London's paediatric assessment unit standards for children and young people

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Healthy London Partnership – Transforming London's health and care together

Contents

These standards bring together a number of children's standards into one document. We would like to acknowledge the work of the numerous organisations referenced throughout.

These standards have been developed through the Healthy London Partnership Paediatric Assessment Unit Standards (PAU) Group and have since been reviewed by members of the HLP Clinical Leadership Group.

We would particularly like to express our appreciation to the following:

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Introduction

Purpose

Following publication of the London Health Commission report 'Better Health for London'[1], the Healthy London Partnership (HLP) has been established to improve health services and changes to health in the capital. HLP is a collaboration of London's 32 clinical commissioning groups (CCGs) and NHS England (London). HLP is focused on 13 transformation programmes, one of which is the Children's and Young People (CYP) programme. The CYP HLP vision is for an integrated system for health and care services which promotes health and well-being and can be easily navigated by CYP, their families and health professionals to achieve the best outcomes. These standards should be considered in conjunction with the Healthy London Partnership *Paediatric Acute Care Standards* 2016.

Audience

The standards for the PAU have been developed to provide guidance and governance for trusts and clinical commissioning groups looking to develop paediatric assessment and short stay units within a large urban environment of a city such as London. The standards reflect the geography and accessibility of emergency care for CYP within this context. These standards should be used in conjunction with other recommended standards for acute paediatric medical and surgical care including the HLP Acute Care standards for Children and Young People (May 2016)[2] and Facing the Future standards (RCPCH)[3].Providers can use these to undertake a self-assessment of their ability to deliver the required quality of PAUs. They can be used to validate, challenge and to quality assure services.

Background

Over the last few years it has been demonstrated that a high volume of children and young people need emergency care. Across London, the length of stay varies greatly amongst hospital and many admissions are for less than one day. Combining the increase in acute presentations and shorter duration of stay suggests there are options to provide better care more effectively. For example, trusts with high number of patients with length of stay less than one day, could develop ambulatory services.

A PAU can be defined as a hospital-based facility that offers infants, children and young people with acute illness, injury or other urgent referrals from clinicians can be assessed, investigated, observed and treated with an expectation of discharge within a short period. This can be provided in a child focused environment without the need for admission to a paediatric inpatient ward. The advantage of developing a PAU is that the type of care can be tailored to the child's needs, including the duration of stay. This will allow for more effective use of both workforce and beds.

Several models of PAU have been developed over time including those co-located with inpatient wards or paediatric emergency departments and standalone PAU units. Local factors depending on presentations to paediatric emergency departments will determine the model of choice for each trust. Though these standards do not favour one model over the other, it is evident there are some advantages of having co-located units, including anaesthetic support, inpatient facilities and shared workforce.

The RCPCH 'Short Stay Paediatric Assessment Units – Advice for Commissioners and Providers' document (January 2009) recommend senior clinical staff should be involved in gatekeeping and should be pivotal in decision making, providing effective training and

delivery of services. [4] In addition, there should be good access to diagnostics and the expectation should be discharge rather than admission. Each unit can develop discharges that are nurse led according to pre-set criteria with robust safety netting and a clear re-attendance policy.

In summary, with reconfiguration of paediatric services, there is the opportunity to develop a new model of care away from the traditional primary and secondary care services. It can be patient centred; consultant delivered and should consistently deliver a safe, effective and efficient service to children and young persons with ample opportunity for training and teaching for all medical staff.

The standards outlined represent the minimum quality of care that CYP attending any paediatric assessment unit setting should expect to receive in London. All standards apply to seven day services; there is no difference in the provision of services during the week compared to those at the weekend. All services must meet section 11 of the Children Act (2004)[5] as well as the 2013 document on interagency Working Together to Safeguard Children[6].

These standards have been developed alongside the RCPCH, who will release their standards later this year. Healthy London Partnership has worked with the RCPCH to ensure that both sets of standards reflect one another. The Healthy London Partnership standards differ only in that they provide more detail to support the Trusts across London to support the specific needs of the children, young people and families in London and the needs of an urban population.

Notes

In this document the term children or child should be taken as meaning children and young people under the age of nineteen years.

Services should offer value for money, provision being clinically effective, equitable and cost-efficient. Services should be commissioned over a realistic time frame to allow development of new services and the sustainability of established services. Services should then work within the available resources taking account of economic, social, political and environmental factors

CCGs also need to be aware of their duties under the Children and Families Act 2014.[7]All staff working with babies, children and young people must be trained in the safeguarding of CYP.

Core principles

Children should not be admitted to hospital if it can possibly be avoided. A whole system approach is needed to move care out of hospitals and re-design services in the community, with learning from the Five year Forward View Vanguards on new models of care[8]. Areas will be establishing place-based 'systems of care' in which they collaborate with other NHS organisations and services to address the challenges and improve the health of the populations they serve.[9, 10]

- Overall care must be based on the United Nation Convention on rights of a child (UNCR) which says that every child has:
- The right to a **childhood** (including protection from harm)
- The right to be **educated** (including all girls and boys completing primary school)
- The right to be **healthy** (including having clean water, nutritious food and medical care)
- The right to be treated **fairly** (including changing laws and practices that are unfair on children)

- The right to be **heard** (including considering children's views). [11]

A. Governance

Services should offer value for money, provision being clinically effective, equitable and cost-efficient. Services should be commissioned over a realistic time frame to allow development of new services and the sustainability of established services. Services should then work within the available resources taking account of economic, social, political and environmental factors

	Standard	Evidence	Ref.
1.0	Clear governance structures must be in place, accountable to the Trust board.	Named senior doctor and governance structure linked to the board. Named senior nurse	2, 12, 22, 23
2.0	A Standard Operating Procedure (SOP) must be in place with named senior doctor and named senior nurse responsible for coordination of services. The SOP must comply with standards as set out by the Healthy London Partnership.	Copies of protocols. Copy of operational policy Evidence that the unit complies with the trust's clinical policies Notes of quality walkaround, performance reports to the Board	2, 12, 22, 23
3.0	Clear pathways for access and referral to the PASSU, admission, escalation of care and discharge must be in place and audited regularly.	Copies of pathways within service and evidence of audits Copy of discharge policy	12
4.0	Evidence-based guidelines are used for management of paediatric conditions with which children may be admitted.	Use of protocols, guidance and appropriate toolkits	2, 16, 17, NICE
5.0	Agreed pathways for shared care with speciality teams such as Child and Adolescent Mental Health Services (CAMHS), surgeons, orthopaedic surgeons, Ear Nose and Throat departments (ENT), ophthalmology and plastic surgery must be in place.	List of contacts/rotas/copies of pathways contact details available within service. List of manes leads, contact details available within service.	12
6.0	Each PAU should audit their performance against agreed Care Quality Indicators.	Evidence of audit and performance against the agreed indicators	23
7.0	Trust safeguarding processes are in place and followed	Policy within unit/attendance records, and evaluation of education and training Audit of staff understanding Evidence of named safeguarding nurse/doctor	2, 12, 13, 14, 15

B. Environment and hours of operation

Maintaining a safe environment for CYP is essential at all times. This includes the physical environment, the staff who work within it, and safe systems and processes that support staff and protect patients and the public. Adults and children are segregated as much as possible, or arrangements have been made that recognise the needs of children.

	Standard	Evidence	Ref.
8.0	The unit should be geographically co-located with an Emergency Department or in-patient ward. Stand-alone units are likely to generate increased transfer rates with incumbent clinical risk. Co-located units benefit from flexibility and resilience in staffing.	Written description of services	4, 12
9.0	The unit must have its own dedicated footprint with secure, restricted access to ensure safety and security of infants, children and young people (ICYP). A play / distraction area must be available.	Functioning security systems visible Visual evidence, Compliance with DH policy Audit of area against criteria. Site visit including involvement of CYP	2, 3, 12, 17, 19, 21, 22
10.0	Hours of operation should match times of peak attendances but, where attendances justify; round- the-clock operation is preferred. PASSU which are not open 24/7 risk service inequality at different times and may cause increased transfer rates		
12.0	Equipment must be available to support the day to day activity on the unit as well as resuscitation, stabilisation and transfer of children who become critically unwell.	Presence of equipment and evidence of checks, presence of transfer equipment and copies of protocols Documented list of equipment with evidence of checks taking place	12
13.0	PASSUs which provide care for patients beyond four hours must include provision for meals, bathroom and parent facilities.	Visual evidence: parent's beds reclining chairs, including information for the family about the services. Audit of area against criteria. Site visit including involvement of CYP	2, 3, 12, 17, 19, 21, 22

C. Recognition and Management of the Deteriorating Child

To ensure that children are treated on evidence-based standard of care tools and access to the appropriate support should be provided, to ensure that the child is assessed properly.

	Standard	Evidence	Ref.
14.0	All children accessing a PASSU must have a standardised initial assessment including pain score within 15mins of arrival, if this has not taken place in the ED.	Paediatric operational policy Evidence of triage system and supporting education and training programme Written protocol Evidence of audit in PEWS Evidence of training in PEWS Evidence of use of competency based escalation trigger protocol	2, 3, 4, 12, 16, 17, 18, 28
15.0	Regular paediatric early warning score assessments should subsequently be undertaken with appropriate escalation of care	Paediatric operational policy Evidence of triage system and supporting education and training programme Written protocol Evidence of audit in PEWS Evidence of training in PEWS Evidence of use of competency based escalation trigger protocol	2, 3, 4, 12, 16, 17, 18, 28
16.0	There is access to personnel with paediatric advanced airway and resuscitation skills during all hours of operation	Copies of contact details, rotas contact details available within the service	23
17.0	Guidelines for transfer of patients must be in place for all of the following situations, including guidelines for handover: - Accessing advice from, & transfer to PICU - transfer within the hospital - inter-hospital transfer	Evidence of transfer policy Evidence of handover policy	23

D. Promotion of Ambulatory and Community Based Care

Services for children, young people and their families are provided by a range of health, community and social care professionals and agencies working collaboratively to ensure the highest standard of care for children and young people at all times.

	Standard	Evidence	Ref.
18.0	The PASSU should work within an integrated system with community services and hence promote ambulatory and community-based care of ICYP to support admission prevention, care at home and reduced length of stay.	Description of services, care pathways, audit of notes, rotas	2, 17, 23, 24, 27

E. Supporting Services

In order for a PASSU to be effective, efficient and able to deliver the services that they provide, they need to be able to access the relevant services to support this during their hours of service.

	Standard	Evidence	Ref.
19.0	Access must be available to timely laboratory, pathology services, radiology and pharmacy advice with paediatric competencies during hours of operation	Process documented and evidence of audit Evidenced by service outlines, hours of opening and policies	2, 12, 16, 23

F. Communication with Children, Young People and Families

This should not only include the experience of the patient and carer going through the service, but also demonstrate how they are involved in the assessment, running and development of any future service.

	Standard	Evidence	Ref.
20.0	Specific written advice is provided to CYP and families on discharge and written discharge communication shared with GPs and other appropriate professionals within 24 hours.	Copy of family information, copies of contemporary leaflets available. Evidence of use Copies of letters/audit Copies of discharge letters/audit	12, 19, 20
21.0	Engagement with CYP and their families so that feedback is obtained and used to inform service delivery and development.	Evidence of engagement of service users Evidence of patient involvement in decision about service development in minutes Patient experience measures are in place Feedback regularly audited and fed back Evidence that complaints are used to improve services	2, 12, 17, 19, 20

G. Staffing

Organisations follow a nationally (or internationally) accepted, objective and rational formula for staffing and skill mix in all environments where children are seen and cared for. This formula, along with the senior children's nurse's professional judgement, determine the specialty-specific nurse to patient ratios which underpin the delivery of safe and effective high quality care.

	Standard	*Evidence*	*Ref.*
22.0	Staffing of the PASSU should support senior paediatric assessment of the child at the earliest opportunity, with review by the responsible consultant within 12 hours of admission	Names of the lead consultants Staff rotas, details of training, competencies and experience of staff.	2, 3,12, 16, 26
23.0	There should be a Consultant present on site at times of peak activity and available for advice at all times of operation.	Copies of rotas and job plans Details of training and competencies Stated within consultant employment contracts Operational policy	2, 3, 16
24.0	Paediatric nurse staffing should comply with Royal College of Nursing (RCN) guidelines and regular audit of patient acuity using appropriate tools should inform workforce planning.	Operational policy Evidence of tool available and staff trained to use it	2, 24
25.0	There is access to appropriately qualified play specialists and allied health professionals eg Physiotherapists, Dieticians & other members of the MDT team	Copies of rota	12

H. Training

Staff should have access to the relevant training through their organisations and should feel confident to care for the children within the unit.

	Standard	Evidence	Ref.
26.0	Nursing staff should possess competencies in triage (where patients have direct access to PASSU), recognition and management of the deteriorating child, including resuscitation& pain management.	Copies of training records, and evidence of completing competencies	*12*
27.0	All staff have appropriate, up-to-date paediatric resuscitation training and resuscitation equipment & guidance is in place. At least one member of staff with advanced paediatric resuscitation training must be available at all times.	Copies of training records	12
28.0	Training programmes must be in place for staff working on the unit. Nurse-led discharge, when appropriate should be supported by policy, education & training.	Copies of the education and training programme, attendance records and evaluation reports. Copies of protocols for nurse-led services.	12

APPENDIX 1: GLOSSARY

CAMHS	Child and adolescent mental health services
CCGs	Clinical Commissioning Groups
CQC	Care Quality Commission
CYP	Children and young people
ED	Emergency department
ENT	Ear, Nose and Throat department
HLP	Healthy London Partnership
ICYP	Infant, Child and Young Person
NICE	National Institute of Health and Care Excellence
PASSU	Paediatric Assessment and Short Stay Unit
PAU	Paediatric admissions unit
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatrics and Child Health
SOP	Standard Operating Procedure
UNCR	United Nations convention of the rights of a child

APPENDIX 2: ADDITIONAL READING

- NHS East of England (2010), Developing workforce models for Children's Assessment Unit provision across the East of England Developing workforce models for children's assessment unit provision across East of England
- Royal College of Paediatrics and Child Health (2015) Facing the Future: Standards for Acute General Paediatric Services http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/facing-future-standards-ac
- Healthy London Partnership (2016) London Acute Care Standards for Children and Young people. https://www.myhealth.london.nhs.uk/healthy-london/children-and-young-people/resources
- Royal College of Paediatrics and Child Health (2009) Short Stay Paediatric Assessment Units – Advice for Commissioners and Providers www.rcpch.ac.uk/sites/default/files/asset_library/.../SSPAU.pdf

APPENDIX 3: REFERENCES

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