

**CWM TAF MORGANNWG (CTM)**  
**CHILDREN AND YOUNG PEOPLE AGED 16-17 ADMISSION POLICY**

**Policy Details:**

<b>Ref:</b>	TBC
<b>Policy Author:</b>	Head of Strategic Planning and Commissioning  Growing Well Systems Group
<b>Executive Sponsor:</b>	Executive Medical Director,  Executive Director of Nursing, Midwifery, and Patient Care
<b>Approval / Effective Date:</b>	16/03/2023
<b>Review Date:</b>	30/03/2024
<b>Version:</b>	1

**Target Audience:**

<b>People who need to know this document in detail</b>	Quality, Safety and Risk Committee  Executive Medical Director,  Executive Director of Nursing, Midwifery, and Patient Care,  Service Director, Children and Families Care Group,  Service Director, Unscheduled Care Group  Service Director, Primary & Community Care Group  Senior Nurses Pediatrics and acute care
<b>People who need to have a broad understanding of this document</b>	Board Members
<b>People who need to know that this document exists</b>	All clinical staff within the relevant Care Groups.

**Integrated Impact Assessment:**

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date: 18/01/2023</b>
	<b>Approved</b>

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<b>Welsh Language Standard 82</b>	<b>N/A</b>
<b>Date of approval by Equality Team:</b>	<b>Date: 18/01/2023</b>
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	<ul style="list-style-type: none"> <li>• Work with communities and partners to reduce inequality,</li> <li>• Provide high quality, evidenced based, and accessible care</li> </ul>

### Policy Approval Route:

<b>Where</b>	<b>When</b>	<b>Why</b>
<b>Organisational wide consultation via SharePoint</b>	6 <sup>th</sup> February 2023	To ensure opportunity for comment from all staff
<b>Clinical Policy Group</b>	27 <sup>th</sup> February 2023	Approval
<b>Quality and Safety Committee</b>	16 <sup>th</sup> March 2023	Approval



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### Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

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## Introduction

The purpose of this policy is to enable a standardised approach to the management of acute admissions of children and young people aged 16-17.

It serves to formalise the interim guidance for the management of acute admissions relating to 16 and 17 years olds that had been issued for Cwm Taf in October 2018, and enables an alignment of approach following changes to the Cwm Taf Morgannwg operating model.

It also serves to align Cwm Taf Morgannwg with the management of acute admissions of young people across other Health Boards in Wales.

This Policy will ensure that the care and treatment needs of young people are met in a way that minimises the risk of harm by being placed on an adult ward, and that they are appropriately cared for through their hospital admission. During any period that the young person is on the ward, appropriate safeguarding children arrangements must be in place.

This Policy does not apply to young people requiring acute admission in relation to Mental Health, for this please refer to Appendix 2, *Guidelines for accessing the CAMHS "designated bed" on the Admission Ward, Mental Health Unit, Royal Glamorgan Hospital*.

## 1. POLICY STATEMENT

- 1.1 Cwm Taf Morgannwg University Health Board (CTMUHB) recognises its fundamental duty to care and protect its patients at all times. All patients have the right to receive appropriate care in an environment most suited to their needs.
- 1.2 Under the Children Act, 1989, a child or young person is classified as a child until they reach the age of 18.
- 1.3 This Policy describes the processes that should be followed in order to ensure that all Children receive care in the most appropriate environment, when requiring acute admission to hospital.

## 2. SCOPE OF POLICY

- 2.1 This Policy applies to all Children and Young People. The decision where to admit lies with the Responsible Clinician. Staff responsible for making such decisions must be aware of the relevant safeguarding procedures, and their Level 3 Safeguarding Training must be up to date.

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### 3. AIMS AND OBJECTIVES

3.1 The purpose of this Policy is to ensure that;

- All children (anyone up to the age of 18 years) receive high quality care in a safe, and appropriate environment, most suited to meet their healthcare needs.
- All patients, families, carers and staff are aware of the procedures in relation to admission.
- Healthcare staff take a Children's Rights Approach to meeting the needs of the young person (Children's Commissioner for Wales, 2017).

### 4. RESPONSIBILITIES

- 4.1 Staff are responsible for ensuring that they are aware of this Policy, and act in accordance.
- 4.2 Care Group management teams are responsible for implementing systems to ensure that staff are made aware of this Policy.
- 4.3 The Corporate Safeguarding Team are responsible for ensuring that this Policy is followed, and that appropriate risk assessment and safeguarding procedures are followed.

### 5. PROCEDURES

#### Children up to 16 years

- 5.1 All children up to 16 years (15 years and 364 days) must be cared for on a Paediatric ward except where only the adult facility has the expertise to provide safe care, e.g. Maternity, Gynaecological services. In these cases, a patient should still be allocated a Paediatric nurse.

#### **Agreed exceptions:**

- Patients who have been transitioned and are no longer under a named Paediatric Consultant.
- 5.2 Even if they are admitted to an adult facility, it must still be recognised that they are a child for whom there is someone with parental responsibility, and for whom protection is afforded under the Children Act 1989.

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### Young People aged 16-17

- 5.3 Almost all young people aged 16-17 will be accommodated on the adult wards under the appropriate specialty. A risk assessment of the adult environment/ward should be undertaken. Please see Appendix 3.

#### **Agreed exceptions which include:**

- A young person aged 16 – 17 years who is under a named Paediatrician and has not been formally transitioned. This includes young people with chronic health needs under paediatric follow up, such as complex needs, Diabetes, Cystic Fibrosis, Epilepsy, Inflammatory Bowel Disease.
  - A young person that has care provided by a children's hospice/children's palliative care team.
- 5.4 The decision where to admit lies with the Doctor from which specialty the child is to be treated by.
- 5.5 Every admission of a young person aged 16-17 onto an adult ward should be risk assessed with the All Wales Risk Assessment Tool (Appendix 3), due to the potential safeguarding risks associated with a child being placed in an adult setting. A DATIX should also be completed.
- 5.6 The number, and status of any inpatients on adult wards aged 16-17 should be considered in line with the Safe to Start approach, with arrangements made for adult clinicians to attend and review their patients on the Paediatric ward.
- 5.7 The Outreach Team should be contacted to support a young person 16-17 years if acutely unwell whilst on the Paediatric ward.

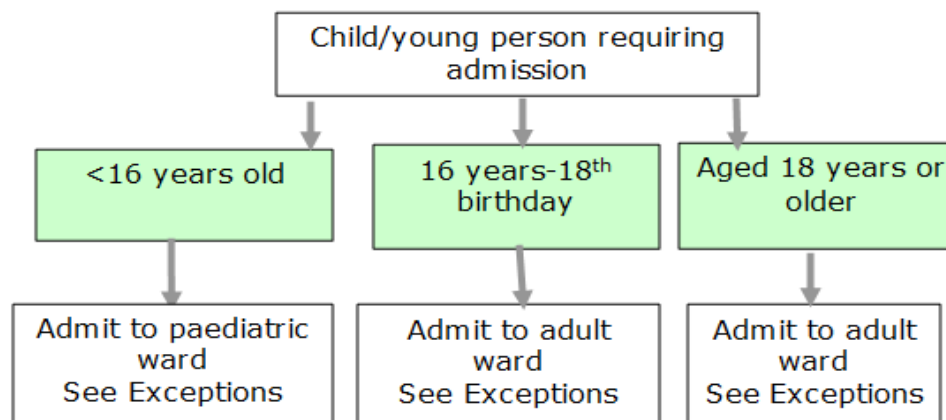


Figure 1. Visual process Map: 16/17 year old Admissions (Excluding Mental Health)

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## 6. INFORMATION, INSTRUCTION AND TRAINING

- 6.1 All staff are expected to refer to this policy when caring for Children & Young People aged 16-17.
- 6.2 Managers are responsible for ensuring all staff are following this Policy, and that staff's Level three Safeguarding training is up to date.

## 7. MONITORING

7.1 All Patients are asked to share feedback through the Civica System. A specific questionnaire has been designed for children aged 16/17.

<https://scanmail.trustwave.com/?c=261&d=4YbR4xsqSiUNBWJ3szbaZ15rma0yAAHHurg4dnU7w&u=https%3a%2f%2fsecure%2emembra%2eco%2euk%2fExperienceCTM%2fm%2fpreliminarypage%2easpx%3fLang%3dEN%26%26ID%3d41>

7.2 Ward Managers within the Adult wards will be responsible for recording the number of Children and young people aged 16-17, and confirming that a DATIX has been completed.

7.3 In cases of non-completion, the Senior Team is responsible for ensuring that the appropriate risk assessments are carried out.

## 8. CONSULTATION / APPROVAL PROCESS

8.1 The consultation/approval process is outline in the table below:

CONSULTATION PROCESS	DATE
Policy consultation via sharepoint	06/02/2023
APPROVAL PROCESS	
Clinical Policy Committee	27/02/2023
Quality & Safety Committee	16/03/2023

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## 9. PUBLICATION AND DISSEMINATION

- 9.1 This policy will be available on Share point. The policy will also be shared with primary care colleagues.

## 10. REVIEW PROCESS

- 10.1 This policy will be reviewed annually. The following criteria will trigger the need for an earlier review:
- Regulatory/statutory changes
  - Results/effects of critical incidents
  - Any other relevant, compelling reasons.

## APPENDICES

### 1. Equality Impact Assessment



Equality Impact  
Assessment - Admissi

### 2. Guidelines for accessing the CAMHS “designated bed” on the Admission Ward, Mental Health Unit, Royal Glamorgan Hospital.



CTMUHB CAMHS  
'designated bed' gu

### 3. All Wales Risk Assessment Tool and Action Plan for use in Wards/Areas that Admit Children/Young People 0-18 years.



ALL WALES RISK  
ASSESSMENT TOOL