

# Admissions, Discharges and Transitions Policy and SOPs

**Lead Director**

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**Date Reviewed**

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## Document Change Control

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0.1	Draft	Review of policy	Alison Breen	Sep 2022
0.2	Draft	Edit responsibilities of therapy section	Melanie Burrough	Feb 2023
1.0	Final	Approved	Denise Matthams	May 2023
1.1	Draft			

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# Policy

## 1 Purpose and Objectives

The purpose of this policy and standard operating procedure is to clearly outline the policy and procedure for all children and young people referred to The Children's Trust for neurorehabilitation, step-down transitional services, short breaks, residential school, school day and nursery pupils.

The objectives of the policy and this procedure are to:

- To ensure an equitable service for all children, young people and their families
- To clearly identify the inclusion and exclusion criteria for each of these services
- Outline clear time scales from the point of referral, through to the discharge or transition of a child or young person from the service
- Ensure all admissions and discharges are safely managed and coordinated
- Ensure the procedure and processes meet the requirements of the NHS England contractual obligations
- Ensure practice is evidence based and placements are carefully considered in line with the best interests of the individual child and family
- To establish clear roles and responsibilities and lines of accountability

Relevant laws and regulations include but are not limited to:

- Comply with the Children's Home Regulations
- CQC regulations
- Ofsted
- NSC guidelines
- NICE guidelines

## 2 Scope

This policy applies to:

- All colleagues across The Children's Trust involved either directly or indirectly in the admissions and discharge processes
- Children, young people and their families referred to or accessing The Children's Trust neurorehabilitation or step-down transitional services (Including international services), The Children's Trust school residential, day and nursery pupils and short breaks services.

### 3 Definitions

Unless otherwise stated, the words or expressions contained in this document shall have the following meaning:

The Charity/ organisation/ TCT	means The Children’s Trust
SOP	Standard Operating Procedure
Neurorehabilitation	NHS England define rehabilitation as a “goal-based process which reduces the impact of long-term disabling conditions on daily life. Rehabilitation for Neurological conditions is applicable following an acute insult to the central nervous system and in progressive or static disability”.
Step-down/transitional services	A placement following an acute period of care or for longer term disability management to enable a child or young person to transition home or to a residential home/school setting.
Residential school	The Children’s Trust school children and young people who reside at The Children’s Trust
Discharge	The process of transfer of care to an appropriate setting <u>e.g.</u> home, residential environment.
Transition	The process of transfer of care for a young person who resides on the residential school houses to an appropriate adult setting.
The referrer The funder	Healthcare Professional, Case Manager, Integrated Care Board (ICB), NHS England, Local Authority, Education, Embassies, Private funders.
RSR	Referral Screening Report
Electronic Records	Clinical Record Management system
DPM	Discharge Planning Meeting

### 4 Policy Statement

The admissions and discharges policy should ensure that children, young people and their families referred to The Children’s Trust are able to access our highly specialist neurorehabilitation and long stay services for children and young people with complex needs, in an equitable, safe and efficient way to promote a person centred, collaborative approach to rehabilitation, step-down, short breaks, residential school, day and nursery placements.

This section sets out the organisational rules that help ensure the policy objectives are met.

#### 4.1 equitable service

4.2 inclusion and exclusion criteria

4.3 A designated panel of professionals will review all enquiries and referrals and consider whether an assessment of needs is appropriate

4.4 safely managed and coordinated- the placements team purpose

4.5 contracts and regulators

4.6 best interests of the child/family

## **5 Stakeholder Consultation**

Appendix 1 details the stakeholders who were consulted in the development of this policy

## **6 Related Policies and Procedures**

The following policies and procedures stated below support the effective application of this policy and SOP:

- Safeguarding policy
- Equality and diversity policy.
- Use of interpreting services policy

## **7 External References and Guidance**

The following external resources and guidance were consulted in drafting this policy and SOP:

- NHS Standard Contracts for Paediatric Neurorehabilitation and Contract for Neurorehabilitation (all ages).
- Ofsted Strategy 2022-27 published April 2022.
- SEN code of Practice 2022

# Standard Operating Procedures (SOP)

## 1 Roles and responsibilities

### Medical Director/Medical team

The Medical Director & Consultant in Paediatric Neurodisability is responsible for:

- Clinically Lead on the NHS & ICB Contracts for rehabilitation & neurodisability care (as defined in the standard contract)
- Lead on the medical management for all children and young people accessing The Children's Trust services including from referral through to discharge or transition.
- Mandatory response to all referrals.
- To ensure admissions, transitions and discharges are safe from a medical perspective.
- To ensure medical staffing levels are safe to enable admission planning

### Director of Nursing and Quality/Head of Nursing and Care

The Director of Nursing and Quality is responsible for:

- Lead on nursing and care needs for all children and young people accessing The Children's Trust services
- To provide senior leadership oversight for the admissions process and bed management in liaison with the placements team and the Medical Director and Director of Therapy as necessary.
- To ensure nursing and care staffing levels are safe to enable admission planning
- To ensure appropriate nursing related equipment is in situ for admission, transition and discharge planning and delegate as necessary.
- Head of nursing to ensure Ofsted, CQC standards and other regulatory requirements are met.
- Mandatory response to all referrals.

### Director of Therapies/Therapy Leads (rehab and school)/Head of Psychological Therapies

The Director of Therapy is responsible for:

- Lead on therapy assessment, needs and therapeutic service delivery for all children and young people accessing The Children's Trust.
- To provide senior leadership from therapy and psychological services for the admission, discharge and transition process.
- To ensure therapy equipment required around admission, discharges and transitions is in situ when essential and appropriate assessments take place, ensuring safety.

- Ensure referrals to community services are in place in a timely manner to prepare for discharge.
- To ensure therapy and psychology staffing levels appropriate to meet the needs of the children and young people, benchmarking this against contractual obligations.
- To ensure children and young people have access to appropriate psychological services including at assessment stage.
- Respond to referrals and pre-screen requests.

### **Director of Education/Headteacher**

The Director of Education is responsible for:

- Responsible for educational assessment, need and if provision can be met for all children and young people accessing The Children's Trust school residential, day and nursery. (Not including those young people accessing neurorehabilitation, step down, short breaks or international services who access Surrey Teaching Centre).
- To respond to TCT school referrals (mandatory).
- To provide senior leadership for the education aspect of the admissions and transitions processes.

### **The Head of Placements/Placements team**

The Head of Placements is responsible for:

- Responsible for managing placements across The Children's Trust Services
- Ensure placements processes and policy is followed to ensure equity across access to all services
- Act as a central point of contact for young people and their families to manage the placement from enquiry/referral through to discharge or transition.
- To link the clinical, business, contracts and finance aspects of placement management
- To provide clinical leadership for the referral and assessment processes.
- Ensure appropriate contracts are in place

### **Nurse Matron/House Managers:**

- Support the Head of Nursing to ensure appropriate staffing is in place for the needs of the child or young person.

### **Safeguarding Lead Nurse:**

- Ensure safeguarding processes are vigilantly followed from Enquiry/Referral through to discharge or transition including following the TCT safeguarding policy and reporting to external agencies as required.

**Infection Control Lead Nurse:**

- To ensure infection control needs are addressed for all children and young people accessing TCT including following up information prior to admission.

**2 [Process/ Procedure]**

- Refer to SOP for neurorehabilitation, step down and international placements
- Refer to SOP for TCT school
- Refer to SOP for short breaks




## Appendix 1 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?	N/A	Audit, Risk and Governance team
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	N/A	Head of IT
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	N/A	Head of Estates
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	N/A	Data Protection Officer
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	N/A	Finance Director
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the School.	N/A	Relevant, impacted OLT members
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	N/A	Health and Safety Manager
8	Have you consulted with a representative of those who will be directly impacted by the policy?	N/A	
9	Is there a need to consider Equity, Diversity and Inclusion in developing and implementing the policy?	N/A	EDI Lead
10	Is there a need to consider sustainability and potential environmental impacts in developing and implementing the policy?	N/A	Lead for Responsible Organisation
11	Please detail any other stakeholder groups consulted, if applicable.	Yes	Director of Nursing and Quality, Director of Therapy and Director of Education

# School Admissions SOP



<b>School Admissions SOP</b>	 <b>The Children's Trust</b> For children with brain injury
<b>Lead Director</b>  Melanie Burrough, Director of Therapies  Claire Champion, Interim Director of Nursing & Quality	<b>Date Reviewed</b>  April 2023
<b>Lead Author(s)</b>  Launa Randles, Head Teacher	<b>Date Drafted</b>  March 2023
<b>Criterial Readers</b> Maz Hanlon, Deputy Head Teacher Molly Ramsay, Teacher Sonia Allen, Head of Business Development & Commissioning Georgia Thorpe, Senior Business Development & Commissioning Manager Katy Buche, School Therapy Team Lead	<b>Date Reviewed</b>  March 2023
<b>Approved By</b>  Educational Governance Committee	<b>Ratified Date</b>  June 2023
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Appendix 2 – School Flow diagram

## Standard Operating Procedures (SOP)

### 1 Roles and responsibilities

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- Lead on the medical management for all children and young people accessing The Children's Trust services including from referral through to discharge or transition.
- Mandatory response to all referrals.
- To ensure admissions, transitions and discharges are safe from a medical perspective.
- To ensure medical staffing levels are safe to enable admission planning.

#### Director of Nursing and Quality/Head of Nursing and Care

##### The Director of Nursing and Quality is responsible for:

- Lead on nursing and care needs for all children and young people accessing The Children's Trust services
- To provide senior leadership oversight for the admissions process and bed management in liaison with the placements team and the Medical Director and Director of Therapy as necessary.
- To ensure nursing and care staffing levels are safe to enable admission planning
- To ensure appropriate nursing related equipment is in situ for admission, transition and discharge planning and delegate as necessary.
- Head of nursing to ensure Ofsted, CQC standards and other regulatory requirements are met.
- Mandatory response to all referrals.
- Director of Therapies/Therapy Leads (rehab and school)/Head of Psychological Therapies

##### The Director of Therapy is responsible for:

- Lead on therapy assessment, needs and therapeutic service delivery for all children and young people accessing The Children's Trust.

- To provide senior leadership from therapy and psychological services for the admission, discharge and transition process.
- To ensure therapy equipment required around admission, discharges and transitions is in situ when essential and appropriate assessments take place, ensuring safety.
- Ensure referrals to community services are in place in a timely manner to prepare for discharge.
- To ensure therapy and psychology staffing levels appropriate to meet the needs of the children and young people, benchmarking this against contractual obligations.
- To ensure children and young people have access to appropriate psychological services including at assessment stage.
- Respond to referrals and pre-screen requests.

### **Director of Education/Headteacher**

The Director of Education / Headteacher is responsible for:

- Responsible for educational assessment, need and if provision can be met for all children and young people accessing The Children's Trust school residential, day and nursery. (Not including those young people accessing neurorehabilitation, step down, short breaks or international services who access Surrey Teaching Centre).
- To respond to TCT school referrals (mandatory).
- To provide senior leadership for the education aspect of the admissions and transitions processes.

### **The Head of Placements/Placements team**

The Head of Placements is responsible for:

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- Ensure placements processes and policy is followed to ensure equity across access to all services
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- To link the clinical, business, contracts and finance aspects of placement management
- To provide clinical leadership for the referral and assessment processes.
- Ensure appropriate contracts are in place

### **Nurse Matron/House Managers:**

- Support the Head of Nursing to ensure appropriate staffing is in place for the needs of the child or young person.

### **Safeguarding Lead Nurse / DSL:**

- Ensure safeguarding processes are vigilantly followed from Enquiry/Referral through to discharge or transition including following the TCT safeguarding policy and reporting to external agencies as required.

### **Infection Control Lead Nurse:**

- To ensure infection control needs are addressed for all children and young people accessing TCT including following up information prior to admission.

### **Parent / Carer**

- We encourage all parent / carers / referrers to visit the School and co-located houses if seeking a residential placement.
- A prospectus can be downloaded from the school website

## **2. Process/ Procedure – school admission**

### **Who can follow this procedure?**

- Parent / carers
- Local, regional and national local authorities
- International referrals
- Other professional agencies / commissioners from health and social care
- Direct referral from solicitors
- Via local authority Dynamic Purchasing Systems
- Privately funded placements

### **What is the referral process?**

- Lead referrers will be required to complete a referral form
- Referral forms are available from the School Placement Coordinator telephone 01737 365 080 or by emailing [placements@thechildrenstrust.org.uk](mailto:placements@thechildrenstrust.org.uk)
- [On receipt of the completed referral form the school placement coordinator will request the following:](#)

### **Most recent:**

- Education, Health and Care Plan
- Annual Review Report or relevant reports from current provision/s
- Medical reports
- Equipment needs
- Therapy intervention programmes
- Reports from outside agencies supporting the child & family
- Knowledge if pupil has 'Looked After Status'
- If applicable wellbeing & positive support behaviour plan

### **What is the process of assessing if the placement is suitable?**

The referral information is discussed at the internal weekly admission panel, if the information supplied indicates that the school / residential houses are likely suitable to meet identified needs as outlined in the child's EHCP then we will invite the child and family to a 'pre-screen'.

This provides an opportunity to discuss the child's needs and an opportunity to confirm potential admission is appropriate.

### **What is the purpose of a pre-screen and what happens at this?**

**This is an opportunity, on an agreed day and time:**

- For staff from the School and Houses to meet with the parent/s / carers or those with responsibility for a child in person and review gathered information
- To gather evidence about the child's/ young person's needs via a range of informal / observational assessments via an appointed multi disciplinary team.
- To ensure that needs and provisions identified in Education, Health and Care Plan can be met.
- To identify if 1-1 support is required
- To identify specialist equipment requirements
- To discuss potential for admission and potential timescales.
- To discuss compatibility with peers.

We recognise that there are times that on site pre-screens may not be possible. If required we do arrange home / school visits or undertake 'virtually'.

We routinely offer to undertake home visits for children under 5.

The pre-screen for admission does not indicate automatic agreement to placement at the school or within houses.

The pre-screen report are not full formal educational, health / clinical and therapy assessments to be used externally ie for use to suggest alteration to a young person's EHCP.

### **What happens after a pre-screen?**

**MDT discussion:**

- Following pre-screen, the assessing team undertake discussion to completed screen assessment and prior to RSR completed

**Admissions Panel:**

- The pre-screen report will summarise needs and indicate whether we are able to meet a young person's needs or not
- Report outcomes are discussed at the aforementioned weekly admissions panel
- All decisions taken by the panel are sent in writing to the parents and referring bodies.

If we are unable to offer a place, one or more of the following reasons must be evidenced:

- The School is considered to be unsuitable for the learner's age, ability or his / her special educational needs as identified in the EHCP or presentation
- The attendance of the young person at the school or residential provision would be incompatible with current school community
- The young person has significant associated behavioural / medical / other needs that cannot be effectively met within the school or residential environment.

### **What process is there to challenge a decision when an application for the school / residential has been turned down?**

- You'll be sent a letter with the reason for refusal of placement.
- If your child is refused a place, you can appeal against the decision.
- You must appeal against each rejection separately. You can only appeal once against each rejection.

#### **1.1 Preparing your appeal**

- The admission panel must allow you at least 20 school days to appeal from when they send the decision letter and will set a deadline for submitting information and evidence to support your appeal.
- If you submit anything after the deadline, it may not be considered and may result in delays to your hearing.

#### **1.2 When the hearing will be**

- The admission panel must give you at least 10 school days' notice of the hearing.
- Appeals must be heard within 40 school days of the deadline for making an appeal.

#### **1.3 What happens at the appeal hearing? :**

A panel of 3 or more independent people would be convened for an appeal hearing.

- The panel will explain why they turned down your application.
- You'll be able to give your own reasons why your child should be admitted.
- The appeals panel must decide if the school's admission criteria were properly followed and comply with
- If the criteria were not properly followed or do not comply with the school admissions policy your appeal must be upheld.
- If your reasons for your child to be admitted outweigh the school's reasons for not admitting any more children at all, your appeal will be upheld.
- You will usually be sent the decision within 5 school days.

### **If offered a place what happens next?**

#### **Planning for Admission:**



- Assuming that there is room within our pupil admission number and residential houses and when the funding body has agreed the placement costs a contract for school / residential services has been signed, an admission date can be proposed – provided that all necessary adjustments are in place (to include support staff, equipment and resource needs)
- If commissioners / those funding have not agreed an intended placement we will liaise directly with those seeking placement.
- We support tribunal processes where it is agreed that we can meet the child’s needs.

**What happens if the school / residential are at capacity / full?**

- If it has been agreed that a child’s needs can appropriately be met but the school / houses are full then The Children’s Trust operates a waiting list.
- The team will keep parents / carers / referring body informed of progress to admission

**When can a child join the school / residential houses?**

**Starting:**

- Should a placement be offered and accepted, a start date will be negotiated by all parties (LA, parents, CCG, The Children’s Trust) and an appropriate transition plan put in place.
- Care planning will be undertaken prior to admission to ensure that there is a safe transition.
- We admit throughout the year.

**Equality:**

- Our admissions SOP includes all Children & Young People and parents, regardless of their education, physical, sensory, social, spiritual, emotional and cultural needs. We are committed to taking positive action in the spirit of the Equality Act 2010, with regard to disability and to developing a culture of inclusion, support and awareness within the school.
- Young people with all protected characteristics receive the same consideration for admission.
- The school follows the organisation pupil admission policy that does not permit sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins) sexual orientation, religion, belief or disability (subject to the schools specialist designation) to be used as criteria for admission.

**Document Change Control**

Version	Status	Description (of changes)	Reviewed by	Reviewed/ Issued Date
0.1	Draft	Extracted school SOP from policy	Launa Randles	March 2023

0.2	Draft	Included MDT discussion prior to RSR being completed.	Maz Hanlon & Katy Buche	10.05.23
0.3	Draft			
1.0	Final			

## Appendix 1 – Stakeholder Engagement Checklist

Review and complete the following checklist to indicate which stakeholders were consulted in the development of this policy.

#	Question	Yes/ No	Stakeholder(s) to be consulted
1	Is there a statutory requirement to have in place this particular policy/ does the policy need to comply with detailed legislation?	Y	DfE guidance
2	Is implementation of the policy (or any element of it) dependent on the use of new or existing information technology?	Y	
3	Does implementation of the policy (or any element of it) place any demands on/ or affect the activities of the Estates and Facilities teams (e.g. does it impact the provision or maintenance of premises, equipment, vehicles or other TCT assets)?	N	
4	Does implementation of the policy or any element of it involve/ impact the processing of personal data?	Y	
5	Does implementation of the policy require significant unbudgeted operational or capital expenditure?	N	
6	Does implementation of the policy (or any element of it) directly or indirectly impact on the delivery of services / activities in other areas of the organisation? E.g. a policy written by a clinical lead in CF&S might impact on the delivery of care for CYP attending the School.	Y	Professionals across Education, Health, Therapy and Care
7	Is there a need to consider Health and Safety or potential environmental impacts in developing and implementing the policy?	N	Health and Safety Manager
8	Have you consulted with a representative of those who will be directly impacted by the policy?	Y	
9	Is there a need to consider Equity, Diversity and Inclusion in developing and implementing the policy?	N	Statement is within policy
10	Is there a need to consider sustainability and potential environmental impacts in developing and implementing the policy?	Y	Captured on risk assessment
11	Please detail any other stakeholder groups consulted, if applicable.	Y	School Nurse team / teachers / enrichment leads

## Appendix 2 Flow chart from referral to successful placement

