



Children’s Accident and Emergency Department - Leeds general Infirmary

Date: 18th March 2014

Work Area: Children’s A&E

Introduction/Background

Healthwatch Leeds is an independent consumer champion of health and social care services in Leeds and aims to give people a powerful voice about these services.

We make sure service providers and commissioners - the people who plan and buy health and social care services - listen to the concerns of people and use this information to shape and improve their services.

Listening to local voices can help create services that really meet the needs of our local communities and those that are not usually heard.

As part of our outreach into the community we have spoken with several parent carers groups. Several of the groups raised concerns about the Children’s accident and emergency department at Leeds General Infirmary.

These concerns were discussed with Clare Linley, Deputy Chief Nurse at Leeds Teaching Hospitals Trust, who invited Healthwatch to visit the Department to observe and speak to patients and staff members.

What we were hoping to achieve

The aim of this visit was to observe and discuss the following potential issues and concerns:

- Waiting Area - size and seating arrangements.
- Staff attitude.
- Process - Assessments and repeating information.
- General including;
 - Lack of cots
 - General care needs (breast-feeding etc)

What we did

After collating the information from our outreach we sent details of our concerns to Leeds Teaching Hospitals NHS Trust (LTHT). A visit was arranged with co-operation from LTHT.

Two staff members and a Healthwatch Volunteer visited the Children’s A&E Department on the 24th February 2014. We had a set of questions for staff members and for patients/parents/carers. We also had a list of specifics to observe as well as making general observations.

Why we did it

The visit was carried out in order to:

- Respond to the concerns raised by the Mencap parents carers groups
- Feedback to LTHT on our findings and recommendations
- Continue close working relationships with LTHT to ensure the best standard of care possible for patients and their families

Who we spoke to

- Parent Carers Groups (5 groups in total)
- Head of Nursing - Urgent Care
- Matron
- Parents and Patients in waiting areas

What we found



1. Waiting Areas

The lack of space in the waiting area was one of the main concerns raised by the parent carers groups. Our visit coincided with a quiet period in the department but we observed several seating areas and were shown additional seating areas that are used during peak times. The attendance levels are monitored hourly.

Staff told us of 'escalation strategies' for peak and busy times (eg. 5-7pm) that include bringing in extra staff from the main A&E, St James Hospital and Paediatrics.

2. Complaints Information

It was observed that PALS leaflets were in visible locations throughout the Department.

3. Assessment Area

Concerns had been raised about the privacy and lack of assessment areas. During our observations it became apparent that these concerns related to a different department, likely to be Ward 9 - the Transitional CAT Ward, as there were several assessment areas in Children's A&E, all of which were private, individual rooms.

We had no concerns with the assessment rooms and were notified that the Paediatric team swaps and changes dependent on needs at the time. They can also swap assessment rooms when cleaning etc.

4. Play Area

Concerns had been raised relating to the play areas - that they were too open for smaller children and that there was no hand sanitiser in the vicinity. Although there is no official designated play area we observed an area that comprised of two lots of table and chairs and a sensory area on the wall for children. The area was not enclosed and table and chairs were not fixed so can get moved around the limited floor space and cause a potential hazard. The area is clean and nicely decorated and we noted that there was educational information on road safety and oral health etc.

There didn't appear to be anything to keep older children occupied, one teenage girl said that she was "bored" and would like some teenage magazines to read or something "other than CBEEBIES" to watch.

We were pleased to observe that an additional hand sanitiser had been put into the play area in a visible location (following our previous comments to LTHT).

5. Repeating Information

People had told us that they had to repeat the same information to nurses and Doctors several times and they weren't sure why. We asked this question to staff. We were told the main reason that this is carried out is for potential safeguarding concerns - parents are intentionally asked for their story several times as safeguarding issues can be picked up through repetition of stories etc. Staff said that they were very open and honest around safeguarding and why they were asking questions. We were also notified that leaflets were available for parents/carers regarding this (poster pointed out by staff).

We were told that work is currently being carried out around accepting certain answers from parents that may lessen the need for parents/carers to keep repeating information. A combined admission booklet is also being trialed at St James Hospital for adults that may be adapted for use in Paediatrics.

6. Cots

Prior comments from Mencap Leeds highlighted concerns that there were no cots in this area and that this would be beneficial, especially for single parents as holding them in the same position for a long period in a waiting area is not easy. Staff informed us that as they want transition through A&E to be as quick as possible they didn't see the need for children to be left for periods of time in the assessment area - they said that most people were happy for their child to sit on their knee. There are frames on the side of beds for small children.

Staff also informed us that there were nursery nurses available to assist parents with children when needed and that they wear yellow uniforms. - we didn't see any on our visit and there were no signs to say that patients and their families could ask for assistance from the nursery nurses.

7. General Care Needs

We asked if there was any space allocated for general care needs, in particular, for breastfeeding. We were notified that parents would be given a private cubicle or quiet space. Patients would have to ask someone for this, there were no notices to inform people that they could request this.

8. Staff Attitude

We had no concerns with staff attitude on the day, the patients/parents we spoke with said that they were friendly.

9. Other

We discussed signposting and accessing the right healthcare and it was agreed with the staff that this is a problem but one that is being constantly reviewed. We did notice on the Choose Well "What to do if your child is ill or hurt in Leeds" leaflet

that the Minor Injuries Unit is highlighted. However, it does not state that they don't see patients under two years of age, which we were informed by A&E staff is the case.

What we think should happen?

Below are recommendations and responses from our visit to Children's A&E

1. Signage

- a) We recommend that signage or some form of notification is made so that the public are aware that there is a quiet place where they can breastfeed their child and that they can ask staff to use this.

Response from Leeds Teaching Hospitals NHS Trust (LTHT):

We are currently undertaking a review of the Paediatric service including process, flow and patient experience, to include signage and will add this as part of this work. The project is currently ongoing and is due to complete at the end of April 14.

- b) We recommend that signage or notification is made to the public to highlight that the nursery nurses are wearing yellow uniforms and that they can be approached for assistance with a child (eg, if a single parent needs to use the toilet).

Response from LTHT:

We are in the process of putting up a staff picture board in the Childrens A&E. This will allow visitors and patients to see who our staff are and what uniform they wear. We will also display for the public information regarding what the staffing levels should be and what actual staff is on duty each shift.

2. Play Area/entertainment to keep children occupied

- a) We recommend that something is put in place to keep older children occupied, such as magazines or different television programmes in a different area when possible.

Response from LTHT:

We have since your visit made the waiting area near the 'pod' more older children and teenage friendly. The notice boards have been changed to include appropriate health promotion for teenagers and we are exploring moving the TV and DVD player so we can have more appropriate programs for this age group in this dedicated area. We are reviewing the literature available for people waiting.

- b) We recommend that a small fence could be put up to keep young children in one specific play area and help parents contain and supervise them. It would also enable additional toys to be present in the play area without the risk of them being a trip hazard. Signage could be displayed to notify parents of their responsibility to supervise their children (as is displayed in other childrens wards).

As part of the signage work we will put up signs to notify that supervision of children is parents/carers responsibility.

We are working with our service improvement team and estates to review the waiting areas to see if one can be 'fenced' whilst maintaining access for those patients in wheelchairs or prams

3. Cots

We recommend that LTHT review the need for a cot to be present in Children's A&E. Staff said that they didn't see the need for cots but several parents at the carer's group have said that it would be beneficial to them.

Response from LTHT:

We will get a cot for the children's A&E.

4. Choose Well Leaflet

We recommend that the Choose Well Leaflet is updated to say that the Minor Injuries Unit does not take admission for children under two years of age (if this is the case).

Response from LTHT:

We do not produce this leaflet - it is produced by the Clinical Commissioning Groups (CCG's). I have checked with the communication team responsible at the CCG for producing these leaflets and they confirm that the information in the leaflet is correct and had been checked with the providers to ensure accuracy prior to being printed. Both Minor injuries units (St. Georges and Wharfedale) accept children under the age of two and this has been clarified by the providers.

Response from Communications and engagement manager, NHS Leeds West Clinical Commissioning Group:

The Minor Injury Units in Leeds do see children under the age of two. The contract specification for Local Care Direct (LCD) across all services says that "the contractor shall deliver appropriate and responsive care to all children. This must be in accordance with the standards set out in the National Service Framework for Children, Young People and Maternity Services". There are some exclusions to this (such as with Head Injuries, where NICE clinical guidance advises that all children under 2 with a head injury are reviewed in an A&E unit) but the standard procedure for LCD is to check in and triage everyone who comes to the centre, in order to be able to track exactly what happens to them. This remains true even if they are referred on to A&E. The urgent care commissioner will make sure that LTHT advise their staff.

General Comments

Healthwatch Leeds would like to express our thanks to LTHT for its co-operation to the staff on the day that gave us a tour of the department and answered our questions openly and honestly.

From this visit we had no major concerns and were generally happy with what we observed and with what parents/patients and staff told us.

We have recommended that the CQC visit the Department during one of the busy periods to see how the Department copes with a high influx of patients and parents/carers.

What will happen next

Healthwatch Leeds will send this report to:

- Leeds Teaching Hospitals NHS Trust (for response)
- The Clinical Commissioning Groups
- West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYB CSU)
- Healthwatch England

The providers/commissioners of services have to respond (*acknowledge receipt and provide details of any action the recipient intends to take in respect of the report/recommendation or an explanation of why they do not attend to take any action*) to these reports/recommendations within 20-30 working days.

Once responses have been received from services providers, we will feedback to those we consulted and all partners, about how their views have been used to influence the commissioning and provision of health and social care services both locally and nationally.

Healthwatch Leeds plans to return to Children's A&E in May 2014 to observe the changes that LTHT have put in place.