# Campbell Centre

(Central and North West London NHS Foundation Trust)

## Acute Inpatient Mental Health Unit

### Patient Experience Review


Published June 2020

healthwatch Milton Keynes

# Introduction

## Details of Enter and View

| | |
|---|---|
| **Service Provider** | The Campbell Centre<br>CNWL (Central and North West London NHS Foundation Trust)<br>Hospital Campus, Standing Way, Eaglestone, Milton Keynes MK6 5NG |
| **Department** | Hazel Ward and Willow Ward |
| **Authorised Representatives (ARs)** | Nadine Lynch, Diane Barnes & John Southall |
| **Contact details** | 01908 698800 |
| **Participants engaged with** | 25 |

## Schedule of visits

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| **29th October 2019**<br>10:00 – 11:00 | **Community Group Meeting**<br>Campbell Centre |
| **11th November 2019**<br>18:30 | **Family Drop-in**<br>Campbell Centre |
| **13th November 2019**<br>10:00 – 14:30 | **Enter and View - Visit 1**<br>Campbell Centre |
| **20th November 2019**<br>10:00 – 14:30 | **Enter and View - Visit 2**<br>Campbell Centre |

## Acknowledgements

Healthwatch Milton Keynes would like to thank the people that participated in these visits for their trust, honesty and valuable contributions.

We would also like to thank CNWL (Central and North West London NHS Foundation Trust) and their staff for their cooperation with this project and for their enthusiasm, helpfulness and hospitality.

## Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of these visits.

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# Background

## What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives (ARs) to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

If you are interested in finding out more about Healthwatch Milton Keynes, becoming a member or would like to get involved by volunteering with us, please visit www.healthwatchmiltonkeynes.co.uk

## Strategic drivers

We agreed to undertake this project, which fulfils our strategic objectives of:

- Engaging with the people of Milton Keynes around matters relating to their health and social care needs and experiences.
- Empowering the community to evaluate and shape services.
- Using local experiences to influence how services are designed and delivered.
- Using evidence to help providers understand what local people need from their health and care services.

## Purpose of Visit

The purpose of this Enter and View visit was to engage with inpatients at the Campbell Centre to hear about their experience whilst under the care of the acute mental health inpatient service.

We did not set out to talk to people about the mental health conditions or circumstances that had led to their admission, but instead to explore peoples' experience of receiving care at the Campbell Centre, to hear about the treatment they were receiving and find out what plans were in place to support their recovery and discharge.

## About the Campbell Centre

The Campbell Centre, which is situated on the Milton Keynes University Hospital Campus, is a 38-bed acute inpatient mental health unit. It has two single-sex wards, Hazel Ward and Willow Ward, predominately for working-age adults who require a hospital admission when suffering from a mental health problem. The wards are staffed 24 hours a day and the staffing team consists of nurses, occupational therapists, doctors, pharmacy staff and domestic staff.

A range of therapeutic activities are available both in groups and as individuals. There is also access to the Citizens Advice Bureau and regular surgeries for both housing and carers support.

The unit works closely with the Milton Keynes Home Treatment Team and other community-based services.

## Engagement

We engaged with a total of 25 patients at the Campbell Centre during this project.

In respect of demographics:-

- 5 people were from Black, Asian and Minority Ethnic (BAME) groups
- 16 were male
- 9 were female
- 3 people were aged under 25
- 9 people were aged between 25 – 39
- 7 people were aged between 40 - 59
- 3 people were aged 60 or over

## Planning and methodology

After seeing a presentation by their Central North West London (CNWL) Community Service colleagues demonstrating the benefit of patient feedback provided by an independent organisation, Campbell Centre management approached Healthwatch Milton Keynes to discuss an Enter and View visit. Healthwatch Milton Keynes staff met with the Ward Matron and an Associate Mental Health Practitioner at the Campbell Centre to develop the purpose of this piece of work and its objectives.

It was understood at the outset that conversations were likely to be emotive and often difficult for patients. Therefore, we requested that patients were given the opportunity to speak to us in a private space where their confidentiality would be protected. Discussions were had to ensure both service users and volunteers would be supported in having these sensitive conversations; appropriate risk assessments were carried out and ARs were briefed on safeguarding procedures. Patients were given the option to have a Peer Support Worker or Nurse accompany them if they wished.

At the request of the provider, the date of the visit was not announced to ward staff in advance of the visit. Undated Healthwatch posters publicising the upcoming visit were provided to the Campbell Centre in advance with the request that these be displayed where service users would see them.

A total of four visits were carried out over the course of a month to collect these views. To enable allow further contact from patients who may not have had the opportunity to speak with the team during the visits, the period of evidence collection was extended by one week. We heard from two patients during this time extension.

On arrival at all visits, Authorised Representatives (ARs) introduced themselves to the staff. They were made welcome and given a full tour of the Centre.

On the morning of the Enter and View visits, patients were told during their morning meeting that we would be available to talk to and staff introduced the patients to the ARs. Interviews took place in private rooms away from the wards. Our ARs were also given access to both wards and approached service users in the communal areas of the wards. People we approached on the wards were given an explanation of the visit and offered the opportunity to speak privately with us. ARs did not enter patients' bedrooms. All participants were asked at the outset whether they felt comfortable talking to Healthwatch about their experience.

Following interviews, all participants were given contact details for Healthwatch Milton Keynes and told how their information would be used and how to access the published report. To ensure consistency in the analysis of the findings, ARs used a set of pre-agreed conversation prompts (see Appendix A) specifically designed for this project. ARs recorded the conversations and observations via hand-written notes.

# Summary of findings

On the basis of our visits, the Campbell Centre is a clean, bright and well-equipped facility with a popular programme of activities.

People we spoke to were complimentary of many Nurses, Peer Supporters and the Occupational Therapy Team, and it was evident that these people had made a positive impact on the lives of the patients they supported. However, the report highlights a stark contrast in people's experiences of care from their Consultants and Doctors, with the majority of patients feeling they are not listened to or involved in decisions around their care.

During the visit, the following aspects were considered:

- Environment and facilities
- Activities
- Staff
- Consultant care
- Preparing for discharge
- 'Revolving door' admissions
- Sectioning

## Notable positive findings

- Activities, including Mindfulness, are well received by patients.
- Patients value the care and support they receive from Nurses, Peer Supporters and the Occupational Therapy Team.
- The premises are clean, tidy and well maintained with areas to socialise away from bedrooms.

## Opportunities for improvement

- Consultant meetings do not allow patients to have a say on their care.
- Patients do not feel they have frequent opportunities to see their Consultant.
- Patients do not feel consistently treated with dignity and respect.
- Patients do not feel enough is done to help prepare them for discharge.

# Main Findings

## Arriving at the Campbell Centre

The Campbell Centre is situated on the hospital campus and accessible on foot, a 5-minute walk from the main hospital multi-storey carpark. There is also disabled parking available next to the building.

On arrival at the Campbell Centre, we reported to reception and were provided with personal security alarms. Healthwatch posters were displayed in the communal areas advertising our upcoming visit (although no dates were specified on these posters at the request of the provider).

## Environment and facilities

### Premises

ARs observed the interior presentation of the premises to be clean and tidy with bright, attractive artwork on the walls. All the noticeboards provided clear information, categorised into themes to aid service users and visitors in finding information. All areas of the Centre that we accessed were observed to be very clean and well maintained. None of the patients we spoke to raised any concerns about the cleanliness or upkeep of the Centre.

> "The cleaners work really hard and keep the place really clean."

The Centre has two wards – Hazel Ward for male patients and Willow Ward for female patients, both of which have secure access and patients can only leave the ward when authorised and accompanied by staff.

### Facilities

Each ward has a Nurse's Office, communal Seating Area, Lounge and Kitchen. The Lounges are bright, spacious and equipped with a TV and DVD player, with a selection of DVD's. However, we heard from patients at the Community Group Meeting that there had not been a Film Night for two months due to apparently missing DVD cables.

Each Lounge also provides free access to a small secure courtyard. The Kitchens are also freely accessible and provide patients with tea & coffee making facilities.

The Centre also has a Canteen, Gym, Activities Room, Prayer Room, Garden and an ADS (Activities of Daily Living) Assessment Kitchen. The Canteen is bright, spacious and welcoming with varied menus on display, the Gym seems to be well utilised and equipment appears new, and the Activities Room is well-equipped with books,

games, puzzles and crafts. These areas, however, are only accessible to service users when accompanied by staff.

## De-escalation facilities

Representatives were also shown the Section 136[1] Suite and the De-escalation Room, neither of which were in use at the time of the visits.

A Section 136 Suite is a facility for people who are detained by Police under Section 136 of the Mental Health Act. The purpose of the Suite is to provide a place of safety whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements made for ongoing care.

The De-escalation Room is empty of furniture or any other items which could be used to cause harm and contains a functioning toilet. The walls are padded, and the area is intended to be used as a final resort to keep a person safe and allow gradual resolution of a potentially violent situation.

## Bedrooms

The sleeping areas on each ward consist of three dormitory-style rooms (each dormitory sleeping three patients, separated by a curtain) with a shared washroom, and 10 single bedrooms, some of which have their own en suite. There is also an Assisted Bathroom.

Patients preferred the private rooms to the shared dormitories and felt it was important to have this personal space.

> "I had a private room. I joined in with the activities and then went back to my room. I was happy with that."

> "Everyone should have their own room."

[1] Section 136 is part of the Mental Health Act which means that the police have the power to take you to a place of safety or keep you in a place of safety. (www.rethink.org/advice-and-information/rights-restrictions/police-courts-and-prison/section-136/ )

## Activities

- Participants were positive about the Activities Programme.
- The Gym and Mindfulness Sessions were popular activities.

Representatives were given a tour of the Centre's activity facilities. There is a well-equipped Gym, Activities room and an ADL (Activities of Daily Living[2]) Kitchen, which is used to carry out assessments on service users progress toward independent living.

There is also a paved Garden with greenery and some seating. Possibly due to the time of year, we did not see any patients using this garden during our visits. The space feels closed in due to the fact it is unavoidably surrounded by the rather industrial corrugated building façade of the Centre. These facilities are all separate from the wards and patients therefore require staff to provide them with access.

Whilst we did not see any organised activities taking place during our visits, we heard positive comments about the Activities Programme at the Centre. Mindfulness sessions were specifically mentioned by 7 patients as something they valued and enjoyed.

In terms of physical activities, we heard from 7 patients that enjoyed using the Gym and 6 people told us that they liked to join in with the morning stretches session. We also heard from other patients about the availability of basketball and table tennis.

Others were keen to tell us about therapy sessions. We heard from 5 people who liked Arts and Crafts and told us about activities such as making sock puppets and music therapy. Two people spoke of 'Milo the Cat', who is presumably a therapy pet that spends time with the patients.

> "I like the art stuff."
>
> "I like the stretches, art, mindfulness. It passes the day but after two months it's getting repetitive."

Occupational Therapy (OT) activities were clearly valued by the people we spoke to.

> "I went to Asda with my OT. Can't cope on my own."

Staff felt that many patients were dissatisfied with the frequency of opportunities to go on cigarette breaks. However, this was not raised as an issue by the people we spoke to. On the contrary, one person told us they felt they had less opportunity as

[2] Activities of Daily Living are basic tasks that must be accomplished every day for a person to thrive, e.g. preparing meals. https://www.kindlycare.com/activities-of-daily-living/

a non-smoker to get outside, which they felt exacerbated their mental health condition.

> "I need things to do. If you smoke you can go outside for a cigarette, but I'm not allowed to because I don't smoke. I'm no risk to others. It's not fair… They are taking away from me what I need to do – like going outside – and that sets me off again."

Another participant felt their activity requests were not possible due to being sectioned. Whilst the Campbell Centre does have a dedicated space for prayer, this person told us they would like to be able to visit Church.

> "I've asked but get ignored. I'd like to go to Church on a Sunday, but I'm sectioned."

We also heard from people who felt they needed more opportunity to leave the Centre, in order to prepare them for discharge:

> "I've asked for more outside leave – I only get 10 minutes. You can't get anywhere in 10 minutes. I'd like to walk over to the shops."

## Staff

- A third of participants praised the care they received from Nurses and Occupational Therapy / Peer Support staff.
- Half of participants said they did not feel treated with dignity and respect.
- Patients report inconsistencies in the care provided across different shifts.

As well as liaising with management during the planning of this project, we also spoke with 4 Nurses, one Peer Support Worker and one member of domestic staff.

One member of staff told us they had worked at the Centre for 14 years and spoke passionately about their role. Their caring and positive approach was evident, and they told us of times they had been able to offer comfort to patients when they were upset.

The patients we spoke to spoke fondly of the domestic staff.

> "The cleaning staff are fantastic. [Staff member] is like an agony aunt."

Nine of the people we spoke to were very complimentary about specific nurses, as well as Occupational Therapy staff (referred to as "OT's") and Peer Support Workers:

> "The OTs are brilliant. So are the Peer Support Workers."

> "The [best aspect is the] OT Team. [Staff member] in particular. They are THE care in the hospital."

> "There's one special nurse who saved me from drowning years ago. She brings joy."

> "They help me get through the difficult days. Staff are amazing and it settles me down after they give me time."

> "Staff are polite and kind."

We also heard positive feedback about the Psychologist:

> "[Consultant], the Psychologist, is helpful and he listens."

A Nurse we spoke to told us one of the biggest challenges faced by staff is dealing with aggressive behaviour, particularly where drug addiction is a factor.

> "Supporting patients suffering withdrawal symptoms is a very difficult part of the job… Everyone here deserves their place here."

There was a clear perception that healthcare professionals are overburdened. Several patients commented on the heavy staff workload and two members of staff told us they felt workload pressures prevented them from spending more one-to-one time supporting people.

> "I'm stretched too thin. I wish I had more time to spend with [the patients] but it's so busy." - *staff member*

Whilst we heard a great deal of praise for some staff, there appears to be inconsistency in people's experiences of staff interactions. When asked if they felt treated with dignity and respect, half the participants answered 'no', and four people said that staff had no time for them.

> "Some nurses are really good, but some don't have much time for you."

> "A lot of staff spend time on their computers instead of interacting with patients."

> "One or two can be a bit aggressive in manner and not very understanding."

> "Most I can talk to. Others talk down to you. They just stand around and don't engage."

> "Some just close the door on you and walk away."

One patient went on to describe an incident that had occurred when they became distressed and frustrated at not being listened to:

> "They wouldn't respect my wishes to move my own personal belongings and I became very agitated and started to melt down. They told me to calm down or I'd have to go to the de-escalation room – I said, 'please take me there', but they didn't… I was not aggressive, just very upset, but I was restrained by eight members of staff. My crutch was kicked out from under me, resulting in bruising and tissue damage."

Healthwatch Milton Keynes have reported this incident as a serious safeguarding concern.

Two people specifically told us they felt their care had been affected because they raised an issue with staff:

> "I felt the care wasn't as it should be, so I spoke up. But that's causing friction between me and the staff… their responses to my feedback have been very cold."

> "I have a lot of issues with staff. I reported a member of staff and now they criticise me to other people."

Another person described becoming frustrated and upset when he requested his nicotine replacement from staff and was refused for no apparent reason.

> "They just said 'I'll have a think about it'. I was very frustrated – I cried after that."

There was a significant contrast in opinion from patients between the day staff and the night staff, with three people specifically mentioning that night staff were frequently sleeping on the ward or distracted by their mobile phones.

> "The day staff I can't fault – they talk to me. The night staff are not helpful… they don't ask how I am or offer to chat. I've seen them sleeping too. Some of us can't sleep and want someone to talk to but the night staff don't want to."

> "The day staff are attentive, but the night staff just play on their phones or fall asleep."

From our observations, some of the staff seem know the patients well and were knowledgeable about their likes/dislikes and triggers. When being introduced to interviewees, ARs saw several instances of good rapport between nurses and patients, and friendly exchanges of banter.

It should be noted that our interviews took place in rooms situated away from the main wards. When ARs entered the wards, there was little evidence of staff interacting with patients. Staff presence appeared to be mainly concentrated in the enclosed office, with patients queueing outside the office door waiting to speak to someone. A patient told us that most of the people were waiting to request an outdoor break and that they felt this queueing contributed to tension among patients.

## Consultant care

- More than half of participants did not feel listened to.
- Almost one third of participants felt let down by their Consultant.
- One third of participants said they did not have a weekly Care Review[3].

One person we spoke to said they were pleased with the care they had received from their Consultant in terms of moving forward to treat their addiction:

> "The doctor is very good. He wants me to go to AA meetings."

However, seven patients reported that they were not happy with the level of care they received from their Consultant; four of these patients referred to one particular Consultant.

> "From day one, I've felt dismissed… [My Consultant] says I am using this place as a hotel."
>
> "[My Consultant] made a false statement at the last tribunal."
>
> "My previous doctor [from previous admission] kept me here until I could manage but [current Consultant] tries to discharge too soon, before you're ready."
>
> "I want to make an official complaint about [my Consultant]. The way people talk about us and our condition in front of everybody. That needs to stop. Care needs to improve."

One third of participants felt that they were not able to meet with their Consultant as frequently as they should. On arrival at the Campbell Centre, patients are provided with information advising them to expect a weekly 'ward round' meeting (also known as a Care Review) where they speak with their Consultant and agree on a Care Plan. Patients expressed frustration that they did not get to have these weekly opportunities and instead reported going up to a month between meetings.

> "[My Consultant] has avoided me three weeks in a row. A very lazy man."

The patient information booklet also states that patients will be told an approximate time for their ward round meeting a day in advance to give them time to prepare. However, we heard from patients who felt they were not given an opportunity to prepare for these, plus one patient who said they had been refused an advocate for their meeting.

[3] A Care Review is an opportunity for patients to meet weekly with the team responsible for their care, such as the consultant, psychiatrist and ward doctor, to discuss their tailored Treatment Plan.

> "I don't [feel involved in decisions around my care], not by [my Consultant]… see him when HE wants to! You're just called in – you don't have time to prepare."

> "I've been refused an advocate on more than one occasion."

An objective of the Care Review meetings is to listen to patients views and concerns related to their care. However, more than half of participants told us they did not feel involved in decisions around their care and expressed frustration at not being listened to.

> "They don't listen to your opinion – they tell you."

> "I'm frustrated because they're not listening to me. [My Consultant] has made his mind up before he sees you."

> "You go to the meeting, he tells you what he thinks and then you get kicked out."

> "[My Consultant] tried to push me out – he said 'just sign these' and thrust the papers at me over the desk."

It became evident during our conversations that some people had lost confidence in the mental health support provided by the Campbell Centre.

> "I feel worse now than when I was admitted, and I was suicidal. My feelings of worthlessness have only been reinforced."

## Preparing for discharge

- Almost half of participants were confident they could manage their condition after discharge.
- More than a quarter of participants felt more support was needed before they would feel ready to be discharged.

During interviews, ARs explored with participants whether they felt ready to leave the Campbell Centre and asked whether they felt confident managing their condition after discharge.

Seven people told us that did not yet feel ready to leave the Centre.

> "They are looking to discharge me. It's not good – I'm not ready."

Some felt that further support was needed to prepare them for independent living:

> "I've never cooked or looked after myself. I've agreed to stay voluntarily until they find me somewhere."

> "I don't feel like the support is in place but I'm desperate to be out."

> "I don't feel ready. I'll get two follow-up sessions but it's between 9 and 18 months wait for the Psychiatric Team. I'm feeling anxious."

> "No [not ready to leave]. Planning my funeral would be the best idea."

Eleven people told us they would feel confident managing their condition following discharge; many of these did not appear to be expecting professional help but instead implied that they would have support from family or manage alone. One person told us they felt they would receive professional support after their discharge:

> "I'll be alright. Last time I had a monthly visit to the GP, which was helpful."

Staff spoke to us about the challenges faced in relation to social housing. We were told by management that approximately 80% of inpatients did not have suitable housing and that it is the policy of CNWL not to discharge any patient as homeless.

Two people said they felt ready to leave but were awaiting suitable housing before they could be discharged.

> "Yes [I feel ready to leave]. Just awaiting suitable accommodation."

> "I'm about to be evicted so I've got no home to go to."

We heard from one patient who contacted us again after the visit to seek help regarding housing. The former patient explained that, whilst temporary housing arrangements had been made for his discharge, he was discharged on a Friday evening and was refused entry to the recently opened 'Somewhere Safe to Stay

Hub'.[4] This led to a vulnerable person having to be found last minute accommodation in a nearby Travel Lodge until the miscommunication could be rectified on the Monday following the discharge. Whilst this issue relates to housing rather than the Campbell Centre service, it highlights a larger problem and suggests that better links need to be formed with Housing and Adult Social Care. This experience also highlights areas for improvement in the Campbell Centre's discharge process.

Social issues as a barrier to discharge were not always due to homelessness, but also unsuitable living arrangements. One vulnerable person explained that, whilst they had their own home, they feared returning to their home due to financial abuse from a family member.

We also heard from people who felt they had not been prepared for previous discharge, which had led to their readmission.

> "I was sent home too early last time – I had a relapse."
>
> "Last time I left, I didn't cope well and had to come back. I need a support set up, not just get kicked out."

## 'Revolving door' admissions

The term 'revolving door patient' has been used to describe those who are frequently readmitted to acute mental health inpatient care. There has been debate over whether shorter stays at places like the Campbell Centre lead to 'revolving door admissions' and worsening mental health outcomes, or whether longer stays are more harmful and risk institutionalising people.[5]

Just over half of the people we spoke to told us this was not their first time at the Campbell Centre, with several participants reporting numerous previous admissions.

> "In and out of hospital most of my life."
>
> "I've been here quite a few times. Constantly in and out."

Many could not remember how long they had been at the Centre, simply telling us it had been "a very long time". The shortest stay reported by those we spoke to was 3 days, and the longest was 10 weeks. Our findings in the *Preparing for discharge* section indicate that people's circumstances and needs are understandably varied, and the appropriate length of stay will vary between individuals.

[4] https://smartcjs.org.uk/contact-us/milton-keynes-somewhere-safe-to-stay-hub/

[5] Length of hospitalisation for people with severe mental illness (2014) https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000384.pub3/full

## Sectioning

The basis of someone's admission to the Campbell Centre varies. If a person is sectioned, they can be kept in hospital under the Mental Health Act 1983. There are different types of sections, each with different rules, and the length of time a person can be kept in hospital depends on which section they are detained under. People can also stay on a voluntary basis (also known as an 'informal patient') [6].

Just over half of participants told us they were voluntary patients at the Centre. However, four people told us they felt they were being detained against their will, despite believing they were they voluntarily:

> "They're keeping me here illegally. I should have been here a month, but it's been 9 weeks."
>
> "I'm being kept here against my will. If they section me, I'll challenge it."
>
> "It's not much fun being locked up when you feel ready to go."
>
> "I'm not allowed to leave, as apparently I'm not safe but I'm not detained, and my Consultant has been trying to discharge me. It makes no sense to me."

While people admitted to the Campbell Centre are generally in need of acute treatment, those who are there 'informally' are finding that blanket rules which are not necessarily justified by the needs of the individual patient are being applied. This can be exacerbated by pressure where there may be a high turnover of patients and significant pressure on staff time.

There may be a need to review the potential liberty restricting measures that may inadvertently be applied to all in-patients in the acute setting.

[6] For more information on sectioning: www.mind.org.uk/information-support/legal-rights/sectioning/about-sectioning/

## Additional findings

We heard from one participant about a 'Safety Cross' scheme, which is soon to be implemented at the Campbell Centre. Safety Crosses are a simple wall calendar displayed in a public area that staff can mark in colour to show red days (when an incident of physical violence took place) or green days (incident-free)[7]. The patient spoke enthusiastically about this programme and was keen to be involved in it. Staff also told us the scheme would involve asking patients every day whether or not they feel safe and this data would also be displayed.

Whilst the main objective of these visits was to collect thoughts and experiences relating to patient experience at the Campbell Centre Healthwatch Milton Keynes exists to listen to the collective voice of service users. Some of the people we spoke to made comments and suggestions that, whilst not specifically related to this service, are still worth noting:

One patient raised concerns about the safety of the hospital grounds (not the Campbell Centre itself, but the immediate vicinity for those taking a short walk outside). This person, who told us they felt it was a suicide risk, explained that they felt unsafe. ARs reported this concern to management immediately on the day of the visit.

[7] https://qi.elft.nhs.uk/wp-content/uploads/2017/02/Violence-reduction-at-ELFT.pdf

# Recommendations

### Environment and facilities

- Work with Milton Keynes University Hospital to ensure safety gates within the surrounding vicinity are used to prevent unauthorised access to areas that may be unsafe.

### Activities

- Explore ways to better utilise the main Garden and make it a more appealing space. Consider involving patients in an art project to create a mural for the corrugated walls.

### Staff

- Monitor the delivery of care across *all shifts* to ensure that every patient is consistently treated with dignity, sensitivity and respect, and address the perception that quality of care is affected when patients raise issues.
- Consider extending staff development and training to empower ward staff to engage with patients, setting clear guidance on appropriate mobile phone use and expectation of duties.
- To address the perception that staffing levels are not adequate, we recommend that the CNWL provide assurance that a systematic process[8] is used to set staffing levels that ensure continuity of the service and safe care at all times.
- Continue to trial schemes such as Safety Crosses to make staff and patients feel safer, and develop staff training to empower staff to feel confident applying de-escalation techniques.
- Regarding the appropriate use of restraint, we recommend CNWL provide assurance that de-escalation measures are taken at the first signs of agitation, and when requested by patients, as recommended by NICE[9].

[8] As recommended in NICE Guidance *Safe staffing for nursing in adult inpatient wards in acute hospitals* www.nice.org.uk/Guidance/SG1

[9] NICE Violent and aggressive behaviours in people with mental health problems Quality Standard (QS154) www.nice.org.uk/guidance/qs154/chapter/Quality-statement-2-Preventing-and-managing-violent-or-aggressive-behaviour

### Consultant care

- Find ways to ensure patients are offered regular (at least weekly) one-to-one meeting with their Consultant, as recommended in NICE guidelines[10].
- Monitor the quality of care provided by Consultants to ensure patients are involved in decisions around their care. Consider further work with Healthwatch Milton Keynes to encourage patients to provide feedback about their care and have their voices heard.

### Preparing for discharge

- Continue to look at ways to forge better links with Adult Social Care and Housing to support smoother discharge.
- Explore ways to safely support patients more access to the Centre's facilities beyond the ward, as well as outside leave.

### Sectioning

- Provide greater clarity for patients around the status of their stay and ensure informal patients are aware of their freedom and are not automatically deprived of their liberty through the blanket application of policies.

[10] NICE Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (CG136) www.nice.org.uk/guidance/cg136/chapter/1-guidance#hospital-care

# Provider Response

NHS
Central and
North West London
NHS Foundation Trust

Milton Keynes Community Health Services
Milton Keynes Hospital Campus
Standing Way
Eaglestone
Milton Keynes
MK6 5NG

Tel: 01908 725400

**Maxine Taffetani**
Chief Executive Officer
Healthwatch Milton Keynes
Suite 113, Milton Keynes Business Centre
Foxhunter Drive
Linford Wood
Milton Keynes
MK14 6GD

24th July 2020

Dear Maxine,

Firstly, I would like to apologise for the delay in responding to your report, but as you are aware the recent COVID 19 situation has been all consuming and I thank you for your patience with this.

I would really welcome the opportunity to meet with you to discuss the findings and our subsequent actions. Please let me know if you are agreeable to this and I will arrange a mutually convenient time.

Also thank you for agreeing to undertake the Enter and View – the Patient Experience Review at the Campbell Centre and for the feedback that we have received.

The report has been shared with other MK Mental Health senior management colleagues, staff across the Campbell Centre and the Divisional Leadership team within CNWL all of whom have had the opportunity to feed into the responses to address the recommendations highlighted.

We recognise most of the issues raised however, as a Directorate, it has also highlighted that we have more work to do around enhancing a positive patient experience within the

identified setting including working with Milton Keynes Hospital to support art / wellbeing projects and; staff development; providing clarity and understanding on types of admission and sectioning; and further assurance that a patient's voice is being heard and acted upon. Equally, I would like to confirm that every patient, irrespective of whichever service they are in, has an opportunity to provide their feedback (good or bad); raise concerns or issues by talking to staff, in writing, or through the Friends and Family Test. Feedback is monitored and followed up by the MK Mental Health Governance Lead and/or the Trusts Patient Feedback & Complaints Service.

Following receipt of the report and a review of the recommendations within it an action plan has been completed (attached – Appendix 1). This highlights some of work already completed and a plan of how we will achieve any outstanding actions with an agreed time frame for completion.

The action plan will be added to the Health Delivery Action Plan for the Campbell Centre which gets reviewed monthly at service level and quarterly at the Mental Health wide Clinical Oversight Group.

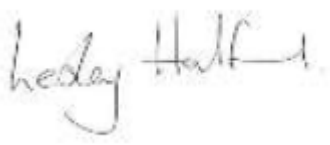
I am also pleased to read of the positive feedback and experiences from staff and patients within the report and we endeavour to continue to build on these. Staff in the Campbell Centre often have to deal with challenging situations at impromptu times. I am confident/reassured that amidst these incidents, with appropriate processes in place, they continue to work with patients, their families and / or carers to ensure a positive experience.

In your report there were comments made regarding the support and input from the Consultant Psychiatrists. The report has been shared and feedback has been requested. However, I would like to inform you that the Consultant on Willow Ward at the time of the review was a locum. He was subsequently replaced with an internal Consultant on a temporary basis and the new substantive Consultant has now started in post. The Consultant on Hazel Ward has also resigned and will be leaving on the 13th July 2020 – this post is due to be advertised shortly.

Your report reinforces the strong collaborative working relationship with Healthwatch to help achieve some of the recommendations highlighted and we look forward to working with you to improve the experience for patients, carers and the staff working in this environment.

Please see the attached action plan and if there are any comments/ questions please do not hesitate to get back to me.

Kind regards



Lesley Halford
Service Director, Milton Keynes Mental Health Services

## Healthwatch - Enter and View Action Plan

| Area | Recommendation | Updates | Action on Update | Lead | Due date | Date completed |
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| Environment and Facilities | Work with Milton Keynes University Hospital to ensure safety gates within the surrounding vicinity are used to prevent unauthorised access to areas that may be unsafe. | By September 2020 - to meet / work with Estates lead to review and agree schedule of work to maintain safe external environment. The timeline will depend on the schedule of work | | Service Manager / Estates Lead | Schedule of work will determine due date. | |
| Activities | Explore ways to better utilise the main Garden and make it a more appealing space. Consider involving patients in an art project to create a mural for the corrugated walls | Outside space has had an overhaul - following the donation of several plants. Group programme provides activities outside. Arts For Health are currently undertaking a project with patients - which includes Art, Singing and Music. | Discussion with service users will be built into the activity schedule for the Campbell Centre - from 27.07.20 | Lead OT / Service User Engagement lead | Activity schedule will determine timeline of project. | |
| Staff | Monitor the delivery of care across all shifts to ensure that every patient is consistently treated with dignity, sensitivity and respect, and address the perception that quality of care is affected when patients raise issues | Focus groups held on Observations and Compassionate Care - led by the Lead Nurse and Service User Engagement lead - included patients and staff. | | Service Manager/ Lead OT/ Service User Engagement Lead | | |
| | | Complaints/concerns are monitored through weekly updates and monthly Governance reports. FFT, complaints, concerns and compliments are already on the agenda of the Inpatient Operational Meeting. | To discuss complaints / concerns at staff meetings. "You said We did" posters in response to complaints / concerns raised to be shared in Community Meetings | Service Manager / Lead OT / Service User Engagement Lead | Sep 20 – then ongoing | |

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| | | | with service users; displayed in Family room; and the Service User and Carer Forum (scheduled for Dec 2020 – see further below). | | | |
| | | Advocacy service - this is referred to in the Ward Welcome Packs. Staff from the service, visit the Wards 3 times a week. | | | | |
| | | Improved engagement with families following the Think Family Conference in March 2020. The Conference offered assurance that the Think Family approach is embedded in practice across all services; gave an opportunity to share learning and ideas.<br><br>Work in progress to develop a bite-size Think Family training package available to all staff across the Trust.<br><br>Plans to hold second Conference, and other ideas to spread and embed Think Family approach to be discussed. | Report with Clinical Director for review / sign off. This will be shared with all staff and family members who helped co-produce the Conference.<br><br>Meeting with Marco Isetta (Head of Technology-enhanced Learning, Library and Knowledge Services) on 22.05.20<br><br>Meeting to discuss future Think Family plans on 23.07.20 | Clinical Director / Service User Engagement Lead | | |

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| | | Staff Carers Champions - present in services as the staff voice for carers within their services and be a contact point for carer information. | Monthly catch-ups with Staff Carers Champions – these will be shared with Pt & Carer Engagement central team.<br>Staff Carer Champions of Inpt units to support MK Triangle of Care (ToC). | Service User Engagement Lead | Catch-ups will determine any specific timelines. | |
| | | A volunteer is regularly outreaching to families to be the link for feedback / information, questions or any interface issues with the ward; take specific Next of Kin details from people; ask them about their support networks; noting feedback and returning with answers to questions – offering an accessible contact point. | | | | |
| | | Triangle of Care (ToC) - the Trust has signed up to this forming a Trust ToC Steering Group. Work is in progress to set up a local ToC Working Group | Meeting for MK ToC Working Group scheduled for 23.07.20 | Service Manager / Service User Engagement lead | Meeting discussions will determine projects and timelines. | |
| | | Work in progress to reinstate a Service User and Carer Forum to include both Inpatient and Mental Health Community services | First brainstorm / scoping meeting took place 13.07.20 with aim to hold first Forum in Dec 2020 | Service User Engagement lead | Dec 2020 and on- going. Forum discussions will determine projects and timelines. | |

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| | Consider extending staff development and training to empower ward staff to engage with patients, setting clear guidance on appropriate mobile phone use and expectation of duties | Induction in place for all new starters and temporary staff. All staff are informed via emails, staff meetings and as part of the Matron's daily walk around the wards that the use of personal mobile phones in not condoned on the wards.<br><br>QI project in progress - Violence reduction Programme<br><br>Think Family event focused on the role of family / significant others. | Ensure induction checklist includes use of personal mobile phones.<br><br>Standard Operating Procedure (SOP) reflecting use of personal mobile phones to be written and shared with staff.<br><br>Open group once a week which opens up the unit with multiple activities and an opportunity for staff and patients to interact. | Matrons / Ward Managers | Oct-20 | |
| | To address the perception that staffing levels are not adequate, we recommend that the CNWL provide assurance that a systematic process8 is used to set staffing levels that ensure continuity of the service and safe care at all times. | Recent involvement in the Trust wide Mental Health Optimal Staffing Tool (MHOST) - awaiting feedback from the findings. Safer Staffing data is reviewed monthly and reported to the Director of Nursing, who also conducts a quarterly safe staffing meeting with nursing and service leaders. | To feedback findings from MHOST at staff meetings. To review staffing levels as part of incident reviews/SI's. | Service manager/Matrons | Sep-20 | |
| | Continue to trial schemes such as Safety Crosses to make staff and | QI project in progress - Violence reduction Programme. Aim - To reduce all incidents of physical assault | | Service manager/Matrons/Ward Managers | Nov-21 | |

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| | patients feel safer, and develop staff training to empower staff to feel confident applying de-escalation techniques | involving staff and service users by 30% by 30 November 2021. Change ideas in progress include:<br>1. Open group once a week which opens up the unit with multiple activities and an opportunity for staff and patients to interact<br>2. Safety Cross<br>3. All staff join service users at the Plan of the Day Meeting where there is discussion around monitoring safety on the ward on the day.<br>4. Multi-disciplinary (MDT)Community meeting bringing concerns raised by service users and reacting as soon as possible which could potentially reduce violent incidents.<br>5. Introduction of a daily safety huddle which identifies situations, incidents and various operational issues which impact on safety.<br>6. Placed QI boards on the wards, in the Carer's room and Dining Room Corridor for sharing progress information. | | | | |
| | Regarding the appropriate use of restraint, we recommend CNWL | Monthly data around restraints is reviewed by Divisional Quality Governance Team. Senior staff attend the | Feedback learning by Lead Nurse and Acting Assistant Director of Nursing / | Service Manager/Lead Nurse | Sept 20 -then ongoing | |

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| | provide assurance that de-escalation measures are taken at the first signs of agitation, and when requested by patients, as recommended by NICE9 | Trust wide Restrictive Practice meetings. Oversight also takes place at Divisional Board, Trust Exec Board, local Clinical Oversight Group (COG), Trust Quality Committee. All incidents indicating restraints are reviewed by the Lead Nurse and any themes identified and consideration given to alternative interventions that may have been useful. | Head of Clinical Education at Staff Meetings and reflective practice sessions.<br>De-escalation training being undertaken by member of Clinical Education Team<br><br>Focus group with service users about their experience of restraint – led by Lead Nurse | Service Manager/Lead Nurse<br><br>Lead Nurse / Service User Engagement Lead | March 2021 | |
| Consultant Care | Find ways to ensure patients are offered regular (at least weekly) one-to-one meeting with their Consultant, as recommended in NICE guidelines10 | The new Consultant on Willow Ward has increased the frequency of ward rounds to 3x per week with a slot for each patient. Each patient is informed of their dedicated slot time | | Consultants/Ward Managers/Matrons | Sep-20 | |
| | Monitor the quality of care provided by Consultants to ensure patients are involved in decisions around their care. | Feedback (compliments, complaints, comments, concerns) through Datix, Friends and Family Test (FFT), and the Patient Feedback and Support Service reflect / help monitor this. | | Clinical Director / Consultants / Ward Managers / Matrons | Feedback will determine timelines accordingly. | |

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| | | MK MH Care Quality Meeting regularly reflects compliments received for all staff through "You Made a Difference" Clinical Director has robust oversight of consultant practice through monthly catch-ups with medics; 1:1's every 2 months with consultants; monthly meetings with speciality doctors. Individual comments / feedback specific to Consultants are discussed in their supervision. Agenda's for the above reflect themes etc around their practice. | | | | |
| | Consider further work with Healthwatch Milton Keynes to encourage patients to provide feedback about their care and have their voices heard. | | Agree a meeting to discuss this report, its actions and to explore opportunities for further engagement with HealthWatch. | Service Manager / Service User Engagement Lead | Engagement opportunities will determine specific timelines. | |
| Preparing for Discharge | Continue to look at ways to forge better links with Adult Social Care and Housing to support smoother discharge | Social Care attend the weekly bed management meeting. Regular meetings with senior health and social care staff as an escalation route. Link worker from housing is in place. Lack of supported housing has been raised and the Council are currently looking to increase availability. | Divisional Director and Service Director in ongoing conversations with Housing Leads and Director of Social Care. | Service Director/LA Lead/Service Manager/Matrons/Bed Manager/LA Link Person | Ongoing | |

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| | | Work across BLMK to look at additional housing/ supported living. CNWL policy not to discharge patient as Homeless. | | | | |
| | Explore ways to safely support patients more access to the Centre's facilities beyond the ward, as well as outside leave | Social and Recovery team are in place and help to bridge the gap between the ward and the wider community. Peer support worker have commenced in post in the Community to support the transition.<br>Peer Support Workers have set up: The Pathways Group - allows patients to reconnect with the local community; includes guest speakers from eg Milton Keynes Libraries, Milton Keynes Gallery and HULA Animal Rescue.<br>munity as part of their recovery.<br>Outpatients Group - for those recently discharged from the Campbell Centre; clients attend 6 times for up to 4 months from their discharge date; informal and covers a wide range of topics, with guest speakers, quizzes, weekly check in and sharing experiences. | | Service Managers - In Patients and Community. Commissioners/Service Director/Local Authority | Jan-21 | |

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| **Sectioning** | Provide greater clarity for patients around the status of their stay and ensure informal patients are aware of their freedom and are not automatically deprived of their liberty through the blanket application of policies. | Mental Health Law Manager for the Campbell Centre assures that for informal patients, this information is in the wards Welcome Pack.<br><br>For detained patients - patient information leaflets are given to the patient within 24 hours of them being detained under a section of the MHA 1983. | Include in staff induction.<br><br>Posters/flyers defining status of stay to be displayed at reception and family / carers room. Add into Peer Review | MH Lead/Matrons | Peer Reviews will determine timeline. | |

# Appendix A

Age: Ethnicity:

**Have you been here before?** Yes / No

**Support following previous discharge?** Discharge letter to GP? Med review?

**Any comments about previous admissions**

**Had initial assessment?** Comments

**Expected length of stay:**

**Are you here voluntarily?** Do you leave? How does that work? Do you feel safe when you leave?

**Are you involved in decisions around your care here?** Listened to?

**Have your family been involved in your care since you've been here?** Would you like them to be more/less involved? Been given a choice?

**How often do you see a Doctor / Consultant?**

**Explore exercise / activities.**

**Do you feel there could have been something in place that could have prevented your admission?**

**Do you feel cared for?**

**Do you feel treated with dignity and respect?**

**Do you have an advocate?** Has one been assigned / offered?

**Do you feel ready to leave?** What is being done to prepare for that?

**Do you feel confident that you'll be able to manage your condition when you leave?** Medication etc

**Best aspect of the service?**

**One thing you would change to improve your experience here**

**Comments on environment.** Comfort / cleanliness etc: