

**healthwatch**  
Bedford Borough

**Enter & View  
Report  
Paediatric A&E  
5<sup>th</sup> February 2016**





**Enter and View (E&V) report - Paediatric A&E**

<b>Name and address of Hospital</b>	Bedford Hospital, Kempston Rd, Bedford MK42 9DJ
<b>Description of care /service provided</b>	Accident and emergency services for children.
<b>Names of Authorised Representatives</b>	Linda Hiscott, Kamila Naseova, Sue Wilson.
<b>Date of visit</b>	5 <sup>th</sup> February 2016

**Background**

As part of the Healthwatch Bedford Borough access to health services children’s project an Enter and View visit to Bedford hospital Paediatric A&E was undertaken. The team were provided with some background information prior to the visit, Emergency access: Optimising the patient journey and Emergency Department - Breech prevention SOP. The team met with the staff and looked around the unit and spoke with some young people and their families who were using the service. The team were informed that the unit was on black alert due to pressure on the department. The definition of a child for the project and this visit was agreed as someone under 18 years of age.

**Welcoming**

On arrival we were welcomed by a member of the reception staff and then the associate director of nursing Rosslyn Young, who escorted us to riverbank ward for a pre- visit meeting, and then accompanied the team back to the accident and emergency department, where we met with the management team in A+E, Georgina Jackson Nurse team leader and Jo Andrews Team manager paediatric lead.

The atmosphere in A&E was calm, and relaxed even though the department was very busy and was having problems with finding beds for adult patients that needed admitting. The team observed that patients were treated with respect and dignity.

Children attending the A&E department are seen initially by a nurse who streams them based on their clinical needs. This could result in the child and family going to majors, minors phoenix /Bedoc or to the children’s assessment unit(CAU). If they have been streamed to follow the minors pathway they are then invited to sit in the children’s waiting room which has keypad access. Families are taken through by staff. Children are able to remain in the main waiting area if they or the family would rather do that.

The children’s waiting room has a small range of toys and books available.

There is a toilet and changing area available in the children’s waiting area, as well as the main waiting area.

There are number of leaflets available in the waiting area which are specific to children, but these are only in English.

### **Well organised and calm.**

There are two cubicles that are within the self-contained children's A&E department. If the department is very busy there is an option for using a third cubicle. This is in the main A&E department but adjacent to the doctor's station.

The cubicles are checked and re stocked on a daily basis.

There is always a paediatric nurse on shift as well as general trained nurses.

The team were also shown the room used when a child needs to be treated in the "major's area" rather than in cubicles.

There is a specially equipped trolley for paediatric use when a child needs to be treated within the major's area, which is clearly labelled which can be moved to where it is needed.

### **Safe**

Following a recent CQC visit extra security has been introduced into the unit by placing two new doors. One set allows the 2 minors cubicles and the waiting area to be self contained. The other is at the entrance/exit from A+E to X-Ray and the rest of the hospital.

The window from the doctors and nurses station allows observation into the waiting area.

Patients report that it can be quite difficult to get back into the unit after finishing in X-ray.

The department have a staff team that are made up of both paediatric nurses and general nurses who have access to a number of training courses.

Staff training is seen by the nursing management team as being important to keeping the department safe and in developing and nurturing their staff.

If additional staff are needed there are a number of regular care bank staff who are well known to the team that can be used. They do also have to use agency staff on occasions. These are from an agency who is one of the those on the agreed list for agency staff. Staff do not regularly check DBS and identity of these staff as this is done by the agency and staffing solutions.

Safeguarding is seen as key by the staff the HBB team spoke with. There are systems in place to liaise with MASH and the paediatric safeguarding lead reviews all cases and liaises with GPs when required.

The staff were aware of the particular issues of consent and competency for older children who have presented at A&E on their own and do not want the family or carers to know. Staff will try to work with the children to identify an appropriate adult to be contacted.

Working relationships with CAMH are now more established and staff report that access to psychiatric services and assessment has improved. There can still be a delay if this outside 9-5. There is an agreement that 2 beds can be made available on Riverbank ward with one to one specialist support/observation if children need to be admitted whilst an appropriate bed is found.

The hospital operates a children's assessment unit which some families have direct access to. If the CAU is not operating, this is usually due to staffing levels, these children will be seen within the A&E department by one of the doctors.

The staff team report that there has been an increase in the number of GP referrals in recent weeks.

### **Caring and involving**

Children are seen when they first present at A&E and at this stage the practitioner will make a decision on the most appropriate pathway for the child to follow to meet their clinical presentation.

Other than A+E, children could be streamed to the Phoenix walk in service which operates from Victoria road adjacent to the hospital.

Staff receive a list of available appointments that they can allocate to patients. The information is then faxed directly from A+E to the GP surgery

This service is taken over by Bedoc out of hours which operates from the same building as A+E and staff report that although the referral to the Phoenix unit are working much better, the proximity of Bedoc makes for a more seamless service.

The reason for referral out of A&E is explained to the Patients and families, and staff reported to the HBB team that generally people are happy with this process as long as they can be seen.

English is not the first language of many people who present at A+E, if translation services are needed, staff were aware of the availability of the Milton Keynes Interpreting and translation service. Children are not used as translators and whenever possible family members are not relied on. Some staff who have language skills will act as translators if needed.

### **Summary**

A&E was on black alert during the visit however the team did not feel rushed by the staff at any stage and people were able to give clear and precise answers to the questions asked. This included asking to see the lead for children's safeguarding who visited the unit specifically to answer the team's questions.

The overall atmosphere on the day of the visit was one of calm and this was in spite of the fact that they were extremely busy and having some difficulty with finding beds for adult patients.

The streaming of patients when they arrive in A+E appears to be a positive one in terms of identifying appropriate treatment based on clinical need.

The working relationships with others such as social workers and psychiatry have all developed and improved which influences the quality of the patient pathway.

The new adaptations to the physical environment have certainly made it safer for children and families and limited access to this area. However, it has also been reported that people have found it difficult to get back into the A+E area after they have been seen in X-ray.

**The following recommendations were made:**

- The straps on the baby changing units both in the main A&E department and in the pediatric unit should be repaired as matter of urgency.

It was noted as the team left that the works department had arrived to look at the changing units

- The fitting of a loop system into the main reception to facilitate the access to services for those who have hearing difficulties should be looked into.
- Information suitable for children should be available in terms of what to expect when visiting A&E
- A system that gives information about the possible waiting times throughout the patient journey could be considered.
- Access to information in languages other than English should be made available.
- A system of covering the plugs within the cubicles should be considered, this may need to be a more permanent one than the domestic plug covers, as staff report these are regularly used but are removed and disappear with frequency.

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

## **Our vision is that**

**Healthwatch Bedford Borough will be:**

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

## **Our Mission is that**

**Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:**

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

## **HBB Board**

This is the body responsible for overseeing the work of the organisation. Board members are:

- Anne Bustin (Chair).
- John Weetman (Finance Director).
- Linda Hiscott (Strategic Director).

There is also one non-executive Director - Lyz Hawkes.

The Board meets on a regular monthly basis.

## **Contact Information**

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## **HBB Staff**

Kamila Naseova - Service Development Officer.  
Emma Freda - Communications and Public Engagement Officer.  
Laurie Hurn - Administrator and Company Secretary.  
Shanice Dadhira - **Administration.**

## **Important Note**

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The three Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

**The HBB strapline is as follows:**

***“A strong voice for local people”***