

Hospital Admission Protocol policy 3.0

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What is the Hospital Admission Protocol (HAP)?

The Hospital Admission Protocol enables carers to be admitted with their child to a hospital ward where they continue to provide the same level of basic routine care that they normally deliver at home. The intention of the protocol is not to replace medical acute care provided by hospital staff.

This protocol has been put in place to safeguard the child and the agency staff that care for them during an emergency or planned hospital admission. The child's joint health and social care package is in place to support the child's routine care and is not to take over additional care needs arising from the admission. It has been agreed that when the child is admitted as an inpatient in a hospital the health funded care package can continue. The exception to this would be if the child was admitted to a PICU/PCCU setting where they are receiving 1:1 nursing care/intensive care. Any important clinical decisions which are not routine procedures or interventions should still be made by the parents.

The HAP should only be applied to children and young people with a continuing care plan or personalised care and support plan, where the hospital also follows the HAP protocol and have a service level agreement (SLA) in place. The Trust unit should discuss admission with the on-call community nurse. Care will only follow patient into hospital if the carer is rostered on duty or will be during the time of admission.

Carers must not replace Acute hospital staff, and must not be counted in the overall staffing numbers. Complex children should be allocated a ward nurse to give the medical care alongside the carer who will support the child in delivery of their continuing health care need.

Communication

Communication with the CCG, Care Agency/Employer and Children's Social Care must be maintained when the child is admitted to hospital so that the agency or employer is aware that their staff are no longer working within the family home. For parents using a care package; an email or telephone call must be made to the child's continuing care nurse specialist, who will email the care provider, the

CCG and social care to inform them that the child has been admitted to hospital (including date of admission and expected date of discharge). For parents using PHB; an email or telephone call must be made to the child's carer employer, who will email the CCG and social care to inform them that the child has been admitted to hospital (including date of admission and expected date of discharge) and they would like to proceed with the HAP. Figure 1 provides a diagram depicting the communication process.

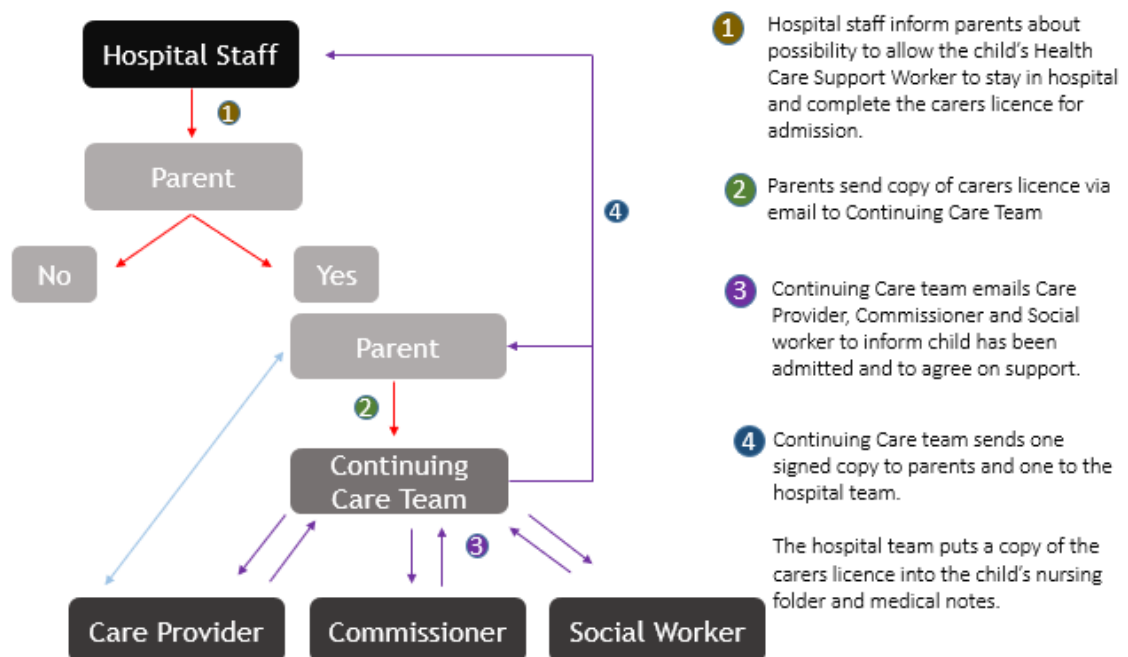


Figure 1: Flow chart depicting the communication between parents, carers and other individuals/teams to support the Hospital Admission Protocol.

Staff at the hospital ward where the child is admitted must be informed by the parents that they would like to use the Hospital Admission Protocol: have a continuing care package or personal health budget package in place and that the carer will be present with them for a proportion of their stay. This protocol along with the Carer Licence for admission should be presented and a copy put into the child's nursing folder and medical notes. The hospital team must provide due notice prior to the child being discharged from hospital so that package staff on the following shift know to attend the family home rather than the hospital. Where possible, discharge from hospital should not take place around care package shift changeover times to avoid staff working over their allocated hours whilst transporting the child home from hospital.

Parents role

Parents are expected to stay with their child until they are fully admitted to the ward, this is to ensure that the ward nursing team can carry out any admission paperwork and that the paediatric medical team reviews the child with the parents present (if required).

Parents must be present on the ward with their child at least once per day to receive updates from the medical team and provide and discuss consent for any change in treatment or procedures required. If they are unable to attend due to extenuating circumstances, they must call the ward to make contact and obtain an update on their child's current condition.

Parents are responsible for communicating their child's admission details to their Continuing Care Nurse Specialist/carers employer and any other relevant parties. Parents and the care provider must ensure that package staff members who attend the hospital shifts with the child are aware of this protocol, their role and have completed the carer Licence for admission.

Parents using a Personal Health Budgets (PHBs)

- Ensure that the personalised care and support plan states that the carer will continue to provide care to the child whilst admitted in hospital.
- This plan should be shared with the carer, and where necessary, hospital staff.
- The personalised care plan is updated with the most up to date list of competencies and training that the carer has completed.

Role of the Care Package Staff Member's/Carer

The carer will attend to the child's needs that are usually met at home; other needs will require ward staff intervention. If there are any issues with the tasks identified in the carers licence then parents must be contacted, parents should then contact the relevant parties as needed.

Tasks that **can** be carried out by carer whilst admitted in hospital are specified in the Carer Licence for admission. The Carer Licence for admission must be completed prior to the carer working in the hospital.

Role of Community Children's Nursing Service (Community Nursing and Continuing Care) for PHBs and continued care packages

The child's named community nurse should be informed of the child's admission by the parents. They may visit the child in hospital to support with their care planning if needed. Once the community nurse is informed that the child has been discharged, they will make contact with the parents and carry out a home visit for a review post discharge.

Further details about the responsibilities of the Community Children's Nursing Service as employers mirror the responsibilities for children using continued care packages. Further details on responsibilities are also outlined in the HAP service level agreement (SLA).

Community Children's Nursing Service responsibilities

- Responsible for quality standards and safeguarding.
- Responsible for providing evidence that employment checks equivalent to NHS Employment Check Standards have been completed for the carer/care agency.
- Responsible for providing relevant information in relation to service, and where necessary in relation to investigation and disciplinary procedures.

- Responsible for completion of service level agreement (SLA) and other relevant documentation prior to commencement and at set review points.
- Responsible for co-ordination across relevant Trusts to ensure effective delivery of arrangements.
- Responsible for resolving or escalation of notified issues in relation to quality and standards with employer/care agency.
- Responsible for support colleagues/clinicians with relevant queries in relation to the service whilst at the hospital.

Role of the employer - (PHBs)

The carers employment contract outlines the arrangements and responsibilities for when the child is admitted to hospital. The employer should ensure that the carer insurance policies cover their carer undertaking their usual activities within a hospital setting. The employer will need to work with the NHS community/continuity care teams and hospitals to support the investigation of any safeguarding issues. The employer will need to ensure and provide evidence that employment checks equivalent to NHS Employment Check Standards have been completed for the carer.

Review the personalised care plan regularly to ensure that the carer has completed all required levels of competencies and training to care for the child and that a record can be sent to the hospital when/if requested. The employer should work with the parents and hospital staff to support the discharge of the child.

Further details about the employer's responsibility are outlined in the HAP service level agreement (SLA). The employer must sign and adhere to the SLA (Appendix 1) and the carer/employee must complete the Licence to attend the Hospital Admission protocol (Appendix 2).

Role of the Trust for PHBs and continued care packages

The hospital trust where the child is admitted is responsible and accountable for the child's medical needs during their admission. They must communicate any issues or concerns with parents and subsequently the community care teams in regards to safeguarding concerns, not only with the agency nursing staff caring for them. The ward must ensure that the child is adequately cared for with help from their care package staff, not **solely** by the care package staff.

The medical teams should anticipate when the child is likely to be discharged and communicate this with parents in a timely manner to ensure the child is discharged safely. This may include arranging discharge planning meetings/professionals' meetings prior to discharge.

The ward staff should cover a suitable agreed rest break for the carer per shift. The hospital care plan should include a single point of reference for the carer in case of difficulties.

Process and Service Level Agreement

- For care packages, Trusts must have a written SLA in place with the Community Children's Nursing Service.
- For PHB carers, Trusts must have a written SLA in place with the employer.

- A completed Carer Licence for admission and an honorary contract ahead of the carer working in the hospital must be received by the Trust.
- Both agreements formally acknowledge the continuing care provided by carers during a hospital admission and the underlining the roles of responsibility and accountability.

The SLA clearly states the Trust responsibilities and also include:

- Trusts must have a written SLA in place with the Community Children's Nursing Service for care packages or with the employer for PHB carers and receive a completed Carer Licence for admission ahead of the carer working in the hospital. Both agreements formally acknowledge the continuing care provided by carers during a hospital admission that makes clear the lines of responsibility and accountability.
- The SLA should include the minimum clinical competences required for carers and care agencies to utilise the Hospital Admission Protocol.
- Carers who provide services using the Hospital Admission Protocol should have completed pre-employment checks similar to NHS employment standards, agreed mandatory training, and have a standard of English sufficient to perform the tasks of their profession, according to the SLA.
- The SLA should stipulate that all staff shall remain employed by their Employer/care agency regardless of having an honorary contract.
- The SLA should set out that each Trust will, maintain appropriate insurance or membership of the NHSR Indemnity Scheme to cover the services provided by each carer within the scope of the SLA as part of an honorary contract between the carer and the Trust.
- The SLA should include provisions regarding the treatment of confidential information by staff and carers.

Table of HAP agreement types advantages, disadvantages, and risks

Agreement type	Advantages	Disadvantages	Risks	Mitigation
HAP Honorary contract and a service level agreement (SLA)	The Trust will receive confirmation of the carers training, qualifications and DBS records.	Honorary contracts require the Trust to complete pre-employment checks as part of the approval process. Additional work for HR and services team to complete the employment checks and work with the required parties to obtain the necessary information. Some trusts also apply a cost to provide honorary contracts.	Because of the length of time, it takes to complete pre-employment checks, an honorary contract may not be in place for the child and their family to use.	Option 1: HAP is only used for planned admissions to give enough time for the Trusts HR team to complete. Option 2: Honorary contracts are completed as part of the allocation and induction training of carers once they are allocated a child.
	NHS indemnity and carer employer's liability. Carer would be covered under NHS indemnity as part of the honorary contract.	The Trust absorbs all of the risks.	Variably trained carers working in high pressured environments may increase the rate of incidents.	The Trust only accepts carers that meet an agreed level of standard of care and training, as stipulated in the HAP service level agreement.
	Honorary contracts are time limited and will not be open ended.	The Trusts HR may have to complete the pre-employment checks and HR processes repeatedly for the same carer, if the contract	Delays the start date of the carer and may dissuade them from working in the Hospital, if they have to repeatedly complete the process.	Consider providing an honorary contract between 1 – 3 years.

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		ends before the carers second admission.		
	By completing the Trusts induction, statutory and mandatory training requirements. It may be possible for the carer to get access to IT systems to submit notes and clinical system and data.	Depending on Trust processes and the length of time for the honorary contract. The carer maybe required to attend our Trust Induction comply with their statutory and mandatory training requirements.	The carer maybe trained up on several different IT systems, but will lack the experience of using the IT systems. This may lead to human errors, issues with clinical notes and reliance of Trust colleagues to support them to use the IT system.	The carer will record and report their notes to a designated nurse lead for the patient to ensure that clinical information has been documented.
	/	The costs and time required for Trusts to complete honorary contracts.	There is a risk that the Trusts will be responsible for all of the HAP's financial and resource/time expenditures.	Potentially, Trusts and CCGs/ICS could agree to share the costs. Or the care agency or employer could agree to use and pay for NHS employment standard checks, in place of their normal recruitment checks. The Trusts HR team provide an outsourced recruitment function.
	/	Some care packages require several carers to complete the package. There may be a situation where more than two carers require an honorary contract for one child.	Because of the length of time, it takes to complete pre-employment checks, an honorary contract may not be in place for the child and their family to use.	Honorary contract should be established for the main carer or carers that work the most hours with the child.
	/	Circumstances where a carer given an honorary contract leaves their role, but still has access to Trust employment ID cards.	There is a risk that carers may access Trusts sites outside of the HAP.	Trust IDs given to carers have a descriptive mark or description to identify them. Carers should only be admitted with a Trust ID and a carers licence for admission. Carers will need

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				to hand back their ID to the Community Team to be disposed.
Original HAP agreement – mutual recognition agreement	No SLA or Honorary contract required to admit carers along with the	No NHS indemnity in place. Dependent on care agencies medical malpractice cover and indemnity insurance.	Clarity would need to be provided on whose indemnity insurance would apply if a patient is harmed by a carer or the carer suffers an injury at work.	The HAP protocol to only be used for care agencies/employers that meet agreed standards of training and employment checks as stipulated as part of the commissioning agreement.