

5th February 2019

Councillor David Absolom
Chair of the Adult Social Care, Children's &
Education (ACE) Committee
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Dear Councillor Absolom

RE: Prospect Park Hospital Enter and View Report

Thank you for the opportunity to respond to the report 'The Experience of People Admitted to Psychiatric Wards at Prospect Park Hospital' presented to the Committee in January 2018 by HealthWatch.

We provided a response in January 2018 directly to HealthWatch after the ACE committee meeting had received the report from HealthWatch.

We have therefore provided a response below which includes the original response, an update on further work over the last 12 months and an extract from the CQC comprehensive inspection undertaken in June 2018 on items related to the recommendations. The CQC inspection was unannounced and involved inspectors on site for 4 days. All services at Prospect Park Hospital were rated good or outstanding. The trust was rated overall as outstanding for well led.

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.

Jan 2018 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.

2019 Trust update:

The HealthWatch report has been discussed at Prospect Park Hospital's ward and team managers' meetings and cascaded to the wards and front-line staff. The positive feedback was well received and focused work on values and behaviours is integral to our recruitment and appraisal process. We have implemented a major quality improvement programme across the Trust and all wards at PPH have been trained and implemented the new Quality Improvement management system. The carer's group continues to run in the evenings every 2 weeks for carers of inpatients and regularly receives positive feedback.



CQC Findings 2018:

“Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed. Patients told us they had been treated with respect and dignity and staff were polite, friendly, and willing to help. Patients told us staff were pleasant and were interested in their wellbeing.

- *“Patients told us that, where they had wanted to, their families were included in their care planning. Information leaflets were made available to relatives and friends and regular information and educational sessions were available at the hospital”.*
- *“Carers told us about the various ways they could give feedback on services. A regular ‘family group’ was facilitated by staff and covered topics such as, health, hope, emotions, education and stress. A number of carers said they had been offered a carer assessment”.*

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.

January 2018 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.

2019 Trust update:

A recent unannounced Mental Health Act Inspection visit to Rose ward at PPH (January 2019) has commented on the development and improvement seen in patients safety planning and was identified as a strong focus of work in order to ensure that patients are involved in their care. Staff receive regular training and also peer support from the clinical development lead on the ward to work with patients who are extremely unwell or not wishing to engage to try to ensure they contribute as much as possible.

CQC Findings 2018:

“Care plans on mental health inpatient wards for older people and working age adults were developed with the patient and reflected their views. Where patients chose not to contribute or were too unwell to do so this was recorded and reviewed. The care plans were recovery focused, holistic and demonstrated good practice.

The care plans had set goals and monitored progress. Patients told us that they were included in the planning of their care. Staff worked with patients to assess their individual risks and to develop plans to manage risks.



Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective. This was identified as outstanding practice. Staff were alert to changes in risk and made sure that management plans were updated as necessary”

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.

January 2018 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.

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 to 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 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.

2019 Trust update:

The Trust remains compliant with the Detained (Sectioned) Patients Rights policy in place. Further training and support has been offered through the Trust's Mental Health Act Office and staff at Prospect Park are required to undertake audits to demonstrate its effectiveness.

CQC Findings 2018:

A recent Bluebell ward unannounced Mental Health Act inspection (October 2018) confirmed a high level of compliance with the mental health act with regard to detained patient rights. It confirmed that information given to patients following detention under the MHA covered all aspects of their rights. Amongst other things it identified the following:

- *"information leaflets provided reflected the patients' right to an independent mental health advocate*
- *"information given to patients following detention under the Mental Health Act covered all aspects of their rights"*
- *" information leaflets reflected the different providers of Independent Mental Health Advocacy on the ward"*

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



January 2018 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.

2019 Trust update:

There is a 7 day a week therapy service in the hospital; it is a reduced service over the weekend but one that is open to all wards.

Activity coordinators are being recruited through our volunteer service – focusing on psychology students from University of Reading.

A Service user engagement programme has been running for 6 months at PPH which meets monthly. Service users, carers and clinical development leads are actively engaged and have been working on an updated service user engagement strategy.

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.

January 2018 Trust response:

We currently have a bed optimization 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.

2019 Trust update:

We have introduced a standard that all patients now receive a 72 hour review (post admission) with the ward team, medical team and community teams and this has been in place for 6 months. This is a review following admission to ensure that a plan is set out to achieve agreed goals. At this time an Intended Discharge Date (IDD) is also set as a focus to work towards for discharge. This is discussed with the patient and their care team at weekly multi-disciplinary team meetings and those patients who are beyond their IDD are also reviewed in a daily bed management meeting in the hospital.

This has had a positive impact for patients however there are other reasons why patients are subject to delays which sit outside the direct control of the Trust.

For example we are proactively working with the CCG and social care to ensure there are no delays in agreeing funding decisions for onward placements. Accessing housing and step down accommodation is challenging.



CQC Findings 2018:

“The trust’s inpatient services, including wards for people with a learning disability or autism, had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.

“Patients told us how staff helped them to achieve the goals set in their discharge plans. Examples included staff accompanying patients back to their homes to assess what additional support they may need to aid their recovery. Staff actively assisted patients towards their discharge.”

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.

January 2018 Trust response:

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.

2019 Trust update:

All the above actions continue to be relevant and we are pleased that mental health delays are discussed at the A&E delivery board meeting.

In Berkshire West there is a Senior Directors meeting each Wednesday morning where the senior leaders discuss in detail any blockages that are occurring within identified delayed transfers of care. Each local authority, Commissioners and Acute and Community provider Trusts are present to jointly unblock issues in relation to patient discharge. This collaborative approach has reduced the number of delays and further support is required from all partners to keep this on track.

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.



January 2018 Trust 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.

2019 Trust update:

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. This is reviewed formally in the Mental Health system meetings that are coordinated by the CCG for both East and West Berkshire.

Berkshire west has a fully compliant 24/7 A&E Mental Health Liaison Team at the Royal Berkshire Hospital and we continue to work closely with the RBH to strengthen the way that mental health professionals can support the acute trust with patients who present at A&E.

An area of deterioration since the HealthWatch report was prepared, relates to Reading Borough Councils decision to remove social care staff from the community mental health team. HealthWatch identified that the NICE quality standard calls for people using community health services to be supported by staff from a single multi-disciplinary community mental health team. The Trust is particularly concerned that this disaggregation will lead to a more fragmented service for residents who require mental health services

Recommendation 8

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

January 2018 Trust response:

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.



2019 Trust update:

In Crisis Response and Home Treatment teams they have maintained a system of review for any individual who has required 3 or more admissions within a year. This approach has resulted in clear agreed care plans that can be shared with multi-agencies as appropriate to support the individual.

The Trust also has developed a pathway for patients with a Personality Disorder (in the absence of a nationally recognized care pathway for this group) to support some of our more complex patients. By planning and working in a standardised way, we can provide consistent support as alternatives to the reliance on hospital admission for this vulnerable patient group.

Once again however, many of the reasons why patients are readmitted are not directly in the Trust's control. Housing and accommodation has been previously mentioned to which we would also identify access to substance misuse services, access to benefits and welfare rights and non-statutory forms of mental health support in the community.

CQC Findings 2018:

The CQC identified as outstanding practice that the Crisis service was running a pilot project aimed at reviewing patients who had three or more admissions to the crisis service within the last 12 months. Themes resulting from this audit had shown the need for improved safety plans and improved goal setting from community mental health teams. The project had been running for the past 9 months and had resulted in 28% reduction in admissions for patients who met these criteria. The team was in the process of obtaining patient/carer feedback on their experience of being within the project.

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.

January 2018 Trust 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 is 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



2019 Trust update:

There continues to be a national shortage of qualified mental health nurses and staffing at Prospect Park Hospital remains challenging

Despite this we continue to meet safe staffing levels which have been set using national guidance and are reported for review monthly to the Trust board.

We have appointed a full time recruitment lead for Prospect Park hospital and have launched a major recruitment campaign which includes radio, bus and site advertising, use of social media recruitment channels and fast track recruitment processes.

We are investing in nurse training and have developed a career pathway for support workers and introduced new role that sits between qualified nurses and support workers, providing career opportunities for the latter.

We have been successful in recruiting doctors at Prospect Park Hospital and currently are fully staffed.

We continue to work with the CCGs and NHS England on a workforce strategy to support the trust with its staff recruitment and training.

Going forward the biggest obstacle of all is the lack of key staff nationally. Calculations by The Nuffield Trust, The King's Fund and Health Foundation show a shortfall for the NHS of 250,000 by 2030, which would make delivering even current services near impossible.

Additionally, the biggest levers to resolve the workforce crisis are out of NHS England's hands. Only bold policies on training, immigration and Brexit can deliver enough Nurses, GPs and Therapists for the next few years. The system of workforce planning in the NHS has not worked at a national level.

CQC Findings 2018:

"The staffing establishment on each of the wards were individually set to meet patients 'needs. Ward managers were additional to the staffing numbers as were the Clinical Development Leads".

"Staffing was appropriate across both wards and we saw ward managers changing the staffing numbers to respond to the acuity on the ward. We saw the service deploying their staff in innovative ways to ensure wards were well staffed and could manage when levels of acuity increased. The wards had sufficient medical cover 24 hours a day."

- *Staff told us senior managers were flexible and responded well if the needs of the patients increased and additional staff were required.*
- *There was adequate medical cover over a 24 hour period, seven days a week across all of the wards. Out of office hours and at weekends, on-call doctors were available to respond to and attend the hospital in an emergency. Consultant psychiatrists provided cover during the regular consultant's leave or absence.*

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.



January 2018 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.

2019 Trust update:

Patients are able to raise improvement suggestions and ideas as part of our Quality Improvement process, which is operating on all wards at PPH. Improvement tickets are raised by staff and patients, displayed on the ward and reviewed most days by staff and patients on the progress.

The Personality Disorder pathway (referred to in recommendation 8) was produced with patient involvement at engagement events and they have continued to be involved and updated as the pathway is implemented.

We continue to hold regular community meeting on each ward where patients raise issues and staff feedback on actions taken.

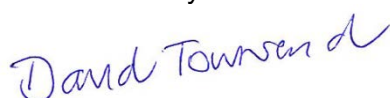
We are developing our patient engagement strategy which will improve opportunities to involve patients.

CQC Findings 2018:

“The trust had made further progress in the use of a quality improvement methodology. We saw that this methodology gave genuine opportunities for staff and patients in wards and teams to identify areas for improvement and make changes. The use of quality improvement was widespread throughout the trust, both staff and patients were very positive about the potential for improvement.”

We hope this provides you with a comprehensive response to the report findings and shows the progress we are making despite challenging circumstances and the positive assurance provided from the comprehensive CQC inspection undertaken last year.

Yours sincerely



David Townsend
Chief Operating Officer

