

Supporting Access to Education for Children Living with Tracheostomies Guidance

Children & Young Persons Continuing Care (All Age Continuing Care, NHS Sussex), in conjunction with Sussex Community NHS Foundation Trust and East Sussex Healthcare NHS Trust

1. Purpose

This guideline has been developed to identify the level of support that will be offered to children and their families to support them to access their statutory nursery and education offer from the government.

This offer is open to all children domiciled in Sussex, with a Sussex GP who live with a tracheostomy and who therefore need skilled support to access nursery and education provision safely.

2. Eligibility / Scope

Children who are eligible for support via Children and Young Persons Continuing Care (NHS Sussex) and who are living with tracheostomies.

Pre-school children who are entitled to statutory childcare provision.

All school age children accessing education (mainstream, independent, special schools, where there is not an alternative provision available within the school) from reception year onwards, 38 weeks per year.

3. Exclusions

For those children placed in County by external Local Authorities and / or ICB's accessing accommodation and/or education in Sussex schools and nurseries, the responsibility for the support for this provision lies with the placing authority (Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers, Version 2, 30 June 2022, section 15 <https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers/>).

This guidance does not apply to children who also require long term ventilation or to children who have an unusual or bespoke tracheostomy not within the knowledge and scope of local services where additional support from specialist Respiratory and LTV services will be required.

Those children placed out of area by Sussex Local Authorities accessing nursery / education provision with a tracheostomy will attract a case by case, bespoke response on a needs and locality basis.

4. Rationale

Children living with tracheostomies need specialist, additional skilled clinical support to meet their health needs whilst away from their parents and carers, accessing education in nursery, school, and post 16 education settings (to meet statutory guidance).

The NHS will provide support to a child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.

The SEND Code of Practice 2014 and the Children and Families Act 2014 gives guidance to health and social care, education, and local authorities to make sure that children and young people with SEND are properly supported.

<https://www.england.nhs.uk/learning-disabilities/care/children-young-people/send/>

<https://www.legislation.gov.uk/ukxi/2014/1530/part/2/made>

<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

For Continuing Care (CYPCC), Health Funding is decided on a case-by-case basis, following the Children and Young People's Continuing Care National Framework (<https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework>) as it is acknowledged that children may have different needs. This guidance sets out the minimum offer to support children to access education who live with tracheostomies.

5. Commissioning and Funding Arrangements

Support for training in nursery and school for children with tracheostomies is provided through existing commissioned services via the Childrens Community Nursing Service. This guideline aims to ensure there is equity of provision.

It is acknowledged that there is variation in CCN training provision and commissioning across Sussex and where training is not available via Universal Provision, this will be sourced via external providers and funded via AACC, NHS Sussex for those children who meet criteria for support from the service.

Nursery Provision

Funding for a 1-1 to meet the child's health need to support access to match the governments free education and childcare offer (<https://www.gov.uk/help-with-childcare-costs/free-childcare-2-year-olds>). This is in addition any home-based package of care. If the family choose to access nursery over and above the statutory offer, these hours will need to be supported from the home-based package of care hours allocation. This can either be via an agency (usually the home care provider) or via nursery employed staff with a cross charging arrangement.

Where agency provision supports a child in nursery, the agency retains responsibility for the training, governance, and supervision of their member of staff and the provision of care plans, risk assessments, MAR charts and record sheets.

School Provision

Children and Young Persons Continuing Care (NHS Sussex) will provide 50% funding of the total cost of the main 1-1 for those children in receipt of support via that service to support the health need, education is responsible for supporting the education need associated with a tracheostomy.

For those children not supported via CYPCC, considerations for funding will need to be made via other routes, for example the WellChild Service (NHS Sussex) sxicb.wellchildservice@nhs.net.

Community Nursing Teams (CCN) - Training and competency assessment will be provided for up to 3 members of the school staff team. It is expected that the same staff will remain with the child so annual updates will be provided. Training new staff should only be undertaken in exceptional circumstances. Training and assessment will include underpinning theory; tracheostomy basic life support; tube changes (planned and emergency); suction with practical and theory training and competency documents to complete that includes assessment of knowledge and skill to demonstrate competency. Competence is described as the combination of training, skills, experience, and knowledge that a person has and their ability to apply them to perform a task safely (<https://www.hse.gov.uk/competence/what-is-competence.htm>).

An awareness session can be provided to the wider school staff team on request.

Support will be provided with care planning and risk assessments for the setting via the CCN. Ongoing access to CCN support will be provided during office hours.

Other, bespoke clinical skills training and competency assessment will be provided on a need assessed basis.

6. Equipment to Support Children's Tracheostomy Needs in School and Nursery Settings

Families will have already been issued with the necessary equipment to meet the needs of their child in the family home and will be accustomed to being out in the community with their children. All equipment as needed in the community will need to be brought into school, in particular their emergency tracheostomy box (checked and complete), suction machine and associated supplies plus any other equipment deemed necessary on an individual needs basis.

It is the responsibility of the school to ensure that they have sufficient equipment to meet need during the school day. All mechanical equipment and supplies must be checked at the time of handover to the school staff. Medication must be checked as per school processes.

It is the responsibility of the parent / carer to ensure sufficient equipment is brought into school and supplies ordered via the CCN and/or GP in the usual way. Mechanical equipment must be fully charged on arrival to school and chargers brought in to ensure charge can be topped up during the day. Suction units should be emptied at home prior to coming into school and before returning to home as necessary.

Support will be provided with care planning and risk assessments for the setting via the CCN, this must include contingency plans for mechanical breakdown and in the event of power outages.

Servicing of equipment will be managed as per processes in the local area via universal provision.

It is acknowledged that children are being discharged home with increasingly complex presentations, equipment and management plans and where the provision is outside the scope of available services, alternative provision will be identified and funded for children who meet criteria for funding from this service.

7. Medication

Schools and nurseries will have their own local arrangements for bringing medication into school. It is acknowledged that there may be variations needed to ensure prompt access to medication (Nebuliser solution etc). The CCN teams will be able to aid and provide guidance with this. Specialist Medication administration training will be provided where necessary for nebuliser use via tracheostomy. Medication administration should be recorded in an appropriate manner as per school policy, for example a MAR (Medicines Administration Record) chart and as per the Statutory Guidance for Supporting Pupils with Medical Conditions in Schools (<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>)

8. Expectations of School Leadership teams

It is the Head Teacher's or the Special Educational Needs Coordinator's (SENCo) responsibility to identify support staff for training, these staff should follow the child's school journey. If possible, this identification should be done in the term prior to the child starting school to allow time for training and assessment and therefore reduce the risk of the child not being able to start school on time. It is however acknowledged that some updating is likely to be needed after the long summer holiday so a flexible plan for school may be needed.

The writing of Risk assessments and care planning around the child in collaboration with the CCN team.

2 x fully trained members of staff should usually be in school at any one time with a third trained to provide back up and limit the child's inability to attend school for staffing reasons. There may be risk assessed options for alternatives e.g., where an older child/young person has capacity to manage their own 2-piece tracheostomy tube safely. It is anticipated that the trained staff will stay with the child on their journey through the school.

9. Expectations of School Staff

The Evelina Childrens Hospital document, Paediatric Tracheostomy Management Guidelines for Health Care Professionals 2021, is used to inform this guideline.

Further information can also be found at <https://www.gosh.nhs.uk/conditions-and-treatments/procedures-and-treatments/living-tracheostomy/> .

Three staff will be trained to full competency sign off to always ensure that two trained and competency assessed staff are in the school so optimising the ability for consistent attendance.

Two staff will need to be in attendance on school trips, this could also be a parent based on an individual risk assessment.

Nominated un-registered staff will include:

1. Underpinning theory training.
2. BLS (basic life support) with tracheostomy training.
3. Successful completion of the Sussex Tracheostomy Training Competency signed by a Registered Nurse and the staff member self-reports confidence and competence to undertake the skill:
4. Annual updating of BLS with tracheostomy training and tracheostomy change assessment
5. On-going access to the CCN team for advice and support

If un-registered staff do not meet the required standard of competency within a reasonable timescale or there is any concern regarding safety, they may need to be withdrawn from training. All non-registered support staff who have achieved their competency will undertake six monthly tracheostomy tube changes (alternating between two person and single person) on the named child to maintain their skills.

All non-registered qualified support staff who have achieved their competency will undertake direct care at least on a weekly basis during time to carry out suction and basic tracheostomy care.

CCNs will not train, and/or competency assess staff employed by agencies.