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Date: 31st July 2023

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Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 12th July 2023. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

We are seeking data covering the period from 1st January 2018 to 31st December 2019 inclusive.

1. Trust/ward policies and procedures
 - a. Please provide copies of internal Trust policy documents intended for staff guidance which include reference to the needs of psychiatric inpatients who are parents and their families (e.g. family visit policies).

Please see Appendix 1 attached

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Laurie Wrench
Deputy Director of Governance

Children Visiting Mental Health & Learning Disabilities Hospitals

DOCUMENT INFORMATION

CATEGORY:	Policy
THEME:	Governance
DOCUMENT REFERENCE:	4.22
POLICY LEAD:	Director of Nursing
APPROVAL DATE:	21 April 2015
APPROVAL BODY:	Quality Committee
BOARD RATIFICATION DATE:	30 April 2015
FINAL REVIEW DATE:	31 October 2018

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1. Policy Statement

- 1.1 North Staffordshire Combined Healthcare NHS Trust has a statutory duty to have arrangements in place to safeguard and promote the welfare of children (Section 11 Children Act 2004).
- 1.2 North Staffordshire Combined Healthcare NHS Trust is committed to ensuring the safety, welfare and well being of any child/children who visit their premises either as patients, visitors to patients or on work experience.
- 1.3 The child's welfare is paramount and takes primacy over the interests of any and all adults. The child's welfare should be safeguarded and promoted by all staff within the organisation.

2. Scope

- 2.1 This policy statement applies to all employees and volunteers of North Staffordshire Combined Healthcare NHS Trust including permanent, temporary and bank staff.

3. Duties

- 3.1 All Members of Staff
All members of staff have a duty to safeguard the welfare of children in accordance with Section 11 of Children Act 2004. All staff has a responsibility to be aware of this policy.
- 3.2 Professional Qualified Clinical Staff
Professional qualified clinical staff has a responsibility to implement this policy to ensure that the welfare of children visiting Adult Mental Health and Learning Disabilities Hospitals is in the best interest of the child.
- 3.3 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers
It is the responsibility of senior members of staff to ensure that the policy is implemented.
- 3.4 Other Executive Directors
It is the responsibility of the Executive Directors to ensure that this policy is enforced.

4 Framework

- 4.1 Visits by children to North Staffordshire Combined Healthcare NHS Trust premises are normally welcome, although generally children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur.

4.2 Outpatient Clinics

For most adult out-patient clinics it would be inappropriate for a child to attend and adults should be advised to make alternative childcare arrangements whenever possible, preferably in writing. Any child attending must be accompanied at all times by a responsible adult who should advise staff on arrival that there is a child on site so that suitable arrangements may be made for the safety of the child if necessary.

4.3 Inpatient Services

The child's contact with in-patient family members should be supported provided the contact is considered to be in the best interest of the child.

In-patient areas of the Trust should identify an area which can be designated as a safe environment for visiting children. All visiting children should be accompanied by a responsible adult who should remain with them throughout the visit and accept responsibility for their wellbeing.

If the environment is deemed unsafe for a child/children to visit, there should be clear evidence of risk assessment to support the decision and guidance available to staff and relatives about alternative safe venues within the Trust, or where indicated arrangements made for supervised visiting in an environment away from the home/unit/ward.

Each in-patient area will identify a designated area appropriate for visiting children, preferably away from the main ward area. Consideration must be given to security and ease of observation. All areas in which children are seen either as patients or as family members should be child friendly environs or contain an area which is child friendly with appropriate materials.

On admission to a ward the admission process should include information to patients/relatives/friends about the arrangements for children visiting, including the need for prior notification. Written information should be included in the Area Information Booklet.

Upon arrival the child/children and accompanying adult will be shown to the designated area, by the patients named nurse where possible, nurse in charge or other nominated member of staff. Information regarding responsibility should be displayed and be available in writing to visitors as well as being verbally re-iterated.

Staff should discuss any potential hazards with the accompanying adult, and child where appropriate, and the importance of a prompt response should the visit need to be terminated abruptly.

The suitability of child visiting should be reviewed upon each admission to hospital, or, in the case of a long stay patient 6 monthly, or following any change in circumstances.

4.4 Responsibility of Accompanying Adult

Before an in-patient visit, the accompanying adult will be expected to telephone the appropriate department to determine whether or not it is appropriate for children to visit.

Upon arrival they should make their presence known to staff and wait to be escorted to the designated visiting area.

The child and accompanying adult will be expected to remain in the designated area for the duration of the visit. (In the event of the patient being confined to bed an individual risk assessment must take place).

If the child moves from the designated area he/she must be accompanied by the responsible adult.

Accompanying adults will be expected to maintain responsibility for the children throughout the duration of the visit.

In the event of a serious incident on the ward the child/children's safety will be given priority and adults are expected to respond to staff requests to terminate the visit and/or leave the department.

4.5 Learning Disabilities Services

It is recognised that there are no separate facilities available in Learning Disability Units/Homes. Children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur.

In response to specific requests an individual risk assessment should take place. Visiting children should never be left alone and a supervisory member of staff should be identified.

4.6 When it is not appropriate for Children to Visit

Where a child is refused permission to visit due to either his/her vulnerability, a full explanation (being mindful of confidentiality) should be given.

If felt appropriate alternative arrangements should be sought for the visit to take place. Staff should be satisfied that there is adequate supervision for the safety of the child and/or patient.

If there has been no pre-planned visit, and there is no designated visiting area, the child and accompanying adult should be refused access.

Every effort will be made to ensure contact with the child is maintained where this is considered to be in the best interests of the child and patient.

If there is any concern of a child protection nature, contact should be suspended until the local Children's Social Care Service has been contacted and advice sought.

Where there are unresolved issues around contact from either staff or visitors this should be discussed, in the first instance, with the person in charge. If the situation remains unresolved then either party has the option to discuss this matter further with the ward/centre manager. Parties should also be made aware of the Trust's complaints procedure.

Any child protection or child welfare concerns should be logged via the Trust Incident Reporting system in line with the Incident Reporting Policy.

5. Implementation and Monitoring

- 5.1 A copy of this policy is available on the Trust Intranet. Implementation of this policy will be audited via the Trust Safeguarding Team annual audit programme.
- 5.2 Inter-agency Child Protection Policy & Procedures are available via a link on the Safeguarding section of the Trust Intranet.
- 5.3 All members of staff are required to complete Safeguarding Children L1 training as part of the mandatory training programme.

6. References

- 6.1 (HSC.1999/222:LAC(99)32) to NHS Trusts: Guidance on the Visiting of Psychiatric Patients by Children.

Royal College of Psychiatrists: Patients as Parents and Child Abuse and Neglect: the role of Mental Health Services.

Department for Education and Skills: Working Together to Safeguard Children 2010.

7. Associated Policy and Procedural Documentation

- 7.1 Child Protection/Safeguarding Policy Statement, Policy Number 4.01
Child Protection Preventing Harm, Policy Number 4.01a
Listening Responding Improving Policy, Policy Number 4.26
Incident Reporting Policy and Procedure Document, Policy Number 5.01