

PHOENIX CHILDREN'S UNIT CLINICAL OPERATIONAL POLICY	Policy Register No: 10023 Status: Public
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Contributes to CQC	Regulation 11

Consulted With	Individual/Body	Date
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1.0 Purpose

- 1.1 The purpose of this document is to define the specific requirements to ensure the safe and effective delivery of inpatient services to Children and Young People.

2.0 Aims of the Service

- 2.1 To provide in patient services for children and young people from 10 days old up to their 16th birthday. These services are provided in a safe, family friendly, sensitive environment that meets the diverse needs of our users and addresses issues around privacy and dignity. This is undertaken by suitably qualified staff (NSF 2003) and achieved by working together with other departments/agencies to safeguard children using local SET procedures(2006) and national policy and guidelines Every Child Matters, Choice for Children 2004, Children's Act 1989,2004.

3.0 Scope of the Service

- 3.1 The ward provides 24 hour in patient services for children and young people under 16 years with medical conditions and all children requiring General surgery including Plastic surgery, Orthopaedic, Ophthalmology, Urology and Essex wide Head and Neck who require an overnight stay in hospital. The ward also provides:

- Admission for children requiring a period of observation or admission for treatment or surgery which is either an emergency or will require an overnight admission to hospital, or the child has an underlying condition that excludes them for care of the day stay unit.
- High dependency needs of babies and children for example a baby requiring nasal CPAP or a child with diabetic ketoacidosis, in collaboration with the anaesthetic department and the Children's Acute Transport Service (CATS).
- Stabilisation of the critically ill children and young people prior to transfer to a tertiary hospital in collaboration with the anaesthetic department and the Children's Acute Transport Service (CATS).
- Care for young people beyond 16 years with additional needs who are already receiving specialist paediatric care under one of the paediatric consultants and who need to be supported through the transition into adult services who may continue to use the facility until this transition is completed. For example a 16 year old who started a 3 year course of treatment for leukaemia at the age of 14 years or a 17 year old with severe developmental delay who is being treated by a paediatrician in the community. Care of diabetic children aged up to 18 years.
- Inpatient care for children and young people who have complex medical needs or who require specialist treatment will be cared for in collaboration with a tertiary unit and these children may be transferred to tertiary hospitals or child/adolescent psychiatric units
- Supportive care and treatment for children and young people receiving treatment for cancers or who are receiving end of life care
- Assessment and /or admission of children who are referred for medical examination in relation to safeguarding children policies and procedures.
- Care for children from the Day Unit requiring post operative/ overnight stay

- 3.2 The service is led by a Band 7 Sister and supports all surgical speciality consultants and paediatricians. Care is provided by suitably qualified children's nurses supported by a team of nursery nurses, health care assistants and play specialists. (NSF 2003)
- 3.3 There is an onsite cleft nurse specialist, team of psychotherapists and specialist hand therapists, physiotherapists and occupational therapists.
- 3.4 The ward is supported by:
- a Clinical Facilitator for Children's Acute Care
 - the Children's Diabetes Team
 - a Epilepsy Specialist Nurse
 - the Cleft Team
 - the POSCU team
- 3.5 The ward team work in collaboration with the community paediatric nurses to provide appropriate home care for children with both acute and chronic nursing needs.
- 3.9 The paediatricians and their secretaries have a base within the department.
- 3.10 Exclusions from the service:
- Acute Burn Care for children requiring specialist burn treatment.
 - Children under 5 years requiring emergency general and urology surgery will be stabilised and transferred to tertiary centres.

4.0 Work Flows

- 4.1 Admissions are either planned and are referred to the ward via Outpatient clinics, either locally or from across the region for Plastic Surgery and from the Essex hospitals for ENT admissions expected to be longer than 23 hours. Emergency admissions also come from Accident and Emergency, Children's Assessment Unit, Community Paediatricians, Community Midwives, Community Paediatric Nurses. Essex wide ENT services are admitted via Accident and Emergency Departments or in patient wards from across Essex. Urgent admissions also flow from Clinics or other regional hospitals for plastic surgery.
- 4.2 Parents/carers may contact ward direct if they have a Patient Direct Access Card or have a child receiving care for cancer or for 24 hours following discharge home as an in-patient for a medical admission or for 7 days following a surgical admission.
- 4.3 Children and Young people receiving treatment and care for cancers have direct access via the assessment unit, they will be directed on arrival to an appropriate bed / room to ensure they are protected from infectious patients; the rooms of choice are 19, 25 and 26.
- 4.4 **Emergency Flows**
(Refer to Appendences 1, 2, 3, 4, 5)

5.0 Key Relationships

5.1 The ward work works closely with the following services / staff:

- Accident and Emergency.
- Children's Assessment Unit
- Neonatal Unit
- Lead Nurse – Children and Young People
- Divisional Nurses.
- Clinical Facilitator – Children's Acute Care
- Paediatricians and their teams
- All surgical Consultants and their teams
- Theatres and anaesthetics
- Children's Community Nursing Team
- Epilepsy Specialist Nurse
- Cleft Team
- Pharmacy Department and Paediatric Pharmacist
- Psychotherapy team
- Radiology and the paediatric Radiology link.
- MRI and CT scan departments
- Phlebotomy
- Pathology
- Physiotherapy and Occupational Therapy
- Dietetics
- Child Psychology and Psychotherapy Services
- Safeguarding Children Team
- Children's Respite Team (EPIC)
- Children's Community Paediatricians
- Moulsham Grange Children's Centre
- Children's Diabetes Team
- ECG
- EEG
- Tertiary Centre visiting teams including the Primary Treatment Centre (PTC) for children with cancer
- Training and Development
- Social Services
- General Practitioners and their support teams
- Supplies
- Portering
- Estates and Facilities
- Patient Records Library
- Paediatric Satellite Library.
- Voluntary Services

5.2 Key Operational Requirements

- 5.2.1 It is a key requirement that the department will meet the standards of the Children and Young People's NSF (2003)
- 5.2.2 Staffing will be suitable to meet the needs of the children and young people, the guidance from the RCN Staffing Children's Wards document will be used.
- 5.2.3 Staff will have the appropriate training as identified in the mandatory training policy and NSF for children.
- 5.2.4 Staff will have appropriate training to ensure that they are able to meet the requirement to safeguard children during their admission and that all Safeguarding Children policies and procedures are adhered to.

Children and Young People from 10 days up to their 16th birthday are admitted to the ward, young people over 16 years may be admitted if there are specific reasons for admission to the ward as described in paragraph 3.1

All children are accepted by a named consultant before admission, who will remain responsible for all of their management until discharge, unless there is a formal request for another team to become involved. The paediatricians will not see children on the ward unless there is a request from the nursing staff, the team managing the child for a paediatric review or a request to take over the management of the child.

- 5.2.5 All children will be offered the opportunity to be pre assessed and pre admitted prior to planned surgery.
- 5.2.6 The service is fair, accessible and meets the needs of everybody; signposting and access are suitable to meet the needs of all our clients including wide doors for double buggies and family friendly signage within the ward area.
- 5.2.7 All reception desks are low enough to allow children to see the faces of the staff sitting behind a desk.
- 5.2.8 Patient records are available for planned admission, if notes are not available a temporary set are prepared.
- 5.2.9 The ward area has bays and cubicles that are child and family friendly, allowing parent/carer to stay overnight
- 5.2.10 Play facilities are incorporated into the ward.
- 5.2.11 A play specialist or nursery nurse is available to support children and their families during their inpatient episode and to assist with the preparation for painful or distressing procedures.
- 5.2.12 There is appropriate ancillary accommodation including parent and adolescent facilities.
- 5.2.13 A chaperone is available to meet the requirements of the Chaperone Policy.
- 5.2.14 Specialist equipment is stored appropriately to ensure that the environment remains safe for the children and young people.

5.2.15 A separate room is available for nursing staff to treat and dress patients' wounds.

5.2.16 Psychotherapy Staff are given appropriate space and to enable them to meet children in the department in a quiet space where they are free from interruptions

5.3 Key Relationship with other Departments

5.3.1 Children and Young People attending the Trust will have an experience that meets their specific needs and complies with the standard set by the NSF for Children and young people this specific need applies to all departments where the child/ young person visits.

5.3.2 There will be easy access to/from diagnostics/ pharmacy /theatres and support services and the journey to other department must be double pushchair friendly.

5.3.3 Good communication with other department treating children is essential including contact with tertiary centres and PTC for children with cancer.

5.3.4 Radiography is normally performed in the X ray Department. Portable x-rays may be performed on the ward. Referrals are also made for ultrasound examination of inpatients.

5.3.5 Paediatric pharmacists are available and visit the ward.

5.3.6 Access to the EEG, ECG, Echocardiogram, CT and MRI departments at Broomfield to perform specialist investigations and imaging.

5.3.7 Notes are available from the Broomfield library for patients who are readmitted from regional units and from the Paediatric Satellite Library.

5.3.8 The ward works with the children's community nursing team to facilitate the early discharge of children and young people requiring home care.

5.4 Key Requirements for Facilities Management (F.M.)

5.4.1 Hotel services supply a cleaner, who is responsible for cleaning the ward environment as outlined in the Service Level Agreement and there is a ward cleaning folder that outlines the responsibility of all staff to ensure that the environment is clean.

5.4.2 Milk formulas and sterile water bottles are supplied by the procurement department and specialised milk by Pharmacy.

5.4.3 Equipment maintenance is supplied by BME on site, except where a service contract is in place in which case engineers will visit the ward

5.4.4 Daily hard facilities support is provided by the Estate and Facilities department

5.5 Environmental Requirements

5.5.1 The ward environment is thematically controlled at 21⁰ C.

5.5.2 The lighting is both main and dimmable, in all bays and cubicles with emergency corridor lighting in case of fire.

5.5.3 The dividing walls between the cubicles and the main corridor are half glazed to allow observation of the patients.

5.5.4 These windows have curtains/blinds to allow privacy as required.

5.5.5 All surfaces are durable and washable. The roller blinds are also washable.

5.6 Way Finding

5.6.1 The way to Phoenix children's Unit is identified from the main corridor outside the ward.

5.6.2 The location of Phoenix Unit is known to the ambulance services and transport teams

5.7 Security Requirements

5.7.1 Notes are stored in a trolley kept at the nurse's station and nursing charts are kept at each bed side. Other patient data is stored on MEHT PAS system.

5.7.2 The doors to the ward are secure and entry by phone. Staff within the ward can open the doors having identified the visitor on the camera, and all visiting social/health care professionals must show identification before they are admitted.

5.7.3 There is an emergency call button by each bed.

5.7.4 A room with a secure key pad entry is available with lockers for staff to store personal belongings.

5.7.5 All staff wear Mid Essex ID badges which are required to gain entry to the ward.

5.7.6 An environmental risk assessment is performed annually to assess the risks to staff, patients and visitors an action plan is available for staff.

5.8 Manual Handling

5.8.1 The service will be delivered in accordance with and compliance to the Trust's Manual Handling Policies.

5.9 Fire Safety

5.9.1 The service will be compliant with the Trust's Fire Safety Policy, Fire Evacuation Policy and other local fire plans and procedures.(The detail of these items will then be developed as part of the separate Fire Safety Work Programme, as led by the Trust's Fire Officer.)

5.10 ICT Requirements

510.1 The ward has IT access to:

- PAS
- Results review
- Ipax system to review X-rays and scan results
- Extramed

- Intranet and internet
- Photocopying, printing and faxing
- Switchboard
- Pagers
- Computers
- Health Roster Client

5.10.2 Only encrypted mobile media that has been provided by the trust will be used by staff on the ward.

5.11 Documentation

5.11.1 On admission all patients are recorded on Lorenzo.

5.11.2 All patients have a printed wristband applied as described in the Patient identification Policy.

5.11.3 Patient Records are obtained .The movement of notes is recorded using the tracking procedure.

5.11.4 When a patient episode has ended the notes must be made available for coding as soon as possible and discharge letter completed and forwarded to the GP and Health visitor if child <5yrs.

5.11.5 All staff must comply with professional bodies' standards of record keeping and MEHT clinical record keeping guidelines

6.0 Staffing

6.1 The unit staffing is managed from an overall budget for Phoenix Children's Unit

6.1.2 Training and Education

6.2 Staff meet the mandatory training requirements set out by the Trust in the Mandatory Training Policy, this includes all staff.

6.2.1 Staff are trained to use all specialist equipment and sign competencies following training.

6.2.2 Qualified nursing staff will be trained to provide effective mentorship to student nurses and be on the Trust mentorship register.

6.3 Facilities

6.3.1 Staff have access to unisex toilets. There is a fully equipped staff room with tea and coffee making facilities and a microwave oven which supports the needs of the staff.

7.0 Equipment Requirements (Refer to Appendix 6)

8.0 Infection Prevention

8.1 The service will be delivered in accordance with and in compliance to the Trust's Infection Prevention Policies.

8.2 Phoenix unit has sixteen cubicles which can be used to prevent cross infection. All children receiving treatment for cancer or who are immunosuppressed are isolated throughout their admission. All other patients who are identified as high risk remain isolated until admission swabs confirm that they do not have any infection. Any patients identified with a hospital acquire infection would also be isolated until discharge.

9.0 Equality and Diversity

9.1 Mid Essex Hospital services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

10.0 Contingency

- Escalation policy for bed and staffing shortages
- Use of Equipment Library if there is an equipment shortage
- Mobile phones if telephones go down
- Torches and emergency corridor lighting available
- Oxygen and air cylinders available on the unit if disruption to gas supply
- Back up generator
- All monitoring, pumps and infusion devices have battery back ups
- If IPAX was unavailable, hard copies of x-rays may be available
- Telephone the lab for results if links are down.
- Majax Policy for major incidents.

11.0 Auditing this Policy

11.1 The audit of this policy will be on a yearly basis and will be reviewed at the Directorate Governance meeting.

12.0 Responsibilities

12.1 The Clinical Director for Women's, Children's and Sexual Health Directorate is operationally and financially accountable for service delivery.

12.2 The Ward Team will remain professionally accountable for their actions. They will work in conjunction with the Lead Nurse to ensure that the service is delivered within the confines of the agreed budget and operational requirements.
(Refer to Appendix 1)

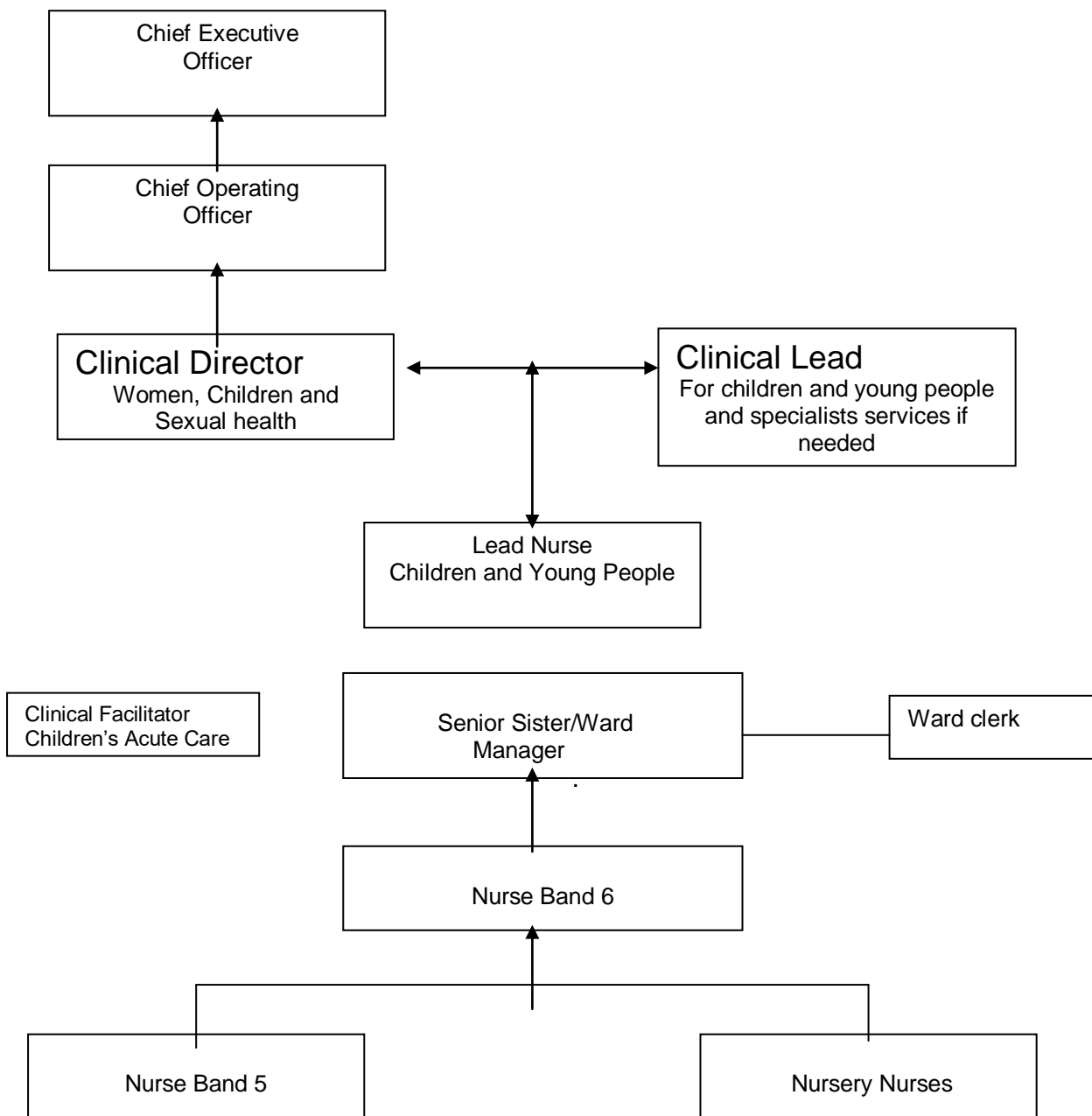
12.3 The ward manager and Children and Young People Lead Nurse have the day to day responsibility for delivering the service.

12.4 The Ward Team will remain accountable for ensuring that they comply with all MEHT clinical and documentation guidelines.

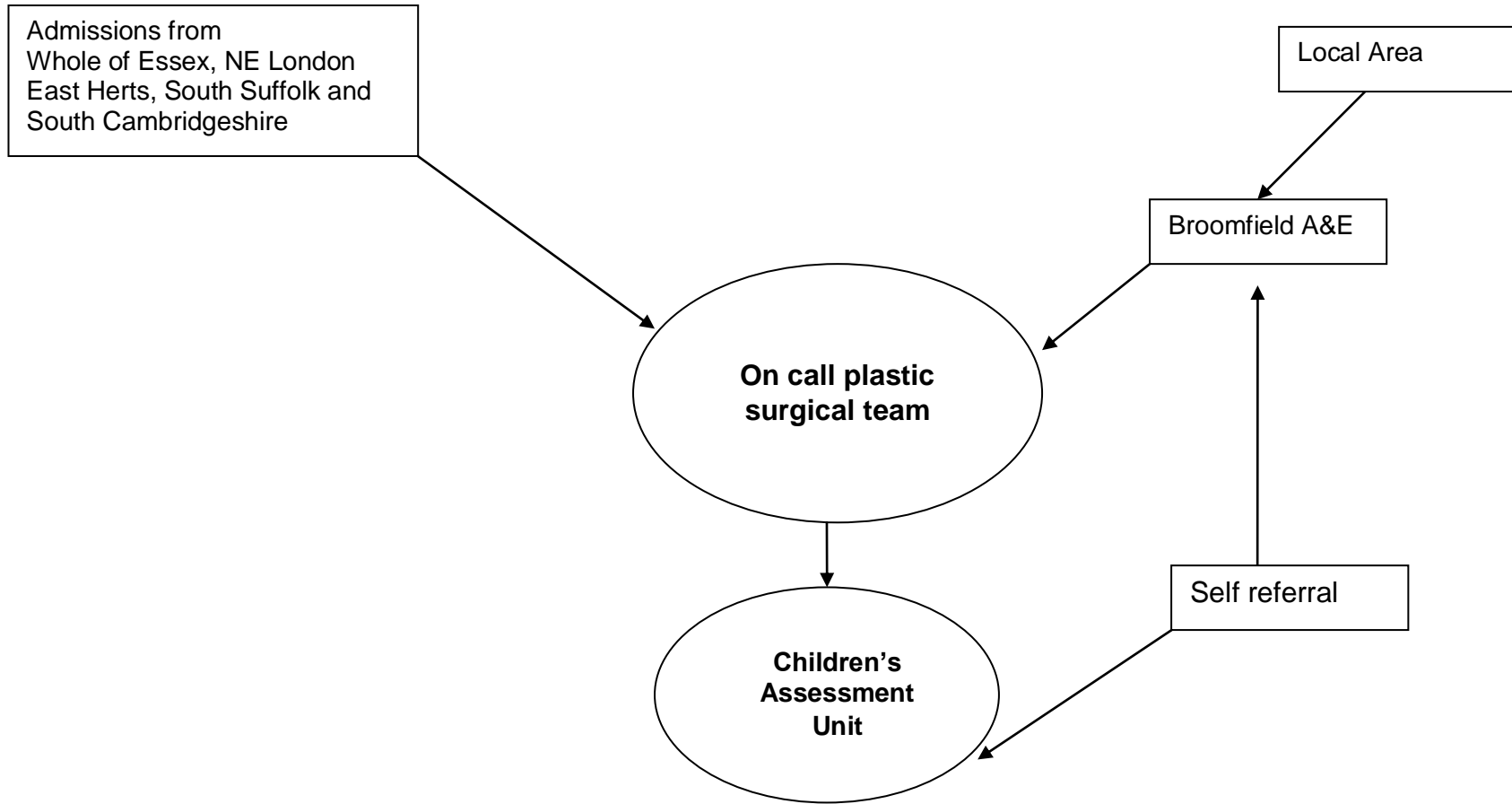
13.0 References

13.1 NSF for Children and Young People DoH 2003

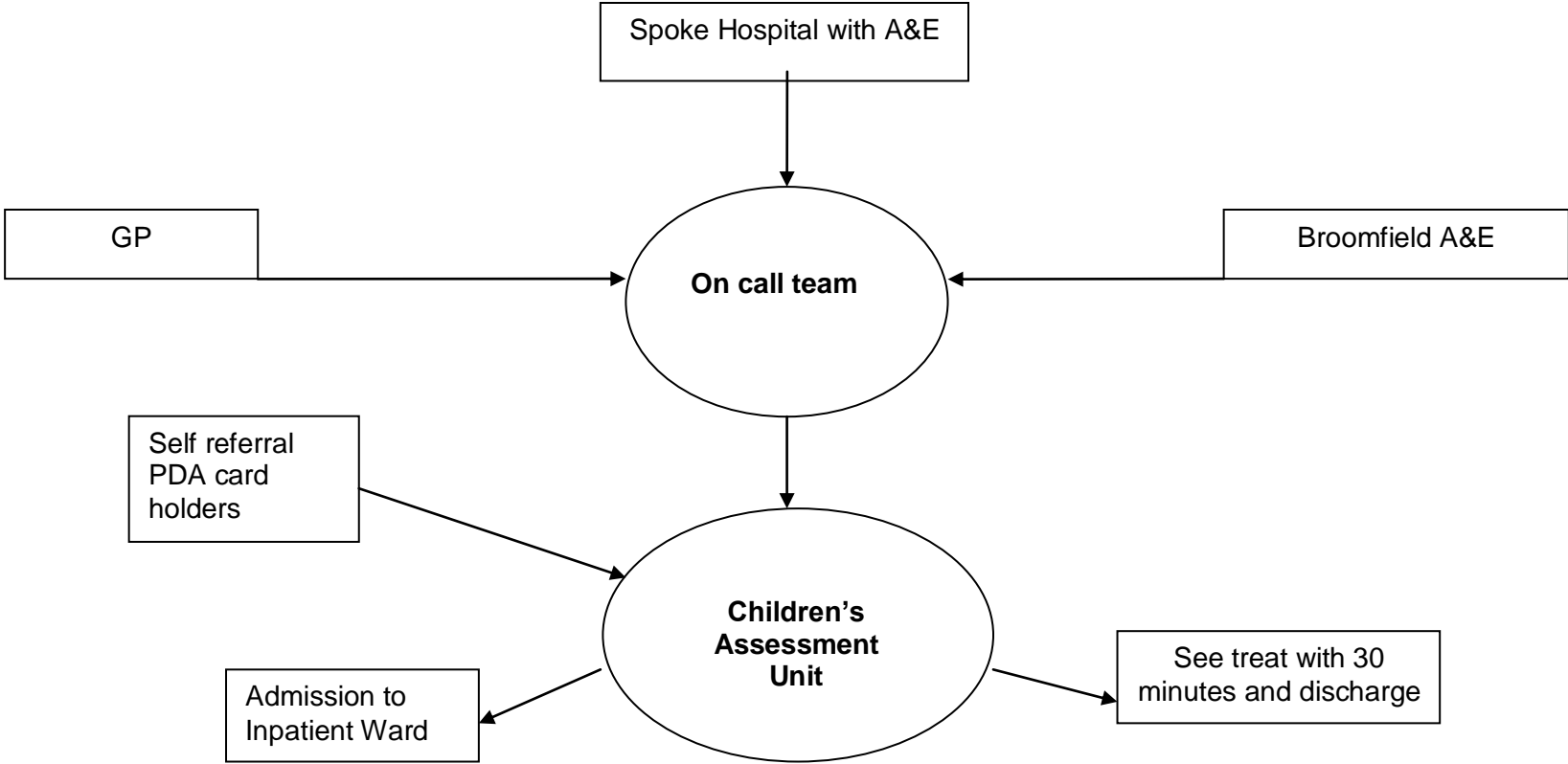
Directorate Responsibilities

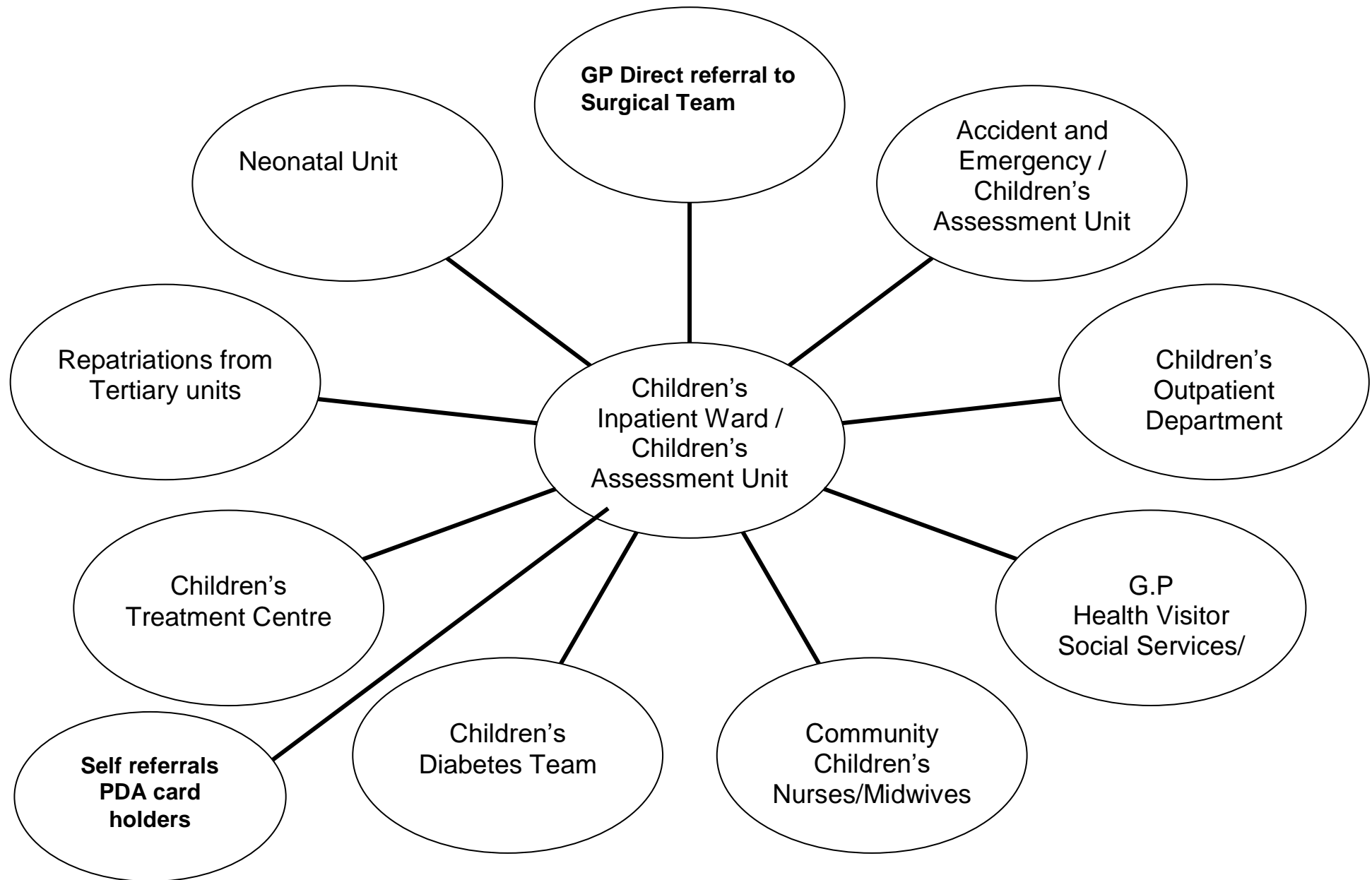


Regional Plastic Surgical Admissions Work Flow

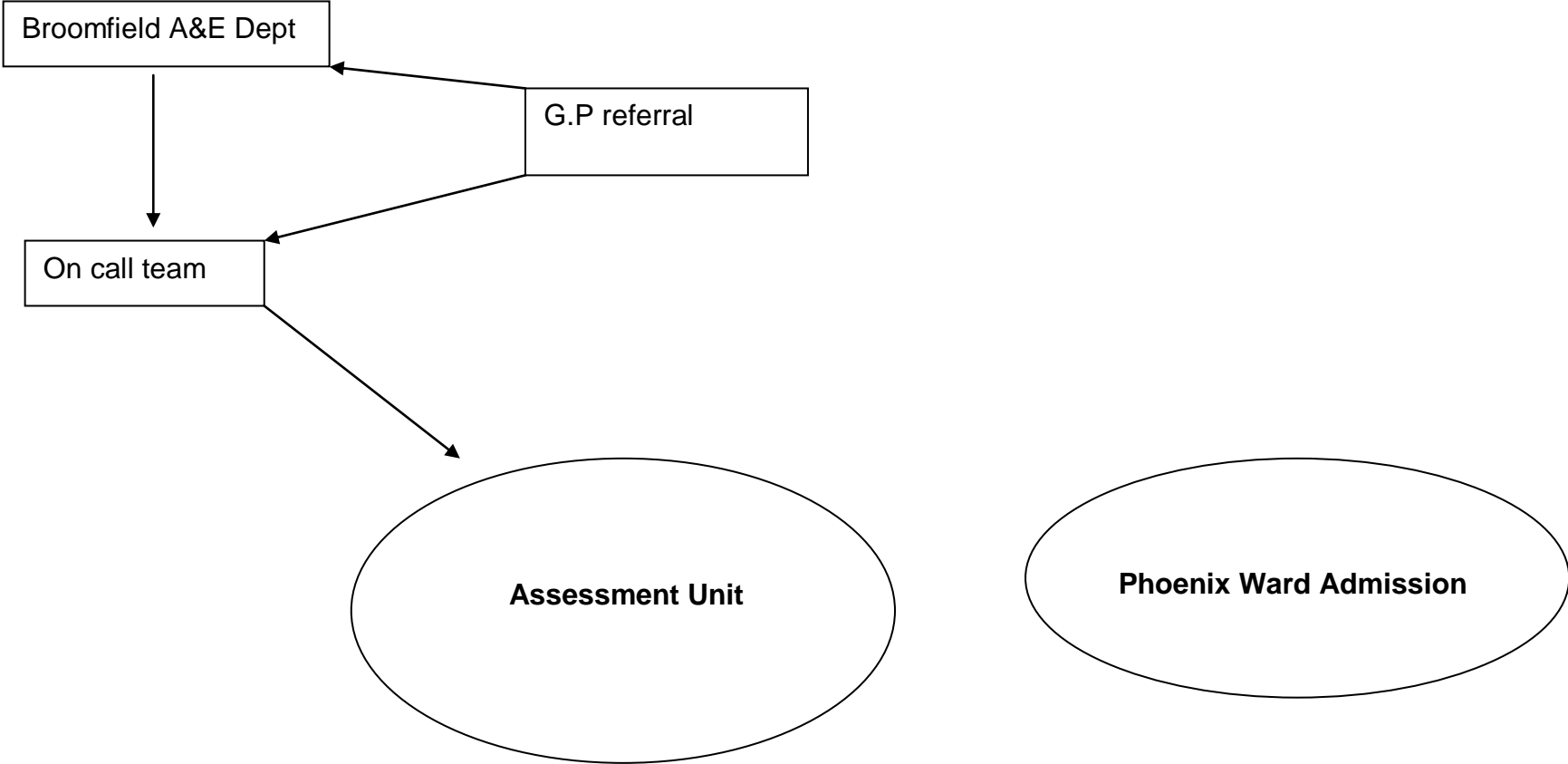


Essex wide Head and Neck Work Flow



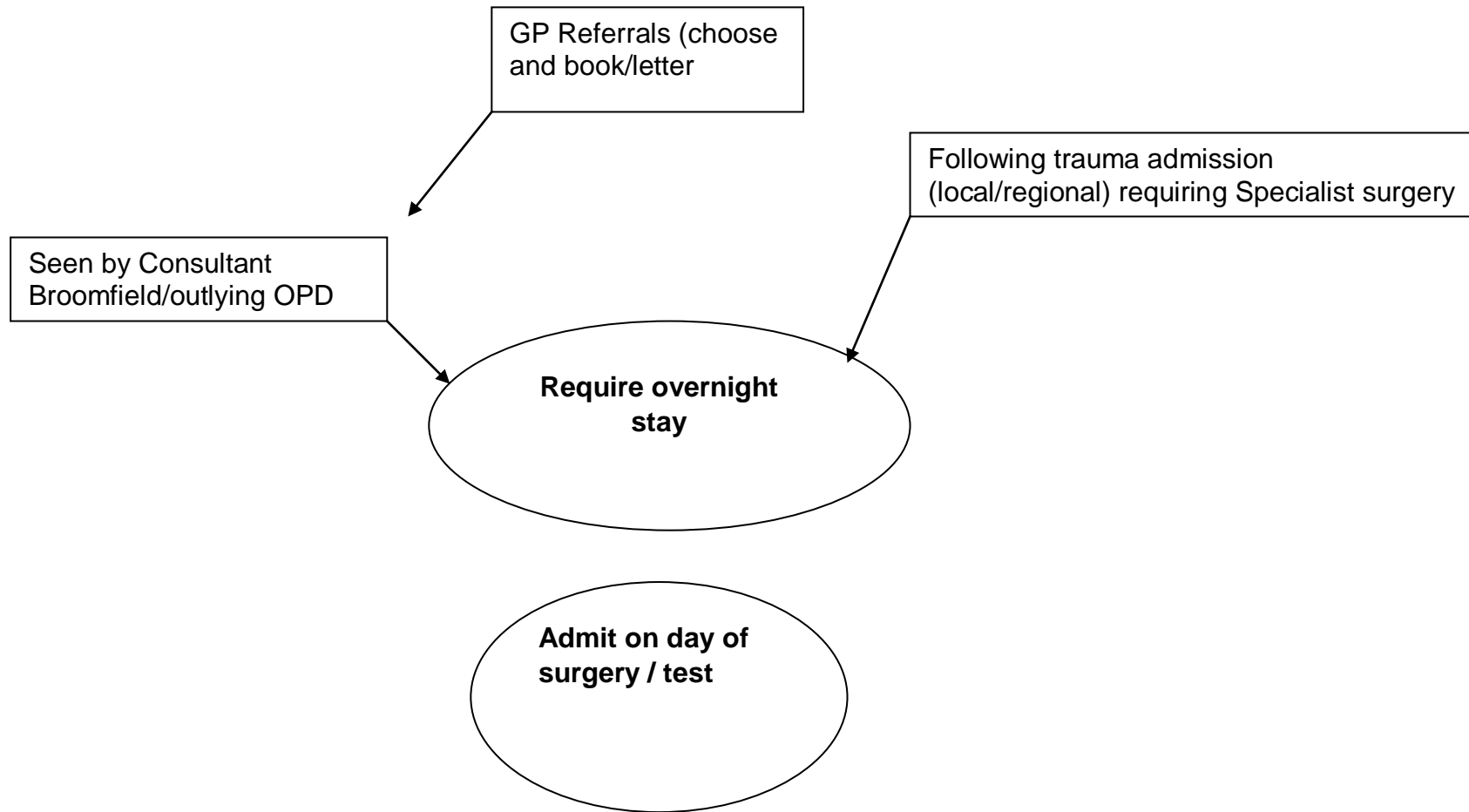


1 Orthopaedic Admission Work Flow



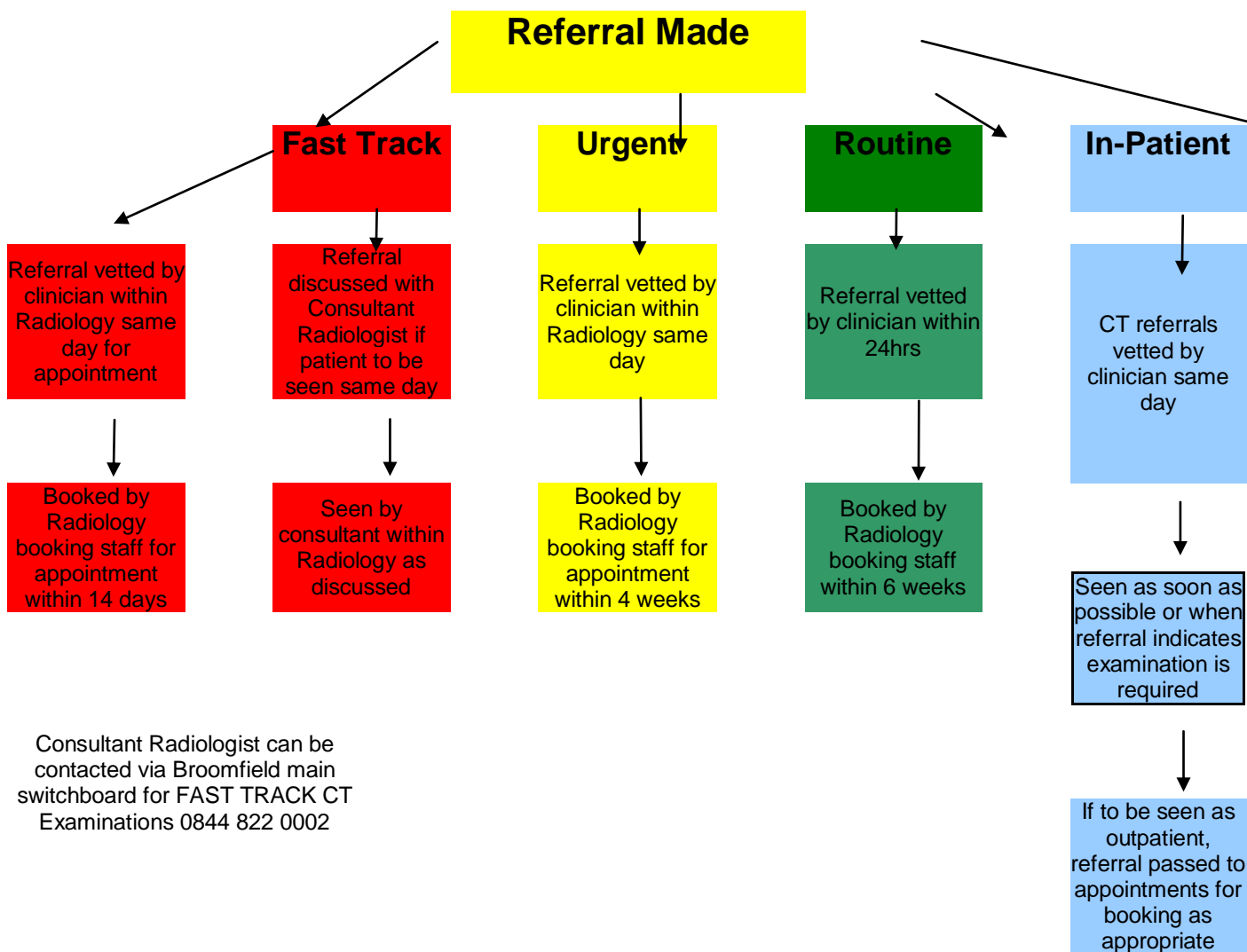
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Elective Work Flow



Appendix 6

Radiology Elective Flows



Elective patients will be seen during the core hours of 9am – 5pm Mon-Fri, using predominantly the 128 slice CT scanner. The 2 CT scanners are co-located on the Emergency Floor, but it is envisaged that the elective and emergency pathways will be kept as separate as possible. However, this will depend on the workload from each pathway to ensure best use of scanner capacity, and also the clinical requirements in relation to differing technical attributes of the 2 scanners.

Additional evening and weekend clinics for elective work will be arranged as required to maintain waiting list targets.

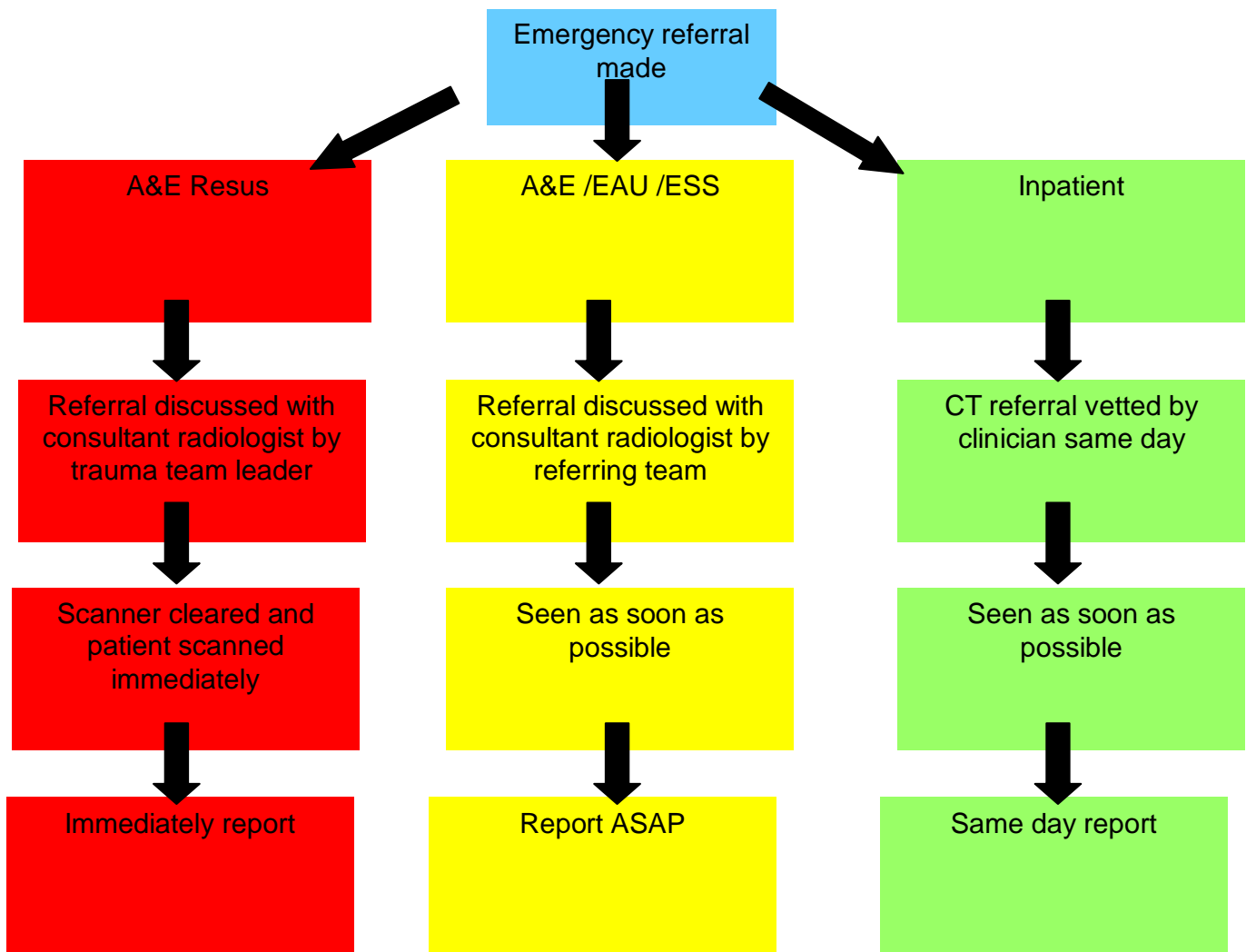
Radiology Emergency Flow

Emergency referrals will be scanned predominantly on the 16 slice CT. However, this will depend on the workload from each pathway to ensure best use of scanner capacity, and also the clinical requirements in relation to differing technical attributes of the 2 scanners. The core hours of operation are 8.30-5pm Mon –Fri, but a 24/7 service is provided through emergency shift staffing.

Inpatient referrals will also be scanned on the 16 slice scanner.

Referrals will be fast tracked through based on clinical priority.

A consultant radiologist should be available on the Emergency Floor during the core operating hours, and available on call outside of these hours.



Equipment List

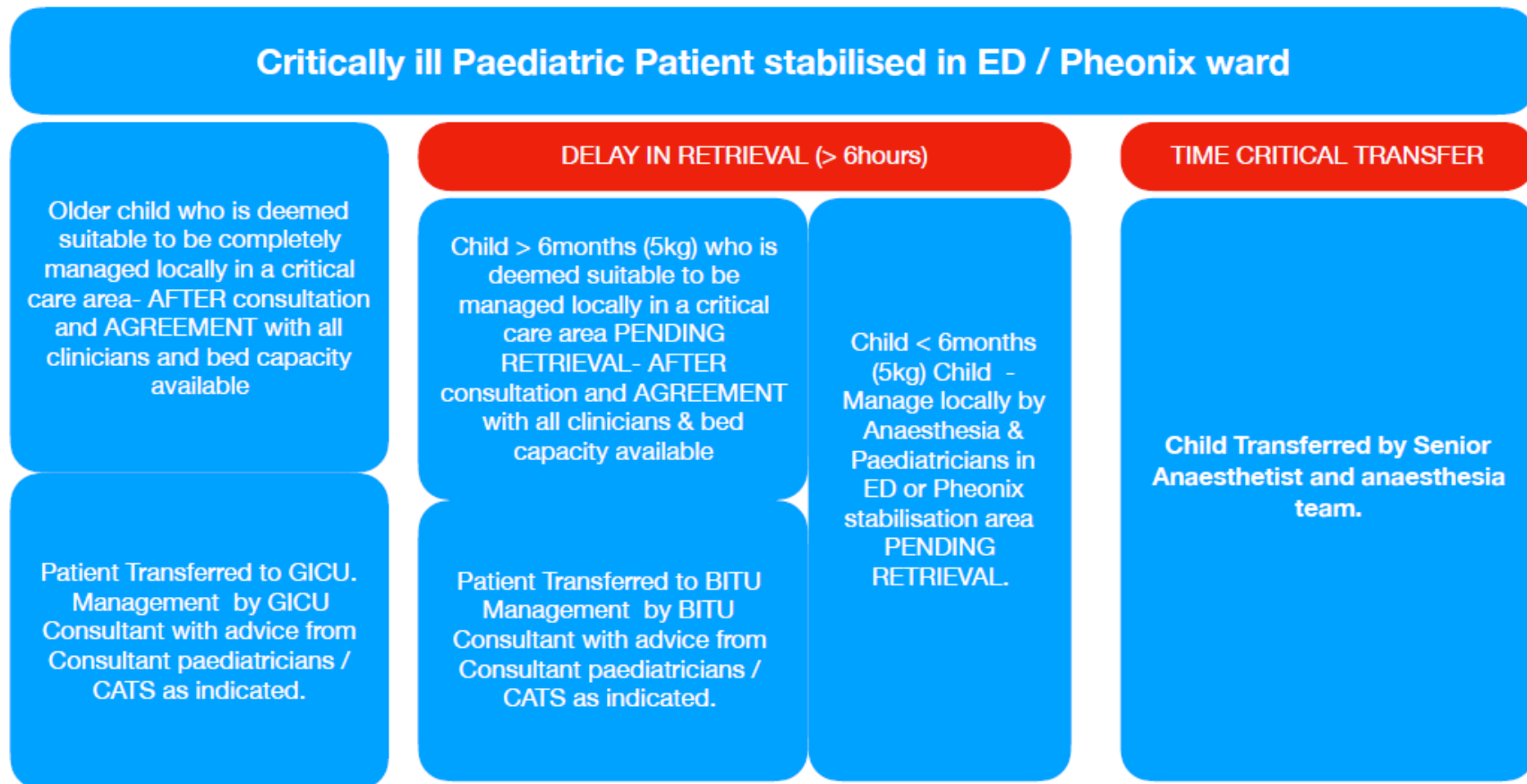
Each bed space requires access to the following:-

Fukuda monitors DS7100/DS5100
Braun infusion pump
Braun syringe pump
Airvo 2
Infant Optiflow-bubble CPAP
Fisher & Paykel MP290
V.A.C Therapy system
Various ENT equipment
Microscope
Head lamp
Portable suction machine
Portable oxygen
Dinamap
Blood Glucose machine
Tympanic Thermometer
Ophthalmoscope / Auroscope portable trolley
Hand held ophthalmoscope
Cleft trolley
Resuscitation trolley
PAT slide
Clinitex testing machine
Bath hoist
Philips defib
Datex-Ohmeda Anaesthetic machine
Babypac ventilator
Equator warmer
Nellcor SP02 monitor
Hand held SP02 monitors
Dopler
Scales x 2
Steam steriliser x 2
Bottle warmer x 1
Breast pump
Electric beds x 2
PCA pump
Digital camera
Xerox fax/copier

Appendix 8

NON-BURN PAEDIATRIC CRITICALLY ILL PATIENT RESILIENCE PATHWAY - BROOMFIELD HOSPITAL, MSE FOUNDATION TRUST

This GUIDANCE pathway covers non-burn paediatric patients (0-16 years inclusive), who require critical care support / monitoring and who are unable to be collected by the retrieval team in a timely manner (i.e. no PICU beds) or are deemed suitable to be managed locally. Patients will be considered on a case by case basis and their care shared between intensive care / Anaesthesia, CATS and local paediatricians. Clinical oversight by a named consultant paediatrician with clinical management decisions devolved to individual clinicians as indicated.



Dr J Hussey - April 2020