

Health and Social Care Information Centre

Re: Emergency Care Data Set

The *Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings* is responsible for developing a number of guidance and [standards](#) relating to all aspects of emergency and urgent care for infants, children and young people.

The committee wish to raise their concern regarding the lack of paediatric focus in the proposed emergency care data set. Specific sections of the data set are listed below alongside the committee's recommendations:

- **Section 1.1.21 Person_Comm_Lang**

Will this include non-verbal languages e.g. British Sign Language, Voice Output Communication Aids etc.? In the section "Patient unable to consent (e.g. baby, child or confused)': Enduring power of attorney has now been replaced by lasting power of attorney (Mental Capacity Act). This section should refer to assessment of capacity. A person with lasting power of attorney does not give consent; rather they inform the best-interests decision-making process of the Mental Capacity Act.

We would suggest the following wording: "Patient unable to consent due to assessed lack of capacity. When a person is not able to consent for themselves because they have been assessed to lack the capacity to do so (e.g. baby, young child, severe learning disability, confused) then the language of the person who is informing the best-interests decision-making process will be recorded, for example, a parent/guardian or someone with lasting power of attorney".

- **Section 1.1.22 Person_Interpreter_Rqd**

This needs to include BSL interpreter, which needs to be taken into account as an interpreter will still be required even when the preferred language is English. I would suggest the same wording in the "Patient unable to consent' section as above in section 1.1.21.

- **Section 1.1.29 Person_Special_Patient_Note**

The term Munchausen's is outdated.

- **Section 1.2.11 EmCare_CPR_Chk** should be modified to reflect current safeguarding language with regards to child protection plan. E.g. Has it been checked whether the child is **subject to a child protection plan** in respect of this attendance before the patient is seen by the treating clinician? We would also recommend including non-verbal languages e.g. British Sign Language, Voice Output Communication Aids etc.

- **Section 1.1.22 Person_Interpreter_Rqd** requires clarification with regards to when a child or young person requires an interpreter for consent as this will vary depending on whether or child is deemed to be Gillick Competent. E.g. Where a person is not able to consent for themselves (e.g. baby, child or young person (where deemed not competent to consent or confused)) then the need for an interpreter is recorded for the person who is consenting. For example someone with enduring power of attorney or parental responsibility for a child or young person. Enduring power of attorney has now been replaced by lasting power of attorney (Mental Capacity Act). This needs to include BSL interpreter, which needs to be taken into account as an interpreter will still be required even when the preferred language is English.

We would recommend the following wording: “Patient unable to consent due to assessed lack of capacity “When a person is not able to consent for themselves because they have been assessed to lack the capacity to do so (e.g. baby, young child, severe learning disability, confused) then the language of the person who is informing the best-interests decision-making process will be recorded, for example, a parent/guardian or someone with lasting power of attorney”.

- **Section 1.3.1 EmCare_Presentation_Acuity** The Manchester Triage Scale (MTS) should be considered as this is a stepped process familiar to many working in the UK.
- **Section 1.3.2 EmCare_Presentation_ChiefComplaint** This section contains numerous missing fields; including torsion, bronchiolitis and croup.
- **Section 1.6.1 EmCare_Clinician** Medico-legal clarification is required regarding signing off others work.

Yours sincerely

Dr Stephanie Smith on behalf of the *Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings*
