



Enter & View Report

Heronwood & Galleon Wards - Wanstead Hospital
Tuesday 7 April 2015

Foxglove Ward - King George's Hospital
Wednesday 8 April 2015

Report Details

Address	Heronwood & Galleon Wards Wanstead Hospital Makepeace Road Wanstead London E11 1UU	Foxglove Ward King George Hospital Barley Lane Ilford Essex IG3 8YB
Service Provider	North East London Foundation Trust (NELFT)	
Contact Details	<p>Anne Motley - Community Hospital Manager (Grays Court Community Hospital)</p> <p>Carol White - Deputy Director Havering Integrated Care Directorate</p> <p>Ashrafunissa Merchant - Matron (H&G) Lynne Harber - Unit Manager (H&G)</p> <p>Phathi Nyathi - Matron (Foxglove) Noel McKenzie - Physio (Foxglove)</p>	
Date/time of visit	<p>Tuesday 7 April 2015 9.30am - 1.30pm (H&G) Wednesday 8 April 2015 10am - 1pm (Foxglove)</p>	
Type of visit	Announced visit	
Authorised representatives undertaking the visits	<p>Mike New - Lead Representative (H&G, Foxglove) Anne Bertrand (H&G) Suhasini Winter (H&G, Foxglove) Catherine Hunt (Foxglove) Harmander Singh - Staff Support (H&G, Foxglove)</p>	
Contact details	<p>Healthwatch Redbridge 5th Floor, Forest House 16-20 Clements Road Ilford, Essex IG1 1BA</p>	

Acknowledgements

Healthwatch Redbridge would like to thank the service provider, patients, visitors and staff for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on **Tuesday 7 & Wednesday 8 April 2015**. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme¹ is to carry out Enter & View visits when appropriate. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises. These visits aim to find out how premises are being run and make recommendations where there are areas for improvement or to capture best practice which can be shared.

Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

These Enter & View visits were conducted in response to the reconfiguration of services in regards to the Intermediate Care consultation.

The planned closure of rehabilitation wards at Wanstead Hospital and the relocation to King George's Hospital with a reduction in bed capacity has raised a number of concerns with local people and carers.

Further concerns were also raised by patients who told us they had difficulties accessing inpatient services and discharge assessments.

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007:
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>

Provider response:

'As a provider we have had for the last 3 years Key Performance Indicators on our transfer rate to our rehabilitation beds of 72 hours. Any breach of this would lead to a financial penalty. There have been no recorded breaches of transfer to our beds. Where we receive referrals they are processed in the timeframes agreed with commissioners.'

Healthwatch Response:

We have reviewed the information previously received from the provider but have further questions and would therefore recommend a further meeting to discuss in more detail.

Other issues were raised directly with HWR by some NHS staff who felt they had been given little opportunity to input into the proposals. They asked that their details remain confidential at this stage as they told us they felt unsure of how their views would be taken by their employers. We have respected their position on this but would hope to support both staff and providers to identify the concerns raised and address them in a positive way.

Rehabilitation wards are for patients who may need additional short term support to recover from illness or an operation before returning home.

Through our visits, we hoped to identify the following information:

- Observe and comment on patients' personal experience at both sites.
- Understand the access to rehabilitation services at both sites.
- Understand the proposed changes to the service and how this might affect the care and support provided.
- Observe access at both sites (including travel and parking arrangements, signage and location).
- Capture the experience of patients, their families or carers and staff of hospital-based care for patients in a rehabilitation setting.

Strategic drivers

- Intermediate Care in Redbridge is a Healthwatch Redbridge strategic priority as part of our work programme.
- A Redbridge CCG commissioned event introduced the pilot of the proposed changes to intermediate care - 'Care Closer to Home'²: December 2013.
- Redbridge CCG Consultation - Making Intermediate Care Better in Barking, Havering and Redbridge³.
- Healthwatch Redbridge Event and consultation response⁴: October 2014.
- Redbridge Health Scrutiny Committee: as part of their Work Programme.

² HWR Report 'Care Closer to Home - Intermediate Care in Redbridge': December 2013

³ BHR CCG Consultation:<http://www.redbridgeccg.nhs.uk/Downloads/About-us/Improving%20Intermediate%20care%20Services/BHR-CCGs-intermediate-care-consultation-document-extended.pdf>

⁴ HWR Response to 'Making Intermediate Care Services Better': October 2014: <http://www.healthwatchredbridge.co.uk/resources>
<http://www.healthwatchredbridge.co.uk/news/healthwatch-redbridge%E2%80%99s-response-%E2%80%98making-intermediate-care-better%E2%80%99>

Methodology

This was an announced visit.

A week before the visit we wrote to the service provider, North East London Foundation Trust (NELFT) and requested the following information:

- The number of beds in each ward (including side wards)
- What facilities are currently available such as:
 - Rehabilitation kitchen
 - Occupational and physiotherapy units
 - Patient dining facilities/menu choice
 - Outside communal area and access arrangements
 - Bathroom and toilet facilities
- The location of and access arrangement for these facilities

This information was not provided before the visit. Some of the information was discussed and identified during the visit.

We also requested further specific information covering the period from December 2014 - March 2015:

- Average ward occupancy levels (by month)
- Current (weekly average) patient numbers accessing the service
- Current staffing numbers and ratio to patients (to include nursing, health care assistants, physio & occupational therapists)
- How many agency staff are currently being used (average per shift)

This information was not provided before the visit. Some of the information was discussed and identified during the visit.

NELFT provided information on 27 April and 17 May 2015. We thank NELFT for the information provided and have included the information where appropriate.

Provider response:

'We note that your initial alert for the visit came on 31 March 2015 with a request for several sets of data prior to the visits. Unfortunately this only allowed us 5 working days to source and validate the data and in essence it was not a feasible timeframe to collect and deliver the data as requested.'

We would also note that some of the questions were those that could be answered during the enter and view visit.'

Healthwatch Redbridge response:

We would like to thank the provider for their response and acknowledge that time frames were short. Where possible, we will endeavour to allow longer time frames in the future.

In preparation we also sent a number of posters for public display within the departments so that patients, staff and visitors were made aware of the visit.

On each ward, the visit began with a discussion between the Authorised Representatives and staff members about the wards and the care they provided. The service is commissioned by the Clinical Commissioning Groups (CCGs) from Barking, Havering and Redbridge and the provider is North East London Foundation Trust (NELFT).

The Deputy Director for Havering Integrated Care and the Community Hospital Manager were present for both discussions. The meeting at Heronwood & Galleon ward allowed for most generic questions to be asked and answered.

After the meeting, representatives took the opportunity to speak with patients or their family/carer to gather personal qualitative comments. A question sheet for this purpose was designed for the visit but its use was left to the discretion of the Authorised Representative. Each time a patient or their family/carer was spoken to, it was explained who we were and why we were there. If an issue was raised which required highlighting to our staff contact on the day, consent was sought from the patient or their family/carer. A leaflet explaining the role of Healthwatch Redbridge was left with patients or their family/carer.

- On Galleon Ward (Wanstead) we spoke to 7 patients (on their own or with their family) and 2 family members of patients.
- Heronwood Ward (Wanstead) was closed at the time of the visit. We were told that this was due to underuse.
- On Foxglove Ward (KGH) we spoke to 7 patients (on their own or with their family) and 1 family member.

A key portion of the visit was observational (*please refer to disclaimer on page 2*), involving the Authorised Representatives walking around the wards and observing the surroundings. The aim was to gain an understanding of how the ward actually operates, and how the patients and their family/carers interacted with staff and the service.

Provider response:

'We would like the timeframes spent on the units noted in the report for accuracy. The team stayed at H&G for a period of five hours and at Foxglove for a period of 3 hours.'

Healthwatch Redbridge response:

We are happy to confirm approximate timescales as set out above. Whilst we set nominal timescales, we are acutely aware that we complete visits to speak with patients, carers and users of the services we are visiting and are led by the time it takes to listen and record their responses as accurately as possible.

For some of our visitors, this was also their first experience of being an Authorised Representative and we are aware that this may have meant they took longer to complete some of their interviews.

Our first visit also provided an opportunity to discuss and review the context and background to Intermediate Care and we are grateful to the provider for their additional time (see page 11 for further details).

Result of Visits

Location & Layout

Heronwood and Galleon Wards

- Heronwood and Galleon Wards are both located on the ground floor of Wanstead Hospital and there is level, step free access from the entrance.
- Signage directing visitors to the ward was easy to understand.
- Both wards have 24 beds, consisting of four five-bedded bays and four individual side rooms. 23 beds were in use on the day of our visit.
- Both wards share rehabilitation facilities located within Galleon ward and consist of occupational and physiotherapy units and a rehabilitation kitchen. All appeared well used. We did not enquire whether these facilities needed to be booked in advance.
- Wanstead hospital has free parking in close proximity to the wards. Carers and relatives expressed no concerns about travel and visiting.
- Bus stops are available close to the entrance of Wanstead Hospital.
- Galleon ward has a dining room area within the ward where patients who choose to can have their meals and socialise.
- Both wards have step free access to an outside verandah and garden area which was being used when we visited.
- Heronwood Ward has similar access to facilities but was not being used when we visited. We were told this was due to underuse.
- Representatives did not observe a staff room at the time of our visit.
- Representatives did not observe a relative's room at the time of our visit but the communal dining area appeared to be used for visits.
- The ward was clean and tidy.

Foxglove Ward

- Foxglove Ward is based on the first floor at King George Hospital in Goodmayes and is accessed via stairs or lift.
- The closest lift to the ward was out of order at the time of our visit.
- Signage directing visitors to the ward was poor and it took representatives some time to find the ward.
- The ward has 30 bed capacity, consisting of four six-bed bays, four one-bed bays and one two-bed bay. Eight beds are used for winter resilience preparations. One side bay was being used for storage. 20 beds were being used on the day of our visit.
- The visitors' room was also used as a staff room.
- The ancillary services such as the reablement kitchen and gym are located on the ground floor and we were told they must be pre-booked. There was no indication of whether there were problems with this process.

- The car park is a fair distance from the ward and is ‘pay and display’. One relative told us she could not find a parking place despite having a blue badge. Another relative commented that ‘parking was a nightmare’.
- Some patients and relatives commented that KGH was too far to travel necessitating the taking of several buses. Bus stops are available close to the entrance of the Hospital.
- There are no separate dining facilities or communal areas. Patients were observed sitting by their beds for most of our visit. All patients eat by their beds.
- There is no direct access from the wards to outside areas. There are outside communal areas within the hospital grounds which would need to be accessed via a lift if required. Representatives asked and were told that patients would have to access outside areas without staff assistance.
- The office to which representatives were taken was a small cramped room full of office equipment which doubled as the staff room and also for the reception of patients and their relatives.
- The relatives' room at the end of the ward which was meant for relatives to spend time with the patients was also being used as a staff room - at the end of the room was a clutter of books etc which looked very unwelcoming.
- The ward was clean and tidy.

Provider response:

‘Representatives of the Trust spent approximately 30 minutes discussing the Foxglove Unit prior to the actual viewing to explain how the unit was commissioned. This is not referenced [sic] the report and would be helpful to give some context to the differences in the units.

“In 2012 the St George’s hospital site had to be decanted as a result of a legionella scare. This led to the inpatient services on the site being relocated at short notice in the KGH site (Foxglove Ward) this was always an interim measure whilst Intermediate Care was going to be reviewed. NELFT worked with Havering Link at the time to create the best environment at short notice but NELFT have recognised that the Foxglove Ward is not entirely to the desired specification for a rehabilitation unit. There is gym space available but it is not on the ward. Similarly we would ideally want to have a dining area and patient activity room on the ward.”

Healthwatch Redbridge response:

We thank the provider for the statement provided.

Patient and Staff interaction

Heronwood and Galleon Wards

- The staff appeared dedicated, passionate and well thought of by the service users we spoke to.
- When asked about food, patients raised no concerns with representatives.
- Staff were observed as calm and collected in their approach and appeared to have time to clarify any doubts or concerns raised by patients.

Foxglove Ward

- A representative spoke with two patients who were very happy with their care, but wished that the nurses had more time to talk to them as their relatives could only visit at weekends.
- When asked about food, some patients said it was plentiful and varied but they themselves found it difficult to eat at times because of their dentures and were fed up with a soft diet. Nurses said that daily liquid supplement were offered in such cases where it was felt appropriate.
- Patients were observed by their beds unless using such facilities as the toilet or bathrooms.
- A member of staff was observed engaging with a patient in an activity next to their bed.

Staff

Heronwood and Galleon Wards

- A staff member told us they felt some pressure to reduce the length of stay for some patients on the ward.
- Staff told us they felt unsure about their future due to the lack of information on the proposed relocation. Heronwood ward was clean and empty giving the impression it was ready for occupation if the need arose. Galleon ward was clean and tidy.

Foxglove Ward

- A representative spoke with one of the nurses about staffing levels, who said they were often short, but the ward manager said they were never short.

We will request further information on specific staffing numbers which should identify whether this is a concern.

Rehabilitation

Heronwood and Galleon Wards

- Patients told representatives that they were encouraged to dress in the mornings as part of their rehabilitation. Most patients were observed to be dressed in day wear appropriate for the ward environment.
- Staff and patients advised us of the various activities that were offered. Patients also spoke of the facilitators and how they enjoyed their time with them.
- Patients had access to a communal dining area which supported interaction with fellow relatives and prevented them from eating alone at their bedside.
- The communal area was busy being used for various activities, patients were observed walking and talking to each other. Very few patients were observed by their beds.
- The physiotherapy department was in use throughout our visit.
- Representatives did not ask staff about the rehab activities or the patient discharge pathway.
- Representatives were told there were problems with the current referral pathway systems from Whipps Cross Hospital and that some patients are waiting for a bed longer than was necessary.

Please see provider response previously given on page 5 for further details.

Foxglove Ward

- Patients told representatives they were not necessarily encouraged to dress in day wear. Patients seen on the ward were dressed in bedclothes and dressing gowns.
- Representatives observed patients by their beds; there appeared to be very little in the way of activities being completed. Upon checking with patients, representatives were told that few activities took place.
- Some patients told representative that they would have liked a communal dining room that would have provided an opportunity to interact with others and reduce the monotony on the ward.
- Representatives were told that some rehabilitation was completed in the corridor of the ward such as parallel bars and steps. These did not appear to be used frequently as there was a lot of dust on the support rail.

- When representatives asked staff about activities and what happens prior to discharge, the only rehabilitation which seems to be going on is making sure the patient can manage stairs and make hot drinks or use a microwave.

Provider Response:

It is unfortunate that the team visiting Foxglove Ward did not witness any therapy taking place but we can confirm that the unit is staffed appropriately with the therapists and that corridors do represent an opportunity for therapy to take place in a way that reflects a normal environment as a simulated walk way. Please see the therapy times leaflet which is given to patients.'

- Staff explained that the discharge assessment is completed the day before a patient is due to go home.
- Representatives observed that the ward was quiet with no communal activities taking place. Patients said that singing took place, which the nurses would do themselves.
- The gym was also empty at the time of our visit. The physiotherapist told our representatives that it was seldom used by the patients as they are *'too frail'*.
- When our representative asked the ward manager for a sample of a patient discharge plan, no copy was readily available. She was originally from Grays Court, a rehabilitation unit in Dagenham and said it was difficult to manage a ward which had not been purpose built for rehabilitation.

Other Comments & Observations

Heronwood and Galleon Wards

- Representatives were informed by staff that the old cast iron guttering is in need of replacement and for at least two years the costs for the works had been sought and received but the work had not been commissioned.
- Some patients' told us they were not happy with the decision to close the rehabilitation units and move them to King George Hospital.

Provider response:

'Thank you for highlighting the guttering as an issue - this has not been escalated to senior staff and the issue will be flagged with NHS Property Services who manage the building.'

Foxglove

- The ward is not clearly marked as an Intermediate Care ward and looked and felt (to our representatives) like a general mixed frail elderly ward.
- We were informed of the proposals for the future configuration but there were no concrete plans that could be viewed. We were told that the plans were to be finalised within two weeks of our visit.
- There did not seem to be a definite allocation of a further two wards for rehabilitation (as per the business case proposals). We were told the wards may not necessarily be adjacent. This concerned our representatives who felt that the wards should be located close to the rehabilitation services for ease of access.
- Senior staff told us that they were seeking to gain 'Centre of Excellence' status; however no information was available on the proposed adaptations.

Provider response:

'We can confirm that BHRUT have identified the space to be used for the Intermediate Care Beds and the plans are being worked up collaboratively. This will be based on best practice guidance for Intermediate Care and rehabilitation:

- *Dementia friendly environment*
- *Assisted shower / bath rooms*
- *Gym area*
- *Dining rooms*
- *Communal areas for users*
- *Kitchen assessment area*
- *Identified access for patients to gain outside access adjacent to the ward*
- *IT access for patient*
- *Outside space*
- *Family areas*

This list is not exhaustive but provides some of the areas of improvement.

There is a patient representative in the operational group and once the detailed drawings have been completed these will be shared with Health Watch [sic] and meetings agreed with Healthwatch B&D, Havering and Redbridge to view the plans and the site.

Healthwatch Redbridge response:

Although we have been told that a patient representative is part of this group, we have no further details so cannot comment. We have been invited to see plans but we are aware that this is not planned until mid-August at the earliest. We are also unaware as to how much patient influence will be brought to enable engagement into the design.

We would like further information as to the level of resources being used to ensure adequate and appropriate patient and carer engagement is assured.

We would be happy to help in this regard and await an update from the provider.

Support of Dementia patients

- Both hospital sites use the ‘Butterfly’⁵ system to identify patients with dementia support needs.

⁵ <http://butterflyscheme.org.uk/>

Summary of the Findings

Heronwood and Galleon Wards

- Staff were friendly and clearly committed to ensuring patients receive high quality care.
- Authorised Representatives felt that the wards offered an excellent example of good reablement and rehabilitation facilities.
- Some nursing and care staff on the wards commented that they felt disappointed and confused at the lack of clarification regarding the impending relocation of services.

Foxglove Ward

- Staff were friendly and clearly committed to ensuring patients receive high quality care.
- Authorised Representatives felt that the ward lacked a clear focus towards reablement and rehabilitation. They stated they felt *'it was more like a frail elderly ward'* a number of times throughout the visit.
- Representatives were concerned that no clear plans were available given the impending reconfiguration of services.

Provider response:

'I can confirm that staff from H&G have had communications in team meetings and via email regarding the move to KGH and have had a visit from the Integrated Care Director to advise of the next steps.

Our Chief Executive John Browder [sic] recently visited the unit and spent time with the staff to answer any queries or concerns they had about the pending transfer of services, John reassured staff about job security across the organisation and service provision going forward.

All staff are encouraged and supported to discuss their concerns with senior managers within NELFT as well as their line managers and receive monthly supervision to discuss their concerns.'

Healthwatch Redbridge response:

We are pleased to note the involvement with staff and hope that this continues throughout the process.

Recommendations

Recommendations and further work

- With less than a month before the proposed changes are to be implemented, we remain unsure of the detail.
- Although the wards have now been identified, we have not had sight of the proposed plan for the rehabilitation service. We are unsure of the level of involvement of patients, Carers and local communities who may need to use the service.
- More staff involvement should be identified so that they can instil confidence in patients and visitors and allay any fears.
- Clarification is required as to what a 'Centre of Excellence' will mean to patients and users of the service.
- Healthwatch Redbridge would like further information on the referral and discharge pathways for both services to ensure they are meeting patient's needs.
- Healthwatch Redbridge requests further information and an explanation for what constitutes an appropriate in-patient rehabilitation service.
- Healthwatch Redbridge requests further information on the level of resources being used to ensure adequate and appropriate patient and carer engagement is assured.

Service Provider Response

We thank NELFT as the service provider for their responses and have incorporated them within this report.

Distribution

- North East London Foundation Trust
- Redbridge Clinical Commissioning Group
- Redbridge Health and Wellbeing Board
- Redbridge Health Scrutiny Committee
- Care Quality Commission

Approval

- This report was approved by the Healthwatch Redbridge Enter & View Task Group and by the Healthwatch Board for publication - 7 August 2015

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