



Healthwatch Lambeth Enter and View King's College NHS Foundation Trust Paediatric Wards Visit Report

February 2017

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service Children's Outpatient Department, Paediatric Short Stay Unit, Toni and Guy Ward; all services are based at King's College NHS Foundation Trust, Denmark Hill, London SE5 9RS

Registered provider King's College NHS Foundation Trust

Date of visit Friday 14 October 2016, 2pm-4pm

Enter and View Team Janaki Kuhanendran (lead), Catherine Pearson, Anna Katirai-Jones (Authorised Representatives), Kerry Pulgarin Nieto, Mishelle Leiva, Gesell Vasquez, Esther Adeleke, Jade Gambie and Parissa Robinson (trainees)

Service liaison link Dr Hannah Baynes, Paediatric Consultant





About the services

Children's Outpatient Department

The Children's Outpatient Department is a purpose built department where children and young people are seen in the clinic setting by specialists from all across Child Health. It is open 09:30am - 5:00pm Monday to Friday. There are a wide range of clinics run from this department, including specialist clinics (such as neurosurgery) that would not be run in local hospitals.

Paediatric Short Stay Unit

This unit is located adjacent to Kings' Emergency Department and is a part of Ambulatory Paediatrics; it contains five bed spaces and one cubicle. The Unit admits children and young people aged 0 - 16 years for acute medical and surgical disorders which are likely to require less than 48 hours admission such as vomiting, breathing problems and fractures.

Toni and Guy Ward:

Situated on the third floor of the Cheyne Wing, this ward is a children's general medical ward with 15 beds. Children and young people with a variety of conditions are cared for here including those with breathing problems and blood disorders.

Purpose of visit

We chose to visit the above sites as part of our work stream assessing services for children and young people. We were interested in understanding how 'youth-

friendly' the services at King's College Hospital were from the perspective of young people and their families.

Methods and participants

Having completed the Healthwatch Lambeth Enter and View training, six Year 12 and 13 students from La Retraite Roman Catholic Girls' School led the visit and were accompanied by three Enter and View Authorised Representatives.

Questionnaires for patients, relatives and staff, and an observation checklist were designed by our youth Enter and View team who drew inspiration from the Department of Health's 'You're Welcome' quality criteria for young people friendly health services. Information sheets explaining the purpose of our Enter and View visit were created and distributed to each participant before commencing an interview.

During our visit we spoke to patients at each site but followed the advice of the ward sisters not to disturb certain patients because of the severity of their condition. In total, we talked to eight young people (five from the Outpatients Department, three from in-patient sites), ten visiting family members (eight from the Outpatients Department and two from in-patient wards), and nine members of staff including those with nursing responsibilities and play/youth workers (three from the Outpatients Department and six from in-patient wards).

As we were only able to speak to a few in-patients, we have reported combined findings from the Paediatric Short Stay Unit and the Toni and Guy Ward.

Location

The Denmark Hill site of King's College NHS Foundation Trust is located in Camberwell, South London. It is well served by public transport.

Physical environment

Children's Outpatient Department

Our journey to the Children's Outpatients Department from the main reception in the Hambleton Wing was not straightforward. We were given directions by the receptionist to follow a corridor at the front of the building to gain access to a lift that would take us to the Department. On walking down the corridor we did not see any signs for the lift, nor did we feel that this was the correct way as the area had more of a 'staff' feel to it rather than being open to the public. Fearing we had misunderstood the directions we went back to the reception to ask for clarification. We were given the same instructions and later found a small lift tucked in the corner of the corridor.

The Outpatients Department was located on one floor, with three waiting areas accessed by one corridor. Outpatients were moved from an area labelled 'A' to 'C' before being called to their appointment. Our team and a first time visitor we spoke to were unclear why this

system was in place; there was no notice to provide an explanation.

Recommendation 1

Ensure the journey from the entrance of the Hambleton Wing to the Outpatients Department is clearly signposted for visitors. Appropriate signage should be displayed to guide visitors to the lifts from the main reception desk of the Hambleton Wing. We would also suggest labelling the waiting areas as 'waiting area X' and encourage the Department to explain the movement of patients through the waiting areas (through a visual aid or verbal explanation) to aid the understanding for first time visitors.

Provider response

We recognise that some people have difficulty locating the Variety Children's Hospital Outpatient Department and the matron and clinic manager are speaking to facilities to see if we can get additional signage specifically from the main entrance.

Regarding the waiting areas we had not considered a lack of understanding why patients were being moved and now all staff are asked to explain they are going to a waiting area closest to the staff they need to see in clinic.

For signage regarding waiting areas we are theming each area to support the "name". For B there will be wall stickers of meadows and Bee's and we hope a line of Bee's that lead to it. C will be the Sea, with a line of



fish. The stickers themselves will not be too cartoon based so should strike a balance between young people and younger patients.

The environment was clean and warm, and there was a lot of natural light which made it feel less like a hospital. Waiting area A was the most spacious waiting area. The reception desk was visibly situated and signed. There was plenty of colourful and comfortable seating. Waiting area B was significantly smaller in size and we felt this area to be considerably awkward if parents had buggies or if small children needed space to play. The ceiling was cracking and wet, and some of it was falling off which was unpleasant to see. Waiting area C was more private and only contained seats; the atmosphere was comfortable and calm. We felt that the overall décor and colour schemes needed more planning. The waiting areas were very dull with no colourful posters and the black and white ones displayed were hard to read.

Recommendation 2

Repair and re-paint the ceiling of waiting area B as soon as possible.

Provider response

This has been requested via maintenance and the Matron is escalating the delay in line with ongoing rejuvenation of the area.

We did not visit the consultation rooms, but from the corridor they appeared to provide confidential space. The corridors were clear

of trolleys and equipment which made the atmosphere calm and the space easy to navigate.

Patient toilets were easy to find and were clean and tidy. One toilet was spacious enough for wheelchair users. The baby changing facility was clean and there was a space for breastfeeding. The water dispenser in waiting area A looked a little worn and dirty but the water was cold. There was no vending machine.

Paediatric Short Stay Unit

The Short Stay Unit is situated above the Clinical Decisions Unit, adjacent to the Emergency Department in the Denmark Wing and is accessible via stairs and a lift. On entering, there is a multifunctional space that serves as a waiting area, play area, and houses the staff lockers and some equipment. There is a separate room that is used for multiple purposes: as a medicine store, a treatment room for blood tests/drips, a space to conduct multidisciplinary team discussions and as a clinic in the mornings. The ward has five beds.

The waiting area was clean and bright and had comfortable seats. The walls were covered with several engaging displays of information (see 'information display' section below on P.8). The ward was clean but smelt quite clinical on entering and was dimly lit. The area felt small for the number of staff, patients and visitors using it; the reception area felt particularly crowded. The bathroom



was clearly labelled and clean inside. Curtains between beds maintained the privacy of each patient and their visitors. One parent showed us a 'comfy' foldaway bed that they had used the night before. Our Enter and View team felt that although the décor was colourful, the themes of fairies and pirates was more child friendly than young person friendly.

Toni and Guy Ward

The reception desk was visibly located in a small area towards the front of the ward. Each ward had clear signage as well as a different picture on the wall to help identify which one it was.

Generally speaking, the ward felt child friendly with lots of colours and pictures. It was clean and warm. There was a room with multiple beds and curtains for privacy, and five individual rooms for those who needed isolation. Our team felt that the quotes and pictures of previous patients on the wall enhanced the welcoming feel of the ward.

The individual rooms were reasonably sized with a TV, space for visitors to sit and a cupboard for belongings. There were many sinks and hand sanitisers and we were reminded several times to use them, as well to put on aprons and gloves on entering rooms. Nurses all wore colourful aprons. Each individual room had their own bathroom. Though we did not enter them, we were told by a patient that it was nice to have a bathroom to themselves.

Recommendation 3

All sites: Involve young people in reviewing the overall feel and décor in terms of colour and themes to identify ways in which the existing space could be made more young person friendly.

Provider response

We are in the process of creating a Youth Forum for Young People to be actively involved in making decisions such as how to improve the environment. We are specifically trying to remove any stickers that are aimed at the very young and provide a more neutral environment suited for all age ranges. On the Paediatric Short Stay Unit we intend to make the 2 bedded area more Young People friendly. We will be seeking the input of Young People in doing this.

Entertainment

Children's Outpatient Department

Our team felt that the entertainment available was geared towards the needs of children below seven years; we saw several young children playing happily. Waiting area A had a small playhouse and a shelf stacked full of books and toys. We found a few toys in waiting area B and books scattered around the window area; we also found a toy truck with a broken plastic edge that felt sharp. We observed a playworker and volunteer returning with a pool table that they had taken to the wards for the afternoon. There was a TV in waiting area A but the volume was muted and the channel was showing a current



affairs programme rather than something geared towards children or young people. Even though the TV was on, neither parents nor children were paying attention to it.

A few young people we spoke to said that they used their phones for entertainment, though one person still described the waiting as “a bit long and boring”. Although Wi-Fi was freely available, another young person feedback that they did not know how to access it. Young people suggested that magazines or board games could be made available.

Recommendation 4

Staff should regularly review the waiting room to ensure books and toys are tidy and in a suitable and safe condition.

Provider response

The Matron is currently looking at making rota adjustments so that two staff will be allocated the role of overseeing the waiting area. In the meantime a staff member will be allocated to this on a daily basis.

Recommendation 5

Create and display posters that publicise the available entertainment for young people. The information provided should include Wi-Fi access codes, signposting to ‘apps’ or other websites with health information relevant for young people and where snacks or drinks are available. If appropriate, we also suggest there are instructions on how to change the TV channel.

Provider response

We are in the process of creating a Youth Forum for Young People to be actively involved in making decisions such as how to improve the environment.

In-patient wards

In the In-patient wards, we found a range of entertainment available including free Wi-Fi access and games. In the Toni and Guy Ward we saw TVs in bedrooms and iPads on loan and in the Short Stay Unit staff informed us that personal portable DVD players were available as each bed bay did not have personal TV screens. We saw a TV screen in the waiting area of the Short Stay Unit but it was not switched on.

Each ward had a space for play which contained toys and books predominantly for children under the age of 11, and sets of small plastic tables and chairs. The larger play area in the Toni and Guy Ward also contained a dolls house, a games console and a table with two bigger chairs for older children/ adults. In line with the Enter and View team’s feeling that the rooms felt quite childish for young people, an adolescent patient commented that it might be better to separate the room in two to reflect age differences. We also felt that the temperature in this playroom was too cold as we saw a young boy wearing a coat and playing.

Recommendation 6

Staff should regularly monitor the temperature of the playroom to ensure it is appropriately warm.

Provider response

This comment appears to relate to the play space on Toni and Guy Ward. This is an ongoing problem with the air conditioning and heating system. It has been escalated to maintenance on several occasions but due to the need for a major re-do of the air conditioning system for the whole block this has been delayed. We are requesting regular updates. We will continue to highlight this as an issue until resolved.

The hospital runs an in-house school to support young people to continue with their education, and employ play specialists and youth workers who often take play equipment to the wards. We saw a young person playing 'Connect 4' with a staff member.

Staff told us that young people were generally happy once they had Wi-Fi access and rarely saw young people without a phone. One patient suggested that young people may need a phone charger if they forget to bring one; staff told us that they had a collection of chargers available from patients who had left them behind. Staff feedback that older children get bored and could benefit from more technological gadgets being made available.

Adolescent Rooms

We were briefly shown two 'adolescent rooms' (one next to the Outpatients Department and one within the Emergency Department). Staff explained that these rooms were intended to be a space where young people can get away from the hospital environment to spend time by themselves, or with visitors or a youth worker.

All three rooms were quite small in size, well-lit and clean, but did not feel particularly welcoming or youth-friendly. Each was slightly different and we felt that more consistent approach could be taken in getting the right 'feel' across the spaces.

Our Enter and View team were positive about:

- Quotes on walls which were written in attractive fonts and colours, and encouraged young people to be reflective
- A leaflet rack available in one of the rooms with information on local services e.g. Well Centre in Lambeth, support for domestic abuse, the youth service Redthread
- Equipment such as a dartboard, desktop computer and a games console.

We felt that the following areas could be considered for improvement and would benefit from consultation with current adolescent patients:

- The walls were often painted in very bold colours such as dark green, red and blue. These were not particularly calming and could make the space feel claustrophobic.
- Two posters were randomly stuck to a wall in one room which suggested to us that little thought had gone into deciding what might be useful for young people to know. Information needs and displays should be reviewed to ensure they are relevant and appealing.
- We suggest that the room is modelled on a 'family living room' as it is likely to be the closest young patients can get to feeling 'at home'. The team felt that softer furnishings could be sourced e.g. wooden table, bookshelf, comfy chairs and plants to 'warm' the environment, rather than the small metal office table and brightly coloured plastic chairs we saw in some of the rooms.
- Entertainment for young people such as magazines, a pack of cards or a small foosball table would be welcomed.
- Youth and play workers told us that they normally worked from 8.30am - 4.30pm. They would like the adolescent rooms to be open until 8.30pm because they find that young

people often get bored at night. They also suggested that the TV screens in wards should be used to advertise the range of opportunities and facilities for young people available within the hospital.

Recommendation 7

Young people should be supported to work collaboratively with staff to review the physical set-up and use of existing adolescent rooms. We suggest a small project team be created to manage a review that seeks feedback from adolescent patients as to their priorities and preferences in the following areas: overall décor, colour, furnishings, entertainment, information needs and displays, and accessibility with respect to opening hours. Actions to be taken forward should be based on open discussions about the review's findings and available budget.

Provider response

We are in the process of creating a Youth Forum for Young People to be actively involved in making decisions such as how to improve the environment.



Noise

In-patient wards

Young people and family members who had stayed overnight commented that it can get very noisy saying "you can constantly hear things in the corridors". Another patient described feeling unsafe during the night because she would hear footsteps but didn't see anyone. She said "it was a bit scary, there was lots of running around. I didn't know how to turn on the lights so I stood out on the corridor until my mum came back. It felt like 30 minutes. The nurses have showed me where everything is now and how to call them".

Recommendation 8

Staff should ensure consistency in explaining to patients, especially young adolescents, as to how to navigate their bed bays including how to turn on lights and how to call or find staff members at night.

Provider response

This is explained to young people and their patients as part of the admission process.

Staff explained that patients are warned about the likelihood of noise when they arrive and are provided with earplugs; we saw a bag of earplugs hung on a wall. A family member suggested that the hospital could provide young people with headphones both to help keep noise from their electronic devices to a minimum when young children have gone to

sleep as well as aiding young people to drown out noise at night.

Food

In-patient wards

On discussing the quality of food, two young people said they were happy with the choice and quality of food, but another was considerably less satisfied. She explained that she didn't eat much of the food because the menu wasn't easy to understand: "I didn't understand what to choose. There was 'roast' on the menu but I didn't know it was chicken. When I asked the staff, they said "it's like Christmas roast".

Recommendation 9

Menu options should clearly identify what the main ingredients of the dishes are so that young people from all cultures understand the available choices.

Provider response

There are multiple language and cultural menus available should young people wish to view these". The hostess staff should offer these but as a part of the admission process we will now ask staff to inform families of this option and encourage them to ask for them if they are not offered.



Staff training, skills, attitudes and values

We asked patients and family members what they thought of the care provided at the hospital. All 11 families whom we spoke to responded positively describing the care as: “very good”, “excellent”, “nothing I can fault; really good job!” and “the treatment is great”.

Children's Outpatient Department

Patients and their families described staff as being “helpful”, “nice”, “informative”, “knowledgeable”, “caring”, “welcoming” and “understanding”. We saw staff calling patients for their appointments and noted that they spoke calmly, with a soft tone of voice and seemed considerate of the patients and their situations. We also observed a staff member enquire as to why a father and daughter had been waiting for a while, and saw them return to explain what had happened and why they were waiting.

However, one parent shared a negative experience regarding staff behaviour which concerned the care of a friend's young child. The child has autism and wears a diaper as a result of the condition. Both she and the child's mother were shocked at the cruel nature of a nurse who made fun of the child for wearing a nappy when they came in for an appointment. We were unsure as to whether a formal complaint had been made.

Recommendation 10

Information relating to the care values that guide staff behaviour should be publicised for patients and their families. Advice as to how to make a complaint should also be provided to empower visitors to take action if they are unsatisfied with how they have been treated.

Provider response

Information about the Trust values is displayed on the hospital website and around the hospital. There are also complaint forms at the front desk or these can be sourced by clinic staff. Clinic staff also know how to contact the senior nursing team in the event of a complaint and should do so.

The team are proactive in trying to address any issues regarding concerns over care face to face to try and avoid the need for a complaint. However, advice is made readily available to young people and their families should families wish to make a complaint and they are re-directed to our Patients Advice and Liaison Service (PALS).

In-patient wards

People told us that they found staff to be “helpful”, “very consistent”, “lovely”, “caring”, “happy” and “cheerful”. One parent elaborated: “They are always checking if X's in pain and if X needs pain relief. They are always checking if X needs a drink”. A young person told us they liked the service because



“they helped me and took me downstairs to take a walk”.

One young person felt scared of the cleaner explaining “I dropped a pencil pot by accident because I couldn’t stand up properly and he said “What’s the matter? What’s wrong with you?” He didn’t say it in a friendly way and I got scared. I didn’t feel comfortable saying anything to anyone”.

Recommendation 11

Explore the need for young-person specific training for non-clinical support staff. Although clinical staff have experience and training for working with children and young people, it may be equally important to train non-clinical support staff such as cleaners as well.

Provider response

The Trust held a stakeholder event on 3rd October 2016 called “Growing Up with Kings” which was attended by over 50 Child Health staff. This day concentrated on thinking about how to improve care for young people at King’s College Hospital including thinking about why young people are different.

We were told by nursing staff across all three sites that they are given general training regarding working with children and young people as part of their broader professional training course; none had attended any specific training focussed on young people. The teacher and youth worker at the school said that they had appropriate training and a

lot of experience of working with young people from previous roles.

Transition to adult wards

Staff feedback that the automatic transition to adult wards for young people came too early and should be pushed back from 16 to 18 years, in line with how the education system works. Apart from lacking a transition period and being an abrupt change particularly if a patient had grown accustomed to the children’s ward, staff noted that young people’s interaction with staff shifts significantly on such a move “it’s really different, the staff ratio on the adult wards is much lower so their treatment really changes”.

Confidentiality and consent

When we asked staff about their understanding about confidentiality and consent we were routinely informed that training on confidentiality and safeguarding was a mandatory part of their induction and that there was a requirement for refresher training. Staff members across all sites explained that confidentiality was on a ‘need to know basis’ and that an alert would be made to their safeguarding lead if they identified any concerns.

Patients told us that they trusted staff and were able to identify someone whom they felt comfortable talking to, should they need to. Although we saw posters relating to confidentiality and privacy, the adolescent patients we spoke to did not refer to them.

Information

Information about treatment and care

We were told by the majority of young people and families that staff shared information about patients' treatment plans, communicating it in a way that was easy to understand. One patient said "yeah they've given me enough information, all the doctors have explained things"; and a parent feedback "we've been given a lot of information. They've explained everything really well."

Only one patient suggested that she didn't really know enough about the care she was receiving and that she'd "like to know more information because sometimes it's not easy to understand. The doctor used a lot of big words". She also felt that she would feel less scared about going for the required procedure if she was given more warning before she was taken for a blood test or a scan.

Information displays

In general, we felt that information provision could be significantly improved in terms of organisation and accessibility.

Children's Outpatient Department

We observed:

- posters about hospital fundraising, Sickle Cell Anaemia, flu vaccines, weight converter charts, waiting times, how to give feedback, research studies and a map of the world
- that the size of the text was often too small to draw attention to the

content, and the content on some leaflets aimed for young children was far too much

- information about Epilepsy in a standalone display unit in waiting area B that was inaccessible to patients as it was stuck behind chairs; a 'streetwise' Diabetes leaflet stand was also available but pushed into the corner of the room
- that most of the information was printed in black and white
- that all the information was only available in English.

We were told that the ward did not have access to colour photocopying which makes it difficult to make information stand out.

In-patient wards

We saw:

- a noticeboard with photographs and job titles of the ward staff
- colourful collages centred around encouraging play at the hospital
- that the majority of the posters and leaflets were aimed at younger children (letters of the alphabet, numbers) and parents (information about common ailments such as upset tummies and dehydration)
- posters for teenagers covering themes such as confidentiality, patient feedback, and patient rights displayed in the children's play area; these were surrounded by other posters aimed at younger children which



meant that they could be easily overlooked. We did not see any young people using the playrooms during our visit.

Recommendation 12

All sites: Create a 'teen wall' and place posters of interest for adolescents in areas where they will be seen. These could include relevant information on issues such as patient confidentiality and consent, mental health (dealing with stress, anxiety and feeling down), sexual health, how to provide feedback and possibly outline some of the young person specific entertainment and equipment that is available within the ward (i.e. access to the Wi-Fi password, DVD players, headphones, phone chargers etc.). We would suggest that the font size, contents and design are reviewed so that they are appropriate and appealing for the target audience.

If young people are unlikely to be mobile within the ward or cannot move to the available display wall, we suggest creating a small information pack for each bed space (possibly laminated so that it can be used again) so that the young person could flick through it at their convenience.

Provider response

Following this useful feedback a teen wall is being created on the noticeboard adjacent to the Young Person's room by Shakira Lawal, Youth Worker.

Young people's involvement in monitoring and evaluation of patient experience

Children's Outpatient Department

We were unclear as to the consistency with which feedback from young people was sought and used to improve service delivery. We were pleased to see posters in the adolescent room with slogans such as 'learn about your rights' and 'get your voice heard' and a poster asking for feedback although it was stuck behind a display unit in one of the waiting areas.

But we heard mixed feedback from patients and their families with some saying "this is the first time I've been asked for my opinion" and others saying "they do take on board our views". We did not see a suggestion or complaints box but patients told us they would know who to talk to should they have feedback to provide.

In-patient wards

Staff told us that each patient is encouraged to complete a 'how are we doing' survey at the time of their discharge; we saw posters for this in the waiting areas. Survey responses are analysed centrally and the results are sent separately to each ward. At the Short Stay Unit we were shown a table of numbers printed in black and white on one of the noticeboards. A series of percentages were written on several rows, but unfortunately each row was labelled with the number of the



question rather than the question itself so we were not able to make sense of the table without someone explaining it to us. Staff here told us that most of the responses were extremely positive. Previously they were alerted to feedback requesting more toys to be made available and since acting on that recommendation, they have not had any further suggestions for improvement.

We noted a poster in the adolescent room situated next to the Outpatient Department that publicised a competition to rename the room and design the sign. This seemed like a good initiative, and was inclusive as it also gave staff a chance to the vote for their preference.

Staff members seemed very open to receiving feedback, with one saying "I want to hear their [young people's] ideas and how they want to develop this space". Highlighting the importance of closing the feedback loop, she said "I think it's really important that young people know and see the results of what you guys [Healthwatch] are doing. People come around all day and ask them questions about things but they never find out what happened with that information".

Patients we spoke to said that they hadn't specifically been asked for their opinion but they too felt comfortable approaching staff to talk through issues that may worry them.

Recommendation 13

All sites: Make feedback results from the 'How are we doing' survey more visible using colour, and easy to understand by clearly labelling questions and using charts. Use 'You Said, We Did' displays to communicate how the service has acted on feedback in order to show that it is valued.

Provider response

This will be discussed at the Ward Managers meeting.

Recommendation 14

All sites: Make suggestion boxes available in each site, and display posters that encourage patients, families, visitors and staff to provide comments, compliments and suggestions to improve. These should emphasise that feedback should be given immediately rather than waiting until the end of a patient's hospital stay.

Provider response

We will put up posters regarding immediate feedback and this is being discussed with the senior nursing team at the Ward Manager's meeting to ensure parity across all areas. Currently the ward managers and senior staff do "Face to Face" with inpatients on a daily basis to encourage feedback. To encourage all patients (including outpatients) we are looking at additional signage/posters as suggested in your recommendation.

Accessibility

The majority of accessibility issues we heard were from parents who were accompanying their children to the services, rather than young people themselves.

Distance

A few parents highlighted that attending the Children's Outpatients Department was time-consuming given where they live and that they would prefer to be seen closer to their home. We were unsure if these families were attending specialist appointments.

Appointment times

Two parents discussed difficulties with appointment times in relation to juggling work commitments and scheduling during school hours, which is a problem if your child needs to be seen often. A mother whom we met in the Outpatient Department feedback that she would have liked more information when appointments were cancelled as the letter she received informing her of a change provided no explanation. She also felt that as she had to reschedule her calendar, a choice of appointments could be offered.

Visiting times

Parents of children admitted to an in-patient ward appreciated the hospital having arrangements for one adult to stay overnight with their child, and therefore had no comment on the suitability of the visiting times.

Parking

Another parent told us that "trying to find parking is a nightmare anywhere close to the hospital". They felt that the hospital should have a designated space for outpatients who are likely to stay for a shorter time than family and friends who are visiting in-patients.

Conclusion

In summary, the significant majority of the patients and families we spoke to felt that hospital teams across the three sites delivered high quality care and were positive about their interaction with staff, considering themselves well-informed about the care and treatment that they were receiving.

While we could clearly see the effort that had been made to make the physical environment child-friendly, we felt that more could be done to cater for the needs and preferences of young people. These were particularly in relation to how information is presented and made appealing, the choice of entertainment available and changes to the décor of the adolescent rooms to make them more youth friendly.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff on the two wards we visited for their patience, courtesy and openness during our visit.



Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

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Ensure the journey from the entrance of the Hambleton Wing to the Outpatients Department is clearly signposted for visitors. Appropriate signage should be displayed to guide visitors to the lifts from the main reception desk of the Hambleton Wing. We would also suggest labelling the waiting areas as 'waiting area X' and encourage the Department to explain the movement of patients through the waiting areas (through a visual aid or verbal explanation) to aid the understanding for first time visitors.

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Recommendations

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Explore the need for young-person specific training for non-clinical support staff. Although clinical staff have experience and training for working with children and young people, it may be equally important to train non-clinical support staff such as cleaners as well.

Recommendation 12

All sites: Create a 'teen wall' and place posters of interest for adolescents in areas where they will be seen. These could include relevant information on issues such as patient confidentiality and consent, mental health (dealing with stress, anxiety and feeling down), sexual health, how to provide feedback and possibly outline some of the

young person specific entertainment and equipment that is available within the ward (i.e. access to the Wi-Fi password, DVD players, headphones, phone chargers etc.). We would suggest that the font size, contents and design are reviewed so that they are appropriate and appealing for the target audience.

If young people are unlikely to be mobile within the ward or cannot move to the available display wall, we suggest creating a small information pack for each bed space (possibly laminated so that it can be used again) so that the young person could flick through it at their convenience.

Recommendation 13

All sites: Make feedback results from the 'How are we doing' survey more visible using colour, and easy to understand by clearly labelling questions and using charts. Use 'You Said, We Did' displays to communicate how the service has acted on feedback in order to show that it is valued.

Recommendation 14

All sites: Make suggestion boxes available in each site, and display posters that encourage patients, families, visitors and staff to provide comments, compliments and suggestions to improve. These should emphasise that feedback should be given immediately rather than waiting until the end of a patient's hospital stay.

Healthwatch Lambeth

336 Brixton Road
London, SW9 7AA

Tel 020 7274 8522
Text 07545 211 283

info@healthwatchlambeth.org.uk
www.healthwatchlambeth.org.uk/enterandview

Registered charity no: 1153444

Registered company in England and Wales no: 8430436

