

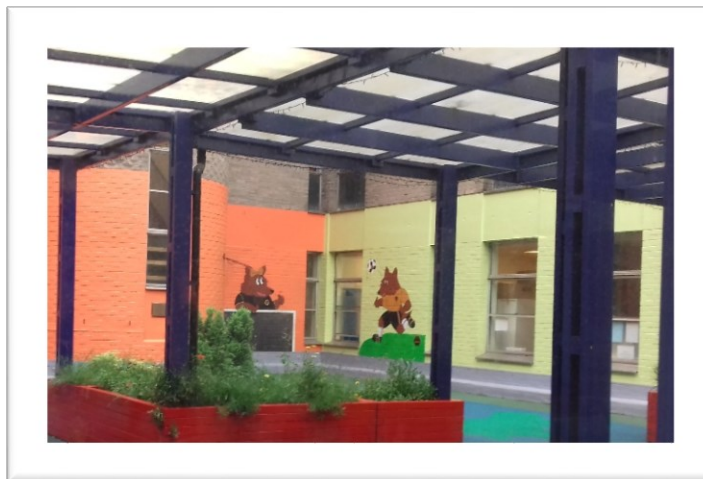
ENTER AND VIEW

Unannounced Visit

A21 Children's Ward

Royal Wolverhampton NHS Trust

27 May 2017



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Ward A21, Children's Ward
Address: The Royal Wolverhampton Hospital NHS Trust, Wolverhampton Road, Wolverhampton, West Midlands, WV10 0QP
Manager: Marie Ramsbottom, Band 6 Junior Sister
Date of Visit: 27 May 2017

NAME

ROLE

Kirpal Bilkhu
Judith Stroud

Authorised Representative Lead
Authorised Representative

Purpose of Visit:

Healthwatch carried out surveys on the ward in relation to our Transfer of Services research project. The rationale for the visit had come from comments made to Healthwatch by a parent. Ward A21 is a children's ward at New Cross Hospital, located in Zone A, on the first floor.

Acknowledgements:

Healthwatch would like to thank the Junior Sister for her time who facilitated the visit explaining the procedures as she guided the Authorised Representatives around the ward and the staff, patients and relatives during the visit.

1.0 Physical Environment

External

- 1.1 There were car parking facilities near the entrance. The A21 Ward was clearly marked. There were no issues in terms of external environment, it was clean. Entrance to the hospital was clear and signage in place.

Internal

- 1.2 The vision/motto for the unit is “Children are our Future, our passion is the child.” This was displayed on the wall as you walked towards the children’s unit, then the same notice is displayed once inside the A21 unit. The unit was clean and odour free. Hand gel was available at all points within the unit.
- 1.3 In terms of access to the unit, there wasn’t anyone at the reception desk when we arrived and we indicated to a staff member through the window of the ward main door to come and see us. We were told that the receptionist was on lunch at the time. The nurse advised that in the evening, visitors can knock or use the bell. Extra safety is in place to ensure no tail gating takes place. All the other reception desks were manned whilst we were shown around the unit. The ward is secure, as all exits except for the main one require a fob.
- 1.4 The main entrance/exit is the only one where there is a green button for exit. The nurses’ station is close to this exit.
- 1.5 The Ward Manager works Monday to Friday and therefore was not in attendance during our visit at the weekend. The Junior Sister facilitated the unannounced visit and explained she was an experienced nurse who has been with the Children’s ward for 12 years, plus 3 years as a student nurse until she qualified.

Ward A21

- 1.6 Ward A21 is a 26 bedded unit with single cubicles available. There were lots of babies on this unit.
- 1.7 If issues arise with the children such as severe illnesses, they are isolated within the Greater Medical Unit. A nurse is always stationed on the high dependency unit.
- 1.8 There are white boards in front of every room/cubicle which shows what action is required regarding medication or other actions therefore if the staff are on training, other staff know what needs to be picked up or checked by other staff which ensures consistency of approach to supporting patients.

- 1.9 One cubicle has been changed from a double cubicle to a large single to meet complex needs. This can house a wheelchair and/or hoist, and CAMHS patients where the support is two persons to one or one person to one person.
- 1.10 There is a four-bedded high dependency unit with a Nurses station opposite. Although if high dependency is required in addition to this number, it can be facilitated in any of the rooms. There is an emergency room with a ventilator. Two ventilators are available and there is a facility for CPAP (Continuous Positive Airway Pressure) as well.
- 1.11 There is a parent flat if they need to stay and which is lockable. It has shower and toilet facilities. It is also for parents if they would like to spend some time on their own at such times for example if there has been a death.
- 1.12 There are several visitor toilets in addition to the patients' facilities.

Rooms Available

- 1.13 **Sensory room** is available for patients with sensory needs and for other patients. There was one patient using the room at the time.
- 1.14 **Seminar room** is available for staff training. It is also used for handover between shifts for nursing and medical staff. The room next to the seminar room is the on-call overnight room for Consultants.
- 1.15 **School room**
This is available Monday to Friday. Two school teachers attend with one assistant. They liaise with the schools and can moderate any work. Attendance is counted for patients using this facility. There are computers available to carry out their work. We received very positive feedback from the patients using this facility. One patient said "thanks that I was able to undertake my GCSE exams." The teachers will also work at a child's bedside if needed.
- 1.16 There is an Audit tool also displayed on the notice board with regard to the cleanliness and environment. It showed there had not been any issues with infection control or pressure sores.
- 1.17 **Washing facilities in the unit**

There are sluice facilities but no washing machine. There are bath facilities for patients and showers. In terms of soiled clothing, the nurse advised it is the decision of the patient and their families if they take them back or whether they dispose of them as there are no washing facilities on site. There are a small supply of clothes on site if clothes are required for the patients.

1.18 Play Area/Patient Areas

There is a soft outside play area which is safe for the children in the unit to use. There are two bays near to completion for adolescents which means they can be separated from babies and young children and able to relax. Three bedded boys area and the same for the girls. There are nurses on either side of the areas to supervise. The patients are able to use the chill out areas to watch movies, use the play station, and use bean bags. There is also a computer in these areas. These areas are for children 12 years of age and over. Some areas of the unit are waiting for planned up-grading and hence have not yet been decorated.

2.0 Staff Numbers

Staffing

- 2.1 There is always a Doctor on the unit.
- 2.2 There are a minimum of five trained nursing staff and one healthcare assistant on A21 and two trained nursing staff and one healthcare assistant on the Paediatric Assessment Unit over the 24 hour period, depending on activities. If there is sickness the rota is reviewed, staff replaced and this is escalated to management if cover remains inadequate.
- 2.3 There are less medical staff on site at the weekend than during the week. There is a Consultant on call, one Registrar and a Senior House Officer. The Ward Manager's office is near to the cubicles.
- 2.4 There are on each shift two Health Care Assistants. Sometimes there may be a need to use other bank Health Care Assistants who will be DBS (Disclosure and Barring Service) checked. Some of these Bank shifts are filled by second year student nurses who are undertaking Bank Healthcare Assistant shifts.
- 2.5 All reception areas were manned with staff except the first one in the corridor before entering the ward as we entered. The staff member was on her lunch at the time. One band 6 Nurse was on shift who showed us around the unit. One domestic member of staff was observed during our visit who spoke to the nurse in charge regarding cleaning one of the units.

3.0 Agency Usage

- 3.1 On occasions there may be agency staff used as Health Care Assistants if required for children and young people with mental health needs. All these are DBS checked.

4.0 Patient Experiences and Observations:

Parent/Carers

- 4.1 The Authorised Representatives spoke to one of the parents of the patient in the unit. She said, “the unit had been very supportive to her. She liked the school section and also the teachers.” The parent said that, “it was easy to talk to the staff and she felt very comfortable here.” She confirmed that the staff also look out for the wellbeing of the parents. As well as asking how the patient is, they would also ensure that the parent was also looked after. The parent had stayed over with their child and is due to be in the unit for the next seven to ten days.
- 4.2 The Authorised Representative spoke to the child who said, “the food was good and it was OK in the ward, and she liked the playroom.” The child was in isolated play at the time due to an infection she was being treated for.
- 4.3 There are a number of ways that friends and family give feedback. Patients /children can draw pictures of their stay in the unit. Bereavement services feedback has always been very positive. There is a feedback tree and we observed some of the positive comments from patients - ‘Friendly staff and checked on a lot’, ‘All staff fantastic’, ‘Staff here cared for my son.’ ‘They were always very helpful and kind.’ ‘They did a great job’.
- 4.4 There were thank you cards displayed in display cabinets on the walls from patients and their families. There was also a demonstration of ‘You said, we did’ on the main wall to demonstrate what the unit had done to show they had listened to the comments to improve the service and what action they had taken as a result of this. Most of the comments were from February and March of this year.

5.0 Catering Services

- 5.1 There are kitchen facilities on site. Mothers can store their expressed milk in the kitchen. All special milks are kept here.
- 5.2 There is a hostess team that serves all hot dinners around 12.00pm and 5.00 pm.
- 5.3 There is a whiteboard to record information about anyone that has any special dietary needs.
- 5.4 The kitchen staff can cater for different needs. It was confirmed if anyone is a vegan or had other special needs, the ward or hostess staff would ring the main kitchen to ensure appropriate food is available, although, it is limited what they can facilitate.

- 5.5 It was confirmed that the ward or hostess staff would discuss dietary needs with the patient's carers to meet their needs. This would be incorporated as part of the patient's care plan, daily living skills etc. There is always a supply of jellies, cereals, bread, yogurt for anyone coming into the ward at night.
- 5.6 There is a separate patients seating area room that has a fridge, microwave, table and chairs.

6.0 Staff Experiences and Observations:

- 6.1 As the unit was very busy at the time we arrived, we did not speak to any of the other staff except the Sister in charge on shift who took us around the unit, and an offer was made to facilitate further discussions.

7.0 Additional Information

Technology

- 7.1 The unit and hospital is a "Safe Hands hospital" - They have the Safe Hands Award. The Interaction board shows where patients are at all times. It shows their movements and who is with them at any one time. The Royal Wolverhampton NHS Trust is the first UK hospital to use this system. The children all have safe-hands badges which are linked to an IT system facilitating patient flow and safety of children and young people. If assistance is required, the alarm system is activated. Nursing and Medical staff have safe hand badges.
- 7.2 When patients are discharged, this alerts the cleaning staff via an App. This was demonstrated when we were on the unit as the cleaning staff were discussing the areas with the nurse supervising our tour of the unit.
- 7.3 There is a Pharmacy system "Mediwell" which is electronic. It reports to pharmacy when medication is low and more is required. The medication room is coded. To access the medication it has to have finger prints as well as codes. For all controlled drugs the procedures are two qualified staff to administer the medication.

Referrals

- 7.4 Referrals are received from Accident and Emergency, GPs, other hospitals and by other Consultants following outpatient appointments. On entry to the unit the patient is seen by the receptionist who then shows the family to PAU where triage takes place. The treatment room is part of this area. Twenty plus patients can be facilitated and an overflow bay is also available. Theatre bays house planned theatre work. There are two bays with a total of eight beds. Theatre is open Monday to Friday and blood

transfusions take place at the weekend. COPD (Children's Outpatient Department) staff deliver planned blood transfusions to children and young people at the weekends to reduce the amount of time away from school. Thursdays are set for Pre-assessments in Bay 3. There is a sealed forensic suite that remains forensically intact and is used to conduct child sexual abuse medical examinations.

- 7.5 The unit takes referrals from Stafford and Cannock, as well as Wolverhampton via the PAU.
- 7.6 There are play leaders and health care assistants as part of the teams. A forensic suite is available where patients are examined under forensic conditions with regard to child protection issues.
- 7.7 There are Nurse's stations outside of the two bays allocated for surgical patients.

Swan Champions

- 7.8 A lot of the patients that are in the unit have long term chronic conditions. The Junior Sister is the Swan Champion for end of life and care after death. This project was set up in another part of the country and was adopted by New Cross Hospital. It is about personalised services and being able to "break the rules" in terms of support to family and patient. There is also a swan box - comfort box. It has footprint and hand print kits, and aims to address holistic needs. This scheme has been in place between two and a half to three years.
- 7.9 Purple Pages are used. These are used to advise what to do in certain events for children and young people who have life limiting conditions. They are more specific for children.

8.0 Summary, Comments and Further Observations

- 8.1 Overall, satisfied with the level of care and support provided for patients and their carers'.
- 8.2 The decoration in the units were pastel coloured on the PAU side of the ward, but other areas such as the school, playroom and main ward were brightly coloured and fun.
- 8.3 The areas that required décor at the entrance to the ward had not been done due to planned building work that will need to be completed in the late summer.

9.0 Follow - Up Action:

No follow up action needed.

10.0 Recommendations - to follow

- 10.1 To be mindful that visitors and family could be waiting outside of the unit when the reception desk is not manned. Although they can knock on the door to the A21 unit, it may be a while before anyone is able to enter.
- 10.2 To keep visitors informed of developments e.g. why one area of the unit is decorated and other areas are not. This helps when visitors or patients come to the unit for the first time.

11.0 Provider Response and Intended Action:

- 1.15 This facility evaluated very well when inspected as part of the Local Authority OFSTED inspection.
- 1.16 Injuries (terminology changed from sores to injuries)- staff to be reminded of this change of terminology
- 1.17 Any soiled clothes would be bagged for the families to take home, however, many families prefer them to be disposed of if they are heavily soiled.
- 1.18 Specifically, this relates to the Paediatric Assessment Unit which is to have extensive works prior to winter, and in addition, all flooring is to be replaced. The high dependency area and cubicles 20 and 22 of the main ward area are at the refurbishment planning stage.
- 3.1 The Trust Bank is used to support ward staff if there is a deficiency in the numbers. The only agency usage is to cover specialist patients who have mental health illness, and who require specialist skills, e.g. in the management of actual or potential aggression (MAPA).
- 4.2 The child was at risk of contracting infections (immune compromised).
- 5.1 In addition, all special milk feeds are kept in a specific cupboard in the kitchen.
- 5.4 If the requirements are complex, it is limited what the catering department can facilitate at very short notice, but will always try to accommodate specialist requirements.
- 7.4 PAU comprises of 14 spaces including five isolation cubicles, however, these numbers can be increased if demand is very high.
- 7.9 Advanced care plans for children were previously referred to as “purple pages” due to their colour.

- 10.1 Recruitment is underway to extend the reception hours to 24 hours per day. This will be a more effective response to enquiries.
- 10.2 Effective communication to children, young people and visitors to be reinforced by the use of posters and key information placed on designated information boards.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on 27 May 2017. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.