

# THE NATIONAL SERVICE FRAMEWORK FOR CHILDREN: STANDARDS FOR HOSPITAL SERVICES

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## INTRODUCTION

'Getting the Right Start: The National Service Framework for Children, Standards for Hospital Services' (DoH April 2003)<sup>(1)</sup> is the first part of a set of standards that will form the full children's National Service Framework (NSF).

The NSF for Children (England) is a 10-year strategy designed to improve the health of children, young people and pregnant women, by improving services provided for them. The aim is to encourage agencies to work together to ensure that care is 'needs-driven' and that the child/young person is seen as a whole rather than a condition or a problem.

Unlike many of the other NSFs, which are disease- or condition-specific, the full NSF for children will cover all aspects of healthcare for children and young people from birth to the nineteenth birthday and will cover maternity services, disabled children, children in special circumstances, mental health and health promotion.

The 'Standards for Hospital Services' has been published in advance of the rest of the NSF as a response to the Kennedy report into the deaths of children undergoing cardiac surgery at the Bristol Royal Infirmary<sup>(2)</sup>. Kennedy found evidence that services treated children as mini adults, making little effort to understand their differing needs, and that many staff, although skilled in treating adults, had limited knowledge and no specific training in treating children. Published alongside this is 'Emerging Findings', a consultation document, which outlines the direction of travel for the full NSF.

This article focuses on 'Standards for Hospital Services' and the implications for hospital services for children in Morecambe Bay.

## STANDARDS

The standard has three parts, which reflect the different dimensions of quality required for effective services for children. They apply to every department and service in a hospital that delivers care to children and young people, including Accident and Emergency, outpatient, x-ray and theatre recovery areas.

### Part 1: Child-centred hospital services

Part one focuses on providing a holistic, integrated approach to care, centred around the needs of the child and family and ensuring that they are treated as partners in care.

### Part 2: Quality and safety of care provided

Part two emphasises that children should receive high-quality

evidence-based hospital care, developed through clinical governance systems that have an explicit focus on the needs of children and provided by staff who have the right knowledge base, skills and expertise.

### Part 3: Quality of setting and environment

Part three describes how environments should be designed to suit the age and stage of development of the child or young person, considering privacy, safety/security and infection control.

### Standard for child protection

Included in the NSF is a standard for child protection, which provides guidance for trusts on meeting the recommendations from Lord Laming's report on the inquiry into the death of Victoria Climbié.<sup>(3)</sup>

### National standard for neonatal services

A further document published alongside the NSF recommends local review of the provision of neonatal services by forming managed clinical networks within each Strategic Health Authority with the provision of Level 3 Intensive Care concentrated within one or two units in the network.

## HOW CHILD FRIENDLY ARE WE IN MORECAMBE BAY?

An initial baseline assessment was undertaken to identify areas of good practice in the trust, note problem areas and establish action plans to determine how these can be improved.

### Key achievements in the hospitals trust:

- the establishment of a Children and Young People's directorate, including the appointment of a clinical director able to provide a clinical focus for children at trust board level
- Director of Nursing identified as the lead director for children within the trust
- development of a clinical governance strategy for children against which standards will be monitored
- appointment of a practice educator for staff working with children to provide a clear focus for relevant and timely education and training
- local provision of paediatric life support courses (APLS/PLS) which have been very well attended
- new children's outpatient department in Furness General

Hospital (FGH). The department has six consulting rooms, a user information area and baby feeding/changing facilities. General surgical and orthopaedic clinics are now held there

- upgrading of children's ward at FGH. The children's ward is situated in temporary accommodation in ward 10 until February 2005. The redesigned ward will incorporate separate daycare facilities and a four-bed assessment unit, whose equivalent at the Royal Lancaster Infirmary (RLI) has already proved to be a huge success
- guidelines for the referral of non-elective general surgical conditions (apart from trauma) to the paediatricians. This is currently being audited although feedback suggests this approach is working well, ensuring that children who do not require surgical intervention receive appropriate care and follow-up
- introduction of link nurses for child protection in all areas treating children. These nurses work closely with named child protection nurses from the hospital and the PCT and with the hospital liaison health visitors
- currently piloting nurse-to-nurse referral of some medical conditions from A&E to children's assessment unit at RLI
- modern matrons working with catering staff to improve menus for children including 'healthy snack boxes'
- clinicians working together to coordinate equity of services bay-wide. A particular success is the diabetes team of two consultant paediatricians and three paediatric diabetes specialist nurses who meet regularly and have developed guidelines and care pathways.

#### **Main areas for improvement:**

- space: outpatient facilities at RLI have always been too small. There is also a need for dedicated children's outpatient facilities at Westmorland General Hospital
- transition to adult services: agree a policy for timely handover to adult services for young people with chronic conditions. The diabetes team are developing adolescent handover clinics as identified in the diabetes NSF<sup>(4)</sup>
- difficulty in recruitment/retention of children's nurses in A&E on all sites
- need for increased support for dietetic, psychology and pharmacy services.

#### **WORKING TOGETHER**

Referral pathways are of particular relevance in ensuring children and young people have access to appropriate

facilities. Named surgeons undertake the care of children to ensure competence and the maintenance of skills. Referrals to the surgical specialties should therefore only be to the designated personnel in the paediatric section of the service directory.

In the Morecambe Bay hospitals we do not admit children to adult wards. We also recommend that children under 16 years are referred to a paediatrician. However, in accordance with national recommendations, 15-year-olds should be given a choice of whether they attend paediatric or adult services. The outcome may depend on how they perceive the options. For example, a 15-year-old may prefer the idea of an adult ward but may not realise that this may mean sharing a bay with a group of elderly patients. If it was explained that on the children's ward they would be likely to be in a room with older children rather than babies or possibly even have a room of their own with access to computer games, play stations and similar, this might make the children's ward sound more appealing. Another teenage aspect is education. If a young person in hospital is at a crucial stage in their education, this would be routinely discussed and followed up on a children's ward whereas the need may not be identified on an adult ward.

The NSF publication has included three age-appropriate booklets (children, young people and parents) explaining what users may expect from hospital services. These are a useful resource for waiting areas and can be obtained free from NHS Response line 08701 555455 or email [doh@prolog.co.uk](mailto:doh@prolog.co.uk) quoting ref 31302/3/4.

Compliance of standards will be monitored by the Commission for Healthcare Audit and Inspection (CHAI). Many areas of good practice have already been identified. Any suggestions for further ways to improve services for children are very welcome!

#### **REFERENCES**

- 1 Getting the right start: The National Service Framework for Children, Young People and Maternity Services. Hospital – Standard and Emerging Findings. DoH London. 2003
- 2 Learning Lessons from Bristol: The Report of the Public Enquiry into Children's Heart Surgery at the Bristol Royal Infirmary. Kennedy I. The Stationery Office London. 2001
- 3 The Victoria Climbié Inquiry. Report of an Inquiry. Laming. DoH. 2003
- 4 The National Service Framework for Diabetes: Standards. DoH, London. 2001