



DE MORGANNWG | SOUTH GLAMORGAN

CHC Visit Report
(Announced)

Island Ward
Children's Hospital for
Wales, Cardiff

Date: 8th August 2022

Accessible formats

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Your Community Health Council

Community Health Councils (CHCs) are the independent watchdog of NHS services within Wales, and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development, and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families, and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the “Public & Patient Voice” within Cardiff and Vale of Glamorgan.

Visit Overview

Two members of the CHC visited Island Ward, Children's Hospital for Wales, Cardiff on Monday 8th August 2022 at 2pm.

The purpose of the announced visit was for the visiting team to observe the environment, quality of service provision being provided on the Ward and to gather the views and experiences of the patients, carers, and visitors whilst on the ward and wider site.

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- ❖ Ward Sister

Briefing Information

Management Arrangements

The Island Ward, Children's Hospital for Wales (CHfW) is a part of the Children and Women's Clinical Board and sits within the Children Hospital for Wales Services Directorate. The area is managed by a manager.

Introduction

Island Ward provides both secondary general Paediatric services and specialist Tertiary level care, including services such as Respiratory, Rheumatology, Immunology and Neurology for children from the ages of 0-16.

Capacity

The ward is a 24 bedded Paediatric Acute Medical ward and is currently working at full capacity.

Capacity can be restricted due to staffing constraints, level of acuity of patients or the physical ward environment. There are no concerns in relation to capacity and demand.

Over the preceding 3 months, December 2021 to February 2022, activity has been admissions of 560, occupancy 77%.

The ward provides Tertiary services for Cwm Taf, Hywel Da, Swansea Bay, Aneurin Bevan and Powys Health Boards. The ward has no repatriation issues.

Staffing

The wards' Nurse staffing levels are 7 Registered Nurses and 2 Healthcare Support Workers.

Its' medical cover is:

Daytime – General Paediatric have teams that support all ward areas and the children assessment unit. Across the CHfW we have 8 Senior House Officers, 3 Registrars & 2 Consultants (to cover all areas including Children's' Admission Unit) for General Paediatric, and 6 Senior House Officers and 6 Specialist Registrars for specialties.

OOH – General Paediatric have 1 Senior House Officer, 1 Registrar and 1 Advanced Nurse Practitioner who cover the wards, Children's' Admission Unit and Paediatric Emergency Department. In addition to this there is one Senior House Officer and Registrar for specialties out of hours covering the same wards but a different set of patients.

The ward is currently running with no Nursing vacancies. There are ongoing challenges with rota gaps in General Paediatrics and Specialty Paediatrics. These numbers fluctuate with each rotation. This situation is alleviated by:

Nursing - if Nursing vacancies arise these are covered by a combination of overtime, bank & agency.

Medical - known gaps in the medical rota are covered by locums. Where a gap is known in training posts the Health Board will make Clinical Fellow appointments.

In addition to the above core staffing, the Ward is also supported by a full range of Allied Health Professionals, Pharmacy and Play Therapists.

Opening/Operating Arrangements

The wards' opening/operating arrangements are as follows:

- ❖ Open 24 hours
- ❖ Breakfast 08:00, Lunch 12:00, Tea 17:00
- ❖ Open visiting for 2 parents

- ❖ Currently due to COVID implications we only allow two parents, we do not allow the wider family to visit unless there is extenuating circumstances.

Environmental Improvements

Island ward is located within the footprint of Phase 2 of the CHfW. This is a relatively new build therefore, there has been no estate/environment improvement work required.

Initiatives

We currently provide psychology input to the team working on Island to provide support to them following some very complex long term.

Concerns

Over the last 18 months we have faced huge challenges accommodating an increased number of Children and Young people who are in acute mental health crisis or are displaying deregulated behaviors. Due to the lack of appropriate provision with the community settings many of this patient population end up have prolonged stays and delayed discharges and remain in the acute Paediatric wards for far long than is necessary or that is in their best interests.

Patient Engagement

We spoke to a total of 5 parents and 2 patients (in the presence of parents; one aged 13 and a frequent patient; the other aged 14 and their first stay).

All the parents were very complimentary about the care given by Nursing and Therapy staff, and about the facilities for parents, E.g., the opportunity to stay overnight, and the provision of a parents rest and shower room. They all felt very supported, and two parents commented specifically on the wide range of Physiotherapy, Speech Therapy and Dietitian support which was of considerable help to their child. The Play Therapists were also complemented. One parent of a frequent visitor to the ward compared the excellent help which was available as an in-patient to the problems they had in accessing community nursing help, which they said was "always a massive fight". Another parent commented on the excellent support from Doctors and Nurses and made a particular reference to pain control.

One parent commented that wi-fi is variable in the unit, depending on which area you were in, and another parent and patient commented on the absence of a TV in their single room. Another parent was in a single room with only one uncomfortable chair (not an easy chair) to sit in all day. Apart from this, the parents and patients were pleased with the environment and facilities on the ward.

All parents and patients we spoke to appreciate the more relaxed visiting hours which had returned following Covid. They said grandparents and siblings were now allowed to visit, and one patient was pleased to receive a visit from their best friend.

The ability for one parent to stay overnight was welcomed by all, and one parent mentioned that they had also made use of

the Ronald McDonald patients' hotel which was also very useful.

The 13-year-old patient was due to be discharged that day. When we entered the ward, they were very keen to get home but was waiting for their medication from Pharmacy to take home. The patient was still waiting when we left the ward about an hour and a half later and was inevitably getting very fed up.

Only one of the patients we spoke to was asked about the food, as the others were fed by tube. They said the food was very nice, especially the macaroni cheese. We noticed that unfortunately parents are not able to be offered meals from the trolley on the ward, as there is no funding for this. They must leave the hospital or visit the Concourse to get a full meal. The parents did not comment on this, but we felt that maybe this is something which might be considered on children's wards in the future.

Environment

The Children's Hospital is reasonably easy to find and on entrance there is clear signposting to individual wards on different floors. There was also a reception area with a volunteer who was able to direct us. There was a secure card entry and exit system on the ward.

On entering Island Ward, it is noticeably bright, cheerful, and airy with colourful designs and decorations on walls and corridors. It is clearly an environment purpose-designed for children. The ward was peaceful and calm even though there were several patients, staff, and parents.

The ward can accommodate 24 patients in a mix of 4-bed, 2-bed, and single rooms. There is provision in some areas for parents to stay overnight, sleeping beside their child in a single bed. There is also a large family bay with a double bed where parents can stay together to learn about long-term care of chronically ill children.

A parents' rest room is at the bottom end of the ward and enables parents to make hot drinks and snacks and to take showers and rest away from the clinical areas. This facility is supported by the Noah's Ark Children's Charity and was used by all the parents we spoke to.

There is a specific playroom with an abundance of toys for all age groups, and we met 2 Play Therapists who work in this area. In the 4-bed bay there is a large TV and console and a huge selection of games and DVDs. Unfortunately, not all the rooms have a working TV, and one parent did comment that this would be a problem if a child did not have access to an I-pad for entertainment.

There is plenty of clinical and other information on display, and there is a large notice board on the wall with pictures and names of all the staff.

Interaction with Staff

On arrival we met with the Ward Sister, and although previously she had not been aware of our planned visit, she was available and happy to spend time with us. She explained that the ward has capacity for 24 patients and had 20 patients at the time of our visit. There are 7 qualified Nursing staff and 2 Healthcare Assistants (sometimes increasing to 3 when additional help is needed to care for mental health patients). The ward also has 2 Play Therapists, and is supported by Physiotherapists, Speech and Language Therapists and Dietitians. A qualified teacher visits in term time to help school-aged children.

A child Psychologist has been available for Children and Adolescent Mental Health Services [CAMHS] patients but this funding has now come to an end.

Although there has been some staff turnover, there is currently a recruitment drive, and the ward will very soon have its full complement of Nursing staff.

The biggest problem on the ward is the number and type of seriously ill children with mental health problems. This has worsened during Covid when it seems that support in the community was largely withdrawn leading to a worsening of children's conditions. These patients are now also needing longer stays in hospital, and one child had been on the ward since last October. This is a challenge for Nursing staff, as often the children require one to one care, and need to be in single rooms, and sometimes they present with challenging behavior which the staff do not always feel equipped to deal with. In particular, only 34% of current staff have received training in dealing with aggression, and this training isn't specifically geared for dealing with children.

The Ward Sister and staff feel that this situation could be partially helped if a few single rooms in Jungle Ward (on the same floor) could be made available specifically for CAMHS patients. (This ward was closed during Covid and is now used only for clinical skills training). This would release more single rooms for general Paediatric patients on Island Ward and would enable the CAMHS children to be cared for in a safer and quieter environment.

This problem has been highlighted in previous reports in 2016 and 2018 but has worsened because of apparent lack of CAMHS provision in the community.

The concerns noted above were highlighted by the CHC to the Health Board immediately following our visit, and the following response was received:

- *We recognise that the UHB's Violence & Aggression training does not meet the needs of children and young people admitted with emotional distress. It is complex as there are different cohorts of children and young people presenting with emotional distress, some of whom need a trauma informed approach (supported by clinical psychology/ CAMHS therapists /nurses) and some who require a positive behavioural support plan (supported by learning disability psychology and nursing). The Children's Hospital for Wales team are currently in the process of purchasing bespoke training from the British Institute of Learning Disability (BILD) which is highly accredited and will equip staff to manage patients more appropriately and safely. The Personal Safety Advisor is leading on this. Additional psychology support to provide a trauma informed approach is also being provided and staff have access to psychology /OT to develop individual care plans for some of the most challenging patients.*
- *We are also employing additional Band 3 and 4 health care support workers have been employed for the Children's Hospital to support these patients. The model is still*

embedding but they will report to a Band 7 team lead and are receiving training in CAMHS. This will work more effectively than HCSW's on the wards being asked to provide 1:1 support.

- Jungle was utilised to accommodate one of the children with significant behavioural issues due to extreme trauma induced behavioural dysregulation in the spring. After four days and at the staffs request it was decided to be in the best interest of the children and the staff to cohort them all in Jungle. The trial of using both Island and Jungle taught us, that it made safely staffing the areas more of a challenge as the team were spread across two areas, with the staff on jungle reporting feeling particularly isolated. Jungle was found to be less appropriate as a physical space for these Children's and, posed more of a risk to staff and patients alike than the original area identified on Island Ward. A piece of work is being led by the Director of Nursing for Children and Women's Clinical Board to understand the most appropriate physical facilities for this type of Children's needs, and two bed spaces (ward as yet to be determined) will be refurbished accordingly to support any future admissions of children with these very specific needs. In addition, we have recently submitted a bid to WG Looking at workforce model for Safe Space for assessment in EU for this cohort of children- provided costs for an initial proposal, this team would form part of the CAMHS Intensive Home Treatment Team which is newly developed and more able to provide intensive support in community than the CITT team. They would be hospital based, and thus can support children admitted to the ward as appropriate, but primarily will provide intensive outreach such that these children and their families have the confidence to remain cared for in our communities, rather than in an inpatient setting.*
- The team at the Children's Hospital have worked tirelessly over the course of some extremely protracted admissions to best meet the needs of these complex children. In parallel with this as a Clinical Board Team we have been working*

very closely with local authority colleagues to shape the future workforce model, and community facilities and care packages and commissioning for the future. The environment on the ward we know is a negative trigger for CYP in emotional distress and we know this can be detrimental to the care of other CYP admitted for medical care, hence the use of a safe space being explored.

- A weekly Multi -agency operational meeting is attended by nurse Senior / Lead Nurse and Children's Services Managers and a CAMHS rep. At this meeting discharge planning is jointly progressed and any issues with communication across agencies picked up. This supports the ward staff as it takes away the need for them to have to try and escalate issues to CS.*
- There is also an Emotional Mental Health Project Board which is a multi-agency group working on the pathway for CYP with EMH issues. This is well represented by health.*

There is a lot we can learn from these last few months, both in terms of how we support, train, and develop our staff, the very specific needs of these children in terms of expertise and the physical environment and how we commission appropriate care for these children in the community in partnership with LA colleagues. To this end, I have arranged for two debrief sessions for the team on Island over the course of September. These sessions will be independently chaired by our Consultant Clinical Psychologist and be a safe space for our team to re-lect upon their experiences over the last few months. These will be followed by action learning sessions whereby we can harness the learning to improve experience for patients and staff alike in future. These sessions too will be held in September.

Summary of Visit

Positive Findings

1. Very clean, bright, friendly environment, purpose designed for children
2. All parents/patients complemented the Nursing staff and care provided by all Therapists.
3. Staffing levels are good at the moment and staffing is specific to Paediatric care, including Play and Speech Therapists, Physiotherapists, and teaching support
4. Good provision for parents to stay overnight
5. Visiting has been relaxed from previous Covid restrictions

Negative findings

1. Care of CAMHS patients' problem is an on-going and apparently a worsening problem. There is a need for more single rooms to be opened, and for staffing levels and capabilities to deal specifically with CAMHS patients to be increased
2. Lack of TVs in some rooms
3. One single room had a not very comfortable chair for a parent who had been there for all day
4. Although there is a parents' room on the ward which parents can use for making snacks and hot drinks, there is no provision for parents to get a full meal on the ward.

Recommendations

1. Investigate as a matter of urgency whether part of Jungle Ward could be re-opened and staffed specifically for the provision of care for children with mental health problems.
2. Provision of increased training for Paediatric Nursing staff in the care of these children, especially in dealing with behavior issues and aggression.
3. Investigate the possibility of parents receiving hot meals from the ward trolley particularly where they are staying for a long period.
4. Request whether the Noah's Ark Charity may be able to fund the provision of fully working TVs in each bay, and a more comfortable chair in one single room.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.