healthwatch Lambeth

Improving acute inpatient facilities in Lambeth for people with mental health needs

Pre consultation research around proposals for move and new build of inpatient facilities

Feedback on Location and Design

Mike Rogers Feb 2020

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1. Introduction

Healthwatch Lambeth undertook independent pre-consultation research to support South London and Maudsley Mental Health Trust around improving acute in patient services for Lambeth residents. The purpose of the work was to support the Trust in the design and delivery of effective formal consultation around proposals to move acute inpatient facilities to a new purpose block on the site of Douglas Bennet House within the grounds of the Maudsley Hospital at Denmark Hill, closing all services on the Lambeth Hospital site in Landor Road.

We appreciate the importance of understanding and communicating the context for the proposed changes. We emphasised the following key points to participants in the research:

- The Trust acknowledge feedback from patient, carers, staff and CQC and others about improvements needed to acute in patient services.
- The Trust has a commitment to make improvements for everyone (from all boroughs) this plan will include some refurbishment of existing wards and building some new wards
- There will be no reduction in the number of beds.
- All new wards will meet the strict national standards designed to ensure patient safety and positive experience.
- Plans to design new wards have been made using a specialist firm of architects and there has already been some patient and carer involvement.
- Plans for new wards include, larger bedrooms, all with en suite; more natural daylight; better communal areas and facilities for families; better visibility of staff; access to outside space.
- No decisions will be made until after the formal consultation (expected to start in February 2020) has been completed.

2. About this report

During the course of the research conversations with participants were steered towards issues related to design, location and environment. As we expected most people we spoke to also made comments about wider aspects of experience, care and support.

This report focuses on feedback about design, location and related issues which is of more direct use to the Trust in the formal consultation on the Douglas Bennet House proposals.

The wider issues people raised with us from their experiences, in particular about what other non location or design changes could be made to improve outcomes for them, are covered in a separate report designed to inform future operational issues.

3. Methodology

Due to time constraints, it was necessary to use a number of different methods for gathering the views of patients, staff and carers, in order to get varied views, including face to face semi-structured interviews, open discussions at community meetings on some wards, discussion at the carers forum, and anonymous online questionnaires.

3.1 Gathering the views of patients

We used a combination of ward visits approaching patients who wished to share their views in a semi structured 1:1 interview, and some small group discussions at community meetings on the wards. We used the same short topic guide was used in each case to ensure discussions covered environment, design and location issues. We also offered the option of phone interviews, but this was not taken up.

In total we had conversations with 33 existing patients, 19 individually and 14 in community meetings on the wards. Our initial aim was to have conversations with three to four patients in each ward and use a loose quota approach to ethnicity, age and gender. We had hoped to talk to a distinct cohort of patients who had experience of multiple admissions, but were not current inpatients but this was not possible to organise in the time available. However, at least 9 of the individuals we spoke to had experience of more than one admission, most to different wards. Due to the challenges of engaging individuals in ward settings, we spoke to all patients who were well enough and willing to talk to us, therefore it was not desirable to select possible interviewees on the basis of ethnicity or age.

In all our discussions we emphasised our independence from the Trust and how we maintain confidentiality and anonymity, to help reassure people they could be open and honest. We recognise that changes to inpatient services can sometimes cause anxiety and other difficulties for patients, carers, families, staff and those providing in reach. In these circumstances we approached our discussions with patients with particular sensitivity. For example, in any 1:1 interviews where we felt reference to any proposed move to Denmark Hill my cause too much anxiety – we did not cover that part of the topic list. For others who were better able and willing to engage, we used floor plans of the proposed new wards on the DBH site to help focus discussion.

Our conversations focused on:

- Good things people did not want to lose from the Lambeth Hospital.
- Things which people feel need improving.
- Would there be any advantages or disadvantages for individuals of a move of location [to Denmark Hill]. Any suggestions people had about how any problems as a result of the move could be resolved.
- How can the proposed move directly improve personal outcomes for individuals.

3.2 Gathering the views of carers and families

In December, we ran a small group discussion at Lambeth Carers Hub as part of the Forum meeting to gather feedback. Our plan was to follow this up with an anonymous on line questionnaire for interested carers, supplementing this with an anonymous short on line questionnaire. There were very strong feelings expressed at the Carers Forum about the proposals which meant we had to change our approach. Although senior managers from the Trust had previously presented the broad approach to improve inpatient facilities and proposals around the Lambeth Hospital site to a meeting of the Forum some weeks before, all carers present at the meeting we attended said this was the first they had heard about these plans.

There was a strong feeling that decisions had perhaps already been made with too little involvement of carers. We reassured them that no decisions will be made until after the formal consultation, and that this research was pre-consultation to make sure that the Trust had understanding of the views of different stakeholders and so could plan to mitigate these better.

In response to this feedback the Trusts' Steering Group which is overseeing the engagement of different stakeholder groups has already taken this on board. The Trust has committed to returning to the Forum to further explain the proposals and to undertake a more specific, comprehensive and accessible approach to engaging carers and families as part of the formal consultation process. A key commitment is to put the options into the wider context of improving inpatient facilities for all SLaM patients.

3.3 Gathering the views of staff

As there were tight time constraints over the period the research could be carried out and the difficulties for staff taking time away from duties on the wards, we chose to gather the views of staff using an anonymous short online questionnaire. To date there have been 21 responses. These were supplemented by a number of discussions we had with staff during our ward visits.

4. Findings – what people have told us

4.1 Summary of key finding

4.1.1 Location

- Few patients expressed concerns about the proposed move of location, some were quite positive about the possibilities being in Denmark Hill rather than Landor Road presented.
- Staff (especially managers) were more cautious about the proposals, citing a number of practical issues including:
    - lack of parking spaces,
    - limited facilities for staff e.g. canteen capacity,
    - perception that it would more difficult to recruit
    - Increase in travelling time for community services and adverse impact on time available for casework.
    - concerns about staff safety at night travelling to and from work
- Home Treatment Team staff and some ward staff were concerned about losing the close physical links between the service and the wards
- Concerns that highly valued in reach from VCS (e.g. Mosaic, etc) reduce, patients wanted much more.

4.1.2 Outdoor open spaces

- Loss of proper garden space was seen as a negative.
- Some sceptism that the balconies in the new design would compensate for the loss of garden space – more information about size, access and outlook was asked for so people could form a view.
- Proximity of Ruskin Park seen as a big opportunity by many – and also could help mitigate the loss of garden space - we heard some interesting suggestions about how this could be used.

4.1.3 Design and facilities

- There was all round strong support for making improvements to the environment on the wards, both physical and therapeutic amongst patients and staff. We heard quite a long list of things people would like to see, ranging for music rooms, TVs in rooms, wifi etc, some minor some less so – where possible it would be helpful for these issues to be clarified in the formal consultation.
- Many aspects of the proposed design were seen positively; e.g. bigger rooms, ensuite, open plan lounges, natural light etc; but many had difficulty

envisaging what things might look like in practice and how this may, or may not improve experience.
- Staff in particular had a number of safety concerns and sought reassurance that these would be tackled in included in the design – they also made some helpful suggestions of how these could be addressed.
- Staff made many suggestions about how improved facilities for them could help mitigate the change of location and perceived disadvantages.

4.2 Location

4.2.1 Accessibility and transport

'It's easier for me to get to, but all the buses can be confusing if you don't feel well'

Views were spilt between the majority of patients, some members of the Carers Forum and staff in relation to transport and accessibility issues.

Most patients thought that a change of location to the Maudsley site would make little difference to them or their visitors. However the majority told us they had few if any family or friends visiting them and that this was more to do with their own isolation and anxieties about people seeing them in hospital. There was more concern expressed however, that the proposed move may make it much more difficult for other people [e.g. in reach workers and volunteers] to get to the wards as often as they do. Several patients told us they would like more 'outside' people to come and visit and engage them helping to make the inpatient stay 'more connected to the outside' and worried this might be less likely with a move to Denmark Hill.

Keeping a 'connection' with Brixton and patient access to Mosaic Clubhouse in Effra Road were specifically mentioned with some worries expressed that this might adversely affect some patients who use it for support, information and friendship, especially those in recovery, preparing for discharge or with unescorted leave. One patient said how important getting off the ward to visit the Clubhouse was therapeutically for them, rather than the workers visiting the ward. They asked if in future a regular minibus service or taxis could be used to ferry people to and fro.

'I wouldn't be able to visit as much, I'd need a bus to get there [the Maudsley] from here- it would take me too long'.

'Brixton is in the middle [of Lambeth] it's easy to get there on public transport from all over – why should we move away ?'

'I can walk to here [Landor Road] I can't walk to Denmark Hill'

Carers and staff seemed less enthusiastic about a change of location to the Maudsley site compared to patients. There were some particular concerns about accessibility and transport.

Most people regarded Brixton as a natural transport hub in the middle of the borough, with relatively easy access to most areas in London. Access to and from Denmark Hill was seen as much more difficult for most people. The overground train station was seen as of only limited use as it was not connected to most parts of the borough or the wider city; the lack of an underground connection was regarded as a significant disadvantage and the almost total reliance on the bus network was of concern – especially for the many staff and families did not have access to their own car as an alternative, leading one member of staff to suggest they may have to look for a different job as the commute would be too difficult and long for them.

For most people they told us the proposed move would involve more time travelling both to and from work, but also during the course of the day for offsite meetings with community colleagues etc. Some Home Treatment staff were concerned that the change of in patient location could increase travelling time between 'base' and hospital – giving them less time for casework, at a time caseloads are increasing.

4.2.2 Parking

'I'd be more likely to travel by car, but there's nowhere easy to park there'.

Given the perceptions of many about the transport links at Denmark Hill compared to Brixton, it was not surprising that some staff said they would be more likely to use their own car to travel to work there rather than use public transport as they do now. The lack of adequate car parking space near the proposed site was frequently referred to. Staff already based at the Maudsley told us that often at particular times of the day they could not be certain they would be able to find a space on site; of concern to them was the likely increased pressure on an already limited resource by putting more staff on the site.

The need for much better (free or cheaper) local parking around the Maudsley site is needed.

Solutions staff suggested included:

- Approach Southwark Council to make all of Windsor Walk additional parking for DBH patients and staff, rather than being open pay bays as now.
- Extending the route of the mini bus run by the Trust linking the Maudsley to the Bethlem, to include designated timed stops in Brixton.

4.2.3 Alternative locations

We were surprised that only a small number of patients or staff enquired about why the Landor Road site could not be used for any new build. Those who did ask were in the main accepting and realistic in terms of the limited resources available to the Trust and the likely long period of upheaval and uncertainty [of where Lambeth patients would go] during the building work] and the need for this to be avoided.

4.2.4 Stigma, safety and atmosphere

Some patients told us the Lambeth Hospital site, as it had a secure attended front gate and walled surrounds, help them feel safe; one specifically referring to drug dealers not being able 'to get to them in here'; they felt that the Maudsley site was not secure in the same way. In contrast another patient thought being located at the Maudsley would help 'people like him' get away from the pressure of drug dealers in Brixton.

Some staff raised concerns about people on shifts that started or ended late at night and the perceived 'less safe' external environment at the Maudsley. It was not viewed as secure, well-lit or enclosed like the Lambeth Hospital, gated site

There was some concern expressed by staff about the size of the Maudsley site and concerns that the 'close knit' nature of the Lambeth Hospital site enabling patients from different wards to get to know each other would be lost. In contrast others felt 'the [Lambeth Hospital] site layout is dangerous, a move to Maudsley will be good as long as the wards are modern and fitting to the type of patients we care for especially the PICU'.

Another view was that the 'Lambeth Hospital' was less stigmatising for patients, it sounded local and generic, whereas 'everyone knows the Maudsley and what its for'.

Ward staff and some patients thought closer proximity to KCH A&E would be helpful enabling closer working with Psychiatric Liaison there and make patient transfers in patients smoother and quicker.

4.3 Outside, gardens and fresh air

'Getting out and getting fresh air is so important'

4.3.1 Balconies, gardens and parks

Most patients we spoke to would like to be able to spend more time outside in the fresh air rather than they were *'allowed'* to now. Our conversations with them and own observations at the Lambeth Hospital showed clearly there was a big

disparity in how the gardens there were maintained and how patients accessed them.

These spaces near the wards in the Lambeth Hospital were seen as a valuable resource by many of the patients we spoke to. Although in some cases they were clearly frustrated and demoralised that they were not allowed to access them as frequently as they would like, and few said any activities connected with the garden ever took place.

'If we can't use it and it's there, that's just punishing us again'

On one ward which looked out over a very unkempt garden, which had a lot of litter in it, little importance seemed to be given to its use by staff. On other wards the garden seemed more highly valued, well used and well-kept with good access.

Where we discussed the proposed floor plans with patients the balconies were widely welcomed, but some were worried these were likely to be too small and *'artificial'*, some asked if access to the balconies would be open or restricted [as they felt access to the gardens is at the Lambeth hospital]. We were told that as a number of people had inverse sleep patterns, they might really benefit from open access to the balconies 24/7, without the need to ask staff. Another patient summed up the view of many others in saying *'they seem nice, but balconies aren't a garden are they ?''*

The proximity of the Maudsley site to Ruskin Park was seen by many patients as really positive and an opportunity to do things differently - there was a widely held view there was so little to do near Lambeth Hospital and no real accessible open space nearby, other than the small ward based gardens and a 'smoking area' by the bus stop on Landor Road. There were many suggestions and questions raised about the possible use of the park which are referenced in the operational report.

HWL feel Ruskin Park presents a positive therapeutic opportunity for both people who have escorted or unescorted leave. More ambitious and creative connections and use of the park (for example by OTs with small groups, involvement in existing projects etc.) could be a way of compensating for the absence of ward based garden space on the new site.

4.4 Design and appearance

4.4.1 'We need safe design'

Ward staff made several criticisms about how the layout and design of the current wards compromised safety and made some situations more disruptive and upsetting to patients than they needed to be. Staff who we discussed the proposed floor plan with asked for more clarity about several detailed aspects of the design.

Things to improve safety staff they would like incorporated into the design:

- Metal detectors at entrances.
- Absolutely 'no blind spots'.

- Much wider corridors to prevent confrontation between patients.
- Two air locks with an assessment room between them.
- Separate staff access to the ward as patients sometimes deliberately stand in front of the door to prevent them entering or leaving.
- Consulting/MDT room with two exits- so if a patient is being aggressive or violent and blocking an exit, it is possible to leave through the other exit.

4.4.2 Décor and orientation

'It's like a prison, they are [all wards] like prisons'

'They should be designed to make you feel better….they make you feel unwell'

'The blandness [of the wards] is dehumanising and disorientating – it makes me anxious'.

The most enduring theme mentioned by the majority of patients we spoke to was the feeling that the environment and building made the experience feel like being in a prison and not an aid to recovery.

Many (especially younger) patients wanted to seize the opportunity to help improve the look and feel of any new build – and asked to make sure that there was positive and meaningful involvement. The institutional décor and the *'dull'* uniformity this created was an issue for many.

As all wards tended to be decorated the same and have a heavy institutional feel, the importance of needing to know where you are geographically and how confusing and disempowering not knowing can be, was emphasised in different ways by a number of patients.

Whilst some patients were familiar with the Maudsley site either through experience or living more locally to it, some were not and there was some concern about knowing what things to do there are nearby once individuals had leave from the ward. Even if you knew an area we were told if you are unwell, it can still sometimes appear strange and unusual to you or create extra anxieties.

One creative suggestion made to us was that each ward should display a large and accessible basic map on the wall - 'not an A to Z' - they suggested this could be painted on the walls and show, where to go for a walk, e.g. Ruskin Park, around the Maudsley site (which some said they felt could be very confusing) where to go for a coffee, shops of interest and bus stops etc. They felt it would also be helpful to show places to avoid, (they were especially exercised about the possibility of being exploited, e.g. by drug dealers at Camberwell Green).

This could be especially helpful in 'Lambethising' the new wards, providing patients with essential information to help make sense of their location and also

as a guide for places they could go while on leave from the ward. This could be made interactive with patients themselves able to add their own recommendations over time.

4.4.3 Décor, atmosphere, colour schemes etc

Whilst most people seemed to dislike the blandness of the décor on the wards there were quite different views expressed about their ideal decorations. Some stating a clear preference for contrasting, muted and calm colours, others preferring to *'liven things up'* with bright colours.

We recommend that the Trust find a better balance between on the one hand the need for neutral colour schemes driven by cost and the relatively high rate of turnover of patients and allowing individuals and groups of patients as much control over their own environment as possible. For example, enabling greater *'personalisation'* of bedrooms where this is wanted by individuals and common areas on the ward perhaps reviewed regularly at the ward based community meetings where changes to things such as what to hang on the walls in the common parts of the ward can be discussed. In itself this could have a positive therapeutic effect, with those engaged in art projects providing some of the material, and everyone feeling a greater stake on the environment.

4.4.4 Natural light and pastoral outlook

There is broad agreement across several studies of in patient environments for people with mental health needs of the therapeutic importance of natural light and outlook. On all the existing wards we visited artificial lights needed to be on throughout the day. For many patients and staff this added to the institutional feeling of confinement. When we discussed the new proposed design with patients, there was enthusiasm for the idea of bringing much more natural light from outside into the new wards but there were some question about whether this would be enough so that lights were not needed in the day time – which is what they would prefer.

Other suggestions included *'we need to bring the outside in'* – referring again to the feeling of separation and confinement. The value of a pleasant, calm outlook from the outward facing windows was seen as important. There were contrasting views expressed by some in the Lambeth wards, which were dependent on which ward people were on and what the existing outlook was like.

For those currently on the ground floor based around a well-kept garden, some spoke about how valuable this was to them helping to and feel calm and that they wouldn't want to lose it by being based on an upper floor; for some others without a pleasant existing view, they told us *'anything is better than this'*.

There were some questions about what the outlook from the proposed new building might look like; for those with an existing knowledge of the Maudsley site

and the proximity and number of other buildings there, they was some concern that many of the views might simply be a wall of another building closeby. A 'good (ie calming)view' was mentioned as important in relation to individual bedrooms, common areas and balconies.

4.4.5 Space to bring people together

There were fairly common criticisms of the layout of the communal areas on the Lambeth Hospital wards by staff and patients alike. Communal areas were not seen as a welcoming, accessible or a safe and relaxing place which enabled people to come together, to socialise etc, an important part some mentioned in their recovery.

Patients and staff who we discussed the proposed designs with welcomed the more open plan aspect of the seating areas; one staff member mentioned how different the feel and atmosphere was at River House (at the Bethlem) from the Lambeth wards, due in part they thought to much more open plan, accessible for people to use casually as they liked. They said that was the standard the Trust should be aiming for on all wards. In contrast to the Lambeth Hospital wards, patients we spoke to on ES2 (already based at the Maudsley site) said they used the (more open plan) lounge area a lot and found it did help bring people together – however, furnishings, comfort, décor and outlook were still things which they would like improved.

Staff told us that lounges/TV rooms behind a door, off a corridor (as at the Lambeth Hospital), frequently present particular challenges especially managing disruptive behaviours and that some patients were less likely to use these rooms, preferring to stay in their bedrooms to avoid possible incidents etc.

These limitations were illustrated by our observations on two wards in particular. An incident took place while we were visiting one ward where a patient who was clearly very unwell, was able to come into the lounge to speak to us and was determined to hold the door shut keeping the member of staff who was providing one to one support at that time out. On another the room had been locked altogether as the TV remote had gone missing (for the second time in as many weeks).

On another ward we found the lounge area much more used, it was more comfortable with leather/faux leather soft sofas and chairs opening out onto the garden; there was art on the wall, there was a calmness. We participated in a very well run and positive community meeting and patients were well engaged in discussions about what they valued about the design of the ward and facilities there. Although this group were at a different stage in their recoveries and more willing and able to engage, they made a lot of suggestions which they felt would be of benefit to those on the other acute wards.

Staff that had sight of the proposed floor plan were supportive of the communal areas being placed 'near the staff station and entrance to the ward – not down a

corridor' – this was viewed as important in being able to 'see what is going on, whist still doing your [other] work'.

There were different views expressed about the 'ambience' people would prefer in the open plan communal areas in the new design. For example, there was criticism of TV 'on or off' being the only option; film nights were well received by those who had experienced them; some said tranquil, calm music who be helpful to them; access or lack of access to the TV was important to patients as it was the only thing some said they had to occupy their time with currently.

One patient, (who had a preference for a more tranquil communal space) suggested in relation to the proposed new build, that if there are two communal areas (one for each ward) on each floor, if patients from either ward can access either space, then each could offer a different environment, for e.g. one more tranquil, the other 'louder' and more engaging – people could then make a choice depending on how they feel that day. He thought this would help some patients get out their rooms more.

4.4.6 Furnishings

There seemed widespread dislike of the vinyl covered sofas which were in all but one of the lounges on the wards we visited during the research. Variously referred to as '*cold', uncomfortable' 'like an old people's home'* and other similar comments. There was interest in the choice of the furnishings which would be provided in any new build – we were unable to be specific but promised to feedback concerns. Soft Fabric or leather chairs and sofas would be widely preferred as would carpets in the lounge areas to make *them 'cosier and inviting – more like home'*.

Existing 'screwed down' furniture in the dining areas was not liked, but there was acknowledgement of the need for this from a safety perspective but it added to the 'prison like feeling'. An alternative which would be more preferred by many was free standing, but much heavier tables and chairs 'like they have at Ladywell'.

4.4.7 'Prison like' doors and corridors

One patient shared with us how the *'prison like'* hard closing, heavy doors that are always used and their sheer number, *'put them on edge'* and made their anxiety worse. They spoke about doors banging all day and throughout the night and asked *'cant people take their time and close them quietly, or [can they be] soft closing – it would only take a minute more'*.

Another talked about how anxious and liked to get exercise and preferred to walk up and down rather than sitting down; he told us how he spent the day walking up and down the same little dark corridor – he was enthusiastic about the possibilities in the new design and said he would like to be able to walk round the whole floor

[i.e. right round the and between the two wards]. He said this would add more to his experience than anything else.

4.4.8 Personalising your space

'I want my room to be my home'

A number of patients who were clearly in recovery we spoke to were well engaged about how improvements could be made to individual bedrooms: The disabling impact of not being able to 'personalise' your own space was stressed. People wanted more control over their own space as well as better quality rooms with more facilities. A few patients we met were keen to invite us in to see their rooms and talk to us about them. Some had clearly spent time in personalise their space, often with the help of staff and they talked about how important it was for them to be able to do this.

Most patients said they were happy with the size of their rooms but the prospect of bigger rooms with ensuite was broadly welcomed by those who expressed a view – but a clear message from some was that more facilities needed to be available in any new rooms, including some very basic items.

Some examples of improvements mentioned by patients and ward staff included:

- Larger wardrobe space – and shelves so there's adequate room for possessions.
- A comfortable chair and desk/table – so you don't have to use the bed all the time.
- More control over your own environment, some examples people gave us:
    - the wards were overheated for some, too hot and dry making them feel unwell – they wanted to be able to control the heating in their own room
    - be able to open the window in their rooms *'wider than you are allowed now'*
    - E.g. being able to hang things or stick things to the walls – seen as very important by some patients especially those who used art as a positive therapy – as they weren't allowed to hang things on the walls now, they didn't expect to be able to do it in a newly decorated, new ward. We heard a very positive story from a patient who had used their art to help their recovery and come to terms with their life and how ward staff had encouraged and help her to bring this about – even so there were numerous paintings around the room all staked on the floor – she would have like to hang them or even exhibit them on the ward.
- TVs, DVD players and radios in each room - *'why should I have to watch what everyone else does, just because I'm in hospital it's not like that at Kings'?*
- Can we have tea and coffee making facilities in our rooms ?

- Can we have free wifi that works and can we use our mobile phones ?
- En suite was seen as a positive improvement especially as it was afforded much more dignity and privacy. We heard from some patients about their poor experience of the communal bathrooms and toilets, citing it only took one person to make a mess and we all had to suffer. There were some qualifying observations however,
    - *'only if we have shower curtains or doors'* (in reference to shower curtains having been removed on the ward for patient safety).
    - How will they be kept clean? Will they be fully enclosed – concern about water getting into the rest of the bedroom.
- In contrast to views about furnishings in the lounge areas, most patients who expressed a view said the quality of their existing beds was good, they were comfortable and able to sleep well in them, notwithstanding external factors such as noise on the wards, shouting, slamming doors etc.
- Staff suggested a music room (with a built in secure system) would be helpful for patients to relax and also aid de escalation.

4.5 New facilities for visitors, carers and families

'if it's just another room that's no go – what about if my children want to visit?'.

A small number of patients told us they have visits from friends and family. But asked what will the carers facilities really be like [in DBH] ?

One patient told us '[*my visitors] never bring their children to see me it's just not welcoming for them – I don't want them to come to a place like this*' – when asked what changes they thought would help they suggested *'a proper family room, for kids, away from the ward, with toys and things in and a sofa'*. Other improvements mentioned were much more flexible visiting hours would help which took account of school and working hours etc..

4.6 New facilities for staff

Facilities for staff at the Landor Road site were viewed as minimal; staff we spoke to at the Maudsley site felt key facilities like the canteen etc were already over stretched and would struggle to cope with more demand. The DBH plans were seen by many as an opportunity for significant improvements to their working environments – with some saying this would help offset some of the perceived negative consequences of a move for themselves.

Facilities which needed improvement or establishing on the Maudsley site:

- Access to (good) staff gym
- A mini supermarket on site
- An increase access to child care facilities

- On the new wards:
    - open kitchenette
    - staff room, toilet and shower
    - accommodation for junior doctors
    - a room for doctors on call

4.7 Other issues

4.7.1 Bed numbers

A small number of patients (and some staff) wanted to talk about the numbers of beds that were going to be available. Some asked questions like, *'how do you know there's enough just because you will have the same [number]?*

One (voluntary) patient thought a lack of beds could mean they could have to stay at home when unwell and was concerned, as they preferred to be nearer the doctors at times they wanted them.

HWL strongly recommend that the thinking of the Trust about adequate bed numbers should be made much more explicit in an accessible way as part of the formal consultation process. In addition, there should be much more clarity about how the new arrangements in the community will work (HTT and MRT) in relation to admission etc.

4.7.2 Keeping the conversation going

Amongst the different groups we spoke to there was some enthusiasm to 'keep the conversation going' - acknowledging that what works today, may not be right solution for everyone in the future. More (and meaningful) patient, carer and staff involvement in all aspects of design and solutions to challenges

Ward staff specifically asked for more opportunities and encouragement to enable patients and themselves to speak up about your personal experiences; good or bad and to use this to make changes in the future, in terms of design, layout, décor etc; 'It shouldn't be a one off'.

4.7.3 More clarity about the new design

Patients generally wanted a much more graphic idea of what the actual design would be like, even those who discussed the floor plan with us found it hard to visual how things would work, how big different parts of the plan, (rooms, balconies, communal areas) might be. Issues like, where will the doors to the ward be, which doors will be locked etc and how will they work were also important in this regard. For example there were some patients who when looking at the plan asked if they would be able to walk all the way around a floor (this would be a big

positive for them) – we weren't able to be clear about functional details like this, but these would need to be demonstrated more clearly in materials to patients in the future.

To help everyone understand better what it might be like living and working in the proposed new wards, HWL feel a well thought out, accessible, high quality and detailed virtual walk through should be available as part of the formal consultation this to include corridor walks, where doors would be where staff would be, what was in each bedroom, what the outside aspect would be, what the family room might look like inside etc. what the lounges, dining areas and other spaces might look like. Also it needs to give a good idea of what spaces patients will have open access to, and what would need to be negotiated with staff.

Healthwatch Lambeth
336 Brixton Road
London, SW9 7AA
Tel 020 7274 8522
Text 07545 211 283
info@healthwatchlambeth.org.uk
www.healthwatchlambeth.org.uk/enterandview

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