

# Amersham Community Hospital

**Enter and View Report**



**March 2025**

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## Visit details

Details of visit	
<b>Service Provider</b>	Buckinghamshire Healthcare NHS Foundation Trust – Amersham Community Hospital
<b>Service Address</b>	Whielden St, Amersham HP7 0JD
<b>Date and Time</b>	4 <sup>th</sup> March: 1pm – 4.45pm
<b>Authorised Representatives</b>	Oonagh Browne, John Meech, Jenny Cassidy and Deborah Tymms

## Summary of findings

We heard from 18 patients, four visitors and two staff members. All of the patients who spoke to us said that they had been transferred to Amersham Community Hospital from acute hospitals both inside and outside Buckinghamshire (from neighbouring counties).

These findings represent an account of what we observed and heard across three inpatient wards on the day that we visited.

### Chartridge Ward

- + A staff member told us that the ward did not have an Activity Coordinator to do group activities with patients
- + Most patients had a very positive experience with staff and said that they were kind and attentive. However, one patient had a negative experience and told us that staff laugh at them
- + Patients felt that they could ask staff questions, but some said that they were not involved in their treatment plans
- + One patient drew our attention to a clock that displayed the wrong time which caused them some confusion
- + Two visitors said that were very satisfied with the care on the ward. They were also positive about the ward environment in terms of comfort, cleanliness and food. One told us that the ward was in 'a different league' based on their experience at an acute hospital. When asked if they had any suggestions for improvements, one

visitor said more communication around patient treatment plans. While the other visitor said more communication between the ward and acute hospitals when the patient is going between the two for medical appointments

## Waterside Ward

- + We did not see any patients in the day room during our visit. This room was tidy except for one area which contained a selection of books and board games. It had an overflowing bookcase and crammed activity boxes, access to both was blocked by chairs. A staff member told us that patients did not engage in group activities as an Activity Coordinator no longer visited the ward
- + Most patients were satisfied with their care on the ward. One told us that it is what they would expect from a first-class hospital
- + We heard mixed opinions about patient involvement in treatment plans. One patient said that staff listened to them, and they had become more independent since being on the ward. Two patients felt that they were not involved in their plans with one saying that they did not feel comfortable asking questions
- + We spoke to one visitor who was satisfied with care on the ward. However, they said that parking was a challenge and that patient alarm bells were noisy/prolonged

## Buckinghamshire Neuro Rehabilitation Unit (BNRU)

- + BNRU is a "carer passport" ward. We were told by the ward manager that there has been a positive uptake by carers in the scheme (which helps carers to be recognised and supported during a patient's hospital stay)
- + Posters along the corridors displayed information about health and wellbeing such as the monthly bike competition and the BNRU hairdresser
- + Patients were positive about their experiences with staff with one saying that staff do not discriminate between ages and abilities
- + Two patients spoke about the frequent changes in nursing staff and number of "bank" (temporary) health care staff on the ward. One patient told us that it is difficult to build a relationship with staff with the lack of continuity and having to remember new names/faces
- + Many patients told us that the quality of the food was very good
- + Some patients spoke about their rehabilitation therapy/activity schedule and showed us their weekly timetable. One patient said that they would like to do more

activities during the day and over the course of the week. Another said that their therapy sessions get interrupted quite frequently so the scheduled session is either shorter than planned or does not happen at all

- + We listened to feedback from two visitors. Both said that their relatives were well looked after by staff. However, one visitor told us that there should be more rehabilitation on the rehabilitation unit

## Multidisciplinary staff teams

- + Each ward had multidisciplinary staff teams including nurses, physiotherapists, and occupational therapists. BNRU ward had a dedicated staff wellbeing room
- + A staff member on one of the wards told us that they felt the ward was nurse-led rather than therapy-led
- + Two staff members said that their teams were friendly. One said that they felt respected in the team and that there was good comradery amongst colleagues
- + One staff member said that being way from an acute site can be isolating in terms of medical support. Another told us that being part of a 'chain' is challenging i.e. patients are waiting to be transferred from acute wards to the hospital, but spaces are not available due to complex discharge situations
- + We asked two staff members if they had suggestions for improvements. One suggested an 'out-of-hours' medical support service. The other suggested better communication between the hospital and social care leads to handle complex discharges

## Recommendations

The following recommendations have been suggested to Buckinghamshire Healthcare Trust (BHT) based on our conversations and observations during the visit:

### Chartridge Ward

- Promote open communication with patients and their carers/relatives to be involved in treatment plans by planning regular meetings to discuss progress and next steps
- Replace batteries in clocks that have stopped working around the ward to maintain accurate timekeeping

- ✓ Ensure patient appointments continue as scheduled to acute hospitals by looking at ways to improve communication to confirm appointments and address any cancellations or delays promptly

## **Waterside Ward**

- ✓ Declutter the bookshelf and activity boxes in the day room
- ✓ Look at ways to keep improving a nurse's response time to a patient's call buzzer e.g. setting and evaluating response time performance goals
- ✓ Continue to encourage patients to ask questions about their care/treatment. Promote initiatives to boost patient involvement in decision-making e.g. It's OK to Ask  
[https://www.royalwolverhampton.nhs.uk/news/2025/january/its\\_ok\\_to\\_ask\\_campaign\\_launch.html](https://www.royalwolverhampton.nhs.uk/news/2025/january/its_ok_to_ask_campaign_launch.html)

## **BNRU**

- ✓ Identify ways to retain an active pool of bank staff so that they can build positive relationships with patients and the multidisciplinary team on the ward
- ✓ Where possible offer patients the opportunity to have more weekly rehabilitation therapy and activity sessions in their personal timetable if they feel that they could benefit from further rehabilitation opportunities
- ✓ Ensure that patient therapy sessions resume/are rescheduled if their session is interrupted

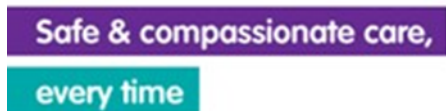
## **All wards**

- ✓ Encourage patients to increase mobility and improve their experience, especially during long stays, by having regular group sessions with an Activity Coordinator in the day room. This could also enable more social interaction with other patients and staff
- ✓ Continue to work with integrated care boards (ICBs), as well as local authorities and integrated care partnerships (ICPs) to support complex hospital discharges. Also, share and update patients/their families about their discharge plans on a regular basis

- ✔ Promote the carers passport to staff, patients and carers across all wards in BHT hospitals. Also, liaise with organisations offering carer support to promote the passport on their digital/social media platforms i.e. Carers Bucks

## Service provider response to recommendations

The following response was received by email on 9<sup>th</sup> April 2025.



Stoke Mandeville Hospital

Mandeville Road

Aylesbury

Buckinghamshire

HP21 8AL

9 April 2025

Dear Oonagh,

### **Response to Healthwatch Bucks Enter and View Visit Report – Amersham Community Hospital**

**Date of Visit: 4<sup>th</sup> March 2025**

Thank you for your detailed report following your Enter and View visit to Amersham Community Hospital. Your insights and feedback are extremely valuable to us and play a vital role in enhancing the quality of care and overall experience for all our patients. We remain dedicated to upholding these high standards and continuously striving for excellence.

We acknowledge the concerns highlighted regarding our communication with our patients relating to their treatment and discharge plans which we further acknowledge is a pattern in in our communication considering your visit to Buckingham Community




Hospital in February. We recognise that there can sometimes be challenges with parking for relatives and with recent building work onsite this has been quite difficult. Most of this building work has now ceased releasing some of the pressure.

Our activities coordinator for Waterside and Chartridge recently left, and this post has not been replaced. There is an activities coordinator on BNRU.

Below is our response to the report's findings in the form of an action plan addressing the recommendations:

### **Action Plan in Response to Recommendations**

<b>Recommendation</b>	<b>Action</b>	<b>Timeline</b>
Promote open communication with patients and their carers/relatives to be involved in treatment plans by planning regular meetings to discuss progress and next steps	Review 'Its OK to Ask' campaign and launch at BHT if appropriate.  Discussion at ward meeting to explain responsibilities of the nurse to ensure all patients are aware and included in discharge planning. Confirm process that nurse caring for patient each day should ensure patient is updated regularly	30th May 2025
Replace batteries in clocks that have stopped working around the ward to maintain accurate timekeeping	Review clocks on all wards and replace batteries as necessary.  Confirm process for regular checks of all equipment	Completed 19/03/2025  30 <sup>th</sup> April 2025
Ensure patient appointments continue as scheduled to acute hospitals by looking at ways to improve	Discuss at team meeting - team to ensure all appointments are known - check on admission and	30 <sup>th</sup> April 2025

communication to confirm appointments and address any cancellations or delays promptly	ensure transport booked when appropriate.	
Declutter the bookshelf and activity boxes in the day room	Housekeeper to review and ensure clutter free at all times	Completed – 18/03/2025 
Look at ways to keep improving a nurse's response time to a patient's call buzzer e.g. setting and evaluating response time performance goals	Polite reminder to all ward staff on handover the need to support the response times to answer patient call bells.  Audit on call bell answer times – ask for volunteer assistance to complete audit and act on findings	Ongoing at shift handover.  30 <sup>th</sup> May 2025
Continue to encourage patients to ask questions about their care/treatment. Promote initiatives to boost patient involvement in decision-making e.g. It's OK to Ask	Matron triage and assessment visits to set the scene for rehabilitation.  Meet the Matron rounds established to enable feedback and support for patients  Review 'Its OK to Ask' campaign and launch at BHT if appropriate	Completed and ongoing  30 <sup>th</sup> May 2025
Identify ways to retain an active pool of bank staff so	Current plan in action relates to substantive	30 <sup>th</sup> May 2025

<p>that they can build positive relationships with patients and the multidisciplinary team on the ward</p>	<p>recruitment to all vacancies supported by on site local recruitment event,</p> <p>lines of work from temporary workers,</p> <p>collaboration with local universities to increase placement opportunities for student nurses.</p>	
<p>Where possible offer patients the opportunity to have more weekly rehabilitation therapy and activity sessions in their personal timetable if they feel that they could benefit from further rehabilitation opportunities</p>	<p>The MDT team will review provision of additional individual and group therapy sessions to ensure their holistic rehabilitation needs are met.</p> <p>Therapy and nursing staff to facilitate rehab opportunities such as using the exercise bike outside of scheduled therapy sessions</p>	<p>Ongoing, to be reviewed at weekly goal setting meetings and use weekly QI huddle to explore different ways of working.</p>
<p>Ensure that patient therapy sessions resume/ are rescheduled if their session is interrupted</p>	<p>Reminder to all ward staff the importance of starting therapy session on time or rescheduling them if they are interrupted.</p> <p>The MDT will monitor, and review patient therapy sessions completed to ensure patients are completing set therapy sessions.</p>	<p>Ongoing, to be discussed daily during handover and as part of the QI huddle.</p> <p>To be included in weekly Matron's quality audit.</p>

<p>Encourage patients to increase mobility and improve their experience, especially during long stays, by having regular group sessions with an Activity Coordinator in the day room. This could also enable more social interaction with other patients and staff</p>	<p>Get up, get dressed, get moving campaign in place to support patients to increase their exercise. Day room available and use is encouraged.</p> <p>Healthcare and Therapy Clinical Support workers employed on Waterside and Chartridge and should be supporting exercise classes with the therapy teams. Review this on both wards and if not in operation seek to start this asap</p>	<p>30<sup>th</sup> May 2025</p>
<p>Continue to work with integrated care boards (ICBs), as well as local authorities and integrated care partnerships (ICPs) to support complex hospital discharges. Also, share and update patients/their families about their discharge plans on a regular basis</p>	<p>Regular meetings held with discharge team include ICB and BCC.</p> <p>Discussion at ward meetings to explain responsibilities of the nurse to ensure all patients are aware and included in discharge planning. Confirm process that nurse caring for patient each day should ensure patient is updated regularly</p>	<p>Ongoing</p> <p>30<sup>th</sup> April 2025</p>
<p>Promote the carers passport to staff, patients and carers across all wards in BHT hospitals. Also, liaise with</p>	<p>Review with each ward sister and develop plan for implementation</p>	<p>30<sup>th</sup> May 2025</p>

<p>organisations offering carer support to promote the passport on their digital/social media platforms i.e. Carers Bucks</p>		
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Healthwatch Bucks' insights have been invaluable, and we are fully committed to implementing the recommendations to enhance both the patient and staff experiences at Amersham Community Hospital. The action plan outlined above demonstrates our dedication to making meaningful improvements based on the feedback received. We will continue to monitor the progress of these initiatives and keep Healthwatch Bucks informed of our developments. Thank you once again for your valuable input and ongoing support as we strive to improve the care we provide

**Yours sincerely,**



Raghuv Bhasin  
Chief Operating Officer

Buckinghamshire Healthcare NHS Trust

## What is Enter and View?

Enter and View visits are carried out by local Healthwatch to find out how health and social care services are being run. They make recommendations where there are areas for improvement.

The law allows local Healthwatch to see how a service is delivered. We talk to the people who use the service and their families/carers and sometimes staff.

We talk to these people to help us understand what is done well and what could be done better. We then share this learning with others.

We do not look for issues around the safety of people (safeguarding) during our Enter and View visits. We report any concerns as set out in our policy. We tell members of

staff who want to raise an issue about where they work to talk to the CQC. This way they are protected by legislation if they raise a concern.

## Methodology

The visit was prearranged with Buckinghamshire Healthcare Trust community nursing team leads and an explanation of the purpose of our visit was also provided.

On arrival to each ward, we introduced ourselves to a member of the senior ward team and discussed details of the visit. During this conversation we checked whether any patients should not be approached for any reason.

We used a semi-structured conversation approach to gather feedback from patients, visitors and staff. Conversations and observations were recorded via hand-written notes.

A risk assessment was completed before the visit in accordance with Healthwatch Bucks internal policies and procedures.

## Background

Amersham Hospital is a large community hospital for outpatients, therapy and community-based services. It also includes a large [dermatology](#) (skin) department, and the [Buckinghamshire Neurorehabilitation Unit](#) for people with neurological and rehabilitation needs.

There are three inpatients wards **which were the focus** of our visit:

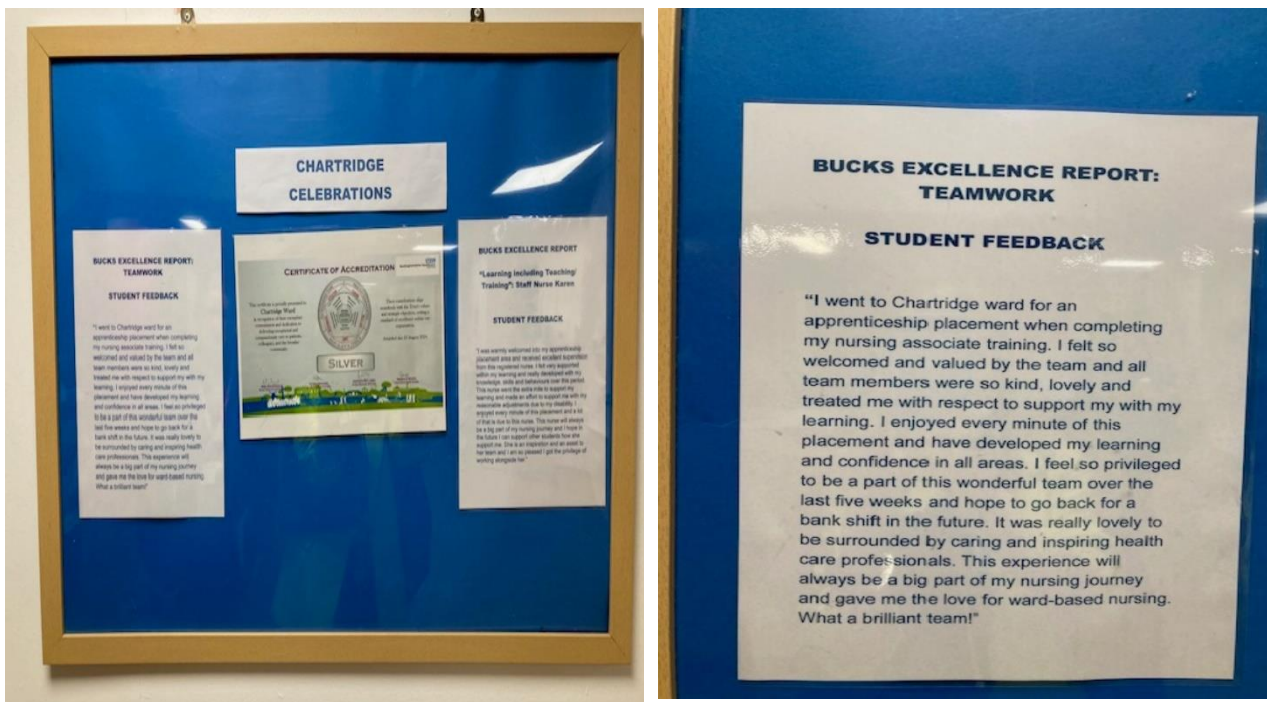
- Chartridge Ward
- Waterside Ward
- Buckinghamshire Neuro Rehabilitation Unit (BNRU)

## Chartridge Ward

This is a Physiotherapy and Occupational Therapy ward. It has 22 beds including four bays and ten side rooms. We were told by a member of the multidisciplinary team that most patients are medically fit for discharge however discharges can be complex due to ongoing health and care needs.

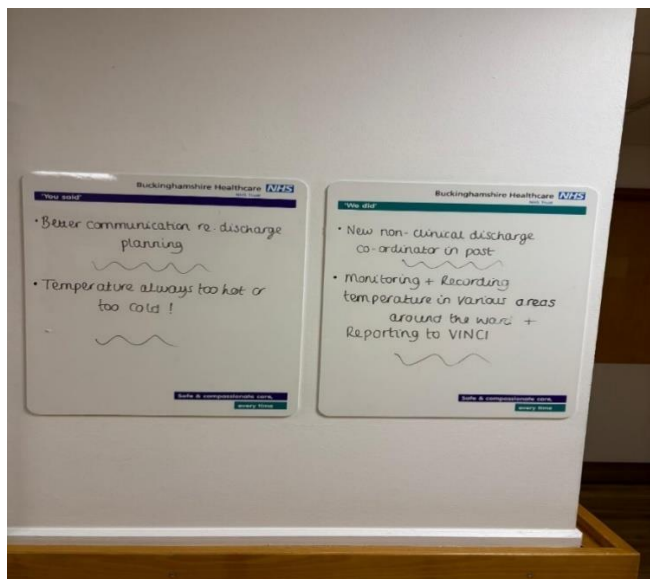
## The environment

Corridors were bright and clean. There was a board displaying Chartridge Celebrations, it contained a **Silver** Certificate of Accreditation for the ward's compassionate care to patients, colleagues and the broader community. It also showed student feedback from apprenticeship placements.



**Picture 1: Chartridge Celebration Board**

There was also a 'You said/ We did' dry wipe board. Patient feedback included better communication re discharge planning and the temperature on the ward – either too hot or too cold. We observed that the ward was very warm during our visit.



**Picture 2: You said, we did – Feedback from patients**

The day room for patients was equipped with a TV, piano keyboard, book cabinet and games. There is access to an outdoor space from this room. We asked a member of staff if patients used this room for group activities. They told us that an Activity Coordinator came to the ward in the past but had not been for a while.

## What we heard

### Patient feedback

We spoke to six patients - most had a positive experience with staff. We heard:

They do everything possible to make you feel at home. Staff are kind.

Staff are very accommodating and welcoming.

However, one patient told us that there was not enough staff on the ward. They said that staff do not come when they ring the buzzer for assistance.

I am at the end of my tether...they [staff] laugh at me.

Some patients felt that they could ask questions to staff but did not feel involved in their treatment plans.

I am not kept up to date [about treatment/care]. I have to keep asking.

One patient said that they are comfortable to ask questions, but staff do not ask questions in reverse e.g. what the patient would like to do. This patient told us that physiotherapists were not around on weekend days.

Most patients said that they were happy with the choice of food.

The food is lovely, okay choice.

One patient told us that their clock in their room did not tell the correct time which they found was confusing and disorientating.



## Visitor feedback

We spoke to two visitors; one told us that the nursing staff were kind and attentive.

These guys have been brilliant.

The other told us that the ward was 'in a different league' to the acute hospital where their relative was staying before transferring to Amersham Community Hospital. They said:

Put it this way, that was like a B&B, this is like The Dorchester [hotel].

We also heard that:

- Visiting the ward was easy with long visiting hours (10am – 8pm)
- Communication on the ward could be better with more information about treatment plans
- No communication between the ward and acute hospitals. A visitor gave an example of taking their relative to an acute hospital for an appointment and found out when they arrived that the appointment had been cancelled. They said that this was not the fault of the Chartridge Ward.

## Waterside Ward

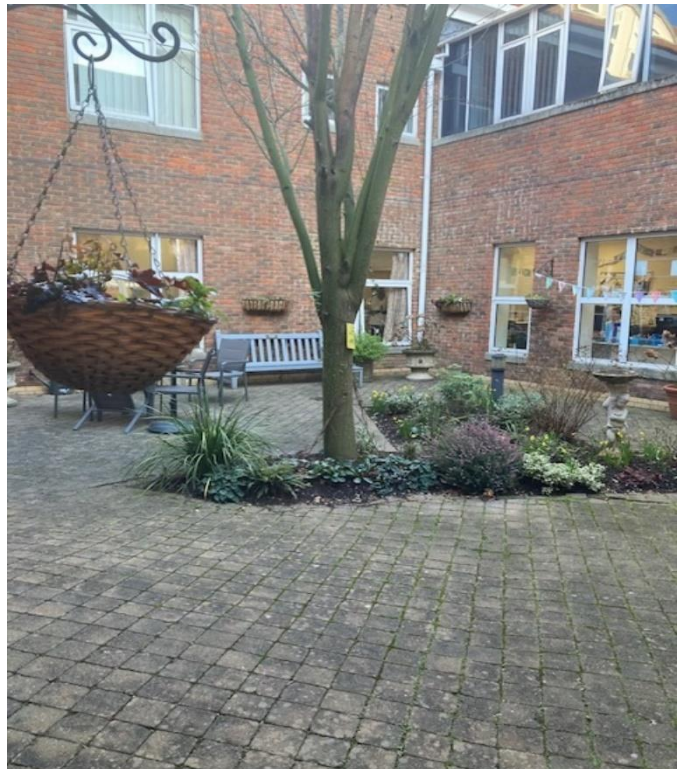
Waterside is a 21-bedded ward that provides inpatient rehabilitation for older adults until they are ready for discharge to home or a placement in a nursing/residential home.

### The environment

The ward had a busy atmosphere with the regular sound of buzzers outside patient bays and individual rooms.

We did not see any patients in the day room during our visit. This room was tidy except for one area which contained a selection of books and board games. It had an overflowing bookcase and crammed activity boxes, access to both was blocked by chairs. A member of the multidisciplinary ward team told us that patients did not engage in group activities as an Activity Coordinator no longer visited the ward.

Patients have access to a well-kept outdoor space through the day room. This door was slightly open to ventilate the room.



**Picture 3: Day room and garden**

## What we heard

### Patient feedback

We spoke to seven patients – all were satisfied with the ward environment. As one patient said:

It's really what I would expect from a first-class hospital.

Most of them were very positive about their experiences with staff:

The staff are very friendly and personable.

They are brilliant here...they certainly look after you.

You feel like you're being treated like an adult, they listen.

The staff are kind and helpful, very much so at the moment. I press the bell and someone comes. Usually quite quick.

Most patients told us that they were satisfied with the food on the ward apart from one who said that:

The food is poor, presentation is bad and not tasty.

We heard mixed feedback about patient involvement in making decisions about their treatment and care. While some felt informed:

They take the time to listen. I tell them what to do. Within X weeks of being here, I'm independent.

They keep me informed, I go along with recommendations made by the medical team.

One patient told us that they were involved in decision making as they were trying to get home but said:

Staff don't give updates often.

Another patient told us that they did not feel informed about their treatment and care:

I haven't seen a doctor [since being on the ward] ...No, I don't feel comfortable about asking questions.

## Visitor feedback

We spoke to one visitor who told us that:

- The ward is clean
- Food is very good quality
- Visiting times are good but parking is a challenge

- The alarm bells make a loud noise and sometimes it takes staff a long time to respond

## Buckinghamshire Neuro Rehabilitation Unit (BNRU)

This is a Neuro Rehabilitation ward. There are 17 beds in total with three bays and six side rooms. This ward is for patients who need a specialist inpatient rehabilitation service (*the hospital also sees outpatients with conditions of the central and peripheral nervous system*).

BNRU is a “carer passport” pilot ward. This is a scheme where carers are officially recognised and supported during a patient's hospital stay, potentially involving increased involvement in care and access to benefits. We were told by the ward manager that there has been positive uptake by carers in the pilot. They explained that the passport entitles carers to assist with care duties i.e. feeding the patient. It also allows them to have reduced car parking fees - £20 for 7 days.



**Picture 4: Carer passport poster**

### The environment

The ward had a calm atmosphere. The corridors were bright and clean. We noticed a wall frame that displayed a 5-star cleanliness rating for BNRU ward.

There is an information board for patients about neuro rehabilitation which includes the role of different medical professionals and how family and friends can help.

There is also information on display about health and wellbeing such as the monthly bike competition and the BNRU hairdresser.



**Picture 5: Patient information – Bike competition and mobile hairdresser**

The day room is big with plenty of room to sit and watch TV as well as engage in physical activities i.e. foosball table and gym equipment. There is direct access to the garden from this room. Some patients were socialising in this room during our visit.



**Picture 6: Exercise equipment in day room**

## What we heard

### Patient feedback

We spoke to five patients – all were very positive about the staff.

Staff are really good.... They don't make me feel too old. I am treated the same as someone much younger. They have got me as independent as possible.

Two patients spoke about the frequent changes in nursing staff and number of bank (temporary) health care staff on the ward. One patient told us that is difficult to build a relationship with staff with the lack of continuity and having to remember new names/faces. They said that before speaking to us they were taken to the bathroom by a member of staff that they had never seen before.

Most patients said that they had used the day room to socialise and exercise but not very often. One patient said that the TV was too loud. Patients do not have TVs in their rooms but can use the hospital wi-fi for electronic devices.

When asked about the food on the ward, most patients said that it was good but repetitive.

The food is very, very good. Lovely puddings. Good quality but it does feel repetitive.

Three patients spoke to us about their weekly schedule of activities. One patient showed us their activity timetable and said that they would like to be doing more. They said:

I would like to be doing more of these things, but I understand that some [patients] are in greater need than me.

Another told us that sometimes their scheduled activities get interrupted by people turning up. Then the session is either cut short or doesn't happen at all.

Most patients felt involved in decision making about their care. However, one patient said that they were not always informed especially in changes to their medication.

As well as patient areas, there is a staff wellbeing room offering them a quiet space on the busy ward to relax. A member of staff told us that sometimes the room is used to speak to families in private.



**Picture 7: Staff wellbeing room**

## Visitor feedback

We spoke to two visitors. Both said that the ward looked after their relatives very well. One said:

I'm very impressed, excellent care.

The other visitor told us that there should be **more rehabilitation on the rehabilitation unit.**

## Staff feedback

Staff were polite and friendly on each of the wards. They responded to our ad hoc questions throughout our visit.

We had more in-depth conversations with two staff members using a semi-structured question guide. We heard:

## Best things

- Ward is small, friendly and welcoming
- Respected in the team, good comradery.

## Challenges

- Not an acute site so not a lot of senior medical support which can be isolating
- Being on a therapy- led ward that is nursing-led
- Managing patient discharge especially for complex situations
- Being part of a chain, patients waiting to move from acute hospitals, but spaces are not available if patients are not ready for discharge

## Suggestions for improvements

- Onsite medical support services to care for patients 'out-of-hours'. *Offsite out-of-hours medical service (from 7pm weekdays and all over the weekend) is provided by Fed Bucks GP service*
- Better communication between the hospital and social care leads to handle complex discharges

## Acknowledgements

Healthwatch Bucks would like to thank the patients, visitors and hospital staff at Amersham Community Hospital for sharing their feedback with us.

## Disclaimer

Please note that this report relates to findings observed on 4<sup>th</sup> March 2025. Our report reflects feedback from people **at the time** of our visit.



If you require this report in an alternative format, please contact us.

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