



## Action for Sick Children Scotland

Is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of ALL sick children within our healthcare system. Our work includes:

Working with the Scottish Government, NHS and voluntary sector to ensure that health services are planned for sick children and young people in child centred environments with appropriate ratios of trained staff

Informing children, parents and carers of their rights and responsibilities; empowering them to participate in decisions about treatment and care

Raising awareness, representing children's needs and concerns within government, healthcare committees and other non-governmental organisations

Promoting high quality of health care services at home and in hospital, while working to obtain equality of services and access across Scotland

# Action for Sick Children Scotland Newsletter

Spring 2015



## Food for Children in Hospital

The Parental Access and Family Facilities Survey carried out by ASCS (2012-2013), which collated responses at ward level from all hospitals in Scotland admitting children and young people (<http://www.ascscotland.org.uk/default.asp?page=19>) revealed that less than two thirds of wards had specific menus for children and young people. Even fewer supplied age appropriate cutlery and tableware and less than half supplied information about the nutritional value of their meals. One in five wards did none of this.

In order to obtain a more complete picture of the provision of food for children in hospital, from both providers and consumers, ASCS undertook a survey between May and August 2014 of parent/carer experience of mealtimes and the food provided for their children in hospital. Between September 2014 and January 2015 we undertook surveys of the Health Board Catering and Dietetic Leads, and Board Chief Executive Officers. Surveys were posted on Survey Monkey and completed by 80 parents/ carers, each of the 14 Health Board Catering Leads and Dietetic Leads and 9 of the 14 Health Board CEOs.

The results were revealing and demonstrated that there is much room for improvement in the quality, range and presentation of food provided for children in hospital.

High levels of dissatisfaction were expressed by



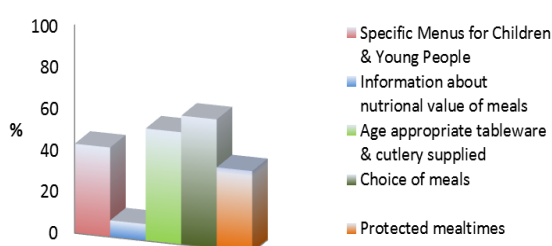
parents/carers about the presentation of food and its seemingly low nutritional value, the lack of age appropriate tableware and provision of children's menus. In answer to the question, 'Was there anything your child would have liked relating to food or mealtimes that was not available?' the most common response was 'more choice'.

Only half (54%) of children were provided with age appropriate tableware and cutlery and in even fewer cases (43%) were menus provided which were specifically designed for children and young people. (Chart 1)

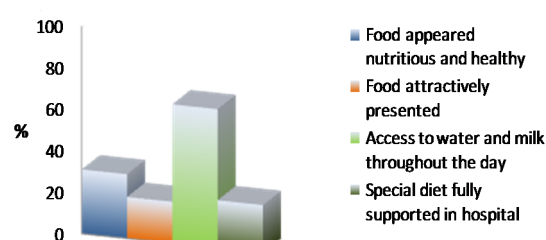
Two thirds of respondents said that food provided for their child did not appear nutritious or healthy (67%), nor attractively presented (70%). Of the 39

Continued on page 4

Parent / Carer Survey - 1



Parent / Carer Survey - 2



Helping sick children and young people meet their healthcare needs

# Innovative Practice = Better Outcomes

While visiting the paediatric department of anaesthetics in Victoria Hospital Fife as part of the APA peer visit programme, ASCS saw how innovative practice can help to treat children in the spirit of the EACH Charter. Acute pain specialist nurse, Christina Haining helps children to cope with painful injections or treatments with the use of Entonox (gas and air) while Lead Play Specialist, Amanda Williamson helps children to undergo MRI scans while fully awake. Both procedures would usually be done under general anaesthetic or sedation.

## Christina told us about 5 year old Amy who needed 6 weeks of treatment with bloods and antibiotics.

She had previously received lots of invasive, painful treatments in a different hospital and had become anxious and fearful of all treatments. Christine and the multi disciplinary team, including play staff, spoke to Amy and her mum, gave them a leaflet about Entonox and gave Amy a mouthpiece from the Entonox equipment to play and practice with. Amy managed to overcome her anxiety and was happy to receive the necessary treatment. Christine's work with Entonox is beneficial for children, families and the NHS.

### Benefits for the child and family include:

- Child has better pain management during procedure
- Child feels more in control
- Family are included at all times
- Less time spent in the department
- Can return to school that day
- Flexibility of admission dates
- Child is less distressed
- Reduced side effects
- Child is more positive about procedure and willing to return for repeated procedures with less anxiety.

### Proven benefits to the NHS

- Implementation costs limited
- Theatre and clinicians time freed up
- Cost saving of £900 per theatre session
- Reduction in waiting times
- Less time spent in hospital
- Reduced bed usage
- Favourable outcome/satisfaction for child and family
- Running costs are minimal.



The use of Entonox helped Amy to overcome her anxiety

## Amanda, Lead Play Specialist describes her work:

Whenever possible NHS Fife are looking at ways to reduce the amount of general anaesthetics children need to have. One of the ways this is being done is to offer children over the age of five years play preparation for MRI scans to help them understand what will happen during this procedure. This may help to reduce anxiety and potential misconceptions. Children can assimilate new information through the medium of play giving them an opportunity to fully understand what is going to happen. This is done by a play specialist who will explain everything at a level suitable for the child's age and stage



A thumbs up and a big smile from Amy

of development. This may lead to full compliance from the child allowing the procedure to be done with little or no trauma. The play services department receives referrals from various professionals from within the multi-disciplinary team. The play specialist responsible will then contact the child's

parent or carer to gather relevant information about the child and if there are any additional needs (i.e. autism, ADHD, developmental delay etc) that could affect how the play preparation is delivered and their level of understanding. The play specialist will adjust how play preparation needs to meet the individual needs of the child. Then they contact the radiology department to find out when the MRI scan will be done. An appointment for play preparation is given a few days before the date of the MRI scan. In some circumstances the play specialist will accompany the child and their parent or carer to the radiology department to offer further support during the scan.

Currently children under the age of five are sent to the Royal Hospital for Sick Children in Edinburgh to have their MRI scans under general anaesthetic. This is something that may change in the future with the continuing success of this type of play preparation which currently has a 100% success rate.

Play specialists have been delivering this type of play preparation in Fife since 2005, thanks to the donation of a replica MRI scanner from ESA Macintosh.

ASCS is delighted to share good practice like this which enforces EACH Charter points 4 (...the right to be informed in a manner appropriate to age

Continued on page 3



# Tayside Children's Surgical Care Improved by *My Theatre Ticket*

The idea for a Tayside children's theatre ticket originated in the adult surgical wards where the patient completes some information themselves; name they prefer to be called, medical history and allergies. Initially the paediatric staff felt children might have difficulty knowing this level of information, but the more it was discussed, the more they liked the idea. Many staff had attended a 'What Matters to Me' patient safety learning session and wanted to implement the highest level of patient-centeredness into the surgical unit.

The senior charge nurse, medical and surgical ward nurses, and a paediatric anaesthetist met to discuss the idea. They decided to trial the ticket in the daycase unit, initially with 5 patients. The ticket proved so popular that staff began to make changes to the original design. After feedback from patients, parents and staff, the design was changed to the current version, an A4 double-sided document with child-friendly designs. With few objections, staff asked for the ticket to be rolled out to benefit more patients.

The ticket is used with all children and young people who require surgery in the Tayside Children's Hospital at Ninewells. Normally a healthcare play specialist will support the child and family to complete the ticket following admission to the ward. This visit helps prepare the child for theatre, gives them an opportunity to share concerns and have questions answered.

Children are asked their opinions on what matters to them and their family during their stay in hospital. Staff use the

ticket to get to know the patient better and enjoy reading what the children write. Some of the art work produced is amazing. The anaesthetists have said that it's a very good ice breaker when they first meet the child or young person. Children have commented that it gives them something to do while waiting for their turn in theatre.

To find out more about the Tayside Theatre Ticket, contact: Suzie Byer, Senior Charge Nurse  
Ward 30 and Paediatric Out Patient Department,  
Tayside Children's Hospital Tel: 01382 632987

## Special Smiles Project Education Matters

In recent months our Dental Project has been working with staff, parents and pupils in Lanarkshire, Dunbartonshire and Falkirk Councils.

Morag Donald, Acting Principal Teacher in Stenhousemuir Primary is a fantastic champion of our Project. To her children in the 'Smiley Club' who all have additional support needs, Morag brings dedication, passion and commitment to her planning and approaches to learning. Recently Morag told us; **'All children were engaged and motivated during this project. Activities ranged from role play, cleaning the dinosaur's teeth and learning about the effects of fizzy drinks on their own teeth'.**

Morag created opportunities for exploring feelings, creative thinking and leadership within the classroom. The older children in the Enhanced Provision class were given the chance to participate in decisions about how to develop their ideas further. **'The older children decided to inform others about good dental hygiene. They chose to create a drama sketch, planning the script and directing, to create a video which they plan on sharing during an assembly'.**

As a result of our project, Morag believes that; **'All children showed more understanding of good dental hygiene and decreased fear towards visits to the dentist'.** The children became more confident at using the tooth brushes, mirrors and other instruments.

Morag has also noticed that some parents have spoken more to her about their concerns, than they might have done before Special Smiles was introduced. To take the next step Morag has been actively encouraging parents to borrow our Playpack to support and develop this work with their children at home.

A Parent in another school, Shieldhill Primary, said that the project has helped her daughter when visiting the dentist and that her child particularly enjoyed dressing up. Another parent reported that it has helped her son go to the dentist and he enjoyed using the big brush and teeth.

### Continued from page 2: Innovative Practice



Preparing a child for an MRI scan through play in NHS Fife

and understanding' ... 'steps should be taken to mitigate physical and emotional stress') and 5 (... 'right to informed participation in decision involving their health care'... 'every child shall be protected from unnecessary medical treatment and investigation').



## Continued from page 3 Special Smiles Project



Schools can set up a Dental corner for role play

One of our schools in North Lanarkshire, Firpark Primary, was so enthusiastic that they decided to continue with our Dental Project again this year. Colette Ellis, Principal Teacher asked her pupils to describe in their own newsletter what they had been doing. They had enjoyed exploring the sounds and smells of the dentist and dressing up. The children said;

***'We counted our teeth and looked at them with our own special mirrors. We had a story about a little girl visiting the dentist too. We know that the dentist helps us and we are looking forward to learning more about what happens in the dental surgery and how we can look after our teeth and mouths'.***

One of our Project Officers is currently working with the school's Home Support Worker, Clare Burnett and a group of parents to carry out five workshops based on learning about how to look after your teeth, supporting your child through play and helping your child become more confident visiting the dentist and less anxious about dental treatment. Parents are very keen to participate and recently tried out tasters of brightly coloured fruit salad with a view to helping their child switch one unhealthy, sugary snack for a healthy fruit snack.



## NEW ASCS FACE IN TAYSIDE

We are delighted to welcome Deborah Brown to ASCS. Deborah is our new Area Officer based in Tayside and brings with her a wealth of experience working with children and families. To find out more about our work in Tayside email: [dbrownasc@btinternet.com](mailto:dbrownasc@btinternet.com) or telephone 07858 098423

**ASCS is grateful to the Scottish Government which provides Third Sector Early Intervention Core and Project Funding.**



## Continued from page 1 Food for Children in Hospital

children with special dietary needs, in only 9 cases (23%) was the child's special diet fully supported. Lack of appropriate diets for children with food allergies were the most commonly reported problem. (see Chart 2, page 1).

The Health Board surveys showed that, while there were many areas of reported good practice, there were several areas of concern – notably a failure to:

- Use a validated tool to assess nutritional risk (50% of Boards failing) or nutritional status (29% of Boards failing)
- Adhere to recommended nutritional intake (57-72% of Boards failing, depending on age of the child) and salt standards (57% of Boards failing)
- Record on admission likes and dislikes (36% of Boards failing) and cultural, religious and religious dietary needs of children (36% of Boards failing)
- Provide information about arrangements for the provision of food and drink before admission (50% of Boards failing) or on admission (36% of Boards failing).

Even where Health Board Catering and Dietetic Leads reported good practice, it was not always reflected in the parent/carer experience (e.g. supporting special diets and food choice).

While it is true that nutritional standards may on occasion have to be sacrificed in favour of maintaining calorie intake, the argument that, since the majority of children are in hospital for a short period and therefore nutritional standards do not matter, does a disservice to all children in hospital – but particularly to long term admissions and children who are subject to repeat admissions. As one Board CEO put it: *'Food Fluid and Nutritional Care for children and young people whilst they are in hospital is an important element of their clinical care and deserves the attention and level of scrutiny which is applied nationally to older people in acute hospitals'.*

Since completing the surveys, ASCS has met with officials currently reviewing the Scottish Government guidance 'Food in Hospitals (Scotland) 2008' and is working with them to develop specific guidance governing the provision of food for children in hospital in the revised document. This is due to be published later this year.

The full report on the surveys, including anonymised parent/carer comments and CEO responses, can be accessed at <http://www.ascscotland.org.uk/default.asp?page=46>



Twitter@ASCScotland

Find us on  
FACEBOOK

