



## The Experience of People Admitted to Psychiatric Wards at Prospect Park Hospital in Berkshire

### What we did

Healthwatch Wokingham Borough coordinated all 6 Berkshire Healthwatches to undertake a set of 11 visits to Bluebell, Daisy, Rose & Snowdrop wards at Prospect Park Hospital over a week in October 2017. We spoke with 41 adults in total.

We wanted to find out whether we could “add value” to the evidence base already established through Care Quality Commission (CQC) inspections. We wanted to find, highlight and share examples of good practice. We wanted to allow patients’ voices to be heard, including any ideas for improvements. We wanted to find out what might have prevented people from needing hospital care.

### What we found

81% of people (29 out of 36) said they felt hospital staff treated them with dignity and respect

80% of people (32 out of 40) said they had not been given a date for their discharge from hospital

75% of people (30 out of 40) said they took part in activities at the hospital

69% of people (27 out of 39) said they had been told about their right to have an independent mental health advocate (IMHA)

67% of people (27 out of 41) said they’d been in contact with a community service before coming into hospital

62% (24 out of 39) people said they’d not had their care & treatment plan explained to them in hospital

**Staff attitude, care or friendliness was the most common response from patients**

**asked to identify one good thing about the hospital**, followed by: getting treatment they needed, feeling safe, support from other patients, the environment, the hospital’s location, and the care.

**More staff, was the improvement most suggested by patients,** followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support.

**Recommendation 1:** BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

*Trust response:* We will share the final report findings with staff & offer them the opportunity to read the whole report. The trust board & executive committee will also receive the report findings. The Prospect Park team are looking forward to welcoming Healthwatch back in January to discuss the report findings.

**Recommendation 2:** BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

*Trust response:* In early 2017 we launched our new risk assessment process & patient safety plan with a clear requirement for staff to involve carers and service users in the development of the patient safety plan. This is a long term project which requires constant coaching by senior staff to enable staff to develop the right skills to build a joint safety plan. Early indications from service users & carers show that they find this approach more beneficial and supportive. The nurse consultant takes overall responsibility for ensuring there is a consistent approach on the acute wards.

**Recommendation 3:** BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of: • timescales the trust sets for informing patients about their rights • how/if this is recorded in patient records • which staff are expected to have a good, working knowledge of these rights • responsibilities of specific staff (e.g. psychiatrists, matrons) in making patients aware of their rights • any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

*Trust response:* The Trust has a Detained [Sectioned] Patients' Rights Policy in place, which details the responsibilities of staff in supporting patients who have been detained under the Mental Health Act (MHA). The policy sets out how the patients MHA rights should be given/explained and recorded, as well as how often they should be repeated, which depends on the length of the section, and/or whether the patient has understood their rights [or not]. This also includes an automatic referral to the IMHA service where the patient lacks capacity and is eligible to their support. Details of these actions are entered into the patients electronic record, along with details of whether the patient understood or not, along with a date that they should be given again. If the patient has a mental disorder which results in a lack of capacity, a capacity assessment should be undertaken using the principles of the Mental Capacity Act 2005 (MCA). This should be clearly documented on RiO in the section 132 screens. All attempts must be

*made to pass the rights on the patients nearest relative to ensure that the patient is protected. This should be done by the ward staff with the support of the MHA department and should be a priority. If the patient has an impairment that will mean that they are unlikely to regain capacity then this must be documented in the Section 132 rights screens. The rights should be read as if not understood three times and then read as if understood as per the schedule above. This should only be used in cases where the patient is very unlikely to regain capacity which will not usually to be the case in adult mental health wards. If there is no nearest relative the patient should be referred to an IMHA. The referral should be documented on the s132 rights page on the patient's record.*

*The following staff are expected to have a good working knowledge of the Mental Health Act (MHA); all qualified nursing and therapy staff, senior unqualified staff, ward managers and medical staff.*

*The clinical development lead on each ward as well as the senior unqualified staff are responsible for undertaking a weekly MHA audit, or which the giving of patients' rights is one of the issues covered. Where they identify that a MHA requirement has not been met they are expected to rectify this immediately. The wards are also supported by the MHA administration office.*

*The Trust also has an Informal [voluntary] Rights Policy which ward staff are also required to follow. This sets out what rights informal patients have, a locally produced patients' rights leaflet, as well as the process that could be followed, for example, where an informal patient wants to leave the ward, but the ward staff feel they are not well enough. This also includes easy to read information produced by staff on the Learning Disability ward for their patients.*

**Recommendation 4:** BHFT should: • describe how its current activities programme was developed • provide a greater range of activities at the weekend • launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

**Trust response:** *Our current activity programme was developed by the therapists in conjunction with patients as part of the weekly ward community meeting when we introduced the 7 day programme. The change to a 7 day programme meant that therapy staff moved to a 7 rather than 5 day a week service. No additional staffing resource was provided at the time. We recognise that activities are an important part of recovery for patients keeping them and staff safe and therefore a review is currently underway to see if an activity co-ordinator could be provided to each acute ward covering 3pm – 11pm as this is the time when patients tell us they feel restless and need something to do. We are happy to involve service users and our carers group in the development of the new programme.*

**Recommendation 5:** BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

**Trust response:** *We currently have a bed optimisation programme which is working on improving patient care planning with community services.. As part of this programme patients will be given an estimated discharge date as soon as it can be determined and for a majority of patients this would be at the 72 hour review*

**Recommendation 6:** BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

**Trust response:** *The trust review any delays and potential delays on a daily basis and follows up with partners as needed to ensure delays are minimised. In the west of Berkshire there is a weekly system call to review all formally declared delayed transfer of care and this has enabled issues to be escalated in a timely manner and supported out of panel funding decisions. There is a similar twice weekly call in the east of Berkshire for escalation of delays where required. We have been working hard with CCGs to improve processes to identify potential delays at an earlier stage. In east Berkshire the joint Locality Managers have delegated authority for LA funding decisions which has also reduced delays. There has been recent improvement but we would welcome the same focus by local authorities and clinical commissioning groups on all our delays, rather than those formally agreed with the local authorities, that the Royal Berkshire Hospital & Frimley Healthcare Trusts receive for theirs.*

**Recommendation 7:** BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of • Any extra funding for community mental health services • The number & type of extra staff, if any, to be recruited to crisis/ home treatment teams • Any other changes to NHS or social care services that support people with mental health needs.

**Trust & CCG response:** *The crisis and home treatment teams received additional funding from the CCGs in 2016/17 which improved staffing levels but demand continues to increase. There are no plans by the Clinical Commissioning Groups (CCGs) to invest further funding for community mental health services but the CCG's and Trust are committed to working together with the STP's to further transform services to support demand.*

*The new identified NHS funding is for improving access to psychological therapy (a primary care mental health service) and peri-natal mental health. The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. The plan was submitted in October 2017 to NHS England and the Trust and will be closely monitored.*

**Recommendation 8:** BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

**Trust & CCG response:** *We have implemented a clinical review forum between Crisis Resolution and Home Treatment Teams and Community Mental Health Teams for any individual who has required 3 or more admissions within a year. The purpose of these reviews is to explore alternative ways to meet individual needs and ensure that all partners are working collaboratively to support the individual. This work builds upon the Frequent Attenders whole system approach that has been successful in reducing the number of attendances to RBH relating to mental health concerns.*

*The trust is developing an evidenced based pathway for patients with a diagnosis of personality disorder, as these patients can have high numbers of admissions, in consultation with the CCGs.*

*The CCGs have also been exploring opportunities to work with BHFT and the Local Authorities to develop community based alternatives to mental health inpatient hospital admissions to reduce admissions and to try and break the revolving door cycle, this is a priority for the STP's as well*

**Recommendation 9:** BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

**Trust & CCG Response:** *The trust has successfully recruited over 60 new staff to Prospect Park Hospital this year through skill mix. This work continues to provide a different type of work force for the hospital. There is a national shortage of band 5 newly qualified mental health nurses and this is reflected in the vacancies at Prospect Park Hospital. There are both national and local programmes in place with universities to address supply however these will not come into fruition for 4 years.*

*Our current safe staffing requirements are met on a daily basis with just a few breaches each month. We recognise that patients feel there are not enough staff on the wards and we are in the process of reviewing staffing levels and benchmarking with other organisation however currently there is no additional funding from commissioners to support this improvement in staffing levels and therefore any increase in staffing levels becomes a cost pressure for the trust.*

*The CCGs & NHS England are working on a workforce strategy as part of the system Sustainability Transformation Plans to support the trust with its staff recruitment and training*

**Recommendation 10:** BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/or publicising to patients when these changes have occurred, in order to value the input of patients.

**Trust response:** *Each acute ward has a regular community meeting where patients raise issues and staff feedback on actions taken. The Prospect Park team will consider the patient suggestions raised and consult with patients and carers on the best way to feedback changes made.*

## And finally....

It was evident from our visits that staff were doing an excellent job, however they were stretched. We understand that reports such as this usually list several recommendations for providers to implement. We are aware that in the current economy, with ongoing budget and service reductions alongside increased demand, it would be very difficult for the Trust implement changes immediately or in the short term. However, by working more closely together with community services, commissioners, local authorities, the NHS and local communities, we believe they can start to change the culture of working in silos.

## Thank you

Thank you to the inpatients and staff at Prospect Park Hospital that we spoke to, and to the Healthwatch volunteers who carried out the visits.

This is a short summary report. The full report can be found on our website at <http://www.healthwatchwokingham.co.uk/wp-content/uploads/2018/01/Prospect-Park-Report-Final.pdf>