APPENDIX B

NOTES OF HOSPITAL VISITS

Notes of Visit to Maternity Unit, RSH – 4 February 2011 (9 am to 12 noon)

Councillors attended:- Gerald Dakin (Shropshire Council), Veronica Fletcher (Telford & Wrekin Council) and Liz Parsons (Shropshire Council)

Also attended: Dianne Dorrell (Scrutiny Officer, Shropshire Council)

The Group met with Adrian Osborne, Head of Communications and Business Development and Sue Ellis, Senior Midwife for a tour of the Maternity Unit at the RSH which was built in 1969.

Neonatal Unit:

- Little space to store of Incubators (stored in one of the parent 'flats', otherwise stored out in corridors) and no onsite cleansing facility for incubators
- Have to have enough cots and incubators but no room to store them
- Staff share one toilet with 4/5 parents
- No neonatal unit currently at PRH, so unwell babies come to the RSH where there are neonatal consultants (There are about 2 or 3 a year)
- Unit was 70% full
- Neonatal Unit important to be retained in Shropshire, otherwise babies sent out of county
- RSH has expertise for very sick babies, using nitric oxide therapy
- 'Hot room' for first assessments was overcrowded with 6 cots
- Doctor was writing up notes outside on a trolley as not enough room in the ward
- 'Treatment Room' cluttered with stored equipment and difficulty to get round
- Has to be a self-sufficient unit as cannot borrow from other hospitals, so much was stored in large cardboard boxes in a storage area at the end of the ward where it was difficult to open up the boxes due to lack of space
- Linen was stored out in the corridor, and the baby clothes cupboard was in cluttered with piles of clothing
- Desk area was full with many using this area
- Cupboards in the Resource Room looked cluttered and this room was also used as a counselling room
- There was a small 'play area' at one end of the corridor that was just a small 'pen' with toys
- Feedback from patients indicates that they were pleased with the service and staffing expertise but the fabric of the building attracts negative comments
- In response to a question "If the unit transfers to the PRH would they have the expertise?" Recruitment and retention is difficult in city areas. Shropshire

differs with a mix of staff from across the county and so it is anticipated there would be no change if the unit moved to the PRH.

- Dr Alison Moore met with the group and expressed concern on the overall proposals for moving paediatric services to the PRH in that the RSH presented a geographical hub covering the north, south and Powys. Midwife-led units in Oswestry, Bridgnorth and Welshpool were only for low-risk deliveries and it was a concern of the RSH paediatricians if the service was moved to PRH
- Overall impression was the cramped conditions and shortage of space
- The Group noted there were triplets born in Liverpool that had transferred back to the unit but twins born in Cambridge could not come back as there was insufficient room which was distressing for the parents

Paediatric Unit

- A CPAP (Continuous Positive Airways Pressure) specialist respiratory machine had been installed 3 years ago, to save children with special respiratory problems going out of county for treatment
- The ward had been fully occupied all winter
- Dr Martin Rees met with the group who spoke of divided views amongst the clinicians, stating there had been a lack of openness and clarity on costings for the move whereby cost dictated acceptance of risks involved and he was concerned for patient safety. His concern was around the impact on babies being transferred by ambulance with a midwife out of hours when there would no longer be a service at the RSH available to assess and stabilize them. He added that Dr Andrew Tapp did not feel that a flying squad arrangement would work.
- There were3 cubicles for oncology. This normally worked well but when full children were treated out in corridors.
- The Rainbow Centre had been added to the Paediatric Ward 4 years ago, via the Lingen Davies charity. There were 2 family units for end of life care
- 25 patients were currently being treated and this number would accumulate as long term follow up care was extended over the next 3 to 5 years
- There were 3 oncology units and when there was an overspill patients were transferred back to paediatric cubicles
- Patients also came from Powys and Hereford
- There was a concern of the staff regarding the need for speed in administering anti-biotics, once diagnosed. Patients admitted in an emergency would need to be assessed and stabilised in a dedicated unit before being transferred on to the PRH, and without this at the RSH, there was concern for patient safety
- There was a multi-disciplinary consulting room which was cramped with lack of privacy
- In the paediatric assessment bay patient notes were being prepared on a bed
- There was one single operating theatre and when full, one of the 12
- delivery rooms was used which clearly provided insufficient space for operating

- There were 3 midwife-led delivery rooms at the end of the corridor
- There were insufficient post natal beds and the midwife-led units could be used if necessary

Basement

- This area flooded during heavy rainfall, flooding up through the drains caused by difficulties with the plumbing systems
- The area was used as a storage holding bay
- If a child needed to go to surgery, there was a 7 – 9 minute journey from the basement along a grimly 'decorated' and dimly lit corridor with exposed ceiling pipe-work and ducting, with water dripping and where flooding and deterioration was evidenced with walls showing water damage.
- Critically ill women were also transported to the main hospital along this corridor where they would pass the mortuary
- There was a storage area for files with a warning on how to protect and store against water damage in plastic crates
- The building did not meet building standards and even with some 'patching' would not last beyond 2020 and there was asbestos in the roof

Meeting with Head of Midwifery

- The Group retired to a 'meeting room' in the basement (where furniture also showed signs of water damage) to meet the Head of Midwifery at Shrewsbury, Cathy Smith who answered a number of questions:-
- 2% of women in Shrewsbury chose to have home births, 10% in Shropshire, and Oswestry was low at around .5% as women preferred the RJAH
- There should be no change in how the proposals will support home births. Women from the Oswestry in the north may prefer to go to Wrexham where there is a consultant obstetric to have Welsh births
- The additional travel time to the PRH will mostly affect those travelling from Oswestry and Ludlow
- There is a need for more midwifes for the welsh catchment area
- There will be 15 additional midwives recruited, 5 now and another 5 in April
- Some neonatal nurses did not want to work at Telford and so there would be a national recruitment programme with risk assessments being put in place should there be a sudden loss of staff
- The Hub and spoke model would continue with the hub moving to Telford and would be a mirror image of what was currently in place, accepting there were complex issues for those patients travelling from further afield. Further details discussions were needed with the Ambulance Service.
- The point was made that many sick children are already sent out of county for treatment but these proposals represented internal moves within county

- Additional Information: Sath had been invited to a meeting in April to join in the next phase of a national AAA screening programme as it was considered a suitable site but only if inpatient vascular surgery was on a single site

Notes from Visit to Princess Royal Hospital 14th February 2011 (2 – 5pm)

Present:
Cllrs. Veronica Fletcher, (Telford and Wrekin) Gerald Dakin part, (Shropshire Council Rosemary Chaplin part (Telford and Wrekin)

Officers: Adrian Osborne (SaTH, Head of Communication and business Development) Frank Hinde part (SaTH Consultant Paediatrician), Jo McMellon part (Children's Ward Manager) Cathy Smith part (Head of Midwifery) Jackie Copson part (Midwife) Chris Needham part (Head of Estates) Dianne Dorrell (Shropshire Council Scrutiny Officer) Fiona Bottrill part (Telford and Wrekin Scrutiny Manager)

Members met Frank Hinde, Jo Mcmellon and Adrian Osborne and were shown offices and consulting rooms in the pre-fabricated building. It was noted that this could be relocated which would create space for new build.

Members were shown the paediatric ward. This is located near accident and emergency and the x-ray department. It was reported that this is important when children are sedated so that the X-ray or scan can be taken before the child starts to 'come round'. It is also important that the ward is close to the theatres located on the floor above – there is good access to this floor from several lifts.

Members were shown a working document that illustrated a model to locate services. This would include a new build on to the maternity unit that would include neonatal services.

It was commented that gynaecology could move as this did not need to be located adjacent to midwifery services.

Paediatric oncology would be relocated on to the PRH site. A commitment has been made to provide services that are as good or better that the facilities at RSH. The ward at PRH would have an outside entrance and play area.

Currently a teacher spends time at both paediatric wards at RSH and PRH. Bringing the inpatient units on to one site would mean that better use can be made of this time. Better use could also be made of the play specialists. It was also commented that it would be good to have an adolescent unit – teenagers who are 16 or 17 can present with complex issues e.g. pregnancy, overdoses and alcohol. The ward currently has an adolescent room with a pool table which is very popular.

On the ward there are 2 bays with 6 beds each. This allows children over 8 to be in a separate bay in the majority of cases. There is a separate treatment room.

There is one high dependency cubical and second can be can. A third high dependency cubical can be made available but staff cover becomes an issue and the number of monitors available.

The ward has been designed and built to recent specifications – there was good storage space and working space for clinicians.

On there ward there are patient toilets and an assisted bathroom with a hoist. Children have access to television from 7am – 7pm free of charge. Parents can pay for the child to have television later but in the evening they use head phones so it does not disturb other patients.

All the cubicles have fold out beds that parents can use.

The larger cubicles at the end of the ward can be used to isolate patients. Children under one are usually isolated or children with infections that may spread. The room can be used to accommodate twins or siblings that both need care.

In total there are 26 bed spaces. Occupancy is labile it can range from 100% to 5%. The number of patients does not always determine how busy the ward is – it is also dependent on the case mix and the staffing cover this requires. PRH paediatrics rarely closes to patients and has been 'on take' for Wolverhampton and Hereford. The issues children and young people present with varies with the seasons. Most children present before 10pm. Figures for the number of resuscitations after 10pm were provided.

It was reported that there is a flexible approach for day patients on the ward but availability of a bed cannot often be confirmed until near the date. It takes less than 5 minutes from the ward to get to the theatres.

If there is an emergency for a child in A&E then a paediatrician can be 'bleeped'

It was confirmed that paramedics can give antibiotics. The paramedics are skilled as stabilising and transporting sick or injured children. It was recognised that the role of the WMAS is crucial in getting children to hospital quickly – the time waiting for an ambulance can be more critical that the travel time in the ambulance. This issue was reflected in the discussions at the recent public meetings on the proposed reconfiguration.

The children's ward does provide opportunities for paediatric training for paramedics – but this has to be balanced with the training needs of nursing staff.

A separate counselling room was available on the ward.

There was some discussion about the hospital at home programme for children. It was recognised that this services is limited and that there are about 35 children receiving this service. The nurse providing this service also does shifts on the ward. The expansion of this service is dependent on funding.

Neonates do not come to the children's ward at PRH – babies under 10 days currently go directly to RSH. Mothers that give birth prematurely are transferred to Shrewsbury before the birth.

Frank Hind and Jo McMellon left and the Members were joined by Chris Needham who showed the options for accommodating the services that would move to PRH under the proposed reconfiguration.

It was explained that the amount of space required was calculated based on the number of beds required and the square meter space this would need. At this stage the plans are still developing and focus on the space and co-location.

It was explained that because of the modern design of the building the some of the services that would be moved could be accommodated in existing buildings. E.g. the Medical Assessment unit if moved could provide 800 square meters of space for paediatric services. There would also be new build which could include neonatology, delivery suites and theatres and the children's oncology. It was explained that the 2 ward currently used for surgery at PRH could be used to accommodate the head and neck services.

Frank Hinde produced a chart for the group on AE attendances for children under 16 which indicated nothing between midnight and 7 am and very little before 9 am

Site Overview

- The Group were conducted to the second floor to give an over view where the planned 2 storey new-build would be sited at the back of the hospital. Existing modular buildings would be re-used/repositioned. The cruciform design would join into other nearby units to maintain all the right flows (theatre, obstetrics, neonates, delivery suite, labour ward and possibly an extra theatre) (a review of theatre scheduling may provide more efficiencies)
- The proposed new design had been costed within the £28M assured budget with a team of healthcare planners under DOH Guidelines on formulae costings for new build
- Procurement 21 Contractors registered nationally for hospital building work would be used with costs guaranteed

Wrekin Midwife Led Maternity Unit

- Situated at the opposite end of building from proposed new build
- Well designed in 2000 to create a feeling of bright open space (was the former laundry)

- There was a large outpatient area to the side
- The Unit had the WANDA Assessment Unit so that mums to be didn't need to travel to RSH
- The Unit included 4 Delivery rooms which were spacious and designed to provide dignity and the Hodnet Post Natal Ward
- There was flexibility in that Labour Ward Delivery Rooms were currently used for check ups but there were closed wards which could reopen to take on extra capacity
- There was much office space for midwives and a utility room
- If faced with the need for urgent caesarean operation, mothers in Telford faced travel time issues in travelling to RSH
- There were around 5000 births in Shropshire and around 1/5 of these were at MLU's, the largest being Telford at around 500 (where half of the MLU births were) closely followed by Shrewsbury. Births at Ludlow and Bridgnorth varied, and Oswestry was the quietest unit. There could be a lot more at Telford but many women preferred to give birth in the consultant led unit at RSH.
- 4/5 of births took place in consultant led units
- Around 20% of mums needed to go to a consultant led unit
- Some premature babies at PRH go out of county as there were no neonatal cots
- A shuttle bus service was being costed up between sites and there was much support from staff for this
- Discussions would be taking place to improve signage to the PRH

The Joint Chairmen wish to thank Adrian Osborne, Sue Ellis, Penny Taylor, Jackie Hyne, Cathy Smith, Martin Rees, Alison Moore, Frank Hinde, Jo McMellon, Jackie Copson, Chris Needham and other staff they spoke to at both hospitals for their time.