

PE1471/K

Response to the Scottish Parliament Public Petitions Committee

NHS Lothian Age Appropriate Care – PE1471

Thank you for inviting NHS Lothian to respond to the Public Petitions Committee in respect of **PE1471**

“Calling on the Scottish Parliament to urge the Scottish Government to establish specific young people’s wards or rooms in hospitals for adolescents, and to ensure that staff receive adequate training to support young people’s mental and emotional needs in hospital”.

You specifically asked views on

1 What the petition seeks and the discussions that took place when the petition was considered at the meeting on 1 March 2013?

Having read the transcribe report of the meeting on 1 March 2013, Ms McCully and colleagues make a number of important points including the need to ensure that children and young people receive high quality age appropriate care within a safe and protective environment. This must be a priority for Scottish Government and NHS Boards however the creation of designated adolescent wards may not always be the solution due to the diverse and specialist nature of children and young people’s health services. What is important is that children and young people are treated and cared for within an environment conducive with their chronological age and mentality that affords them dignity, privacy and socialisation. Equally important is that the staff assessing young people’s needs and delivering their care are clinically and culturally competent in delivering safe and effective treatment and care within an environment that is safe from harm and conducive with recovery.

It is very important that staff within acute adult settings are perceptive and knowledgeable about the needs of teenagers and young people and that they are trained in all aspects of environmental risk assessment and public protection to ensure maximum safeguarding for these patients. Providing age appropriate care in adult wards, especially if the young person has an extended length of stay or additional vulnerabilities, is indeed a challenge and this is an area that will require review and follow up at local level. Where possible in NHS Lothian (NHSL) we try to provide single / side rooms with en-suite facilities for young people but this is dependent on the clinical needs of other patients and is often not possible. In our more modern acute hospitals, and provided young people are ambulant, there is scope for socialisation within the hospital campus but again this needs to be balanced and take account of the teenager / young persons safety and protection. In NHSL we aim for reduced lengths of hospital stay where possible with appropriate community and out patient follow up so early supported discharge is a priority.

Having read the transcribe of the March Committee meeting I have requested that the Site Chief Nurses in NHSL acute hospitals review their current

environmental arrangements in providing care for adolescents and young people.

The Petitions Committee report of 1 March also records some personal testimony and anecdotal information and discussion in relation to

- young people attending adult A&E departments and in particular the negative experience for some of these people and their parents
- early diagnosis of Epilepsy and when required follow on referral to Adolescent Mental Health Services in particular waiting times of Cognitive Behavioural Therapy (CBT)

NHSL will not comment on these examples specifically but more generally.

It should be noted that in response to the Scottish Government **T10 HEAT target** (that requires NHS Boards to reduce inappropriate attendances at A&E) all NHS Boards and NHSL monitor closely all A&E attendances including children and young peoples at adult A&E to ensure appropriateness of these attendances and also to ensure that all patients are seen timeously and treated with respect and kept informed while waiting to be assessed and treated so there will be local data available as to why young people attend A&E and there may well be patient satisfaction surveys that can be drawn on.

I can confirm that there are in the region of 17,500 attendances of children and young people aged 13 - 18 years per annum at the adult A&E departments in Lothian and this is approximately 7% of our total A&E activity so the percentage ratio is small.

I have requested that our complaints department check our system for all complaints received from adolescents or their parents in relation to care and environment during the past three years. The numbers are very small and I can provide further information on these to the committee if required.

In terms of early diagnosis this is a separate issue and one that all of the national Children and Young People, Managed Clinical Networks (NMCNs) and the national Children and Young People's Cancer MSN are addressing through implementing national standards and improved pathways of care and better engagement with Primary Care.

As part of the **Waiting Times Initiative** we are also monitoring and reporting referral, assessment and waiting times for Children and Adolescent Mental Health Services (CAMHS) but not specifically for CBT however we could extrapolate this data if required.

NHSL is committed to reduce inappropriate attendances and waiting times and promotes treatment as close to home as possible delivered and managed in Primary Care.

2 What specialised training is given to staff treating or working with adolescents and young people in the NHS in Scotland?

Within the Royal Hospital Sick Children all staff routinely dealing with young people should have undertaken appropriate generic and clinical training using

the Adolescent Health Training modules developed by e-Learning for Health in partnership with RCPCH & RCGP. The National Education Scotland (NES) Training module was produced in 2010 and NHS Lothian was involved in the pilot. NHSL will be undertaking a training needs analysis of all staff working within the RHSC.

NHSL staff undergo annual appraisal and the e.KSF system supports this for all clinical staff on Agenda for Change pay system. Part of this process is a review of individual staff training and development needs and all staff have a personal development plan. There are also appraisal systems in place for medical staff and senior managers. Our Learning and Development and Clinical Education Team are playing a vital role in the delivery of training to all staff within the RHSC.

Within the CAMHS we are an early implementer site for **Essential CAMHS Package** developed by NES. It is hoped that all new staff coming into CAMHS will access this package in the future following learning from early implementer experience. A training and supervision audit across a range of therapeutic modalities has been undertaken and the results used to plan training by CAMHS training committee including funding external and internal training.

CAMHS staff also provides training and consultation to a range of children's services colleagues and staff working in the acute hospital sector to improve knowledge and understanding of child and adolescent mental health and well-being issues and to improve joint working.

All staff in NHSL receive UNCRC and Public Protection awareness training on induction and relative to their profession and grade are trained to appropriate levels in Public Protection that includes specialist Child Protection, Adult Protection and MAPPA arrangements.

Conclusion

I hope the information is sufficient for the committee and I attach an update on NHS Lothian's current position and way forward in delivering age appropriate care within the NHS Lothian hospitals. (Appendix1).

Sally T Egan

Date 5 April 2013

**Associate Director & Child Health Commissioner
Strategic Planning, Performance Reporting & Information
NHS Lothian**

NHS Lothian Age Appropriate Care - Current Position in NHS Lothian and Way Forward in ensuring age appropriate care for adolescents and young people

1 In response to the recommendations from the '**Hospital Services for Young People**' report, a **guidance for NHS Boards** published in May 2009, NHS Lothian undertook a review against the report recommendations and agreed an action plan that was last reviewed in 2011. This plan will be reviewed this year with recognition that the new children's hospital will not open in 2013 as previously envisaged but will now be re-provided during 2017. Taking account of this there are some planned improvements to the existing RHSC hospital and we are also assessing and progressing a number of environmental improvements within Edinburgh Royal Infirmary, the Western General Hospital and St John's Hospital. The new children's hospital will include a re-provided Children and Adolescent 12 bed unit as currently exists within the Royal Edinburgh Hospital site but after considerable review and discussion with staff and our young service users and their parents the new hospital will not include a dedicated adolescent ward for other specialties.

2 **Royal Hospital Sick Children**

Within the current provision at RHSC Edinburgh we have a two bed Teenage Cancer Unit within the Oncology Ward. This unit was developed in partnership with Teenage Cancer Trust and opened in summer of 2009 and is extremely well received by the young people and their families as well as the staff.

The Scottish Guidance recommendations have also been fully considered as we move forward with the design, planning and redesign of services and re-provision of the new hospital for sick children in Edinburgh. We can assure Scottish Government and the Scottish Parliament Petitions Committee that children, young people and their parents have been involved in the planning of the new hospital and the young people have influenced significantly the building design and will be actively involved in the service redesign plans for the new RHSC hospital in Edinburgh due to open during 2017. Following much debate and review of other recent new builds it is no longer planned to have a specific adolescent ward in the new hospital, however there will be dedicated facilities that are age appropriate within the various wards which will allow care to be delivered by specialist teams to young people and staff have and will continue to be trained to ensure delivery of age appropriate care within a range of environments. Designated adolescent beds within the new hospital will be

Acute Receiving Unit – 2 Beds

Medical Ward – 3 Beds

Surgical Long Stay – 5 Beds

Surgical Short Stay – 2 Beds

Oncology/Haematology – 3 Beds

Children and Adolescent Mental Health Service – 12 Beds

Within the new children's hospital there will be in total 27 in-patient beds in single rooms with en-suite facilities.

3 Children and Adolescent Mental Health Services

The recommendations have also been fully considered and influenced the redesign of our existing Children and Adolescent Tier 3 & 4 services and within our designated adolescent unit in the Royal Edinburgh hospital we have made considerable improvements to the environment. All staff are trained to a very high level and we have also introduced and implemented Intensive Home Treatment Teams in the community to ensure that where possible young people with intensive needs are treated within their own home and community and or have reduced admission and length of in-patient stay.

4 Western General Hospital, Teenage Cancer Unit

A designated facility is being developed at the Western General Hospital in partnership with Teenage Cancer Trust (TCT) to provide age appropriate care for teenagers and young adults with cancer (16 - 24 years). The ward improvements supported through a funding donation from the Teenage Cancer Trust. Building work on the unit began in November 2012 and is expected to be completed in May 2013. The unit will comprise of the following facilities for young people with cancer.

4 single en-suite bedrooms and 4 day case chair areas

A quiet room and a large 'social hub' area

A multidisciplinary team will be created to support the needs of young people with cancer treated at the Western General Hospital. This team will facilitate transition from paediatric services provided at the Royal Hospital for Sick Children. Policies and protocols for the unit are being developed and will reflect the Teenage Cancer Trust Blue Print of Care for Young People with Cancer.

Sally T Egan

Date 5 April 2013

**Associate Director & Child Health Commissioner
Strategic Planning, Performance Reporting & Information
NHS Lothian**