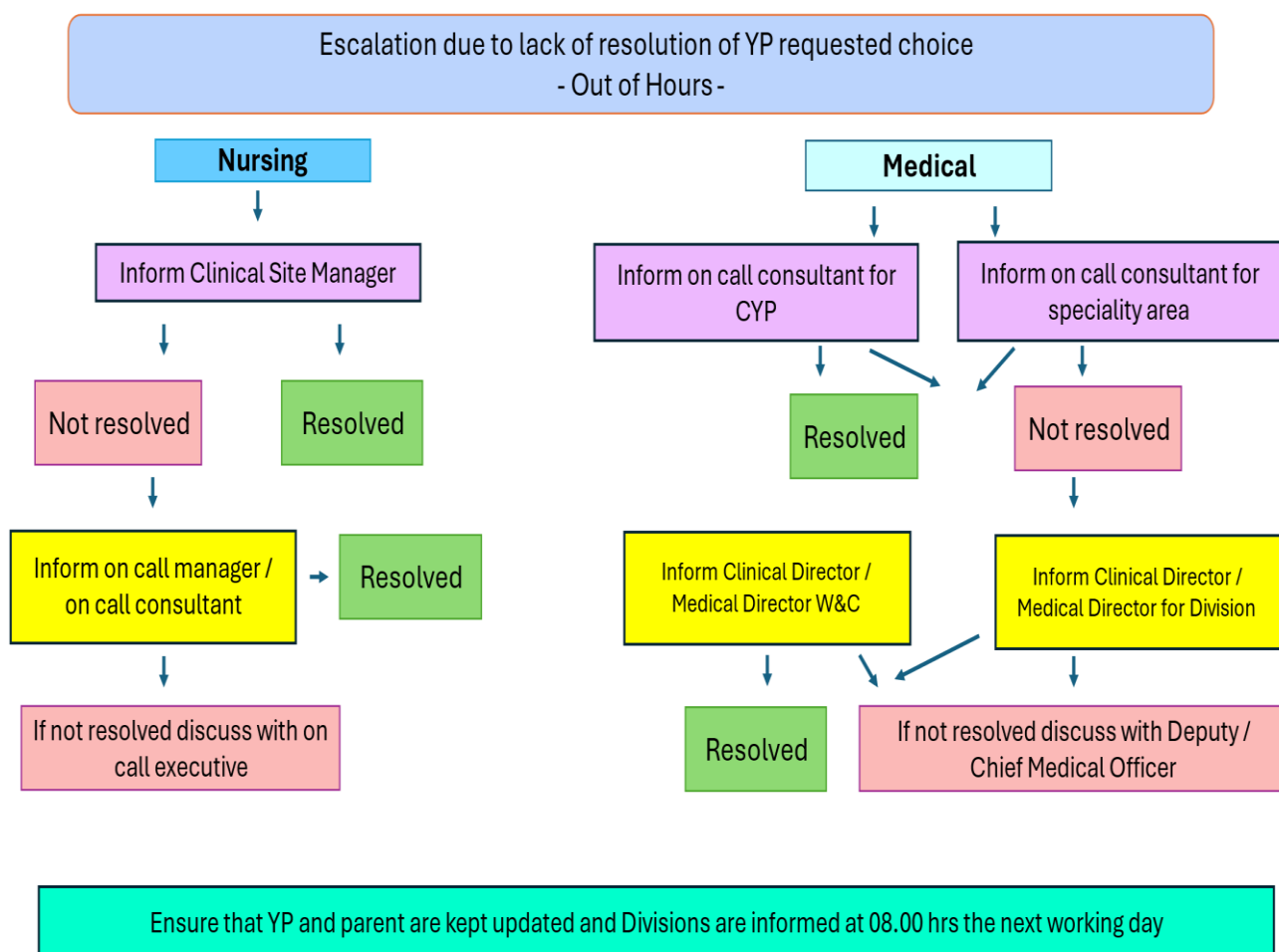
PALS will:

- Talk to the staff on your behalf
- Refer you to outside advocacy services (to support you to make your own choices) should you need them
- Ensure that your rights are respected

Please use the space below to write down any questions that you would like to ask.

Please write down any questions below

Appendix 5: Escalation:



Appendix 6

Checklist for Matrons overseeing the care of young person on adult wards

Name / PID

Age:

Date of Admission:

Date:

Ward:

The matron / ward manager overseeing the care of young people (YP) must identify YP in their area on receipt of the daily emailed report. Young People On Other Wards and complete the checklist below. This checklist must be completed daily upon identification of the YP in their area, when changes in condition occur, if concerns are raised or there is transfer to another adult ward.

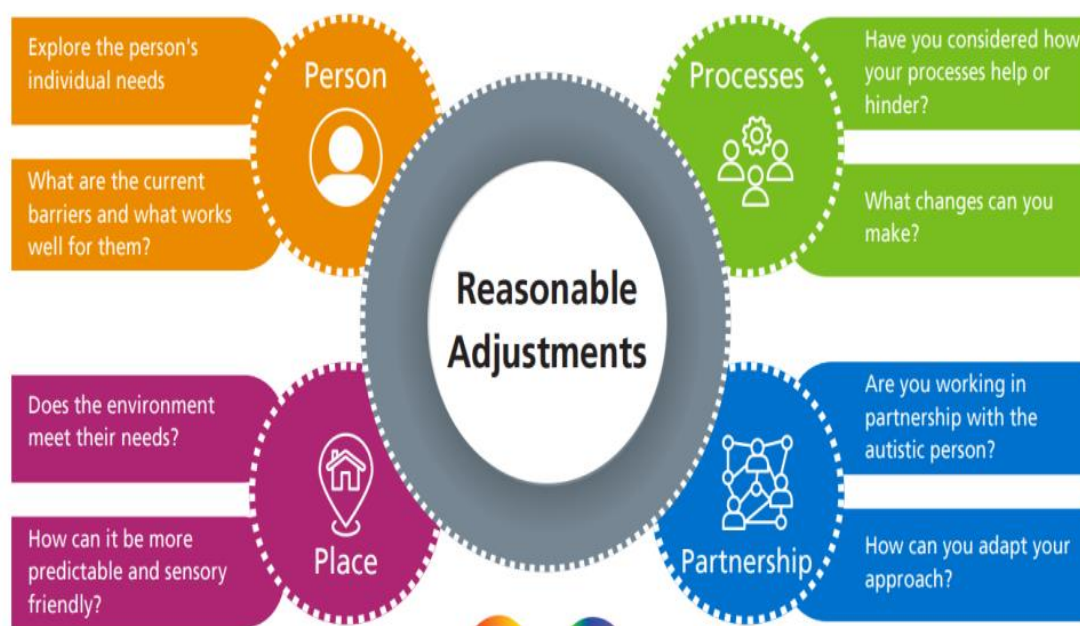
Please seek age / development related advice from Matron for Children or Riverbank Ward Manager in-hours and Riverbank's nurse in charge out of hours.

Copy of the checklist to be kept in the patient records and a copy with the relevant Governance team to ensure overview of all YP in the clinical areas.

Reasonable Adjustments	Yes	No	N/A	Comments	Name and role
Is side room available? If no, please specify where YP is being cared for. Assess associated risks					
Does YP require parent / carer to be resident? If yes, has a bed or reclining chair been offered for overnight use?					
Has parent / carer been offered concessionary parking?					
Are there any safeguarding concerns? Is this a LAC (looked after child) Is YP a carer? Is YP a parent?					
Is age-related documentation in use? If YP is aged 16 years or more use NEWS scoring system					
Does the YP have additional needs? For example learning disability, neurodivergency.					
Is access to Hospital Play Specialist required to provide activities / distraction/ debrief					
Have there been any incidents requiring Datix reporting. If yes, Ref number?					
Are any escalation / adjustments required?					
Is YP aware of their plan of care? Has YP been asked if their needs are being met.					

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Appendix 7: Reasonable Adjustments – Neurodivergence and Autism



Approaches: Top tips

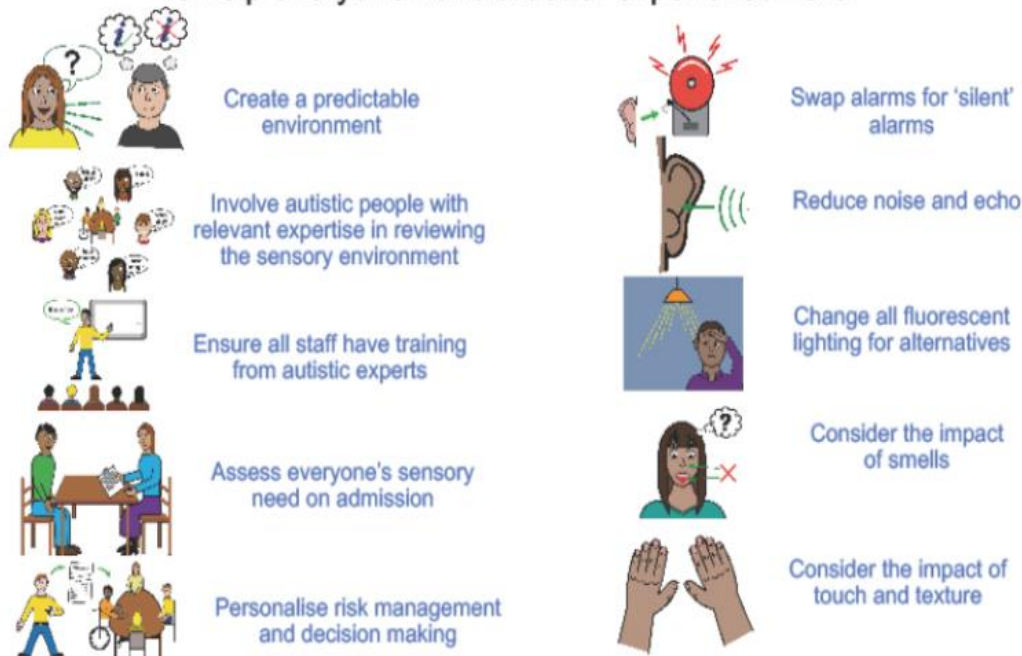


- Be mindful of a persons sensory needs and how you help or hinder
- Be willing to adapt
- Demonstrating and modelling can be helpful
- Focus on concrete rather than bigger picture
- Provide additional support for transitions and change
- Be on time if you have arranged something or explain if plans have changed
- Consider a persons existing routines and need for consistency
- Remain curious and be willing to listen and learn



10 Sensory Principles

To help everyone have a better experience here



People with profound and multiple learning disabilities (PMLD)

Partnership checklist: key issues to discuss

1. Make sure hospital staff have the right contact details
2. Does the person have a hospital passport?
3. How will the person and family/support staff be involved in decisions about the person's care and treatment in hospital.
4. Will family / support staff be involved in providing aspects of care and support whilst the person is in hospital? Be clear who is doing what, when and how
5. Does the person need family / support staff to be there to support and comfort them when difficult or painful procedures are happening?
6. Does the person need family/support staff to have extended visiting hours?
7. Does the person need family / support staff to stay overnight?
8. Any other requirements for a successful partnership?

Ref: Treat me well (www.mencap.org.uk/treatmewell)

How to meet the needs of people with profound and multiple learning difficulties in hospital?

Mencap and PMLD Link guide (2019)

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Appendix 7 Monitoring and compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency reporting: of
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Ward staff awareness of SOP for Inpatient admission of 16–17-year-olds at WAHT	Staff audit Datix analysis What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Annually	Divisional Governance Teams	Divisional Governance Teams CYP Board	Annually
	16–17-year-olds preference for admission to children or adult ward is documented in the patient records.	Random checking of 16–17-year-old records for documented preference of where to receive care.	Annually	Divisional Governance Teams	Divisional Governance Teams CYP Board	Annually
	Completion of Checklist for Matrons overseeing the care of children and young people on adult wards	Review random sets of records of 16 – 17-year-olds. Monitor PALS and DATIX re: patient experience.	Annually	Divisional Governance Teams	Divisional Governance Teams CYP Board	Annually

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Policy Review and Dissemination:

This policy will be reviewed every three years or earlier if regulations change by the named individual on the front of the policy and circulated for comment prior to approval by the CYP Trust Board

Dissemination of the document will be as per the Trust Policy for Policies (WAHT-CG-827).

The policies will be available to view on the Trust Key Documents page on the intranet.

References [You should include external source documents and other Trust documents that are related to this Policy]

References:

https://www.legislation.gov.uk/ukpga/1969/46/section/8#:~:text=(1)The%20consent%20of%20a,this%20section%20given%20an%20effective	Family Reform Act 1969
https://www.legislation.gov.uk/ukpga/2004/31/contents#:~:text=Children%20Act%202004%20is%20up,force%20at%20a%20future%20date.	Children's Act 2004
https://www.legislation.gov.uk/ukpga/2005/9/contents	Mental Capacity Act 2005
https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/deprivation-of-liberty/#:~:text=A%20deprivation%20of%20liberty%20is,only%20in%20very%20specific%20situations.	Deprivation of Liberty 2005
https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf	Working Together to Safeguard Children 2023
https://aqua.nhs.uk/wp-content/uploads/2024/03/Ask-3-Questions-Updated.pdf	Ask 3 questions
https://www.grapevinecovandwarks.org/grapevine-news/its-all-about-the-way-we-communicate-as-we-collaborate-coproweek/	Reasonable Adjustments
https://northyorkshireccg.nhs.uk/your-health-and-local-services/children-and-young-people/sensory-support/10-sensory-principles/	10 Sensory Principles
https://www.mencap.org.uk/sites/default/files/2019-05/Partnership%20checklist%20FINAL%284%29_0.pdf	Mencap and PMLD Link guide (2019)

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Equality requirements



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Inpatient Admission Pathway for Young People (aged 16 to 17 years) attending WAHT
What is the aim, purpose and/or intended outcomes of this Activity?	<ul style="list-style-type: none"> • Provide clarity and direction for management of young people aged 16 - 17 receiving inpatient care on the children and adult wards at WAHT • Ensure that the young person's needs are met and reasonable adjustments are in place in the area where they are receiving care.

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Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Urgent Care & Specialised Medicine, Surgery, Women and Children and SCSD Division.	
Summary of relevant findings	Lack of clarity and therefore inconsistency of inpatient pathway for 16 to 17 year olds.	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	<input checked="" type="checkbox"/>			YP have clear explanations of accessing a children or adult ward and are involved in decision making of their care.
Disability		<input checked="" type="checkbox"/>		Specific section for people with Learning Disabilities and Neurodevelopmental disorders and the need to make adaptations
Gender Reassignment		<input checked="" type="checkbox"/>		Reference made to
Marriage & Civil Partnerships		<input checked="" type="checkbox"/>		No clear positive or negative impact of this policy.

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity		√		No clear positive or negative impact of this policy.
Race including Traveling Communities		√		Not referred to in this policy. All patients will be treated with the same choices
Religion & Belief		√		Not referred to in this policy. All patients will be treated with the same choices
Sex		√		Reference made to WAHT Delivering Same Sex Accommodation Policy
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

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Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Financial risk assessment

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue?	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Consultation & Contribution List

This key document has been circulated to the following individuals for consultation:

Name	Role	Division
Amrat Mahal	Divisional Director of Nursing	Women and Children
Dr Wasilullah Shinwari	Paediatric Clinical Director	Women and Children
Kate Horton	Divisional Governance Manager	Women and Children
Charlotte Hughes	Transition Nurse CYP	Women and Children
Rosa Hooks	Teenage Cancer Trust CNS	Women and Children
Elisabeth Newton	Matron (Gynaecology)	Women and Children
Dr Sabina Moolla	Consultant	Urgent Care
Claire Bush	Divisional Director of Nursing	Urgent Care
Vicki Aston	Deputy Divisional Director of Nursing	Urgent Care
Jenny Wood	Matron (Alex ED)	Urgent Care
Gemma Watkins	Sister (Alex ED)	Urgent Care
Rebecca Moore	Director of Nursing	Specialist Medicine
Juliet Hawksford Barnes	Deputy Divisional Director of Nursing	Specialist Medicine
Dawn Williams	Governance Manager	Specialist Medicine
Stacey Waldron	Director of Nursing	Surgery
Amy Read	Deputy Divisional Director of Nursing	Surgery
Tracey Baldwin	Director of Nursing	SCSD
Lydia Watkins	Deputy Divisional Director of Nursing	SCSD
Sam Dixon	Named Nurse Safeguarding Children	Integrated Safeguarding Team
Chris Doughty	Resuscitation Officer	Resuscitation
Julie Webber	Lead Nurse for Patient Experience	Patient Experience
Donna Jeynes	Matron	Capacity Team

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Approval Process

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Dissemination of the document will be as per the Trust Policy for Policies (WAHT-CG-827).

The policies will be available to view on the Trust Key Documents page on the intranet.

This key document has been circulated to the chair(s) of the following committee's / groups for comments.

Committee
Paediatric Governance
Urgent Care Governance
CYP Board