



**Young Healthwatch
Northamptonshire
Visit to Kettering
General Hospital**





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Introduction

In July 2016 two Young Healthwatch volunteers visited Skylark Ward¹ (the children's ward) at Kettering General Hospital (KGH) in order to give feedback to the hospital about this ward from the perspective of young people. This piece of work was suggested by the Young Healthwatch group at a workshop in 2015 as part of their work plan. This is the first time that young people have reported their observations of a general hospital children's ward in Northamptonshire. Healthwatch Northamptonshire staff accompanied the young people on the visit and training was provided to prepare the volunteers.

This report has been written by Young Healthwatch volunteers in their own words and expresses their own opinions. It is based on their own observations and those of the people they spoke to - one child and one teenager using the sensory room and the parents of a baby. The content has not been altered by either Healthwatch Northamptonshire or Kettering General Hospital except for clarification where noted.

Preparation

During 2016, Young Healthwatch (YHW) took part in an Enter and View² training session to prepare for visiting the children's wards at KGH and Northampton General Hospital (NGH). The training was held at Sunley Conference Centre on Thursday 7 April 2016 and 11 Young Healthwatchers attended the event.



The participants enjoyed the training and the chance to meet up and get involved with planning the hospital visits as well as learning how to go about it. YHW also

¹ Skylark Ward is the Children's ward at KGH with 16 medical beds, 8 surgical beds and 2 high dependency beds.

² Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers so that our authorised representatives can observe matters relating to health and social care services. The purpose of the visit will be to identify good practice that can be celebrated and shared with others, and to identify any issues about which service users feel concerned.



received training files with all of the information the training session covered and the materials needed ready for their visits to NGH and KGH.

The training for Young Healthwatch covered:

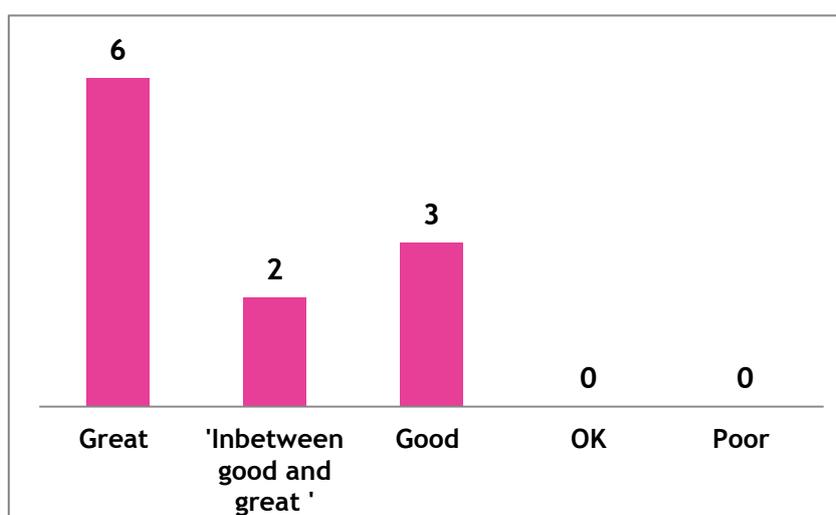
- Enter and View and the purpose of Healthwatch visits
- 15 Steps Audits³
- Safeguarding
- Confidentiality
- Code of Conduct and The Nolan Principles

The content worked well and the questions from the young people demonstrated awareness and understanding of what it might be like to do an Enter and View visit on behalf of Healthwatch.

Helen Statham, Chair of the Healthwatch Children, Young People and Families working group gave a helping hand and said “what a fabulous group of young people they were at the training session tonight!”

The feedback from the young people themselves about the training session was also good:

Six of the young people who attended said the event was ‘great’, three said it was ‘good’, and two said the training session was ‘in-between good and great.’



³

www.nhs.uk/nhsq/media/2757945/15_steps_challenge_for_children_and_young_peoples_inpatient_services_toolkit.pdf

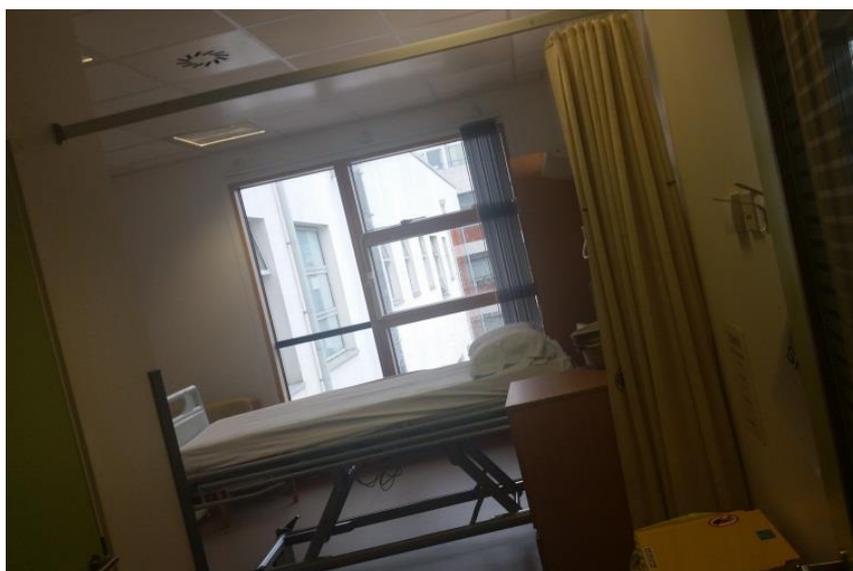


Report from Young Healthwatch

Visit to Skylark Ward, Kettering General Hospital 2 June 2016

Welcoming:

The rooms were well designed; both the wards and the private rooms were spacious and light, what impressed us a lot was the fold away beds, these enabled families to stay with the patients and it gave them a lot more space during the day. Some of the staff had the role of 'Play Specialists', we were



told that they kept children distracted during certain procedures. Patients that had to stay on the ward for a longer time described the facilities as fun and younger children were keen to show us the play rooms.

The ward was decorated with different colours and the view of nature from most of the rooms worked well to keep children calm too.

Some signs in the ward had very small writing, this could be difficult for some patients to read, due to eyesight problems, or just their age and ability. The ward could also be a little disorientating for patients, as it is very large and we found it difficult to navigate the area, even with a staff member showing us around.

Safe:

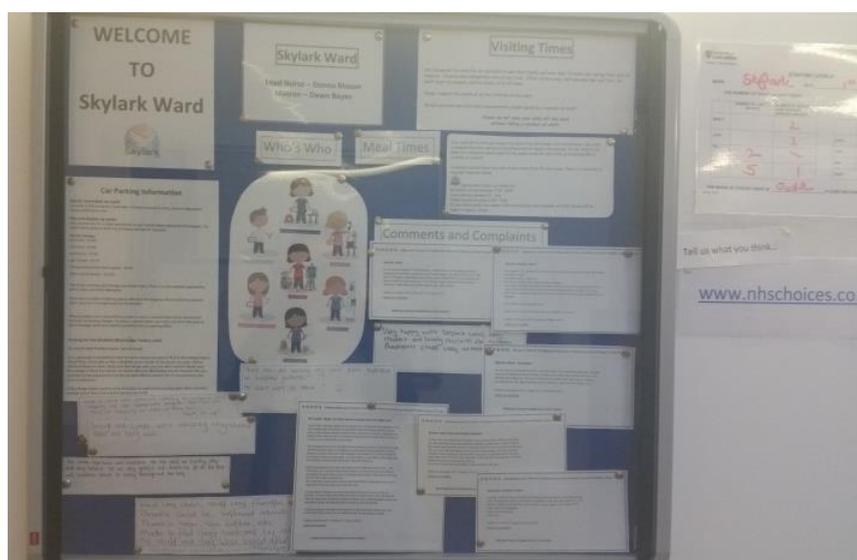
Many rooms in the ward are accessed with a card scanner and the play rooms had gates to prevent younger children from walking around the wards without supervision. There are private rooms for teenagers, or mothers with children and every room has blinds that give more privacy to patients if needed. We saw that there was no personal data displayed around the ward, however we did notice that the room containing the medical records was not locked and could be easily accessed by anyone.



We also noticed that there were mothers waiting to change their children, due to lack of facilities, and the baths in the rooms were considerably deep, which could be dangerous if a child is left alone in the bath. We were told that the nearest intensive care unit is in Leicester or Oxford, and that it is difficult to transport patients to the care unit without a proper medical plan. The hospital tries to send patients home as soon as possible, which could make them feel more comfortable, however, this could mean that patients aren't completely healthy if they are rushed out of the ward.

Caring and involving:

The ward was very informative, there were displays to show the members of staff available and a board showed patients what certain members of staff were wearing so that they were easy to identify. A unique part of the healing process for the patients was the access to 'PAT (Pets



As Therapy) Dogs', putting the names of the dogs on a board would help improve the information for the children.

The entrance contained feedback forms for the parents, but not the children, and the treatment rooms had 'Bravery Gifts' for children, which parents were consulted about, so that it was safe for the children to have. The sensory room helped patients relax and it also acted as a soft play area for younger children, to improve this, there should be a schedule, so that younger children do not upset any older patients using the room.





Well Organised and Calm:

The ward was quiet, calm and staff did not run around, which was good as this could scare the patients. There are emergency trolleys at either end of the corridors which were brightly



coloured, which made them seem less intimidating. The play rooms were good but a downside was that the chairs were not big enough for adults to sit on and there were wet floor signs around when the floor was not wet. Teenagers had the opportunity to go to 'The Den', this gave them more private fun activities to do, whilst also giving them some space away from the younger patients.



The ward decoration also had the opportunity for children to follow the ladybirds to find certain activities to do, and there is a quiet, out-of-the-way room for patients who may suffer with mental health problems. *(KGH clarified that they use the quiet room for private meetings with families or assessments of young people by the Child and Adolescent Mental Health (CAMHS) team.)* We noticed that some rooms were quite far away from the main desk, which might affect the response time if there was a problem for the patients or staff. *(KGH pointed out that there are call bells in all patient rooms and treatment areas.)*



Overall the facilities in the Skylark Ward at Kettering General Hospital are colourful and interactive, which gives patients a more relaxed and interesting place to be whilst receiving treatment.

Summary of Findings

Welcoming

Positive and good practice	Areas for improvement
Notice board	Small writing on notice boards
Welcoming staff	Not all notices are obvious
Lots of colors	Small print on medical health posters
Pictures	Easy to get lost (no map) <i>(KGH clarified that there are maps/pictures of the layout of the ward on display in every room)</i>
Wall design is attractive for children	Scary medical equipment

Safe

Positive and good practice	Areas for improvement
Safeguarding information	Pull down beds for parents could be too easy to open by children <i>(KGH clarified that handles are up high so they can only be reached by older children/adults)</i>
Cot guards	Wobbly bed
Security cameras	Tripping hazard in a play room (a rack was sticking out from under a sink)
Hand gel out of young children reach	Unlocked cupboards with medical things in <i>(KGH clarified that equipment needs to be easily accessible, particularly in High Dependency Unit)</i>
Smoke alarms	



Caring and involving

Positive and good practice	Areas for improvement
Toys on ward	Baby in a children's ward (<i>KGH clarified that this is unavoidable as they take children from 1 day old so will always have babies on a Paediatric ward</i>)
Comment boxes	Left equipment in view (<i>KGH clarified that equipment is needed for treatment therefore cannot be hidden from view</i>)
Treatment room	Sink in corner of room (<i>KGH clarified that they are not able to move location of sinks due to the plumbing system</i>)
Play specialist team/ play area	No cancer units (<i>KGH clarified that this is a directive from NHS England - cancer care/oncology services must be provided in specialist centres in order to maintain high quality care by Specialists</i>)
Pull down beds for parents	No intensive care units (<i>KGH clarified that all Paediatric intensive care must be provided in a dedicated tertiary centre, they provide emergency treatment then transfer patients to a dedicated Children's Intensive Care Unit as per Department of Health and NHS England best practice</i>)

Well organized and calm

Positive and good practice	Areas for improvement
Neat and tidy	Equipment out
Office has a ward plan	
I.D. badges	
Pictures of staff on ward walls	



Other Observations

Positive and good practice	Areas for improvement
Information on the walls	Need more comfy chairs in the parents room
Den for 11+	Some of the bathrooms are quite small
Provide for vegetarians and vegans and gluten free people	No magazine for adults
Sensory room	Mixed ages next to each other
Big and spacious	In play area there was a rack in the way of the sink which young children could try and climb to get to the sink
Locked medical rooms	Hard floors
2 charities help out with the hospital	
They have an invigilator who comes in for GCSE students	
Wobbly plastic Wendy houses/ play kitchens	
Non peel decoration	
Flexible visiting hours	
The play team has its own office	
Clear fire exits	
Ceiling decoration	
Quiet room	

Maddie Warren and Darcie Conlon
July 2016



Conclusions

The overall impression from the visit was positive. The environment was felt to be welcoming and safe and there was a good range of activities to entertain children of all ages. The staff appeared calm and the use of things like therapy dogs and bravery gifts gave the sense of a caring environment. There were a few minor concerns about safety, such as unlocked cupboards, and it was felt it was a shame that the hospital did not have the facilities to care for young long term cancer patients or those needing intensive care. Many of the things pointed out by the young people could have been observed by adults but others, such as how medical equipment can look scary and the size or the print on posters, add a valuable perspective. We hope that this work can be followed by similar visits to other wards, hospitals and children's services.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire (HWN) is the local independent consumer champion for health and social care. We are part of a national network of 148 local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. We will report our findings to health and social care decision makers to improve and influence the quality of care.

Our rights and responsibilities include:

- We have the power to monitor (known as 'Enter and View') health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.





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