

**15 Steps Challenge, Paediatrics
Emergency Department at EDGH**
A report by Healthwatch East Sussex



What we did and why

We undertook this activity to gain a young person's perspective on paediatric facilities at Eastbourne District General Hospital (EDGH), following the recent changes to paediatric services at ESHT. We also aimed to understand what staff thought of the changes and if there were any improvements they felt could be made, via a short survey.

We used a team of Healthwatch East Sussex staff and Young Healthwatch volunteers to undertake the 15 Steps Challenge in the paediatric emergency department at EDGH.

Our team looked at the four key areas set out in the NHS 15 Steps Challenge Guide: **Welcoming; Safe; Caring and involving;** and **Well organised and calm.**

The team used a list of prompts, also taken from the NHS guidance, to structure our observations on what we felt worked well and what could be improved. We also looked to answer a series of questions which have been important areas of consideration for young people in our previous work.





15 Steps Challenge

What is the 15 Steps Challenge?

The 15 Steps Challenge toolkits were originally developed in 2012 by the NHS Institute of Innovation and Improvement, in co-production with staff and service users to support patient and carer involvement in improving our health services.

The 15 Steps Challenge uses a variation on mystery shopping observational approaches to understand what service users and carers experience when they first arrive in a healthcare setting.

A small '15 Steps Challenge team' visit wards and other service user areas and take note of their first impressions.





What we observed – Welcoming

What worked well:

- The space felt welcoming for children, and included a range of toys and activities for patients to engage with whilst waiting.
- The department was decorated in a welcoming, child-friendly way, with decorations on the walls and ceiling. The ceiling above the child and young people's resuscitation bays was also decorated, to make the area less intimidating.
- There was information on the walls of the waiting area, both for parents/carers and young people, and QR codes were being used on posters to give further information about a range of healthcare topics.
- Staff and volunteers all remarked that the staff were very welcoming towards us, and towards patients.

Volunteer (10) – *Staff are really nice and seem kind*





What we observed – Welcoming

What did not work well:

- The waiting area is quite small and cramped, with limited space to move around. This could cause issues for those with mobility issues, who use a wheelchair, or parents/carers with a pushchair.
 - Activity boards (such as spot the difference etc) are located in the hallway of the department and are a positive addition to the space, however they are at adult eye level rather than child eye level. This means that a younger child would have to be lifted up to be able to interact with them.
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What we observed – Safe

What worked well:

- The area was clean and well maintained. Hand gel was available on entrance to the department and was easily accessible.
- All staff were in uniform and had lanyards and/or job role on their uniform, ensuring that they were easily identifiable.
- Fire exit signs were clearly visible in the department.
- There was a large, gender-neutral toilet in the department, so that children and young people don't need to leave the area to use the toilet.

What did not work well:

- There is nowhere to leave pushchairs/child carriers. During our visit, a pushchair had been left in front of some of the waiting area seating, limiting the amount of seating available and potentially creating a hazard as people moved about the space.
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What we observed – Caring and Involving

What worked well:

- Staff interactions with patients and their parents/carers were positive, and the area seemed calm.
- There was a bed in the main room which was separated by a curtain to ensure that patient privacy was maintained. There was also a second treatment room, which could also be used as a quiet area as needed.
- Child and young people resuscitation bays were separate from adult ones, and the ceiling of these bays had been decorated to make them less intimidating.

Volunteer (10) – *Privacy is being respected by having curtains too so that people can't see what they're doing there*





What we observed – Caring and Involving

What did not work well:

We were pleased to see the work that has gone into making the emergency department as welcoming as possible for children and young people. Feedback from our volunteers was that the area was still intimidating due to being an emergency department, however it's clear that thought has gone into making the department as calm and welcoming as possible.

Volunteer (14) – *The A&E is rather intimidating and would be especially for a child. Although to combat this they have toys, fidgets ...*

Volunteer (10) – *Patients would probably feel scared, but happy to know there are things to do*





What we observed – Well organised and calm

What worked well:

- Being separate from the main A&E, the department itself was calm, and there was empty space in the waiting area.
- Each area of the department was well organised, with equipment having its own designated space.
- It was clear which members of staff were working in the department, and they were all clearly identifiable. The area is separate from the main A&E (down a short corridor), which helps to ensure that the space is only used for children and young people.

Volunteer (14) – *Organised for safety purposes and child anxiety needs*





What we observed – Well organised and calm

What did not work well:

- Although the area itself was calm, we could still hear the noise from the main A&E waiting area, which made the space feel less calm overall. There is another room that can be used as a quiet space, although as this is also a treatment room, this will not always be available.
- As the area is small, it can be difficult to move around, particularly if it is busy.
- Although there is a toilet in the department, there was no sign to identify it, meaning that people using the department may not realise that there is a toilet available for their use.

Volunteer (14) – *Unclear immediate signage to facilities*





What we observed – Other questions

As part of this visit, we looked to answer a series of questions that have been highlighted to us as important things to consider to ensure that children and young people can access a service, which were not already covered by the 15 Steps framework. This included:

1. How easy young people felt it was to locate the department
2. If it was clear where to sign in on arrival
3. How patients are collected for their appointment
4. If there are any quieter waiting areas that can be used by children and young people

We also asked volunteers to note how many staff were working in the department on the day, and how many patients were in the department during our visit.





What we observed – Other questions

1. Our volunteers felt that the department was easy to find on arrival, with staff confirming that patients and their parents/carers would be directed to this area.
2. Our volunteers said they would assume that you would sign in at the reception desk, but did not realise there were also sign in screens.
3. It was clear how patients were collected for their appointments once in the department, with all patients being collected by staff.
4. There is only one waiting area in the department, but there is another treatment room which could be used as a quiet space for children and young people who need it. However, because this is a treatment room, this will not always be available.

On the day of the visit, 5 members of staff were working in the department, and there were approximately 3 patients accompanied by their parents/carers.





Staff survey results

We also undertook a staff survey to understand the changes to paediatric care at EDGH from a staff perspective. We felt that department staff were well placed to understand the changes and how they may impact patients, and what could be done to improve patient experience.

We asked staff to feedback on the physical environment, the support they are given to provide care, what they thought of the recent changes to paediatric care, and if there are any changes they would like to see in relation to the care of children and young people.



We asked: I feel that the physical environment of this department supports young people aged 11 and under to feel welcome

All respondents either agreed or strongly agreed that the environment was suitable for young people aged 11 and under.

Staff felt that the department was decorated appropriately for this age group, and highlighted that toys are available in the waiting area:

"There are toys on the wall, we get some donations of toys that we keep in the waiting room"

"The unit has improved the experience I believe by being a separate part of A&E with child friendly decor, toys, etc"





We asked: I feel that the physical environment of this department supports young people aged 12 – 17 to feel welcome

Feedback for this question was mixed, with some staff feeling the environment was welcoming to this age group, while others disagreed. Some staff reported that there is less for older young people. One member of staff noted that it can be busy and noisy in the department:

"We do have [Nintendo] switches for young people but most charity "toys" are for children. We don't have much decoration for young people"

"I feel more separation from younger children would help"

"As a team we try to make patients feel as comfortable as possible to try to reduce anxiety by chatting to the children. Still a difficult environment coming through adult A&E and can be very busy and noisy in the paediatric unit"



We asked: I feel that the physical environment of this department is suitable for providing treatment to young people of all ages

All respondents either agreed or strongly agreed that the environment is suitable for providing treatment to young people of all ages. Staff highlighted that they work to ensure privacy for patients is maintained:

"Ideally, we would have even more space for separate rooms especially for teenagers/mental health patients – we do have one separate room we can use when doctors/nurse practitioners are not using it. We try to respect privacy as much as we can"

"We have a side room for privacy if needed"

"In the main room we have a bed to provide longer treatment"



We asked: I feel that I am supported to provide the best possible care for patients

All respondents agreed with this statement, and felt that improvements had been made to support patient care:

“Management have listened to the issues we had previously with no space to triage and assess children... privacy problems and lengthy waiting times, looking for space to triage or assess children and trying to respect privacy – this unit is an improvement”

“Now we have a bigger space we are able to give more in depth care to patients”



We asked: Have you been offered training around communicating with young people?

Responses were mixed to this question. Some members of staff said that they had received training around communicating with young people, while others said they had not. One member of staff said that while they had not had this training while at the trust:

"It has been a part of good children's nurse training and training courses".



We asked: What impact (if any) do you feel recent changes to paediatric care at ESHT have had on your work?

Overall, staff reported that recent changes to paediatric care have had a positive impact on their work, ensuring that children are seen by the appropriate member of staff and allowing them to have more space to work. Staff also highlighted the positive impact for patients through reduced wait times:

“The environment is less stressful, it feels better to be able to offer children and parents space. ... We have more space to triage more than one child at a time now shortening waiting times and ensuring treatment is started if needed as soon as possible. Having nurse practitioners on most shifts shortens waiting times and ensures that a paediatric trained practitioner is reviewing the child”



We asked: What impact (if any) do you feel recent changes to paediatric care at ESHT have had on your work? (continued)

"Now having the bigger space we are able to get support from ANAP and paedics REG. This has had a positive impact in our team and the wider A&E team"

"I think the changes have been positive experience for younger people ... waited times reduced"

However, it was highlighted that staff sometimes have to work overtime to support the admission of patients:

"Having to work over hours due to younger children needing admission (after surgery). There is no overnight facility in Eastbourne"





We asked: Are there any changes you would like to see in relation to caring for children and young people?

More modern/updated unit

Access to CAMHS after 7pm so that young people are not waiting all night potentially

More for young people

Regular training/updates for ED doctors so that when a nurse practitioner is not on shift ED doctors have confidence in reviewing children. Ideally a nurse practitioner on every shift

Paediatric cover over the weekends too





Recommendations

Based on the feedback from the 15 Steps Challenge and staff survey, we have identified a number of recommendations for the department:

1. ESHT should consider the viability of increasing the space available to the paediatrics emergency department.
 2. Look at lowering the height of activity boards in the corridor to allow children and young people to interact with these independently.
 3. Look at creating a designated area for parents/carers to leave pushchairs etc to ensure they do not cause an obstruction.
 4. Add signage to the toilet facilities in the department to ensure they are easily identifiable.
 5. Consider how best to ensure that appropriately trained paediatric staff are available, including during evenings/nights and weekends.
 6. Consider how to make the space more welcoming to young people over the age of 12 (e.g. through providing books, fidget toys etc suitable for this age group).
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Conclusion

Overall, the paediatric emergency department was felt to be a safe and welcoming place for children and young people, with thought given to ensuring the department is as welcoming as possible. Feedback from staff was largely positive and highlighted that from a staff perspective, the changes to paediatric care at ESHT are allowing for improved patient care and a better patient experience. However, it was noted that the area is small and cramped, which does impact perceptions of the environment, and patient experience may be further improved if the size of the paediatric emergency department was increased.

We would like to thank all the staff at ESHT who supported this piece of work.

