



Action for Sick Children Scotland

Parental Access and Family Facilities Survey 2012/13

Report Appendices

Contents

- Appendix 1: EACH Charter Articles
- Appendix 2: Methodology
- Appendix 3: Questionnaires
- Appendix 4: Discussion guides
- Appendix 5: Hospital visits
- Appendix 6: Comparison with 2005/07 survey

Appendix 1: EACH Charter Articles

1.1.1 The EACH articles

The ten articles which the Scottish Government has committed to are as follows:

Article 1

Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.

- Before admitting a sick child to a hospital all forms of appropriate care shall be explored whether at home, in a day clinic or comparable forms of treatment, in order to find the most suitable solution
- The rights of sick children must be respected whether they are cared for at home or in hospital
- There should be a regular review of the type of care according to the child's condition so that there is no unnecessary continuation of hospital stay
- All necessary information, assistance and support shall be given to parents if their children are cared for at home or on a day basis

Article 2

Children in hospital shall have the right to have their parents or parent substitute with them at all times.

- The right of all children to have their parents with them at all times without restriction is an integral part of the care for children in hospital.
- If parents are unable or unwilling to take an active role in the care of their child, the child is entitled to receive this care from a suitable substitute carer, who is accepted by the child.
- The right of children to have their parents with them at all times, includes all situations where they need or possibly might need their parents, e.g.
 - During the night, whether or not the child may wake up
 - While having treatments and/or examinations with or without local anaesthesia, with or without sedation
 - During induction of anaesthesia and immediately upon recovery
 - During periods of coma or semi-consciousness; -during resuscitation, when parents must be offered full support.

Article 3

(1) Accommodation should be offered to all parents and they should be helped and encouraged to stay.

- The staff members responsible for admitting a child shall invite all parents to stay without setting any particular criteria
- Staff members shall advise, encourage and support parents in making a decision about staying in hospital with their child, based on the parents' appreciation of their home situation
- Hospitals shall provide sufficient and suitable space and infrastructure to enable parents to be admitted along with their sick children. This should include the bed space together with bathroom, sitting and dining facilities and storage space for personal belongings.

(2) Parents should not need to incur additional costs or suffer loss of income.

- No additional costs shall arise for parents when staying with their child. They should be entitled to - free overnight stay - free or subsidised food.
- Parents who are unable to attend work or fulfil duties at home shall not incur any loss of income or incur other costs due to:
 - Staying in hospital with their child
 - The full-time care of their child in hospital, or;
 - The daily care of healthy siblings at home by other persons
- Assistance should be provided where financial circumstances prevent a parent from staying with or visiting a child (e.g. travel costs and other expenses).
- Parents shall be entitled to leave with pay for the duration of the child's illness to cover the loss of income.

(3) In order to share in the care of their child, parents should be kept informed about ward routine and their active participation encouraged.

The staff shall facilitate the parents' active participation in caring for their child by:

- Giving parents full information regarding their child's care and about ward routine
- Arranging with parents the elements of care they want to take over
- Supporting the parents in doing this
- Accepting their decisions
- Discussing with them changes needed if their care is not helpful to the child's recovery.

Article 4

(1) Children and parents shall have the right to be informed in a manner appropriate to age and understanding.

Information for *children* should:

- Be based on age and understanding and take into account the child's level of development
- Understand the child's immediate situation
- Appreciate his capacity to comprehend information and express his views;
- Encourage questions, answer the questions raised and comfort children when they express concerns or fears
- Include appropriately prepared verbal, audiovisual and written information, supported by illustrative models, play or other media presentations
- Whenever practicable information should be given in the presence of the parents.

Information for *parents* should:

- Be clear and comprehensive

- Consider the parents' present situation especially their feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition
- Encourage questions
- Satisfy the need for information by directing parents to extra information sources and support groups
- Provide parents with unrestricted access to all written or pictorial documentation regarding the illness of their child
- The child or a sibling should not be used as an interpreter for the parents.

Information to meet both the child's and its parent's needs should:

- Be provided continuously from admittance to discharge of the patient
- Include information regarding care after discharge
- Be provided in a stress free, secure and private environment without pressure of time
- Be given by experienced staff competent to communicate information in a way which can be readily understood
- Repeated as often as necessary to facilitate understanding
- Be checked by the staff member to ensure that the information given has been properly understood by both the child and the parents.

Children have the right to express their own views and providing they have sufficient competence to understand the matter, they may veto their parents' access to their health information. In such a case staff are required to proceed with the utmost care to properly evaluate the situation. Protection, counsel and support shall be given to the child. But hospital staff should ensure that the necessary counsel and support are also given to the parents who might be in need of psychological and social help and advice.

(2) Steps should be taken to mitigate physical and emotional stress.

To reduce physical and emotional stress and pain experienced by children preventive measures have to be taken, which should:

- Be adapted to the individual needs of the child
- Provide information and programmes to prepare children and parents for a stay in hospital, whether planned or emergency
- Provide preparation information prior to planned procedures
- Encourage continuous contact with parents, siblings and friends
- Offer play and recreation activities suitable to the child's age and development
- Ensure effective up-to-date pain management to avoid or reduce pain incurred by medical treatment, whether during examination, intervention or pre- or postoperatively
- Grant sufficient periods of rest between treatments
- Support parents whose children are receiving palliative care
- Prevent feelings of isolation and helplessness
- Try to avoid or reduce situations or actions described by the child as stress inciting

- Recognise fears or concerns of the child whether or not explicitly expressed and act upon them
- Be aware that a child may become stressed by being isolated or as a reaction to the condition of other patients and take appropriate action
- Feature stress free and appropriately equipped rooms allowing children and parents the opportunity to retreat
- Avoid use of restraints.

To mitigate unavoidable physical or emotional stress, pain and suffering children and parents should be offered:

- Ways of dealing with painful situations or actions experienced as negative
- Support for parents as well as measures ensuring their protection from too much strain while caring for their child
- Contact with social services, psychologists
- Contact when requested with minister of religion, self-help groups, patient / parent-help groups and cultural groups.

Article 5

(1) Children and parents have the right to informed participation in all decisions involving their health care.

The right to participate in the health care of the child requires from staff members:

- Adequate information to the child and the parents regarding their child's immediate health condition, the proposed forms, risks, and merits of a treatment or therapy and its goals as well as the measures to be taken
- Adequate information on alternative forms of treatment
- Advice and support to parents enabling them to evaluate the proposed way of proceeding
- To appreciate and make use of the child's and parent's knowledge, experiences, descriptions and observations on the general health situation or present condition of the child.

Prior knowledge of all measures that need to be taken is a precondition for the active involvement of children and parents in decision making.

(2) Every child shall be protected from unnecessary medical treatment and investigation.

In this context any form of medical treatment or investigation of a child is unnecessary, if no benefit for the individual child can be derived.

Article 6

(1) Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.

The care of children together with children who have the same developmental needs, includes, but is not limited to:

- Rest
- Entertainment
- Joint or similar activities
- Activities for children of a mixed age group
- Separate rooms and activities according to age and gender
- Particular efforts being made to provide separate accommodation for adolescents
- Protective measures for children with specific illnesses.

The additional support needs of adolescents should be taken care of by providing appropriate infrastructure as well as recreational opportunities.

Any form of segregation of children must be avoided, in particular cultural segregation.

The care of children together with adults on the same ward is not acceptable, and consequently means:

- Children shall not be admitted to or cared for in adult wards
- Adults shall not be admitted to or cared for in children's wards
- Separate provision should be available for the treatment of children and adults in areas such as reception, emergency rooms, surgery, outpatient and day care facilities as well as examination and therapy rooms.

(2) There should be no age restrictions for visitors to children in hospital.

Visiting hours for siblings and friends shall not be restricted based on the age of the visitor, but based on the condition of the sick child and the health of the visiting children.

Article 7

Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.

Children have the right to an environment which meets the needs of children of all ages and situations wherever in the hospital they are being cared for. This applies also to day facilities or other areas where children are being treated or examined.

Extensive possibilities for play, recreation and education should:

- Be available in the form of appropriate play materials
- Ensure adequate periods of time for play seven days a week
- Provide for the abilities of all age groups cared for in the facility
- Inspire creative activities by all children
- Allow for the continuation of the level of education already reached.

Sufficient suitably qualified staff should be available to meet the needs of children for play, recreation and education regardless of the state of health and age of the

children. All staff in contact with children should have an understanding of the needs of children for play and recreation.

The architecture and interior design of such an environment must incorporate appropriate features for all age groups and types of illnesses treated in the facility. The environment should be adaptable to the needs of different age groups and not be focused on one particular age group.

Article 8

Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

Specific professional training, skills and sensitivity are required for staff caring for sick children. Only on the basis of these qualifications are they able to meet with the additional support needs of children and their parents.

All hospitals or other health care providers admitting children should ensure that children are examined, treated and cared for by staff with specific paediatric education, knowledge and experience.

If a child needs to be treated by non-paediatric staff, such treatment may only be carried out in cooperation with staff specially trained and qualified to care for children.

The ability and sensitivity of staff shall be maintained at a high level by appropriate training and continuing education.

To know and address the needs of families is a pre-condition for being able to support parents in the care of their child and if necessary organise support or alternative care for the child to relieve the strain on the family.

Qualified staff are capable of recognising and reacting in an appropriate way to all forms of child abuse.

Staff members will support parents in particular to cope with critical situations a child might endure. This applies especially to life-threatening situations.

When a child is dying or dies, the child and his/her family must be given whatever support, care and assistance they need to help them cope. Staff should undertake appropriate bereavement training. Information regarding the death of the child should be given sympathetically, sensitively, in private and in person.

Article 9

Continuity of care should be ensured by the team caring for children.

Continuity of care includes continuity in the provision of the child's treatment and continuity among the staff providing their care.

Continuity of care should apply both in the hospitals and following transition to home or day care. This can be achieved by all those involved communicating and working together as a team.

Team work requires a limited and defined number of persons working together as a group whose action is based on complementary levels of knowledge and consistent standards of care, focused on the physical, emotional, social and psychological well-being of the child.

Article 10

Children shall be treated with tact and understanding and their privacy shall be respected at all times.

Tact and understanding in dealing with children requires the need to:

- Include their right to be a child
- Consider their dignity, view, needs, individuality and their state of development, taking account of any disability or special need
- Make the willingness of the staff for dialogue apparent
- Create a friendly and trusting atmosphere
- Take into consideration the religious belief and cultural background of the child and the family.

Regardless of age or state of development the protection of the privacy of children shall be secured at all times and must include:

- Protection against physical exposure
- Protection against treatment and behaviour which diminishes self respect or makes the child feel ridiculous or humiliated
- The right of personal retreat, to be alone
- The right of private communication with staff
- The right of undisturbed association with close family members and friends.

Appendix 2: Methodology

The research was conducted as follows:

Questionnaire development

ASCS had developed a draft questionnaire which aimed to allow tracking of progress from the previous surveys as well as measure the extent to which current service provision meets the expectations of the EACH charter. The questionnaire was piloted in a children's ward in a district general hospital as well as a specialist children's hospital to test suitability for different hospital types.

Following the pilot, amendments were made to some questions and routings to ease the flow through the questionnaire for particular types of wards such as special care baby units, intensive care units and neonatal wards.

The finalised questionnaire was then transferred on to an electronic survey platform (SNAP) which enabled respondents to complete the survey on-line. The questionnaire contained 77 questions covering the following issues:

- Information about the ward/unit admissions
- Parental access
- Parental facilities and accommodation
- Young people's services
- Ambulatory care, short stay and surgery
- Records and feedback
- Other facilities
- Travel
- Education
- Play.

A copy of the final questionnaire is contained in Appendix 3.

A second questionnaire was sent to the child health commissioner in each health board. In addition to a request for an overview of the current services for children and young people in their area, there were questions covering areas such as the numbers of admissions in particular age groups and the facilities available for them, numbers of play and teaching staff employed, availability of paediatrically trained staff. Only 7 out of 14 child health commissioners responded to the survey. The responses that were received were variable in content and format and not sufficient for analysis. Feedback from some of the health boards suggested that information was particularly limited for admissions of young people.

Recruitment of interviewees

Data from the Information Services Division (ISD) of NHS Scotland was used to identify hospitals within each of the 14 Scottish Health Boards which were likely to admit children and young people. Telephone calls were made to the nursing director in each health board to determine the contact details for the lead nurse for the wards which admit children and young people in each hospital.

Acute and elective inpatient provision for children and young people has undergone significant change in Scotland since the previous survey in 2007. In many of the health boards services have been concentrated on fewer sites and a wider range of services are now being provided in community settings. As a result there were

fewer numbers of wards admitting children and young people compared to the previous survey. The contacts with the nursing directors identified a total of 85 wards across Scotland - this included children's wards, adult wards admitting children and young people, neonatal/special care baby units/intensive care units and day surgery wards.

Invitation to participate in the survey

Using the contact details sourced in Stage 1 each lead nurse was emailed an invitation to participate in the survey. This explained the purpose of the survey and how the information would be used. The invitation contained log in details for the respondent as well as the details for submission of the completed survey.

To try and secure as much data as possible, the questions were designed as "Must Answer", this aimed to ensure that respondents did not skip critical questions. However, in recognition that the survey form was lengthy, each respondent was given a log-in which would allow them to access the survey multiple times. This meant that staff did not have to allocate 25 minutes to complete the survey at any one time but could complete it in small chunks during a shift. The routing also ensured that respondents "by-passed" questions which were not relevant to their ward type to speed up the time taken to complete the survey.

Data gathering

The survey was available on-line for a period of four months during which time four reminders were issued to respondents to remind them to complete the survey. Respondents who had not completed the survey on-line were then offered the opportunity to complete the survey by telephone interview (up to six attempts were made to contact individuals who had not completed the on-line). Where respondents were likely to have difficulty in answering certain questions, e.g. those relating to education and play, they were invited to approach the relevant professional colleagues for answers.

Data analysis

The data was analysed to provide:

- Top line analysis: the results for all questions in the survey. This showed both the absolute number of replies as well as the percentages for each question. This was produced in the form of the survey questionnaire
- Cross analysis: the results were broken down by hospital type, ward type and health board.

Lived experiences

Following the survey, children's wards in five hospitals were visited. The purpose of the visits was to talk to parents/carers of children who have been admitted and also to speak with paediatric staff on the wards. This enabled a physical review of the facilities for parents/carers and the services available for children and families in the wards as well as providing an opportunity to observe what impact these had (positive or negative) on their hospital experience. The primary purpose of these

visits was not to cross-check or complete missing data in the electronic survey and the results were not included in the numerical analysis of the data. Nor were the results of the visits used to test the operational practices of wards against the articles of the EACH charter.

The hospitals visited were selected in discussion with the ASCS project team and were chosen to reflect a range of specialist children's hospitals and district general hospitals as well as urban and rural locations.

Contact was made with nursing directors and managers of children's services in the selected hospitals to seek their agreement for the visit. A discussion guide was agreed with the ASCS project team for use in discussions with parents/carers and staff which explored:

- With parents/carers: their experiences in relation to visiting/staying with their child/adolescent, the factors which have contributed to a positive experience, the factors which have contributed to a negative experience, how access/facilities/services/support could be improved
- With staff: knowledge/experience of paediatric care, care and support offered to families, paediatric service journey (from pre-admission to discharge), variations in approaches by type of ward, factors which contribute to a positive or negative experience and how access, facilities, services or support could be improved.

Consent was obtained from each parent/carer who wished to meet with the researcher. The discussions were held in a location with which they were comfortable - in some cases this was on the ward or in others, in the parents' sitting room. The discussions were held with the parents/carers only (ie not in the presence of ward staff). Written notes were taken during the discussions. However, these notes were completely anonymised (i.e. no names were used and no information recorded which might identify specific parents/carers or children).

Discussions with staff also took place in the ward at a time which minimised any disruption to ward routines. Emergency situations which arose meant that, in some cases, staff interviews had to be cancelled or rearranged to a more convenient time. Written notes were also taken during the discussions. However, these notes were completely anonymised (ie no names were used and no information recorded which might identify specific members of staff).

Visits to the wards also allowed observation of ward facilities and this was also used, together with feedback from parents/carers and staff, to provide an insight into the experiences of both children and their families in attending paediatric services.

The discussion guides used in the interviews are available in Appendix 4.

The information from the hospital visits has been used to develop anonymised case studies illustrating the service experience, highlighting aspects of good practice as well as issues needing to be addressed for services to meet the desired standards.

Appendix 3: Questionnaires

Action for Sick Children Scotland Parental Access and Family Facilities Survey Update 2012

Introduction

In 1985 Action for Sick Children Scotland, formerly the National Association for the Welfare of Children in Hospital (Scotland) surveyed the 191 wards that admitted child patients in Scotland in order to find out what was available in the way of parental access and family facilities. Since then the survey has been updated in 1988, 1991, 1995, 2000 and 2005. The findings have been extremely useful for planners and government and have provided information for parents who wish to know what is available in their local hospitals.

This 2012 survey will capture information on parental access and family facilities within all NHS hospitals in Scotland. The results of the survey, which is funded and supported by the Scottish Government, will be placed in the public domain and will inform the Scottish Government's policy making in relation to the healthcare of children and young people in Scotland. We are grateful for your cooperation in providing information on services for children and young people. The survey should take approximately 30 minutes. You will notice in the questionnaire that there are occasional questions to clarify which type of ward you are completing the survey for - this is to allow us to route you to questions which are appropriate for your ward type.

The survey contains questions on play and education. If you are able to complete these then please continue & submit the completed survey. If not, please give the play and education questions in the word document provided separately to your health / hospital play specialist. Please ask them to return the completed form to you. Please then use this information to complete the survey.

If you cannot provide any information please call us on : **0141 548 8079**

The questionnaire format will allow you to complete the survey in several visits, should you wish to do so, as long as you do so from the same computer when you re-open the link.

NB In the questionnaire 'Parent' means parent or carer with legal responsibility for the child, or parent substitute who is 'a suitably qualified person (e.g. an aunt or granny), not necessarily being legally responsible, selected for the care of the child in agreement with the child's wishes. In accordance with the parents' approval this person shall be responsible for the psycho-social care of the child as long as the parents are unable to participate and as long as the child needs such care' (Article 2 European Association for Children in Hospital (EACH) Charter: Children in hospital shall have the right to have their parents or parent substitute with them at all times).

Action for Sick Children (Scotland) is a Scottish Charity No SC006016 and a company limited by guarantee, registered in Scotland No 100114. Registered office is 22 Laurie Street, Edinburgh EH6 7AB

Part 1: Information about the ward/unit admissions

Ward Speciality or Type

Q1 Q1 Type of Ward

A children's ward?

An adult ward?

An adult ward with designated

children's beds? ...

An adult ward with

a children's annexe

or cubicles?.....

A neonatal or

paediatric intensive

care unit or special

care baby unit?

Q1a If yes, Please indicate which

Go to Q8 if Neonatal

Q2 Q2 Number of children's beds in the ward

Q3 Q3 The percentage of weekly bed occupancy by children under 16 years.

Q4 Q4 Do you take children and young people up to the age of 16?

Yes

No.....

Q4a If not, please indicate the upper age limit:

Q5 Q5 Number of children under 16 admitted to the ward annually:

a Day case

b In-patient

Q6 Q6 Number of patients in ward aged 17-18 admitted to the ward annually:

6a Day case

6b In-patient

Q6c If yes, What are the criteria for admitting young people aged over 16?

Part 2: Parental Access

Visiting

Q7 Q7 Are children, if sufficiently mature, encouraged to have a say in: (PLEASE TICK ALL THAT APPLY)

	Yes	No
a Who visits them	<input type="checkbox"/>	<input type="checkbox"/>
b Who is allowed to be resident with them	<input type="checkbox"/>	<input type="checkbox"/>

Q7c Is this recorded, and if so, how?

Q8 Q8 Please indicate the visiting arrangements and any restrictions for parents, carers, siblings and friends. (PLEASE TICK OR COMMENT AS REQUIRED):

	<i>Open - no restriction</i>	<i>Variable by agreement</i>	<i>None permitted</i>	<i>Limited hours (state hours)</i>
a Parents/Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Parent substitutes (*when parent/carers are not able to attend eg aunt, granny)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 State hours:

e Parents/Carers

f Siblings _____

g Parent substitutes (*when parent/carers are not able to attend eg aunt, granny) _____

h Friends _____

Q8i **Q8i Comments**

Q9 **Q9 If the siblings cannot visit, please describe any on-site facilities where parents might leave them eg sibling creche?**

Q10 **Q10 Do the mother and father have equal opportunities to visit the child?**

Yes

No.....

Q10a If No, please explain the difference

Q10b **Q10b Can both mother and father be accommodated at the same time**

Yes

No.....

Q10c **Q10c Comments:**

Q11 Q11 Please tick to indicate if parents/carers can or cannot visit at any of the following times:

	<i>Can visit</i>	<i>Cannot visit</i>
a Meal times	<input type="checkbox"/>	<input type="checkbox"/>
b Doctors' rounds	<input type="checkbox"/>	<input type="checkbox"/>
c Drug rounds	<input type="checkbox"/>	<input type="checkbox"/>
d During school lessons	<input type="checkbox"/>	<input type="checkbox"/>
e During rest hour	<input type="checkbox"/>	<input type="checkbox"/>
f Any others?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Q11g If Any Others, Please Specify)</i>		_____

Q11h Q11h Comments:

Part 3: Parental Facilities and Accommodation

Facilities for parents/carers

Q12 Q12 How many single rooms/cubicles are on this ward?

Q13 Q13 Can a parent/carer stay overnight?

Yes

No..... Go to Q19

Q14 Q14 Is information about parent/carer facilities made available in pre-admission paperwork?

Yes

No.....

Q15 Q15 Where would they sleep? (PLEASE TICK ALL THAT APPLY)

- In a single room/cubicle/ by the child's bed*
- On the ward*
- Off the ward, within the hospital building*
- In accommodation within the hospital grounds.....*
- In off site accommodation*
- None is available...*
- None is required....*
- Other*

Q15a (Please specify)

Go to Q17 if Neonatal

Q15b Q15b If they would sleep on the ward, which of the following is available? (PLEASE TICK ALL THAT APPLY):

- z-beds.....*
- armchairs*
- using empty beds ..*

Q15c How many z beds do you have?

Q16 Q16 Does every cot or bed have a fold down bed or space for a Z bed?

- Yes*
- No.....*

Q17 Q17 Have you had to turn a parent away through lack of accommodation?

- Yes*
- No.....*

Q17a If yes, how many times a year:

Q18 Q18 Can another child stay overnight with the parent in off ward accommodation?

- Yes*
- No.....*

Q19 Q19 Where there is a High Dependency Unit is it possible for a parent/ carer to sleep nearby?

- Yes*
- No.....*
- Not relevant*

Q19a If yes, please indicate where

Q20 **Q20 Where there is a neonatal or paediatric intensive care unit or special care baby unit: can a parent stay near their baby / child throughout their hospital stay if they wish?**
Yes
No.....
Not relevant

Q20a **Q20a Is there an option for non-resident parents to stay close by?**
Yes
No.....

Q21b **Q21 COMMENTS**

Q22 **Q22 Are there any of the following dedicated facilities for parents? (PLEASE TICK ALL THAT APPLY)**
Washing/showering facilities.....
Laundry facilities ..
Sitting room
Kitchen facilities
None

Family Support

Q23 **Q23 Does your ward have access to: (PLEASE TICK ALL THAT APPLY)**
Family Liaison
Worker.....
Family Support
Worker.....
Social Worker.....
None

Q24 **Q24 Are children and young people offered access to spiritual care when in hospital?**
Yes
No.....
Not relevant

Q25 **Q25 What bereavement facilities are in place for a family bereaved of a child?**

Q26 **Q26 Does the hospital operate a named nurse policy?**

Yes

No.....

Q27 **Q27 Is there any other specific family support service for parents in the hospital?**

Yes

No.....

*Q27a If so, what
kind of support is
it and who
provides it?* _____

Q28 **Q28 What information about hospital and ward / unit facilities for families is available?**

Q29 **Q29 Do resident parents have access to the internet or email?**

Yes

No.....

Q29b **Q29b COMMENTS**

Parent Refreshment

Q30 **Q30 What refreshment options are available for parents/carers? (PLEASE TICK ALL THAT APPLY)**

- A resident parent/carer can get a hot drink near the ward
- There is a choice of hot and cold drinks
- Parents/carers able to get a meal within the hospital
- A non-resident parent/carer would be able to get a drink near the ward
- Parents/carers have access to food at non commercial prices when resident with their child
- None of the above.

Q31 **Q31 Are breast feeding mothers provided with meals?**

- Yes
- No.....

Q32 **Q32 Please tick if any of the following is/are available for parents/carers and/or siblings**

	<i>Day Room/sitting room</i>	<i>Use of staff canteen</i>	<i>Self-catering facilities for non-resident parents/carers</i>	<i>Self-catering facilities for resident parents/carers</i>	<i>Eat with the child on ward</i>	<i>Vending machines</i>	<i>Café facilities</i>	<i>None</i>	<i>None required</i>
a For Parents/Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b For Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 Which of these facilities are available out of hours, and until what time?

Go to Q52 if Neonatal

Meal times

Q33 **Q33 Please indicate whether you have any of the following: (PLEASE TICK ALL THAT APPLY)**

Specific menus for children/ young people.....

Age-appropriate cutlery and tableware.....

Nutritional value of meals available to parents/carers

None of the above .

Q33a If the nutritional value of meals is available, in what form is it provided?

Q34 **Q34 What is the daily spend per child on children's meals in your hospital?**

Q35 **Q35 What arrangements are there for children who cannot feed themselves and have no parent/carer present at mealtimes?**

Q35b **Q35b COMMENTS**

Part 4: Young People's Services

(Children aged 12 and above)

Q36 Q36 How do you accommodate young people?

On the children's ward (PLEASE GIVE UPPER AGE LIMIT).....

On adult wards (PLEASE GIVE AGE RANGE)

In a special unit, eg adolescent unit Go to Q50

Q36a Please give upper age limit

q36b Please give age range

Q37 Q37 Are there facilities on adult wards for young people with profound disabilities to have their carer resident while they are in hospital?

Yes

No.....

Q38 Q38 Are there designated areas/facilities for young people?
(please give details)

Q39 Q39 Do you have a youth worker?

Yes

No.....

Q40 Q40 If there are exceptions to the upper age limit, what categories do they apply to?

Q40a **Q40a Comments**

Q41 **Q41 If you have an adolescent unit, please state how many young people are catered for in the adolescent unit (If not, leave blank):**

Q41a **Q41a Please describe this accommodation.**

Q41b **Q41b Comments**

Q42 **Q42 Has there ever been an overflow from the adolescent unit?**

Yes

No..... Go to Q44

Q43 **Q43 If so, where are the extra young people placed if demands exceed available beds?**

On the children's ward?

On adult wards?...

Q44 **Q44 Who decides if a child/young person should be treated on a children's ward?**

Q45 **Q45 Please state if:(PLEASE TICK ALL THAT APPLY)**

- Children aged 14-16 are offered a choice of ward - children's or adult at time of admission*
- A young person can have a parent/carer stay when on an adult ward*
- A young person's friends can visit*
- Children over the age of 12 are in mixed sex bays*
- Children over 12 are given the choice to be either on a same sex ward or in a mixed sex bay*
- Young people are involved in decisions about their treatment*
- Young people are offered advice about their treatment*
- Young people are routinely offered information about confidentiality*
- Young people are routinely offered information about consent*
- Young people are routinely offered information about complaints*
- None of the above .*

Q46 **Q46 Please indicate which of the following apply:**

- Young people are permitted to consent in their own right*
- Young people are seen by nursing or medical staff on their own (without parents) at some point during the admission procedure*
- Young people have access to internet and/or emails.....*
- They are allowed to use mobile phones*
- None of the above .*

Q46a **Q46a Comments**

Q47 **Q47 Do you have any major changes planned for young people’s care in the next 12 months?**

Yes

No.....

IQ47a f ‘yes’ please tell us what these are. _____

Part 5: Ambulatory Care, Short Stay and Surgery

Q48 **Q48 Do you provide ambulatory care? (ie short stay under 24 hours)**

Yes

No.....

Q49 **Q49 Do you provide community children’s nursing service/ outreach?**

Yes

No.....

Q49a If yes, is this just to your health board area or to the region? _____

Q50 **Q50 Please indicate if: (PLEASE TICK ALL THAT APPLY)**

You admit children and young people for procedures

You have a short stay ward or unit? .

Q50a What are the visiting arrangements? _____

Q50b *Q50b If you admit short stay patients, but do not have a short stay ward or unit, where are the children cared for?*

Q51 **Q51 Please state if: (PLEASE TICK ALL THAT APPLY)**

- Hospital Play*
- Specialists see children in short stay area*
- The families are offered a contact number after discharge from short stay.....*

Q51a **Q51a Comments**

Children admitted for Surgery

Care on Operating Day

Day surgery and/or on the day of operation if the child or young person is an inpatient.

Q52 **Q52 Are there identified anaesthetists allocated for children's surgery?**

- Yes*
- No.....*

Q53 **Q53 Operating Day (PLEASE TICK ALL THAT APPLY)**

- There is a dedicated children's surgery list*
- On operating day a parent/carer can visit their child as usual*
- A parent/carer can accompany their child to and from theatre*
- A parent/carer can stay with the child until s/he is under the anaesthetic*
- Parents/carers are allowed to be with the child in the recovery room*
- Parents/carers are allowed to be with the child when s/he returns to the ward after the operation .*
- The families are offered a contact number after discharge.....*

None of the above.

Q53a **Q53a Comments**

Q54 **Q54 Do you have a dedicated day surgery ward?**

Yes

No.....

Not relevant

Q54a If No, please describe where children
are admitted for day surgery _____

Part 6: Records / Feedback

Q55 **Q55 Are you a neonatal ward, intensive care unit or special care baby unit?**

Yes Go to Q55c

No..... Go to Q55a

Q55a **Q55a Please state if:(PLEASE TICK ALL THAT APPLY)**

All families are
offered information
about ward routines
on admission
including how to
access their child's
records

Parents are
encouraged to
provide feedback
on their stay,
including decision
making, service
design and service
evaluation

Children are
encouraged to
provide feedback
on their stay,
including decision
making, service
design and service
evaluation

Young people have
access to their own
records on request

Young people hold
their own patient
held records

None of the above.

Q55b If yes, how?

Q55c **Q55c Please state if:(PLEASE TICK ALL THAT APPLY)**

- All families are offered information about ward routines on admission including how to access their child's records*
- Parents are encouraged to provide feedback on their stay, including decision making, service design and service evaluation*

Part 7: Other Facilities

Q56 **Q56 Are there any new facilities (since 2007) you would like to tell us about?**

Part 8: Travel

Q57 **Q57 Please state if:(PLEASE TICK ALL THAT APPLY)**

- Information on reimbursement of travel costs is available to parents/carers*
- This applies to those who have to travel to a tertiary centre*
- This information is available on the ward / unit.....*
- This information is available within the hospital*
- None available.....*

THE QUESTIONS NOW RELATE TO PLAY AND EDUCATION. IF YOU ARE ABLE TO COMPLETE THESE THEN PLEASE CONTINUE & SUBMIT THE COMPLETED SURVEY. IF NOT, PLEASE GIVE THE PLAY AND EDUCATION QUESTIONS PROVIDED IN THE SEPARATE WORD DOCUMENT TO YOUR HEALTH / HOSPITAL PLAY SPECIALIST. PLEASE ASK THEM TO RETURN THE COMPLETED FORM TO YOU. PLEASE THEN USE THIS INFORMATION TO COMPLETE THE SURVEY.

IF YOU CANNOT PROVIDE ANY INFORMATION PLEASE CALL US ON : 0141 548 8079

Part 9: Education

Q58 Q58 If your hospital admits children from local authority areas, other than where the hospital is sited, is a teacher available to teach them?

Yes

No.....

Q58a Q58a If 'yes', is this a/are those: (PLEASE TICK ALL THAT APPLY)

Hospital based

teacher/s

Teacher/s sent in

by the local

authority

Both hospital based

and local authority

teachers

Q59 Q59 Is education coordinated for a few wards by someone?

Yes

No.....

Q59a Q59a If not, is it coordinated on a ward by ward basis?

Yes

No.....

Q60 Q60 How many days after admission does teaching start?

Q60a Q60a What is the procedure for requesting educational involvement in the ward?

Q61 Q61 Are there criteria for having teaching supplied, eg length of stay?

Yes

No.....

Q65 **Q65 Is there a dedicated classroom facility for:** (PLEASE TICK ALL THAT APPLY)

- Nursery
- Primary
- Secondary
- None

Q66 **Q66 Is/are an SEN teacher(s) available?**

- Yes
- No.....

Q66a **Q66a Are there any place to change the provision of education in the coming 12 months?
If so, please give brief details.**

Q66b **Q66b Comments**

Part 10: Play

These questions mainly relate to your ward but you personally may not know the answers to all of the following and, if not, we would be very grateful if you could find out for us - thank you

Q67 **Q67 Are play facilities and play equipment available at weekends?**

- Yes
- No.....

Q68 **Q68 Is there an area for play which is accessible to parents for when the play leader/
specialist is not there?**

- Yes
- No.....

Q68a Please specify

Q69 Q69 Please indicate whether your Play Staff is shared by all wards or are dedicated to your ward (TICK ALL THAT APPLY)

	<i>Train ed Hospit al Play Speci alist eg regist ered with HPS ET*(h ospit al Play Staff Educ ation Trust)</i>	<i>Play Assis tants</i>	<i>Nurs ery Nurs es who are respo nsible for play</i>	<i>Play Volun teers</i>
Q69a Shared by all wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q69b Dedicated to your ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q69 Q69 Please indicate number of (DEDICATED TO YOUR WARD):

Q69c Trained Hospital Play Specialist eg registered with HPSET*(hospital Play Staff Education Trust) _____

 Q69d Play Assistants _____

 Q69e Nursery Nurses who are responsible for play _____

 Q69f Play Volunteers _____

Q70 Q70 How many hours per day are Play Staff on your ward available to children for?

Q71 Q71 How many days per week are Play Staff on your ward available to children for?

Play Provision

Q72 **Q72 Are babies, children and young people and their families given the opportunity for :**
(including in short stay wards) (PLEASE TICK ALL THAT APPLY)

	<i>Babies</i>	<i>Children</i>	<i>Young People</i>	<i>N/A</i>
a Play Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Distraction Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Post Procedural Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d A full range of supervised play and activities for their age and stage of development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Access to pre-admission visits suitable for their age and stage of development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q73 **Q73 Are there any particular play opportunities available for babies, children and young people with additional support needs?**

Q74 **Q74 Are siblings included in play opportunities?**

- Yes
- No.....

Q74a **Q74a Comments**

Play Facilities

Q75 **Q75 Is there a dedicated play room?**

- Yes
- No.....

Q75a **Q75a Please indicate days available?**

- Monday.....
- Tuesday.....
- Wednesday.....
- Thursday.....
- Friday.....
- Saturday.....
- Sunday.....

Q75 **Q75 Please indicate hours available.**

- b Monday

- c Tuesday

- d Wednesday

- e Thursday

- f Friday

- g Saturday

- h Sunday

Q76 **Q76 Please state if: (PLEASE TICK ALL THAT APPLY)**

- The play facilities are accessible to parents?.....*
- Children can use this room with parental supervision?.....*
- Children can be taken to other wards for play?*
- Hospital Play Staff see children in short stay wards? .*

Q76a **Q76a Are there any plans to change the provision of play in the coming 12 months? If so, please give brief details.**

Finally, we would like to ask you some details about you and your ward and hospital:

Q77 **Q77 NB The survey staff may wish to contact you for clarification of information provided in the questionnaire. Please indicate if you give your consent for them to re-contact you**

Yes

No.....

In any published material, the data will be anonymised and it will not be possible for anyone to link the responses to any individual.

Q78

Name of member of staff completing this survey: _____

Email address _____

Ward Name/Number or Department _____

Hospital Name _____

- Q78 Hospital Type**
- General
 - Community
 - Children's

- Q79 Health Board**
- Ayrshire & Arran....
 - Borders
 - Dumfries & Galloway
 - Fife.....
 - Forth Valley.....
 - Grampian
 - Greater Glasgow & Clyde.....
 - Highland.....
 - Lanarkshire.....
 - Lothian.....
 - Orkney.....
 - Shetland.....
 - Tayside
 - Western Isles

Thank you very much for your help.

Questionnaire

(Please complete Questions 1-12 for each hospital that admits children in your health board area)

Q1 Hospital Name

Q2 Hospital Type (TICK ONE OR MORE CATEGORIES)

- Teaching*
District General
Rural General
Children's
GP/Community
Specialist (Specify)
Other
(Specify) _____

+ _____

Q3 How many children under 16 years of age do you admit annually to adult wards?

Q4 How many wards admit both children and adults?

Q5 Are paediatric nurses available on adult wards or departments caring for children and young people?

- Yes*
No

Q6 How many Hospital/Health Play Specialists are available in the hospital?
(PLEASE SPECIFY THE NUMBER OF EACH CATEGORY)

Q7 How many of your wards in total offer supervised play by trained play staff?

Q8 Is supervised play supported by trained play staff, available for babies, children and young people in the following? (PLEASE TICK ALL THAT APPLY)

A/E department

Out Patients Department

Diagnostics (X-Ray department, scans etc) ...

Day Care

Day Surgery

Theatres

Other

Please specify

Q8a1 Comments

Q9 Please indicate number of trained Hospital/Health Play Specialists eg registered with HPSET*(hospital Play Staff Education Trust) SHARED BY ALL WARDS :

Q10 Please indicate number of Play Assistants SHARED BY ALL WARDS :

Q11 Please indicate number of Nursery Nurses who are responsible for play SHARED BY ALL WARDS :

Q12 Please indicate number of Play volunteers SHARED BY ALL WARDS :

Q13 Are there separate facilities for children in:

	Yes	No
A&E	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Is their 24 hour specialist paediatric nurse cover in A&E?

Yes

No.....

Other.....

Please specify

Finally, we would like to ask you some details about you and your Health Board. The information you give us will allow us to compare facilities by type of hospital and location. Your name and contact details will remain confidential and known only to the survey staff, who may wish to contact you for clarification purposes. In any published material, the data will be anonymised and it will not be possible for anyone to link the responses to any individual.

Q15

Name	_____
Health Board	_____
Designation	_____
Date	_____

Thank you very much for your help.

Appendix 4: Discussion guides

Staff Discussion Guide

1. Introduction (5 minutes)

- Interviewer introduction
- Purpose of discussion
- Explain background to research
- Explain Axiom's role in research
- All comments made are strictly confidential and will not be attributed to participating individuals

2. Discussion topics

Background

Explore:

- Role
- Responsibilities
- Type of ward and length of time in ward
- Experience of paediatrics
- Qualifications/training in paediatric care

Care pathway

Explore:

- Service journey for children and young people. Probe for:
 - Process and protocols from pre-admission to discharge
 - Variations in approach by type of ward
 - Variations in approach by age of child/young person

Actual experiences

Explore:

- The extent to which the actual service journey differs from the protocols. Probe for:
 - Variations from protocols
 - Reasons
 - Impact on service delivery (positive and negative) on parents/carers and children/young people
 - How any blockages/barriers to effective implementation of the process/protocols are being addressed

Facilities/support

Explore:

- How parents/carers and families are supported:
 - Prior to their child/young person being admitted
 - When their child/young person is being treated (ie during operations, ward rounds, treatments etc)
 - When visiting their child/young person
 - When needing to stay overnight with their child/young person
 - When they want to feedback on their experiences

- What works well in supporting parents/carers/families and reasons
- What acts as barriers to providing parents/carers/families with effective support
 - Reasons
 - How these could be addressed

Supporting children/young people

- How child/young person is supported:
 - Prior to being admitted
 - When deciding on what treatment is required
 - When deciding who can visit them
 - When their treatment/care is being delivered
 - In being given opportunities for play
 - In continuing their education when in hospital
 - In having access to their parents, siblings and friends when in hospital
 - When they want to feedback on their experiences
- What works well in supporting child/young person and reasons
- What acts as barriers to providing parents/carers/families with effective support
 - Reasons
 - How these could be addressed

Improvements

Explore:

- What aspects of the experience for parents/carers, children and young people they think need to be improved
- Reasons for this
- Suggestions for improvements

Parent/Carer Discussion Guide

1. Introduction (5 minutes)

- Interviewer introduction
- Purpose of discussion
- Explain background to research
- Explain Axiom's role in research
- All comments made are strictly confidential and will not be attributed to participating individuals

2. Discussion topics

Experiences of visiting/staying in hospital with children/adolescents

Background

Explore:

- Age of child/young person admitted to hospital
- Length of stay in hospital with their child/young person
- Regularity with which parent/carer visits child/adolescent in hospital
- Regularity of hospital admissions
- Who visits (ie one parent, both parents, siblings, friends etc)

Information/Feedback

Explore:

- What information they received prior to their child/young person being admitted and extent to which this met their needs. Probe for information on:
 - Visiting times
 - Facilities
 - Ward routines
 - Accessibility during ward activities ie
 - Meal times, doctors' rounds, drug rounds etc
 - Availability of play and education
 - Availability of family support
 - Availability of overnight accommodation
 - Availability of refreshments/food
 - Reimbursement of travel costs
 - Access to spiritual care
 - Access to Family Liaison/Support/Social Work
- Explore to what extent:
 - They have been encouraged to give feedback on their experiences
 - Their child/young person has been encouraged to give feedback on their experiences

Experiences

Explore their experiences of:

- Accessibility to their child/young person when on the ward
 - Probe for extent of accessibility and any restrictions
- Suitability of meals and support for child/young person during meal times

- Accessing refreshments/food for themselves and their other children
 - Probe for extent of accessibility and any restrictions
- Accessing family support/spiritual care
 - Probe for extent of accessibility and any restrictions
- Accessing play areas and facilities
 - Probe for extent of accessibility and any restrictions
 - Suitability for their child
- Accessing facilities for young people (if appropriate)
 - Probe for extent of accessibility and any restrictions
 - Suitability for their young person
- Staying overnight. For those who have, probe for:
 - Where they were accommodated
 - Suitability of accommodation. Probe for:
 - Facilities provided/available
 - Proximity to child/young person
- Accessing education support
 - Probe for extent of accessibility and any restrictions
 - Suitability for their child/young person

Improvements

Explore:

- What aspects of their experience they think need to be improved
- Reasons for this
- Suggestions for improvements

Appendix 5: Hospital visits

Borders General Hospital

Background

Borders General Hospital is located in Melrose and serves the Scottish Borders region. It is the main acute services hospital for the area and has a total of 293 acute beds. The hospital provides acute services, as well as inpatient, day-case and outpatients facilities for most specialties, in addition to cancer services.

The hospital has a dedicated children's ward with mixed medical and surgical specialities.

Children's ward

Ward 15 is the current Children's Ward, with 15 beds. The ward admits children up to 16 years, unless they are in transitional care in which case the ward would continue to support them.

The Ward also contains a short stay assessment area and liaises with the day surgery unit which provides a paediatric list either once or twice per week. Children can either be admitted straight to the ward (if already known to staff) or can be admitted via Accident & Emergency or the outpatient clinics. Children admitted via A&E or outpatients come into the short stay assessment area and are only admitted to the ward as an in-patient if necessary.

Ward facilities

There is a dedicated play room with a play assistant who also provides cover for the day surgery unit. This means that play staff are unavailable for children on the ward during the surgery lists.

In addition to play items for younger children, a limited number of sensory toys for children with additional support needs are available.

Ward environment (based on observation)

EACH charter standards are prominently displayed in several locations. There is also a noticeboard with the pictures and names of each member of staff who works on the ward.

Parents are given an induction to the ward by ward staff following admission of their child. This covers information on named nurse policy, visiting arrangements, dining room opening hours, doctors' rounds, drug rounds etc. Parents are also given a printed leaflet with this information. The information includes details in accessing patient records but does not include details on reimbursement of travel costs.

Staff perspective

There are opportunities for staff with general training to transfer from the general wards. At present all but one member of the nursing staff is paediatrically trained. This member of staff always works alongside a paediatrically-qualified colleague.

As well as providing play interventions on the ward, play staff also accompany children to theatre and stay with them until they are under anaesthetic.

One issue raised by the play staff related to the availability of cot mobiles for babies. The staff were experiencing difficulty in sourcing plastic mobiles required to ensure hygiene standards. The majority of mobiles appeared to be made of fabric.

Parents' perspective

Awareness of the ward routines was good amongst all parents. All mentioned that staff explained the ward information and gave them a tour of the ward on arrival. All had copies of the printed leaflet.

Parents of older children and those with additional support needs felt that the play opportunities were more limited. As one parent explained:

"I know most of the children who will be in the ward will be very young but there are teenagers in it and there is really very little for them. It makes it a long day".

The key issue for parents was accessing food for themselves during their stay. Parents were aware that they could access the hospital dining room with a discount voucher but were reluctant to use the canteen as this meant leaving their child without them on the ward.

The canteen is also some distance from the ward and parents were unhappy at being away from their child for too long. As one parent commented:

"My wee girl is only five and she won't let me out of her sight."

As a result, the resident parents who live close to the hospital relied on spouses and family members to bring food in for them. This was more difficult for parents who live some distance from the hospital and in these cases the parents were relying on food from the vending machine.

University Hospital Crosshouse

Background

University Hospital Crosshouse is located in Kilmarnock and serves the Ayrshire region. It is one of two acute services hospitals for the area but is the main site for children's services in Ayrshire.

Children's ward

The Children's Paediatric Service comprises three wards - an assessment unit, an inpatient ward and an outpatient unit. Ward staff provide care for babies and children from birth up to 16 years. Services are also provided for young adults with complex care needs up until they leave education. Children are also seen at A&E and the Urology Ward at Ayr Hospital.

The Children's Assessment Unit had two four bedded bays and two single rooms. Children attend the Unit as emergency or planned admissions and for ambulatory care. Ward 1B (in patient) has 25 beds - 10 single ensuite rooms, three 6 bedded bays and 2 isolation rooms. There is also an integrated young people's area with 4 ensuite bedrooms and a separate sitting room.

Children can either be admitted straight to the ward (if already known to staff) or can be admitted via Accident & Emergency or the outpatient clinics. Children admitted via A&E or outpatients come into the short stay assessment area and are only admitted to the ward as an in-patient if necessary.

Ward facilities

In addition to fold down beds for parents to sleep beside their child, there are also two parent bedrooms for parents who have to travel a distance (Crosshouse takes patients from island locations as well as from across mainland Ayrshire).

In addition to a range of age-related play items available in the play room, a Snoozelen room is also available for children with additional support needs. The play facilities include an outdoor sensory garden, developed with the involvement of children from the wards.

There is a dedicated classroom with a hospital based teacher. Wards refer children who are in for a few days, and longer, to the teacher.

Ward environment (based on observation)

The wards were very bright and airy with colourful, child related decor. There are colourful posters and drawings throughout the communal areas, many of which had been completed by children and young people. Young people had also been involved in developing the colour scheme for the Young Persons' area. There were information noticeboards and leaflet boards in various locations in the ward areas. EACH charter standards are also prominently displayed in several locations. Indeed the EACH charter features in the staff induction booklet.

Staff perspective

Staff receive a very detailed induction to the wards, which includes EACH charter articles and are allocated a mentor who supports them through their employment on the ward.

Staff are encouraged to develop good relationships with the parents, many of whom attend the ward with their child on a regular basis. Staff greet parents on arrival and provide a short, verbal induction to the ward.

Teaching staff have also worked closely with children and young people, encouraging their involvement in developing the ward environment. Many of the children had undertaken education and play projects which were displayed throughout the wards. The children and young people were also instrumental in choosing the colour schemes and painting designs for the wards.

Parents' perspective

All children, including planned admissions, are admitted through A&E. Parents of children who were regularly admitted indicated that they were in A&E for no more than 30 minutes before being admitted to the ward. As one parent commented:

"It was good - we came in, the ward knew we were coming and we were out of A&E and up to the ward in no time at all".

Awareness of the ward routines was good amongst all parents who confirmed that staff had taken them round the ward on arrival and explained the ward information. Parents were not aware that there was a ward information folder.

None of the parents interviewed had any complaints about their experience in the wards.

Dumfries and Galloway Royal Infirmary

Background

Dumfries and Galloway Royal Infirmary (DGRI) is located in Dumfries and serves the Dumfries and Galloway region. It is the main acute services hospital for the area and has a total of 337 staffed beds. It provides a range of acute care.

The hospital has a dedicated children's ward with mixed medical and surgical specialities. In recent years, the hospital has been extended to include a day surgery unit and a maternity ward. The Cresswell maternity ward contains a neonatal unit with rapid transfer (Air/Road) protocols for critically ill children requiring life support at specialist centres throughout the country as required.

Children's ward

Ward 15 is the current Children's Ward, with 19 beds. The ward admits children from 5 weeks to 16 years.

The Ward contains a short stay assessment area as well as paediatric outpatient clinics. Children can either be admitted straight to the ward (if already known to staff) or can be admitted via Accident & Emergency or the outpatient clinics. Children admitted via A&E or outpatients come into the short stay assessment area and are only admitted to the ward as an in-patient if necessary. This is seen by staff as reducing the need for children to be admitted as in-patients as well as providing a smoother admission journey for the child and the parent.

Ward facilities

The ward contains a parents' sitting room with tea and coffee making facilities, a fridge and a microwave. Children are not allowed in this area. There is also small kitchen area with fridge which is for the staff. Staff provide toast and cereals for parents from this area. Parents receive a discount voucher for the hospital dining room for their meals.

There are fold down beds for parents to sleep with their child in the single rooms and chairs beside each bed in the larger bays. This allows one parent to stay overnight with their child if required.

There is also a dedicated play room with two nursery nurses and a play specialist available. The play room has a selection of toys and games which can be used in the room or taken to the child's bedside. The majority of play items are for younger children, items for adolescents are more limited. Sensory toys for children with special needs are also limited.

Young people are accommodated on the wards in the same areas as younger children. There is no separate area for young people.

Ward environment (based on observation)

A yellow folder is provided by each bed with information on the ward/hospital policies. This includes information on the named nurse policy, visiting arrangements, dining room opening hours and support for children with disabilities but no information related to travel costs.

Staff perspective

Discussions were held with a range of staff including nursing auxiliaries, staff nurses and nursery nurses. All of the staff interviewed had received paediatric specific training. There are opportunities for staff with general training, particularly nursing auxiliaries, to transfer from the general wards. In these cases paediatric specific training is not provided but staff shadow more experienced practitioners until ward management consider them to be skilled and competent in their role.

Staff are encouraged to develop good relationships with the parents, many of whom attend the ward with their child on a regular basis. Staff greet the parents on arrival and provide a short, verbal induction to the ward. Staff felt that parents are kept well informed about the ward and its routines.

As well as providing play interventions on the ward, play staff also accompany children to theatre and stay with them until they are under anaesthetic. They are also encouraged to support the parents, spending time with children to allow parents a break, particularly at meal times where play staff often help feed children.

Parents' perspective

Awareness of the ward routines was best amongst parents who were either regular attenders on the ward or whose child was a planned admission. Parents of children admitted as an emergency were least informed about the ward and its facilities and relied on other parents to advise them. These parents were unaware of the availability of the ward information folder. As one parent explained:

"This is the first time my daughter has been in hospital. We came in as an emergency. I had no idea what to expect and, to be honest, was more concerned about (daughter's name) than anything else. I don't remember staff telling me anything and I've had to ask other parents to find out where things are".

The key issue for parents was accessing food for themselves during their stay. Parents whose children were admitted regularly and those who were on planned admissions were aware that they could access the hospital dining room with a discount voucher. Parents of children admitted as an emergency were not aware of this. One parent whose child was an emergency admission commented:

"I've been running out to the shops nearby. I don't like leaving her but I've needed to get something to eat. We live two hours away and my husband can only get here at night".

However, irrespective of this, parents were reluctant to use the canteen as this meant leaving their child without them on the ward. The canteen is some distance from the ward and parents were unhappy at being away from their child for too long. As a result the resident parents who live close to the hospital relied on spouses and family members to bring food in for them. This was more difficult for parents who live some distance from the hospital (in some cases a two hour drive away). In these cases the parents were relying on food from the vending machine

Future plans

In 2012 it was announced that a new hospital costing £230 million will be built. This is due to open in 2017 and will have a purpose built women and children's unit. This will include an eight bedded day unit and a four bedded short stay area. There will be 12 - 14 beds in single rooms with en-suite facilities.

There will also be an indoor and outdoor play area and an adolescent activity room. There will also be a sitting room for parents.

Ninewells: Tayside Children's Hospital

Background

Tayside Children's Hospital is a children's hospital within Ninewells Hospital, Dundee. It serves children who live in Dundee, Angus, Perth and Kinross and north east Fife.

The hospital combines medical services for children aged from prenatal to fourteen years of age with research departments specialising in paediatrics. Included within the hospital are Ward 29 (the children's medical ward), Ward 30 (the children's theatre and day surgery unit), Ward 40 (the neonatal intensive care unit), a 4 bedded high dependency unit, children's surgical rooms, a children's outpatient clinic, an ambulatory bay and a clinical trials centre.

Children's Ward

Ward 29 is a thirty five bedded unit, with eleven side rooms, two six bedded bays and three four bedded bays. It cares for patients aged 0-14 years with both medical and surgical conditions. Children are admitted to the ward directly from the short stay GP assessment unit, from the Accident and Emergency department and from outpatient clinics. They can also be transferred from the High Dependency Unit or other paediatric wards.

Ward facilities

Whilst parents can visit the hospital dining room for their meals, there is no discount available.

The only area which does not have beds for parents is the High Dependency Unit due to lack of space. Parents can stay in the Ronald McDonald accommodation if they wish. The Ronald McDonald suite has six rooms (one single and five doubles), a kitchen/sitting room and laundry facilities.

There is a dedicated play centre with a team of seven play staff including a play specialist and play assistants. The play centre is divided in age related areas with age specific toys and games which can be used in the centre or taken to the child's

bedside. There is a separate room for adolescents with a pool table, DVD player and laptop.

There is a school teacher available once per week for children staying longer than five days to support them in their lessons.

Ward environment (based on observation)

The ward is bright and pleasantly decorated. There are colourful posters and drawings throughout the communal areas and there are information noticeboards and leaflet boards in various locations in the ward area. EACH charter standards are also prominently displayed in several locations.

Information folders are available for parents with information on the ward/hospital policies. This includes information on the named nurse policy, visiting arrangements and dining room opening hours. No information related to travel costs.

Staff perspective

Staff are encouraged to develop good relationships with the parents, many of whom attend the ward with their child on a regular basis. Staff greet the parents on arrival and provide parents with an information booklet which contains information on the ward routines and facilities.

The play centre and adolescent room contain a variety of games and toys and play staff are encouraged to develop age specific interventions for children which include distraction therapy and post procedural play. As well as providing play interventions on the ward, play staff also accompany children to theatre and stay with them until they are under anaesthetic. The play staff also support the day surgery unit.

The key issue raised by staff related to the lack of play specialists. The Hospital benefits from a large team of play staff. However, most of these are play assistants. These staff are keen to progress. However, the training course for play specialists is no longer available in the Scotland, limiting staff opportunities for training and development.

Parents' perspective

Awareness of the ward routines was good amongst all parents. They received information from the staff on arrival and also were given a tour of the ward by staff on duty.

Two issues were raised by parents. One related to accessing food for themselves during their stay. Parents complained that the prices in the hospital canteen and shops were prohibitive and prevented them from eating in the hospital. As a result the resident parents who live close to the hospital relied on spouses and family members to bring food in for them. This was more difficult for parents who live some distance from the hospital. In these cases the parents were relying on food from the vending machines. The parents of children in the bay areas were aware that they could store food in the fridge in the parents' sitting room. However, they commented that this was too small for the number of parents needing to use it.

The other issue related to lack of laundry facilities for parents. Those parents who had to stay with their child for a number of days, and were not resident in the Ronald McDonald accommodation, were either taking their laundry home (those who lived locally) or were attempting to find local launderette facilities. None were available close to the hospital.

"I know it seems like a small thing but you've enough to think about with your child in hospital. I've ended up paying for my clothes to be cleaned in a laundry across the road".

There is a school teacher available once per week for children staying longer than five days to support them in their lessons.

Royal Aberdeen Children's Hospital

The Combined Child Health Service provides acute and community child health services across Grampian and to some children from Tayside, Highland, Orkney and Shetland. Acute care is provided at Royal Aberdeen Children's Hospital and Dr. Gray's Hospital in Elgin. Acute care is currently provided up to 14 years of age, although there is some flexibility with this for individual children.

The hospital has 85 commissioned beds. One medical ward, one surgical ward, a High Dependency Unit, paediatric assessment, a day hospital and outpatient departments.

Children's wards

The High Dependency Unit has 8 beds, although a maximum of four are in use at any one time. The medical ward has 30 beds and the surgical ward 28 beds. The hospital now admits children up to 16 (previously the upper age limit was 14).

Children can either be admitted straight to the ward (if already known to staff) or can be admitted via Accident & Emergency (30 minute wait) or the outpatient clinics. Children admitted via A&E or outpatients come into the short stay assessment area and are only admitted to the ward as an in-patient if necessary.

Ward environment (based on observation)

There were posters explaining ward information in communal areas. This included information on the named nurse policy, visiting arrangements, dining room opening hours and support for children with disabilities. It also included information related to travel costs.

Ward facilities

Whilst parents can access the staff canteen there is no discount available.

In addition to fold down beds, there is also dedicated parents' accommodation in the hospital with four double and 16 single rooms, ensuite with a fridge. The accommodation has a lounge and kitchen with self-catering facilities.

In addition to a dedicated play room in each ward, a Snoezelen room was also available for children with additional support needs.

Staff perspective

Staff interviewed affirmed that they were encouraged to attend both mandatory and non-mandatory training to keep their skills and knowledge updated,

Staff greet the parents on arrival and provide a short, verbal induction to the ward. They also show parents around the ward and the ward facilities.

As well as providing play interventions on the ward, play staff also accompany children to theatre and stay with them until they are under anaesthetic. They also encourage play opportunities for siblings to help support families and keep them together during the time the child is in the hospital.

Parents' perspective

Many of the parents interviewed did not live locally but had travelled from other parts of the Grampian area.

All the parents with planned admissions were aware of the ward routines having been shown round by the staff. However, some of the parents of emergency admissions were less familiar with the ward information and relied on support from other parents in the ward to find out information.

The key issue for parents was accessing food for themselves during their stay. Parents were reluctant to use the canteen or cafe as they found the prices prohibitive, particularly parents whose children were staying in the hospital for a few days. As a result the resident parents who live close to the hospital relied on spouses and family members to bring food in for them. This was more difficult for parents who live some distance from the hospital (in some cases several hours drive away). In these cases the parents were relying on food from the vending machine as well as local shops. However, using local shops meant that they needed to leave their child while they got their food. Some parents were not prepared to do this and were skipping meals as a result.

"I get toast from the staff in the morning and that keeps me going. My husband gets here at night so I try and nip out for something to eat when he is here".

Royal Hospital for Sick Children Glasgow

Background

The Royal Hospital for Sick Children has 266 inpatient beds and 12 daycase beds. The hospital provides care for newborn babies right up to children of 13 years of age. There are additional children's acute in-patient beds at the Southern General Hospital (Ward 66), Glasgow and the Royal Alexandra Hospital (Ward 15), Paisley

Children's wards

The Emergency Department provides a 24-hour service for a wide variety of conditions ranging from minor injury to medical and surgical emergencies. The department has ten clinical treatment rooms, which are utilised by all specialities.

The assessment unit has ten beds available and it sees all triage 3 category medical patients.

The Theatre Suite consists of 7 operating theatres, 1 minor surgery/ endoscopy room and is supported by a dedicated carer friendly reception area and 12 recovery bays. It supports all elective and emergency surgery. The hospital provides secondary care services to the West of Scotland, tertiary care services to all of Scotland and is the national centre in Scotland for cardiac surgery, renal transplant surgery and major airway surgery in children.

The newly integrated level 4 medical and surgical neonatal intensive care unit has 6 neonatal surgical and 10 neonatal medical cots. The NSH DU has a further 16 high dependency and 5 special care cots. The unit provides a 24-hour service for paediatric medical, surgical, trauma, oncology, burns, renal, cardiology, and cardiac surgical patients.

The high dependency unit has 6 beds and provides a 24-hour service for emergency and elective general surgery, orthopaedics, trauma, ENT, plastic surgery, and general medical patients requiring close observation and monitoring.

Schiehallion is a 22 bedded Haematology/Oncology Unit, Bone Marrow Transplant Centre.

6B is an acute medical ward specialising in chronic respiratory and other general medical conditions. The ward has 24 beds/cots to accommodate various age groups. It has 8 cubicles which can be used either for mother and child accommodation or isolation purposes. These cubicles are self-contained with shower and toilet. The remainder of the ward is 3 open areas.

Ward 7A is a 24 bedded unit, designed to care for children suffering from medical conditions, rare metabolic disorders and neurological conditions. The ward has 24 beds/cots to accommodate various age groups of children. It has 8 cubicles which can be used as mother and child accommodation, or to isolate children with infectious conditions and those prone to infections. These cubicles are self-contained with shower and toilet.

Ward 7B is an acute medical receiving ward specialising in endocrinology, dermatology, and infectious diseases. The ward has 23 beds, divided up as 13 single rooms and 2 bays of 4 and 6 bed spaces.

Ward facilities

Parents can access the staff canteen but there is no discount available.

In addition to fold down beds, each ward has a number of cubicles with en-suite facilities. There is also dedicated parents' accommodation in the Ronald McDonald House adjacent to the hospital with 8 bedrooms with ensuite, a sitting room and self catering facilities. This can accommodate up to 8 sets of parents.

As well as a dedicated play room in some of the wards and shared play areas in others, a Snoezelen room is also available for children with additional support needs.

There is an adolescent room in the day surgery area which contains a range of older games, video equipment etc. However, in other wards young people are accommodated on the wards in the same areas as younger children. There is no separate area for young people other than those with cancer.

The hospital also has a Family Support & Information Service which offers families emotional and practical support which includes information on medical conditions, drop in sessions, emergency toiletries, signposting to other services, benefits advice etc.

Ward environment (based on observation)

Although the hospital is aging, the wards were bright and colourful. There are colourful posters and drawings throughout the communal areas in all the wards and there are information noticeboards and leaflet boards in various locations in the ward area. EACH charter standards are also prominently displayed in several locations.

There were also posters explaining ward information in communal areas. This included information on visiting arrangements, dining room opening hours and support for children with disabilities. It also included information related to travel costs.

Staff perspective

Staff interviewed affirmed that they were encouraged to attend both mandatory and non-mandatory training to keep their skills and knowledge updated.

Staff greet the parents on arrival and provide a short, verbal induction to the ward. They also show parents around the ward and the ward facilities.

One of the two main issues raised by staff was the restriction placed on play opportunities in some wards that had been previously well provided for as a result of a redistribution of play staff which had been undertaken to enable equitable access to play for children in all wards. This meant that play staff were shared equally by wards but were only available for half a day five days per week. The lack of play facilities and opportunities for older children was also mentioned. The other issue raised was the lack of facilities for parents in the assessment unit. Whilst it is a short stay ward children could be in it for a few hours at a time and there were no catering or refreshment facilities for parents in the ward.

Parents' perspective

Some of the parents interviewed did not live locally but had travelled from other parts of Scotland.

A few parents had stayed in the parental accommodation which is off the ward. Parents in the High Dependency Unit chose to sleep in a chair by the bed. All the parents whose children were planned admissions were aware of the ward routines having been shown round by the staff. However, some of the parents of emergency admissions were less familiar with the ward information and relied on support from other parents in the ward to find out information.

One parent of a child who was receiving long term treatment highlighted the feeling of isolation in the ward. Whilst staff were good at dropping in on the parent, they felt that there was little available to stimulate them whilst in the ward. Their child was in a single room and relatively immobile which meant that the parent was unable to leave the room and had little or no contact with other parents. They felt that the ward could do more to encourage contact and support amongst parents whilst they were staying with their children on the ward.

"I'm going to be here for weeks with (daughter's name). I find it really difficult because I am on my own with her in her room all day until my husband gets here at night. The staff pop in every so often but it would be great to have some contact with other parents".

A key issue for parents was accessing food for themselves during their stay. Parents were reluctant to use the canteen or cafe as they found the prices prohibitive, particularly parents whose children were staying in the hospital for a few days. As a result, the resident parents who live close to the hospital relied on spouses and family members to bring food in for them. This was more difficult for parents who live some distance from the hospital. In these cases the parents were relying on food from the vending machine as well as local shops. However, using local shops meant that they needed to leave their child while they got their food. Some parents were not prepared to do this and were skipping meals as a result.

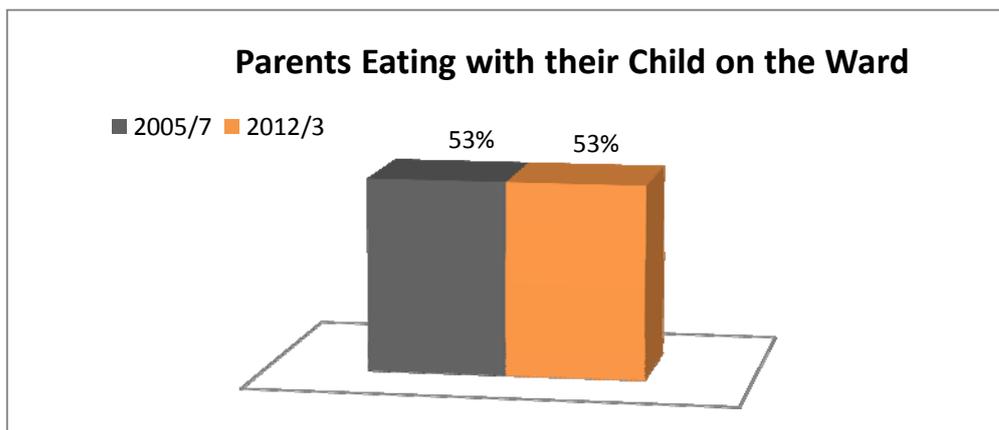
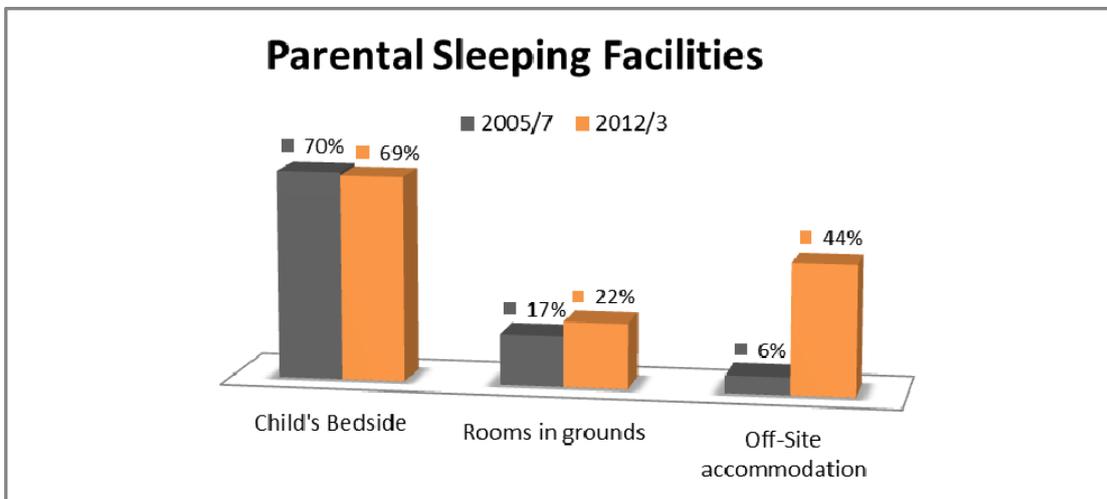
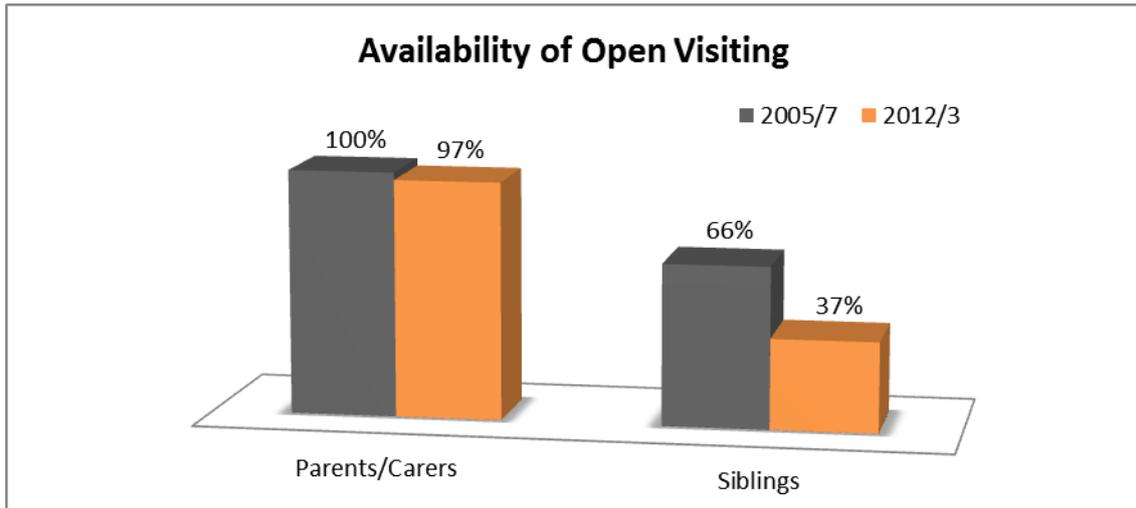
"I get toast from the staff in the morning and that keeps me going. My husband gets here at night so I try and nip out for something to eat when he is here".

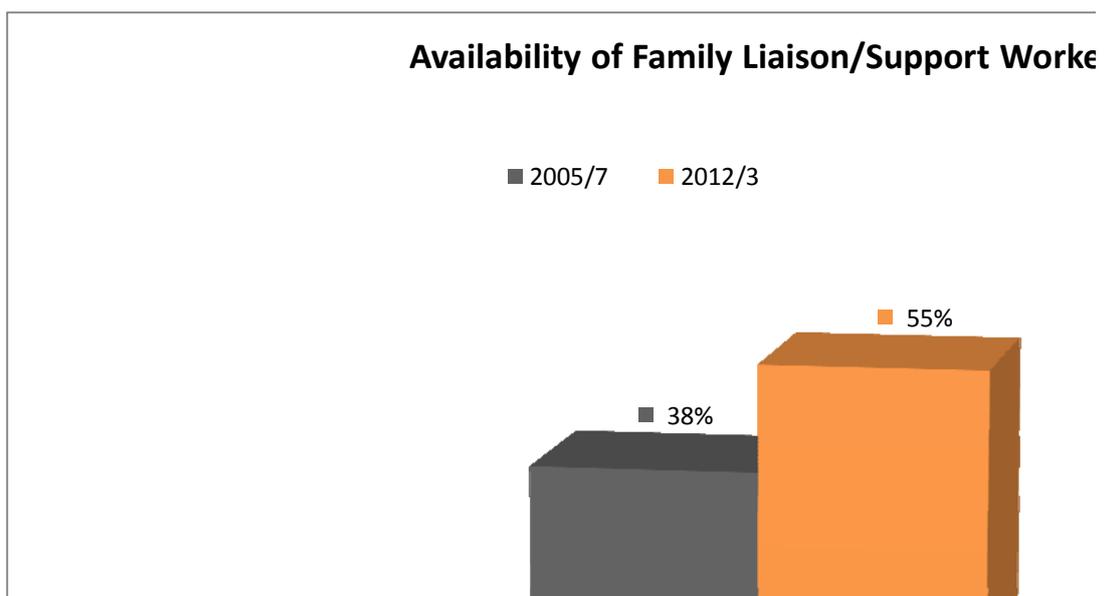
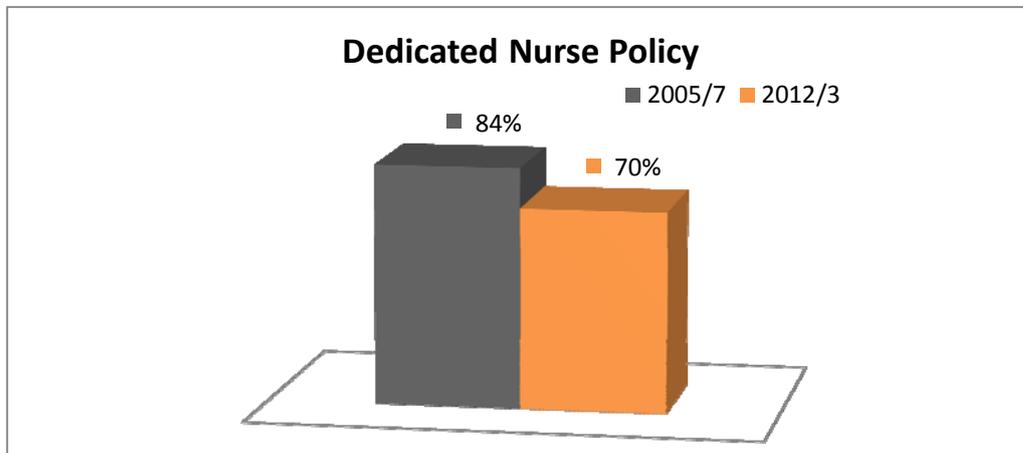
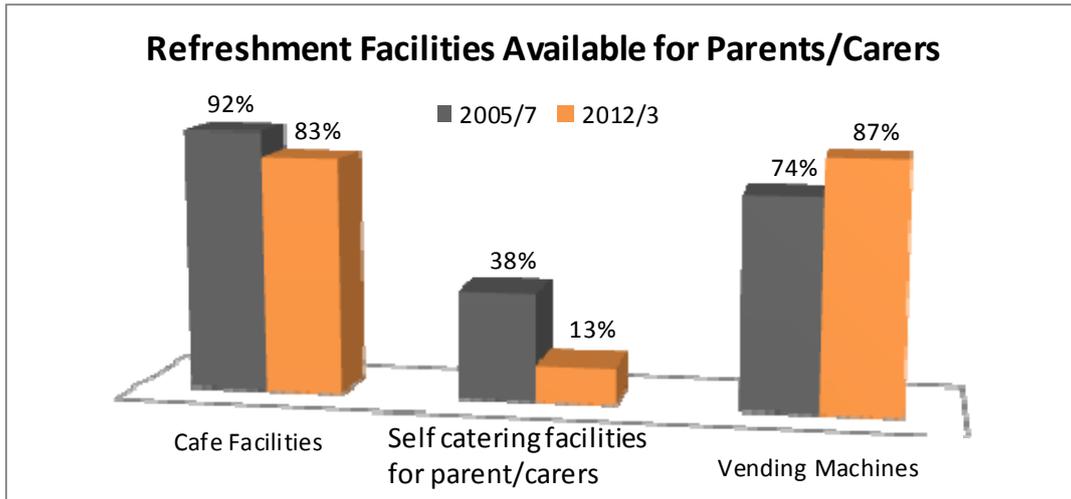
Future plans

The child psychology services are introducing My Hospital Passport to all wards in the hospital. This is a coping kit aimed at reducing anxiety and distress amongst children and empowering parents and carers to help support their children. The Passport is for primary school aged children. Each child specifies in the Passport how they want to be treated when in hospital, ie how they want to be welcomed in the ward, who they want with them during treatments etc. The child brings the passport with them, staff use it when delivering the child's care and it is stamped after every visit. It includes relaxation and distraction techniques for parents to use with their child.

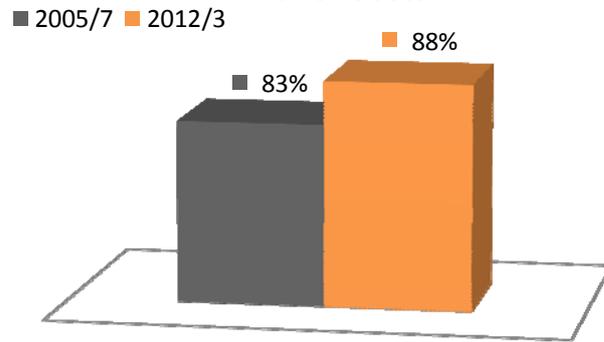
A new Children's Hospital is being built to replace the existing hospital at Yorkhill. It aims to provide medical care to children and young people. It will admit and care for infants, children and young people from birth to 16 years and will continue to be a local and national tertiary centre.

Appendix 6: Comparison with 2005/07 survey





Provision of Information about Reimbursement of Travel Costs



Operating Day Arrangements

