

25.10.2024

**Response to the Consultation on the Proposals for Formal Consultation on Trust Proposals for Fothergill Ward Redesign at East Ham Care Centre**

Dear Colleagues,

I am writing to you following the end of the consultation period with staff regarding the proposed organisational change to the **Fothergill Ward Redesign at East Ham Care Centre**.

The formal consultation process commenced on 16.09.2024 and consultation documents were made available to the staff directly affected as well as the rest of the team. The consultation ended on 15.10.2024. The consultation paper and associated documents were made available on the Trust Intranet. Support measures such as highlighting the availability of the Trust's Employee Assistance Programme and consultation meetings with individuals affected by proposed changes.

The purpose of the consultation was to provide staff with an opportunity to consider the proposal and respond with comments and feedback. An open consultation meeting was held w/c 16.09.2024 both online in person and all staff were invited to attend. Individual meetings were also offered to affected staff on w/c 23.09.2024. I would like to take the opportunity to thank those that responded to this proposal.

A number of comments were received during the consultation process. The directorate has carefully considered all feedback and responses to themes are set out below:

**1. Proposed staggered starting times for registered nursing staff.**

- a. A large number of staff have expressed concerns that any proposed changes would increase risks around handover, medication administration and providing care to complex patients and families. The feedback stated that patient safety, experience and the quality of care would be significantly affected.

**2. Service provision of patient group is described as predominately social and housing and has a low level of clinical needs therefore will require a revised skills mix - what does low level mean and what will that skill mix look like?**

- a. The average length of stay on Fothergill Ward between February 2021 and June 2022 was 27 days. There was a shift (increase) in July 2022 resulting in an increase in Clinically Ready For Discharge patients, and thereafter, a stepped change in average LOS to 61 days. This continued into 2023/24. In March 2024,
  - i. The Clinical Director, and the ward team implemented a four strand piece of work on flow through the ward. This included updating the Standard Operating Procedure and referral criteria. This has had a positive impact, reducing LOS by 46% from 70 days in the 6 months to March 2024, to 38 days over March and April 2024.



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**Chief Executive:** Lorraine Sunduza OBE  
**Chair:** Eileen Taylor

- b. Table one outlines reason for delay to discharge between May 2023 and May 2024. In this period 75% of patients had no reason to reside and were delayed due to placements (nursing & residential) and packages of care.
- c. The care required by registered nurses is in line with the table one outlining delay to discharge.

Reason for Delay	Attributed to Both	Attributed to Social Care	Attributed to NHS	Total
Awaiting Care Package		50		50
Awaiting Equipment			1	1
Awaiting further non acute NHS care		1	1	2
Awaiting nursing home placement	1	26		27
Awaiting residential home placement		6		6
Housing issues		9	9	18
Patient family choice	1	1	1	3
Public safety concern			1	1
<b>Total</b>	<b>2</b>	<b>93</b>	<b>13</b>	<b>108</b>

i. **Table one**

**3. Are there any proposed changes how end of life care is provided both within East Ham Care Centre and in the community?**

- a. There are no current plans to change any end of life care provision.

**4. Will the ward close to physical health patient?**

- a. The ward will continue to provide care to the physical health patients. Any changes to the patient group would require another consultation.

**5. Why are the therapy lead, the matron and the nurse manager roles affected?**

- a. The decision was made to remove these roles as this would have the least impact on patient safety and experience. The managerial element of those roles will be reallocated to other senior nurses / AHP's.

**6. There was originally two Matrons, which that there should still be 0.6 whole time equivalents un-accounted for.**

- a. There are x2 whole time equivalents 8a roles within the budget. X1 whole time equivalent is the allocated to the matron role and x1 whole time equivalent is allocated to the Admiral Nurse role. The 0.4 whole time equivalent nurse manager runs as a cost pressure (outside of funded budget).

**7. Overstaffing overseas Band 5 nurses on both wards that has implications for individuals to get their 37.5 hrs weekly.**

- a. The cost of from international recruitment of band 5 nurses is, in the short term being covered by band 6 vacancies. The Trust historically has had difficulties in recruiting and retraining band 5 registered nurse, which is why international recruitment has been very successfully explored.

8. **The consultation paper has stated that there are 22 single rooms but this is incorrect as there are 16 single rooms and two double bed room converted to single which makes it 18 in total.**
  - a. This will be corrected.
9. **Advanced Nurse Practitioner working on the ward.**
  - a. This was a statement, no response required.
10. **Otago Instructor, why is the post moving to EPCT?**
  - a. The role will remain a static post on the ward supporting patients at the present time as there is less demand for this OTAGO post in the Community. This post may change in the future – this will be dependent upon service and patient needs.
11. **Remove 1.4 whole time equivalent nursing leadership how now will the new Deputy Lead Nurse, East Ham Care Centre and Specialist Nursing, be able to fulfil this along with their other responsibilities?**
  - a. Deputy Lead Nurse, East Ham Care Centre and Specialist Nursing will be 1.0 whole time equivalent 8B senior nurse leadership role. The post holder will be responsible for:
    - i. Cardiac rehabilitation (8A team manager)
    - ii. Continence service (8A team manager)
    - iii. Diabetes (8A team manager)
    - iv. Fothergill & Sally Sherman wards (band 7 team leaders)
    - v. As the role is at the 8B level, the expectation is that they will hold the skills to effectively manage their time and develop their teams.
12. **How would you ensure that a sudden change in a patient's clinical need is provided in the future without impacting the patient's safety and quality of care on the ward?**
  - a. The inpatient Therapists will work closely with senior EPCT Therapy team supported both Clinical Lead Therapists (Occupational Therapy and Physiotherapy). There will be access to a wider therapy resource including UCR (Urgent Care Response) to provide opportunities for joint assessments on the wards and more complex service users. Regarding Winter Pressures, we will continue with the daily Escalation Huddles working collaboratively with partners to facilitate safe appropriate discharges in addition to the continued admission avoidance work.
13. **The Therapists receive ad hoc handover from the wards due to the nurse's daily handover being at 7.30 a.m. whilst the Therapy staff on the ward start at 9.00 a.m.**
  - a. Fothergill ward holds bi-weekly Multi-Disciplinary meetings where all patients are discussed and updates are provided regarding treatment plans and discharges.

**14. The allocation of cases is completed by the current Band 8A Clinical Lead Therapist - or the most Senior Therapist, in their absence, during the weekly therapy Monday caseload meeting. This meeting includes all therapists from Fothergill Ward and Sally Sherman Ward who are being led by the current 8A Clinical Lead Therapist. Considering the above, can you confirm if the therapy team within the new formed EPCT will be able to meet on a weekly basis to continue to discuss the caseload with the new Band 7 EPCT?**

- a. These weekly meetings will continue with the Band 7 EPCT Physiotherapist and the Band 7 EPCT Occupational Therapist and will escalate to Clinical Therapy Leads as appropriate.

**15. What meeting places are available on the second floor?**

- a. Bookable rooms are available on the second floor however the inpatient therapists would be expected to join with the EPCT Therapy team at their weekly Huddles to discuss complex service users (inpatient and community) for shared learning. There is also monthly Therapy In service training that will involve community and Inpatient therapy teams.

**16. The proposal for the Therapy Structure is to implement a therapy rotational model between Fothergill Ward and the EPCT Therapists on a 9 month rotation managed by an existing Therapy Lead in the EPCT. Can you clarify if the 9 month rotation is only for the Band 6 therapy staff or would it also include Band 5 Physiotherapists?**

- a. The 9 month rotation refers to the Band 6 Occupational Therapists- the rotations cover Mental Health and Physical Health areas for Tower Hamlets and Newham and is managed by the Trust Strategic Lead Occupational Therapist. The Band 5 rotations will remain as follows (each lasting 4 months): EPCT, Inpatients, Community Neuro Service, Musculoskeletal Physiotherapy, Tower Hamlets AADS team and Learning Disabilities (subject to change depending on service provision).

**17. Can you confirm if the Band 6 Occupational Therapist will first complete their rotation on Fothergill Ward for 9 months and then rotate into EPCT for 9 months?**

- a. The Band 6 Occupational Therapy rotation is managed by the Trust Strategic Lead Occupational Therapist and is based on service needs and also Therapist choice.

**18. Regarding the Band 5 Otago Instructor role. The job title is 'Specialist Exercise Instructor'**

- a. This will be amended.

**19. 'With reach into wards as required' does this mean there will be a change in the staff member's contract? The current contract only includes inpatient wards at East Ham Care Centre.**

- a. There will be no change to the contractual Terms and Conditions of this post, however, there may be changes in the Job Description and Person Specification in the future - in line with service needs and service user requirements. Currently this includes provision for the inpatient wards at East Ham Care Centre.

**20. The Band 5 Otago Specialist Exercise Instructor will be operationally managed by the Band 6/7 EPCT Physiotherapist - does this include clinical supervision?**

- a. Yes it does include clinical supervision.

**21. The Specialist Exercise Instructor is currently on reduced duties/activities support – how will you ensure the changes do not impact on their recovery?**

- a. This has been discussed in the staff member's one to one consultation meeting.

**22. If the staff member working for the ward and is using RIO how will caseload and capacity be measured? Will the staff member be expected to use EMIS to enable outcomes and caseload to be recorded?**

- a. There will be no change at the present time with recording on RIO as this is used for all staff on the inpatient wards at East Ham Care Centre. Therefore the newly formed EPCT Therapies team will offer a rotation to Fothergill Ward, plus provide all ad-hoc urgent requests and cover during absence/annual leave as applicable for Fothergill Ward. If EPCT staff are supporting the ward they will require RIO training.

**23. Response from the Inpatient Therapy team: our understanding is that there is already an EPCT based on the second floor - does this mean that all staff represented on Chart 3 (Proposed Therapies Function for the Fothergill Ward - page 7) who are already a part of the EPCT structure will provide this cover to Fothergill Ward? Or will it only apply for the staff outlined in Red?**

- a. There will be improved links between the EPCT Therapists and the Inpatient Therapists – to ensure cover for the ad-hoc urgent requests. A rota to cover for planned leave will be explored – with support from the appropriate EPCT therapists including UCR Therapy where appropriate

**24. Can you clarify what ‘all ad hoc urgent requests’ means? The understanding from the Inpatient Therapists is that therapy urgency is based upon the following:**

1. Chest Physiotherapy
2. Mobility Assessment on admission
3. Urgent equipment provision to facilitate discharges
4. Facilitate Discharges as part of step down work flow (including situations when there is a high OPEL score)

Can this be explored with the Clinical Leads?

- a. ‘Ad-hoc urgent requests’ are in line with the above criteria especially if discharge is expedited to allow service user flow through the inpatient and community pathways. We are aware that having a more robust ‘rota’ to support inpatient therapy planned leave will be beneficial to support flow – and this can be explored with the Clinical Leads.

**25. It is proposed to reduce 1.0 w.t.e Band 8a Clinical Lead Physiotherapist for Inpatients, this will put the current post holder at risk.**

- a. Yes. That is the correct interpretation of the proposal.

**26. Response from Inpatient Therapies Team: If the consultation goes ahead and the clinical lead is redeployed, what will be provided in terms of training etc. in any new post?**

- a. This has been discussed in the individuals one to one consultation meeting – this will involve a discussion between the appropriate Line Manager and the staff member during trial periods of the suitable alternative employment.

**27. How will the Senior Manager ensure that any offered posts are Suitable Alternative employment? What is the job evaluation/matching process and can you confirm that this is in line with the Trust Redeployment Policy?**

Any posts offered as suitable alternative employment are assessed on number of factors. In line with the Trust’s Redeployment policy and procedure and Management of staff affected by change policy and procedure, suitability depends on how similar the work is to the redeployee’s current job, the terms of the job being offered, skills abilities and circumstances in relation to the job, pay, status, hours of work, location and length of the role. Regards is also given to the personal circumstances of the redeployee, although some flexibility will be expected to be shown.

Management will ensure JD PS of any suitable alternative role is shared with the staff member followed by a meaningful discussion about the role, to ensure all aspects are being considered in line with the policies. Staff who are offered a post as alternative employment will also be entitled to a four-week trial period.



**28. Response from Inpatient Therapies team: The team has queries with regards to the current Activities Budget: the understanding is that the budget will go into the Specialist Nursing budget. Does this mean that the Activities team will continue to benefit from a monthly allowance to purchase resources for the Group Activities Sessions?**

- a. There are no plans to change the current arrangement concerning the monthly allowance, however this be reviewed at 3 and 6 months.

**29. There have been other work streams working within the Trust specifically looking at Financial Viability. Potential cost efficiencies have been explored across the Trust including non-pay, contracts and productivity. Space has also been raised as a concern - specifically for the Activities resources. At present these can remain in their current space however it is advised that there is an updated inventory of the resources and a review of space on Fothergill Ward.**

- a. Space will also be reviewed in line with Financial Viability therefore we cannot guarantee that the current space will continue to be available.

Following the end of the consultation it has been decided that the proposal will go ahead with the following changes:

- **The proposed changes to nursing shift pattern will not proceed.**
- **To enable to continued use of RIO for documentation and considering the space constraints (with the PC availability) on the second floor at East Ham Care Centre, the Inpatient Therapies team can continue to utilise the space on the Ground floor, until further notice in case teams need to eventually move to the second floor.**
- **The Inpatient Therapies team will be expected to attend and contribute to the weekly Therapy meeting to discuss complex cases and the monthly In Service Training provided by the EPCT Therapy team.**

We will continue to support all at risk staff with exploring suitable alternative roles across CHS Newham and the Trust via redeployment register.

It is envisaged that the new structure will be implemented by January 2025

If at any time you have concerns or queries regarding the change then please do not hesitate to contact me. I appreciate that this is a difficult process but I want to thank you for your contribution and understanding.

Yours sincerely



**Gavin Shields**  
Lead Nurse



**Jo Raphael**  
Head of adult therapies



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'what matters' to everyone, achieve a better quality  
of life and continuously improve our services.  
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**Chief Executive:** Lorraine Sunduza OBE  
**Chair:** Eileen Taylor