

Standing Way
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19th May 2025

Request under Freedom of Information Act 2000

Thank you for your request for information which we received on Tuesday 6th May 2025. I am pleased to confirm the following.

Describe measures or systems in place to reduce waiting times for children attending Accident and Emergency and give at least one example of an effective service improvement.

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 Xrays 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. More recently we started a patient flow process, 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.

Do you operate the 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.

A, If yes has this resulted in a reduction in overnight admissions for children? Or improved patient flow?

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.

What play facilities do you have in place for children in the Emergency Department waiting areas?

We have 2 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 3 televisions where we use CD's (movies) for entertainment (requests from families accepted). We also have 5 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.

Do you have any specific staff roles to support children and young people?

We do not have a specific role within ED staff. We have a healthcare assistant with Play Support training, and who supports play activities and resources in Children's ED. She also supports staff regarding play activities. She 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.

What 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 starting 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.

What facilities or support do you have for children with autism or a learning disability – eg sensory friendly features, and give at least one example of an effective service improvement.

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.

Are staff given 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 relating to learning disabilities and autism in the coming month.

Describe measures in place to support both the clinical needs and the emotional well-being of children and teenagers when admitted as an inpatient and give at least one example of an effective service improvement.

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 initial results from our last Children and Young People's Survey and working with our play team to develop more robust approaches to supporting the children and young people in our care to enable them to have access to play and distraction resources and team members more robustly moving forward.

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If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely

Information Governance Administrator
For and on behalf of Milton Keynes Hospital NHS Foundation Trust

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