

LRI Children's Hospital

Standard Operating Procedure: Guidance for using the Parent/Carer Communication Record in The Children's Hospital

Staff relevant to:	Children's Hospital Nursing and Medical staff
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1. Introduction and who this standard operating procedure (SOP) applies to

Effective communication between healthcare providers and parents/caregivers is crucial in an acute inpatient paediatric setting. Parental concerns should merit appropriate consideration (Healthcare Safety Investigation Branch (HSIB) 2021) and it is recognised that parents can provide useful context regarding how a child is in comparison to their usual state (Royal College of Nursing 2017).

A Parent/Carer Communication Record is a valuable tool that helps facilitate clear and accurate information exchange, ensures continuity of care, and promotes collaborative decision-making. This guide aims to provide healthcare professionals with essential information on implementing and utilising a Parent/Carer Communication Record in paediatric inpatient areas.

The purpose of this standard operating procedure is to standardise an approach to facilitating effective communication between healthcare professionals and parents/caregivers during the child's admission to hospital.

Enhance documentation and information sharing regarding the child's care plan, progress, and relevant updates.

Improve caregiver engagement, involvement, and satisfaction.

Support continuity of care during transitions, handovers, and throughout hospital stays. This standard operating guidance will be applied to the parent/carer communication record across all inpatient settings in the Children's Hospital.

Overarching document:

National Institute for Health and Care Excellence published guidance in 2021, which outlines babies, children and young people's experience of healthcare:
<https://www.nice.org.uk/guidance/ng204>

Related Documents:

[Health Records Management UHL Policy](#)

2. Standards and Procedures

- Introduce the Parent/Carer Communication Record on child's admission to the ward/unit to parents/caregivers
- Explain the purpose, benefits, and importance of using the record to parents/caregivers.
- Consider need for interpreter or advocate when identified on initial assessment.
- Obtain consent for documentation and sharing of information.
- Paper Parent/Carer Communication Record will be given to parent/ carer on admission to the children's hospital
- Parent/ caregivers requested to complete the details on the form: date, name, name of baby, child, young person. Indicate whether they would like to be contacted by telephone at the time of child's review if unable to be present during ward round
- Record is shared with healthcare professionals and medics responsible for the care of the child
- Healthcare professional/ medic to respond to questions/ information asked by parent/ caregiver as documented on the record (telephone or face to face)
- Share the record with parents/caregivers' consent during rounds, consultations, or other appropriate interactions.
- Named Nurse/ responsible clinician/medic to ensure this is shared prior to ward rounds, reviewed daily and Dr's answer the questions raised and documented in the child's medical records.

The Parent/ Carer communication records for each child should be filed in the child's records-new record given to parent/carer for each day

Information sharing;

- Ensure legibility and adherence to patient privacy and data protection regulations
- Only share the parent/ carer communication record during rounds, consultations, or other appropriate interactions.

Confidentiality and privacy;

- Emphasize the importance of maintaining confidentiality and respecting the child's and family's privacy.

Store the Parent/Carer Communication Record securely and limit access to authorised personnel.

3. Education and Training

All healthcare professionals and medics who are responsible for the care of children during their inpatient admission to hospital must be familiar with the guidance and understand the rationale for engaging parents/ caregivers in discussions about the child's care plan, treatment options and goals.

- Practice collaborative decision-making
- Seek parent/carers input, address concerns, and ensure shared decision-making

Educate staff on effective communication strategies, active listening, and empathetic engagement with parents/caregivers

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
The effectiveness and use of the parent/ carer communication record	staff/ service user feedback and audit	The Head of Nursing/ Deputy Head of Nursing	each quarter	Children's Hospital Board meetings within the W&C CMG.

5. Supporting References

National Institute for Health and Care Excellence published guidance in 2021, which outlines babies, children and young people's experience of healthcare:

<https://www.nice.org.uk/guidance/ng204>

6. Key Words

Documentation, Information

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

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Details of Changes made during review: New SOP	