

Enter and View Report

Oxford Children's Hospital



April 2023



Contents

1.	Visit details	3
2.	What is Enter and View?	3
3.	Summary of findings	4
4.	Recommendations	5
5.	Service response to recommendations	5
6.	Report: Visit to Oxford Children’s Hospital	6

Acknowledgements

Healthwatch Oxfordshire would like to thank all the children and young people, carers and parents we spoke to and heard from. We would also like to thank all staff at the Children’s Hospital for their support and contribution to the Enter and View visit.

1. Visit details

1.1 Details of Visit

Service Address	Children's Hospital , John Radcliffe Hospital, Headley Way, Headington, Oxford, OX9 3DU
Service Provider	Oxford University Hospitals NHS Foundation Trust (OUH)
Date and Time	January 11th 2023
Authorised Representatives	Veronica Barry (Lead), Emma Teasdale, and Tania Wickham
Contact details	01865 520520 Healthwatch Oxfordshire

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2. What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. We visit:

- To gather the views of health and social care service users, families and carers.
- To report what we see and hear to improve the quality of health and care services.

2.1 Purpose of the visit

- To observe how the facility operates and provides its services.
- To collect views from patients, volunteers, and staff on services.

- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers

- The Healthwatch Oxfordshire Enter and View visit to the Children's Hospital is part of a number of visits to a range of services within Oxford University Hospitals NHS Foundation Trust (OUH) as part of our work to hear the voices and experiences of service users in Oxfordshire.
- These visits were planned and implemented in 2022 – 2023 with full support from OUH.

3. Summary of findings

Please note these findings represent a portrayal of what we observed and heard about the experiences of the service users and staff on the day that we visited:

- The Children's Hospital is a busy, well led, patient centred service, providing excellent care with a highly skilled, caring and committed staff team at all levels. Staff go over and above in their work, and are passionate about their work to support children and young people in their care.
- Parents, carers, children and young people all value the care, positive communication and support they receive from staff.
- The hospital and ward environment is well thought out. It is creative, colourful, light and uplifting, providing a child friendly setting for treatment and care.
- Families we spoke to value the provision of support including interactive play facilities, respite and care, and tailored information.
- Information and signage across the wards is child focused, creative, and clear.
- Younger children particularly benefited from a creative and engaging play environment on the wards. Hospital school and other support provided interest for young people on longer stay wards. Further thought could be given to needs of children with autism, and for young people on short stay wards to alleviate potential boredom.
- Patients and staff continue to find parking a challenge at the hospital including the blue badge areas.

4. Recommendations

Main foyer:

- Add clear information at the main reception desk (unmanned) for visitors signposting where they go for information and help (to West Wing reception).
- Update information and feedback opportunities.

In the wards:

- Ensure opportunity for comment and feedback from patients and carers is clear, and that feedback forms are available and topped up regularly.
- Build on good practice across and between wards, for example in ways to share feedback actions, gain comments, e.g. provision of parent information boards was valued.
- Review activities, information and needs of older teenagers with their feedback and input to avoid boredom, especially when on short / acute stay.
- Consider the environment, provision, support and understanding of the needs of those with autism.
- Review the support, admin and communication and information process for single parent families.
- Continue to develop and enhance pathway for transition with young people and families involved at all stages.

5. Service response to recommendations

Firstly, thank you for undertaking this visit and the Children's Hospital welcomes all feedback received. Some of what has been identified is already being actioned by the Children Hospital team who are working on projects which include transition/ moving to adult services and improving opportunities to provide feedback via SMS texting, online and paper forms.

We agree with your recommendations on signage and as building works across the site are complete, we can start to address this with the assistance of the play specialist team.

Thank you also for your comments about reviewing activities, information and needs of older teenagers, sharing good practice across the wards on feedback actions and parent information boards. We will work on this with YIPPEE, families and the play specialist team. We also have a newly appointed youth worker in post, funded by Oxford Hospitals Charity, who will be able to help with this.

The environment, provision, and understanding of the needs of children and young people with autism are very important to us and thank you for raising this. We will work with YIPPEE, the play specialist team and the parent carer forum to look at improvement opportunities.

You also raised the findings about the support, admin, communication, and information process for single parent families to gain a better understanding. It would be very helpful to further discuss these findings to get a better understanding of Healthwatch's views of improving our support to parents.

Thank you again for your report and we will continue to work on the recommendations you have made with the support of the Childrens Hospital Teams.

This response was provided by Oxford University Hospitals NHS Foundation Trust by email on 30th March 2023.

6. Report: Visit to the Children's Hospital on January 11th 2023

Methodology

We follow Healthwatch England guidelines for Enter and View visits. The steps below summarise the process:

- **Plan:**
 - Appoint an Enter and View lead for the visit.
- **Communicate:**
 - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person
 - Prepare visit posters including the purpose of the visit, time and date, and dispatch these to the provider for display, so that people using the service are clear why the visit is taking place.

- Include information about how members of the public can contact Healthwatch Oxfordshire if they are not able to when the visit is taking place.
- **Prepare:**
 - Prepare resources such as surveys and questionnaires.
 - Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.
 - Meet with the service provider before the visit.
- **Report:**
 - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 20 working days.
- **Follow up:**

The final report is published on Healthwatch Oxfordshire website and shared with the Care Quality Commission (CQC) and service provider.

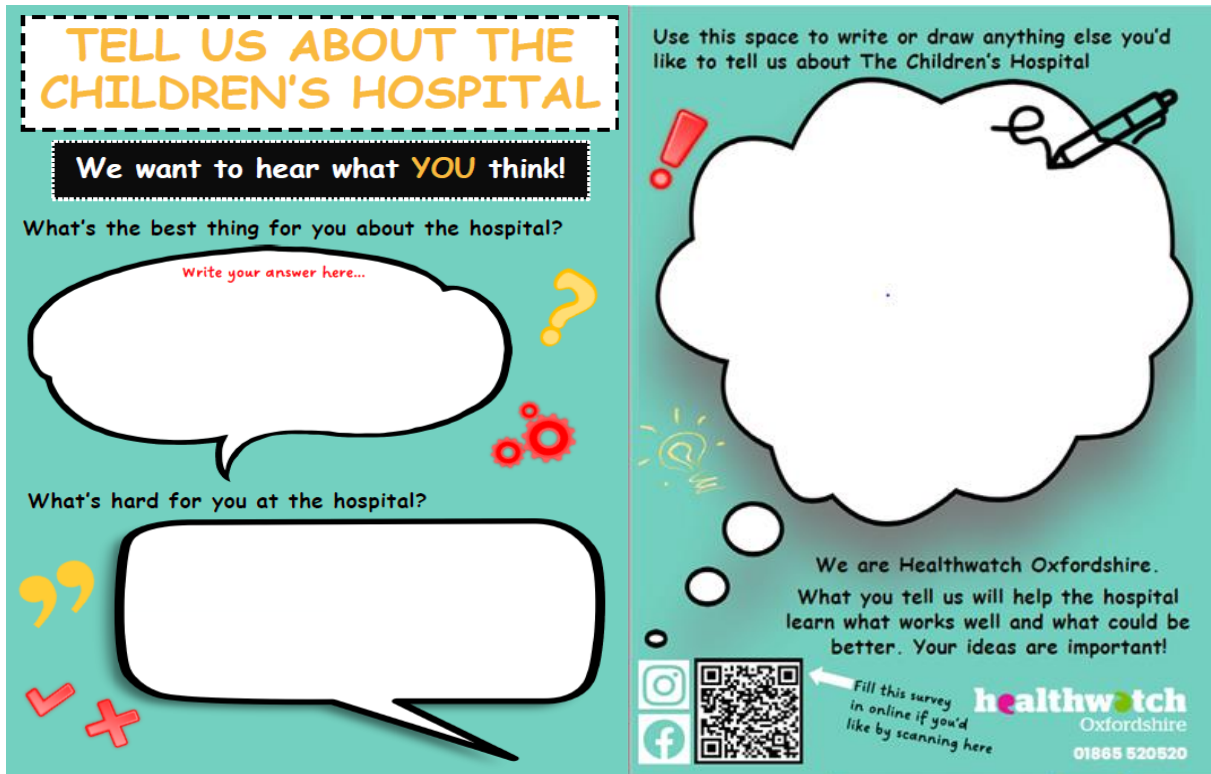
A face-to-face planning visit with the Senior Matron took place in early December. The Enter and View visit took place from 11 am to 3.30pm. on Wednesday 11th January 2023 with three trained Enter and View representatives, including one lay member.

During the visit, the team were able to spend time observing the daily work of the units, noting the general environment such as cleanliness, comfort and information displays, and to speak to both patients, families or carers and to staff.

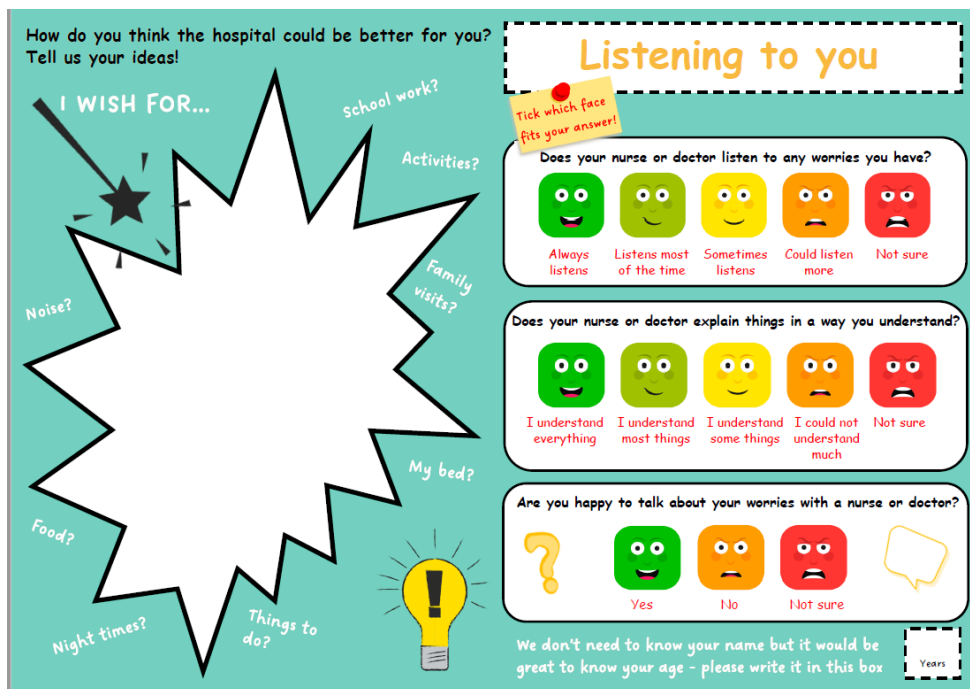
We used short survey questions when speaking with people, but also encouraged them to fill in the survey themselves.

Three bespoke question sheets aimed at children and young people, parents and carers, and at staff were given for people to complete. FREEPOST envelopes were provided for return. An online survey link and QR code was also provided.

The children and young people's survey was designed with accessibility in mind:



Children and Young People's survey



Enter and View representatives mingled during the day and spoke to a range of people. Notes were taken verbatim with permission, or people responded themselves on paper or online surveys. All comments were anonymised. During our visit we heard from:

- Fifteen parent/ carers
- Five Children and young people (three online)
- Twelve staff (two online)

Parent/carers represented a range of age, gender and ethnicities.

Service background The Children's Hospital at the John Radcliffe was opened in 2008, and is adjacent to the West Wing. It is a creatively designed building, with interesting and well thought out architectural features, giving an uplifting sense of light, colour, space, openness, and different atmosphere from many older hospital buildings. Visual displays of children's artwork and hospital 'promises' enhance the environment in the foyer. Interactive coloured cogs on the main window attract children to play.



The Children's Hospital itself covers three levels with the following:

Lower Ground 1

- Outpatients and Community paediatrics

Level 0

- Bellhouse and Drayson Wards (Cardiorespiratory, gastroenterology and acute)
- Kamran Ward (Hematology and oncology)
- Melanie's Ward (Adolescent medicine)

Level 1

- Robin's Ward (combined with Tom's Ward) (Children's General Surgery)

The neonatal unit in the Women's Hospital, and children's intensive also fall under the Children's Hospital. Outpatients is also provided at the Nuffield Orthopedic Hospital and a children's ward and outpatients at the Horton Hospital, but these three sites did not form part of our visit.

Children and young people from birth to age sixteen access the Children's Hospital and come from Oxfordshire, the wider region and beyond. Post sixteen to eighteen, young people make the 'transition' to adult care. A 'Ready, Steady, Grow' programme has been initiated to outline the support steps needed for this transition. Level of nursing care varies according to need, with seven high dependency beds for example providing two nurses per child.

There is an expert, highly trained and dedicated staff team supporting specialist treatments and care, including NHS nurses, doctors, clinical consultants and specialists, health care assistants and allied health professionals.

Support for the wellbeing of children and young people and enhanced activity and support for treatment is also provided by play workers, with additional charitable funding enabling input from music therapists etc. A youth worker for Melanie's Ward (adolescence medicine) is soon to be recruited. The service is supported by dedicated admin and domiciliary support.

The Children's Hospital attracts additional funding through charitable giving, to support capital development, equipment, added staff capacity and enhanced activity.

Oxfordshire Hospital School is found on Level 0, with dedicated teachers, classrooms supporting education and schoolwork whilst children are in care.

Ronald McDonald House (run by Ronald McDonald Charities) is found on Level 2 and provides 65 rooms for parents and carers to stay 'home from home' when their loved ones are staying longer term in hospital. Inpatient wards also have beds for carers and additional facilities such as kitchens, and lounge areas.

Although not directly related, Oxford University Hospitals NHS Foundation Trust has a Young People's Executive 'YiPpEe', giving a young person's view and voice in hospital service development. This group visited the Children's Hospital in 2022.

Interpreting support for those who need additional British Sign Language or language communication support is offered face to face and online.

There is a WH Smith shop, Pret a Manger and League of Friends Café for food and refreshments.

The following comments relate to our observations during our Enter and View visit to the main foyer and the following wards: Outpatients and Day Care wards, Melanie's, Robin's and Bellhouse. Comments made are generic unless specifically stated.

The general environment

All wards we visited felt calm, welcoming and interesting. Staff were welcoming and the atmosphere was calmly busy. It was clear huge care and thought had been taken across the wards to create a bright, positive child and young people friendly environment, and to make being in hospital less intimidating. There were beautiful displays of artwork and interactive features throughout.



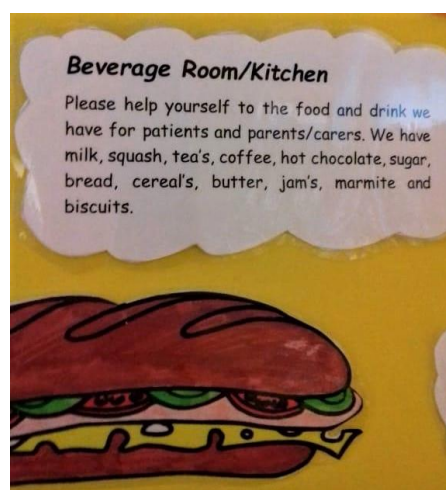
Waiting areas in the outpatients and day care wards gave opportunities for imaginative play, with a range of toys, and activities aimed at younger age groups. All the children we saw were absorbed in these. Waiting environments were colourful and interesting, giving children and carers plenty of distraction whilst waiting for appointments. However, there were less obvious activities and interest for older children available; the outpatients had a separate room for age eleven up, but this was rather sparse.

We also observed interactions in outpatients waiting area, where some children waiting a long time became frustrated. Perhaps further consideration and thought could be taken about, for instance providing quiet space for de-escalation, and consideration of Autism friendly environments with less visual and auditory stimulation.

Robin's Ward had recently been refurbished, with bright colours, and new furnishings.

Lounge areas for parents in the longer stay wards were comfortable, with sofas, games, tables, refreshments and kitchen facilities. Beds were provided for carers beside the patient beds on the inpatient wards. Outdoor space for fresh air is available on Level 0, however, this is not in use currently due to building works.

Access and signage



The Children's Hospital is fully accessible, with wheelchair access and lifts from the foyer. Entrance is via the main entrance or West Wing. The reception desk at the Children's Hospital entrance is unmanned, and the West Wing reception serves as reception for both sites. However, there is no signage pointing people for help and information to the main desk – and this could be a useful addition to guide newcomers.

Seating in the main foyer is limited to Pret a Manger, and on the Lower Ground 1 by the League of Friends. However, there is limited seating in the main foyer if you are not buying café refreshments.



Signage to Children's Hospital via stairs and lifts is clear and accessible, with colour coded floors and walls to support navigation. Within the wards again, signage is clear. Most of it is adapted to suit children and young people, with colourful, visual, image based and accessible displays and signs.

Information on display

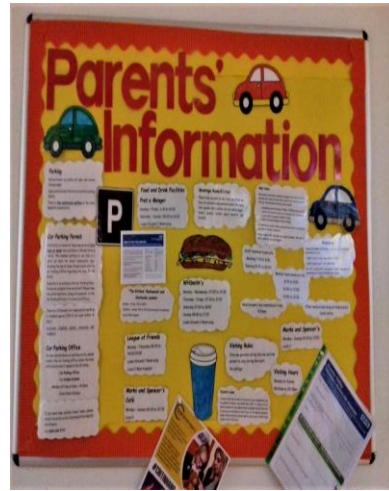
Foyer:

- Information boards in the main foyer included some information that was out of date.
- In the entrance foyer, a box for feedback labelled 'OHR- PPIS' is unclear and offered patients and their families no explanation as to its purpose.
- 'Promises' of the Children's Hospital colourfully displayed their ethos.

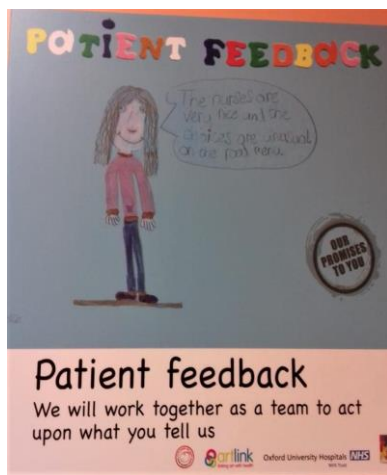
On the Wards:

- All wards had colourful, accessible information aimed at children and young people and their families. Huge efforts, care and thought had been put into information presentation, and included children's images and pictures throughout. Notice boards were well organised.

- Some wards had displays with names and pictures of staff – this was useful.
- Guide to staff roles was also clear with pictorial explanation of the different colour shirts staff wear according to their role.



- Robin's ward had a really useful parent information board with information on parking permits, food, advice, staff handover times, visiting hours etc. Something similar might be useful across all the wards.
- Patient and carer feedback is encouraged. There are 'Please tell us' boxes located around the wards. However, there were few forms or pens available to enable people to actually give their comments. There is also not consistent feedback to patients across the hospital on how comments and suggestions have been used. One ward had displayed feedback on a collage, which worked well.





Melanie Ward poster

Melanie Ward had some information tailored to older children and young people. Phoenix Hospital comic was available in outpatients for older children with comic-based artwork explaining what to expect from being in hospital, and addressing questions and concerns.

Other information on display included PALS, information on transport, Thames Valley Healthcare Passport, clinical information, and interpreting services.

Cleanliness

All areas, including toilets on ground floor are clean and well kept, with domiciliary staff on cleaning rounds throughout all levels. iPads are provided on the ground floor for feedback to Mitie on toilet cleanliness.

There were hand gel dispensers at ward entrances and within waiting areas, however, some of these were empty.

Some ward areas had a lot of equipment in corridors, such as password protected computer equipment.

Patient feedback

During our visit we heard from:

- Five Children and young people (three online) varied ages, across outpatients, inpatients and longer term stay
- Fifteen parent/ carers across outpatients, inpatients and longer term stay

Children and young people:

Younger children loved the toys and games, and the '*playing with the lovely doctors and nurses*'.

Some young people on shorter stay or waiting for treatment commented that there could be more for teenagers to do. One noted they were bored.

Feedback from young patients in longer stay was positive. They commented on the sense of family between staff and patients. Staff were caring and made it easy to ask questions and discuss any worries. The staff gave patients choice and autonomy over treatment options and procedures. Hospital school was seen as stimulating, creative and supportive. The food choice was 'good' with daily choice, and noted improvements since menu changes last year. They appreciated use of Ronald McDonald House and the ability for carers to stay and access any time. They noted that they had begun transition to adult services and felt it had been explained well.

When asked 'Does your doctor or nurse listen to any worries you have?' Three told us they '*Always listen*' and two '*They listen most of the time*'.

When asked 'Does your doctor or nurse explain things in a way you understand?' Three told us '*I understand everything*' and two '*I understand most things*'.

Three young people mentioned the difficulty and stress of parking. Medical procedures were also seen as hard such as having cannulas inserted and the reality of having surgery.

Parent/carer feedback

Fifteen parents and carers giving feedback represented those visiting outpatients, day care, Melanie's and Robin's Wards, and caring for young toddlers up to teenagers.

We asked parent/ carers what **was good** about the hospital. **Wonderful staff**, communication, sense of safety and care and **positive interactions** with children was noted. All praised the waiting areas and the toys and activities available, even during COVID. Those with young children particularly positive about staff support, positive interaction, communication and the child friendly environment.

'Staff are absolutely brilliant with the children'

'staff interaction with children – they always find ways to communicate'

'the team have been amazing, very quick answers to everything, always happy to help'

'staff very supportive listened and didn't make me feel silly'

'hospital brilliant so good with children, especially very shy. Nurse had really good mannerisms to handle brilliantly'

'Every time I come here the service is absolutely amazing'

'Activities room is brilliant – very good at distracting children'

'plenty of things to do, little one pleased as happily playing and oblivious to being in hospital'

Longer term parent carers valued the ability to stay on the wards or in Ronald McDonald House, but also being given breaks by staff and the multidisciplinary team. Support to parents with food, refreshments, and waiting areas was also praised.

We asked **what was hard** about being in hospital.

Six told us that **parking** was difficult, stressful and time consuming, sometimes making them late for appointments. This was also difficult for those who came from further afield or out of county. One blue badge holder noted there were never spaces available for disabled parking.

'Car parking is terrible. Go round so many times no space and late for appt- won't see you. Haven't seen any improvement and coming here years now.'

Experiences of **single parents** was brought to our attention in two ways:

One was that during Covid only one parent could be in the ward, *'especially challenging for a single parent with a toddler'*.

Another comment focused on an issue to do with parental communication. NHS and hospital notes and communication were seen not to manage for parents with shared responsibility but separated. Communications written and email about appointments and care would go to one parental address, and have to be shared, causing stress and problems, and seen as *'impossible to change... Schools can accommodate two parental addresses, why not hospital?'*

Communication across geographical boundaries was also raised by two parents as needing improvement, including consultant communication and response for information and feedback to parent email or phone calls. Getting referred to hospital via GP or other initially also was seen as hard by some.

We also heard about the following:

- Waiting times in outpatients was noted, where parents felt they had been asked to come for a certain time, but waited up to 45 minutes- they felt communication about this could be improved.
- When asked 'Can you talk to staff about worries or concerns?' 14 said 'always' and one said 'no'. All except one parent commented they could understand all that was explained by health professionals. Use of language line was seen as important to support those who needed.
- Waiting areas, lounges and refreshments were appreciated. However, lack of seating and quiet space to accommodate working parents needing to work on laptops etc. was noted.

- One commented that teenage young people in for short periods needed more activity as they were bored.
- Comment about transition of young person into adult services, and the need for an intermediate ward 16–25 plus. Parental involvement in developing this pathway and communication was seen as essential and a recent questionnaire was said to be '*was not fit for purpose*'.
- One comment indicated shorter stay young people experience boredom, and there could be more available for them during their stay.

Staff feedback

We heard from twelve staff with mixed job roles and responsibilities, full and part time, and with representation across day, outpatients and inpatients.

We asked staff to tell us about the **best thing** about their jobs. All gave positive comments, about being part of a strong, supportive and expert team, skilled work, and loving caring for children and families. They also praised the hospital environment.

'The job is amazing everyday is different – the long-term children you get to know and build up a relationship with'

'The support from the team – the variety of patients – no two days are the same'

'The team are amazing, the Nursing Manager and Team go above and beyond to look after their staff especially where resolution is required'

We asked staff to tell us what was **hard or challenging** about the work. Comments included:

- Lack of funding and resource impacting on job and patient care.
- Managing patient expectations (parent/ carer) and frustrations.
- Lack of autism friendly awareness, support and impact of long waits on children with autism.
- Increasing job role and workload 'by stealth', on already full schedule, and electronic rota changing at the last minute.
- Admin challenges including timeliness of parental communication, time on note writing and electronic systems, and notes not being tracked efficiently across the system taking time to chase up.

We asked staff about **support and training** to carry out their job. We heard that there was a learning environment and ethos, with on the job learning however:

- Funding, capacity, cover and time impacted on ability to undertake formal learning (face to face and e-learning).
- Study time could be cancelled due to clinical pressures.
- Progression within job roles could be hard as a result.

We asked staff if they were **happy to comment and make suggestions** and felt listened to:

- All staff felt that they would be listened to and gain a response, even if not a resolution. Ward manager was open and available, and multi-disciplinary teams, appraisals and clear escalation routes provided forum for raising concerns.

Other comments made by staff included:

- Access to parking particularly for rotational staff.
- High cost of living in Oxfordshire and lack of pay to support.
- Lack of phlebotomists in Children's hospital.
- Long waiting times for patients and other factors leading to lower staff morale in outpatients.
- Reduced matron support across stretched services.
- Improvements for transition pathways with commitment across the hospital as whole to review and improve.



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To find out more about Healthwatch Oxfordshire please see **www.healthwatchoxfordshire.co.uk**

If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:



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