Worcestershire Acute Hospitals NHS Trust

Paediatric Assessment Unit
Standard Operation Policy

Key Document Code:	WAHT-TP-083	
Key Documents Owner:	Dana Picken	Matron for CYP
Accountable Director:	Dr James West	Paediatric Clinical Director
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	19th May 2021	
Date of review: **This is the most current version and should be used until a revised document is in place**	19th May 2024	

Key Amendments

Date	Amendment	Approved by
May 2021	New document approved	Paediatric QIM

Policy Overview:
This is an operational policy for the Paediatric Assessment Unit (PAU) which is operated by the paediatric medical team and the nursing staff of Riverbank (Children's Ward). This pathway is part of the work stream of the Children's Directorate and the Women and Children's Division.

Contents page:

1. Introduction

The paediatric assessment unit (PAU) provides emergency access to senior clinician advice (Bleep 676) at the point of referral, allowing appropriate streaming of children and young people with medical problems.

This process is designed to enhance patient flow and management of children and young people (CYP) with partner agencies, primarily the GP service and the Emergency Department whilst offering efficient, high quality care to the child, young person and their family in an environment suited to their needs.

The Paediatric Assessment Pathway allows children and young people to be assessed, investigated, observed and treated with an expectation of discharge in less than 12 hours.

2. Purpose

This operational policy articulates the service provided by the Paediatric Assessment Unit and how it is planned, delivered and quality assured**.**

3. Scope of this document

The scope of this policy encompasses the 'Paediatric Assessment Pathway' which is delivered by the Children's Directorate and its staff in the Paediatric Assessment Unit.

4. Definitions / Glossary

Age	Definition of a paediatric patient (based on current trust policy): 1. Children under the 16 years of age;
	2. Children between 16 and 18 years of age currently under follow-up with a general paediatrician or community paediatrician
	3. Children under 17 years of age not known to adult services.
CYP	Children and young person under the age of 17 years and 364 days.
ED	Emergency Department
GP	General Practitioner
NIC	Nurse in charge
NICE	National Institute for Clinical Excellence
PAP	Paediatric Assessment Pathway
PAU	Paediatric Assessment Unit
PEWS	Paediatric Early Warning Score
PiP	Partners in Paediatrics: a partnership of organisations and clinicians working together to improve the quality and accessibility of services for children and young people).
RCPCH	Royal College of Paediatrics and Child Health
RNC	Registered Nurse Child
SBAR	Communication tool escalating care concerns, using SBAR acronym – Situation, Background, Assessment and Recommendations
WAHT	Worcestershire Acute Hospitals NHS Trust
676 bleep holder	Senior Clinician (consultant or middle grade) providing single point of access for referrals to PAU

5. Duties and Responsibilities

5.1 Operational Management

5.1.1 Consultant / Middle Grade - 676 bleep holder

There is a single point of access to a senior paediatric clinician who will be able to offer immediate advice to the referring party. The 676 bleep holder will help avoid unnecessary admissions or facilitate discharge from ED and can provide access to urgent review clinics. (Please note that non-immediate advice can be sought through Choose and Book Advice and Guidance with the department responding to most queries within 2 working days).

The 676 bleep holder is a senior doctor (Consultant or middle grade).

The consultant is available:
09:00 – 22:00 hrs (Monday to Friday)
09.00-15.00 hrs weekends and bank holidays.

Outside these hours the 676 bleep holder will be a middle grade doctor. They will provide rapid and senior paediatric review for unwell children.

Immediate access to paediatric consultant advice outside of these hours is provided by the paediatric consultant on call who can be on site within 30 minutes as required.

The 676 bleep holder will be responsible for liaising closely with the nurse in charge of PAU.

All child safeguarding cases should be discussed with the senior clinician. During normal working hours contact the Riverbank consultant bleep on 678. Outside of normal working hours contact the 676 bleep holder.

5.1.2 Nurse in Charge – 250 bleep holder

The nurse in charge of PAU will be responsible for co-ordinating the use and availability of beds/trolleys in liaison with the nurse in charge of Riverbank ward.

5.1.3 Registered Nurse Child (RNC)

The RNC will be allocated to PAU from Riverbank ward. A minimum of 2 RN Child trained nurses must be on the unit at all times, one of which must be an EPLS provider.

5.1.4 Non-Registered – Clinical Support Workers

Clinical Support worker will work under the guidance of a RN Child to support the registered nurses in assessing, planning and delivering care to the CYP and meet their daily needs and those of their families.

5.1.5 PAU Clerk is responsible for ordering and maintaining stationary, telephone enquiries, admission and discharge support, maintain and updating computerized patient records, meeting and greeting families and relatives and assisting with non-medical enquiries.

5.1.6 Access to Play Specialist

A play specialist will be available to support children and their families during their assessment episode and to assist with the preparation for painful or distressing procedures.

5.1.7 Nurse in Charge Riverbank

The nurse in charge of Riverbank will work in liaison with the nurse in charge of PAU and help co-ordinate the use and availability of beds across the ward and PAU floor.

5.1.8 Nurse in Charge Emergency Department (ED)

Worcestershire Royal Hospital and Alexandra Hospital Emergency Departments will identify suitable referrals of children and young people under the age of 17 years to the paediatric assessment unit. They will work in liaison and co-ordination with the 676 bleep holder and the nurse in charge of the Paediatric Assessment Unit, involving the nurse in charge of Riverbank Unit if direct admission to the ward is required.

5.1.9 Paediatric Directorate Triumverate

The Children's Directorate's leadership team is comprised of the Clinical Director, Matron, and the General Manager. The management team are individually and collectively responsible for the maintenance, implementation and review of this policy on a three-yearly basis in line with the Trust review policy.

6. Duties within the Organisation

6.1 Estate / Venue

The PAU is geographically co-located with Children's Clinic and is compliant with IPC (Infection prevention and control) standards

The paediatric assessment unit shares resources and operates out of an identified area shared with the Children's Clinic. It has its own dedicated footprint with secure, restricted access to ensure safety of CYP.

There is a total of 14 bed / trolley spaces comprising of:

- x2 four bedded bays
- x2 two bedded bays
- x2 single occupancy rooms.

Equipment is available to support day to day activity and resuscitation, stabilisation and transfer of CYP who become critically unwell.

PAU provides a CYP friendly environment and has facilities for parents. Food and drink is available and access to a private / quiet area for breastfeeding mothers will be provided on request.

6.2 Support Services

Access is available to timely laboratory, pathology, radiology and pharmacy advice. Healthcare professionals assessing or treating CYP have access to the CYP shared electronic records via CLIP (Clinical Information Portal).

Housekeeping, catering and portering services are available to PAU.

7. PAU Operational Process

7.1.1 Hours of operation

7 days per week:
Monday to Friday: 09.00 to 21.00 hours (last referral at 19.00 hours)
Saturday and Sunday: 09.00 to 21.00 hours (last referral at 19.00 hours)

7.1.2 Appropriate conditions for referral

This is not an exhaustive list:
Respiratory illness

Diabetes related illness
Gastroenteritis
Poor fluid intake
Fever
Rash
Abdominal pain
Seizure
Accidental poisoning
17 year olds under adult medical care (young person remains responsibility of adult medical team) appropriate conditions and with documented young person choice.

Exclusions
Trauma – requirements for x-ray facilities and plaster room
17 year olds under the adult medical team with conditions not generally seen on a children's ward for example pulmonary embolus, DVT etc.
Oncology conditions e.g. neutropenic sepsis
Status epilepticus, severe respiratory distress or any other condition that will require immediate resuscitative interventions.
Length of stay is known to be in excess of 12 to 24 hours (Admission of Children and Young People to the Inpatient ward at Worcestershire Acute Hospitals NHS Trust WAHT-TP-055).
CAMHS

7.1.3 Referral Route to 676 bleep holder

- Any health care professional from primary care (including GPs, ANPs and PAs)
- Community midwives
- Paramedics
- ED staff from Worcestershire Royal Hospital and Alexandra Hospital (Redditch)
- Medical staff from other hospitals
- Open access to Riverbank – Some CYP will have open access to Riverbank. This may be as a result of a chronic medical condition or following a recent admission to the ward. Patients can directly access the ward by calling the number in the open access leaflet and speaking to the nurse-in-charge or clinician on the ward. There will however be instances when such patients may still need to call an ambulance and arrive in ED, e.g. continued seizures or severe respiratory distress.

The 676 bleep holder will advise as to how to transport the CYP safely (please refer to 'Transfer of Paediatric Patients within and outside of WAHT' Ref: WAHT-TP-055) i.e. by parents' car or ambulance. The PAU and ward will accept children via ambulance provided that the 676 bleep holder is confident no immediate resuscitation will be required on arrival. Liaison and agreement with the nurse in charge is required to ensure that there is capacity and existing levels of acuity are manageable. If the request cannot be supported the CYP should be taken directly to ED.

Transfer from WRH ED without medical review
To aid flow through the emergency department, it has been agreed that certain patients may be sent down to PAU, ***space permitting***, without being seen by an ED clinician ***following triage*** provided that they do not require immediate medical attention. These are:

1. Babies <3months of age with a hospital documented fever (≥38ºC);
2. Children brought in by ambulance following a GP review due to concern in primary care but who are clinically stable on arrival.

It is important that such patients are deemed safe to be transferred: this should be done by discussing with the 676 bleep holder and the nurse in charge of the admitting area i.e. PAU or Riverbank.

The paediatric team will be happy for paramedics to discuss patients with 676 bleep holder whilst they are en route.

The team supports the 'Internal Professional Standards for non-elective flow' (please refer to Appendix 2)

7.1.4 PAU patient flow: (please refer to Appendix 3 for PAU situation report and Appendix 4 for safety matrix and escalation)

Please note: PAU will accept referral and transfer within one hour from ED unless it is clinically unsafe to do so. Nurse staffing on PAU are unlikely to be able to support transfer of patients from / to other departments as a minimum of 2 trained nurses need to be on PAU at all times to ensure minimum safe staffing levels.

Overview:

Time span	Criteria	Comments
15 mins	Registration completed Triage completed by trained nurse – generation of clinical priority: immediate / within one hour / within four hours	CYP details / Parental Responsibility / Safeguarding check Visual assessment of ABC (airway, breathing, circulation), completion of PEWS and SBAR. Pain relief given as needed within 20 minutes of arrival
1 hour	First clinical assessment of CYP completed	Initiate treatment plan
2 hours	CYP management plan agreed	
3 hours	Treatment in progress	
4 hours	Review of Treatment plan	● Supported discharge / Transfer to Children's Ward ● Extend observation period for agreed time (maximum of 12 hours provided it is in accordance with PAU hours of operation
6 hours	Transfer to Children's Ward if extended period of observation is not required.	Transfer to appropriate clinical setting for example: • Tertiary Hospital • Time critical transfer • KIDS Retrieval Team
6-12 hours	Period of observation prior to review of treatment plan	• Supported discharge • Transfer to Children's Ward

7.1.4 Arrival at PAU

On arrival to PAU the CYP their parents / and transfer nurse (if from ED) will report to the Reception Desk. The patient's identity will be confirmed and the Nurse in charge informed of the arrival of the CYP. The nurse in charge or allocated nurse will check the identity of the CYP and visually assess the child using ABC criteria (airway, breathing, circulation before escorting the CYP to the allocated bed space. This 'Triage' must take place within 15 minutes of arrival to PAU by a Registered Children's Nurse (a nurse with at least 6 months acute paediatric nursing experience and a current PILS or EPLS certification). On completion of assessment the nurse will assign clinical priority for review: immediate, within 1 hour, within 4 hours.

If the CYP has arrived via ED, the transferring nurse will provide a comprehensive verbal handover using SBAR (Situation, Background, Assessment and Recommendation) which will be cross referenced with available documentation. (Please note: CYP must have been 'triaged' and had a PEWS score generated before transferring to PAU).

In accordance with the Paediatric Observation and monitoring guideline vital signs, sepsis screen and pain score will be recorded generating a 'paediatric early warning score' (PEWS).

The generated PEWS/Sepsis Screen will help to inform the nurse the priority of escalation for review by medical staff.

The admitting health care professional will ascertain the CYP demographics including

- Name
- Address
- Contact details (including telephone numbers) and Names for primary carers/ those with parental responsibility
- Those accompanying child
- A Patient Identity band will be checked with CYP and parents and applied if not already present. A red identity band must be completed if CYP has allergies.

Of primary importance is the completion of the safeguarding assessment section which must be signed when completed. Additional needs such as the requirement for interpreter services, involvement of Children's services, liaison with Specialist Nurses, Dietician etc. should also be identified.

The SBAR communication tool will be used to aid clear concise handover between attending nursing and medical teams.

7.1.5 Nursing and medical care

Nursing and medical assessments, planning and interventions will commence with the informed consent from the CYP (where appropriate) and accompanying parent / carer. During this period the CYP and parent will be shown the layout of the PAU and be given an explanation of PAU routine and the available facilities. See Appendix 5 for parent information.

The nursing system is child and family centred, involving a nursing assessment of needs and a plan of care which is discussed with the parents and CYP if of an appropriate age. The plan will include partnership and negotiation with CYP and parents/carers to determine the role of the nurse in supporting their care delivery, i.e. taking over care temporarily, or teaching specific nursing care to enable CYP and parents to resume full care of their child.

Initial medical assessment will normally be made by the junior doctor/middle grade doctor/PAU Consultant. The treatment/care will be discussed with the middle grade/consultant as required following this. A further assessment by the middle grade/PAU Consultant is usual. A decision to admit or discharge should be made within 6 hours. A chaperone will be made available as required to meet the requirements of the Chaperone Policy (WAHT-CG-606).

Young People over the age of 14 will be given the option to be seen without the presence of their accompanying parent / carer.

The CYP will receive any medical treatment as soon as it is determined it is required, using appropriate guidelines and pathways, including if necessary resuscitation and stabilisation before being transferred to a more appropriate area (please refer to Paediatric Resuscitation, Stabilisation Retrieval and Transfer – Critically Ill Child Pathway WAHT-TP-054).

Nursing and medical staff will work in collaboration with CYP and their parents offering shared decision making and informed choice to ensure that:

- care or treatment options are fully explored, along with their risks and benefits
- different choices available to the CYP are discussed
- a decision is reached together

This is to ensure that:

- CYP, parent and nursing and medical staff can understand what's important to the other person.
- CYP and parent feel supported and empowered to make informed choices and reach a shared decision about care.
- Nursing and medical staff can tailor the care or treatment to the needs of the individual.

Guidance on consent issues for children and young people and competence of a young person to give or withhold consent

Any young person aged 16 years or over is presumed by law to be competent and to have capacity (as defined in the Mental Capacity Act, 2005) and therefore has the right to give or withhold consent, independent of their parents' views. Any young person under 16 years of age may wish to give or withhold consent to treatment or the sharing of information about them, independent of and in contradiction of their parents' views. This wish should be acceded to where the young person is deemed to be of sufficient age and understanding to give informed consent. It is for the practitioner working with the young person to make that judgement, applying the Gillick Competence.

The Gillick Competence is used to consider the ability of children and young people under the age of 16 to give informed consent. Young people under the age of 16 can give valid consent if they are presumed to have sufficient understanding to appreciate fully what is proposed, and they are capable of expressing their own wishes. If a young person meets these criteria, their consent overrides that of the person with parental responsibility for them.

If a child is not deemed to be legally competent, a person with parental responsibility would need to give consent.

7.1.6 Discharge Planning

Planning for supported discharge will begin on admission. See 'Discharge of Children and Young People from PAU and inpatient ward at Worcestershire Acute Hospitals NHS Trust' WAHT-TP-083.

The child may be discharged home with a period of open access to the ward or alternatively with the support of the Community Children's Nurse (Orchard Service) team if /as necessary. The parent(s) / carer(s) of the child will be asked if they are happy to take their child home and sign a declaration confirming this in the PAU joint assessment document.

See appendix 6 for discharge leaflet and safety netting measures.

7.1.7 Service Users Feedback

The views and opinions of CYP and parents using the service will be sought via the Worcestershire Youth Forum, Friends and Family Testing and PALS.

8. Staffing:

8.1 Leadership Team

The leadership team for the Paediatric Directorate includes:

Clinical Director (CD)

The CD is accountable for the delivery of services within the Paediatric Directorate and is expected to ensure all activities undertaken within the directorate are subject to robust operational, clinical and financial governance arrangements with patient safety, quality and clinical outcomes at the centre of all aspects of operational management. The CD is responsible for supporting the monthly Quality Improvement Group (QIM) which is the group responsible for implementing clinical governance by promoting safe and effective clinical practice within the Paediatric Directorate and reporting performance monthly to the Divisional Governance Board. The CD is also responsible for chairing the monthly Paediatric Directorate Meeting which is the group responsible for reporting on all operational performance of the directorate and reporting into the Divisional Board.

Matron (M)

The Matron is responsible for the day to day operational delivery of services within the Paediatric Department including the effective flow of children and young people through the unit to ensure that they receive the right care in the right place. The Matron is also responsible for monitoring and maintaining safe staffing levels, maintaining infection prevention and control and assessing and mentoring staff to constantly strengthen clinical practice.

General Manager (GM)

The GM is responsible for working with the CD and matron to ensure that robust performance management; planning and governance mechanisms are in place in line with the Trusts policies and best practice. The GM is responsible for ensuring all planning is in line with the Trusts strategic direction and that performance is reported monthly to the Divisional Board.

8.2 Medical Staffing

Paediatric Consultant cover: on site 09.00 – 22.00 hrs to provide cover at times of peak activity and available for advice at all times of operation.

Tier 2 middle grade cover: 20.00 – 09.00 hrs

Tier 1 junior doctor: 24/7

The paediatric assessment unit has access to the opinion of a consultant paediatrician at all times. If out of hours and not on site they are available for telephone advice for acute problems for all specialties, and for all paediatricians.

This enables compliance with RCPCH Facing the Future: Standards for acute general paediatric services (Revised 2015):

- A consultant paediatrician is present and readily available in the hospital during times of peak activity, seven days a week.
- Every child who is admitted to a paediatric department with an acute medical problem is seen by a healthcare professional with the appropriate competencies to work on the tier two (middle grade) paediatric rota within four hours of admission.
- Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician within 14 hours of admission, with more immediate review as required according to illness severity or if a member staff is concerned.

8.3 Nurse Staffing

8.3.1 Royal College of Nursing (2013) Defining staffing levels for children and young people' services recommend a minimum of 2 RN Child nurses on the unit at all times during opening hours, one of whom must be an EPLS provider.

RCPCH Standards for Short Stay Paediatric Assessment Units (SSPAU) March 2017 recommends children's nurse staffing comply with Royal College of Nursing guidelines (a minimum of two children's nurses for every six to eight beds) with regular audit of patient acuity using appropriate tools to ensure that levels are appropriate for the number, dependency and case mix of infants, children and young people normally cared for by the service

Nurse staffing for the PAU will be supported by Riverbank nurse establishment to enable flexible working between PAU pathway and inpatient pathway.

Nurse staffing for PAU will take into account the PAU activity and acuity and will flex accordingly between two to three RN Child nurses and a health care support worker per shift (a minimum of two nurses is required at all times, one of whom must be an EPLS provider). Clinical judgement of senior team will be utilised to ensure that safe staffing levels are maintained with an appropriately skilled team. This may mean deployment of an additional nurse / health care assistant to support PAU in response to acuity and capacity. There are a maximum of 14 bed spaces on PAU.

The RN Child Nurses are responsible for delivering direct clinical care to CYP in accordance with family centred care. The nurses are responsible for working within clinical standards and protocols.

The RN Child is expected to:
Undertake risk assessments and manage risks to CYP
Recognise a deteriorating CYP
Escalate care using PEWS and SBAR.

The RN Child is expected to have competencies in:
Triage, Recognition and management of the deteriorating child, including resuscitation and pain management

The RN Child is expected to have an annual appraisal and up to date training:

- PILS / EPLS
- PEWS and Pain
- Safeguarding CYP Level 3
- Mandatory Training

Regular audit using CYP acuity tool for example Safer Nursing Care Tool will be undertaken to inform workforce planning.

8.3.2 Healthcare Assistant will work under the guidance of a RN Child to support the registered nurses in assessing, planning and delivering care to the CYP and meet their daily needs and those of their families.

8.3.4 Ward clerks are responsible for ordering and maintaining stationary, telephone enquiries, admission and discharge support, maintain and updating computerized patient records, meeting and greeting families and relatives and assisting with non-medical enquiries.

8.3.5 Access to Healthcare Play Specialist who use therapeutic play activities to help children cope when in hospital.

8.3.6 Access to Allied Health Professionals e.g. Physiotherapists, Dieticians and other members of the multi-disciplinary team.

9 Governance and Quality

The Trust has produced a Clinical Governance Handbook entitled 'How to Guide on Safety and Governance' which is available on the intranet. This gives details on aspects of governance and contact names and details. Click here to access this.

9.1 Clinical Risk and Safety

The PAU strives to minimize risks and maximize the quality of service to CYP and their families who come under its care. The management of risk is an integral part of everyday business. Senior team members are responsible for fostering an environment whereby all staff is encouraged to report incidents and near misses, which feeds into our learning and continuous improvement through the Paediatric Directorate Quality Improvement Group (QIM) and reports directly to Divisional Safety and Risk Group.

9.1.1 Incident Reporting and Investigations

The mechanism for reporting incidents is the Trust on line Datix system. Incidents are investigated by the local incident managers for each clinical area to establish trends or recurrent patterns of incidents and are reported to QIM and thereafter to Divisional Governance Board each month. Learning from incidents is shared via a 'effective handover' and monthly newsletter, this is re-iterated daily at the staff huddles. Where actual or potential harm occurs a more urgent action is needed. The matron and/or the CD must be informed as soon as practical and appropriate steps taken to minimise harm. The family should be informed immediately, an apology given and the investigation process explained as per Duty of Candour (DOC). The incident is then investigated as per the local and Serious Incident Framework and an improvement plan is produced, and

monitored through paediatric quality improvement meetings and Trust Serious Incident Review Group (SIRG).

9.1.2 Risk Management

Clinical risks are identified through the incident investigation reports. Recognised risks which are not able to be addressed readily are placed on the Trust's Risk Register. The clinical risks are reviewed at the multi-disciplinary QIM and the performance risks are reviewed at the Directorate meeting. All risks have an oversight at Trust Risk Management Group (RMG).

9.1.3 Medical Devices Management

Medical equipment is provided and maintained under the terms of the Private Finance initiative by Siemens.

The paediatric ward manager is responsible for ensuring equipment training is undertaken and up to date.

9.1.4 Guidelines

The paediatric department have developed WAHT clinical guidelines which are evidenced based and used for the management of paediatric conditions , should a specific clinical guideline not be covered by WAHT, staff will refer to PiP (Partners in Paediatrics), then NICE guidelines.

All guidelines adopted can be found on the Trust Intranet and are listed alphabetically so that they can be found with ease. Standard Operating Procedures (SOP's) can also be found on the Trust Intranet.

Internal guidelines are updated every 3 years and SOP's annually. They also follow the same approval process. The paediatric directorate meets regularly to review all guidelines and SOPs.

Trust Safeguarding processes are in place.

9.1.6 Clinical Audit

Audit planning within the Trust is managed via an electronic system called CATS (Clinical Audit Tracking System). There is a monthly multi-disciplinary meeting where audits are presented and recommendations made. Prior to each meeting CATS is reviewed to ensure audits are on track and that CARMS is up to date. Audit presentations/reports are uploaded to CATS and the actions are monitored through this system. Locally the audit data is monitored through the directorate's monthly governance report which is monitored through Divisional Governance.

PAU will audit their performance against agreed Care Quality Indicators and will review against the RCPCH Standards for Short Stay Paediatric Assessment Units (SSPAU) March 2017 (Appendix 7)

Key Performance Indicators:

Pathway	Reference patient group	Key Performance Indicator
Streaming/Triage	All CYP	95% seen within 15 min of registration
Clinical Decision Maker review (Consultant or middle grade)	All CYP	95% seen within 1 hour Escalation policy if target not being met
Senior final clinical decision maker review	All patients	95% discharged or referred to speciality within 3 hours Escalation policy if target not being met
Critical illness/ deteriorating sick child	PEWS/clinical impression suggests need for immediate intervention	Admission to appropriate clinical area within 3 hours (this may be remaining in PAU)
Requires admission	Condition requiring admission to Children's ward	95% transferred to Children Ward within 6 hours.

9.1.6 Nursing Quality Audits

Nursing Quality audits are completed weekly by the paediatric matron and/or ward manager. Results are monitored via the monthly ward to board report that is presented at the monthly paediatric quality improvement meeting and the weekly Divisional Safety and Risk Group

9.1.7 Documentation

On admission all CYP will have an allocated patient identification number and national health number.

All staff is responsible for ensuring that all CYP are admitted onto OASIS and the Admission Discharge Transfer (ADT) Board is populated.

All staff is responsible for adhering to

Upon discharge an electronic discharge summary is completed by the medical and nursing staff and forwarded to the General Practitioner and Health Visitor.

9.1.8 Safety Staff Huddle and Staff Well-Being Huddle

The PAU shift leader holds the morning huddle on PAU at 11.00 hours each day to check CYP safety, share learning, monitor staff well-being and assess capacity and maintain patient flow.

PAU nurse in charge (bleep 250) will also be in liaison with Riverbank Ward nurse in charge and 676 bleep holder, cross department huddles will take place as required.

10. Policy Review

Every 3 years by Matron, Clinical Director and General Manager.

11 .References

References:	**Code:**
Admission of Children and Young People to the Inpatient ward at Worcestershire Acute Hospitals NHS Trust	WAHT-TP-055
Transfer of Paediatric Patients within and outside of WAHT	WAHT-TP-055
Chaperone Policy	WAHT-CG-606
Paediatric Resuscitation, Stabilisation Retrieval and Transfer – Critically Ill Child Pathway	WAHT-TP-054
Discharge of Children and Young People from PAU and inpatient ward at Worcestershire Acute Hospitals NHS Trust	WAHT-TP-083
Royal College of Nursing (2013) Defining staffing levels for children and young people' services	
RCPCH Standards for Short Stay Paediatric Assessment Units (SSPAU) March 2017	
How to Guide on Safety and Governance – Clinical governance departmental pages	
Clinical Record Keeping Policy	WAHT-CRK-09

Appendix 1: Patient Interdepartmental Transfers:

Please refer to Transfer of Paediatric Patients within and outside of WAHT: WAHT-TP-055 for full document.

Patient label / details

A	Does the CYP have an airway problem or potential for a problem during transfer?	e.g. had adrenaline treatment for Croup	Problem identified? YES NO (Please circle)
B	Does the CYP have difficulty breathing or potential for problems during transfer?	e.g. requiring significant oxygen to maintain saturations	Problem identified? YES NO (Please circle)
C	Does the child have a circulation problem or potential for a problem during transfer?	e.g. required IV treatment for SVT	Problem identified? YES NO (Please circle)
D	Does the child have a reduced conscious level or potential for a neurological problem during transfer?	e.g. any reduction in GCS or not A on AVPU scale	Problem identified? YES NO (Please circle)
E	Could transfer cause a problem with temperature regulation or pain control?	e.g. painful injury or fractures requiring iv opioids	Problem identified? YES NO (Please circle)

Stable:
Escort requirements
No clinician or nurse escort required unless
- Parental support needed
- Ongoing treatment required e.g. O2, continuous drug infusions/ IVI
- Underlying medical condition liable to unpredictable deterioration
- Requires close nursing care and continuous monitoring
- PEWS score 4+
- Parental disagreement on lack of escort
- NB: Safeguarding investigations i.e. skeletal surveys etc must have a trained member of staff accompanying CYP

Intermediate stability / unstable:
Escort requirements
- This will depend upon the clinical problem
- The consultant paediatrician must be informed and a joint decision reached on staff escort and equipment requirements. This may also include discussion with anaesthetic team on call

Discussion with KIDS Service
- All unstable and high risk CYP must be discussed with KIDS Team
- Intermediate stability CYP who are at risk of clinical deterioration are also best discussed

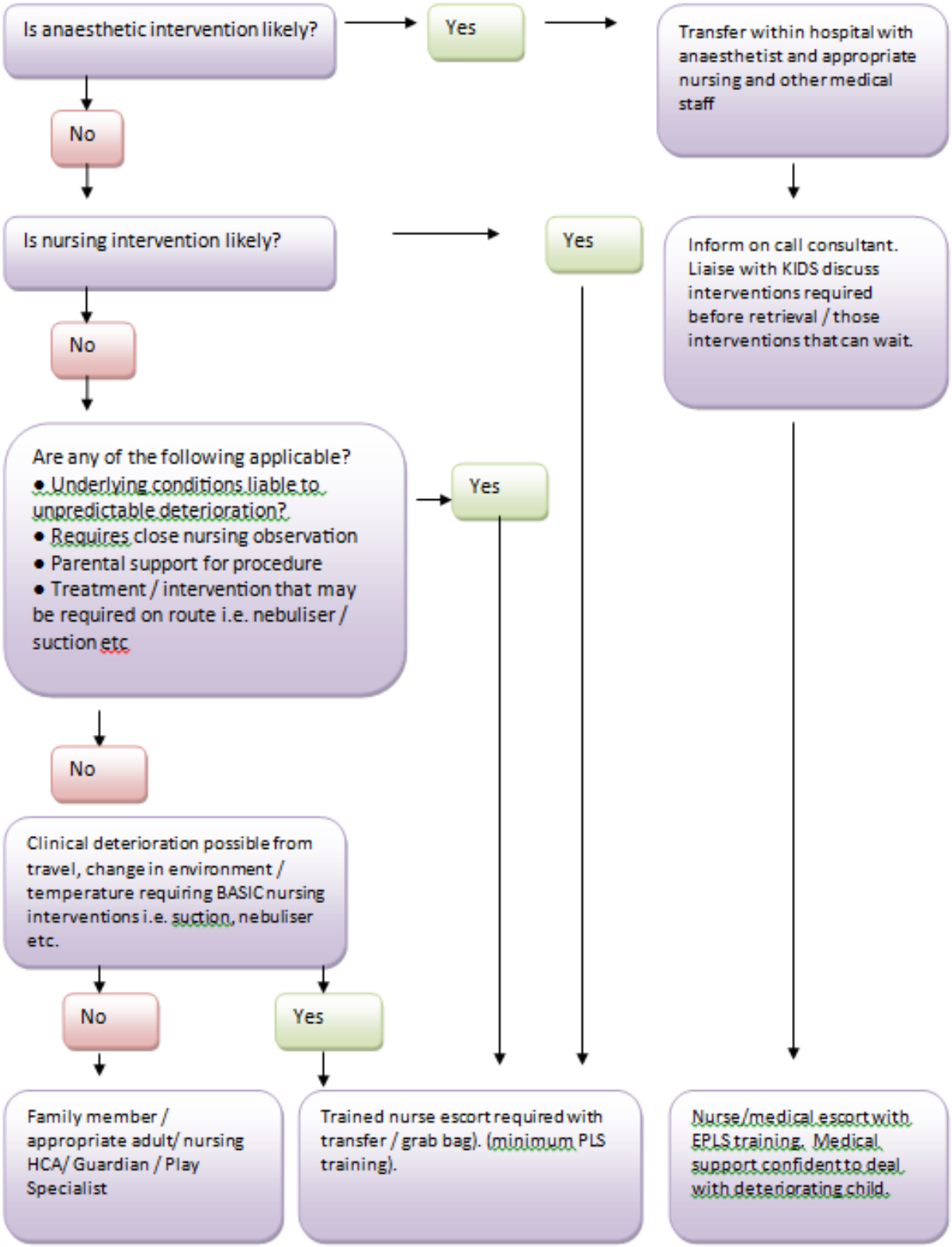
ASSIGN Stability (tick)

Stable = No ABCDE problems	
Intermediate Stability = 1 or more ABCDE problems	
Unstable = 2 or more ABCDE	

Completed by:
Name:
Signature:

Agreed by nurse in charge / Senior Medic
Name:
Signature:

Interdepartmental Escort Requirements



The following principles should be applied when deciding escort(s) requirements:

Intervention	Examples	Escort
Nurse intervention possible	IV infusion device care Bronchiolitis in 30-40% oxygen Improving asthma requiring no more than four hourly inhalers	Nurse
Medical intervention possible	Bronchiolitis › 40% or with apnoeas Asthma requiring IV infusion and hourly inhalers Seizure requiring treatment	Paediatrician / Advanced Clinician
May require airway intervention	Intubation possible Clinical instability Time critical problem	Anaesthetist or KIDS retrieval service

Appendix 2: Internal Professional Standards:

homefirst
WORCESTERSHIRE

NHS
Worcestershire
Acute Hospitals
NHS Trust

Internal Professional Standards
for non-elective flow

15 mins

1 Ambulance **handovers will occur within 15 minutes of ambulance arrival** at the ED.

15 mins

2 All patients will have a **clinical assessment within 15 minutes of arrival** at ED.

120 mins

3 **Initial clinical assessment** by a decision-making clinician will occur **within 120 minutes of arrival.**

120 mins

4 All referrals for specialist input should be **completed within 120 minutes of arrival.**

30 mins

5 Specialty review in ED of the **unstable patient** should commence within 30 minutes.

60 mins

6 All patients **should be seen and have had a safety check and a plan** in place within 60 minutes of referral from the ED.

7 The ED or Critical Care co-ordinators will **escalate to the Clinical Site manager if no response from specialty within 20 minutes** or **no presence in ED from specialty within 30 minutes.**

8 If 2 or more Specialties cannot agree on the clinical management plan the **Consultant in charge of the ED or Critical Care has the authority to make the final decision.**

PATIENT

9 **Should both referrer and accepting team agree to further interpretation of results**, e.g. CT scan, then the patient will be recorded as under the care of the Speciality Team and moved to the relevant Assessment Unit.

PATIENT

10 The inpatient team receiving the referral **cannot hand the patient back to the ED staff.**

11 If the specialty team feel admission is not warranted, they are **responsible for arranging discharge.**

12 **Patients who present having seen a primary care specialist** with a letter addressed to a team, should where clinically appropriate, **attend an assessment area or outpatient clinic.** Accepted patients should attend MAU, ESTC or SCDU.

45 mins

13 If there is **no response or review within 45 minutes** of initial referral to the specialty, then the ED consultant can decide to admit the patient under that specialty direct onto the assessment area.

Draft 2 | 10022020

Appendix 3: PAU Situation Rep

Please complete using BRAG criteria to form overall judgment of clinical safety of the PAU.
SitRep to be shared with Riverbank nurse in charge, Capacity Hub and Children's Directorate Management Team at 12.00 hours and 18.00 hours. Please save to shared access folder on the M drive.

Date: **Time:**

Number of beds available: 14 (including 2 side rooms)

Number of CYP on PAU: **Available bed space on PAU:**

Capacity:
Highlight / Circle as appropriate: Black Red Amber Green

	Side Rooms	Beds	Cots
Planned discharges in the next 4 hours			
Potential discharges			
Expected admissions to Riverbank			
Riverbank have capacity for identified admissions			
Accepted referrals to PAU			

Dependency:
Highlight / Circle as appropriate: Black Red Amber Green

	0	1a	1b	2
Dependency				

Staffing: Review in line with RCN Defining staffing levels for CYP Services: Highlight / Circle as appropriate:

Black	Red	Amber	Green
Overwhelming Critical Pressures requiring Intervention and action by Senior Clinical and Executive Staff	Inadequate nursing cover resulting in transfers and refused admissions	Sufficient nurses to manage actual patient workload	Sufficient nurses to manage acuity and dependency with the number of occupied beds and meet RNC standards

Summary BRAG: Tick as appropriate

CRITERIA	BRAG Status			
	Black	Red	Amber	Green
Capacity				
Dependency				
Staffing				
Overall Status – clinical judgement of nurse in charge				
Using your professional judgement, do you think the ward is safe?	Yes		No	

Completed by:

Signature: **Print:** **Role:**

Appendix 4: PAU Safety Matrix

	Domain	NORMAL	BUSY	CRITICAL	OVERWHELMED
1	PAU staffing – nursing and medical. 2 RN child to 8 CYP One junior Doctor One middle grade / Consultant (OOH – medical team will respond to emergency situations within the hospital)	Minor issues Not affecting patient care	Significant issues but having minimal impact on PAU processes	Significant issues, affecting PAU processes	N/A
2	Available: 12 assessment beds 2 side rooms	Available: 5+ 1-2	Available: 3-4 1	Available: 1-2 0	100% full and cannot discharge
3	Number of CYP awaiting medical assessment	Less than 2	3 to 5	6-9	More than 10 CYP awaiting assessment
4	CYP average waiting time to be seen for clerking	< 60mins	60 - 120mins	120 - 180mins	< 180mins
5	Number of CYP on PAU requiring admission to Riverbank	1-2	3	4	5+
6	Acute Paediatric Beds Capacity: 31 Configuration: 8 Nursery cots 11 Side rooms 12 beds Ward RN Staffing: ● High Dependency / CAMHS supervision= 1:1 ● Ward Care = 1:4 if children over 2yrs of age ● Ward care = 1:3 if child under 2 yrs of age	Available: 5+ Nursery cots 5+ side rooms 5+ beds No more than 1 HD CYP / CAMHS requiring 1:1 supervision by ward staff	Available: 3-4 Nursery cots 3-4side rooms 3-4 Beds 1 HD CYP / CAMHS requiring 1:1 supervision by ward staff	Available: 1-2 Nursery cots 1-2 Side rooms 2 beds and movement in 2 hours More than 1 HD / CAMHS requiring 1:1 supervision by ward staff	100% Full AND cannot discharge CYP
7	Additional inpatients outside of PAU that require admission to Riverbank via: • GP • Emergency Dept. • Elective lists • Long term open access • Repatriation • Community midwives • Children's Community Nurse Team	0-2	2-3 Plan in place to move within 2 hours	3-4 No plan in place to move patient	4+ No plans to move patients

Please note that **not all** indicators have to be triggered in order to reach Amber, Red or Black escalation phases. Use your clinical judgement in assessing the overall risk.

	Paediatric Assessment Unit ACTIONS
G. NORMAL No support required	• Standard operating procedures. • Staff allocated to all areas.
A. BUSY Support required	• Normal SOP. • Optimise staff use in liaison with nurse in charge of Riverbank. • Allocated PAU nurse to escalate clinical problems to PAU 676 bleep holder – if not resolved escalate to Consultant (if not 676 bleep holder / Consultant on call). • Allocated PAU nurse to expedite moves in liaison with Riverbank nurse in charge, escalate to Ward Manager / Matron if this will be >120mins. • Riverbank Consultant of week will be contacted by the 676 bleep holder to facilitate discharges from the ward (where safe to do so) to free capacity.
R. CRITICAL Increased support	• Enact above actions to ensure escalation to capacity site team, Emergency Department and Divisional Team • All actions must prioritise patient care and safety. • 676 bleep holder, Consultant Paediatrician of the ward, Paediatric Assessment Unit nurse in charge and Riverbank nurse co-ordinator (include Ward Manager and Matron during office hours) to attend huddle and identify key actions and agree a time to reconvene. **Actions may include**: • Assessment of the need to redeploy member(s) of nursing team from Riverbank to PAU to support flow • Review of Riverbank capacity to accommodate additional CYP on PAU • 676 bleep holder liaise with 'Consultant of the week' and re-distribute medical staff as required • Paediatric juniors will be asked by the Paediatric Consultant to come from the Neonatal Unit to support clerking of patients waiting to be clerked. • Speciality Consultant will be asked by the Paediatricians to review their CYP to support quick senior decision-making.
B. OVERWHELMED Extensive support	• All actions must prioritise patient care and safety. • Matron/Ward manager ensure all actions above have been completed. • Matron/Ward Manager to ensure site manager has escalated the problem. • Ensure close liaison with Riverbank, Emergency Department and referring GPs • Consider temporary suspension of new admissions to PAU

Actions agreed following escalation:

Date	Time	Action	Assigned to	Outcome

Appendix 5 Parent information leaflet – PAU

Welcome to the P.A.U.

PAEDIATRIC ASSESSMENT UNIT

On arrival to the PAU it is our aim that you and your child are seen by a nurse within 15 minutes and a doctor within 1 hour of arrival. If your child needs to be seen by a doctor more urgently the nurse will arrange this. Please make them aware of any concerns that you may have. Our priority is to assess and treat the sickest child first.

The nurse will ask you questions about your child's health, general social details and a brief history of why you are attending PAU. Please let us know if you would like to talk somewhere more private. Please make the nursing staff aware on admission of any other professionals involved in your child's care e.g. Social Workers, Hospital Consultants, and Community Nursing Teams etc. The nurse will also record your child's temperature, pulse, breathing, blood pressure, oxygen saturations and weight.

Once your child has been seen by the nurse and the doctor, it may be necessary to do tests or give medicines to treat your child.

Tests may include blood tests (some local anaesthetic can be applied in order for the areas where the blood can be taken from to become numb), x-rays, urine sample or throat swab. Some tests such as x-rays or scans may take time to arrange and will be prioritised according to clinical urgency.

Most results will be available on the day of your child's admission; however some tests may take longer for the results to be available. Please ensure that we have your correct contact details so that the doctors can contact you if there are any results that need further action following your child's discharge.

Your child may also need medicines. Medicines can include antibiotics, pain relief, anti-pyretic (medicine to bring down a raised temperature), inhalers and nebulisers.

PAEDIATRIC ASSESSMENT UNIT

A period of observation will be required. Your child will be seen by the nurse during this period.

Your child may be on the unit for up to 6 hours at which point your child will have been reviewed by a doctor who will decide if your child is well enough to go home or needs admitting to the Children's Ward for further care and treatment.

If your child is well enough to be discharged home you will be given information on what to do if you are worried about your child or they become more unwell at home. If they need medicines we will try to provide them from the hospital or it may be that we give you a prescription to take to a Chemist. Appropriate information leaflets will also be given to you.

Your child may be offered open access, which enables you and your child to seek help or advice over a set time period. This will be brought to your attention at discharge and the appropriate contact number highlighted to you.

If we need to see you in PAU again a time and date will be given to you before you go home.

You will be given a copy of the letter your GP will receive about your child's admission and if necessary we will notify your child's midwife, health visitor or social worker.

Should your child need to be admitted to the Children's Ward, they will be transferred to an appropriate bed within one hour of the decision being made. Wherever possible we will provide a camp bed or recliner chair next to your child's bed side. Only one carer is permitted to stay overnight.

Food and drink will be supplied for your child throughout their stay. Concessionary parking for parent / carer is available on request to the nursing staff.

PAEDIATRIC ASSESSMENT UNIT

We want to provide your child with the best care possible and sharing information with other professionals helps us do this as it makes it easier to work together to support your child.

We only share information with those who have a genuine need for it. For many children, this will only be the GP, the health visitor or school nurse, and the staff at school or nursery.

However, some children access a wide variety of people involved in their care, for example, support workers, social workers, hospital consultants, other therapists, or specialist teachers. All the people working with your child have a duty to keep the information we pass on confidential. You do have a right to say 'no' if you do not want us to share information.

The only time when we share information without consent from parents or carers is when:

- we believe the child, or someone else in the family, is at risk of serious harm
- there is an emergency situation
- we are required to by law, for example, as part of court proceedings services.

We want to ensure that children and young people in our care have the best possible experience, being cared for by professional and friendly staff.

Please speak to the nurse caring for your child or the nurse in charge if you are not happy with your child's care and we will do our best to put this right.

We are seeking feedback from service users about the service we are providing using the 'Friends and Family Survey'. We would be grateful if you could take the time to complete the survey. This feedback is very important to us as it helps us to improve our service to you.

Appendix 6: Discharge Leaflet

Your child has been seen by a Doctor and a nurse and has been discharged home. Before you leave the hospital check that:

- You have a copy of the letter to your GP
- You have the medicines that have been recommended, understand what the medicines are for, their possible side effects and know when the last dose was given:

_____

_____

- You understand what to look for with your child and when you need to contact the hospital or your GP:

Hospital:_____

_____

GP: _____

- Your questions have been answered:

_____

_____

- You have a copy of the related information leaflet: Yes/No/Not applicable
- You are aware of any follow up arrangements:
  Open Access: Yes/No
  Community Children's Nursing Team (Orchard): Yes/No
  Outpatient Appointment: Yes/No

If yes: in__weeks time, at the _____clinic, the appointment will be posted: Yes/No

I have the appointment on_____ at ___hrs in_____

If you are not happy with your child's discharge arrangements, please ask to speak to the nurse in charge before you go home.

The nurse or doctor may tell you that you have 'open access' to the ward and will keep a record of this on the ward for a fixed period of time, usually 24 to 48 hours. This means that a parent can telephone the ward directly to ask for advice about their child's condition following discharge. When telephoning the ward please ask to speak to the nurse in charge who will deal with your concern and if necessary will speak to a doctor. You may be asked to bring your child to the ward for review.

Your child has been given 'open access' ending on: ___ /___ /___ at ___ : ___ hrs

Contact Number:
Riverbank, Worcestershire Royal Hospital
Tel: 01905 760 588

Should you have any concerns or worries about your child after the open access has finished you will need to take your child to their own doctor (GP) or if you feel it is an emergency bring your child to the nearest Accident and Emergency Department.

Who will we speak to about your child's visit to the ward?

- Your GP
- Liaison Health Visitor – who will speak to your child's Health Visitor if they are under 5 years old or the School Nurse if they are over 5 years old
- Children's Social Care – a member of the ward team will let you know if they are going to speak to Children's Social Care

Call NHS 111 if you urgently need medical help or advice but it's not a life-threatening situation.
You can also call NHS 111 if you're not sure which NHS service you need.

Call 999 if someone is seriously ill or injured and their life is at risk, for example choking, loss of consciousness, fitting. Come to A&E if there are broken bones, tummy pain that is not getting any better or very high temperatures.

Visit a walk-in centre, minor injuries unit or urgent care centre if you have a minor illness or injury (cut's, sprains or rahes) and it can't wait until your GP surgery is open.

Ask your local pharmacist for advice – your pharmacist can give you advice for many common minor illnesses, such as diarrhoea, minor infections, headache, travel advice or sore throats.

Make an appointment with your GP if you are feeling unwell and it is not an emergency.

Appendix 7: RCPCH Standards for Short Stay Paediatric Assessment Units (SSPAU) March 2017

	Standard	Audit Measure	Reference
1	The SSPAU operates as part of a regional paediatric network of local and specialised children's services	Network level agreement	*26,27*
2	A Standard Operating Policy (SOP) must be in place with a named senior paediatrician and named senior children's nurse responsible for the management and coordination of the service.	Copy of SOP - Named senior paediatrician - Named senior nurse	28
3	Clear pathways for access, referral and admission to the SSPAU (including defined inclusion and exclusion criteria) and for escalation of care and discharge must be in place and audited against	Network level agreement - Copies of pathways - Evidence of audits	13,15,27
4	Trust/Health Board safeguarding polices and processes are in place and followed.	Policy within unit - Evidence of named safeguarding nurse and doctor	*27,29,30*
5.	Evidence-based guidelines are used for the management of conditions with which infants, children and young people may be admitted to the SSPAU.	- Network level agreement - Use of protocols, guidance and appropriate toolkits	*13,31*
6.	Agreed pathways for shared care with speciality teams such as Child and Adolescent Mental Health Services (CAMHS), general paediatric surgery, orthopaedic surgery, Ear Nose and Throat (ENT), plastic surgery, ophthalmology, oral surgery and dentistry, maxillofacial, gynaecology and neurosurgery must be in place.	- Network level agreement - Copies of pathways - List of main leads with contact details available within service	*28,32*
7.	Each SSPAU audits their performance against locally agreed care quality indicators.	- Evidence of audit and performance against the agreed indicators	*13,28*
8.	Processes must be in place for implementing learning from complaints, compliments, transfers and adverse events.	- Minutes of meetings and case reviews - Evidence of change implemented where appropriate	*28*
9.	The unit must have its own dedicated footprint with secure, restricted access to ensure the safety and security of infants, children and young people.	- Functioning security systems visible - Visual evidence - Audit of area against criteria	*28,32-34*
10.	A child and young person friendly and developmentally appropriate play area must be available for all infants, children and young people.	- Site visit including involvement of children and young people	*32,33,35*
	Standard	**Audit Measure**	**Reference**
11.	Hours of operation should match times of population demand of the SSPAU.	- Copy of SOP	*19*
12.	Equipment must be available to support the day-to-day activity on the unit as well as resuscitation, stabilisation and transfer of infants, children and young people who become critically unwell.	- Documented list of equipment, presence of equipment and evidence of checks - Presence of transfer equipment and copies of protocols - Compliance with Resuscitation Council (UK) guidelines	*28*
13.	SSPAUs which provide care for infants, children and young people beyond four hours must include provision for meals, bathroom and parent facilities.	- Visual evidence - Audit of area against criteria	*19,34,35*
14.	All infants, children and young people accessing the SSPAU must have a standardised initial assessment including pain score within 15 minutes of arrival, if this has not taken place in the emergency department. Regular paediatric early warning score assessments should subsequently be undertaken with appropriate	- Copy of SOP - Evidence of triage system and supporting training programme - Written protocol - Evidence of audit in PEWS - Evidence of training in PEWS	*28,32,36,37*

	escalation of care.		
15.	There is urgent access to a paediatric resuscitation team including personnel with advanced airway, intubation and ventilation skills during all hours of operation.	- On call rota	*28*
16.	Guidelines for the stabilisation and transfer of infants, children and young people must be in place for all of the following situations: - Accessing advice from and transfer to the Paediatric Intensive Care Unit - Inter-hospital transfer - Transfer within the hospital	- Network level agreement - Agreed stabilisation and transfer guidelines	*28*
17.	The SSPAU can access support from community children's nursing teams 24 hours a day, seven days a week, with visits as required depending on the needs of the children using the service.	- On call access arrangements - Evidence of acute visits	*8,32,38*
18.	A written discharge summary is sent electronically to the infant, children or young person's GP and other relevant healthcare professionals (including health visitors and school nurses as appropriate) within 24 hours of discharge. A copy of the information is given to the child or young person and their parents and carers.	- Percentage of discharge summaries received by GPs within 24 hours - Percentage of discharge summaries received electronically by GPs - Evidence of copy given to child and parents and carers	*8,32*
	Standard	Audit Measure	Reference
19.	The SSPAU has timely access to pathology, radiology and pharmacy services with paediatric-appropriate advice from these services during all hours of operation of the SSPAU.	- Evidenced of hours of opening and policies	*28*
20.	Healthcare professionals assessing or treating infants, children and young people in the SSPAU have access to the child's shared electronic healthcare record.	- Evidence of access to electronic healthcare records	*8*
21.	Children and young people and their parents and carers receive regular updates on their condition and management plan, and are fully involved in the decision making process.	- Feedback from children, young people and parents/carers	*28,39*
22.	Children and young people and their parents and carers are provided, at the time of their discharge, with both verbal and written discharge and safety netting information, in a form that is accessible and that they understand.	- Evidence that information is provided - Evidence that child and parent/carer understanding of the information is checked	*8,28,32*
23.	The SSPAU actively engages with children, young people and parents and carers and uses their feedback to inform service delivery and development.	- Evidence of engagement of service users - Evidence of patient involvement in decisions 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	*5,28,3*
24.	Every infant, child or young person on the SSPAU with an acute medical problem is seen by a healthcare professional with the appropriate competencies to work on the tier-two (middle grade) paediatric rota within four hours of admission to the unit.	- Network level agreement - Case note audit - Copies of rotas	*19*
25.	Every infant, child or young person on the SSPAU with an acute medical problem is seen by a consultant paediatrician* within 14 hours of admission to the unit,	- Network level agreement - Case note audit - Copies of rotas	*8*

	with more immediate review as required according to illness severity or if a member of staff is concerned. *or equivalent staff, associate specialist or specialty doctor who is trained and assessed as competent to work on the paediatric consultant rota. This may include designated consultants, such as paediatric emergency medicine consultants.		
26.	A consultant paediatrician* is readily available on the hospital site at times of peak activity of the SSPAU and is able to attend the SSPAU at all times within 30 minutes. Throughout all the hours they are open, SSPAUs have access to the opinion of a consultant paediatrician* via telephone.	- Network level agreement - Copies of rotas and job plans	*8,28*
	Standard	Audit Measure	Reference
27.	The SSPAU has access to a paediatrician with child protection experience and skills (of at least level three safeguarding competencies) who is available to provide immediate advice and subsequent assessment, if necessary, for all infants, children and young people where there are safeguarding concerns.	- Network level agreement - Copies of rotas.	*8,29*
28.	SSPAU children's nurse staffing comply with Royal College of Nursing guidelines (a minimum of two children's nurses for every six to eight beds) with regular audit of patient acuity using appropriate tools to ensure that levels are appropriate for the number, dependency and case mix of infants, children and young people normally cared for by the service.	- Operational policy - Evidence of tool available and staff	*40,41*
29.	Every infant, child or young person on the SSPAU with an acute medical problem is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged. This could be: a paediatrician on the consultant rota*, a paediatrician or clinician who is trained and assessed as competent to work on the tier-two (middle grade) rota, or a registered children's nurse who has completed a recognised advanced children's nurse practitioner programme. Nurse-led discharge, when appropriate should be supported by policy, education & training.	- Copies of rotas - Case note audit	*19*
30.	The SSPAU has access to appropriately qualified play specialists and allied health professionals.	- Copies of rota	*27,32*
31.	Nursing staff should possess competencies in triage (where patients have direct access to SSPAU), recognition and management of the deteriorating child, including resuscitation and pain management.	- Copies of training records, and evidence of completing competencies	*34*
32.	All clinical staff have appropriate, up-to-date paediatric resuscitation training. At least one member of staff with advanced paediatric resuscitation provider certification must be available at all times.	- Copies of training records	*28*

References:

Code:

RCPCH Standards for Short Stay Paediatric Assessment Units (SSPAU) March 2017	
RCPCH Facing the Future – standards for paediatric care	