

**Enter & View
Queen's Hospital,
Romford:
Tropical Lagoon and
Tropical Bay Wards
(Paediatrics)**

19 January 2016



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is an Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

Queen's Hospital offers a wide range of paediatric services, from common illnesses to complex problems involving highly specialist services.

They provide inpatient management for children in a family-friendly environment with specially trained children's doctors and nurses. There are facilities to observe unwell children within the paediatric assessment unit, where decisions are made to either admit a child or, if the child is well enough, to be looked after at home with a documented management plan

Tropical Lagoon is a 30 bed children's in-patient ward, located on the first floor of the hospital; Tropical Bay is a 14-bed day assessment and treatment unit, and includes the Paediatric Assessment unit, on which children are monitored and prepared for surgery and other treatment.

At the time of the visit, there were 17.9 paediatric consultants who worked across both Queen's Hospital and King George Hospital, Goodmayes. The unit is supported by a consultant paediatrician between 8am and 8pm, with consultant cover provided through an on-call service outside of those hours. Further medical support is provided by junior doctors who have a range of experience within paediatrics. Staff reported to the CQC that every in-patient child and young person was seen by a consultant paediatrician within 24 hours of admission. There are two, and if required three, daily ward rounds led by a consultant paediatrician. The nurse in charge of the shift also attended these ward rounds.

The wards

The Ward Sister told the team that there are 30 beds on the ward, for children between the ages of 0 to 16, and for children with disabilities up to 18 years of age. The wards are arranged in rooms of four by four with a bathroom in each. There are fourteen cubicles, and the average length of stay is 36-48 hours.

Most patients are admitted via A & E but some are admitted from the out-patients' departments.

If there are too many patients, children are placed on the day unit, or a child is identified for discharge.

The hospital has generally a very good relationship with Great Ormond Street Hospital (GOSH), which deals particularly with Oncology patients. Paediatricians visit BHRUT from other trusts, but only the outpatients' departments.

There are as many consultants as needed on the ward at any one time, with rounds performed by the consultants in the morning and afternoon. The nurse in charge accompanies the consultant on the ward rounds.

There are 7 trained nurses during the day and 6 trained nurses at night. The sister is supernumerary, and if a child needs 1 to 1 care, bed numbers are dropped. Each child has his or her own named nurse and the ratio of nurses to children is 1 to 5. The ratio of nurses to paediatric-trained HCAs is 1 or 2 per shift. The HCAs are expected to perform all duties on the ward.

Shifts for staff are 7.30am to 8pm day and 7.30pm to 8am night, with handover between 7.30 and 8.00.

All staff are trained to deal with child abuse. Social workers have access to the ward. The child protection information system shows every child throughout the country. Alerts are put onto the system - nurses are astute in safeguarding.

There are child safety briefs every week, with safeguarding a particular focus.

Ward meetings are held monthly, with regular Sister's meetings. There is an orientation programme for new staff, and all newly-qualified staff have a mentor. Staff are supported in all departments including understanding machinery. Once orientation is completed in all areas there is a signing off procedure.

The Trust uses regular fully trained bank staff who also go fully through the orientation process.

Staff retention is good - there are the general reasons for leaving and the usual expected turnover, the office door is always open for staff. Mentors are only allocated when new staff arrive. There is an ongoing training programme for all ward staff. All staff have received learning disability, hearing and sight impediment training. There is a Microsoft Word and a Core competency package for training HCAs.

Training is reviewed every three years by the HR department. Staff receive fire training which is updated every two years. All staff are encouraged to

look for new ways of working all the time, which is implemented by training and meetings.

On the day of the visit, there were four students on the ward, but this number varies day to day. The students are supernumerary and are supervised on the ward and then allowed to continue on their own with duties. If a student failed their allocation they would not generally continue. A link lecturer from Southbank University (which provides the nurse training) visits the ward every few weeks.

Physiotherapists attend as needed. The team was told that the trust is intending to employ a paediatric physiotherapist.

Staff knew how to praise or complain, but commented that they did not get any serious complaints.

There is an interpretation service and some doctors are multi-lingual.

Children are always accompanied if they have to go to other departments i.e. X rays.

Meal times are protected in line with the trust.

Parents and nurses help children if they need help with their food.

Children are not encouraged to smoke, however if a child does smoke and potentially may run away a nurse would accompany the child outside for a cigarette.

Visiting

Visiting times are 11am to 7.30pm Parents are admitted at all times. Two visitors are permitted at a time, but a more flexible approach is adopted for visiting children. Beds and sleep chairs are provided for parents and carers. Everyone is challenged at the secured doors. Baby changing facilities are available outside the ward. Within the ward, mats are used for changing inside the cot.

The team was conscious that there are issues around parental visits that do not arise for adult wards - for example, some parents are prohibited by court orders (consequent upon abuse or divorce) from accessing their children and there is therefore need for additional security provision to deal with them should they appear at the ward. There was not time during the visit now reported to explore these issues further but Healthwatch Havering intends to return to the issue in due course.

Clinical incidents

There have been no serious clinical incidents on the ward. Incident forms are filled in on a daily basis i.e. for non-major drug errors.

Patients are monitored for pressure sores and DVT. Patients notes are kept in trollies at each station, the trollies are not locked. Medication is kept in a locked cabinet. The Medway system is working, and there is a tracking system called IFIT for all patients' notes.

Doctors take bloods, and the results are returned very quickly.

Complaints

There have been no complaints for a couple of months. If anything untoward happens PALS would attend the ward and seek to mediate with the patient's parents/carers.

Infection control

There is an infection control policy on the ward. In the rare event that a child has contact with anything infectious they would be moved to a side ward. New information sheets about infection control and the isolation unit are continuously monitored.

There is a hand hygiene audit on the ward.

There is an isolation unit and children on chemotherapy also have single side rooms.

Toys on the ward are cleaned by a specialist and could be steam cleaned. The furniture is cleaned by contract cleaners.

Discharge

The discharge procedure starts at admission. Parents are updated every day and doctors are responsible for the effective discharge of each patient. Patients are not discharged in the evening. A patient would always be accompanied by a relative/carer when they are discharged. There is no discharge lounge on ward, so children are discharged directly.

Pharmacy

There is a dedicated pharmacist for the ward who meets with ward staff at 7.30am.

Pharmacy rounds now commence 9.00am, although 8.00am would be preferable as it would enable discharge to take place more easily.

Medicines to take away (TTA's) are kept on the wards.

Policies

Most of the ward/hospital policies are kept on the hospital intranet. Ward policies are updated by the management and safeguarding team every two years.

Emails are received and a draft is sent to staff when procedures are updated.

Observations

The team found the ward to have no unpleasant smells, it was spotlessly clean and there were good notice boards. All staff had badges, and none were wearing jewellery or nail varnish.

The children on the ward were occupied. There is a teacher and dedicated school room, a play specialist on each ward and a play worker is about to join the ward. The team thought the sensory room was very good. The bathrooms were all child friendly.

Parents/carers

The team spoke to two parents, who commented that “everything was fine”, and “the food could be improved, a lot of children would like a proper meal”. Nurses make toast and get cereal for the patients. Food was hot enough for the children, but it did not always look appetising. When asked if a nurse came when the call bell was used, the answer was yes. When asked if the patient had a named nurse the answer was yes.

Parents felt that they were involved in decisions about care, and that everything was explained to them in a manner which they understood. Parents knew when their child was being discharged. The doctors or nurses were always available to discuss any matters arising.

Conclusions and recommendations

During the course of the visit, staff were observed searching for items. This appeared to be an unnecessary use of their time and needs to be addressed.

Whilst acknowledging that there are both financial and recruitment issues over the employment of staff, the team felt that there appeared to be need for more paediatric nursing staff and for a permanent ward clerk to deal with administrative tasks. The team also felt that the uniforms worn by staff were not as child-friendly as they could, or should, be.

There appeared to be duplicate use of, and high demand for, various items of diagnostic and therapeutic equipment, again leading to staff searching for items that ought to be more freely available.

There were numerous 'very cold' spots and areas on the ward as the heating system appeared unable to cope; it was cold most of the time the team was on

the ward. This clearly needs to be addressed; occasional breakdowns of equipment are to be expected and are unavoidable but means should be available to provide supplementary heating in such events.

The team felt the ward did not seem very homely and child-friendly; it was very bare. There were some of bays that appeared to lack privacy. The team also felt that the walls were rather bare and, although there were a lot of lovely hanging displays, a lot more could be achieved here to make it a much nicer area for the children. The approach area to the ward, where visitors wait to be admitted to the ward, was very unfriendly and in need of redecoration.

Accordingly, the team recommend that:

- 1 The location and storage of equipment be reviewed to ensure that all staff are aware of where to find it and are required to return the re-usable items after use
- 2 Staff levels be reviewed to ensure that there are adequate numbers of both clinical and administrative staff at all times. Consideration ought also to be given to replacing the current staff uniforms with more child-friendly clothing.
- 3 The provision of essential equipment be reviewed to ensure that adequate numbers are available at all times
- 4 The heating system be reviewed to ensure that it is adequate and that provision be made for supplementary heaters to be available in the event of system failure
- 5 The decorative condition of the ward and its approach area be reviewed and upgraded to provide a more child-friendly atmosphere.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 19 January 2016 and is representative only of those patients, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
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