patient PERSPECTIVE

SERVICE IMPROVEMENT CASE STUDY: CHILDREN & YOUNG PEOPLE ATTENDING EMERGENCY DEPARTMENTS - SEPTEMBER 2025

The case study highlights the provision of services for children and young people when attending Emergency Departments and admissions to children's unit with a focus on :

- Reducing waiting times
- Staff in specific roles
- Play facilities
- Support for children with autism or a learning disability

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1. Introduction

Children and Young People's Patient Experience Survey

The 2024 Children and Young People's Survey by the Care Quality Commission (CQC) [1]received feedback about the experiences of 25,821 children aged between 0 and 15, who were admitted to hospital during March, April and May 2024. This includes responses from 12,917 children and young people aged 8 to 15, who had the opportunity to directly give feedback about their care.

Three questionnaires were used:

- Parent and carers of children aged 0 to 7 answered a questionnaire to feedback on their child's experiences.
- Children and young people aged 8 to 11 and 12 to 15 each answered their own questionnaire, which also included questions for their parent or carer.

The CQC reported most children, young people and their parents and carers reported positive experiences about care overall. This included being involved in decisions about care and treatment, staff providing information that parents and carers can understand, and staff giving children and young people enough privacy. Results were less positive in some areas, including parents and carers' concerns being taken seriously, children and young people's existing needs being taken into account and getting help while waiting in hospital.

How experience varies for different groups of people

Children admitted in an emergency had worse experiences in almost every area of care, compared to children admitted for planned treatment.

Children and young people with a mental health condition, autistic children and young people, and disabled children and young people had poorer experiences across several areas of care.

[1] For published results and for more information on the Children and Young People's Patient Experience Survey, as well as other surveys in the NPSP and guidance for trusts, please visit the NHS Survey website.

Experiences were also worse among younger children aged 0 to 7 years, better among children aged 8 to 11 years, and mixed among young people aged 12 to 15 years.

2. Freedom of Information request

In November 2024, [2]Patient Perspective submitted a Freedom of Information (FOI)[3] request to 38 NHS Trusts across England. The purpose of this request was to gather information on children and young people attending hospital in an unplanned way. Also reviewing the measures and initiatives NHS Trusts have implemented to support the clinical and emotional well-being of children and young people within urgent and emergency care settings, as well as during inpatient admissions. Reflecting on the findings of the CQC results, the request sought to identify support implemented by trusts for children and young people with a mental health condition, and for autistic children and young people.

2.1 Objectives of the FOI Request

The FOI sought to identify examples of practice, policies, and service improvements in the following areas:

1. Reducing waiting times for children attending Accident and Emergency (A&E) departments.
2. Implementation of a Paediatric Same Day Emergency Care (SDEC) model.
3. Availability and quality of play facilities in Emergency Department waiting areas.
4. Presence of specific staff roles dedicated to supporting children and young people.
5. Use of age-appropriate and needs-based communication strategies.
6. Facilities and support for children with autism or learning disabilities.
7. Training for staff on how to support children and young people with autism or learning disabilities.
8. Measures in place to support both the clinical needs and emotional well-being of children and teenagers admitted as inpatients.

[2] 2 https://patientperspective.org/ - approved contractor for the National Patient Survey Programme

[3] https://www.whatdotheyknow.com/select_authority

2.2 Methodology

Of the 38 Trusts contacted, 34 responded to the FOI request. The information received has been analysed and organised into thematic sections based on the focus areas listed above. Examples of practice are provided as 'Trust Specific Findings' and the 'Main Themes Identified' are summarised from all respondents.

In addition to general information, several Trusts provided detailed examples of service developments and innovative approaches in their responses. These examples have been selected and included as case studies to illustrate best practice and highlight replicable models of care in Section 11 pages 55-77 :

- Milton Keynes University NHS Foundation Trust
- Dorset University NHS Foundation Trust
- East Suffolk and North Essex NHS Foundation Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust and
- University Hospital Southampton NHS Foundation Trust

3. FOI Question 1 - Measures or systems in place to reduce waiting times for children attending Accident and Emergency and examples of service improvements

The four-hour A&E waiting time standard is one of the most high-profile indicators of how the NHS is performing. The sustained decline in performance against this waiting time standard places a significant toll on patients and staff alike and is a clear indication of the pressures that the wider health and care system is under. [4]

There are several measures and systems currently in place or being implemented across the NHS to reduce waiting times for children attending Accident & Emergency (A&E). Examples of these measures from the trusts responding to the FOI Appendix 1 Trust codes, Appendix 2 Abbreviations. These efforts span across operational improvements, staffing, and service redesign:

[4] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-going-on-with-ae-waiting-times

3.1 Paediatric Streaming and Triage

Many hospitals operate a separate paediatric triage or assessment area to streamline children away from adult Accident and Emergency (A&E)/ED and speed up clinical decisions.

3.1.1 Trust Specific Findings

- Children are triaged on arrival to the Emergency Department by a paediatric nurse who makes the decision about sending to Paediatric Emergency Department or to our Urgent Treatment Centre – managed by the Trust but run by GP's and Advanced Nurse Practitioners – RAS
- The Trust has one of the best 4 hour waiting times performance in the country. During winter when waiting times are longest the Trust offers patients who are triaged as primary care to be booked into a primary care appointment near their home elsewhere in the city later that day. Thus, reducing waiting times for those patients who are triaged as requiring Accident and Emergency – RCU
- Musgrove Park Hospital - We have introduced a separate list view for Ambulatory majors and minors and all children without an injury now sit in this stream which helps us identify children more easily. We also allocate our RSCN to this area. Yeovil District Hospital – We are due to open a co-located UTC, which will support in better managing children's and young person's demand. We have also created a new SOP which outlines the CYP flow through the department. RH5
- A priority scoring system is in place in the Trust's A&E Department to ensure that all children are seen on a basis of need and not arrival time. Triage is completed within 15 minutes of arrival, with 98% of all children achieving this. RAX
- Children are triaged within 15 minutes, seen by a clinician within 60 minutes (sooner if they are a higher triage category). There should not be any long waiting times in paediatrics however if there was a delay this would be escalated to the Nurse /Consultant in Charge. An example of an effective service improvement is the recruitment of our play specialist, who is instrumental in supporting our paediatric patients, especially with sensory issues. RBK
- Streaming of patients from the Children's Emergency Department to Paediatric Assessment Unit to reduce the time waiting to be seen by a clinical service/ practitioner. Streaming patients from the Children's Emergency Department to the on-site walk-in-centre. RBL

- Streaming and triage; key Performance Indicators (KPI) attached to triage times, separate Paediatric area, paediatric nurses with skills in recognition of the sick and deteriorating child, paediatric medical staff allocated to area. We have a fasttrack SOP for children admitted to ED requiring immediate access to the acute in-patient area. All staff aware of pending breach times and reach out to specific areas to attempt to mitigate any breaches. A review of all breaches and learning is shared every month. Good working relationships between ED and the PAU unit to support patient flow and the patient experience. RCB
- In 2021 we created an additional triage room. We have also increased our nurse staffing and HCA staffing to ensure both triage rooms are running simultaneously during opening times, with an HCA to support in each room undertaking patient observations. With this increased nursing staffing we are also able to reduce waiting times by ensuring that treatments are completed in a timely way. RBN
- We currently utilise a streaming model where children are redirected to other services outside of the Emergency Department (ED) where they can receive appropriate treatment. This reduces the volume of children in ED and consequently reduces wait times for those in the department and for those who have been streamed to other services. All children are triaged to ensure that they meet the criteria outlined by the receiving area and this provides an opportunity to identify any safeguarding concerns. Current areas ED can stream to are Minors. Patients who have sustained injuries who meet the inclusion criteria and are aged three years old and above. Also expanded to include one year old and walking. Patients are streamed to the urgent care centre to see the emergency nurse practitioners; the area has its own waiting area. Open times 08:00 to 00:00

  Minor Eye Conditions Service (MECS)- any patient with an eye problem that meets the inclusion criteria for MECS is directed to the MECS website to book an appointment to see an emergency optician.

  Under 3 months SOP - any child who is under three months old with a medical problem can be streamed up to the Children's Clinical Decisions Area on ward 32 to see a paediatric doctor. This commences at 00:00 (when the Paediatric Emergency Medicine Consultants/Advanced Clinical Practitioners are not on shift) until the morning when the ED medical staff commence work.

  All other patients are triaged via the Manchester triage tool and clinical priority is used to create order of review as opposed to time in ED.

In November 2023 the nursing teams on the children's ward (30), children's clinical decisions area/short stay ward (32) and children's ED merged. The 12-month pre and post merge periods were reviewed, triage times and the length of stay in the ED have improved. RWE

- Manchester triage tool in place to assess and prioritise children, children are streamed to either paediatrics, emergency medicine or minor illness/ onsite GP appointment. Overnight children are either streamed to paediatrics or emergency medicine depending on their presentation. Longer waiting times generally occur overnight due to reduced medical and nursing staffing and closure of urgent treatment centre/GP slots. The department is currently working with ED senior team to look at ways to reduce ED waiting times. RR7
- The service has a co-located UTC to see minor illness and injury and reduce pressure on paediatric ED waiting times. The service also has nurse led discharge pathways from triage which are utilised where staffing to reduce waiting times for medical assessments for low acuity presentations. (Barnet Hospital) RAL
- 86% of children streamed to North Middlesex Paediatric A&E are seen and discharged within 4 hours. 94% of children streamed to Urgent Care are seen and discharged within 4 hours (data from April 2025). Paediatrics has a workstream in the hospital-wide Urgent and Emergency Care Recovery Plan - projects associated with this include increasing clinical space in paediatric A&E, improving flow to PAU and reducing length of stay on the paediatric ward. RAL
- Royal London Hospital Emergency Department Standard Operating Procedure Capacity Management, OPEL Cards and Managing Ambulance Offloads Date. R1H

3.1.2 Main Themes Identified - to Reduce Waiting Times for Children in A&E Triage, Streaming & Pathway Diversion

Almost every Trust uses some form of streaming and nurse-led discharge as core measures. The biggest differentiators are infrastructure investments (dedicated paediatric EDs, CDU units) and real-time performance monitoring (RF4, RCB).

Triage, Streaming & Pathway Diversion

Streaming to Urgent Treatment Centres (UTC) – ROB, RBS, RAE, RR7, RHM, RD8, RAL (Barnet, Royal Free), RDE (Colchester)

GP Streams/Front Door Models – RA7, RAE, RWE, RM1, REF, RAL (Royal Free), RDE (Ipswich & Colchester), RCD

Manchester Triage Tool / Priority Scoring – RAS, ROA, RR7, RAX, RDE (Ipswich & Colchester)

Dedicated Paediatric Triage – RAS, RF4, RCB, RH8, RDE (Ipswich & Colchester)

Direct Access to Paediatric Assessment Units (PAU) – RCF, RD8, RH8, RH5, RAL (North Middlesex), ROD, RDE (Colchester)

Condition-specific streaming – RAE (minors, MECS, under 3 months SOP), ROA (minor injuries rapid discharge), RAL (Royal Free – dressing clinics, Hospital @ Home), RDE (Colchester – open access and under-3 months)

Nurse-led Discharge & Advanced Roles

Nurse-led Discharges for Specific Conditions – RC9, RDU, RD8, RWE, RM1, ROA, RAL (Barnet – triage discharge; Royal Free – pulled elbows), RCD

Nurse Navigators / Coordinators for Flow – ROB, RFF

Advanced Clinical Practitioners (ACPs) / ENPs – RC9, RFF, RWE, REF, RNN, RAL (Royal Free – ACPs & EPs), RDE (Ipswich & Colchester)

Nurses with Extended Skills – RNN (PGDs for analgesia, X-ray requesting), RD8 (X-ray requests, protocol-based medication), RAL (Royal Free – nurse-led discharge competencies)

Senior Decision-Maker Availability

Increased Consultant/Registrar Presence – ROB (winter hours), RBN (weekends), REF (GPs in PED), RFR (daily ED clinician for paediatrics), RNN (designated clinician daily), RAL (Royal Free – 9–23 weekday PEM consultant cover), RCD (consultant escalation)

Flexible Redeployment During Surges – RH8 (cross-cover between ED and paediatrics), RFR (flexing clinicians), RD8 (reallocation from wards), RCD (main ED support during peaks)

Dedicated Paediatric Spaces & Infrastructure

Separate Paediatric ED Areas – RF4 (Barking & Havering), RCB, RH8, RDE (Ipswich & Colchester)

Extra Triage Capacity – RBN, RD8

Ambulatory/Minor Streams – RH5, RHM

Paediatric CDU/Observation Units – RF4, RH8

Play Specialist Support – RBK (reduces distress, aids flow)

Increased Clinical Space in PED – RAL (North Middlesex)

Escalation, Monitoring & Performance Management

Formal Escalation Protocols – R1H (OPEL triggers), RAS, RBK, RD8, RFR, RCD (consultant escalation)

Breach Time Monitoring & Learning – RCB

Real-time Dashboards & Reviews – RF4

Audit of Long Waits – RTR

Flow Monitoring & Rapid Intervention – RWE, RHM

Condition-specific or Specialist Pathways

Rapid Assessment & Discharge for Minor Injuries – ROA, RD8, RM1, RAL (Royal Free – EPs for minor injuries), RCD

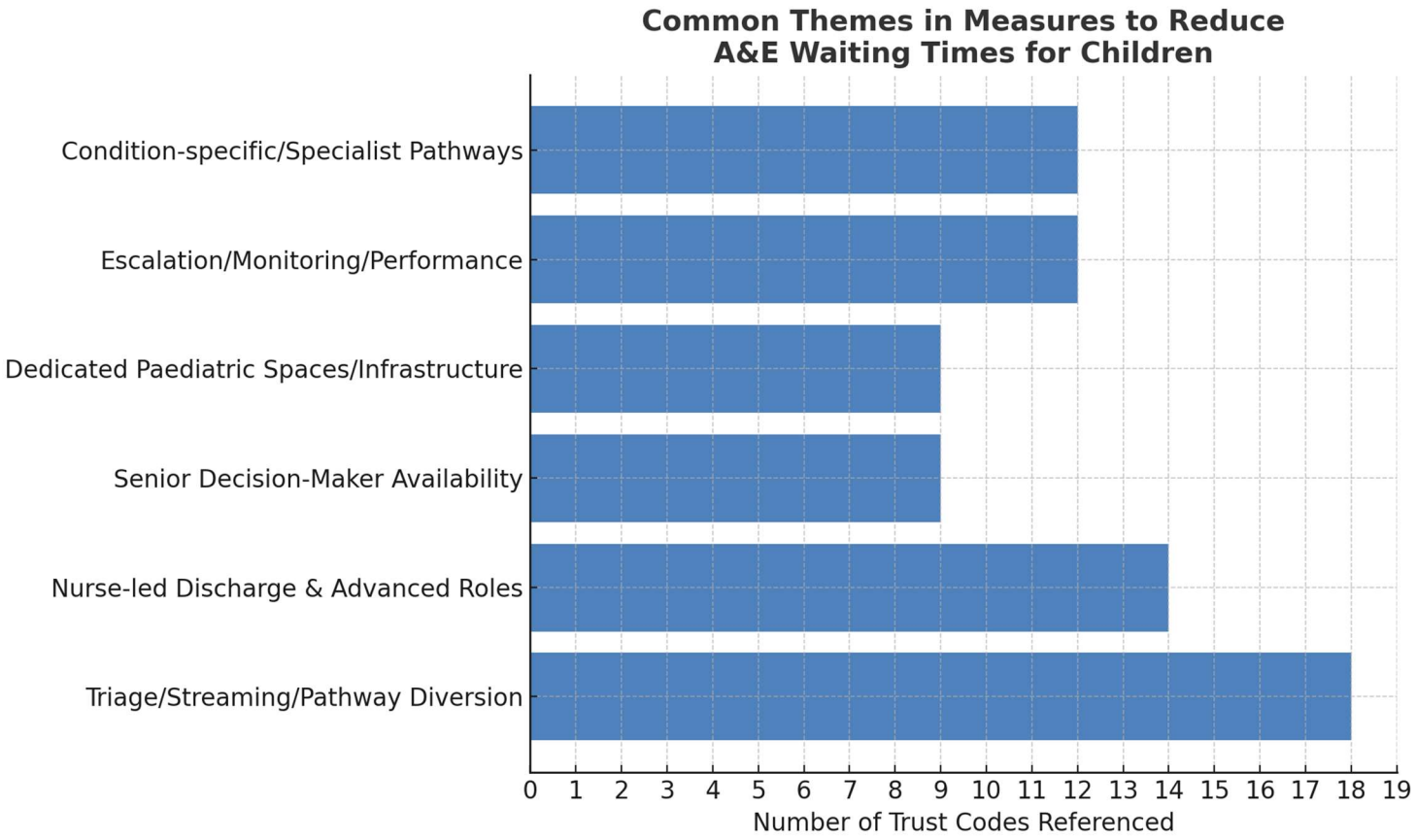
Mental Health Triage / Liaison – ROB (24h psychiatric liaison), RWE (MH deflection process)

Under-3-Months Direct Paediatric Review – RH8, RAE, RD8, ROD, RDE (Colchester)

Pharmacist-led Minor Illness Management – RAL (Barnet – trial of specialist pharmacist)

Hospital @ Home / Open Access Avoidance of ED – ROD

Graph 3.1.3 – Measures to reduce waiting times - Children's A & E Streaming



Trust codes that appear within each theme

3.2 Dedicated Paediatric Emergency Departments

Children-only emergency units:
Some larger hospitals have separate paediatric emergency departments, with paediatric-trained staff and facilities designed to provide faster, age-appropriate care.

3.2.1 Trust Specific Findings

The Trust's Emergency Department reconfiguration project included the development of a co-located Children's Emergency Area and Paediatric Assessment Unit. This opened January 2025 and means that CYP can wait and are cared for in a dedicated and separate area to adults.

The development of this area and co-location of Emergency Department and Paediatric teams' endeavours to improve collaborative care and ensure wait times for CYP are minimised. This co-location enables both teams to provide support to one another, depending on which team is under pressure. It also supports the transition of CYP to the Paediatric Assessment Unit to be timelier and more efficient, supporting wait times in the Emergency Department.

New Children's ED and PAU area funded by a £200k community-led appeal.

Ocean-themed murals, interactive digital stations, comfy seating with USB ports.

https://www.royaldevon.nhs.uk/news/hospital-charity-celebrates-opening-of-new-children-s-emergency-department-area/

The new Children's ED area is expected to provide emergency care for around 30,000 young patients a year. The opening of the Children's ED area is the final stage of a major transformation of the hospital's emergency department, which began in 2022. The redevelopment has included a new main entrance, ambulance bays, an expanded waiting area, eight new resuscitation bays, a bereavement suite, and the relocation of the PAU. RH8

The Trust uses Manchester Triage guidelines to assess and prioritise all children attending the paediatric emergency department at Royal Manchester Children's Hospital. The Trust recently implemented a nurse led RAPID assessment process where children can be discharged from triage with a range of minor injuries following guidance, reducing waiting time significantly. ROA

3.2.2 Main themes identified

Dedicated Children's Emergency Facilities

- Establishment of children-only emergency departments or co-located children's areas within EDs.
- Separation from adult ED spaces ensures CYP (CYP) receive age-appropriate, tailored care.
- Designed with child-friendly environments (murals, interactive digital stations, comfortable seating).

Integration with Paediatric Services

- Co-location with Paediatric Assessment Units (PAU) enables smoother transitions and faster access to appropriate care.
- Collaborative working between ED and paediatric teams helps manage demand when one service is under pressure.

Improved Patient Flow & Reduced Waiting Times

- Dedicated CYP areas are intended to minimise waiting times for children.
- Use of Manchester Triage guidelines and nurse-led RAPID assessment processes enables faster discharge for minor injuries.

Investment & Transformation Projects

- Significant investment in emergency department reconfiguration projects to include children's emergency areas.
- Funded through both hospital redevelopment programmes and community-led appeals.
- Part of wider ED transformations (new entrances, resuscitation bays, bereavement suites, expanded waiting areas).

3.3 Urgent Treatment Centres (UTCs) & Primary Care Diversion

UTCs co-located with A&E: UTCs are designed to treat less severe cases, including minor injuries and illnesses in children, so A&E can focus on emergencies.

GPs based in A&E ("GP at the front door"): GPs work at A&E entrances to redirect minor paediatric cases to primary care services when appropriate.

3.3.1 Trust Specific Findings

Streaming to an Urgent Treatment Centre has effectively reduced waiting times and enabled children to be seen by the most appropriate service. RBS

Yeovil District Hospital – We are due to open a collocated UTC, which will support in better managing children's and young person's demand. We have also created a new SOP which outlines the CYP flow through the department. RH5

We have implemented a GP stream to improve wait times for patients with presenting complaints that are suitable to be reviewed in a primary care stream. We can flexibly adapt the footprint of our department to see minor illness/injury when demand requires. RA7

Since having General Practitioners (GPs) working in ED in the evenings and weekend days, the GPs base themselves in Paediatric ED and this helps extensively with waiting times. REF

Any patient who has a condition that should have presented to a GP or has found difficulty in accessing their own GP and meets the inclusion criteria is streamed to the GP queue. The GP area has its own waiting area as well. Open 08:00 to 00:00. RWE

GP appointments available until 10pm. RR7

The Trust also utilise the GP front door to see our patients with minor illnesses. RM1

3.3.2 Main themes identified

Role of Urgent Treatment Centres (UTCs)

- Co-location with A&E: UTCs positioned alongside emergency departments support rapid streaming of less severe cases (minor injuries/illnesses in children).

- Impact on waiting times: Streaming into UTCs helps reduce pressure on A&E, enabling faster access to care.
- Future development: Some Trusts are in the process of opening new UTCs to strengthen paediatric demand management.

GP Involvement in Emergency Departments

- "GP at the front door" models: GPs based at ED entrances or within paediatric EDs to redirect cases that are more appropriate for primary care.
- Dedicated GP streams: Clear referral pathways and separate waiting areas for children suitable for GP-level care.
- Availability and flexibility: Extended GP appointment times (sometimes up to midnight or 10pm) and flexible use of department space to manage fluctuating demand.
- Positive impact: Reported improvements in waiting times and better alignment of patients with the right service.

Operational Improvements

- Standard Operating Procedures (SOPs): Development of structured processes for managing children and young people (CYP) flow through ED/UTC.
- Adaptable department footprint: Ability to flex spaces and staffing to accommodate peaks in demand, particularly for minor illness and injury cases.

3.4 Increased Staffing & Workforce Reforms can include:

- Paediatric Emergency Consultants:
  Efforts to recruit and retain paediatric-trained emergency doctors and nurses help ensure children are seen more quickly and safely.
- Flexible rotas and additional shifts during winter and demand surges improve capacity.

3.4.1 Trust Specific Findings

The service has developed and run a successful trial of having a specially trained pharmacist in the department seeing low acuity presentations to reduce waiting times and are looking for ways to embed this if funding becomes available. RAL

Annualised hours to increase senior decision makers in the department during the winter. ROB

Allocation of a senior Accident & Emergency (AED) doctor to support discharge. RBL

Consultant presence at weekends has been increased to ensure senior decision making and support junior doctors and this reduce waiting times for children attending. Additional nurse staffing in triage. RBN

We have doctors and Paediatric ENPs work within the department to improve patient wait times. We currently in the process of developing nurse led discharges for specific conditions to improve the flow through the department and patient journey. We also have ED Doctors and ENP's. One of our ENP's allocates themselves to see the children as a priority. We use nurse-led discharges for minor head injuries, wound closure and pulled elbow. RC9

An Emergency Department (ED) Doctor is allocated to the Paediatric ED to help maintain flow and keep waiting times to a minimum. If the Acuity in the main ED is high this may be affected and resumed when the Acuity falls. When Paediatric ED starts to become overwhelmed with patients, the nurses will contact the Doctor in charge at the earliest opportunity and ask for extra support. REF

We have a team of Paediatric ACPs and ENP, nurse led pathways to support safe and timely discharge. We have paediatric coordinators who support with flow of patients and escalations. We have Registered Children's nurses covering the service and have robust training packages to ensure staff have the right skills and knowledge to deliver safe, effective emergency care. RFF

Daily dedicated ED clinician assigned to the workforce allocated to paediatric UECC. When capacity is high in demand in UECC paediatrics, we flex other clinicians to support the demand, this is a daily example of how we monitor the waiting time and ask for support from the Paediatric Registrar. RFR

A Clinician is designated to see all paediatric patients daily meaning that the children are seen in a timely manner. Full complement of ED nurses on rota covering 24/7. If department is under pressure with adult patients, when available paediatric Drs/ACPs will attend department and see all paediatric medical patients to help improve flow. Service improvement - PGDs

developed so nursing staff can administer simple analgesia/antipyretics without medical prescription. Paediatric nursing staff trained to be non-medical referrers, meaning they can request XRAYs for potential fractures/injuries. Worked with Northern burns network to ensure all burns seen in A&E are appropriately assessed by nursing staff. RNN

Children are seen within a variety of clinicians; GPs, Emergency Practitioners (EP) and Advanced Clinical Practitioners. The EPs are now seeing children above the age of 5 years with minor injuries. The service has developed nurse led discharge pathways and competencies e.g. pulled elbows facilitating early discharges. We have increased our consultant senior decision maker cover in Paediatric ED to 9.00 hrs – 23.00 hrs on weekdays with 1 in 3 dedicated PEM Consultant cover. RAL

3.4.2 Main Themes Identified

Expanding Workforce Roles & Skill Mix

- Introduction of specialist pharmacists to manage low-acuity paediatric cases, reducing waiting times.
- Use of Paediatric Emergency Nurse Practitioners (ENPs), Advanced Clinical Practitioners (ACPs), and Emergency Practitioners (EPs) to assess and treat children (including minor injuries).
- Nurse-led discharge pathways for specific conditions (e.g. minor head injuries, wound closure, pulled elbows, burns) to improve patient flow.
- Nurses expanding scope of practice through Patient Group Directives (PGDs) (analgesia/antipyretics), non-medical referrer training (requesting X-rays), and involvement in specialist networks (e.g. Northern burns).

Strengthening Senior Decision-Making

- Increased consultant presence at weekends and extended cover into evenings (e.g. paediatric emergency consultants 9am–11pm).
- Allocation of senior A&E doctors to support discharge and maintain patient flow.
- Additional senior clinical support during winter surges and peak demand (annualised hours, extra shifts).

Flexible Staffing & Rotas

- Daily allocation of a designated clinician to see paediatric patients, ensuring timely care.
- Ability to flex staffing between paediatric and adult EDs depending on demand and acuity levels.
- 24/7 nursing cover with redeployment options when paediatric or adult pressures rise.

Flow Management & Coordination

- Appointment of paediatric coordinators to manage patient flow, escalation, and timely discharge.
- Cross-cover between ED doctors and paediatric teams to maintain throughput when one area is under pressure.

Training & Competency Development

- Robust training packages for paediatric nurses to ensure appropriate skills and knowledge.
- Development of competency frameworks for nurse-led discharge pathways and specialist assessments.

3.6 Mental Health Crisis Support for Children

- 24/7 liaison mental health teams: Mental health-trained staff are embedded in A&E to rapidly assess children in crisis, aiming for face-to-face contact within 1 hour.

3.6.1 Trust Specific Findings

Deflection Process utilised in paediatric ED for CYP attending with low level mental health concerns (given choice to receive a call within two hours and arrange community assessment). RWE

Mental health first aid kits available which are like the distraction packs but include resources (recommended by young advisors) to help support the young person in crisis. RR7

Availability of on-site 24h psychiatric liaison team to review patients with mental health issues. ROB

Training for all staff in induction to have awareness of Mental Health need for all CYP - this is across both registered and unregistered workforce. Paediatric liaison service is in place to support across all wards for all young people who are admitted primarily with physical health needs but also need some support with their mental health. An effective service improvement is the introduction of the Mental Health Support Workers who support the emotional wellbeing of all patients. RA7

3.6.2 Main Themes Identified

Rapid Access to Mental Health Support

- 24/7 psychiatric liaison teams embedded in A&E and available on-site to review CYP in crisis (ROB).
- Deflection processes for low-level concerns, offering rapid follow-up (e.g. call within two hours and community assessment options) (RWE).

Whole-Staff Awareness & Training

- Mandatory induction training for all staff (registered and unregistered) to build awareness of CYP's mental health needs (RA7).
- Ensures early recognition, improved responses, and integration of mental health considerations into all care pathways.

Paediatric Liaison & Integrated Support

- Paediatric liaison services in place to support CYP admitted primarily with physical health issues but also requiring mental health input (RA7).
- Provides continuity of care across wards, not just within ED.

Expanded Mental Health Workforce

- Introduction of Mental Health Support Workers to focus on emotional wellbeing of CYP across hospital services (RA7).
- Supports both clinical teams and patients in managing psychological needs alongside physical care.

Child-Centred, Innovative Support Tools

- Mental health first aid kits (designed with young advisors) containing resources to support young people in crisis (RR7).
- Builds on distraction pack models but tailored to mental health needs, promoting choice and autonomy in care.

4. FOI Question 2- Paediatric Same Day Emergency Care (SDEC) model

Paediatric Same Day Emergency Care (SDEC) is a model of care designed to assess, diagnose, and treat CYP on the same day they present to the hospital, avoiding unnecessary admissions. It aims to streamline the patient pathway, reduce delays, and improve the overall experience for young patients and their families by providing timely specialist care, with a focus on discharge on the same day when clinically appropriate. [5]

This section analyses the responses from NHS Trusts regarding their provision of Paediatric Same Day Emergency Care (SDEC). The aim is to establish the current level of provision, highlight models of good practice, identify trusts that are planning or developing SDEC services, and outline the trusts that currently do not operate such a model.

Trusts with Established SDEC Models

The following trusts have established Paediatric SDEC models, either through dedicated Paediatric Assessment Units (PAUs) or other embedded pathways: ROD, RC9, RCF, RCU, RDE, RDU, RH5 (Musgrove Park), RH8 (Eastern service), RF4, R1H.

Trusts Without SDEC Provision

The following trusts reported that they do not currently operate a Paediatric SDEC model:
ROB, RA7, RAS, RA9, RAE, RBK, RBL, RBN, RBS (developing, opening 2026), RFF, RFR, RWE, RM1, RPC, RTR.

Trusts Developing or Planning SDEC Models

Several trusts are actively developing or planning to introduce SDEC models: RBS, RCB, REF, RAL.

Trusts Operating Partial or Alternative Models

A number of trusts operate assessment units or single front door pathways that offer some same day assessment and treatment, though these are not strictly SDEC models. These include: RDB (PAU model, RED BOX pathway), RH5 (Yeovil site), RH8 (Northern service – no SDEC), RR7 (short stay assessment), RHM (single front door with PSSU).

[5] Reference https://www.england.nhs.uk/long-read/paediatric-same-day-emergency-care/

4.1 Trust Specific Findings

Short Stay Paediatric Assessment Unit (SSPAU) contributes to the reduction of admissions to the Paediatric ward as CYP can be assessed and monitored by the Paediatric team ahead of a decision being made about the future management or discharge of the patient. RBK

There is a Paediatric Assessment Unit at the Luton & Dunstable site for admissions from Paediatric ED and from the community. GP referrals from the community and any referrals we have from Paediatric ED to the paediatrician are seen and assessed on Children's assessment unit (CAU) which is currently based on the children's ward at Bedford. Paediatrics have run a children's/Paediatric assessment unit model for over 20 years. This provides for same day assessment for children referred by primary care, ED and community. This is also supported by Advice and Guidance enquiries, and consultant connect access for Primary care all of which reduce the need for hospital attendance and or an inpatient stay. RC9

There is paediatric assessment unit (PAU) to where we refer children to be assessed by paediatric team on the same day. They will assess children referred from ED, UCC, GP and other sources. There is a pathway for direct referral to PAU (bypassing ED), called RED BOX, this pathway is for children with complex health needs, the paediatric consultant team are responsible to include the children on this pathway. With recent changes in the pathways between Children's ED and PAU, we have noticed an improvement in patient flow. RDB

The Paediatric Assessment Unit operates the Paediatric SDEC model. It is open 24/7. Since the opening of PAU in January and up until April 2025, 61% of patients were admitted during day hours (7am-10pm). There has been a small (3.7%) increase in the number of admissions overnight in comparison to the same period in 2024. RH8

The department operates as a 24-hour emergency assessment unit with capacity to accommodate 4 short stay patients overnight. The paediatric team take same day emergency referrals from local GP surgeries/health visitors and midwives. Children will then be referred directly to the ED department where they will be triaged to paediatrics for same day assessment of urgent concerns. Children requiring ongoing care over 24 hours will be transferred to local inpatient hospitals including GNCH (Great North Children's Hospital) and Sunderland Royal. QE provides a 24-hour short stay unit and A & E attendances. RR7

4.2. Main Themes Identified

Purpose and Function of PAU/SSPAU/SDEC

- Trusts describe a range of models including Paediatric Assessment Units (PAU), Short Stay Paediatric Assessment Units (SSPAU), and emerging Paediatric SDEC models.
- These units function as alternatives to inpatient admission, offering same-day observation, diagnosis, and treatment.
- Example: ROD – runs an established SDEC model within the Children's Assessment Unit, in place for many years, explicitly supporting reduced admissions and improved flow.
- Example: RBK – operates an SSPAU where children are observed and assessed before decisions on discharge or admission, effectively reducing unnecessary admissions.

Impact on Admissions and Patient Flow

- Several trusts highlight a direct reduction in overnight admissions and improved ED flow.
- Example: R1H (Royal London) – before PAU, ~25% of children admitted had a 0–1 day stay; this has now reduced to 10%.
- Example: RDE – PAUs operating 24/7 report clear reductions in overnight admissions and better throughput from ED.
- Example: RDU – SDEC has formalised existing pathways but notes that overnight admissions were already low due to a long-standing PAU model.

Accessibility and Operating Hours

- Operating hours vary significantly:
    - 24/7 cover: RDE (Ipswich & Colchester), RDU (Frimley), RH8 (Eastern service).
    - Day-only or limited cover: Several SSPAU models operate in daytime hours only, reducing their ability to prevent overnight admissions.

- Example: RH8 – PAU open 24/7, with data showing 61% of admissions in day hours (7am–10pm).

Referral Pathways and Triage Models

- Common referral routes include GPs, health visitors, midwives, ED triage, and urgent care centres.
- Example: RDE – accepts direct referrals from GPs, health visitors, and midwives alongside ED patients.
- Example: RR7 (QE Gateshead) – ED acts as triage, then same-day referrals made directly to paediatrics.
- Example: RH5 – PAU accepts GP direct referrals into ED for same-day assessment.

Integration with Primary and Community Care

- Several trusts highlight close links with primary care and community services as part of their assessment model.
- Example: RC9 – offers consultant-to-consultant advice, consultant connect, and community referral access; PAU model has been in place >20 years.
- Example: ROD – developed a regional memorandum of understanding with NHS Dorset and CAMHS colleagues to support children without acute physical need, reducing reliance on inpatient stays.

Feedback and Continuous Improvement

- A few trusts report using feedback or audit to refine their SDEC/PAU offer.
- Example: RDB (MKUH) – uses staff and family feedback to refine their RED BOX referral pathway for children with complex needs.
- Example: RAL (Barnet/Royal Free) – undertook an audit to evidence how a paediatric SDEC would improve flow; findings are feeding into local urgent emergency care planning.

Additional Innovations

Some trusts are developing unique features or pilots to enhance their models:

- RBS (Alder Hey) – new extension planned to accommodate a future SDEC (due 2026).
- RHM (Southampton) – single front-door model ensuring all referrals flow via CED, with a co-located PSSU providing up to 24h observation.
- RC9 – long-standing "consultant connect" reducing unnecessary ED attendances.

5. FOI Question 3 - Play facilities in place for children in the Emergency Department waiting areas

As set out in the Royal College of Paediatrics and Child Health's *Facing the Future* (2018),[6] all emergency departments treating children should employ a play specialist, who provides distraction therapy, oversees safe play environments, and enhances child-friendly care—supported by measurable standards and audit metrics. NHS England's *Play Well* guidelines further reinforce the importance of built-in 'playable design' and dedicated play areas as key elements of child-centred service design.

5.1 Trust Specific Findings

We have a dedicated Play Specialist who works within the departments. We have play activities in the waiting room, waiting room activities trolley. Our play specialist provides holiday related tasks in the waiting room to keep children busy/distracted whilst waiting. A tv plays a rotation of DVDs at the entrance of the waiting room. There are two interactive electronic devices in the waiting room A small play area. We have a sensory cubicle with soft walls and a large soft area to sit with some interactive games on the side also, low colourful lights and calming music. We also have multiple toys/books/games consoles to hand out to people in cubicles/PCDU to entertain and distract when needed. R1H

[6] https://www.rcpch.ac.uk/resources/facing-future-standards-paediatric-care

We have two waiting areas; one located in the main ED waiting area. This has recently been refurbished using paediatric charitable funds, it contains a play system in the form of a campervan and wall mounted toys/games. The area although enclosed within the main adult waiting area, has been made child friendly with animal themed vinyl. The second children's waiting area is located within the peapod (emergency assessment unit) This contains seating for waiting, an interactive touch table, wall mounted games, colouring facilities, books, and a variety of age-related toys. We have a range of activities and age-related toys which can be taken to the child's individual room if admitted for a period of observation. We have a 3D TV and VR headset which can be used to distract children during procedures.RR7

We have a paediatric ED area, with various toys for various ages to include sensory toys, ipads, play station, wooden toys, books. RA9

There is a range of toys, books and art equipment in waiting areas, along with an interactive floor screen. In addition, there is a hand-held Nintendo Switch that is used in bed spaces for distraction. RAX

Barnet Hospital - The department is currently being rebuilt. A variety of interactive play resources have been procured as part of this rebuild, most of which are wall mounted. These are a mix of analogue and electronic resources. A mobile games console is also offered. Sensory distraction equipment, colouring equipment, reading books, and play videos are also available in the waiting room.

North Middlesex University Hospital -There are three electronic touch-screen wall games, suitable for ages 2-14. There are additional non electronic wooden wall games. Other toys, books etc are not permitted due to infection control restrictions.

Royal Free Hospital - The hospital has an interactive floor projector - that has games on for the children in the main waiting room. Since its installation, this has been very popular with the patients. There are also a limited number of toys in the smaller play area in the paediatric observation area. RAL

5.2. Main Themes Identified

Dedicated Play Staff

Many departments employ Play Specialists or Play Support Workers to actively engage children and support distraction during procedures (e.g., R1H, RBK, RFF, RHM).

Play teams are often cross-covering multiple departments and sometimes limited to certain days (e.g., weekends at RAE).

Toys and Games

Most departments provide age-appropriate toys, including:

- Soft toys, wipeable toys, and wooden puzzles
- Role-play items like kitchens and shopping trolleys (e.g., RHM)
- Classic games, cars, blocks, dinosaurs (e.g., RD8, RHM)

Books and Reading Material

Frequently mentioned across departments to offer quiet, independent entertainment (e.g., RBL, RCU, REF).

Art and Craft Activities

Widely available: colouring sheets, pencils, paper, and craft packs (e.g., RA7, RR7, ROA).

Digital Entertainment

TVs with child-friendly content, DVD players, and interactive touch screens are common (e.g., R1H, RC9, RNN).

iPads, Nintendo Switches, PlayStations, VR headsets are increasingly used for engagement and distraction during procedures (e.g., RAX, RD8, RHM, RR7).

Sensory Rooms and Equipment

Many departments are enhancing or already providing sensory environments:

- Sensory lighting, interactive floor tiles, soft walls and seating (e.g., RC9, R1H, RBK, RH8) and sensory-focused toys for neurodiverse children.

Interactive and Wall-Mounted Installations

Wall-mounted puzzles and games are a common low-maintenance engagement tool (e.g., ROB, RA7, RR7, RWE).

Some departments use interactive floors or AI tech (e.g., RAX, RC9, CCF).

Adolescent-Focused Zones

A few departments offer dedicated adolescent areas with board games, TV, and seating (e.g., RFF, RWE), recognizing differing needs of older children.

Infection Control Measures

Infection prevention affects provision:

- Use of wipeable or easily cleaned toys.
- Restrictions on shared iPads or soft toys.
- Toy boxes in isolation rooms cleaned after each use (e.g., RBN, RAE)

Infrastructure and Environment

A few departments noted recent refurbishments, including themed décor (e.g., RR7), animal/sea themes (RH5), or calming spaces.

Others are in temporary or restricted spaces due to construction (e.g., RBS).

Charitable and Fundraising Support

Several departments are making improvements through charitable donations or fundraising (e.g., RBK applying for interactive stations, RM1's fundraising for new toys).

Some are using charitable funds for major refurbishments or themed décor (e.g., RR7).

Temporary or Shared Space Constraints

Some departments operate in temporary spaces during building works (e.g., RBS).

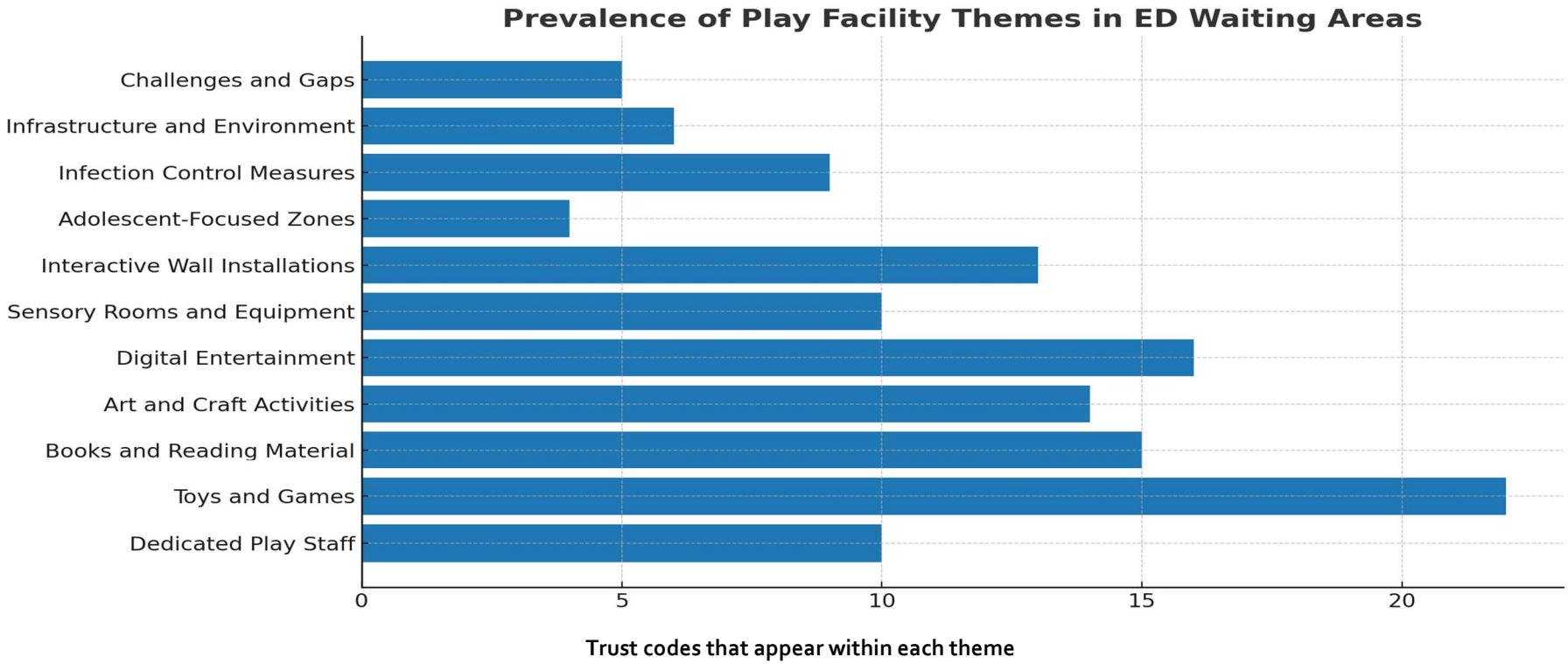
Others adapt shared spaces with adult waiting areas to make them more child-friendly (e.g., RR7 campervan play area).

Integration with Clinical Care Pathways

Play facilities are sometimes embedded into clinical care, supporting distraction during procedures and enhancing patient flow.

Examples include providing bedside entertainment for children unable to use waiting rooms (e.g., RD8 Nintendo Switch consoles).

Graph 5.3 – Prevalence of Play facilities in ED waiting areas



6.FOI Question 4 - Specific staff roles to support children and young people

The responses highlight a wide variation in staffing models, skill mixes, and availability of specialist roles across the NHS. Many Trusts report a combination of paediatric-trained nurses, play specialists, and mental health support workers, with some also employing youth workers, learning disability nurses, or advanced clinical practitioners. Others rely on ward-based staff, shared Trust-wide roles, or temporary/part-time arrangements.

The roles described serve a variety of functions, including:

- Providing clinical care tailored to children's needs.
- Delivering therapeutic play and distraction to reduce anxiety during procedures.
- Offering mental health assessment, intervention, and crisis support.
- Supporting CYP with learning disabilities, autism, or complex needs.
- Facilitating safeguarding, safe discharge, and transition to other services.

6.1 Trust Specific Findings

Within the Paediatric ED we have a dedicated play specialist who works alongside children undergoing procedures and investigations. They are also able to work with any child who is anxious or scared about being in the department to help with this. CAMHs in reach are an incredible resource in the department, they help facilitate safe discharges and can provide support during mental health crisis in young people, if required. 'No Limits' are also available within the department; they spend a lot of time with young people who may need support once they have left the department. We also have link nurses specifically for children with learning disabilities and complex needs and the Clinical Nurse Specialist linked with the inpatient teams are available to provide advice, review and support as well as the dietetic team if required. We have a Housekeeper who regularly offers refreshments to children and families and the support services team who can offer hot meals to patients on the Paediatric Short Stay Assessment Unit (PSSU) as well as breast feeding mums. We also give patients on PSSU access to the 'Sophie's Legacy' charity

box which contains a range of food, snacks and drinks as well as personal care items. RHM

The Trust has a dedicated mental health champion, who works closely with CAMHS and families to improve the pathway and care provided to this patient group. We are also in the process of recruiting a dedicated Health Play specialist for the ED. RAX

The department is staffed by a team of experienced paediatricians, resident doctors and paediatric nurses who are responsible for the care of children who attend the department between the ages of 0-15. The paediatric department works closely with the emergency medicine specialists some of whom are paediatric emergency medicine trained doctors. 1 full time nursery nurse in post to cover 3 areas. RR7

The hospital has a play department, a focus support team and champions within the paediatric emergency department. ROA

Children's nurses, play team, we work closely with CAMHS, children's safeguarding team, early help and access to learning disability nurse. We also have specialist roles e.g. respiratory, diabetes, epilepsy specialist children's nurses. Paediatric ACPs/ENP. Children's community nurses. RFF

We have a play specialist for Paediatric ED on a fixed term contract currently. Staff have different link roles to try to develop the department and staff to support CYP, these link roles include CAMHS, asthma. At Bedford we do not currently have a play specialist but are able to request one from the children's ward if we need one. The Paediatric nurses alongside some of the doctors have link roles including mental health, sepsis, audits and safeguarding. RC9

CAMHS lead, play team. All registered staff are paediatric trained. Currently looking at role of youth worker via Barnardo's. RCB

6.2 Main Themes Identified

Play Specialists / Play Support Roles

- Many departments have dedicated play specialists or play assistants to provide distraction, therapeutic play, and procedure preparation (e.g., R1H, RBK, RBS, RC9, RWE, RHM, RTR, RAL).
- Some rely on ward-based play staff or have access on request rather than embedded in ED (e.g., RBN, REF, ROA, RD8, RM1, RAL - Royal Free Hospital).
- Play support is sometimes limited by availability (weekdays only, or part-time).

Mental Health Support Roles

- CAMHS liaison staff or mental health champions present in several Trusts (e.g., RAX, RCB, RF4, RFF, RDE, RAL - North Middlesex).
- Youth workers or mental health outreach workers (e.g., RDU – Emerge service, RAE, ROD in recruitment, RHM – No Limits).
- Availability varies: some Trusts have 24/7 mental health cover (e.g., RAL – North Middlesex, Royal Free) while others rely on referral.

Learning Disability (LD) and Additional Needs Support

- Learning disability nurses or LD champions are available in some departments (e.g., RAS, RBS, RFF, RD8, RDE).
- These roles help with reasonable adjustments and supporting neurodiverse children.

Specialist Nursing and Clinical Expertise

- Several departments ensure paediatric-trained nurses are on every shift (e.g., RBL, RCU, RF4, RM1, RAL – North Middlesex).
- Some have nursery nurses (e.g., RR7), healthcare assistants with play training (e.g., RD8), or Advanced Clinical Practitioners (ACPs) with paediatric skills (e.g., RF4, RFF, RAL – Royal Free Hospital).

Safeguarding and Focused Support Roles

- Named nurses for safeguarding or safeguarding leads in place in many Trusts (e.g., RF4, RPC).

- Transition nurses for moving young people from children to adult services (e.g., RAS).
- Focus support teams and champions for specific needs (e.g., ROA, RM1).

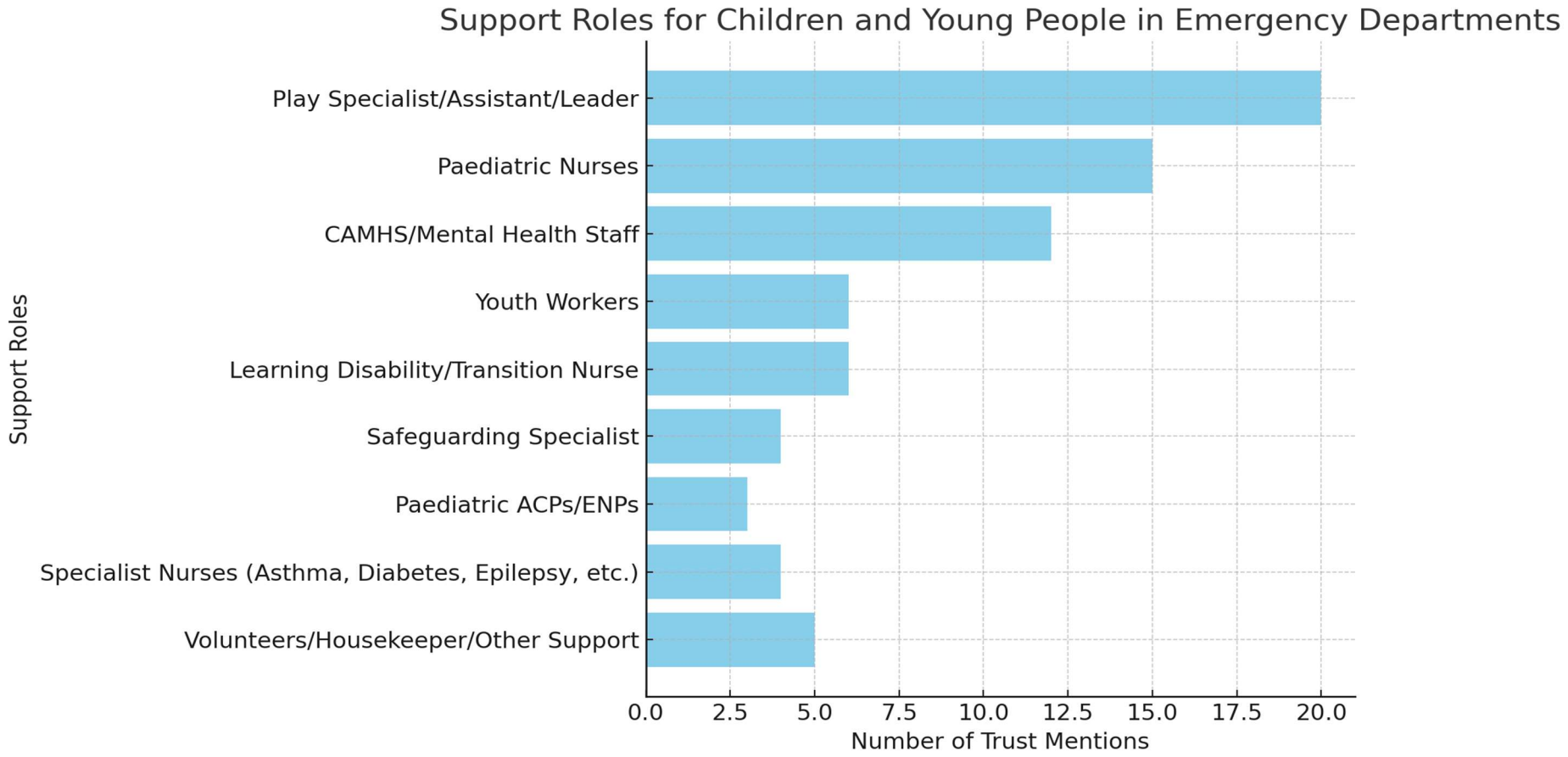
Multi-Disciplinary and Allied Health Roles

- Collaboration with dieticians, family support workers (planned in ROB), and hospital youth workers.
- Some departments access a wider multidisciplinary team from other areas as required (e.g., RCU, RH8 – ward-based play specialists).

Volunteer Support

- Some departments use volunteers to enhance the child and family experience (e.g., RD8 increasing volunteer time).

Graph 6.3 - Support Roles for Children and Young People in the Emergency Departments



Trust codes that appear within each theme

7. FOI Question 5. Systems in place to ensure effective communication tailored to the child's age and needs

Effective communication in Emergency Departments (EDs) for CYP requires approaches that are age-appropriate, accessible, and responsive to individual needs. Trusts report a wide variety of approaches to ensuring communication is tailored to the child's developmental stage, language, and individual needs with strategies, from staff training in child-centred communication to resources for children with additional needs, neurodiversity, or language barriers. Responses also reveal a mix of structured tools (e.g. hospital passports, visual aids), specialist staff (play specialists, youth workers, learning disability nurses), and environmental supports (sensory equipment, child-friendly environments) across the NHS.

7.1 Trust Specific Findings

We have age-appropriate pain scales for children to use which are FLACC and 'faces'. We have friends and family feedback where the child can write or draw to communicate what their experience was while being in hospital. RBK

Paediatric trained staff. Play team can lead with adapted tools such as story boards. Interactive Lego to display procedures. Use of the HEEADSSS tool for over 12 years/assessment of health and wellbeing need. Paediatric specific pain assessment. RCB

We encourage CYP with additional needs to have a health passport which helps to identify their communication (amongst other) support needs. Depending on what the CYP communication preference is we have resources available to teams in the intranet. For CYP who use Makaton, we prioritise Makaton training with the CPD funding we receive each year to upskill staff knowledge and skills in use of Makaton. For CYP who benefit from Visuals to support communication, all LDA ambassadors have access to the Inprint 3 App – this enables colleagues to create visual resources using 'Widgit' which is also a commonly used with our SaLT teams across Sheffield. We can manually add alerts for Learning Disability/Autism and can upload a copy of the passport to patient record. Colleagues can manually flag any Accessible Information/communication needs for CYP and their parent/carer. The Trust is implementing the Accessible Information Standard. RCU

Hospital passports outlining a child's needs/preferences have recently started to be used. Emergency health care plans are readily available and are almost always in date. Our electronic records highlights children with additional needs so that adjustments can be made. Easy read versions of all information, hearing loop, availability of Makaton, visual aids, posters encouraging families to let us know of reasonable adjustments etc. ROB

7.2 Main Themes Identified

Play Specialist / Play Team

- Play specialists or trained play teams use therapeutic play, storyboards, and distraction to explain procedures and reduce anxiety (RCB, RC9, RF4, RH5, RH8, RM1, RDE, RPC).
- Example: Registered play specialists support communication through visual aids, toys, and storytelling (RF4).

Hospital Passports

- Passports are used to capture children's needs, preferences, and reasonable adjustments (ROB, RA7, RCU, RR7).
- Example: A care passport booklet supports autistic children and those with additional needs (RR7).

Visual Aids

- Visual prompts, picture boards, widget symbols, and digital visual guides are used to support communication (ROB, RA7, RC9, RCU, RR7, RAL).
- Example: Inprint 3 App with Widgit symbols used to produce custom visual resources (RCU).

Staff Communication Training

- Training in child development communication and tailored approaches embedded in nurse/medical training (R1H, RBL, RBN, RCF, REF, RF4, ROD, ROA, RAE).
- Example: Staff receive training in simplified, positive, age-appropriate communication (RF4).

Specialist Trained Staff (LD, SEN, Paediatrics)

- Paediatric-trained nurses, SEN-experienced HCAs, LD liaison nurses are part of communication support (RBK, RBN, RCF, REF, RWE).
- Example: Paediatric trained nurses on duty 24/7, with staff completing "We can talk" training (REF).

Makaton / Alternative Communication Tools

- Makaton and Singalong available in some trusts to aid communication (ROB, RCU, RR7, RM1).
- Example: CPD funding prioritises Makaton training for staff (RCU).

Translation & Interpretation Services

- Use of Language Line, live BSL stations, and video interpretation (RA9, RFF, RFR, RPC, RM1, RAL, RD8).
- Example: Portable iPad BSL station provides real-time sign language support (RD8).

Co-production & Feedback

- Children and families are involved in shaping communication tools and providing feedback (RAX, RBL, RBK, RF4, RD8).
- Example: Active engagement with young people to co-produce improved communication methods (RAX).

Sensory Toys / Equipment

- Sensory boxes, fidget toys, distraction packs, sensory-inclusive environments are used to support communication (RBK, RBS, RFR, RH8).
- Example: Sensory screens and iPads are available in each room to support neurodivergent children (RH8).

Care Plans / Safety Netting

- Emergency healthcare plans, bespoke care plans, and safety netting information help continuity of care (ROB, RFR, RHM).
- Example: Emergency care plans ensure continuity of care across settings, with parent-held copies (RHM).

Electronic Alerts / Flags

- Digital records highlight additional needs to trigger adjustments (ROB, RCU).
- Example: Electronic records flag children with additional needs so that adjustments can be made (ROB).

Child-Focused Environment

- Departments adapted with child-friendly design, waiting room videos, or separate child spaces (RA7, RH8, RH5).
- Example: Sensory-inclusive décor and child-focused environment designed for neurodivergent children (RH8).

Pain Scale Tools

- Pain scales tailored to developmental level (faces, numbers, FLACC) used across sites (RBK, RNN, RCB, RDE).
- Example: FLACC and 'faces' pain scales used alongside sensory toys to support communication (RBK).

Youth Workers / Peer Support

- Youth workers support communication, particularly for adolescents (RDU, RF4).
- Example: Emerge youth workers provide support for children aged 10–25 (RDU).

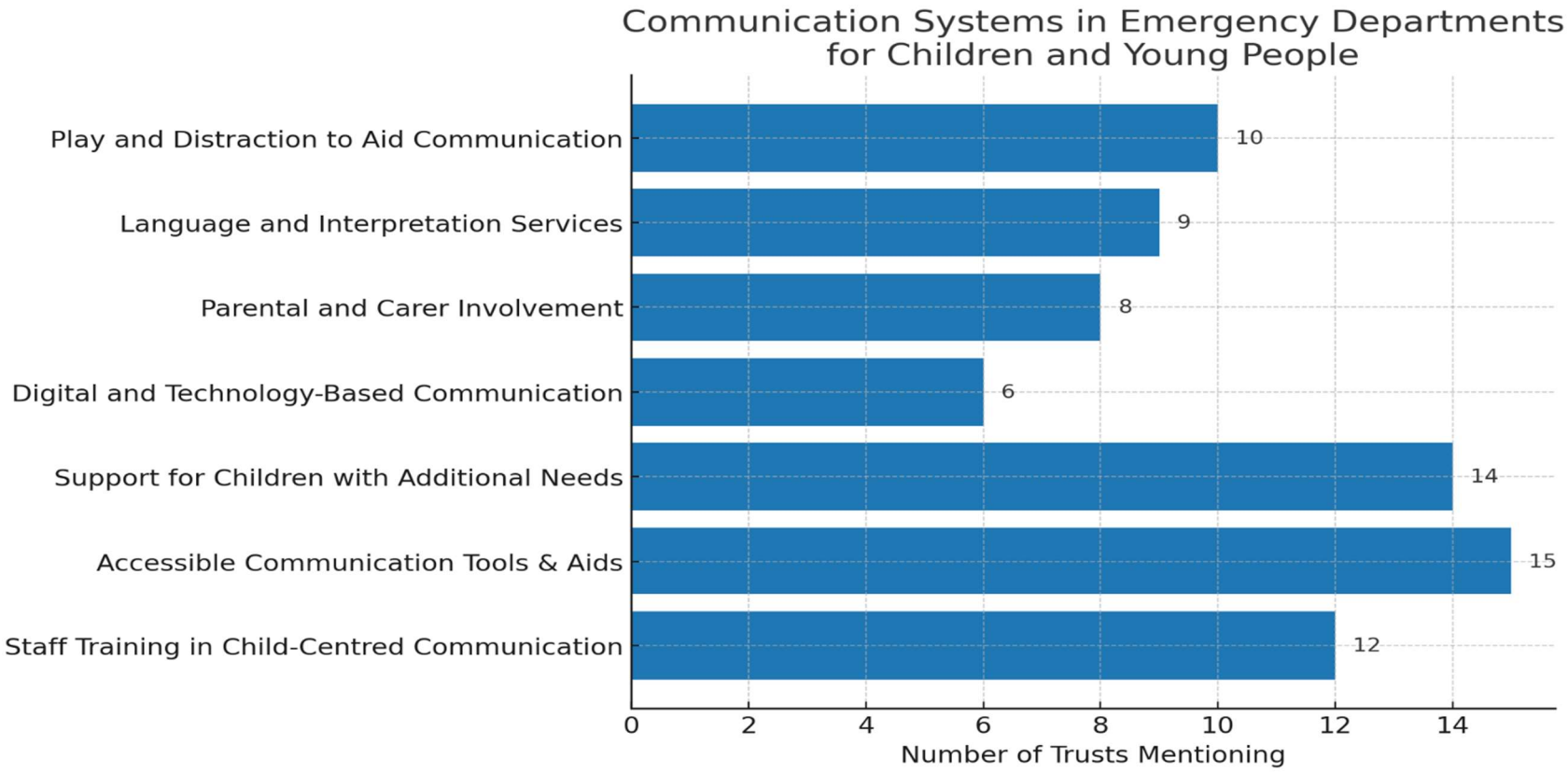
Communication Boards

- Communication boards used to explain the patient journey (RR7, RTR).
- Example: Picture-based communication board explains what will happen next (RR7).

Accessible Digital Resources

- QR code leaflets, Healthier Together website, video guides developed for child-friendly communication (RD8, RF4, RAL).
- Example: QR code leaflets with built-in accessibility functions (translation, text-to-speech, colour contrast) (RD8).

7.3 Graph Systems in place to ensure effective communication tailored to the child's age and needs



Trust codes that appear within each theme

8. FOI Question 6 - Facilities or support do you have for children with autism or a learning disability – e.g. sensory friendly features.

This dataset presents examples of how NHS Trust Emergency Departments (EDs) support children with autism or learning disabilities (LD) through environmental adaptations, specialist resources, and service improvements. Responses demonstrate a wide variety of provision — from fully equipped sensory rooms and prioritised triage to ad-hoc access to quiet spaces and portable sensory kits.

8.1. Trust Specifics

We have a dedicated sensory cubicle with soft walls and a large soft area to sit with some interactive games on the side also, low colourful lights and calming music, with distraction toys/items. R1H

All rooms are single cubicles with closing doors. Children with sensory issues can wait in these rooms instead of the noisy waiting room • One room has been upgraded to specific sensory facilities - primarily lights and a projector. • A box of sensory toys can be offered to children for distraction, usually supplied by the Starlight Foundation or from department budget. • Two portable hurricane lamps should we require more than one room for sensory distraction. ROB

Sensory bags (fidget toys, chew bracelets, textured fabrics), low level lighting, sounds, toys, ear defenders. We have converted a room in the Children's ED, so Room 10 has a range of lights. RA7

Barnet Hospital - The service has just won an award for their work in improving care pathways for CYP with autism. Simulation training is provided for staff using parents with lived experience as actors to raise awareness. There is an active quality improvement workstream called "See me autism" where the service has developed a triage script and poster to help staff identify and support those with autism attending the department. The service is seeking ongoing funding for the sensory bags as they received very positive patient/parent feedback. Currently the service has made a cabinet of resources containing fidget toys, communication aids and sensory equipment for CYP with autism. In the new rebuild there will be a specific side room which the service preferentially use for those with special needs where it is clinically appropriate to do so. For this room the service has procured specialist lighting,

beanbags and a soft play structure in response to patient feedback. There is also an active parent group, and the service specifically collect feedback from patients with autism / parents of those with autism so the team can improve its service in the most effective way possible. RAL

The Trust has a designated quiet room which contains sofa and chair rather than clinical equipment that can be used for children that need a quiet space. We aim to prioritise patients who would struggle with waiting and speak to the children and their parents about what environment they would prefer to wait in. We have recently launched a LD project in which we have a stock of ear defenders and fidget toys. We also have new communication aids, including flash cards with simple pictures about common things that happen in ED. This includes a now and next board so children can be aware of what is going to happen. We have a designated RN who has this as her link role and works along sided other members of the team to improve the care we provide to this group of patients. As part of this project we are also looking at creating short videos about the department and things that may happen that can be shared with schools and families so children can see what the department is like before they arrive. We will also aim to follow any care plans children present with. Sign along training being introduced into the department. RM1

We have a sensory room which is complete with sensory toys/items, we have a recent service improvement: small bags containing sensory toys to distribute to children with autism, which we hope will ease their journey through Paediatric A&E. We have daily patient safety huddles, and these have contained multiple messages distributed to all staff regarding treating with additional needs, particularly the importance of learning to parental/carer concerns as the child may not display typical features of injury/illness. RBN

We have a sensory and distraction box, with fidgets and tactile items for use by patients. We contact the Learning Disability and Autism team to support when needed. Children with Learning Disabilities and/or Autism have the option to have a "flag" on maxims, this alerts the Learning Disability and Autism team when the patient attends ED, the Learning Disability and Autism team then attend ED. REF

8.2 Main Themes Identified

Dedicated Sensory Rooms and Spaces

Many trusts have created physical spaces tailored for neurodiverse children, featuring soft furnishings, calming lighting, and interactive features.
Examples:

- Sensory cubicle with soft walls, interactive games, calming lights, and music. R1H
- Side room with sensory lights, toys, and play specialist support. RBK
- Separate sensory room with soft play seating, sensory lights, interactive tiles, and murals. RC9
- Purpose-built sensory rooms or safe spaces. RBL, RBN, RBS, RD8, RWE, RHM

Portable Sensory Resources and Distraction Tools

Where space is limited, trusts provide sensory kits, fidget toys, and calming aids for use anywhere in the ED.
Examples:

- Sensory bags with fidget toys, chew bracelets, textured fabrics, and ear defenders. RA7
- Box of sensory toys, portable hurricane lamps. ROB
- Sensory/distraction boxes with tactile tools, ear defenders, and easy-read materials. REF, RFR, RFF
- Sensory grab bags, bubble machine. RH5

Quiet/Low-Stimulation Waiting or Treatment Areas

Several sites prioritise quieter environments or provide isolation cubicles for children sensitive to noise and crowds.
Examples:

- Children with autism/ADHD prioritised in queue; posters prompting parental notification at triage. RAE
- Quieter rooms and sensory packs. ROA
- Quiet rooms in ED and other areas. RCU

- Quiet room with soft furnishings and LD project for environmental adaptations. RM1

Staff Training and Specialist Roles

Provision is strengthened where there are staff trained in autism/LD awareness or dedicated liaison roles.
Examples:

- Dedicated LD and Autism Liaison Nurses; autism awareness training. RF4
- All staff trained via Oliver McGowan package; play specialist involvement. RHM
- All staff trained in Oliver McGowan standards. RH5
- Simulation training using actors with lived experience. RAL

Triage Adjustments and Fast-Tracking

Some trusts prioritise children with autism/LD for quicker assessment to reduce stress and distress.
Examples:

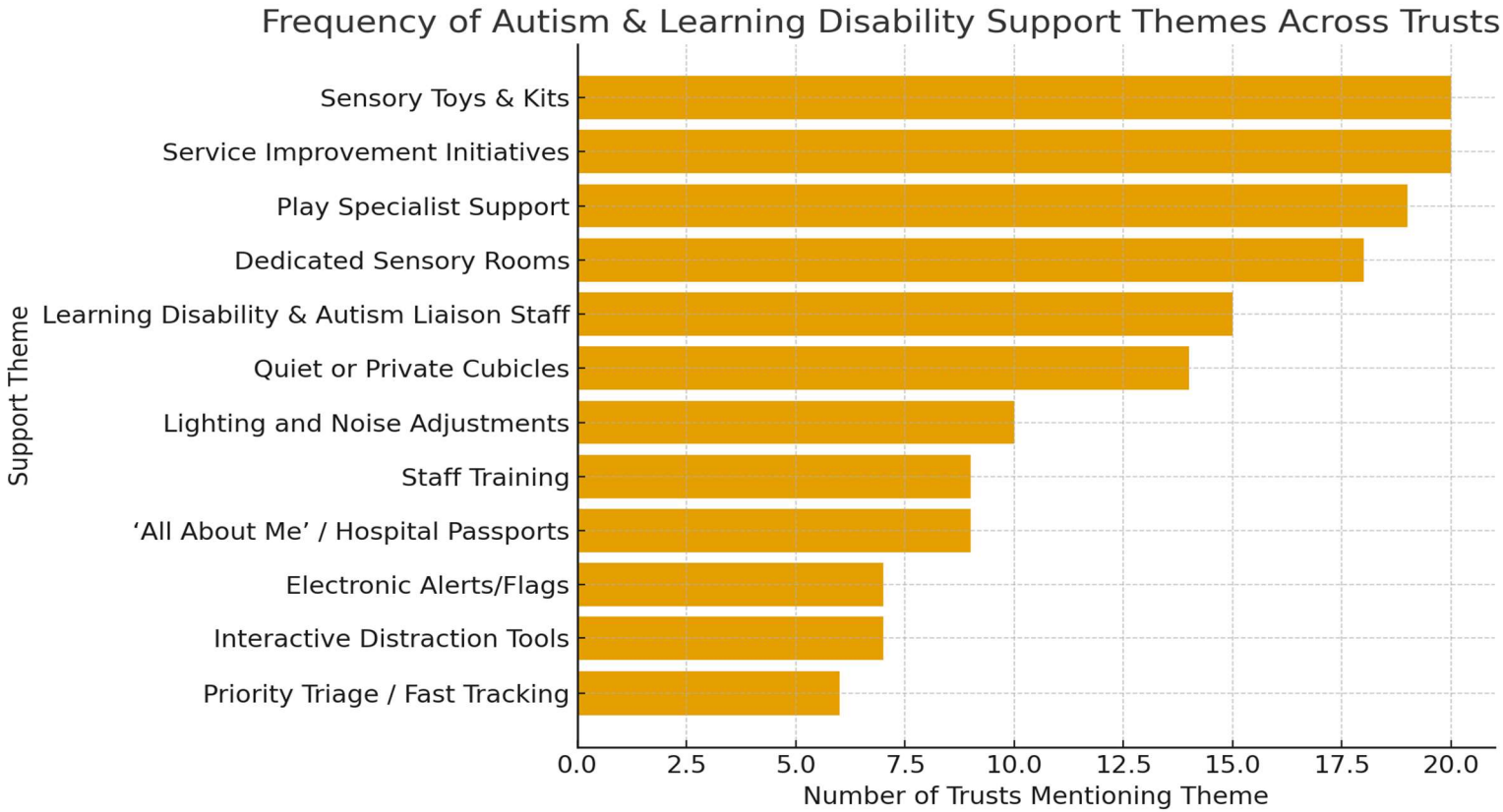
- Prioritisation as ESI 2 for timely review. RDU
- Priority queueing where clinically appropriate. RAE
- Patients moved to a quieter area if overstimulated. RWE

Service Improvement Projects and Innovation

Innovative projects enhance patient experience, often supported by charity funding or community partnerships.
Examples:

- Interactive 3D entertainment, VR headset for distraction, neurodiverse patient pathway in development. RD8
- Sensory resource introduction based on patient feedback. RCB
- Award-winning "See Me Autism" quality improvement project. RAL
- Hospital passports for frequent attenders. RNN

Graph 8.3 – Support for Children with Autism or Learning Disabilities



9. FOI Question 7 - Specific training for supporting children and young people with autism or a learning disability

Training staff to support CYP with autism or a learning disability is a critical aspect of delivering equitable and safe care in Emergency Departments (EDs). Recent national initiatives, most notably the Oliver McGowan Mandatory Training on Learning Disability and Autism, have set a consistent expectation across the NHS. [7]

The responses from Trusts highlight progress towards embedding this training, but also reveal variations in implementation, coverage, and supplementary support.

All Trusts responding to the FOI confirmed all staff participate in the Oliver McGowan Training on Learning Disability and Autism.

9.1 Trust Specific Findings

All our staff have mandatory training which covers learning disabilities and includes Oliver McGowan. Staff working with children have yearly mandatory Safeguarding Level 3 training, which includes aspects of neurodiverse children. We have a Senior Nurse that has training in British Sign Language, she has delivered a small session to staff with some basics of BSL. We started a paediatric training program in October 2024, every week for 45 minutes, which has covered sessions on communication and mental health and further training sessions are planned to relate to learning disabilities and autism. RDB

All colleagues are required to complete the Oliver McGowan Mandatory Training on Learning Disability and Autism. This was Launched across the trust in July 2023, and colleagues continue to access Part 1 and part 2 (T1 or T2 depending on roles and responsibilities). In addition to this, the LD lead offers bespoke training to accommodate specific department need i.e. Reasonable Adjustments, Accessible Information & Communication, Health Passports. One of the key themes in the Trust LDA strategy is around Education & Training. RCU

All paediatric doctors are required to undertake regular mandatory training on Learning Disability and Autism, based on the Oliver McGowan training. Nurses and AHPs are also required to complete mandatory Oliver McGowan training, which includes reasonable adjustments for people with a

[7] https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice

learning disability and autistic people. The HCA induction programme includes a session on learning disability and autism and the nursing preceptorship programme for the Children's Hospital will also now include a similar session. RWE

The Paediatric Department was awarded the gold award from the Northeast Autism Society in 2023 following a service improvement project. The department worked with NEAS and the Gateshead autism hub to improve Inclusivity to all children who attend across the 3 areas. The NEAS delivered a bespoke training session to all the nursing team. The care passport and above measures were put in place during this service improvement. As part of mandatory training the trust delivers the learning disability diamond standards training to all staff. The paediatric team were the first department to achieve 80% of their nursing staff complete this when it was first rolled out. RR7

9.2 Main Themes Identified

Mandatory Oliver McGowan Training

- Most Trusts report that Oliver McGowan training is now mandatory for all staff (e.g., ROD, RA7, RAS, RAX, RBN, RBS, RC9, RCU, RDU, REF, RF4, RFF, RH5, RH8, RNN, RWE, ROA, RIH, RHM, RM1).
- Some Trusts specify both online and face-to-face components (e.g., RC9, RDE, RH8, Walsall RBK, RF4).
- Others indicate the training is available but not yet consistently mandatory across all staff groups (e.g., ROB).

Supplementary and Bespoke Training

- Some Trusts enhance mandatory provision with simulation training and scenario-based sessions (RAE, RDE, RR7).
- Bespoke sessions are offered by Learning Disability (LD) leads or specialist nurses (RCU, RDB, RDE).
- Specialist initiatives include certified external providers (RNN – "Certified Minds" training on neurodiversity; RR7 – NEAS training linked to autism inclusivity awards).

Integration into Wider Training Programmes

- Some Trusts embed autism/LD awareness within broader programmes:
    - Safeguarding training (RDB, RD8).
    - Induction and preceptorship (RWE, RM1).
    - Paediatric-specific training programmes (RDB, RDE, RWE).

Innovative Training Approaches

- A small number of Trusts describe innovative methods:
    - Simulation using parent actors to highlight lived experience (RAL).
    - British Sign Language (BSL) sessions (RDB).
    - Singalong sign language for staff (RM1).

9.3 Graph Training Themes for Supporting Children and Young People with Autism or a Learning Disability

10.FOI Question 8 - Measures to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient.

Children and teenagers admitted to hospital face both physical and emotional challenges. Alongside safe, high-quality clinical care, there is increasing recognition of the need to provide holistic emotional and psychological support. Many trusts are embedding play services, CAMHS liaison, youth workers, sensory spaces, and age-appropriate facilities to enhance patient experience.

10.1 Trust Specifics

We have included making adaptions to one of the cubicles so that there is no way that the patient could be harmed in that cubicle: no ligatures, door to the bathroom can't be locked, water is turned on by sensors not taps. We have also assigned a mental health champion who is one of the consultants. She is working with mental health consultants from outside the trust to educate staff on management of patients with eating disorders. R1H

Training for all staff in induction to have awareness of Mental Health need for all CYP - this is across both registered and unregistered workforce. Paediatric liaison service is in place to support across all wards for all young people who are admitted primarily with physical health needs but also need some support with their mental health. An effective service improvement is the introduction of the Mental Health Support Workers who support the emotional wellbeing of all patients. RA7

The paediatric inpatient ward is staffed by qualified paediatric nurses who have the knowledge and training to care for the clinical and emotional needs of children and teenagers. We have a play specialist who works Monday – Friday to support CYP and families on the ward. We have close links with our CAMHS service who visit the ward at least twice a week to support the needs of those CYP with emotional needs. We have a transition nurse specialist who works with young people aged 13+ with chronic illness to support their growing independence in relation to their health needs and their eventual transition to adult care. One initiative that she has instigated is fidget boxes for our teens with mental health crisis. These act as a distraction when they are having anxiety episodes. RAS

The Trust's children's ward provides a Teenage Room, as well as a Playroom with a garden attached for the wellbeing of children and their families. There is a dedicated support worker for teenagers who provides support within the department and following discharge, especially for oncology patients or diabetic patients. In addition, there is a designated play specialist who can help to reduce anxiety related to procedures. RAX

We actively seek the CYPs opinion on care, ask them to raise their concerns and be involved in the decision-making regarding care and well-being. In the past 18 months we have launched, all about me board, it's ok to ask and we can talk care plans. These are all used to engage with CYP and their families to support engagement and involvement in their clinical and emotional needs. There is also a separate facility for young people to ensure some time away from the clinical nature of the bedside – an adolescent's room is available with access to 'play'/distraction activities. The Trust's Mental health team also has a Clinical Nurse Specialist, specifically for Under 25's who is available for active support and engagement. With very good links to the CAMHS team, we aim to support the young person holistically and as thoroughly as possible. RBK

Play services providing distraction & activities, secure outdoor area available throughout the day, Hospital Buddies team to support CYP provided by Mind. We are currently in the process of designing a new sensory room. RCF

10.2 Main Themes Identified

Specialist Staffing & Roles

- Paediatric-trained nurses and staff with expertise in child/teen care (RAS, RCB, RC9, RCU, RDE, RAL).
- Play specialists and play teams (RAS, RAX, RCF, RDU, REF, RF4, RAE, RAL).
- Youth workers and therapeutic care workers providing age-appropriate and emotional support (RAS, RAX, RHM, RDE, RAL).
- Mental health champions / clinical nurse specialists dedicated to supporting emotional needs, eating disorders, or under 25s (R1H, RBL, RBK, RC9, RAL).

- CAMHS liaison and psychology teams for daily/weekly reviews and specialist input (RAS, RBS, RH5, RH8, RNN, RHM, RDE, RAL).

Training & Staff Development

- Induction and ongoing training in children's mental health, learning disability, and autism (RA7, RBL, RC9, RH8, RNN).
- Specialist training sessions on communication, eating disorders, behaviours of distress, and use of reasonable adjustments (R1H, RBS, RBL, RNN).
- Awareness-building initiatives like "We Can Talk" training, mental health first aid, and workshops with external providers (RBK, RH8, RNN, RAE).

Mental Health & Emotional Well-being Support

- Dedicated safe spaces / anti-ligature rooms for high-risk patients (R1H, RR7, RNN, RM1).
- Therapeutic resources – sensory rooms, fidget boxes, regulation bags, weighted blankets, Snoezelen rooms (RA7, RAS, RA9, RCF, RDU, REF, RFR, RH8).
- Emotional regulation interventions such as distraction packs, well-being packs, mental health first aid kits (RA7, RAS, REF, RH8, RR7).
- Pets as Therapy dogs and clown doctors to provide comfort and reduce anxiety (REF, RH8, RAE, RAL).

Environment & Facilities

- Child- and teen-friendly ward design – age-appropriate décor, graphics, toys, books, art, digital media (RCB, RDU, RF4, RAL).
- Dedicated spaces for teenagers (RAX, RBK, RF4, RTR, RH5, RAE).
- Playrooms, gardens, outdoor areas, quiet rooms for relaxation, distraction, and socialisation (RAX, RCF, RDU, REF, RF4, RH8).
- Specialist bays by age group to ensure dignity and social interaction with peers (RH5, RH8).

Holistic & Family-Centred Care

- Involving children, young people, and families in decisions – "All About Me" boards, "What Matters to Me" conversations, care plans, feedback mechanisms (RBK, ROA, RM1).
- Family-centred care policies – flexible visiting times, parental accommodation, escalation processes like PaCE / Martha's Rule (RCB, RCU, RF4).
- Partnership working with CAMHS, community services, schools, safeguarding, and third sector charities (RBL, RBS, RDU, RHM, ROD, RDE, RAL).
- Educational support for long-stay patients through hospital schools or liaison teachers (RCB, RH5, RF4, RDE, RAE, RAL).

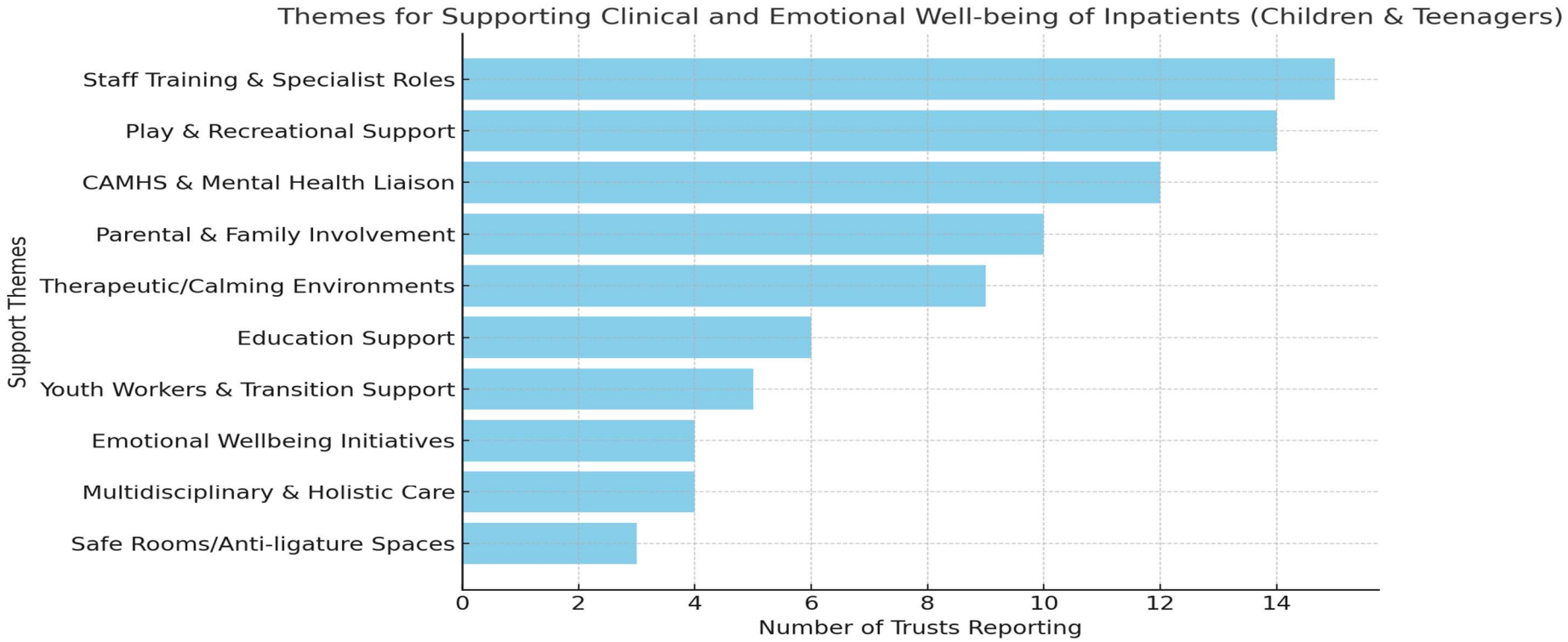
Transition & Continuity of Care

- Transition nurse specialists to support teenagers moving to adult care and promote independence (RAS, RBS, RF4, RDE).
- Youth service pilots and cross-boundary working to provide consistent support and community links (RHM, ROD, RDE).
- Follow-up support after discharge for ongoing emotional/clinical needs (RAX, RBS).

Innovation & Service Improvement

- Quality improvement initiatives – sensory rooms, therapeutic safe spaces, emotional regulation packs, improved survey follow-up (RA9, RDU, REF, RNN, RR7, RD8, RWE, RM1).
- Creative partnerships – artists designing calming spaces, patient co-design of sensory packs, use of external trainers (RR7, RH8, RNN).
- Feedback-driven changes – children's menus, Friends & Family survey insights, patient involvement in shaping services (RBK, RM1, RAL).

10.3 Graph – Themes supporting clinical and emotional wellbeing of inpatients (Children and Teenagers)



11. Case Studies

The following trusts provided more detailed examples of the work they have undertaken responding to the FOI to improve services for CYP when attending A & E /Emergency Department / Paediatric Inpatient Unit.

11.1 Milton Keynes University NHS Foundation Trust (MKUH)

11.1.1 Measures or systems in place to reduce waiting times for children attending Accident and Emergency

In Children's ED we aim to triage within 15 minutes, we have an extra triage room that we open when we have an increase in attendances which helps reduce the time for triage and improve patient experience. Other measures are in place to reduce waiting time, which include Nurse led discharge pathways from triage (minor head injuries, pulled elbow, AI Xray pathway, minor wound treatment), nursing team can request X-rays prior to clinical assessment and medication administration under protocol to avoid delays in pain medication. We also redirect children and families with minor illnesses to Urgent Care Centre to reduce waiting times.

A patient flow process has been introduced with direct access pathway to paediatric assessment unit for children who have already been seen by a GP/UCC, the children will be triaged and sent directly to paediatric assessment unit to be assessed without the need to wait for an ED assessment, the same process is being used for children under 1 month old. We have escalation processes in place that we activate in case of increased attendances, this includes reallocation of resources from main emergency department and/or paediatric wards.

11.1.2 Paediatric Same Day Emergency Care (SDEC) model

We do not have a paediatric SDEC model in MKUH, however we have a paediatric assessment unit (PAU) to where we refer children to be assessed by paediatric team on the same day. They will assess children referred from ED, UCC, GP and other sources. There is a pathway for direct referral to PAU (bypassing ED), called RED BOX, this pathway is for children with complex health needs, the paediatric consultant team are responsible to include the children on this pathway.

With recent changes in the pathways between Children's ED and PAU, we have noticed an improvement in patient flow, this will be revised in July with

further consideration to improve the pathway, this review will be based on staff and children/family feedback.

11.1.3 Play facilities in place for children in the Emergency Department waiting areas

We have two waiting areas in Children's ED. The waiting room near the entrance contains some wall and mobile activity resources with availability of toys, we also have ipad stations with digital activities for children to access. The other waiting room near nurse's desk has a specific play area with toys, books, ipad stations, wall activity resources and other resources (paper, pens, toys, books, bubble makers, games, etc) easily accessible, that we supply when needed. We have three televisions where we use CD's (movies) for entertainment (requests from families accepted). We also have five consoles Nintendo Switch with different games that we use frequently for children when they are on a bed and unable to use the waiting room due to clinical reasons. More resources are available on the inpatient ward, which we have access if required.

11.1.4 Specific staff roles to support children and young people

We do not have a specific role within ED staff. We have an HCA with Play Support training, and who supports play activities and resources in Children's ED. The HCA also supports staff regarding play activities. The HCA has protected time to review all the play activities and resources within Children's ED, liaising with the play specialist team from the inpatient ward. This team will also support children that have longer stays in ED, and if needed they will help meeting their educational needs.

At MKUH we have a trust lead for learning disabilities that supports adults and children with additional needs and reasonable adjustments, which staff can contact if needed.

On specific days we have volunteers within Children's ED that tend to children and family needs, including play activities, we are increasing the number of volunteer time within children's ED to improve the patient experience.

11.1.5 Systems are in place to ensure effective communication tailored to the child's age and needs

All our information boards are child friendly, they are prepared and adapted by the HCA with Play Support training. Our leaflets are now paper free, and we use QR codes linking directly to the specific information required for the clinical condition, all the information has accessibility and language options (translation of all information, text reading capacity, colour change for text and background, plain text options and other options). We have a BSL station on wheels (iPad) with direct access to BSL live communication. We also

provide a variety of feedback forms, for families and adapted for children, both paper and electronic. We are staring a project related to children with mental health needs, which includes a pack of different resources, including different methods to communicate with staff according to their wishes and needs.

11.1.6 Facilities or support for children with autism or a learning disability

In children's ED we have a variety of resources available for children with different needs, including toys, books, activity sheets, etc. On both waiting rooms we have wall boards with different activities and textures, that younger children and children with learning disabilities use often and feedback has been positive. In the main waiting room, last year, we have transformed a cubicle into a sensory room, which includes different activities for neurodiverse children, it is a calm area within our busy department, easily accessible that children and families can use when they wish to (Room door is unlocked). The feedback from parents in relation to the sensory room has been excellent. We also have a cubicle near the nurse's station that we sometimes use to accommodate children with additional needs; the room is decorated to be a calming environment. We are in the process of devising a pathway for neurodiverse children in ED, however, we already have some actions in place. If a child/family informs the reception staff that there is a child with a learning disability or autistic, the nursing staff is informed, and adjustments are made to improve the patient experience. A flag raised on electronic system, so all staff are aware, we expedite some procedures, adapt the treatment according to the child's needs. In our treatment room we have an interactive 3D entertainment station with activities and/or films, which we use as a distraction technique for painful procedures. We also have a virtual reality system (metaquest) that we use with the same objective, resulting in decreased anxiety for both patient and parent.

11.1.7 Specific training for supporting children and young people with autism or a learning disability

For Paediatric Ward/Children's Unit - all our staff have mandatory training which covers learning disabilities and includes Oliver McGowan. Staff working with children have yearly mandatory Safeguarding Level 3 training, which includes aspects of neurodiverse children. We have a Senior Nurse that has training in British Sign Language, she has delivered a small session to staff with some basics of BSL. We started a paediatric training program in October 2024, every week for 45 minutes, which has covered sessions on

communication and mental health and further training sessions are planned to relate to learning disabilities and autism in the coming month.

"Thank you to the staff at the Children's A&E this morning. My youngest child is severely autistic and nonverbal. He doesn't like hospitals at all and gets extremely agitated. I explained about his condition to the receptionist who got us put into a quiet side room. We were seen, had an X-ray and discharged all within two hours. He managed very well considering he was in pain and didn't want to be there.

So, thank you again for treating my son with care and compassion. You made what could have been a fraught and stressful trip to A&E a lot easier by accommodating his needs."

Source - **Milton Keynes University Hospital NHS Foundation Trust Facebook**

11.1.8 Measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient

An example of a change in our service is the provision of a new role within the senior nursing team. This role focuses on overseeing and supporting children, young people and families who may require additional support either within the hospital setting or with the onward plan following an acute admission. In addition to this, we are currently in the process of reviewing the results from the National Children and Young People's Survey and working with our play team to develop more robust approaches to supporting the CYP in our care to enable them to have access to play and distraction resources and team members more robustly moving forward.

11.2 Dorset University NHS Foundation Trust

11.2.1 Measures or systems in place to reduce waiting times for children attending Accident and Emergency

NHS
University Hospitals Dorset
NHS Foundation Trust

Patient sticker

Paediatric Direct Access Pathway
For children under 3 months old.

For use by Paediatric Nurses or Band 7 ED Nurses. The Paediatric Direct Access Pathways identifies babies that will require referral to paediatrics. If the baby is too unwell for transfer OR the paediatric SPR is unable to see the child within a safe time frame then the child will have to stay in ED to be seen by a member of the ED team.

Clinical Assessment

Criteria	Value	Interpretation	Tick if Yes	
Age of Child		Child MUST be <3months old to use this pathway		If age is < 3 months **PLUS** Another abnormal observation. This child qualifies for a Paediatric Direct Access. Please complete risk assessment below
Temperature		Temperature >38C or GOOD history of fever		
Respiratory Rate		Is the respiratory rate >60 In a settled child		
Heart Rate		Is the heartrate > 160 In a settled child		
Saturations in air		Are the saturations < 92% On a good trace		
AVPU		Is the patient "V" or below on AVPU		
BM		Is the BM: < 4		
Concerning history such as apnoea's, colour changes, seizures or floppiness				

Risk assessment

Does this child require any of the following?	Fluid bolus	Yes	No	If **YES** to any of these questions please get an ED doctor review before making a referral as the baby may need more urgent treatment in ED. If **NO** to all of the above questions please bleep the paediatric SpR (0155) to refer the baby.
	Urgent IV antibiotics	Yes	No	
	Oxygen	Yes	No	
	Glucose	Yes	No	
Concerns?	Are you concerned that the baby is difficult to rouse, sleepy or fitting?	Yes	No	
	Are you concerned about transferring this patient yourself, with parents, upstairs to paediatrics?	Yes	No	

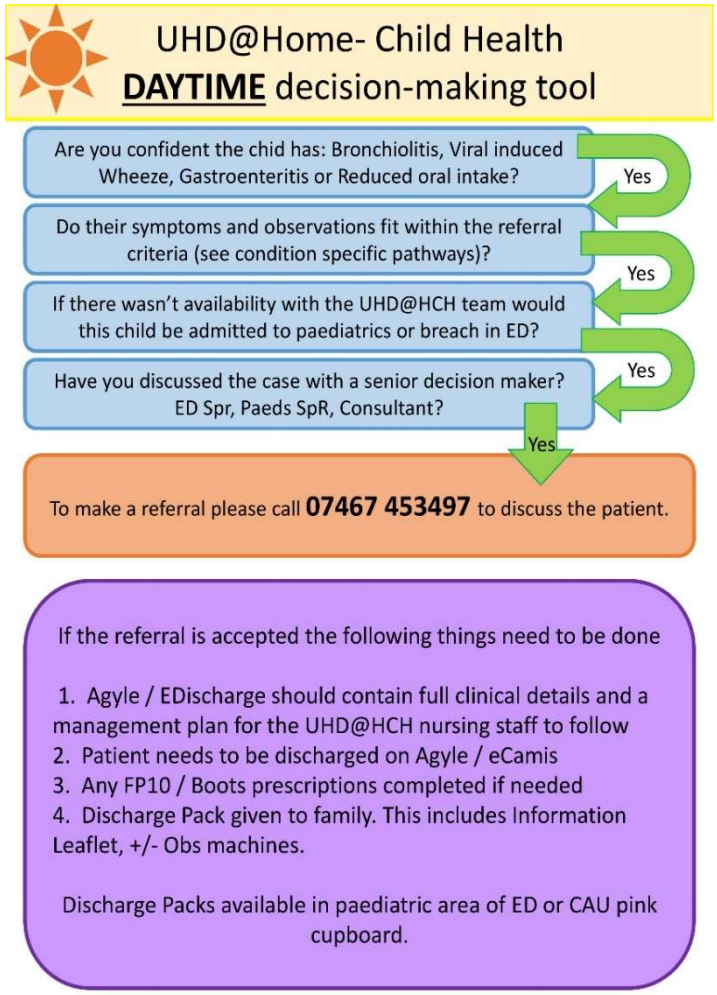
Please document your conversation with the paediatric SpR and any treatment given in ED:

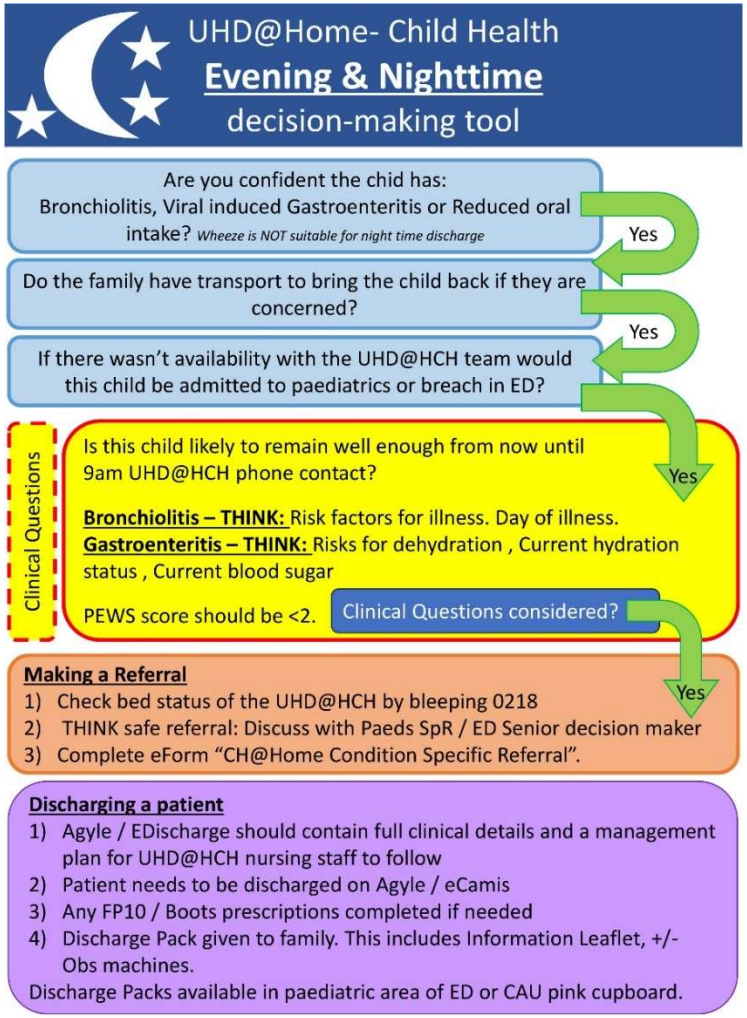
Name..... Job Role..... Date & Time.....

Reviewed June 2024

Direct Access Pathway for children under 3m old

Hospital at home provides another quick discharge option and prevents longer stays in ED. Our open access policy (both long term and short term) prevents children attending ED at all and bring them strait to paediatrics. That is on average 5 patients per day.





11.2.2 Paediatric Same Day Emergency Care (SDEC) model

We operate an SDEC model from the Children's Assessment Unit and this has been in place for several years - it supports a reduction in admissions / and supports flow.

11.2.3 Play facilities in place for children in the Emergency Department waiting areas

The emergency department provide toys that children can interact with. As well as those that are attached to the walls that children can play with new interactive equipment in the children's emergency department at Royal Bournemouth.

11.2.4 Specific staff roles to support children and young people

We have staff nurses that specialise in caring for children. We are in the process of employing Youth Care Workers that will help us look after CYP.

11.2.5 Specific training for supporting children and young people with autism or a learning disability

We have a practice educator who specialises in paediatrics and supports staff in the clinical area with caring for CYP. This includes providing training and support in communication.

11.2.6 Facilities or support for children with autism or a learning disability

We have access to dedicated learning difficulties / Neurodiversity nurses within the trust, the emergency department also has a sensory light box, play equipment.

11.2.7 Specific training for supporting children and young people with autism or a learning disability

The Oliver McGowan Training is mandatory for all staff working in the Trust.

11.2.8 Measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient

From the child initially coming onto the unit, their initial medical and nursing assessments outline their clinical needs and take account of their emotional needs in designing a bespoke treatment plan. We have play specialists, on-site education and psychology/counselling support to help manage a child and family's emotional journey, including support for neurodiversity or co-existing mental health issues.

A regional Memorandum of Understanding with system partners (including NHS Dorset, BCP and Dorset social care and Dorset Healthcare CAMHS colleagues) was developed to help children without physical need to be in

hospital to mobilise wider resources to help a better package of ongoing care. This has reduced length of stay and need for RMN support on the wards.

11.3. East Suffolk and North Essex NHS Foundation Trust

11.3.1 Measures or systems in place to reduce waiting times for children attending Accident and Emergency

Ipswich Hospital - Children are seen within the paediatric emergency department in order of priority following triage by a nurse. They are triaged using the Manchester Triage system. We have GPs and Emergency Nurse Practitioners - who specialise in injuries - working within the department. We also utilise Emergency Department clinicians, which helps to reduce waiting times for all patients. We have some direct referral pathways in place from ED to Paediatrics, and we are currently working on some improvements looking at children and families who require reasonable adjustments within the emergency department.

Colchester Hospital - All children are navigated within the assessment front door area in Urgent Treatment Centre on arriving to the hospital. Following this, children are booked into either the Urgent Treatment Centre (for minor injuries or illness), Children's Emergency Department, or on a direct pathway to Children's Assessment Unit (open access patients or under 3 months) depending on presentation and clinical need. This follows an admission pathway formulated by the medical teams across Urgent Treatment Centre and Children's Emergency Department. Children within the emergency department are seen in order of priority following triage by a nurse. They are triaged using the Manchester Triage system. We have an Emergency Department clinician, or a Paediatric advanced nurse practitioner allocated each shift, which helps to reduce waiting times for all patients.

11.2.2 Paediatric Same Day Emergency Care (SDEC) Model

Ipswich Hospital - We have a children's assessment unit that is open 24/7 365 days a year. The unit accepts referrals from GP's, Health Visitors, Midwives and the emergency department for same day emergency specialist Paediatric assessment, treatment and diagnosis. As Children have access to the assessment unit 24/7, overnight admissions on the Paediatric inpatient ward have decreased, and patient flow from the Emergency Department has

improved. Children who attend the assessment unit should have a plan for admission or discharge within a 6 hour timeframe.

Colchester Hospital - We have a children's assessment unit that is open 24/7 365 days a year. The unit accepts referrals from GP's, Health Visitors, Midwives and the emergency department for same day emergency specialist Paediatric assessment, treatment and diagnosis. As previously mentioned, the Children's Assessment Unit runs a nurse to nurse led referral from Urgent Treatment Centre and Children's Emergency Department for any child under 3 months old attending for a medical illness. The assessment unit is also accessible for open access patients who require long term care support under paediatrics or have been recently reviewed by the paediatric team who have agreed direct referral access back to Children's Assessment Unit. As Children have access to the assessment unit 24/7, overnight admissions on the Paediatric inpatient ward have decreased, and patient flow from the Emergency Department has improved. Children who attend the assessment unit, should have a plan for admission or discharge within a 6-hour timeframe.

11.2.3 Play facilities do you have in place for children in the Emergency Department waiting areas

Ipswich Hospital - We have a variety of age-appropriate toys within the wait area on display. We have distraction toys/gadgets for all CYP that can be utilised for procedures. We have a play specialist team that are available as required however, they cover all of Child Health and are a small team.

Colchester Hospital - We have a variety of age-appropriate toys within the wait area on display the current selection is under review with new options being looking into. We have distraction toys/gadgets for all CYP that can be utilised for procedures. We have a play specialist team that are available as required however, they cover all of Child Health and are a small team.

11.2.4 Specific staff roles to support children and young people

Both Ipswich and Colchester Hospitals - We have 2 Mental health Nurse specialists who are available Mon-Fri to support the team with Mental Health risk assessment/ escalations. In addition to a Learning Disability nurse specialist/ practice development nurse and High Dependency Unit Co-Ordinator all of whom can support the Children's Emergency department within working hours. Outside of this there will be staff who have Link roles, either with additional knowledge/education or those with an interest in supporting quality improvement.

11.2.5 Systems are in place to ensure effective communication tailored to the child's age and needs

Both Ipswich and Colchester Hospitals - During triage, we aim to capture the voice of the child, allowing them to inform the nurses why they have come to hospital. We also use pain assessment scoring, which can be tailored to children of different ages. We will use play and distraction with children during assessment and treatment while they are in the emergency department, and we can ask for additional support from the play team.

11.2.6 Facilities or support do you have for children with autism or a learning disability – e.g. sensory friendly features

Ipswich Hospital: The Learning Disability Nurse Specialist and the Play Team commenced quality improvement project, with a focus group end of April. Charity support for additional sensory equipment and designated space for this within existing structure. The hospital has a Health Passport and reasonable adjustment tools in place.

Colchester Hospital - The Learning Disability Nurse Specialist and Play Team can provide a wealth of support for families, staff and the patient. Within Children's Emergency Department through discussion with parents/families' staff can locate patients into a quieter environment if required, sensory/fidget toys are available within the department with more patient specific item being provided by the play team when requested. The Children's Inpatient ward has reopened its sensory room having undergone refurbishment with the sensory garden being reconstructed with designs being reviewed thanks to hospital charity support from 'Background Bob' and his family, this has enabled for additional sensory equipment and designated space for this within existing structure. Health Passport and reasonable adjustment tools in place.

11.2.7 Specific training for supporting children and young people with autism or a learning disability

For Paediatric Ward/Children's Unit

Ipswich and Colchester Hospitals - All staff are required to complete online Oliver McGowan training and there will be an additional mandatory face to face day added to training portal. There is also e-learning for Equality, Diversity and Human Rights and Learning Disability and Autism. The Learning Disability specialist nurse has provided drop-in sessions and is available for support within working hours.

11.2.8 Measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient

At both Ipswich and Colchester Hospitals –

• Clinical workforce – Consultants, rotational medical staff and advanced nurse practitioners.

• Nursing workforce, Department leads, Matron and Clinical nurse specialists both within the acute and the community setting.

• Practice development nurse and High Dependency Unit co-ordinator who support with training needs of staff team.

• The Trust has a Play team.

• The Trust has a Mental Health Nurse specialist which has been invaluable in their roles in support of CYP with Mental Health needs and escalations.

• School Team who provide support to CYP to ensure educational needs can be maintained whilst an inpatient.

• Clinical Psychologists for CYP referred into service by Consultant.

• Roald Dahl nurse for Complex care patients.

• We also have a youth worker who supports the emotional wellbeing of both inpatients and outpatients and a transition nurse specialist who supports young people with complex medical problems approaching transition to adult services and again can support inpatients as required.

11.4 Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

11.4.1 Measures or systems in place to reduce waiting times for children attending Accident and Emergency

BHRUT has implemented a range of measures to reduce waiting times and improve the experience of children attending our emergency departments, particularly at Queen's Hospital, which houses a dedicated Paediatric A&E service. These measures include:

1. Dedicated Paediatric Emergency Department: a separate paediatric emergency area is in place at Queen's Hospital to ensure children are assessed and treated in an age-appropriate environment by paediatric-trained staff, helping to reduce wait times caused by adult caseload pressures.
2. Enhanced Triage and Streaming Processes: upon arrival, all children are triaged promptly by paediatric-trained clinicians. This allows urgent cases to be prioritised, and less severe cases to be managed efficiently through alternative pathways or by nurse practitioners.
3. Advanced Paediatric Nurse Practitioners (APNPs): the Trust employs APNPs who can assess, diagnose, and treat a range of conditions independently. This reduces reliance on medical staff during peak periods and speeds up care delivery.
4. Paediatric Clinical Decision Unit (CDU): children requiring observation, but not full admission may be managed in the CDU, which helps to reduce unnecessary admissions and alleviate pressure on the main emergency department.
5. Performance Monitoring and Escalation: real-time dashboards and regular performance reviews allow for prompt identification of delays and ensure effective escalation procedures are in place to manage patient flow.

11.4.2 Same Day Emergency Care (SDEC)

The introduction of Same Day Emergency Care has contributed to improvements in patient flow and a reduction in overnight admissions for children, particularly for cases where short-term treatment and observation are appropriate (e.g., mild asthma, dehydration, febrile illness). While specific audit data may vary, internal service evaluations have indicated:

- Reduced pressure on inpatient paediatric beds.

- Improved discharge rates for children seen through the SDEC model.
- Faster care delivery for eligible cases, enhancing the patient and parent experience.

These benefits are in line with national guidance promoting SDEC as a method of improving emergency care efficiency and patient outcomes.

This initiative has contributed to improved waiting time performance, reduced admission rates, and received positive feedback from patients and families.

This enables eligible children to be treated and discharged on the same day, significantly improving flow through the department and reducing unnecessary overnight admissions.

11.4.3 Play facilities do you have in place for children in the Emergency Department waiting areas

BHRUT recognises the importance of creating a supportive and child friend environment for children attending our Emergency Departments. At Queen's Hospital, where the Trust's dedicated Paediatric Emergency Department is located, the waiting area includes the following play facilities to support the emotional well-being and comfort of children:

- Wall-mounted interactive toys suitable for a range of ages.
- Books and soft toys (regularly cleaned or replaced for infection control).
- Children's seating area with age-appropriate décor and visuals to create a calming atmosphere.
- Occasional access to electronic entertainment such as child-safe tablets or screens, subject to availability and staffing.

Due to the clinical environment and infection prevention protocols, facilities are carefully selected to meet safety and hygiene standards. The Trust also works with hospital play specialists who, when available, provide distraction, support, and therapeutic play for children receiving treatment.

At King George Hospital, where the Paediatric Emergency Department is integrated within the main ED, child-friendly adjustments are in place but are more limited due to space and configuration. Plans for service improvement and refurbishment continue to consider the inclusion of enhanced child-friendly spaces.

11.4.4 Specific staff roles to support children and young people

BHRUT employs several specific staff roles dedicated to supporting the care, wellbeing, and experience of CYP across a range of clinical settings.

Key roles include:

1. Paediatric Nurses - specialist children's nurses are employed across inpatient, outpatient, and emergency settings, with clinical training focused on the specific physical and emotional needs of CYP.
2. Hospital Play Specialists - registered play specialists support children through therapeutic play, distraction techniques, and preparation for procedures. They are an integral part of paediatric care teams and work to reduce anxiety and improve outcomes during hospital visits.
3. Paediatric Advanced Clinical Practitioners (ACPs) - these are senior clinicians with extended skills in assessment, diagnosis, and treatment of children. They often work in emergency care or acute paediatrics.
4. Named Nurse for Safeguarding Children - this specialist role ensures that child protection and safeguarding responsibilities are embedded into the Trust's practice and provides advice and training to staff on related issues.
5. Paediatric Mental Health Liaison Staff - Mental health professionals, including those from external partnerships (e.g. CAMHS), are available to support CYP presenting with acute mental health needs in the Emergency Department or onwards.
6. Youth Workers and Engagement Leads (where available) - in some areas of the Trust, particularly through partnership working or charity support, there may be youth-focused staff supporting transition to adult services or improving engagement with adolescents.

These roles reflect the Trust's commitment to delivering holistic and developmentally appropriate care for CYP across all services.

11.4.5 Systems are in place to ensure effective communication tailored to the child's age and needs

BHRUT is committed to providing age-appropriate and needs-sensitive communication for all CYP accessing our services. A range of systems, training, and specialist roles are in place to support this approach:

- Staff Training in Child-Centred Communication - Clinical and support staff working with children receive training in developmentally appropriate communication techniques. This includes using simplified language, positive body language, and checking for understanding in age-appropriate ways.
- Hospital Play Specialists - registered play specialists support children through therapeutic and procedural play. They assist in explaining medical procedures and treatments in a way that is understandable and less intimidating for children, using visual aids, toys, and storytelling where appropriate.
- Accessible and Visual Communication Tools - BHRUT uses a variety of tools including: - Picture boards and visual aids; 'All About Me' patient, and communication passports for children with complex needs; Leaflets and digital resources written specifically for CYP.
- Parental and Carer Involvement - parents and carers are actively engaged in communication and decision-making, particularly for younger children or those with additional needs. Staff are trained to work in partnership with families while promoting the child's voice where possible.
- Learning Disability and Autism Support - for CYP with learning disabilities or autism, staff can access support from specialist learning disability nurses and make use of tailored communication tools (e.g., social stories, visual schedules, and sensory aids).
- Youth-Friendly Services and Feedback - where relevant, young people are involved in co-producing aspects of service delivery. Feedback from CYP is gathered through experience surveys and patient engagement initiatives to improve how information is delivered.
- These systems ensure that the child's age, developmental stage, language skills, and individual needs are considered when communicating about care and treatment.
- Facilities or support do you have for children with autism or a learning disability – e.g. sensory friendly features

11.4.6 Facilities and support for children with autism or learning disabilities.

BHRUT is committed to supporting the individual needs of children with autism and/or learning disabilities to ensure that care is accessible, safe, and person-centred.

Facilities and Support in Place:

1. Learning Disability and Autism Liaison Nurses - the Trust has dedicated staff who support CYP with learning disabilities or autism, working closely with clinical teams to ensure reasonable adjustments are made during care.
2. Sensory-Friendly Environments
    - Sensory boxes containing calming tools such as fidget toys, ear defenders, and visual aids are available in some departments.
    - Quiet spaces are identified where children can wait in less stimulating environments when needed.
    - Staff are trained to reduce noise, dim lights, and limit environmental triggers where possible.
3. 'All About Me' and Hospital Passports - personalised communication tools, including patient passports, are used to help staff understand individual communication preferences, triggers, and support needs. These documents are encouraged for all children with additional needs and can be uploaded to the patient's record.
4. Autism and Learning Disability Training for Staff - frontline staff across paediatrics, A&E, and outpatient services receive training on learning disability and autism awareness to improve communication, reduce distress, and offer appropriate support.

Improved A&E Care Pathway for Children with Autism and LD (Learning Disability):

At Queen's Hospital, a targeted initiative was introduced in the Paediatric Emergency Department to better support children with autism. This included:

- Early flagging of patients on arrival to alert staff to specific needs.
- Use of visual storyboards to explain the emergency care process.
- Collaboration with play specialists to reduce anxiety.
- Consistent use of hospital passports.

This initiative has led to improved parent feedback, better preparation for procedures, and reduced reliance on sedation or restraint. BHRUT remains committed to delivering inclusive care and continues to review and improve services in line with NHS England's recommendations for children with autism and learning disabilities.

11.4.7 Specific training for supporting children and young people with autism or a learning disability

The Trust provides mandatory training for staff, which includes Learning Disability Training Level 2 and the Oliver McGowan Mandatory Training, depending on staff roles and responsibilities. These training programmes are designed to equip staff with the knowledge and skills to better support patients for both children and adults with learning disabilities and/or autism.

In addition to this, we have a dedicated Learning Disability Team who visit wards daily to offer hands-on support, guidance, and advice to staff nurses and clinical teams. Their role is to make sure staff / patient have access to specialist input, helping to promote safe, inclusive, and person-centred care for patients with learning disabilities and autism across our services.

For Paediatric Ward/Children's Unit

11.4.8 Measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient

BHRUT has a range of measures in place on its Paediatric Wards and Children's Units to ensure that both the clinical needs and emotional well-being of children and teenagers are supported throughout their inpatient stay.

Measures in Place:

1. Child- and Teen-Friendly Environments
    - Inpatient wards at Queen's Hospital include age-appropriate décor, toys, games, and entertainment facilities.
    - Separate spaces or bays are available for teenagers where possible, offering more privacy and age-relevant activities.
2. Hospital Play Specialists
    - Registered play specialists work with CYP to provide therapeutic and procedural play, distraction during medical interventions, and emotional support to reduce anxiety and improve coping.
3. Psychological and Emotional Support Services
    - Referrals can be made to in-house or partner mental health teams (e.g. CAMHS) for children and teenagers experiencing emotional distress.
    - Staff are trained to identify and escalate mental health concerns sensitively.

4. Parental and Carer Involvement
    - Parents and carers are encouraged to stay with their children, with overnight accommodation provided where appropriate.
    - Open communication and involvement in care decisions are promoted to help children feel safe and supported.
5. Education Support
    - Where inpatient stays are prolonged, children of school age have access to hospital school services or education liaison to minimise disruption to learning.
6. Adolescent Transition Support
    - Teenagers nearing transition to adult services receive guidance and support from relevant clinicians to ensure a smooth and informed handover to adult care.

Example of Effective Service Improvement: Enhanced Play and Distraction Strategy on the Paediatric Ward at Queen's Hospital: In response to parent and staff feedback, the Trust introduced an expanded distraction play toolkit, including interactive tablets, sensory toys, and portable entertainment systems, which has been shown to reduce anxiety and improve cooperation during procedures. This service improvement was rolled out in partnership with play specialists and evaluated positively in patient experience surveys.

11.5 University Hospital Southampton NHS Foundation Trust (RHM)

11.5.1 Measures or systems in place to reduce waiting times for children attending Accident and Emergency

- We continuously monitor the waiting times and triage categories of patients in the waiting rooms. We have the primary and secondary assessment nurses who will repeat observations and escalate a deteriorating patient or provide an additional review if concerns are raised as well as initiate some treatments such as analgesia, collecting and analysing urine samples, applying anaesthetic cream etc.
- We run a 'minors' stream' for patients with minor injuries or illness using either an ENP / ACP or suitable doctor when we have adequate staffing for this. This reduces wait times for such patients.
- We provide patients and families with appropriate safety netting advice using the Wessex Healthier Together app and information sheets. Should a family decide not to wait to be seen, we would endeavour to review / repeat their observations and PEWS score and provide them with written and verbal safety netting advice before they leave.
- On some evenings and weekends, we have GP colleagues who work alongside us in the department to remove appropriate patients from the queue and see / assess them to increase efficiency and reduce patient volume at busy times.

11.5.2 Same Day Emergency Care (SDEC)

We operate a 'single front door' model where all patients including those referred by their GP / another practitioner / MIU or those on 'open access' under a specialty team, arrive via the CED. This ensures that sick children arrive in the same place for assessment and management by a specially trained clinical team and with resus facilities immediately available if needed. We do have a co-located PSSU where we can provide prolonged periods of observation and ongoing management up to a period of 24hrs for appropriate patients which reduces the need to formally admit them to a G floor children's ward bed. This improves flow both through the CED and onto the children's ward as only those anticipated to need a longer stay will be referred on. The General Paediatric Consultant team also run a rapid access clinic for patients that need soon assessment and cannot await a routine OPA but are not an emergency.

This Trust Scored above average on Q37 in the National CYP Survey 2024 question on waiting times for 0–7-year-olds.

11.5.3 Play facilities in place for children in the Emergency Department waiting areas

Play kitchen, shopping trolley, role play equipment, VR headsets, PlayStation consoles, books, colouring, cars, games, puzzles, dinosaurs, mega blocks, Tv showing age-appropriate films.

We also have dedicated hours provided by a Children's Play specialist to engage and occupy children and to assist with reducing anxiety, engagement, and procedures.

11.5.4 Specific staff roles to support children and young people

Within the Children's Emergency Department, we have a dedicated play specialist who works alongside children undergoing procedures and investigations. They are also able to work with any child who is anxious or scared about being in the department to help with this.

CAMHs in reach are an incredible resource in the department, they help facilitate safe discharges and can provide support during mental health crisis in young people, if required. No Limits are also available within the department; they spend a lot of time with young people who may need support once they have left the department. We also have link nurses specifically for children with learning disabilities and complex needs and the Clinical Nurse Specialist linked with the inpatient teams are available to provide advice, review and support as well as the dietetic team if required.

We have a Housekeeper who regularly offers refreshments to children and families and the SERCO team who can offer hot meals to patients on the PSSU as well as breast feeding mums. We also give patients on PSSU access to the 'Sophie's Legacy' charity box which contains a range of food, snacks and drinks as well as personal care items.

11.5.5 Systems are in place to ensure effective communication tailored to the child's age and needs

We have a documented ' Emergency Care plan' for children with long term of complex health conditions that all clinicians can access when they attend the CED. This ensures continuity of care and that the correct management can be initiated promptly. Parents also have a copy of this and a document detailing what to do in an emergency. We have child appropriate safety netting information aimed at a reading age of 9 years via the Wessex Healthier Together website and app. We also have a range of age-appropriate books available for siblings of children who have died which we can give to families. We routinely offer for independent children to speak alone with a clinician if

appropriate and if they wish to do so and ensure that a suitable chaperone is present for any examinations.

11.5.6 Facilities or support for children with autism or a learning disability – e.g. sensory friendly features and give at least one example of an effective service improvement

We have a bedspace dedicated to children with additional learning needs, which has been recently redesigned and refurbished to accommodate such patients in a calm environment and improve their experience. This room is designed to calm children with autism and learning needs and is also a safe room for this in Mental Health crisis. The room can change the lighting based on the child's preference, there is the ability to lock away all monitoring equipment to reduce risk of damage to equipment and people and we have also removed any potential ligature points to ensure the room is safe. We can change the furniture within the room if needed, to make it less medicalised, by replacing the trolley with a bean bag if that would make the child more comfortable. When able, we try to bring all children with autism and complex needs through to the Acute area and out of the waiting room to avoid them becoming overstimulated.

All staff members are trained via the Oliver McGowan VLE package. The play specialist is also available to work alongside these patients if required and we can provide sensory toys/distraction if helpful. We have a sensory box within the department which also contains ear defenders and there are suitable toys available for those who need them. We also have small 'prizes' and stickers that can be given to CYP to celebrate a sense of achievement when they have overcome a fear or allowed a procedure that they have felt anxious about.

11.5.7 Training for staff on how to support children and young people with autism or learning disabilities.

All staff are trained using The Oliver McGowan Training via VLE (Virtual Learning Environment) which is part of the mandatory training matrix. Further VLE training is also available for all staff.

11.5.8 Measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient

Within the children's hospital we have a range of teams in place to support the clinical and emotional well-being needs of CYP.

Overall, for the children's hospital we have our Learning disability and autism nurse who provides support across the hospital for this group of patients, she works on a referral bases where nursing staff or clinical staff will highlight families to her who would benefit from her expertise. She also knows most of these families very well so will often be ahead of the game in knowing they are in hospital and will have already touched base with them.

We have a dedicated in patient CAMHS liaison team who includes 2 nurse practitioners, a consultant psychiatrist, registrar alongside a dedicated eating disorder team. Our CAMHS liaison team works closely with the CED in reach CAMHS team to streamline the care of patients who are admitted up to the children's hospital, they will review these patients and their families every day to ensure we are meeting their needs and providing the specialist individualised care that is required.

Our children's safeguarding team works closely with the wards and our LD&A nurse and CAMHS team to ensure any concerns are escalated appropriately and in a timely manner to support the needs of these patients and their families when required. We have worked very hard as a team to embed this close working relationship over the last few years with new members of the team in post and we are able to escalate and provide appropriate support quickly.

We also have a youth service team working across the children's hospital with a dedicated youth worker in most areas of speciality. This team predominately works with our young people up until the age of transition to ensure there is consistent support for our teenage population. They are solely focused on providing emotional well-being support and coping mechanisms to our patients, they work closely with the clinical teams within each speciality. They will provide support and activities within hospital as well as out of hospital for our long-term patients and have close links with community services to signpost young people to as well.

We have a dedicated play and young people but will also work to support other areas of the hospital to prepare our elective patients for their journey into hospital when required, they work on a referral basis for this to ensure

they can appropriately prioritise workload without compromising the inpatients on ward areas.

Alongside all of this we have dedicated charities, some work across the children's hospital and some work within specific wards who will provide support with meeting the well-being needs of our patients, this happens in a variety of ways with activities to do, different treat nights for food or pamper sessions, entertainment teams that come into the hospital to provide this such as magicians, theatre productions, characters etc all of this helps to meet the emotional needs of our patients whilst they are in hospital.

Our biggest effective service improvement has been our pilot youth service which we have been fortunate to grow and report back to the ICB the data showing the benefit of this provision this has resulted in the continued investment in this provision, one which other hospitals are asking us to help replicate for them.

12. Conclusions

1. Reducing waiting times for children attending Accident and Emergency/ED

The data shows strong progress across Trusts in reducing waiting times for children attending A&E, particularly through streaming, nurse-led discharge, and consultant availability.

Almost every Trust responding to the FOI uses some form of streaming and nurse-led discharge as core measures. The biggest differentiators are infrastructure investments (dedicated paediatric EDs, CDU units) and real-time performance monitoring (RF4, RCB).

The most pressing areas for development are:

- Standardisation of triage and KPI monitoring,
- Universal adoption of nurse-led discharge pathways,
- Expansion of paediatric-specific infrastructure, and
- Stronger provision for mental health and out-of-hours care.

2. Implementation of a Paediatric Same Day Emergency Care (SDEC) model.

Some trusts have established, 24/7 PAU/SDEC models, while others only have SSPAU or are still in planning stages.

Impact is clear where models are embedded – reductions in short overnight admissions and improved flow are reported by R1H, RDE, ROD, and RDU.

Accessibility is uneven with not all models operating 24/7, limiting full potential for admission avoidance.

Integration with community care is a success factor – where advice lines, GP referral pathways, and consultant connect are available (e.g., RC9, ROD), unnecessary hospitalisation is reduced.

Future opportunities – several trusts (e.g., RBS, RAL, CCB) are planning new models, showing momentum towards wider adoption.

3. Availability and quality of play facilities in Emergency Department waiting areas.

Play provision is recognised across Trusts as a vital element of child-centred emergency care. Many departments employ Play Specialists to support distraction during procedures, while a wide range of resources—including toys, books, craft activities, digital devices, and sensory equipment—help reduce distress and engage children of all ages.

Refurbished and themed environments, often funded through charitable donations, further enhance child-friendly spaces.

Play facilities are increasingly integrated into clinical care, with bedside resources and sensory rooms supporting children who cannot use communal areas or who have additional needs.

Provision remains variable: staffing is sometimes limited, infection control restricts some play options, and reliance on fundraising creates sustainability challenges.

Overall, play services demonstrably improve patient experience but benefit from consistent investment and integration across A&E departments.

4.Presence of specific staff roles dedicated to supporting children and young people.

The review shows many NHS Trusts are innovating and embedding specialised roles to support CYP. There is clear evidence of good practice:

- Strong commitment to paediatric-trained staff and play provision.
- Increasing integration of mental health services (CAMHS, youth workers).
- Presence of Learning Disability champions and adoption of reasonable adjustment strategies.

- Use of multidisciplinary teams and innovative partnerships (charity, volunteers).

5.Use of age-appropriate and needs-based communication strategies.

Trusts demonstrate a wide range of practices to support communication with children, from simple staff training to innovative digital solutions. The strongest examples combine structured tools (hospital passports, electronic flags) (ROB, RR7, RCU), specialist input (play teams, youth workers, LD nurses) (RCB, RF4, RDU, RH8) and environmental adaptations (sensory spaces, child-focused décor). (RA7, RH5, RH8).

It can be concluded that a more standardised, system-wide approach would ensure all children receive equitable, developmentally appropriate communication tailored to their needs.

6.Facilities and support for children with autism or learning disabilities.

Overall, Trusts demonstrate a strong commitment to creating sensory-friendly environments, providing distraction resources, and embedding specialist staff roles to ensure reasonable adjustments. Key strengths include the widespread availability of sensory toys, dedicated quiet rooms, and increasing access to play specialists and LD liaison nurses. Service improvements are often supported by charitable funding and patient feedback, which are driving ongoing enhancements such as sensory gardens, virtual reality tools, and autism-specific pathways.

However, gaps remain. Not all Trusts have access to dedicated sensory rooms, and provision of electronic alerts/flags is inconsistent. Staff training in autism and learning disability awareness varies, and there is uneven access to fast-tracking or prioritisation systems for neurodivergent children.

Sustainable funding and consistent national standards could help ensure equity of support across all sites.

7. Training for staff on how to support children and young people with autism or learning disabilities.

The vast majority of NHS Trusts (over 90%) have implemented or are in the process of implementing the Oliver McGowan Mandatory Training for staff. In most cases, this training is mandatory and delivered through a combination of e-learning and face-to-face sessions.

A significant number of Trusts provide additional tailored training, including simulation-based learning, drop-in sessions, departmental workshops, and role-specific modules. Some Trusts have developed training aligned to service-specific needs or through collaboration with external organisations (e.g., North East Autism Society).

Autism and learning disability awareness is embedded in wider training initiatives such as safeguarding, induction programmes, and nursing preceptorships. This reflects a holistic approach to staff development and neurodiversity awareness.

Several Trusts enhance training with practical resources and protocols, such as sensory trolleys, care passports, triage prioritisation for neurodiverse children, and the use of British Sign Language. These tools demonstrate a commitment to inclusive, person-centred care.

Some Trusts have achieved formal recognition for their autism-friendly practices, showing commitment not just to compliance but to service improvement and cultural change.

8. Measures in place to support both the clinical needs and emotional well-being of children and teenagers admitted as inpatients.

Trusts describe a multi-layered approach blending specialist staff, therapeutic environments, play and youth services, family involvement, and mental health integration. Training, co-production with young people, and dedicated facilities (sensory rooms, teen rooms, anti-ligature spaces) emerge as common service improvements.

Trusts are increasingly embedding 24/7 psychiatric liaison teams within emergency departments to ensure that CYP in crisis are reviewed promptly, with rapid follow-up processes in place for those presenting with lower-level concerns. Alongside this, there is a growing emphasis on building a whole-staff awareness of mental health needs, with induction training for both registered and unregistered staff.

Support extends beyond the emergency department through paediatric liaison services for children admitted with physical health conditions who also require mental health input.

Workforce expansion has also been prioritised, with the introduction of Mental Health Support Workers to enhance emotional wellbeing across hospital settings. In addition, innovative and youth-informed approaches, such as mental health first aid kits designed with input from young advisors, are being introduced to provide CYP with practical tools to manage moments of crisis and exercise greater choice in their care.

Analysis of Trust submissions highlights a comprehensive, multi-layered approach to supporting CYP admitted as inpatients. While approaches vary, several consistent themes and priorities emerge.

13 References

Reference 1 - National Children and Young Persons Survey 2024 – CQC

https://www.cqc.org.uk/press-release/most-children-and-young-people-report-positive-experience-hospital-care-improvements

https://www.cqc.org.uk/publications/surveys/cyp

Reference 2 – Patient Perspective is an approved contractor for the National Patient Survey Programme and has been working with trusts for nearly 20 years. As part of our service, we have developed case studies of good practice. Case studies are based on the projects, initiatives and service improvements trusts have undertaken to bring about change.

The case studies aim to highlight and share examples of service improvements made due to several factors including poor scores, issues and themes highlighted by patients from the national surveys and often linked to feedback from patients from other methods of patient involvement.

If you would like more information on services from Patient Perspective visit https://patientperspective.org/

Reference 3 – https://www.whatdotheyknow.com/select_authority

Reference 4 - https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-going-on-with-ae-waiting-times

Reference 5 - Reference https://www.england.nhs.uk/long-read/paediatric-same-day-emergency-care/

Reference 6 https://www.rcpch.ac.uk/resources/facing-future-standards-paediatric-care

Reference 7 - https://www.gov.uk/government/publications/oliver-mcgowan-code-of-practice

13.Evidence Search - attached

1. Autism and Learning Disabilities in hospital
2. Waiting times for children and young people in A & E

Thank you to Mid Cheshire Hospitals NHS FT library service for providing the Citation – attached.

Appendix 1 - Trust codes for responses to FOI

trust_code	trust_name
R0A	Manchester University NHS Foundation Trust
R0B	South Tyneside and Sunderland NHS Foundation Trust
R0D	University Hospitals Dorset NHS Foundation Trust
R1H	Barts Health NHS Trust
RA7	University Hospitals Bristol and Weston NHS Foundation Trust
RA9	Torbay and South Devon NHS Foundation Trust
RAE	Bradford Teaching Hospitals NHS Foundation Trust
RAL	Royal Free London NHS Foundation Trust
RAS	The Hillingdon Hospitals NHS Foundation Trust
RAX	Kingston and Richmond NHS Foundation Trust
RBK	Walsall Healthcare NHS Trust
RBL	Wirral University Teaching Hospital NHS Foundation Trust
RBN	Mersey and West Lancashire Teaching Hospitals NHS Trust
RBS	Alder Hey Children's NHS Foundation Trust
RC9	Bedfordshire Hospitals NHS Foundation Trust
RCB	York and Scarborough Teaching Hospitals NHS Foundation Trust
RCF	Airedale NHS Foundation Trust
RCU	Sheffield Children's NHS Foundation Trust
RD8	Milton Keynes University Hospital NHS Foundation Trust
RDE	East Suffolk and North Essex NHS Foundation Trust
RDU	Frimley Health NHS Foundation Trust
REF	Royal Cornwall Hospitals NHS Trust
RF4	Barking, Havering and Redbridge University Hospitals NHS Trust
RFF	Barnsley Hospital NHS Foundation Trust
RFR	The Rotherham NHS Foundation Trust
RH5	Somerset NHS Foundation Trust
RH8	Royal Devon University Healthcare NHS Foundation Trust
RHM	University Hospital Southampton NHS Foundation Trust
RM1	Norfolk and Norwich University Hospitals NHS Foundation Trust
RNN	North Cumbria Integrated Care NHS Foundation Trust
RPC	Queen Victoria Hospital NHS Foundation Trust
RTR	South Tees Hospitals NHS Foundation Trust
RWE	University Hospitals Of Leicester NHS Trust
RR7	Gateshead Health NHS Foundation Trust

Appendix 2 - Abbreviations

ANP/ENP – Advanced Nurse Practitioner/Emergency Nurse Practitioner
CYP – Children and Young People
CYP – Children young person
ED – Emergency department
EPALS – European paediatric advanced life support
FLACC – Paediatric Pain Scale model
HEEADSSS tool - The HEEADSSS The HEEADSSS tool is a psychosocial assessment tool used for young people aged 12 and older. It helps healthcare professionals gather information about a young person's life across key areas to identify potential risks and needs. The acronym HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Mood, and Safety
LD – Learning disability
MECS – Minor Eye Conditions
MIMIC – Minor injury, minor illness in children
PaCE Framework – Probe, alert, challenge and escalate model
PACR – Physical assessment and clinical reasoning
PAU – Paediatric assessment unit
PEM – Paediatric Emergency Medicine
PGD – Paediatric Group Directive
RSCN – Registered sick children's nurse
SOP – Standard operation policy
SALT – Speech and Language Therapy
SSPAU – Short Stay Paediatric Assessment Unit
UTC – Urgent treatment centre
YDH – Yeovil District Hospital