The Experience Of People Admitted To Psychiatric Wards At Prospect Park Hospital In Berkshire

Inside: Views of more than 40 people collected by the six local Healthwatch in Berkshire, October 2017

healthwatch Bracknell Forest

healthwatch Reading

healthwatch Slough

healthwatch West Berkshire

healthwatch Windsor, Ascot and Maidenhead

healthwatch Wokingham Borough

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About This Report

Prospect Park patient experience project summary

Where: Bluebell, Daisy, Rose & Snowdrop wards, Prospect Park Hospital, Berkshire Healthcare NHS Foundation Trust, Honey End Lane, Reading, RG30 4EJ

When: 11 visits between Monday 23 October and Sunday 29 October 2017, of 1.5 hours duration each, either at 9.45am, 2pm or 7.45pm.

Who: 41 adults (24 female, 17 male), a mix of voluntary or 'sectioned' inpatients, completed surveys, plus eight people took part in a group talk.

Why: All six local Healthwatch in Berkshire wanted to jointly:

- Look at inpatient experience for people with serious mental health needs
- Find, highlight and share examples of good practice
- Allow patients' voices to be heard, including any ideas for improvements
- See how dementia friendly the Rowan Ward is (see separate report)
- Find out what might have prevented people from needing hospital care
- Inform BHFT and clinical commissioning groups as they plan mental health care

How: The six Healthwatch used their statutory Enter and View function to jointly request and obtain prior agreement of BHFT to visit. Healthwatch teams asked patients to complete an anonymous survey and/or to take part in one-to-one or group conversations.

All six Healthwatch - Bracknell Forest; Reading; Slough; West Berkshire; Windsor, Ascot and Maidenhead; and Wokingham Borough - have individually agreed this report's collective findings and recommendations.

Main findings:

- 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 had been in contact with a community service before coming into hospital
- 62% (24 out of 39) people said they had not had their care and 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 on Rose Ward.
- **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.

Introduction

This report presents findings of a unique patient experience project. For the first time, all six local Healthwatch in Berkshire* worked together, to visit and capture views of people staying as inpatients at Prospect Park Hospital in Reading, run by the county's main mental health provider, Berkshire Healthcare NHS Foundation Trust (BHFT).

This joint working means we were able to collect the views of a large number of people – more than 40 – as well as observe the environment they were cared in. This is believed to be the biggest number of psychiatric inpatients interviewed at one time for any similar project carried out by any of the 153 local Healthwatch in England.

Undertaking this project is evidence of our commitment to one of the core values of the entire Healthwatch network - to be inclusive. Healthwatch England describes this as 'listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them'.

The successful reach of this project was also due to the 'open door' response from BHFT to our requests to visit. Local Healthwatch have statutory Enter and View powers to visit NHS or social care providers to capture patient or service user experience at the point of delivery. This can be done unannounced; however, we chose to work with the hospital in advance to plan logistics and safety, prepare staff and patients, and to develop mutual trust about the benefits of allowing patients to share their experiences with independent interviewers.

***Healthwatch Bracknell Forest**

Healthwatch Reading

Healthwatch Slough

Healthwatch West Berkshire

Healthwatch Windsor, Ascot and Maidenhead

Healthwatch Wokingham Borough

Acknowledgements

We wish to thank:

- all the patients who trusted us with their experiences
- unpaid Healthwatch volunteers who helped interview patients;
- ward staff for liaison with Healthwatch teams during individual visits;
- and Alison Durrands, Interim Locality Director for Inpatient mental health at Prospect Park, for her welcoming and facilitating approach to this project.

Disclaimer

The report findings relate only to views collected at particular times and dates and are not a comprehensive judgement on the overall quality of the service.

Background Information

About Local Healthwatch

The national Healthwatch network was launched in 2013, with some statutory powers, to act as the 'consumer champion for health and social care'. Every local authority in England receives funding from central government to commission a local Healthwatch service.

These local organisations – across Berkshire, as well as nationally - take various forms. Some are newly created charities, while some are taken on as an extra service by existing charity, advice or advocacy organisations. Regardless of their makeup, they follow core Healthwatch values: to be Inclusive, Influential, Independent, Credible and Collaborative.

Why Did We Want To Visit Prospect Park Hospital?

All six local Healthwatch in Berkshire regularly receive a mix of feedback from the public about various NHS and social care services.

People had been raising issues with us such as staff attitude, inconsistency of staff, safety concerns, and other concerns about treatment or the environment. We felt this warranted a more detailed examination of patient experience to build up a greater body of qualitative evidence showing what is working, and what needs to improve, at the hospital.

We also wanted to give a voice to the 'seldom heard'. Mental illness can isolate people due to factors such as symptoms, medication side-effects, lack of work or social opportunities, societal stigma, and place of care – which could be a locked ward. Some of these factors will prevent people from speaking up, or talking coherently about their care. Other barriers may be assumptions that people on psychiatric wards are 'too ill' or are 'unable' to give their opinion, or that it is too time consuming or difficult to collect these experiences. Healthwatch aims to challenge assumptions and be as inclusive as possible, by going to where people are, and enabling them to have their say.

Finally, we aim to influence future local mental health care policy, by sharing our findings with BHFT, and Berkshire's NHS clinical commissioning groups that are responsible for planning and funding mental health services for our populations.

Existing evidence on patient experience of Prospect Park

As part of our project we reviewed a range of local and national evidence:

Local Healthwatch evidence: a mix of positive and negative feedback

"I was an inpatient here for seven months and my team took very good care for me got to know me and figure out how to help me when I'm in a crisis."

"Something is not right on the wards. They change psychiatrists like they change underwear, when it is crucial for the recovery of mental health patients to have continuity and not destabilise an already very unstable illness. In general, the hospital treats the patients more like inmates."

Reading NHS Complaints Advocacy Service (run by Healthwatch Reading)

Individual complaint details are confidential, but recent themes have included people feeling unsafe due to other patients' behaviour, or alleged assault by staff.

NHS Friends and Family Test

Nearly three-quarters (74%) of BHFT mental health inpatients surveyed in 2016-17 said they would recommend the service to a family or friend. The survey response rate was low – only 141 mental health inpatients, compared with more than 11,000 people giving a view about BHFT community services. Satisfaction was also less than the 90%-plus scores for non-inpatient mental health services.

Care Quality Commission (CQC)

BHFT was rated overall as 'good' during its most recent comprehensive inspection by the national regulator of NHS services, the CQC, in 2015 and 2016.[1] In August 2017, the CQC published a Quality Report of BHFT's acute wards for adults of working age and psychiatric intensive care units.[2] This report said while staff numbers had improved, the trust had to take action on seven regulation breaches. These included staff not always undertaking or recording patient risk assessments, staff not always reporting incidents, staff not always recording patients' mental capacity or consent, and some dirty patient and staff areas.

Berkshire Coroner

A legal representative of the family of Sarah-Jane Williams - a patient who died on Daisy Ward at Prospect Park on December 6, 2015 in a fire she was believed to have started - said they felt more could have been done to prevent her death, and deal with concerns about an alleged assault on her by staff. The details emerged in a news article[3] about a public pre-inquest review hearing in October 2017. The Berkshire Coroner indicated he would send the case to a jury inquest, once the CQC had completed its own investigation.

Overview of Prospect Park Hospital

BHFT is the main provider of NHS community and mental health services for the 900,000 people living across Berkshire. It employs around 4,300 staff and its services are funded by seven different clinical commissioning groups (CCGs).

These services include Prospect Park Hospital, where people with serious mental health needs stay as inpatients, either on a voluntary basis, or under a section of the Mental Health Act 1983 that allows doctors to compel people to stay in hospital for urgent assessment and/or treatment and/or for their own or others' safety. Prospect Park Hospital is based in west Reading and its wards include:

- Bluebell, Daisy, Rose and Snowdrop for adults with mental health difficulties
- Sorrel ward for adults who need psychiatric intensive care
- Rowan ward for adults with dementia
- Orchid ward for older adults who need to be assessed
- Campion Unit, for adults with learning disabilities and mental health needs
- Oakwood Unit for adults needing short-stay physical rehabilitation

Overall there are 142 mental health inpatient beds.

Dates And Times Of Our Visits

- Mon 23 October, 9.45am-11.15am, Daisy, Bluebell, Rose and Snowdrop wards
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm, Rose, Snowdrop and Rowan

Main findings

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

Specific services named by people, were:

- Crisis team (9 people)
- Police (6)
- Community mental health team (6)
- Supported Living service (4)
- Psychiatrist (3)
- GP (3)
- Community Psychiatric Nurse (2)
- A&E (2)
- Other hospital (2)
- Care coordinator (1)

"Had a care coordinator but [this professional] has been replaced. Already in hospital and got sent home. My [relative] said it was too early. I was seen by a community person and crashed and burnt so readmitted."

"Crisis team. They are ok, came out and sorted me but can't do much."

"Only the police."

One person described how they had been referred many times over the years to CAMHS and other agencies. The person's parents had repeatedly begged for help but agencies all said the issues were behavioural. Since being in Prospect Park, the patient had been identified with a serious mental health condition.

"Originally here [more than a decade ago]. Now in Supported Living and have a CPN."

"Crisis team, CMHT [for many months]. Trying to get long term therapy."

Another person said their GP had told them they were not unwell. But the person's symptoms had prompted them to visit a mental health unit in another country, where they had received electroconvulsive therapy (ECT). Person now experiences memory loss, self-harm, depression, and isolation from family.

Another person said they had a Supported Living case worker. They had arrived in Prospect Park via police after a public incident. The person said they had had no previous contact with mental health services.

Another person said they had not eaten for weeks and had felt like taking their own life. The CPN had only been available once a month and the person felt like the crisis team didn't respond quickly enough, so they came into the hospital via the police. The person had been admitted five times over six years, and had also stayed many times in a community mental health care home. "But does no good as just go home again and back to square one."

81% of people (29 out of 36 surveys completed on this question) said they felt hospital staff treated them with dignity and respect; 19% (7) said they did not.

"100%, all staff are there for me. Sometimes when they are busy and/or understaffed, they ask me to wait five minutes, but they come eventually."

"The way they speak to me is not condescending in any way."

"So far all the staff have treated me with dignity and respect. I was concerned about this as I had a number of issues with staff on a previous stay [within the last three years] and feared it would be the case this time round. However there has been a big improvement in the attitude and attentiveness of staff. This has eased my stress levels considerably, the only problem is that the ward is often short-staffed so it is the staff who end up getting stressed. More often than not the staff-to-patient ratio is lower than it should be and it can get chaotic on the ward. I sometimes find it stressful watching the staff struggling to cope because I feel sorry for them and don't like asking for help and adding to their workload."

"Absolutely - sometimes they're under pressure. They have the patience of a saint. They do listen to me."

"Staff have been very friendly and kind."

"Some of the staff are really good. Others less so. Night shifts are bad, often too busy to engage with service users."

"Yes and no. I have seen staff laugh at others and not try to help them [but patient hadn't experienced this personally]."

"Most staff are fantastic. Sometimes one member of staff talks down to me."

"I think they try to but there are not enough of them because there are a few staff on 'one-to-ones' with patients who need someone all the time. My key keyworker nurse is full-time but never free to do a one-to-one [with the patient]."

"If you are kicking off, the staff aren't always nice."

"Staff do, psychiatrists don't."

"One staff member introduced a new staff member to [the patient] and said 'This is the [patient that does a particular thing] in crisis'. [Patient did not like being defined by this act]."

One person though night staff just wanted to get patients to bed early by giving out medication early.

62% (24 out of 39) people said they had not had their care and treatment plan explained to them in hospital, 38% (15) said they had.

"Told I will be involved soon."

"Did not know what one was until three months in, then wrote my own."

Another person described their care plan as 'wishy-washy'. They had met with their key nurse to go through it.

"Some discussion but did not understand it."

"It has been put on hold as they think I am too unwell at moment."

"Some things have been explained, others have not. Not enough time to talk to doctors or discuss care plan." Person feels like they are managing their own care.

"No plan at all."

"I'm aware I will have access to a care plan but I've only been in a few days so haven't asked about it yet."

"Changed my medication [to an increased amount] without telling me."

"Came in on the Monday but not given care plan until Friday."

"Not clear enough. Need to be talked to more. Never know what's going on."

"Told them some things but they have not done all of it."

"Very informally."

"They are always too busy. It should be your keyworker but I have been here almost two weeks and have not seen them for a one-to-one." A "kind" caseworker had helped this person with some ward accommodation issues.

Another person said it was unhelpful that only a student nurse was present with their meeting with a psychiatrist, and not the key nurse who they had previously discussed care plan with.

"My key worker explains things to me. Have had quite a few one-to-ones. This has been good."

"Care plan has been laid out. I meet with Dr [x, every week], I feel involved in my care plan."

"I'm not sure what you're talking about - maybe they did but I can't be sure."

Another person believes they need more help than they are currently getting.

Another person had not yet met their key worker/nurse.

Another person said nothing much had happened since admission. They had a named key worker/nurse.

Another person said they had been given the opportunity but had been too unwell to do it.

"My [relative] comes for these meetings. Sometimes it needs more explaining. It's all fine though but after some days the future needs to be sorted out."

"Not really." The person said they did not know why their freedom was so restricted.

Another person said that they felt they didn't need the medication they were on. The person felt quite happy.

69% of people (27 out of 39) said they had been told about a right to have an independent mental health advocate (IMHA); 31% (12) said they had not.

"Met [the IMHA based there] when he walked through the ward."

"Would like to meet an advocate."

Another person, who said they were detained under section, named the advocates available at the hospital. The person said they were not aware of their rights.

"I have seen the notice and signs."

"Seap advocate comes round, often on ward."

Another person said staff had explained what an advocate was but had told them "there was no point" as the patient would be leaving the hospital in two weeks.

"I'm not ready to talk to them at the moment."

Another person said they did not want an advocate.

Another person said they would like to see an advocate, but the advocate normally based at the hospital, had told the person that their advocacy service did not extended to people who lived in Slough, but the advocate would make contact with a Slough advocate, with the patient's permission.

75% of people (30 out of 40) said they took part in activities at the hospital, 25% (10) said they did not. Using the gym was mentioned by most people, followed by pottery and craft.

"I have found the activities very good, varied and well-structured. So far I have taken part in creative sessions and am due to join the therapy-based sessions."

"Pottery, relaxation, creative writing, yoga. Do this to keep busy as they don't know how to help me."

"There are things to do. However, no Wi-Fi available apart from on Snowdrop ward. Would like to have a reading club."

"No activities. Just went down to Asda. Lots of people there from Prospect Park."

Another person said they were no longer allowed to attend certain activities because staff said the person was 'too emotional'.

"It's all ok, you just have to stick to the rules."

"Love pottery - chap who runs it is great and relaxed and makes me feel happy. Would like art therapy but they don't do. OT assistant has left and not been replaced for months so activities have reduced a lot. Need to do more than just medication to get better, especially need some talking therapy. Psychologists has left and only just been replaced, didn't have one for months."

"Pottery is great, staff support us when available. I also go to the gym. I look at the noticeboard and decide what to do each day. There are very few activities on a weekend - one each day."

One person said that being in group therapy can be "too much".

One person described having to wait a long time to be taken to a living skills group but was then left behind, which upset the person. The nurse told the person this was because they were not allowed to leave the ward, but the person said they had not been told this previously. The person said that while on section, they were not allowed outside the building.

Another person likes to go running but restrictions on being allowed out means the person cannot run as long as they would like.

Another person said they know about the activities but is not interested in them and stays in bed.

Another person said they stay in their pyjamas all day.

80% of people (32 out of 40) said they had not been given a date for their discharge from hospital, 20% (8) said they had

"Out [later this week] and have been told everything."

"I can leave whenever I wish as I am informal. But I am not quite ready to do so yet. I am fully involved in my plans to leave."

"I don't have any idea of my discharge date."

"Not informed about any plan for discharge."

Person staying under section said staff had said 'you will never get out of here'.

"Not in a hurry to go."

"I have a discharge plan for when I get home but I need to see the Dr first."

"Much too early for this."

"Been told it will be discussed next week but I don't feel ready. Feel frightened to stay home but frightened to stay here."

Another person said they had no idea as it was dependent on wait for funding for a community placement.

"Told [many weeks] ago could go home in [soon] but still here now."

Another person said they had an upcoming meeting with an advocate to discuss this and also described needing to get housing and benefits sorted out first.

Another person was able to name a discharge date within the next two weeks and described plans to go and stay with family.

Another person said they had been trying to reach social worker but unable to get a plan for discharge or getting back into housing.

"I have 10 more sessions of [type of therapy]. They haven't involved me in the discharge plan yet."

"Under section 2. Don't want to be under section 3."

Another person said a social worker had spoken to them about discharge, but hospital nurses and doctors hadn't.

Another person wants to be able to stay voluntarily, as being under section was 'like doing time'.

When asked to name one good thing about Prospect Park Hospital, most people described the care, attitude or friendliness of staff.

The next most positive factors were: getting treatment, feeling safe, support from other patients, the environment, the hospital's location, and two people mentioned in particular, the care on Rose Ward. All comments below:

Rose ward is holistic.

Activity room open until midnight.

Staff who run activities are great.

Likes walking in the park, likes location as shops nearby.

Not too far from friends.

Like food.

Rose ward is the best ward - receive good information.

You get to socialize and meet people.

Safe environment, not easy to escape.

Feeling safe.

Most staff are fantastic and listen to you. Usually have time to talk to patients and listen to problems.

The O/T activities person is great.

It is remote and away from people which is good [as person gets too distracted with too many people around].

Staff on the whole are lovely.

Getting visits is good.

Location amazing with ASDA nearby.

The improvement in care and attitude from staff to patients.

They look after you. I get [regular] half hour S.17 unescorted leave every day.

Some of staff are good and friendly. Senior staff not helpful.

It's clean and tidy.

Young ones [on ward] look after me and look out for me. My [relative] visits every afternoon and they give [them] dinner. People seem to get better and go home. They let you do your own thing and get up when you want.

You can get breakfast at 6am and that is useful, then the main breakfast is at 8am. Food is good. Staff in general friendly.

Staff really good. Pottery guy great, his group is the best, relaxed and fun. Alison manager is very good, rang her 1 day as no one to take me out and she came straight away and took me out. She is often on ward and talks to patients.

Staff - nursing and support good.

'I am getting better. Some people have been helped.

'The other patients are great…they make you welcome…like one of the family."

The bedroom is nice.

It is nice when staff thank you. The staff have been very good. We can have fun and sometimes dance with each other.

Getting kindness from other patients when upset.

Keeps you safe.

Other patients are lovely and friendly.

The other patients.

Feels secure in the environment.

Some staff are good, but not always around. Dr is away on leave. I cook my own food.

It initially protected me for 2 days.

Very pleased to be there. Needed help and now getting it. Has been helped to focus on some good things that [the person] enjoys, like music.

Person said it was the first time that their ill health had been acknowledged.

Has a tv, nice atmosphere, drs and nurses friendly.

Nothing good about it.

Nothing working well.

Asked to name one thing they would like improved at Prospect Park, most people suggested more staff.

This was followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support. All comments below:

Need an OT or student OT at weekends.

Would like to see peer support.

Treat us like human beings. Don't just sedate us when you are annoyed.

Need to know when I can leave. Here too long.

Food is not very good. Doesn't always get food they ordered.

Want to have more informal visits, especially smoking restrictions

More entertainment.

Poor staffing level which impacts on care. Feeling closed up.

Used to be an arrangement for group trips out in a minibus. This should be re-instated.

Upset that smoking is banned as smoking calms down some patients.

Being able to get out of hospital.

The food menu form is so cluttered and tiny print that it is too difficult for me to read and choose. The staff can read the menu for you but I want to be able to do it for myself. The menu should be made less cluttered with larger print so it is easy to read.

Let patients go out with an escort more often. More fresh air would be good.

To make the wards feel more homely.

More vegetarian meal options.

Not always enough staff on the ward.

Having 15-minute checks during the night but being allowed out all day from 10am to 11pm made no sense.

Alarms constantly going off. Very disturbed sleep and bathroom light on all night so they could do checks.

Need more talking therapy or counselling. Only saw key nurse once.

An increase in the number of staff. It's not good seeing staff working non-stop and trying to do four things at once.

Only 1 consultant can change my medication.

Like more escorted leave. Nothing to do at weekends so get very depressed.

Good to have a quiz event, bring people together.

Medication routine should be changed.

TV is always on very loud.

Think they have gone too far with non-smoking, so people sneak about and hide things, courtyard area maybe should be used for smoking. People can't get out as no one to escort them.

Low staffing levels, so maybe smaller wards as 23 makes ward too big and can be very unsettling. Need more staff and more consistency. Been on different wards and there are different rules on each ward e.g. on Bluebell patients are let out after medication in morning and after 8 at night, but not on this ward. See Dr once a week which is good, nurses are amazing, work hard but a lot of people to look after and they are understaffed . This to me means that I can't get 1 to 1 time, can't get off ward as escort not available, staff are tired. Doesn't feel safe, but only because there are not enough of them. There seem to be more attacks on ward that staff have to deal with. Can't take overnight or weekend leave as know my bed might be taken and I may be sent out of area and I want to see my [relative] so have not been home for [many] months as not want to risk this.

More staff, more permanent staff. Don't seem to understand bipolar.

Medication is very similar (colour etc) in different doses and it is very easy to get them mixed up.

Need to be more caring, they tell us nothing, need better communication, psychiatrists in particular.

Staff training in compassion and thoroughness and cleanliness. Support for people like me who want to learn even at this late stage of life.

More staff so they can see the patients one to one when they need it. [This patient suffers from dissociation when distressed and has been told to ask for a member of staff but feels there is no one to come]. It's like I am half falling off a cliff and I say, 'can you help me?' and it's as though they say 'next week' and it's not soon enough, I need help now."

Food is repetitive, not much of a sandwich person. Many of us go and buy our own food when we want. Need more activities on a weekend and often there needs to be more staff.

Smoking is not illegal but you can't smoke at the hospital so I have to go over the road beyond the hospital perimeter. I want a smoking area closer.

Doctors should be from different backgrounds and should be more women.

I don't get enough tranquilisers. I'm very frightened of being here… there has been a lot of shouting and screaming on the ward, the staff do very little about it. They are very slow here to dispense the drugs.

More therapeutic therapies on this ward.

More staff.

If the system used during the leave period was computerised it would be more efficient than the current paper system. There would be less frustration for patients and free up staff time. The staff have to enter our details in a register, including description of clothing, it's very slow, if they photographed us minus head it would be quicker and more accurate.

More staff on shift. Not enough staff to run facilities.

Ward needs more staff and more support for patients. Miss church due to lack of escorts. Difficult getting hold of PALS. Distance from Slough makes visits difficult for family members. Shower in room leaks everywhere, reported several times but still not sorted after 2 weeks. Lack of staff means not enough 1 to 1 sessions.

It would be handy to have a bar and have access to my money as I run out.

Staff just give you more medication. They're laughing when people are crying Hate it.

Feels there are not enough talking therapies. Not enough psychology meetings. No recognition of person's need for more freedom and more time to talk.

Feels some of the other patients are not ill like they are so there is a lack of shared experience.

Would like to have nails done or go out for a longer S17 to get their hair done.

Person wants to be able to eat a Halal food option if that appeals compared to other menu options, but had previously been told they could not have it because staff said they were not Asian.

Better food and choice, not same menu each week. Food portions aren't big enough.

Should not have to share rooms.

There is no trauma counselling or therapy if you have witnessed other people self-harming of attacking staff.

Worried about being transferred to a specialist unit far away from home and family.

Concerned about not having direct access to vital treatment for a physical condition at night; it takes too long to get it when needed as it is locked up.

Suffocating concrete building needs to be more open.

Observations by Healthwatch teams and issues arising during visits

Healthwatch staff and volunteers made the following observations:

- Corridors and communal areas appeared to be clean, fresh and well looked
- A 'Tree of Hope' mural is a feature on Bluebell Ward. On discharge, people are given a 'paper fruit' to write a message on and then put on the tree. Some of the messages read: "Don't be afraid to talk to people, be open and let the staff help you"; "I couldn't have better taken care of", and "Never give up hope. This is a good place to get better."
- Patient suggestion slips were being used on Rose Ward to get feedback
- We heard about the Assist/Embrace initiative, where former inpatients now living in Slough, are trained as peer mentors, to go onto Prospect Park wards to visit small groups of inpatients to discuss hope, recovery, and living with mental health needs once they leave hospital and the type of ongoing practical and peer support they can access in the community;
- One visitor waited 25 minutes to gain entry to a ward and when they were eventually let in, the staff member didn't appear to check who they were visiting;
- Patients can wait for a long time outside a locked office trying to get attention of staff to be able to be signed out to leave the ward;
- Healthwatch staff who had carried out visits during both the day and night, said the atmosphere at night was very different – it sounded noisier, staff were less visible and some patients were observed shouting and arguing with no immediate input from staff;
- During one visit we sat in on a staff handover meeting. Staff discussed concerns about a number of patients who had mentioned suicide, leading to increased need for close observation of patients. They also discussed staffing challenges, including how to move or find staff to ensure the Place of Safety and wards were adequately covered. Some staff who had already completed long shifts were staying back to help their colleagues manage the ward, especially the administration of medication. Staff also said patients had raised concerns with them about staffing levels.

Issues that Healthwatch staff raised during or immediately after visits, included:

- Concern that two patients with learning disabilities were on a mental health ward, as there were no beds on Campion (the specialist LD unit)
- A person disclosed that they had deliberately self-harmed themselves the night before [staff said they had been aware and had intervened and assisted the person at the time]
- A person showed bruising on their arms which they said had occurred while staff restrained them. The person had not raised their concerns about this directly with staff. [We reported this to a senior person as a potential safeguarding concern. BHFT also shared with us, its policy on Prevention and Management of Violence and Aggression]
- A patient who uses a wheelchair said they had been unable to ask for help with personal care as there were no staff who were the same gender as the patient, working on the ward at a particular time [A manager told us this would be discussed with ward teams. We were told that all-male, or more usually, all female, staffing shifts can occur. In these cases, the duty senior nurse is able to move staff around on wards to provide the best care they can within the resources available. All-female staffed shifts can also affect how safe staff feel, for example, if they are working with a particularly unwell male patient on a ward].
- A patient said they were anxious about not being able to quickly access an asthma inhaler at night because it was kept in a locked office. [A manager said they would have further conversations with the patient to check they understood the reasons for this. Staff individually risk assess each person's access to medications, including potential for overuse and how this might affect other prescribed medications they are taking. Keeping it in the office means medication use can be monitored and recorded.]
- Three rooms on Daisy Ward are doubles - are there plans to turn them into single rooms to give patients privacy? [A manager told us all of the four acute wards have one or two double rooms, but these are being phased out, as 'we know that most patients do not like sharing'. There are wider plans to reduce the larger-than-average size of the wards towards a best practice number of around 20 beds].
- We asked about the food menu. [BHFT sent us a copy showing that special diets are catered for such as Halal, and vegetarian. The menu is on a two-week rolling choice. We were told that patients can choose what they want or they may be clinically recommended a special diet – for example a mashable diet for people who find it hard to chew or swallow food].

Discussion and recommendations

Staff attitude towards patients

People using mental health services should 'feel they are treated with empathy, dignity and respect', according to a quality standard for adult mental health patients drawn up by the National Institute for Health and Care Excellence (NICE).[4]

The strongest finding of our project showed that 80% of the people we spoke with felt they were treated with dignity and respect by ward staff. Staff attitude towards patients was also top of the list when people were also asked to suggest 'one good thing' about the hospital.

In describing positive care, people mentioned staff who were 'friendly', 'patient', 'kind', 'fun' and who 'listened', had 'time to talk', and helped them coped during a crisis. Some patients who had been admitted to Prospect Park in the past, remarked on the improved staff attitude towards to patients.

A small number of examples cited of poor staff attitude involved people feeling staff were laughing at them or not compassionate, or were using medication, especially at night, to subdue people instead of using talking therapies. The NICE quality statement states that inpatients should be 'confident that control and restraint, and compulsory treatment including rapid tranquilisation, will be used competently, safely and only as a last resort with minimum force'.

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.

Involvement in care planning and decisions

Nearly two-thirds of people we spoke with felt they had not been involved in their own care-planning. It might be 'too early' in their hospital stay, they felt they were too unwell to have this talk, or they had been promised care planning meetings in the near future. It is possible that some patients' symptoms or medication mean they cannot recall care discussions that had already taken place.

A key concern raised by people was lack of explanation for medication changes.

The NICE quality standard calls for 'shared decision-making' to be 'routinely' carried out with hospital inpatients, 'including, whenever possible, service users who are subject to the Mental Health Act'.

The Care Quality Commission has also emphasised, in a recent mental health care report, that 'decisions that are right for people are often those that are right for organisations too: treating people as active participants in their own care promotes recovery and lessens dependence on services'.[5]

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.

Access to an independent mental health advocate (IMHA)

More than two-thirds of the people we spoke with had been told about, or were aware of, the IMHA service based at the hospital. People were able to name one or two of the regular IMHAs, and describe how they saw them on wards, or had heard about advocacy from posters, leaflets or staff.

One potentially concerning comment suggested that staff had told one person there was 'no point' in seeing an advocate as they were due to go home in two weeks.

There was also evidence that the fragmented way that advocacy services are commissioned (via each local authority for their own residents), means that some patients face a delay in accessing an advocate. (One person who usually lives in Slough was told that the IMHA on the ward worked for an advocacy service which did not cover people from Slough).

The Mental Health Act (1983)[6] says patients of all ages are entitled to an IMHA if:

- they are detained ("sectioned") in hospital (excluding emergency detention of up to 72 hours), and/or
- they are discharged from hospital with conditions, such as close supervision, compulsory treatment, or having a guardian (such as the local authority) deciding where they live.

Under-18s also have the right to an IMHA for decisions on serious treatment like electroconvulsive therapy (ECT).

The response to our question about access to an IMHA, may have been dependent on whether the person was technically entitled to an IMHA, but we did not (rightly) have access to patient records which would have confirmed each person's status as a voluntarily admission, short-term emergency detention, or as a sectioned patient.

If inpatients are not entitled to an IMHA, they should still be able to access another type of statutory advocate – those who help the whole population with any complaints about NHS services.

While awareness of the IMHA service seemed good, discussions with patients who told us they were currently sectioned, suggested that many were unaware of their specific rights. We do not know if this was because they had not yet met an IMHA, not been told of their rights by staff, or could not recall information they had previously been told.

These rights[7] include:

- getting information leaflets on arrival
- appealing against your section to a Mental Health Tribunal
- seeing your sectioning papers
- seeing a copy of the Mental Health Act Code of Practice
- complaining to the Care Quality Commission
- receiving correspondence from a solicitor or other people

- having some telephone access
- being able to vote (unless you were sent to hospital by a criminal court or transferred from prison).

A member of the current IMHA team told us patients access the service by several methods:

1. At ward rounds when the advocate introduces self and role, referrals are taken verbally
2. Volunteers also go on the wards and take referrals to the advocate to action
3. At general visits which take place weekly for each ward - the advocate will check with ward staff on new admissions and then introduce themselves and the role
4. Referrals can be made via the advocacy service's Contact Centre by phone, referral form, email - usually family members who have been given leaflets or picked them up at the hospital or professionals who have had presentations on the service
5. By phone to the office where voicemails can be left if no one is in the office.
6. Referrals also happen when the advocate is on the ward to see a patient and the person connects the visitor to the service.

There is no one process as people who are very unwell will not always understand or want to see anyone and they may take a while to realise that an advocate is the person they need.

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:

- any 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
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

Activities for inpatients

Three-quarters of people said they took part in activities.

Staff who run sessions – particularly pottery – were popular with some of the patients. People described the value of creative, physical or therapeutic activities in helping them, more than medication could do alone.

However, patients highlighted that there were few activities available at the weekend. Some patients were also upset if they were excluded on occasion from activities due to certain behaviours.

Some people also wanted different types of activities – such as beauty or hair treatments, art, or trips out in a bus.

The NICE quality standard says mental health inpatients should be able to 'access meaningful and culturally appropriate activities seven days a week, not restricted to 9am to 5pm'.[4]

The national charity Mind has also previously warned that boredom not only delays recovery, but can also lead to challenging behaviour.[8]

The need for activities is important given the CQC's findings that nationally, the number of detained patients is rising, length of stay is long, and people in mental health admission wards are staying in a 'high-risk environment' levels of violence are high. 'Future developments in community mental health services must not distract attention from the importance of improving the quality and safety of mental health wards,' the CQC states.[5]

'Star Wards'[9] is one initiative aimed at improving day-to-day life on wards, cited in a 2016 report by The Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults.[10] The aim of Star Wards is to give NHS trusts, free, practical advice advice on how to 'tweak', 'turn' or 'transform' the experience of inpatients, often for very little cost. The project was launched by a social justice charity, which was founded by a woman who sat down to write a list of 65 things that would make her time happier while she was sectioned.

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

Hospital discharge

Most people told us they had not been given a discharge date. Their answers will have been affected by their status (voluntary or sectioned) and at what point in the care pathway they were on at that point in time.

People detained under section can be compelled to stay for up to:

- 72 hours (in an emergency, under section 4 of the Mental Health Act)
- 28 days (under a section 2, when you are being newly assessed)
- Six months (under section 3, when you are known and need ongoing care and treatment; this can be extended by 6 months at the next two reassessments, and for 12 months each time, for an unlimited number of reassessments).

In some cases, a 'nearest relative' can discharge you.[7]

The NICE mental health quality standard, says that ending treatments or transitioning from one service to another, 'may evoke strong emotions and reactions in people'.5 We heard evidence of this, when one patient described the mixed emotions of feeling 'frightened to stay home but frightened to stay here'. NICE states that 'hospitals should 'ensure that such changes, especially discharge, are discussed and planned carefully beforehand with the service user and are structured and phased'.

We believe that it is unacceptable for staff to tell any patient 'you will never leave here', as one person described to us.

Previous research has suggested that in an average ward of around 20 patients, there could be up to five who don't need to be there, but are delayed from leaving due to care and/or housing, not being available.[10]

We heard from some patients that their housing or funded placements had not yet been arranged to allow discharge.

Initiatives in other parts of England have included involved involving mental health home treatment teams, in daily inpatient ward handovers, to help identify and plan for people who could be ready to go home.[5]

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.

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.

Care before coming to hospital

Two-thirds of people told us they had been in contact with services before being admitted or detained, but the quality of care varied widely. Many people described years of contact with agencies, repeated hospital admissions, other health professionals judging that the person was not mentally unwell, or not being able to get help from the crisis team quickly enough. One person summed up going home as like going back to 'square one'.

The CQC also says that less than half of crisis teams have sufficient staff to provide 24/7 intensive home treatment as an alternative to admission.[5]

NICE's quality standard calls for people using community mental health services to be 'normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship'.[4]

NHS England has also set a 2020/21 target for people to have 24/7 access to a community-based mental health crisis service, which is 'adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission'.[11]

The CQC has highlighted good practice case studies, such as one mental health trust that piloted an outreach service which gave six weeks support to people discharged into the community.[5]

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 and 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.

Recommendation 8:

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

Patients' priorities for improvement

We received the greatest number of free comments from people, to a question asking them to name one single thing that would improve their inpatient experience. This shows people want to be involved in service improvement.

As the Commission on Adult Psychiatric Care asserts: 'Patient and carer involvement is not just about involvement in individual care, but is also about involvement in commissioning and developing mental health services. Involvement brings greater ownership of services and fosters a better understanding of how and why services are developed, resulting in mutual benefit for all. Patients and carers bring with them their own knowledge and expertise of mental illness and of accessing mental health services and offer different perspectives and priorities for service improvement. Involving patients in mental health services may also be therapeutic, increasing confidence and self-esteem and promoting social inclusion.'[10]

The message we heard from people, loud and clear, was that more staff are needed on the wards. People described the impact that understaffing has on virtually every aspect of their care, including:

- not getting 'one-to-ones' with key workers to be able to discuss their feelings, care and needs
- not being able to have short escorted trips out of the building
- not able to get immediate help if they were having a crisis moment
- avoiding asking for help because they can see staff are under pressure and don't want to add to their workload
- not having somebody available to prevent or break-up tensions between patients
- not feeling like the ward is safe or calm
- not feeling like there are enough staff during nights.
- some activities or therapy sessions not running.

Recent research proves the shortages, with the national number of full-time nurses falling 15% within inpatient settings, between 2009-14, according to The Commission.

This will affect the ability of people to receive the 'daily one-to-one contact with mental healthcare professionals', which NICE recommends[4] for inpatients.

Various national reports have suggested measures to improve staffing levels, such as:

- paying managers of acute admission wards more, to recognise the 'true
- importance of their 'highly complex and challenging role'
- ensure a varied skill-set within ward teams, to improve the range of care, therapies and activities available to people and as part of this consider training and introducing peer

support workers (our own findings demonstrated that people valued support from other patients)

- staff wellbeing programmes to help cope with job challenges

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.

People we spoke to also suggested a range of other improvements, as outlined earlier in this report on pages 14-17. We suggest some could be 'quick wins' such as making type bigger on food menus; others would need time or extra funding to work through, such as improving the system to sign patients back in; and at least one idea (to allow patients to smoke in hospital courtyards) would probably be ruled out on the grounds of trust policy and legislation banning smoking.

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.

Formal Joint Response from BHFT and CCGs

Dear Healthwatch

Thank you for the Prospect Park enter and view report and the opportunity to provide comments on accuracy and a response to the recommendations. We found it very interesting and informative; in particular it was pleasing to read that patients found our staff caring and that they felt they were treated with dignity and respect.

We have one point of accuracy regarding the number of mental health beds. There are 142 beds not 216. The details are below:

- 40 older adult
- 89 acute adult
- 13 psychiatric intensive care beds (currently 10 as the unit is being refurbished)

As part of preparing this response I have consulted both East and West Berkshire Clinical Commissioning Groups and therefore our response to the recommendations is as follows:

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 and offer them the opportunity to read the whole report. The trust board and 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 and 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 and 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:

- any 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
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) 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 Ac (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.

The Trust policy regarding the frequency of giving of the patients' rights are as follows:

If understood, rights should be repeated:

For Section 5(4) – No need to repeat

For Section 5(2) – No need to repeat.

For Section 4 – No need to repeat.

For Section 2 – On day 14 (day 1 being the day the person was admitted) as this is the last day that the patient can appeal to the Mental Health Tribunal.

For Section 3/37/CTO – At 3 months when Section 58 Consent to Treatment becomes applicable and then every 3 months for the duration of the detention.

If the detention/CTO is renewed/ extended then the rights must be reread at the point of renewal/ extension and repeated as above.

If not understood:

For Section 5(2) – Daily until understood

For Section 4 – Daily until understood

For Section 2 – Every 72 hours until understood.

For Section 3/37/CTO – Weekly until understood.

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 and 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 and 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 and 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 and 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 and 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 and 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.

Helen Mackenzie, Director of Nursing and Governance

Appendix 1:

How we carried out the project

BHFT agreed to our request to visit the wards, two days after we submitted a written request on 23 August 2017. Mangers from the six Healthwatch went to Prospect Park on 31 August for an escorted planning visit. The six Healthwatch then met several times to design the questionnaire and brief staff and volunteers.

We visited on:

- Monday 23 October, 9.45am-11.15am, Daisy, Bluebell, Rose and Snowdrop
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm

Healthwatch teams of between five and 13 people went to each visit to maximise the number of patients we could speak with. Staff met and escorted us to wards and gave each team a security alarms. Patients had been informed of our visits and we sought verbal consent from each to speak with them and ask for their anonymous answers to our questionnaire comments. We stopped a small number of interviews on patient request, or if they became agitated. We also held a group talk of eight patients on one visit for a more general discussion.

During some of the interviews, an Independent Mental Health Advocate based at the hospital, was also present.

Healthwatch teams also carried out observations of the environment.

Each team had a short debrief meeting after each visit, to discuss findings and check if any urgent issues had arisen that needed to be escalated to BHFT staff. A final meeting of all Healthwatch staff and volunteers was held to discuss and compare findings and share the emotional impact of undertaking the visits: we had heard some incredibly sad or challenging stories and experiences, as well as messages of hope and recovery. We were all keen that the experiences be shared in order to highlight good practice or influence improvements.

Each of the six local Healthwatch considered the draft report individually through their own governance structures before collectively agreeing to the findings and recommendations to be submitted to BHFT and CCGs for a formal response.

Appendix 2:

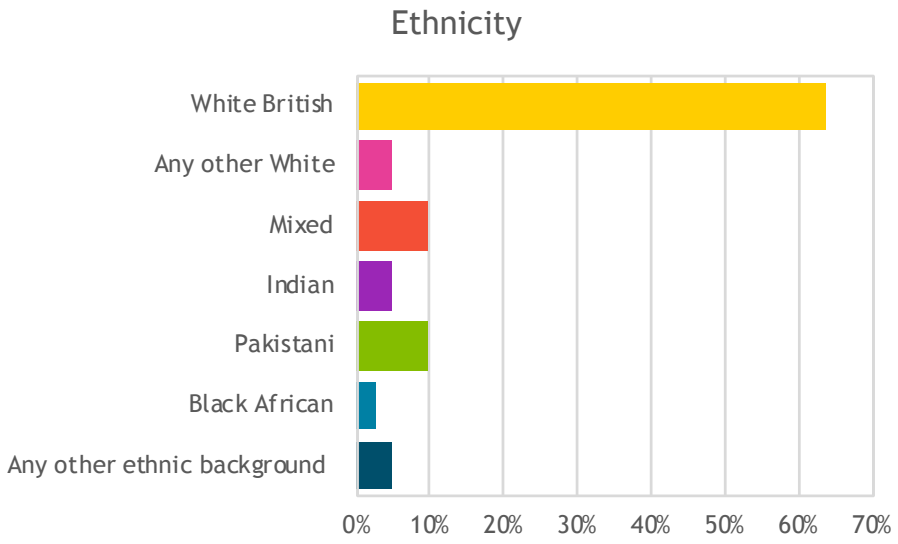
About the people we spoke with

Total: 41 people filled in the survey; 24 female, 17 male, and none transgender

Age: The 45-54 group was represented most, followed by 18-24-year-olds:

18 to 24	25.00%	10
25 to 34	17.50%	7
35 to 44	12.50%	5
45 to 54	27.50%	11
55 to 64	10.00%	4
65 to 74	7.50%	3
75 or older	0.00%	0

Ethnicity: most said they were White British, followed by a range of ethnicities



Usual home: Most of the 39 people who told us a partial postcode, usually live in Slough (11), Reading (5), or Maidenhead (4). The rest were from West Berkshire villages, Wokingham, or Windsor. One person identified as homeless.

GP registration: 37 out of 38 people said they were registered with a GP

Length of stay to date at Prospect Park:

- Up to 7 days: 7 people
- Between 1 week & 1 month: 4
- Month-6 weeks: 8 people
- 6-12 weeks: 10 people
- 3-6 months: 5 people
- 6-12 months: 3 people

Appendix 3:

Referenced reports and other resources

Endnotes

1 BHFT Quality Report, Care Quality Commission, April 2016

2 BHFT Acute wards for adults of working age and psychiatric intensive care units Quality Report, Care Quality Commission, August 2017

3 News article, Reading Chronicle, November 2 2017

4 Service user experience in adult mental health services, Quality Standard 14, National Institute for Health and Care Excellence, 2011

5 The state of care in mental health services 2014 to 2017: Findings from CQC's programme of comprehensive inspections of specialist mental health services, Care Quality Commission, 2017

6 The Mental Health Act 1983: Code of Practice, Department of Health, 2015

7 Sectioning information, www.mind.org.uk, accessed November 2017

8 Ward Watch Mind's campaign to improve hospital conditions for mental health patients: report summary, Mind, 2004

9 www.starwards.org.uk, website of charity Bright, accessed November 2017

10 Old Problems, New Solutions: Improving acute psychiatric care for adults in England, The Commission on Acute Adult Psychiatric Care, 2016

11 Implementing the Five Year Forward View for Mental Health, NHS England, 2016