

**healthwatch**  
Bedford Borough

# Enter & View Report

Bedford Hospital: Riverbank (Paediatric) Ward

Visited 9<sup>th</sup> October 2015



**Enter and View (E&V) report – Bedford Hospital, Riverbank (Paediatric) Ward**

<b>Name and address</b>	<b>Bedford Hospital NHS Trust</b> , South Wing, Kempston Road Bedford, MK42 9DJ
<b>Description of care /service provided</b>	Bedford Hospital’s dedicated short-stay paediatric unit
<b>Names of Authorised Representatives</b>	Simran Khinder, Sam Porter-Harris and Sue Wilson (trainee E&V representative)
<b>Date of visit</b>	9 <sup>th</sup> October 2015

**Background**

The purpose of the visit was to investigate the experience of children, their parents and carers when accessing health services across the Bedford Borough. We are seeking the views of both parents and children. This visit was one part of a wider project undertaken by Healthwatch Bedford Borough, looking at services provided for children locally.

Questionnaires were left on the ward for users and carers to complete.

This report has been completed based on discussions held with nominated staff from the Trust. The team were accompanied on the unit to observe the environment and had the opportunity to speak independently with 3 carers on the ward with their children.

**Welcoming**

On arrival we were met by Helen Friend and Julie Sharp. We were also provided with IDs. The team were given a general overview of the ward and the services available there.

**Visit details**

The Riverbank ward is Bedford Hospital’s dedicated short-stay paediatric unit. Based in the hospital's Cygnet wing, the unit has 22 beds/ cots and cares for children and teenagers from 0 to 16 years of age. Young people aged 16-18 are given the option to be cared for on Riverbank Children’s ward.

The ward has separate teenager's accommodation which comprises of five beds, shower facilities and a separate day room. The ward also has two high-dependency beds for very unwell children and a dedicated children's day surgical service. The Childrens’ Assessment Unit (CAU) has 9 beds/ cots for short stay assessment. The ward also has a playroom and an outside play area.

Patients are cared for by consultants, trained paediatric nurses, play specialists and a family care assistant. The dedicated school room is supported by a teacher and a classroom assistant.

The unit had a calm and organised feel to it. Staff were welcoming and clearly focused on tasks on hand. The waiting room was clean and tidy with colourful age appropriate décor.

**Access**

The service operates open access 24 hours a day. For children with complex needs, a special pathway has been agreed, meaning that they can self-refer for between 24 to 48 hours after a child leaves the ward. Initial 3

appointment letters for elective admissions are sent to patients which includes advice on preparation and what to expect on the day. For discharge planning, where possible, staff try to accommodate the needs of parents too.

There is a system of Rapid Access, which is available for children who have been referred as needing to be seen within the next 2 weeks. This service is accessed by referral from GP, midwife or consultant. They will either be seen immediately in the CAU or an appointment in the rapid access within two weeks is arranged.

### **Child and Adolescent Mental Health Services - CAMHS**

The ward has a clear pathway of care into CAMHS, with appropriate aftercare arrangements. However, there are issues when a patient is admitted on a Friday that may need mental health support, as they will not be seen till Monday due to limitation of the CAMH service. The ward has a referral system: referrals received before 9.00am are seen on the day but after 9.00am just over half likely to be seen on the same day.

For instance where there is a need for specialist care (T4) it can result in a week's delay for CAMH to find a bed as the nearest specialist care is usually in London as the closest unit Phoenix in Cambridge is mostly full.

According to staff there are no bed issues; as there is an option to use the Children's assessment unit as an overflow arrangement. Furthermore during busy periods, Consultants do go to A&E to assess and discharge patients reducing the need to use the Children's unit.

### **Communication**

The ward has been through a difficult time, when following a decision by Health Education East of England and the General Medical Council; junior medical trainees were withdrawn from the hospital's paediatric department. This issue has been successfully resolved but staff report that some parents are still wrongly assuming there are admission problems at the ward.

Any child who does not want their parents to visit will have their wishes listened to and parents asked to not visit in the short term. The staff then endeavour to get the child to allow the parents to return as appropriate.

Assessment of capacity is undertaken with parent involvement where appropriate and not needed for those 16 years and older. Staff will try to negotiate parent involvement if the child asks to exclude them.

Interpreters are used on the ward as necessary, often by telephone. The BHT (Bedford Hospital Trust) is looking into improving this service with the use of Skype, which will be of benefit also to deaf children and parents. This will address the issues where in smaller communities the person interpreting may be known to the child or parent so using services outside of the local community is the only option which can result in delays. In addition, 'Big Hand' is useful for translation of written communication and for children with special needs, staff have found it useful to use the Children's book "All about me".

Staff have all watched "In their shoes" to help promote empathy.

No particular issues were identified for DNAs (Did Not Attend). All DNAs are followed up with telephone contact and the ward is looking to introduce sending text reminders for appointments and follow-up visits.

### **Playroom**

This is secure and there is an outside play area (to which children have access only with their parents). Losing toys from the ward is a constant issue and replacements come through donations and fundraising. Play leaders clean the toys on a rota system and from the child's cubicle as the child is discharged from the ward. The playroom is tidied up and floors/tables cleaned daily.

## **Staffing**

Consultants and Speciality Doctors lead the clinics, so children with long term issues will usually see the same people on annual appointments. Play leaders are available to support medics during procedures and assessments, attend pre-assessments for theatre and show children and parents around the ward. A multi – disciplinary approach is used to meet the needs of children with complex needs. As far as possible discharge meetings include representation from Social Work team, but their availability is an on-going issue.

Due to improved skill mix, staff are now allocated according to the needs of the ward. At weekends and overnight staff at least Band 5 lead the ward.

## **Safeguarding**

The ward has robust procedure in place to deal with safeguarding issues. All staff are clearly briefed on how to raise an alert and also deal with a child deemed to be vulnerable.

## **PALS**

According to staff there has been a vast improvement in the response time to complaints, current aim is to resolve any issues within two to three days. For a formal complaint a response from the Chief Executive will be offered within 45 days with plans in place to reduce this to 40 days by January 2016 and to 35 days by June 2016.

## **Issues observed during the team visit:**

### **Safety Issues:**

- The gate entry to the ward was constantly being left open during our visit by both staff (doctors) and visitors.
- The Treatment Room door clearly states it must be kept closed and was frequently left open (ajar) and unattended.
- The cleaning trolley was left unattended.
- Medication room door left open a number of times.
- A urine sample was left, partially open in the sluice room, with the door wedged open with a bin and a used bedpan left on the draining board in a separate sluice room.

### **Confidentiality issues:**

- GP's letter (marked confidential) addressed to a doctor at the hospital was left open just inside the door, two trolleys with notes left unlocked.
- An x-ray with patient's name was on display for the duration of our visit.

### **Cleanliness issues:**

- The physical environment will benefit from more thorough cleaning – observed dust on panels and desks.

### **Maintenance issues:**

- Two toilets; including one for disable users, were out of order, whilst this was clearly marked, it showed that the toilets had been out of use for over a month.
- Poor lighting in playroom, toys only cleaned on rotation which can contribute to the spread of germs.

## **Parents/ Carers Questionnaire:**

### During our visit the team spoke with 3 parents:

One parent informed us that they had not been communicated to about their child's stay. They had been given an appointment but did not receive any information on what to expect on the day or items they will need for the stay. They were also facing an uncertain time on the ward as they were not informed if/when their child was expected to have their surgery. They believe communication could be better as they were not informed of waiting time.

They did not feel that their GP had acted promptly to refer their child to hospital to receive treatment. Parents felt that they had to "push" for help and had to wait a year for referral.

According to a parent, following referral met with consultant (very positive experience) but received cancellation letter three days prior to treatment. They were given a new appointment for a month later and informed that they will be contacted a week prior to the appointment. However, no contact was made; family took it upon themselves to turn-up at the hospital nevertheless.

One parent did not feel they were given a choice about their child's clinician and times of appointment. But felt they had been involved in the decision making process and that the service acted in their child's best interest most of the time.

## **Summary**

It was felt by the E&V team from Healthwatch Bedford Borough that the people accessing service at the Riverbank Ward were receiving good level of care, staff on the ward are highly motivated and dedicated to providing a good service. However, there were some areas that will benefit from improvement, which have been listed below.

### **The following recommendations were made:**

1. To minimise the possible risk of spreading germs, toys on the unit will benefit from more regular clean rather than as currently on a rotational basis.
2. The unit to consider sending text reminders which will help reduce DNAs.
3. Closer joint working with Social Workers; agreed protocol to ensure stronger social work presence at discharge planning.
4. Better screening by GPs to reduce pressure on service and provide better health experience for children.
5. Improve communications with parents/ carers both in terms of their child's stay on the ward and what items might be needed during their stay that they will need to bring with them and between professionals involved in the care of a child.

**BHT response to recommendations: Please see pages 6, 7 and 8**

## Action Plan

<b>Healthwatch enter and view recommendation's</b>	<b>Implementation action plan</b>	<b>Date of Action Plan:</b>	<b>February 2016</b>
<b>Date:</b>	<b>October 2015</b>	<b>Action Plan Version:</b>	<b>Expected date of competition - 31/03/16</b>
<b>Responsible for implementation</b>	<b>Interim Matron Riverbank Children's Unit</b>		
			<b>Draft v3</b>

	<b>Recommendation</b>	<b>Response</b>	<b>Actions</b>	<b>Lead</b>	<b>Deadline and RAG rating</b>
1	To minimise the possible risk of spreading germs, toys on the unit will benefit from more regular cleaning rather than as currently on a rotational basis.	Our director of infection prevention and control (DIPC) is currently reviewing infection-related policies and wider trust implications on toys.  An interim measure will be an immediate review of suitability of toys (hygienic compliant – no hollow toys etc.) removal and a concrete cleaning schedule	Develop a 'toy selection and use' policy  Review current toys ensuring compliance with policy  Implement new cleaning rota  Monitor and provide assurance on completion of tasks	DIPC  IPC team with ward managers  Ward managers and facilities  Riverbank matron	March 2016  March 2016  Feb 2016  Feb 2016 / ongoing
2	The unit to consider sending text reminders which will help reduce DNAs.	We currently send text reminders where we have the contact details but we need to ensure we are updating and capturing this information	Ask all parents for contact mobile numbers  Clean existing contact details when booking appointments	Booking clerks  Booking clerks	Feb 2016 / ongoing  Feb 2016 / ongoing

	Recommendation	Response	Actions	Lead	Deadline and RAG rating
			Ensure our systems and contact policy support modern families	Riverbank matron	Feb 2016
3	Closer joint working with social workers; agreed protocol to ensure stronger social work presence at discharge planning.	We will build further on the current relationship with the SW team and look to support each other in strengthening our response times.  Recent recruitment to the SW team has started to show improvements	Assurance meetings with SW team on a case by case basis  Actively invite parents to raise concerns	Riverbank matron  Riverbank matron	Feb 2016  Feb 2016 / ongoing
4	Better screening by GPs to reduce pressure on service and provide better health experience for children	We will continue to provide our education programmes for GPs, health visitors and practice nurses.  We will work with primary care colleagues to develop an outreach programme to support concerns in the community	Continue engagement and education programme  Develop outreach programme for primary care	Riverbank matron / HR  Riverbank matron / HR	Feb 2016 / ongoing  Feb 2016 / ongoing

	Recommendation	Response	Actions	Lead	Deadline and RAG rating
5	Improve communications with parents/ carers both in terms of their child's stay on the ward and what items might be needed during their stay that they will need to bring with them and between professionals involved in the care of a child.	We recognise we need to improve our communication – both clinical and functional.	<p>Develop and implement communications programme for all staff</p> <p>Review current standardised information for patients and update to general information</p> <p>Involve parents in development of patients information</p> <p>Actively / regularly review communications (clinical, functional) with parent group/ patient council</p>	<p>Riverbank matron</p> <p>Riverbank matron / comms</p> <p>Riverbank matron / comms</p> <p>Riverbank matron</p>	<p>March 2016 / ongoing</p> <p>March 2016 / ongoing</p> <p>March 2016 / ongoing</p> <p>March 2016 / ongoing</p>

## **About Healthwatch Bedford Borough (HBB)**

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 Officer.  
Laurie Hurn - Administrator and Company Secretary.  
Shanice Dadhira - Administrative Assistant.

## 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”***