



Details of visit

Service address:

Service Provider:

Date and Time:

Contact details:

Publication Date:

Children's Unit, Princess Royal Hospital

Apley Castle, Apley, Telford TF1 6TF

SATH (Shrewsbury & Telford Hospital NHS Trust)

13th March 2017 10.00am

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider SATH - Children's Unit at Princess Royal Hospital, patients, relatives/visitors and carers, and staff, for their contribution to the Enter and View Programme.

The Enter and View team would like to thank the Matron, Ward Manager and staff for the support they received throughout the period of the visit.

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.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential care/nursing homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell Healthwatch that there is a problem with a service but, equally, they can occur when services have a good reputation - so Healthwatch can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. In addition, if any

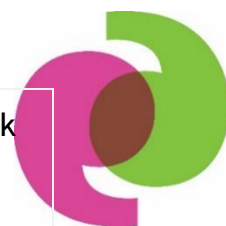
member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with patients as service users of The Shrewsbury and Telford Hospital NHS Trust - Princess Royal Hospital Children's Unit, to hear about their experiences of care and understand how dignity is being respected in the Hospital environment.
- To see how the Children's Unit is operating since our last visit (before it was occupied and open to staff/patients/parents).
- To hear about the experiences of relatives/visitors.
- Observe the Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good care practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons, and requests.
- Hospital Wards, Community Health Trust Services, GP Surgeries, Dental Practices, Optometrists, Pharmacies, and Health Clinics are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and the local Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

The team of four authorised representatives were assigned to the visit. Representatives met with a member of management before speaking to anyone in the Children's Unit and took their advice on whether any patients should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

The representatives explained to everyone they spoke to why they were there. They spoke with 8 patients, and 7 relatives/visitors/carers present with the patients at the time, to ask them about their views and experiences on the Children's Unit. Representatives talked to the 7 staff, management and other professionals present to hear about their contributions to the service provided:

quality of care, safety, being treated with dignity and respect, and acknowledging patient and families' wishes. During the visit, representatives also observed the delivery of the service; these observations would be gathered while walking around the premises.



Summary of findings

- At the time of our visit to the Children's Unit we observed that care was being given with appropriate regard to patient Dignity and Respect.
- Patients told us that that the staff were very friendly and helpful, and all was 'ok' in the unit.
- All parents spoke highly of the care and support they received from the manager and staff, adding that they go the extra mile to ensure that their children are looked after in an excellent environment.
- Observations throughout the visit showed excellent communications with parents, who all spoke highly of the support they and their children were given from nursing staff and consultants and it was evident that children were extremely happy despite their circumstances.
- We observed staff being thoughtful and caring with the patients and their parents. Staff were encouraging patients to make decisions for themselves.
- Staff told us it was a nice team who worked together.
- The visit highlighted the excellent care provided to children in the Unit. The management team are to be congratulated on their positive leadership which had resulted in a highly motivated and caring staff team.

Results of Visit



The Children's Unit services comprise inpatient and outpatient services. Care is provided in Oncology, Orthopaedics, Surgery and Medicine, Ear Nose and Throat, Respiratory, Gastroenterology, Rheumatology, and Neurology conditions/specialisms. The unit caters for children from birth (when admitted from their home) to the age of 16. However, if a child over the age of 16 has been 'known' to the unit over previous years, access to treatment in the Children's unit can be extended up to the age of 18.

On arrival at the Women's and Children's Unit we were met by the Ward Manager, who after brief introductions invited us to a quiet area where we could discuss the purpose of our visit. We were updated on the progress made within the Unit since our last visit. We were informed that the task of amalgamating two new teams from different locations and with different modes of operation was quite challenging, and required lots of careful planning and support for the staff involved. The Ward manager stated that all but two staff posts have been filled, and she had implemented a complimentary training program and motivational exercises within the new team setting. The efforts made by all resulted in high team motivation among the staff, and demonstration of their total commitment to the provision of the best possible care for the children in their charge.

One of the early schemes to improve moral and efficiency was the introduction of 'suggestion jars'. The Ward manager provided three jars in which staff could place notes on their thoughts during the shift. The first jar for 'what they should stop doing', another jar for 'what they should do better', and the third jar for 'what they should start doing'. Staff put 'post-its' into the jars with their comments. These jars were opened and comments addressed. There was a plan later in the year to see how the staff's views had changed during the year. Examples of staff comments posted so far included:

- **STOP:** being negative; moaning
- **DO BETTER:** Asking for help; Saying 'Hello'; Thanking; Good manners; Talking to each other; Calm environment; Answer patients' buzzers.
- **START:** Identifying which patients have dietary needs; Filling the IV paperwork - new system has been implemented; Keys - a lot of time can be spent searching for keys to the drug cupboard - a new system should be implemented soon where the keys are stored in an electronic key cupboard; Break times - staff to be encouraged to take their breaks and keep hydrated as drink stations have been implemented.

Another scheme introduced was a staff 'Star Board', where staff gave recognition to other team members by writing comments on 'star post-its' which they put on the board. Every month, staff could nominate a member of the team to be 'Star of the Month'; the Star of the Month won a bottle of Prosecco and was presented with a certificate.

A member of staff had initiated an improvement to the system for patients' bedside folders; as a result, these were now kept in a uniform way so that staff were now able to go straight to the required section.

An action identified in the staff 'post-its' - a new system for keys was due to be implemented. In the old system staff were wasting time looking for the member of staff who had the medicines key due to the design of the unit. The new electronic medicine key cupboard would ensure staff who dispensed medication to patients had their own individual identity key. This provided evidence on medication time, and who removed the medicine for which patient, and how long the cupboard was accessed, thus improving efficiency and timeliness.

We were also told that a practice improvement had been implemented in the Children's Unit resulting from the collaboration of SATH with Virginia Masson Hospital LEAN method. The improvement introduced involved keeping well

children and poorly children separated, which boosted patient flow and resulted in an improved patient journey.

Since these new initiatives had been introduced, improvements had been noted in staff retention. We were told these made staff feel part of a team, and increased respect for the Trusts values.

The Ward Manager told us that staff had clinical practice education sessions on two days a week. Each staff-member had a competency folder providing evidence of their skills.

Children's Assessment Unit (Ward 18)

The Assessment Unit is an 8-bedded unit made up of single rooms and bays. This unit operates a 24-hour service. Access to the unit is by appointment - referred by a GP, Emergency Services, or by another health professional; this was not a walk-in service. Some children came in for tests, treatment, or observation, and children may be admitted from here on to the Children's Ward. A children's 'drop-in' phlebotomy clinic was a recent new service from this unit - for children from birth to 16 years of age. We didn't speak with patients as they were too poorly, but we spoke with some parents.

Oncology

The Children's Oncology and Haematology Unit provided open access for children 24 hours a day and catered for children for these services. There are 3 single rooms, a family room, an internal play area and a dedicated outside play area. For parents staying with their child, there was a pull-out bed and bathroom facilities. The unit was bright and some rooms had access to the play area.

A patient told us that food 'was a problem as their taste senses had changed, so they didn't like the food'. A parent told us "staff were helpful and they talked through options and treatment". We were told that the food trolley wasn't allowed into the unit, so the parents went to get the food for their child, or they brought in food.

Parents Room

The Parents Room was well equipped, with a dining table and chairs so that families could have a meal together because sometimes parents said families didn't get the opportunity to do this when accompanying a child in hospital. A fridge was provided for parents to store food, and the Unit provided a supply of milk, tea, sugar, and coffee etc. Staff had researched into ways to allow parents to carry hot drinks safely into the unit - using reusable cup holders with a polystyrene mug and plastic lid, so that if they wished, parents could make themselves or child a hot drink.



A microwave was provided, and bread and butter was also supplied so that Parents

could use the toaster for a quick snack. A dishwasher, and a washing machine were available in the room, and we were told by staff that 'if and when' required they sometimes used this to wash children's clothes.

On the notice-board in the room we saw many staff thank-you cards from parents and patients. We also noticed leaflets for the Friends and Family survey and PALS on the table.

We received positive feedback from parents on excellent facilities that were provided in the Parents' Room, with a comment "that they greatly appreciated the facility for making drinks and utilising microwaved snack meals".

Children's Education Area

The room décor was bright and cheerful, and we saw children were excitedly engaged on several interesting and stimulating activities. The area was extremely well stocked with the type of equipment you would normally see in a school area - with numerous educational toys, reading books, and study books. We were told that children of school age children had the choice of whether to attend or not, and either in the school area, or by their bedside. If the child was going to be an inpatient for a significant period of time, or was frequently brought in for treatment, staff engaged with the child's school to help ensure appropriate activity was planned. Children also had an indoor play area which was extremely well stocked with toys and craft materials. There was also an outside play area with access to suitable toys.

Safeguarding

We were told that Staff were all trained in safeguarding procedures, and they discussed children's safety at regular support and supervision sessions. Changes made included the relocation of security cameras in the entrance area, to ensure that all visitors could be seen by the staff.

Food

A children's menu was provided which included a good variety of options as well as choices for children on specific diets, and for those with specific religious or cultural needs. Children told us that "staff helped them choose their meals". Another child commented food was "ok". Children who had a tonsillectomy were offered ice cream, and toast might follow. One parent said she felt that the menus should not be labelled "Ethnic Meals" and a more appropriate acceptable title should be used. Staff commented that sandwiches were always available for the patients, but salmon was not popular with the young patients. Staff did not like to order too much food when the wards were not full because of wastage.

Children's Feedback Comments and Observations

One child was looking forward to our visit, as they had been given the task of taking our Healthwatch Feedback Forms to each of the parents and children putting them into the Healthwatch Post-Box, prior to our visit. The child appeared very proud and excited, which was a joy to see. Children were in the 'classroom' and a child showed us their work book. The child appeared to be a good scholar, judging by all the 'stickers' and good comments written in the work book. Another child was in the 'classroom' but in their bed. This demonstrated that if a child

wanted to 'go to school', that staff made every effort to facilitate that child's needs.

Watching the TV was free for children before 7.00 pm, but after that time parents had to pay a fee. This seemed to be accepted by the children and parents - older children who we spoke to said 'they didn't mind paying because they enjoyed watching films'. One older child told us they were 'happy with everything'.

We observed that the children were confident, and happily interacting with the staff in a warm, child-friendly environment. A child told us that 'staff were kind and helpful, they supported them and involved them in their treatment'. When children received treatment or care, we were told this was given with an emphasis on the child's privacy and dignity, and was undertaken in 'curtained-off areas'.

Parents Feedback Comments

A parent mentioned that ShropDoc were very good with their child, and indicated that staff on the Children's Unit were 'approachable and kind'.

Parents told us that Doctors explained the child's treatment, and they felt comfortable asking questions. Whenever treatment was carried out, curtains were pulled around patients' bed to respect their dignity. Parents of children in the side rooms said that staff always knocked on the door before entering.

Parents we spoke to commented on the hospital parking and particularly how difficult it was to get a space, especially if you needed a disabled parking bay at the rear of the hospital. Parents found the concession parking helpful. One parent said that when their child was 'really poorly', they tended to forget to enter the correct parking times, or sometimes even completely forgot to pay, which added to their stress.

One parent told us that they thought the facilities were much better than when the unit first opened, and that the staff were 'fantastic'. The parent explained that they made themselves drinks in the Parents' Room, and also commented on the "comfy chairs".

Another parent stated that the treatment their child received was described to them in 'clinical language'. The parent felt that communications should be given to parents in a more meaningful way that they could comprehend.

During our feedback to the Ward Manager, they explained that they were looking into putting white boards in the child's room with the stats information and treatment plan, but out of respect for the children, this information would not be included for those in the Bays.

Additional Findings

- A parent queried whether it was possible to pre-order a cooked meal for the same time as their child's meal was delivered, saying they would willingly pay for the meal. If agreed, this would allow them to have a meal with their child, making the experience of their stay more 'normal'.

- Another parent queried if it was possible to order a meal from ‘The Apley Restaurant’ which would be delivered to the parent in the Unit. The parent would then not have to leave their child alone in order to get a meal.
- Yet another parent indicated that in the evening and at week-ends it was difficult to get hot food within the hospital. The parent had seen a vending machine that dispensed hot food/snacks at another hospital and suggested that might be an option for the hospital to consider.
- A further suggestion from a parent was that older children should be allowed to have their television free of charge after 7.00 pm.

Recommendations

1. Consider expanding the range of sensory equipment/toys in the play room for the children.
2. Investigate how access through the entrance of the children's Unit could be made easier for parents and relatives/visitors with limited mobility. Explore the possibility of providing wheelchairs in the main entrance for use by/for patients.
3. Consider communicating and sharing the excellent team building practices in operation in the Unit to other areas within the hospital, demonstrating the success as a motivational tool.
4. Investigate possibilities for improving parking facilities at the rear of the hospital for the parents of patients in the Children's Unit.

Service Provider response

No response has been received from the Manager of the Women and Children Centre/Children's Unit.