

**Whipps Cross
Hospital,
Leytonstone:
Emergency Department
and the Margaret Centre**

6 July 2015

Healthwatch Havering is the operating name of

Havering Healthwatch Limited

A company limited by guarantee
Registered in England and Wales
No. 08416383



What is Healthwatch Havering?

Healthwatch Havering is the consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get, but
you make a life by what you give.’
Winston Churchill***

The Outer North East London Joint Health Overview and Scrutiny Committee (ONEL JHOSC) arranged a visit to Whipps Cross University Hospital following a briefing in March on the CQC (Care Quality Commission) report following an inspection in February 2015. On Monday 6 July, 2015 a group of Havering, Redbridge and Waltham Forest Council members, members of JHOSC and Healthwatch Havering, visited the Emergency Department and the Margaret Centre at Whipps Cross University Hospital. This was a pre-arranged visit, organised by the ONEL JHOSC, in which Healthwatch were invited to participate.

Although the visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits, its content was similar and this report sets out the findings of Healthwatch participants.

The visiting team met a number of Whipps Cross University Hospital Staff, including the Interim Managing Director, the Interim Head of HR, the Hospital Matron, the Communications Manager, the Associate Director of Nursing, a member of the Palliative Care Team at the Margaret Centre, a member of the Nursing team at the Margaret Centre, an A&E Consultant, the Clinical Improvement Lead and a Senior Sister.

Bart Health NHS Trust and Whipps Cross University Hospital

The Barts Health NHS Trust is the second largest healthcare provider in Europe and the largest in England. In addition to Whipps Cross University Hospital, Barts health is responsible for Newham University and Mile End Hospitals and the world-renowned Royal London and St Bartholomew's Hospitals.

Parts of Whipps Cross hospital are over a 100 years old. There is a large plot of vacant land - approximately a third of the size of the site of the current hospital - adjacent to the Hospital's south west corner that was used for nurses' accommodation but has been derelict for over ten years. This plot is estimated to be worth £15 million. There have been talks about selling this land to fund refurbishment of the hospital and to provide accommodation for staff, but there is robust opposition from local people against this. All talks have been put on hold for the time being.

A CQC inspection in early 2015 had left the Trust and the hospital in special measures, requiring significant improvement to be made.

The visit had been arranged to enable members of the ONEL JHOSC to see for themselves the facilities of the hospital and to learn what actions were being taken to secure the improvements needed to get the Trust and hospital out of special measures.

The reason for the visit

The Councillors, members of JHOSC, and Healthwatch members were met by the Communications Manager at reception and taken to the Board Room for briefing. The Managing Director gave an overview of Whipps Cross's current improvement position. The main part of her work so far had been the Staff Engagement Improvement plan, which had included road shows and in-depth consultations with staff to get to the root of the problems. The general consensus appeared to be that the Trust is simply too big to be effective; this has been reflected in the CQC report. As a result of the CQC report, a risk summit meeting was to be held subsequently to the visit to address record keeping, DNR consent from patients, safeguarding and availability of theatre and other clinical equipment.

There was currently a phased redevelopment of a ward into a HDU (High Dependency Unit) which would cost £1.5 million and should be opening early 2016.

The Margaret Centre

The group were split into two and half went to the Margaret Centre. The CQC had given the Centre an "inadequate rating" for safety and effectiveness. The visitors met the Associate Director of Nursing and the Palliative Care Manager.

The Margaret Centre has 11 beds for patients nearing the end of their lives but also offers a respite service. Patients are referred from the hospital wards, the Acute Admissions Unit, A & E and the community. At the time of the visit, 17 nurses and HCAs (Health Care Assistants) were working in the Centre, which also used Bank and Agency staff when needed; 4.4 new staff would shortly be joining the centre.

Patients have access to the hospital chaplaincy service.

The rooms have one or two bedded bays; the CQC inspection report had criticised the lack of en-suite facilities. It was noted during the visit that one of the bathrooms was not accessible for the disabled and was currently being altered. The building was in a state of disrepair; and there had been concerns over a boiler room not meeting current fire regulation requirements. The centre has been re-decorated, but the issue of en-suite facilities had yet to be resolved as there was insufficient space to accommodate them. A decision would be needed as to whether to refurbish, rebuild or re-site the centre.

Some of the group spoke to a patient but it was thought that there were too many for all members of the group to do so. Staff morale seemed to be high

considering the inspection report and improvements had been made to the centre but there was a long way to go.

The group was pleased to note that the centre used the Gold Standard Framework for end of life care.

Emergency Care Pathway

The A&E department is in a new part of the hospital.

The group met the Clinical Improvement Lead - Service Design and Delivery, a senior sister and a Consultant.

The waiting room is next to the entrance. On arrival, patients are seen by a senior triage nurse, then, depending on the seriousness of their condition, directed where to wait. 'Well' patients would eventually be seen by a doctor and 'unwell' patients would be moved into EA or sent back to urgent care.

The resuscitation unit had 6 beds to provide for the sickest of patients. Doctors would see patients from 8 am to 10pm and senior nurses would see patients outside those hours. Children had a separate waiting area, with one full-time consultant and support from another consultant in A & E. There were plans to separate the children's waiting area further, with a clinical decision unit and a paediatric assessment unit in the illness and treatment room. There were also plans for a paediatric short stay assessment unit.

The group visited the Ambulatory Care Reception, which is open 9am to 8pm Monday to Friday. It was hoped to open the ambulatory care unit 7 days a week, funding for which had just been secured. This would mean six more consultants in A & E and it was hoped it would be in place by the end of 2015. Patients with emergency medical problems who required a short stay in hospital were referred via GP or ED. 90% of patients were able to go home. There was a social worker on site, who assessed the patients on arrival which made discharge more efficient.

Final briefing

After the tours, the group returned to the Boardroom for a final briefing/question and answer session. The key points raised were as follows:

Staff shortages: at the moment across the Trust, there were 1,100 nurse vacancies, and the Trust had recruited from India, Philippines and Europe. Staff who worked at Whipps Cross were based there but spent part of their time (between 25% and 30%) at the Royal London; this was particularly

attractive to staff. HCAs were encouraged to become nurses, with training taking 4 years. There was also a return to practice plan, but many nurses could not afford the training. Health Education England visited the hospital following the CQC report to check on their students: all students had reported they would return to Whipps because of the good training and the opportunity to work at the Royal London.

Wards: the Interim Managing Director wanted the hospital to remain a District General Hospital. Maternity would have 18 new student midwives starting by October/November, which met the Gold Standard ratio. It was accepted that specialist services could not be provided at every hospital. Whipps had had a reputation for being a specialist centre for A&E, Stroke unit, surgery, paediatrics and Eye treatment.

Asked what the hospital's priorities were, the Interim Managing Director answered Stroke unit, urology and A & E. Asked about the situation with the stroke units she replied there were acute stroke services on site, with the Hyper Acute Stroke Unit at the Royal London. The gastroenterology department also remained very strong.

Comment was also made about problems with the car park payment coin machines and the positioning of them.

Participation in Healthwatch Havering

We need local people, who have time to spare, to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering. To achieve this we have designed 3 levels of participation which should allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Lead Members

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

Active members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call our Manager, Joan Smith, on **01708 303 300**;
or email enquiries@healthwatchhaverling.co.uk



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