

Northampton General Hospital Paediatrics Departments Enter and View

October 2025



Contents

Contents	2
Introduction.....	3
Key Findings.....	4
Recommendations.....	8
Methods.....	10
Summary.....	11
Findings from the Paediatric Departments	12
What people told us	25
Commissioner and Provider Responses.....	31
Acknowledgements.....	32
About West Northamptonshire	33
About Connected Together	34
Contact us	35

Introduction

Healthwatch aims to conduct regular evaluations of selected health and social care services within the community. Conducting these reviews allows us to directly support and provide valuable feedback to services that have been identified as needing focus. Our visits result in our service making recommendations for ways that service providers can continue to provide effective and satisfactory care. Healthwatch West Northamptonshire's aim with this visit to the Paediatrics Emergency Department was to evaluate the services being provided within Northampton General Hospital's Children's Services, which included: Children's Accident and Emergency (A&E) Unit, Paddington Ward, Disney Ward, Play Activity Centre, Paediatric Assessment Unit (PAU) and Children's Outpatient Department.

NGH's Patient Engagement and Experience team requested that our team visit the service to share our views and the voice of patients and staff across the different children's areas, in order to shape services for the better.

Northampton General Hospital's Children's Services were last visited and rated by the CQC¹ – Care Quality Commission in November 2017, and as good. Although we did keep in mind that this review was outdated and much has changed since the inspection date.

In November 2023, our Young Healthwatch organisation (a diverse group of young people between the ages of 11 and 24 who live in Northamptonshire) visited the same services within NGH to share their views from the perspective of children and young people who might access the services². They shared their opinions and created their own report, which was shared with the services. We reviewed their findings and kept these in mind when visiting the services, to see if their recommendations had been listened to and if there were any similar themes that we noticed.

¹ <https://www.cqc.org.uk/location/RNS01/inspection-summary#care>

² <https://www.healthwatchwestnorthants.com/report/2024-01-08/15-steps-visit-northampton-general-hospital-report>

Key Findings

Positives

Welcoming and Child-friendly Spaces

We felt that there were some great examples of child-friendly environments, with areas of the department that were full of colour that created a welcoming feeling, clearly designed with children in mind. While each of the areas had varying levels of décor and activities for patients, each department made efforts to make the spaces feel welcoming and provided activities for patients to stay engaged during their care.

Some areas worth highlighting for this are:

- The Children's Outpatients Department was an exemplary space which had great décor and engaging activities in the waiting area. Our team was impressed with the well-decorated treatment rooms, which were designed to keep patients engaged and comfortable during their care.
- The Paddington and Disney Wards made patients feel welcomed upon first stepping into the departments. The inpatient ward hallways were bright and colourful and had decorated notice boards which were a great example of the effort and care of the staff.
- The Play Activity Centre showed excellent use of developmental play, accessible technology, and age-appropriate spaces, including an older-child room with sensory lighting and gaming equipment.

Good Safety and Accessibility Measures

We felt that the parameters to keep patients safe and secure were in place and facilities were fairly accessible.

- The majority of the children's units throughout the departments all had security on the entrances, ensuring that patient safety remains during their time at the hospital, and this helped to maintain safeguarding standards.
- We saw clear internal signage in many areas, including large-print bathroom signs, disabled facilities in the departments and refreshment stations supported accessibility.

Positive Engagement and Communication

We felt that departments had some effective approaches in place to keep patients and their families informed and involved in their care, which included information that was accessible for patients and families visiting departments and ways for the patient voice to be heard.

- A good example we saw was at the entrance of Paediatric A&E, which had a large display board of the patient journey. We felt this helped incoming patients and families to better understand what to expect.
The Outpatients' Teen Board was praised by our team as informative and accessible. This was one of the only areas where we saw support services and details for the older cohort of young people. The wider Outpatient Department supplied a wealth of information available for families and young people to access.
- PAU's "Child First" communication approach empowered children to participate in their care, and we felt this allowed young people to have a say in their care.
- The token boards within the inpatient wards allowed children of all ages to share how they felt about the department and helped them to share their experiences as a part of the Friends and Family data collection.

Thoughtful Service Provision

We want to highlight special efforts that were made that helped patients and their families feel cared for, included and supported in the patient journey.

- A&E offered specialised spaces which included an infant feeding room, a space patients could access if they felt overwhelmed or had sensory needs.
- The Activity Centre's role-play medical area helped children understand their treatment in a safe and comforting way and made possibly intimidating medical processes feel more approachable.
- The inpatient wards offered parent rooms, bed chairs or in some cases special beds for parents in the patient's rooms. These spaces had 24-hour access to food, and this food was inclusive for dietary needs, such as halal meals.

Quality Care and High Standards

We felt that the staff truly had a passion for the work that they do and this reflected in the standards within the departments.

- The staff within the Paediatric Departments are dedicated and passionate about their jobs and the care they provide to children and young people. The staff showed strong ownership over their environments and prioritised patient experience.
- Every paediatric unit our team visited was clean, hygienic and well-maintained for patient safety.

Challenges

Whilst there was so much to see within the Paediatrics department that highlighted best practices and the quality of care for the children and young people accessing the services, we also noted some areas that posed challenges for patients and staff, as well as areas that could benefit from improvement.

They are as follows:

The Need for More Stimulating and Inclusive Décor in Some Areas

- We found that the A&E waiting rooms were clean and modern but lacked stimulating décor on the walls and additional resources/activities for long waits. They did offer a TV, but it was not showing age-inclusive content.
- The PAU area was colourful, but waiting rooms could benefit from some additional décor to make the space feel more engaging for patients.
- The Disney Ward patient rooms felt medical and under-decorated compared to communal areas. We noted these areas felt slightly dreary, and for patients who may spend a long time on the ward, the rooms did not have much to offer and felt bare.

Notice Boards and Inclusive Communication

- We noted that the Paddington Ward had cluttered notice boards, making information hard to read and making it overwhelming to view.
- More visibility of information for those patients and their families to access if English is not their first language; the only signage we saw for language and accessibility needs was in PAU.

Limited Visibility of Supports for Neurodivergent and Learning Disability and Autism Patients

- The hospital passport system is a great resource for those patients with learning disabilities, and accessibility needs to be able to help providers understand their needs and adjustments. Information on this programme was not visible anywhere within the departments.
- Sensory rooms were not available on all wards.

Accessibility and Navigation Issues

- The Activity Centre is a key area for inpatients to embrace being a child, to support their development and to have fun. For many patients, this centre offers their only opportunity to go outside and get fresh air. Unfortunately, the outdoor play area has trip hazards, inaccessible stepped areas that cause patients with mobility issues to be unable to access the majority of the area and worn equipment.
- We noted that some directional signage could be improved to guide patients to areas such as A&E and Outpatients, perhaps with a child-friendly design. We noted that some of the internal signage for things like the toilets and other facilities could be shown in bigger text.

Estate Improvement

- We noted that the Disney Ward could benefit from some minor improvements, such as fresh paint on areas where the walls looked worn and paint was chipped.

Staffing and Communication

- We noted that A&E and inpatient wards could be short-staffed at times. We heard from both patients and staff that there was a need for additional staff in departments.
- We noted that staff shared that Paediatric Departments could do more to work together and share information, with a need to strengthen these relationships.

Recommendations

1. Increase child-friendly décor, sensory features, ceiling tiles, and/or wall art across A&E waiting areas, PAU treatment rooms, and Disney inpatient rooms.

It is key for patients to feel as comfortable and cared for as possible, when young patients are spending long times in these waiting and treatment rooms, ensuring the environment is engaging and child-friendly is key.

2. Increase the communications and awareness of the hospital passport system by creating additional informational communications for patients and adding information about this to hospital letters.

When we discussed the hospital passport system with staff within the Paediatric Oncology and Cystic Fibrosis Department, we learned how useful the system could be for patients, especially those with existing medical conditions, mental health conditions and neurodivergence. The system allows patients to share key details about themselves and their preferences, giving patients a chance to access compatible and considerate care depending on their needs. We recommend that the Paediatrics departments and the wider hospital increase the communications and awareness around this system. We suggested that posters be created to be displayed on notice boards, that the information be added to outgoing hospital letters and the hospital departments' web pages.

3. Increase visible signage promoting interpreters, language needs and communication preferences (“Your Information Your Way”).

We feel it is important for accessibility to ensure that patients whose first language is not English are considered when creating informational notices and sharing key hospital information about patient care. We recommend posters be placed in each area of the hospital departments to help patients with language needs access to relevant information. More “Your Information Your Way” posters.

4. Introduce sensory lighting, sensory corners and/or portable sensory on all wards, especially Disney and Paddington.

While patients have access to the Activity Centre and Play team, who can bring sensory toys for patients to use, we feel that more can be done to patient spaces to adapt to sensory needs. We recommend that it is considered to develop sensory corners in areas such as the A&E waiting rooms and the Outpatients Department. We recommend that the hospital team consider adding sensory lighting to inpatient rooms to make long stays more enjoyable, especially if patients have learning disabilities or additional needs. This approach would also help transform spaces where patients are experiencing mental health struggles.

5. Fundraise and redevelop the outdoor space into an inclusive, accessible play environment with greenery, sensory paths and wheelchair-friendly equipment.

While most of the areas within the Paediatric departments were well maintained, a few areas stood out as needing improvement and repair. The first, which was in serious need of repair and development, was the outdoor activity space within the Activity Centre. This space is the only outdoor area for the long-stay patients who are within the Paddington and Disney Wards. Many of these inpatients are growing up and spending large amounts of their youth within these wards, receiving treatment and care.

In order to ensure these young people have the best experience, having access to an outdoor space that is fun, safe and friendly is key to ensuring positive mental wellbeing and development. The space is inaccessible for patients with limited mobility, with steps acting as barriers to the main part of the play area, and the entrance is unfit for purpose for these patients. The area is lacking plants and vegetation to make it feel like a green space, and the pavement and flooring panels are lifting, posing trip hazards for patients and staff. The worn and faded toys and activities make the space feel dreary. We recommend that the hospital consider this an area of priority and support the department to help raise awareness for their funding campaign.

Methods

Healthwatch West Northamptonshire has a statutory right to enter Health and Social Care Services to observe the premises and speak with both patients and staff members. We exercised this power through an Enter and View visit—an approach developed by Healthwatch England and carried out in line with their guidance and our own Enter and View Policy³. Enter and View visits support Healthwatch in fulfilling its statutory duties by highlighting what is working well within services and identifying where improvements could be made⁴.

This visit was pre-planned and arranged with the team at NGH, ensuring staff and patients were given ample notice of the visit to the service. Prior to our arrival, Healthwatch West Northamptonshire (HWW) posters were displayed in the Paediatric Department waiting areas to inform patients and families about our role as an organisation.

From the moment the team entered the departments, the visit focused on capturing the patient perspective. Healthwatch Representatives (both staff and volunteers) approached the environment through the “eyes of the patient,” using an Enter and View template to guide observations. Healthwatch Representatives walked through the departments, observed the physical environment, and spoke with staff, patients and families to build a detailed understanding of how the service was functioning.

As a part of our visit, the Healthwatch team also incorporated elements of the Patient-Led Assessments of the Care Environment (PLACE) framework to consider whether the environment was accessible and supportive for people with learning disabilities and dementia⁵. This enabled us to highlight areas of good practice as well as aspects that may benefit from improvement. Representatives gathered feedback from patients, families/carers, and staff about their experiences of the service.

These findings were documented, summarised, and expanded upon by our Healthwatch Representatives and form the basis of this report. Once finalised, the report is shared with the Head of Patient Engagement and Experience, the Director of Nursing and lead matrons of the different departments, who are invited to provide a formal response and develop an action plan addressing our recommendations.

. ³<https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy>

⁴ https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9oQ_19jklyXM7W8hblfMPSyK7rDPcjiGChI25TLBnBvIFr7ar9XH8aAglIHEALw_wcB

⁵<https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the->

Summary

On the 13th of October 2025, four Healthwatch Representatives, who consisted of two volunteers and two members of staff from Healthwatch West Northamptonshire, visited Northampton General Hospital's Paediatrics Departments to carry out an "Enter and View". This visit aimed to view the services provided by the various departments from the perspective of the service users, both young people and their families or carers. The Healthwatch Representatives were joined by NGH's Deputy Head of Patient Experience and Engagement and the Matrons of the various Children's Departments. On the day of the visit, Healthwatch West Northamptonshire representatives went to various units within the Paediatrics Departments, which included: Children's Accident and Emergency (A&E) Unit, Paddington Ward, Disney Ward, Play Activity Centre, Paediatric Assessment Unit (PAU) and Children's Outpatient Department.

The information gained from the visit was used to make relevant recommendations, and areas in which the service was providing quality care and evidencing best practices were acknowledged.



Findings from the Paediatric Departments

The Children's Departments within NGH are comprised of many units within the east and north sections of Northampton General Hospital, located on both the ground and first floors of the hospital.

Within the Paediatrics Departments, our team was able to visit a mix of inpatient and outpatient wards, which included: the Children's Accident and Emergency (A&E) Unit, Paddington Ward, Disney Ward, Play Activity Centre, Paediatric Assessment Unit (PAU) and Children's Outpatient Department. Our findings from the department are detailed below. We visited the departments on a Monday between 10 am and 2 pm, and we found all the departments to be quite quiet, aside from Disney and Paddington Wards, which were both running at a fuller capacity.

Children's Accident and Emergency (A&E) Department

Background

Children's A&E is openly accessible to the public with no referral needed. On a busier day, the service can see around 200 patients per day. The department has dedicated children's clinicians available for incoming patients, and when we visited, a consultant was in the department alongside the other medical staff. Children 17 years of age and under can access this department; however, children 16 and older can choose to be treated at either the Paediatric or Adult A&E department.

Environment and Service Provision

Upon first arriving at the Paediatric A&E department, if not brought in by an ambulance, then each young patient and their family or carer will begin their journey through the doors of the Paediatric A&E entrance. For safety, the entrance doors are locked from the outside and require reception to let incoming patients and their families into the department. Once inside, the department houses a small waiting area and check-in location for incoming patients. A few assessment bays are placed after the first waiting area, which allow patients to be assessed by the medical team, and 6 additional rooms are positioned at the back of the department for patients. Depending on the condition and needs of the patient, two additional waiting areas lie behind the assessment bays.

Within the department, there are additional speciality areas, which include a plaster room, an infant feeding room for privacy, a high dependency unit (HDU) room, a ligature room dedicated area for those experiencing a mental health crisis, and, if needed, there is a dedicated paediatric resuscitation bay in the adults unit. We discussed what was in place for those young people attending the department who may have sensory needs or neurodivergence. The staff stated that there is a quieter end of the department, where they tend to let the more overwhelmed children into. The A&E team mentioned that a patient's hospital passport notes will state whether they are neurodivergent or have a learning disability.

We found the department to feel bright, noticeably clean and tidy and welcoming. As this is a newly remodelled area within the hospital, it was reflected in the space, giving it an updated and newer feel. There were a variety of colours visible on the walls, and some shapes and other décor images on the walls; however, we did feel that this was done minimally, leaving some of the spaces feeling a bit lacking in potential décor, with not much for the waiting patients to look at while waiting.

While there was a lesser amount of children's entertainment and play activities available than in other wards, this made us feel there was not enough to keep patients entertained for potentially long waits. In the second waiting room, there was an activity zone for young children to occupy on the wall with puzzles and toys, which was in use during our visit. When staff were asked, they stated that they could provide additional toys and activities if requested.

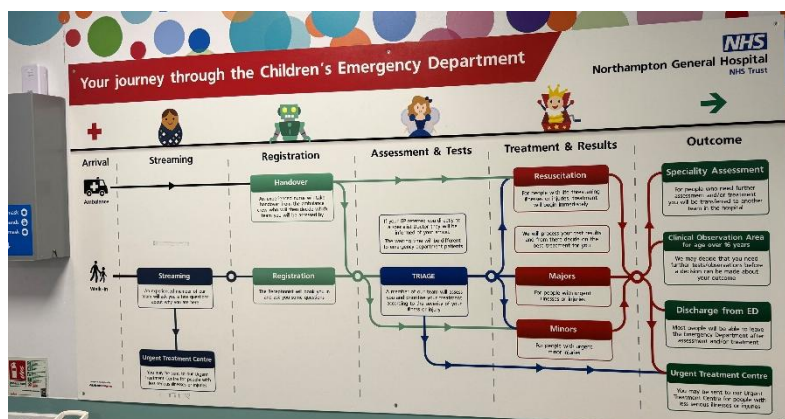
The waiting rooms had TVs mounted, which were playing a young children's programme with sign language for accessibility. We felt that a more age-inclusive show playing might be beneficial to cater to all age ranges within the department.

Between the rooms, there was a refreshment station to provide waiting patients and their families and carers with drinks.

Accessibility and Communication

The signage to find the entrance to the A&E department, where young patients up to the age of 17 and their families check in and begin their journey, was clear

and visible at the entrance itself. However, we noted that if one had not visited the hospital previously, it could be difficult to find the department, but there was some signage within the main hospital to lead patients and their families to the entrance.



Upon entering the department, there was a large board which showed the patient journey, which is a great tool for families and young people visiting the emergency service to see the different pathways of care and to help foster an understanding of different departments.

There was a variety of information dotted around the emergency department, including a 'Families Board' with local children and young people's support services listed, health notices, a sepsis board with key information and a notice recognising all types of family units, which we found very inclusive. We noted that all of the informational notices were provided in English; however, the majority offered QR codes to access the information online, which opened up the ability to translate the information within the page.



Paediatric Assessment Unit (PAU)

Background

The Paediatric Assessment Unit (PAU) is a service which patients can access through referrals from GPs, A&E, midwives and other clinical staff. The service sees a range of conditions, such as respiratory conditions, mental health and eating disorders. The clinical team aims for patients to have a stay within the unit of 6 hours or less, including their assessment, treatment, and either discharge or admission to the hospital. The aim for an assessment was 15



minutes for patients to see a nurse and then 45 minutes to be seen by a doctor. There was room for 17 patients: 5 beds, 2 trolleys and 10 spaces.

Environment and Service Provision

Upon arriving at the Paediatric Assessment Unit (PAU), a colourful and child-friendly sign which reads 'Welcome to PAU' greets those entering the unit. Once patients and their families enter the unit, they are directed to the reception desk, which sits within the waiting room for patients. Alongside the waiting area are rooms for patients to be seen and assessed by the medical staff within the unit. The unit is fairly small in size, but the environment was very colourful, with bold primary colours throughout the service.

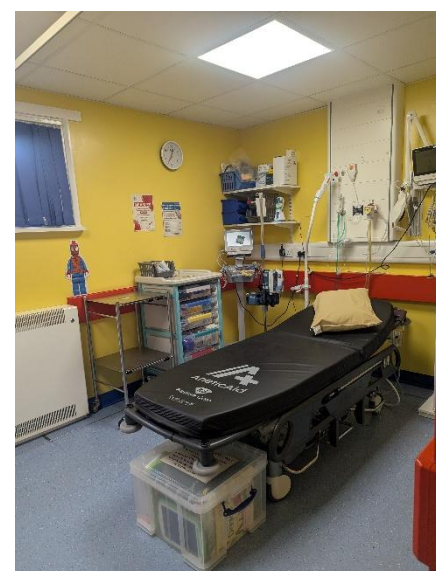
It was evident effort had been put in by the staff to make the environment feel welcoming, and there was a large 'Where's Wally' board for patients to interact with. Although the unit is well-painted, we did feel that the walls could benefit from additional décor for patients to look at while waiting, and this was the same for the treatment rooms. There could be additional art added to the walls or ceiling tiles to keep children distracted during treatment in the rooms.

There is a refreshment stand within the waiting room for patients and their families or carers to access while they wait. In the waiting room, there is a door to the outside with a small area for children and young people to get some fresh air and access a play area.

In the treatment rooms, there are boxes which have toys and activities for children and young people to use while being cared for.

Accessibility and Communication

Where the water dispenser and juice were located, there was a sign telling families to ask staff about other food and drink options.



We were told that there is a 'Child First' approach in place within the unit, which means that the medical team speak to the children first and encourages them to be involved in their care before discussing it with their parents. This can be very beneficial for the children to understand the process they will be going through and allows children and young people to have their voices and opinions heard.

We felt this unit had lots of signs and posters displayed to inform families, carers and patients about hospital policies and important general notices. This was seen throughout the unit on notice boards, walls and the reception desk. However, we did note that more information could be visible to help children and families, or carers, better understand their care. We asked if there was any information that could be physically provided to patients to help children and families better understand certain health conditions. While there was not much in that regard, there was much information online that patients and their families could be directed to. We also noticed that Call 4 Concern feedback cards were displayed.

During our visit, PAU was one of the only areas which displayed a sign to advertise 'Your Information Your Way', which indicated to those attending the clinic that there are options to receive information and communication in a different way, which included options such as easy read, large printed text, braille and email or SMS. There was also a translation and signing system poster on display, but this needed better promotion to make patients and their families aware. There are interpreters available either online or face to face, we were told the team are working to improve this service.



Children's Outpatient Department

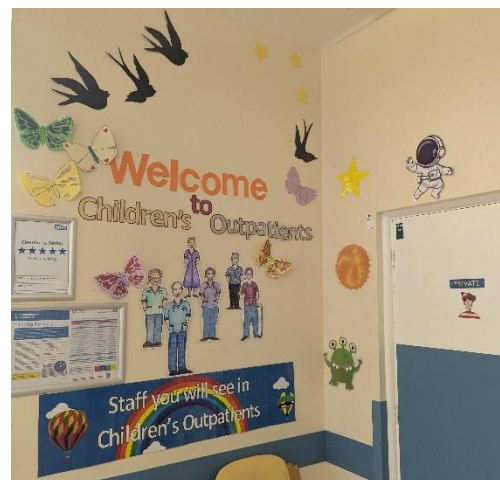
Background

The Children's Outpatient Department hosts a variety of clinical and specialist care services and has a separate sub-department for oncology and cystic fibrosis patients. Children who are 17 years of age and younger are able to access the department. Referrals are typically made through a GP, specialists and other health professionals. The department hosts clinics for medical,

surgical and cardiac patients and offers clinics for conditions such as diabetes, urology, allergies and neurology. Often, these clinics are run by specialists who come to NGH from locations such as Oxford and Great Ormond Street. The department typically sees between 80 and 100 patients a day.

Environment and Service Provision- Main Outpatients

The team arrived at the clinic and we were let in through a security door, which is in place to maintain safety and the safeguarding of patients. The moment patients enter the department, they are greeted by a welcome sign which is surrounded by fun décor, adding a friendly feel. The space is well-lit, giving off a bright, energetic feel. The seating was readily available for patients and their families to use while waiting for their appointments- the main outpatients department housed both a large waiting room and a smaller waiting room for those who may require a quieter space or privacy.



There is a reception desk for patients and their families to check in for their appointments, which is easy to access. There is an area for patients to be assessed and for basic observations to be conducted before they are sent to their clinical areas for treatment.

There is a lot available to keep patients entertained and occupied whilst they wait for their appointments, with a variety of different play stations dotted around the large waiting room. There is also a TV screen on in the large waiting room, which displays information for patients and their families to view while waiting. There were inspiring signs on the walls with sayings such as: "Surround yourself with people that help you bloom".

The treatment rooms were full of colours and images, which made the spaces feel friendly and engaging. These were good spaces and showed what a difference a well-decorated treatment room could make.



Accessibility and Communication- Main Outpatients

Upon walking to the department, we saw that there was signage to support navigation to the department, but we felt this could be more colourful and friendly.

Once in the department, we felt there was a wealth of available information for incoming patients and their families to access. We were pleased to see a 'Teen Board' which offered health information and provided details of local support services for the older range of young people accessing the service. Across the department, there were many relevant notices and informational posters displayed.

Our team noticed that the signage supporting patients to identify spaces such as the bathroom was provided in very large fonts, enabling better access and navigation.



When we asked staff whether there were any sensory rooms available, the staff told us that they can take any overwhelmed children into a separate area with one of the play team, where sensory toys are available. Additionally, the department has implemented mandatory autism training for all staff.

Environment and Service Provision- Oncology and Cystic Fibrosis Sub-department

The Cystic Fibrosis and Oncology Sub-department within the Outpatients Department has one waiting area and 6 treatment rooms for the consultant teams to utilise to provide care. The space is well decorated, clean and well organised.

The waiting area was very well maintained and offered a variety of activities and entertainment for patients within the department, which included different activities available and a play team activity cupboard. All ages have been considered within this space, and there is a TV and an Xbox console mounted for young people to access. There were many books available, but it would be worth checking these over to ensure there was a range of diversity for young people.

We found that the treatment rooms that our representatives were able to view were good examples of engaging and well-decorated spaces, full of colours and images, which gave the spaces an immersive and friendly feeling. For the

patients who have successfully recovered from cancer, there is a bell which can be rung to celebrate their recovery. Because of the conditions of the young people who access this sub-department, it was suggested that a name be given to the sub-department and/or waiting area to make the space feel recognised and identifiable.

Accessibility and Communication- Oncology and Cystic Fibrosis Sub-department

The sub-department had appropriate notices and information posted around the waiting area and hallway where the specialist treatment rooms are. The staff mentioned that the team is working on a video for patients to inform them of the journey to the Disney Ward, should their treatment needs progress.

We asked the Outpatient staff what consideration there was for patients with learning disabilities and autism or other conditions, such as anxiety or mental health, given the severity of the conditions being treated within the service. They stated that this information could be identified by patients using the hospital passport system, which allows patients and their families or carers to share key information about themselves and their wellbeing, so they can receive “individualised” treatment and care. While this is an effective tool that we feel every patient could benefit from if utilised, there was no visible information to advertise this to patients.

We thought there could be a benefit within the department and other departments to share the details of the hospital passport system, including the benefits and how to access it.

Paediatric Activity Centre

Background

The Play Centre is located between the Disney and Paddington wards, and it serves as a space for the children and young people who are inpatients within the two long-stay wards to engage in activities and development to help them heal and engage in important play and childhood. The NGH Play Team operates out of this centre and is called across the Paediatric units where needed. The Play Centre has activity boxes and items that can be rented out for children and young people to use during their stay at the hospital.

Environment and Service Provision

This is an extremely well-developed space, and it is apparent how much the staff take pride in the centre and try to make the space friendly and welcoming. It is full of activity zones that cater to different developmental stages. There is a side room that has been turned into a space for the older cohort of young people who are 10 years and older. This room is equipped with sensory lighting, accessible Wi-Fi, a large TV with a selection of gaming consoles, books and board games and comfortable seating.



The main area of the centre is full of colourful murals and flooring, although due to the limited budget, small elements were noticed, such as deteriorating paintwork on the walls. This area caters to the younger cohort of children, with activities to interact with, such as colouring tables, Play-Doh, puzzles and soft play toys, developmental activities and an assortment of different reading level books. There is a teacher available to support and interact with the children who are attending the centre, especially helping to support the patients who are growing up on the wards. We noted there was a face-painting activity for patients when we arrived.

At the back of the activity centre is an outdoor space which has a small playground set and a few play structures, such as a small plastic house. This space is in some disrepair and is in need of improvement. It lacks plants to make it feel like a green space, with only a few bushes and the play equipment is faded and deteriorating.



Accessibility and Communication

The patients in the Paddington and Disney wards can access the play space as desired, subject to their treatment and care schedules. The Play Team visits inpatients between 2-3 times a day to ensure they have all the toys and electronics they desire, although electronics can not be kept throughout the night.

We appreciated the efforts made to help young patients to better understand treatment and care within the hospital, this was seen within a section of the centre, where the staff had created a play area that was modelled as a X-ray and scanning unit, with patient files, a toy bear getting a scan, a doctors and nurses desk, all of which was able to be interacted with.

The outdoor activity area is not fully accessible, especially for children who are in wheelchairs, causing them to be unable to access the upper area of the playground, as it is partitioned by a set of stairs. Parts of the outdoor flooring are lifting, and this poses a trip hazard to children. The department hopes to raise funds to get this area redeveloped for children and young people to access.

The Paddington Ward

Background

The Paddington Ward is a long-stay acute medical ward for paediatric patients who are receiving specialist treatment, often for oncology and medical operations. This ward also has a High Dependency Unit. There were 10 single rooms and a 5-bedded bay for short stays.

Environment and Service Provision

The doors to the ward are secure with video surveillance for maintaining patient safety. Upon entering the ward, the space felt bright and airy, with much colour, and the theme of Paddington throughout the ward created a welcoming atmosphere for the children. We did feel that the corridor was slightly cluttered and there were too many notices on the walls, so that it was difficult to read what was there. After looking around the kitchen and in the bathroom areas, and bedrooms, our team's impression was that everything was very clean and tidy, a tribute to the cleaning staff.

Bed chairs were available for parents. Food could be available 24 hours a day, with halal meals and snacks. There was a Parents' Room so that parents could have 'time out' from their caring responsibilities and facilities for relatives to stay over; these felt both comfortable and welcoming. The spaces were accessibility friendly, with adjustments to the toilets and shower rooms to accommodate the needs of patients on the ward.

The notice boards had a range of different themes, such as a Diwali display and a bear of the month award, which recognised staff. Whilst we were visiting, people dressed as themed Disney princesses entered the ward to visit the young people, and we found this to be a great way to create a special moment for the children receiving care.

Accessibility and Communication

We noticed that throughout the ward, there were many well-maintained notice boards, some with relevant information for patients and some which felt slightly overwhelming with too much on the board to discern what was important. The notice boards and posters dotted around consist of patient feedback, mental health and youth services and helpful images of staff uniforms, outlining the different roles. There were photos of the matron and the ward sister, but not of the other staff. We were told they don't show images of the staff themselves due to safety reasons surrounding staff, because of young people's potential use of social media, and that staff can be hassled online. However, the other children's areas displayed both photos and first names of staff, so this felt somewhat inconsistent.

One of the patient feedback options for the children is 3 jars with an image of a happy, neutral and sad face on – we were told the patients receive a token to put in the emotion they are feeling, we felt this was a good way for younger people to be able to still share their views. At the time of our visit, the majority of the tokens were in the 'happy' jar, followed by 'neutral'. They had signs on display in the ward which informed parents and carers about ways they can be heard and raise concerns about the patient's condition, called Call 4 Concern.



There were a number of training boards along the walls, e.g. a staff learning board for PEWS (Paediatric Early Warning Scores). There were information stations for parents, children, and young adults with age-related notices.

The Disney Ward

Background

The Disney Ward is primarily for surgical and oncological patients; typically, the patients here in the ward have very long stays while receiving their treatment and care. Sickle cell patients can come straight to the ward, as can oncology patients.

Environment and Service Provision

The doors to the ward are security locked for patient safety. Upon entering the ward, our team noticed how it was full of decoration and the walls and notice boards had been carefully put together to be engaging and informative. The reception was a warm orange colour, which was appealing for the space. The ward has a travelling bear, which goes to different patients and is often taken to travel and explore different places. Overall, this ward felt very clean and tidy and we noted that it felt more organised, however this may be due to the time the team was visiting the wards.

We noticed that the environment was fairly quiet compared to other wards. The ceilings are adorned with images to make the space feel well-decorated and engaging, with Disney-themed elements and images throughout the hallway. While this was a really lovely addition for patients, we felt that this practice could have been reciprocated in the rooms, where they spend the majority of their time.

The patient rooms did feel very medical and lacked decorations. The rooms also showed signs of use, and some rooms required a paint refresh, with some minor scuffs and peeling of paint. Some simple additions, such as wall art, would go a long way in helping the young patients feel calmer and more comfortable in a daunting environment, to brighten the feeling and to make it more comfortable and engaging for patients.



The ward had two single rooms to isolate patients and a bay with more than one bed; one bay included a kitchenette and shower, as well as a double bed for parents. When we visited, the dedicated parents' room was being remodelled and was inaccessible. There is a 'golden hour' for tests and treatments as patients come to the ward, which helps set expectations for when patients will receive treatments and tests.

We saw a spacious bathroom for the children, where we were told there is a hoist they can borrow from another ward, as Paddington Ward tends to have the more complex patients.

They keep babies and oncology patients on the opposite end of the ward to ensure the patients who are possibly infectious are kept separate.

Accessibility and Communication

We noticed a 'Meet the Team' board that informed patients of who their care team was within the ward, which is helpful for those spending long amounts of time there. Just like in the Paddington Ward, the token system was in place, which allowed patients to have their voices heard, with young patients being given tokens to place in jars with differently nuanced faces to show how they had felt being on the ward. The results contributed to the Friends and Families survey. There was a shared decision-making board to look at improvements for staff and patients.



The ward was easy to navigate and access if a patient had limited mobility. We did feel that it would be good to have a quiet space or sensory room available for neurodivergent patients and those who need it. The staff mentioned that they would also love this and that there is one on Children's Development that can be accessed, but we feel patients would greatly benefit from one on the wards. Sensory lighting in the patient rooms could allow each child to have the ability to adjust the lights and their colours to their liking, which would help many children feel at ease.

What People Told Us

We spoke with staff and patients within the various paediatric departments at NGH to ensure that we gathered a comprehensive understanding of their experiences and feedback, both from working in and being patients of the department. When speaking to patients and staff, we informed them at the beginning of the interviews that their identities would be kept anonymous. We were able to speak with a total of 5 young patients and their families, and 10 staff members. We did find that aside from the two inpatient wards, the other areas we visited had very low numbers of patients. What we heard is provided below:

Feedback from Young Patients and their Families and Carers

We spoke with two families of patients within the inpatient wards, one in the Disney Ward and one in the Paddington Ward.

Paddington Ward

The family in the Paddington Ward had a child who was 4 years of age as a patient on the ward. The family was full of praise regarding the service and said they were **"so grateful for the ability to sleep over and have information constantly shared with us"**. The Healthwatch representative, who interviewed them, was allowed to stay when a consultant came to give an update, and we felt that the explanation that was given was very clear from the specialist, and the parents confirmed this. They shared that they had received information about an Education, Health and Care Plan (EHCP) as their child approaches school age, which was helpful.

Disney Ward

The parent of a child in Disney was happy to share their experience, and their baby was only 4 weeks old. The parent shared that they had only been at the hospital for the past two days, but so far they felt they had been listened to, but had not been followed up with properly. The information for their child's condition and treatment plan was **"perfect and clear"**. They said they did not have much to share from their experience so far and were waiting to hear from the consultant. The parent explained that they were discharged from another service outside of Northamptonshire and sent to the Disney Ward, and the department has done what they need to do.

Paediatric A&E Department

We spoke to three young people and their families within the A&E Department, who were in the waiting areas. This is what they shared:

Family 1: The family had travelled in by car, and upon arriving, they had a nurse meet them straightaway. The child had an X-ray of their arm almost as soon as they had arrived. They were just waiting for the results and to see a 'bone' doctor. The family said they **"could not fault their treatment"**.

Family 2: The family and young person had been waiting for an hour in A&E and had arrived at the hospital by car. When asked about their experience so far, they said it was okay. They stated that, given it was not busy, they did not understand why they were waiting so long and **"would like to be seen soon"**. They stated that their child was not comfortable and wanted to be able to lie down.

Family 3: This parent and their child were waiting to be seen. When asked about their experience, they provided us with some feedback. They said: **"We were told to come at 10 am and have been here since then. We are missing communication from the team between scans. Staff have let us know about waiting times."**

The family discussed the environment when asked if anything had made their child more comfortable or possibly anxious, they said: **"There is nothing on the walls, it feels bare."**

When we asked the parent what could be improved, they said: **"They need more staff, they are running around, and nurses are stretched to their limits. The staff are overwhelmed and more patients are coming in, but they are not increasing the staffing."**

Summary

Overall, patients and their families had positive experiences in the different areas of Paediatrics; however, we did hear about a few ways that the service could be improved.

In the inpatient wards, families were included in the discussions around the care of their children and were provided with updates as they needed. Both families within the inpatient wards felt that the communication had been clear and easy to understand. One family was grateful for the ability to stay close to their child and appreciated the ability to spend the night.

In Paediatric A&E, feelings were mixed, while one family stated that they had received prompt treatment and were pleased with the quick and quality care, others felt other frustrations. One family had been waiting for an hour and wanted to be seen, stating they did not know what was taking so long. Another family shared concerns around the need for more staff and the pressures on staff. They had mixed opinions around communications, sharing that staff had given updates around waiting times, but they did not have communication from staff between scans, presumably around next steps. They commented that the waiting room felt bare, and they had nothing to look at.

Staff Comments

We spoke to staff about their experience of working within their paediatric department, and we asked about the best parts of the department as well as what they think could be improved. We also discussed whether staff felt supported and had adequate training. Staff said the following:

Training and Support

We asked staff if they felt adequately trained to communicate with children and young people and if they felt supported to manage distressed or anxious children and families, and all staff said yes, but a few stated that more training for this could be offered:

"I have had plenty of training for communicating both with children and their parents. The department could do with more training for supporting distressed or anxious children and families, but if we asked for this it would be easy to access.(Paddington)"

"It can be difficult handling these situations and it takes relationship building from services like NHFT, CAMHS and security. It takes a lot of training to deal with young people in distress, this is why staff are being offered more mental health training. (Paddington)"

We asked staff if there had been any training that had benefited them since working at the clinic, or any training that they wished they could have. Staff reported that they were offered so much training, covering all areas and that if there was ever an area they desired to have more training in, it would be easy to request and access this, as the hospital is very supportive of continued professional development.

For training that staff felt was helpful, staff said:

"We have worked to bring a lot of positive changes, which included asking for additional training like: bespoke mental health, eating disorders, communication and conditions restraints(Paddington)."

For training that staff would like more of, staff said:

"We are looking to get all the paediatric nurses trained in paediatric trauma (A&E)."

"More awareness and training for staff around learning disabilities and autism (Children's Outpatients)."

The Good and the Bad

We spoke to staff and asked if they felt supported by the team within their department. All staff said that they did feel supported, with a few adding comments:

"I have great support from our staff; it's a very good team. (A&E)."

"There is a strong sense of teamwork and support among the team, and we are a great team that works together (Paddington)."

We spoke with staff and asked them what the best part is about working within their Paediatric Department. Overall, the staff were complimentary of their teams, which leads us to conclude that there is a good sense of teamwork and were very passionate about their work. Staff said the following:

"The teamwork – the way everyone pulls together when it's busy (A&E)."

"I transferred from Oxford and 'it was the best thing I ever did'. There is a family feel to the ward. The staffing here is good, and the nursing numbers are the same at the weekend as they are in the week, although there are fewer doctors and pharmacists. The play team at the bottom of the ward is very good, and I like the bear of the month competition. The management team is around and available (Paddington)."

"The best part about working on the ward is my job satisfaction and working in a good, friendly team (Paddington)."

"Making the hospital experience the best it can be, working with children is not always happy and can be challenging. Having a team to back up and support one another is key. Seeing a child go home is the best feeling (Paddington)."

"The variation in what you see and a nice team (A&E)."

We asked staff members about how the departments work together, if there was anything that could be improved within their Paediatric Department and in Northampton General Hospital as a whole.

Staff said the following about working relationships between departments:

"We feel quite separate compared to the rest of paediatrics; it would be good to work together and bridge the gap (Children's Outpatients)."

"Generally, we work really well together, but this is not consistent, and some departments have stronger relationships than others. We need to incorporate all nurses in planning and have all the departments working on the same agenda. We need to build relationships with CAMHS and with departments that handle complex patients (Paddington)."

Staff said the following about improvements in their departments:

"The staff distribution could be improved. It is a long front to back, and when it's busy, there are sometimes not enough staff, but this is rare. There is a need to improve the wait for a doctor, especially overnight, which is important (A&E)."

"Raising staffing numbers (A&E)."

"We are hoping to get easy-read versions of 'what to expect' for patients in the clinics (Outpatients- Oncology)."

"This department is within the oldest part of the hospital estate. The ceilings are low and individual rooms should have en-suites. It would be great to improve the patient's garden. These would make for a better patient journey. (Paddington)"

“The outdoor space is in serious need of improvement, we need to raise awareness of our fundraising campaign, as we still need £140,000 (Activity Centre).”

“I would like to develop the HDU area – plans were drawn up, but they needed funding (Paddington).”

“More staffing is needed on the ward, especially when speciality cases come to our ward (Disney).”

We asked staff if there was anything that could be improved across the NGH estate. Staff said:

“Not all departments are appropriately equipped to handle and understand children’s needs, and children go to all areas. We need more play specialists (Paddington).”

“I think staff working across the UHN service does not work; it causes them to be spread too thinly (A&E).”

Summary of Staff Experience

Over all the staff reported high levels of satisfaction within the paediatric departments, particularly praising the strong sense of teamwork, supportive colleagues, and the “family feel” across wards. They felt well supported by managers and each other, and many described their roles as rewarding, with good job satisfaction and a clear passion for working with children and young people. Staff also valued the extensive training opportunities available to them, noting that the hospital is supportive of continued professional development and that additional training can be easily requested when needed.

Alongside this positive feedback, staff identified several areas where improvements could be made. While communication and mental health training were generally strong, some staff expressed a desire for further training in areas such as paediatric trauma, learning disabilities, and autism. Staff also highlighted inconsistencies in cross-departmental collaboration, calling for better integration across paediatric services and stronger relationships with CAMHS and other teams supporting complex patients. Environmental and operational improvements were also raised, including increased staffing, reduced waiting times for doctors overnight, upgrades to older facilities, better-equipped spaces for children, and more play specialists.

Commissioner and Provider Responses

We were delighted to facilitate the Paediatrics Departments Enter and View visit from members of West Northamptonshire Healthwatch. Their observations and feedback will help us to understand how we can improve our services from the perception of the patient. The visit covered our Children's Emergency Department (A&E), Paddington Ward, Disney Ward, Play Activity Centre, Paediatric Assessment Unit (PAU) and Children's Outpatient Department, which gave Healthwatch a fantastic insight to the paediatric services that our patients encounter when visiting Northampton General Hospital.

This report provides some very positive statements about the service while also highlighting some issues that we are aware of and are working on to resolve with the Matron for NGH Paediatric inpatient areas pulling together an action plan to address area requiring improvement.

By working in a collaborative approach with West Northamptonshire Healthwatch, we are able to drive forward improvements with the focus on the experiences of patients and their carers being at the heart of our service. This report encapsulates very valid recommendations provided during the Enter and View visit as well as helping us celebrate aspects that the team felt were positive.

Acknowledgements

Healthwatch West Northamptonshire is grateful for the time, efforts, and cooperation of Northampton General Hospital's Paediatrics Teams and Patient Experience team. We appreciate the ability to be allowed into the different Children's Facilities to evaluate and assess the premises, as well as being able to speak with staff and patients to better understand their experiences.

Thank you to our volunteers for their hard work and time dedicated to gathering the data and valuable information needed for this Enter and View. Special thanks to Caroline, the Head Matron of the Children's Inpatient Departments, Chris Johnson, the Head of Patient Experience and Engagement at NGH and Sara Francis, the Deputy Head of Patient Experience & Engagement. Thank you to the Healthwatch West Northamptonshire volunteers, Morcea Walker and Susan Hills.

About West Northamptonshire Healthwatch

Healthwatch West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of 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. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

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, and 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 many different ways to discover 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 feel that the views and voices of Healthwatch West Northamptonshire and the people whom we strive to speak on behalf of are not 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.

Find out more at <https://www.healthwatchwestnorthants.com/>



About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk

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