Discharge Policy for Paediatric Patients from the Children’s Unit
**Policy: Discharge Policy for Paediatric Patients from the Children’s Unit**

**Executive Summary and associated documents:**

Intended to work alongside the East Cheshire NHS Trust Discharge Policy (April 2016). This policy reflects the DH National Service Framework for Children: Standard for Hospital Services (2004) which recommends that there should always be an agreed process for discharging a child or young person from hospital and that there should be a co-ordinated effort in the discharge planning for a child or young person in hospital.

The purpose of this document is to outline the East Cheshire NHS Trust policy for the Discharge of children and young people. The document outlines the responsibilities, procedures and the documentation required to carry out the process.

**Supersedes:** New Policy

**Description of Amendment(s):** N/A

**This policy will impact on:** Children’s Inpatient Unit, Paediatric Observation and Assessment Unit

**Financial Implications:** Nil known

**Policy Area:** Paediatrics

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<th>Version Number: 1</th>
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**Issued By:** Paediatrics, Acute and Integrated Care

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**Authors:** C Finley (Ward manager)

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**APPROVAL RECORD**

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**Consultation:**

Paediatric Consultants, Children’s Safeguarding Team, Children’s Ward Sister & Specialist Nurses

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**Approval Committee**

Paediatric SQS

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**Ratified by Committee/Executive Director:**

Paediatric SQS

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1. **Rationale**
   Intended to work alongside the East Cheshire NHS Trust Discharge Policy (April 2016). This policy reflects the DH National Service Framework for Children: Standard for Hospital Services (2004) which recommends that there should always be an agreed process for discharging a child or young person from hospital and that there should be a co-ordinated effort in the discharge planning for a child or young person in hospital.

2. **Purpose of the policy**
   - The purpose of this document is to outline the East Cheshire NHS Trust policy for the Discharge of children and young people. The document outlines the responsibilities, procedures and the documentation required to carry out the process.
   - To ensure that consideration is given to appropriate and timely discharge or transfer arrangements. Carers, children and young people are entitled to expect to be fully involved in the planning of these arrangements including an explanation of the process.
   - To ensure that any information collected from the children/young people and carer follows a standardised format, which is agreed by the multidisciplinary team. Discharge planning should commence at the time of admission.
   - To ensure that the responsibility for the co-ordination of assessment and discharge plan for all children/young people with continuing health and/or social care needs is undertaken by the multi-disciplinary team. Children/young people who require continuing support from other health or social care agencies should not be discharged in the evenings, at weekends or during a bank holiday without prior consultation with involved agencies, if a need or potential need for intervention is perceived prior to the next working day. Children/young people may be discharged at these times at the discretion of the Consultant, provided agreement has been reached that the family are able to provide adequate support. This must be documented in the nursing and medical records.

3. **Responsibilities**
   - Chief Executive has overall responsibility for the policies and procedures in use in the Trust.
   - Clinical Matron / Ward Manager is responsible for ensuring all staff caring for the patient have access to, and have read this policy. They are also responsible in conjunction with the Paediatric Practice Development Nurse to ensure that staff have appropriate access to training including record keeping. The senior nursing sister's will promote the guidelines and ensure adherence to them.
   - All nursing staff are responsible for ensuring that they are familiar with nursing guidelines and policies and that their practice follows nursing guidelines and policies.
4. **General points for all discharges**

- All children being discharged from the ward environment to home will be deemed medically or surgically fit for discharge by the appropriate consultant or registrar.
- Any child under 5 where there is felt the family need additional support (NOT SAFEGUARDING CONCERNS) should be referred to the Health Visitor Liaison via the book on the ward.
- As part of the discharge documentation any other health or social care professionals involved in the child's/family's care will be notified and this will be documented on the discharge documentation.
- Child/parents/ carers will be advised if the children’s community nurse will be involved in their care post discharge
- If a child is deemed by the consultant or registrar to have 'open access' to the children’s ward for a defined period of time this will be discussed and the ward telephone number will be given to parents/ carers.
- Where available written discharge information should be given in the form of a patient information leaflet to reinforce verbal advice.
- All documentation should be completed on discharge by the named nurse and filed appropriately. The discharge data form should be completed. TTO’s should be ordered and explained to parents/carers. For further details please see **East Cheshire NHS Trust Policy for Supply of patient labelled medication packs by nurses on the children’s ward (2016)** and **East Cheshire NHS Trust Policy for Out of hours supply of medication by nurses on the children’s ward (2016)**. Information with regards to follow up/ward attendee/open access should be completed.

When a child reaches 16, the consultant Paediatrician will refer to the appropriate adult service and make arrangements for their transition and discharge from Paediatric services. For some Young People with complex conditions it might be more appropriate to stay under the care of a Paediatrician for longer and some will not be discharged until aged 18 or 19. This process is assessed on an individual basis and with reference to the following policies:

- **Children's Community Nursing Team Transition to Adult Services Policy**
- **Paediatric and Adolescent Diabetes Transition Policy**
- **Guidelines for the transition of young people with epilepsy from paediatric to adult care**
- **Guidelines for the transition of paediatric respiratory patients into the adult setting**

5. **Non-complex discharge**

When the hospital admission has been straightforward, discharge planning need not be elaborate. An eDNF form should be generated which should include the following information unless that...
information can be provided in an alternative form. A copy of the eDNF should always be given to the parents/guardians or if appropriate the young person:

- Written information to the GP and Health Visitor/Midwife (under 5’s) and School Nurse (over 5’s). All parents and carers must be informed of this sharing of information at the time of admission and they must be given the opportunity to let us know if they do not wish this to happen.
- Appropriate information, in writing, where available for the parents/young person about any likely after effects and follow on treatment. There is a stock of condition information leaflets available for families that are updated on a regular basis.

Alongside the eDNF, the parents/guardians and/or the young person should also be provided with the following information:

- Provision of written information to parents/carers about medication, including safe storage and side effects. This information could be included in a manufacturers leaflet.
- What to do should their child/young person’s condition deteriorate.
- Written point of contact in case of difficulty.
- Written arrangements for follow up.
- Written and verbal health promotion/illness prevention advice.
- Whenever there is information sharing or verbal consent, details should be documented in the medical.
- Certain conditions will require a personalised management plan; this should be explained by the discharging Nurse/Doctor to the parent/carer and young person.

The discharge should be documented in the appropriate manner:

- Using the discharge page of the Paediatric Admission Documentation.
- Discharge from PAS (Patient Administration System).

6. **Complex discharge**

Where there is a more complex hospital episode and/or the child has ongoing healthcare needs (e.g. long term illness, disability or life limiting conditions) discharge planning must include all of the above and, appropriate consideration must be given to:

- Medical information being sought from the previous NHS Trust(s) before discharge where a child is admitted to hospital with an ongoing medical problem. (To include information about any social or child protection concerns).
- Social Services contact and follow up arrangements.
- Primary Care contact and follow up arrangements.
- Community Children’s Nursing / Allied Health Professional contact and follow up arrangements - the ward needs to be aware of the roles of these groups, their referral processes and the information they will require, prior to discharge, to support children who are discharged with additional needs.
- Appropriate paediatric specialist nurse/team informed of discharge and child/young person informed of nurses contact details.
A discharge planning meeting should be provisionally booked within 24-48 hours of admission for those children with complex needs whose discharge may not be straightforward. It is the responsibility of the hospital nursing staff in consultation with the medical staff to coordinate which multi-agency teams need to be involved in the assessment and discharge of children and young people. Due to the complexity of some of these discharge arrangements there must be a named person, known to the child and family, who will co-ordinate ongoing care. This person will act as the single point of contact should the family experience difficulty with ongoing care arrangements. If a common assessment framework assessment is undertaken this person can be identified as the lead professional. Ward staff should ensure that parent’s/carer’s are adequately trained in the care of their child before discharge. This applies to the administration of medicine, in addition to the management of any equipment. Training can be arranged by ward nursing staff using trust approved competencies for parents/carers.

7. **CCNT**

All children and young people who are referred to the Children’s Community Nursing team should fit the criteria for referral, be referred in the appropriate manner and discharged as guided in the Children’s Community Nursing Team Operational Policy (Nov 2015). An appropriate consultant will always retain overall responsibility for the child or young person until they are discharged back into the care of the General Practitioner.

8. **Under 18’s being discharge from adult wards**

This applies to all under 18s being cared for on an adult ward.

- Young People being discharged from the ward environment to home environment will be deemed medically or surgically fit for discharge by their appropriate consultant or registrar.
- Complete the electronic discharge notification (EDNF). Ensure Pharmacy staff have been alerted that the eDNF has been issued to pharmacy for action.
  - Completion of the following sections of the GP electronic discharge notification form is mandatory:
    - date of discharge
    - diagnosis
    - main conditions treated
    - any procedure/operations including the date
    - medication to take home
    - changes to medication during admission
    - medication sensitivities
    - follow up care
• discharge destination

• A copy of the EDNF should also be sent to the community/school nurse for all those under 18 who are in full time education.

9. Paediatric Self Discharge

If a parent wishes to take the discharge of their child against medical advice the nurse should first discuss the reasons for the parent’s request and try to dissuade this course of action, explaining the possible detrimental effect this could have on the child’s health. The Nurse must document the discussion, including the outcome in the patient’s health record.

If the parent continues to wish to take the discharge of their child against medical advice, the relevant doctor must be informed immediately. The doctor should review the child and explain the detrimental effect of self-discharge to the parent. If attempts to dissuade the parent are unsuccessful an assessment of the impact of discharge on the child’s welfare must be undertaken by the nurse and doctor involved. If removing the child from hospital services places the child at significant risk of harm or the child is subject to a protection order then safeguarding children measures should be initiated as set out in the East Cheshire NHS Trust Safeguarding Children Policy.

The parent should be informed of the risk that removal from the hospital poses for their child. If the parent removes the child despite being advised of safeguarding concerns the police and the Trust security department should be contacted immediately to retrieve the child and an immediate referral to Children’s Social Care must be made.

The Senior Manager, Consultant Paediatrician and Named Nurse for Safeguarding Children must be informed. During out of hours the Consultant Paediatrician on call can be contacted via the switch board.

Staff should not place themselves in danger by trying to obstruct the parent

If removal from hospital services does not place the child at risk of significant harm the parent should be asked to sign a ‘Discharge Against Medical Advice’ form. The parent should be advised to contact their G.P. practice for ongoing care. If the parent refuses to sign and wishes to self-discharge, this must be fully documented in the patient’s health record.

A young person assessed as having capacity to understand the consequences of taking their own discharge against medical advice may wish to take their own discharge. In this case the nurse and doctor should try to dissuade the patient from doing so. If this is unsuccessful the young person’s parents must be notified and the parent should be asked to sign a ‘Discharge Against Medical Advice’ form. If the parent is not in agreement with the patient taking their own discharge then each case must be considered on its own facts. Advice can be sought from the Named Consultant, the
Safeguarding Children team, Clinical Governance or the Senior Nurse on Call who may seek legal advice if required. The Patient should be advised that other relevant professionals (e.g. G.P., Social Worker, School Nurse) will be informed of their decision.

In all cases where a child has been discharged against medical advice the child’s GP and Health Visitor/School Nurse and any other key professional involved in the child’s care must be informed within 24 hours that the child has left/been removed from the ward.

If a parent expresses that they wish to discharge their child due to a complaint or concern about care every effort must be made to address and resolve the complaint/concern, with reference to East Cheshire NHS Trust Complaints’ Policy, to enable care to continue.

10. Safeguarding Children

This guidance must be read in conjunction with the East Cheshire NHS Trust Safeguarding Children policy and the LSCB Child Protection Manual accessed via www.cheshire.gov.uk/socialcareandhealth/children/lscb/lsc. It must also be used in conjunction with the “What to Do if A child is being Abused” Flowchart

- If child protection concerns have been raised, the child must not be discharged from the ward without the permission of the consultant paediatrician. They can be contacted via the Hospital switch board.
- There must be a documented plan for future care of the child. This must include follow-up arrangements, the child's address on discharge and the name(s) of the parent(s)/carer(s). It must be documented that the consultant paediatrician has agreed this plan.
- The Named Nurse for Safeguarding Children can be contacted for advice.
- If concerns about deliberate harm have been raised the child must not be discharged until they have been assessed by the mental health team and it has been assessed that it is safe to discharge the child.
- If non-organic failure to thrive has been diagnosed the child must not be discharged until a multi-agency discharge planning meeting has taken place and a plan devised for future care.
- A discharge planning meeting must be held where there have been raised concerns about a child’s welfare. These will be arranged with the Consultant Paediatrician and the Named Nurse for Safeguarding Children
- The GP, Health Visitor and/or School Nurse have ongoing responsibility for the health care of children in the local population. It is vital that hospital-based professionals liaise with these professionals following a child’s admission to provide the necessary information to enable informed decisions and ongoing care.
- The Paediatric Liaison Health Visitor is responsible for advising the relevant health visitor when a child has received hospital services. All children and young people who are discharged with ongoing safeguarding concerns should be identified to the Paediatric Liaison Health Visitor in the relevant manner. If a professional has any concerns regarding the
welfare of the child it is the responsibility of that professional to liaise in person with the child’s primary care professionals.

- A Looked after Child should be referred back to the Looked after Children team on discharge.
- A written discharge summary detailing concerns and follow-up arrangements must be forwarded to the child's GP and Social Worker if allocated, within 24 hrs and the health visitor/school nurse must be informed by telephone and copied into the report.
- Any Multi-agency care plans; Safeguarding referrals and agreed plans; and any assessments undertaken including Common Assessment Framework (CAF) must be filed in the child’s records
- If a child is not registered with a GP the parents/guardians should be advised to register the child immediately. **Information regarding GPs accepting patients can be found on www.nhs.uk.**
- Further assistance with the allocation of a GP can be provided by the **FHSA Registration Department 01244 650 400** if parents do not wish to select a GP themselves.
- If there are safeguarding concerns the child must not be discharged from hospital until a GP has been allocated to the child.

11. Audit

Completion of discharge paperwork will be audited annually to check adherence. The audit will assess whether information is being recorded. The findings will be reported back to the nursing staff on the ward as a tool to guide future teaching and maintain high standards. It is hoped that through audit, problems and issues surrounding the discharge of paediatric patients will be highlighted.

12. Key Performance Indicators

- All Children admitted under a paediatrician will have an eDNF discharge letter completed
- Appropriate discharge information is documented / communicated in the medical notes

13. Review

This policy will be reviewed on a three yearly basis by the Paediatric Practice Development Nurse in conjunction with the ward manager and Clinical Matron.
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Discharge Policy for Paediatric Patients from the Children’s Unit

Details of person responsible for completing the assessment:

- Name: Malcolm Wallace
- Job Title: Charge Nurse
- Team: Children’s Unit

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

Intended to work alongside the East Cheshire NHS Trust Discharge Policy (April 2016). This policy reflects the DH National Service Framework for Children: Standard for Hospital Services (2004) which recommends that there should always be an agreed process for discharging a child or young person from hospital and that there should be a co-ordinated effort in the discharge planning for a child or young person in hospital.

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2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service
2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)
Nil

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?
Nil

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes □ No x

Explain your response:
This policy affects all children and young people who attend the children’s unit. If the patient’s/carer’s or parent’s first language is not English, staff will follow the trust interpretation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes □ No x

Explain your response:
This policy affects all children and young people who attend the children’s unit. There are no aspects that may affect people of different genders.

DISABILITY
From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service** affect, or have the potential to affect, disabled people differently?  
Yes □  No x

**Explain your response:**

This policy affects all children and young people who attend the children’s unit. There are no aspects that may affect people with disabilities, although reasonable adjustments may be made to accommodate people whose sensory perception and understanding may differ. In this case the discharge process may be negotiated to ensure ease and smoothness and to eliminate unnecessary stress. Carers will be involved as appropriate.

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**AGE:**

From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service**, affect, or have the potential to affect, age groups differently?  
Yes □  No x

**Explain your response:**

This policy affects all children and young people who attend the children’s unit from birth up to the age 16 but some young people aged up to 19 in certain circumstances.

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**LESBIAN, GAY, BISEXUAL:**

From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  
Yes □  No x

**Explain your response:**

This policy affects all children and young people who attend the children’s unit regardless of sexuality.

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**RELIGION/BELIEF:**

From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service** affect, or have the potential to affect, religious belief groups differently?  
Yes □  No x

**Explain your response:**

This policy affects all children and young people who attend the children’s unit. There are no aspects that may affect people of different religions.

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**CARERS:**

From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service** affect, or have the potential to affect, carers differently?  
Yes □  No x

**Explain your response:**

Carers will be involved as appropriate to support children and young people.

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**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy**, **procedure**, **proposal**, **strategy** or **service** affect, or have the potential to affect any other groups differently?  
Yes □  No x

**Explain your response:**
This policy affects all children and young people who attend the children’s unit regardless of other factors.

4. Safeguarding Assessment - CHILDREN

| a. Is there a direct or indirect impact upon children? | Yes X | No □ |

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

This policy affects all children and young people who attend the children’s unit and their families. As with all health care for children and young people, this policy should work in partnership with the family and child.

c. If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Paediatric Consultants, Children’s Safeguarding Team, Children’s Ward Sister & Specialist Nurses

6. Date completed: 12/09/2016 Review Date: Sept 2019

7. Any actions identified:

Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

| Action | Lead | Date to be Achieved |

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 20.12.16