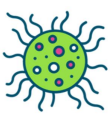


How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Targeted Engagement: Mental Health Inpatients



Introduction

During March 2020, England was declared in a state of pandemic, and a 'lock down' was ordered by the Prime Minister. This had a knock-on effect on all health and care services in Luton.

Healthwatch Luton began a project, to ask the public and professionals in Luton 'How are you doing?'.

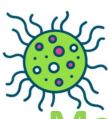
The purpose of the project was to understand how the pandemic had affected the residents within Luton, their access to health and social care and their experiences since the pandemic began. There will also be an understanding of how this has affected the professionals within Luton, in both statutory and voluntary sectors.

- Gather views to inform the wider health and care system, to improve delivery of care
- Ensure the voice of the public is heard
- Ensure people have an outlet for their voice
- Share current messages from partner organisations
- Promote guidance from the government
- Gather feedback from the seldom heard
- Pass on feedback to shape the system going forward
- Promote Healthwatch Luton

As part of this project, Healthwatch Luton had carried out Targeted Engagement sessions in a virtual manner, using Teams. The sessions will continue throughout the project, and with partner and local organisations as and when invited.

Initially, there were two sessions with the mental health inpatients. The mental health inpatient wards are run by ELFT (East London Foundation Trust) and are an acute mental health setting. These were carried out separately, one on a female ward, and one on a male ward. There were **five** people spoken with on the Crystal ward and **three** on Coral ward.





The purpose of targeted engagement was to be able to attend already existing meetings or groups of individuals who were willing to speak with us. In this instance, ELFT provided a platform in addition to existing ELFT ward activities and community meetings, to speak with patients on the wards.

The sessions followed a similar format to the survey that had been shared throughout the **How are you doing?** project. The four questions used were:

- What is or has worked well during the pandemic?
- What is or has not worked so well?
- What could be improved and how?

Additional questions surrounding testing, treatment and communications were also asked. Questions were not asked in a formal format as it was more of a free flow conversation to cover those aspects.

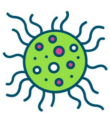
To prevent bias, two members of staff took notes to ensure all aspects and feedback were taken correctly. At the beginning of the sessions, all participants were reminded of how their data would be used and where relevant during the session, sensitive information was omitted and an opportunity to share this outside of the session given (such as a personal information or diagnosis). All information and feedback gathered were reported on anonymously unless explicit consent was given.

After the sessions, individuals were invited to provide feedback via the existing survey, or by sending emails or making phone calls to Healthwatch Luton.

Participants

There were five attendees from Crystal Ward and three from Coral Ward. ELFT wards were, at the time, mostly single sex and Crystal Ward was, at the time, a female ward with Coral a male ward.

It should be noted there was a member of nursing staff present with individuals at all times during the session, although the individuals appeared open and willing to share their experiences of the ward.



Crystal Ward

Overview:

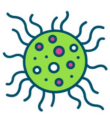
Healthwatch Luton were able to speak with two members of staff and three patients during the hour long session. Staff were always present with the inpatients due to the equipment needed to speak to us.

The ward was an 18 bedded female ward which was at the time being used as a triage ward. Patients were admitted to this ward, where there was an assessment and treatment and care plan created. If the patient was on a short stay they remained on the ward, if they were going to be a longer admission they were transferred to another female ward. All patients on admission were tested for coronavirus, and if found positive, they were moved to the isolation wing on the Coral Ward. This wing was for patients who needed to be in isolation after a positive test result or after exhibiting symptoms of coronavirus.

This ward was in the process of being made into a mixed gender ward, which would then be the triage ward for both male and female admissions. There were some more alterations to the ward that needed to be made before it could be a mixed ward, which included making separate male and female lounges and amending processes. There would be more staff for the ward to ensure there was always someone available and in the corridors of the ward.

At the time there had been an increase to staffing levels; Band 2 had increased from eight to 11, and Bands 3 and 4 had increased to four. It was felt there was enough PPE for the increase in needs and there was a short turn around for the staff when they ordered it and received it. Equally, testing results were coming back within 24 hours. Patients were tested weekly, however, staff were not.

Admission rates on to the ward decreased at the start of lockdown, however, there had been a large increase of late and there had been days when there had been struggles for admission beds. Those who needed an acute environment were not all individuals, at the time, in the system. There were a significant amount of people who had not been known to mental health services before.



Staff feedback:

Staff had found it 'very challenging during covid'. There had been a lot of changes to their 'working life'. Staff had been following government guidelines and ensured they were adhered to by all staff and patients.

There had been a lot of 'adjustments and learning' and staff were not used to wearing masks and other PPE constantly. There were different masks for different incidents. It was felt 'the trust had made it easy' and had been 'supportive' by getting lots of communications from managers and directors.

Colleagues had been 'improving digital expertise' by using Teams for clinical meetings, as Zoom was not a platform able to be used.

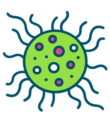
Patient feedback:

One patient had previous admissions on to the ward. When she found out she would be admitted to Crystal, she 'did not want to come back'. However, she stated she was 'happy to be on the ward' as there had been 'lots of good changes and good staff'.

Since being on the ward, patients noted that 'staff are supportive and kind' and 'always have a smile on their face'. One patient 'appreciates management' of the ward and thought there was an obvious 'nice morale' amongst the staff. Another noted it as being busy and 'a strain on staff' but 'finding time' to speak with them was 'worthwhile'. One patient mentioned they were naturally a 'shy person' and felt that she got 'forgotten about' as other patients needed the one-to-one from staff more. One patient mentioned 'some staff are rude though'.

One patient felt listened to by the psychiatrist and that they had 'listened to medication concerns' and asked for her input to the medication she would like. This had changed as in previous admissions she had felt she 'was not listened to'.

One patient mentioned not having had a one-to-one and was not sure who their named nurse was. This patient also noted as not having any information about their care plan. The nurse stated there would have been an admissions pack given and was going to look into this for the patient.



One patient came from a medical ward at the hospital and had a care co-ordinator in the community before being admitted, however was unable to contact them so had spoken with 111 who said a referral was made to the Crisis Team. It was over seven hours before she was contacted by them, by which time she was on a medical ward due to an overdose.

Whilst in the community, one patient felt she was 'not listened to' and felt 'low' because of this and being prescribed antidepressants, which then led to her admission. It was noted that patients would like to 'see similar people' as the lack of continuity could be improved.

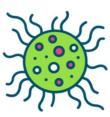
Regarding doctors in the community, Kingsway was mentioned as being 'terrible' whereas Woodlands was 'very professional' although can be difficult to get through to. One patient had spoken to their GP, Blenheim Crescent, about medication and was able to get a call back quickly. Previously, they would have needed to call at 8am and got an appointment, but then it was easier.

It was mentioned that there needed to be 'more staff' on the ward and 'more activities throughout the day and weekend'. There was a timetable, but it was felt there was not enough to fill time and at weekends patients were 'left to [their] own devices'. There was a 'need for more interaction with people'. One patient stated 'activities could be better'. One patient mentioned there were patients 'just hanging around the corridors'.

One patient noted that they were 'sad' because there was not an option for family to visit them.

As some patients could not leave the ward, some were going to the shops for others and taking their cash. As some patients only had their cards and no one 'on the outside to bring in cash', those were going without.





Coral Ward

Overview:

Healthwatch Luton were able to speak with one member of staff and two inpatients on this ward. The patients spoken to were with the Ward Matron. For one patient it was his first inpatient stay, for the other it was the most recent stay after being within the mental health system for several years.

The ward was mainly male, however it was, at the time, being used for both male and female patients. This ward was where those who were 'covid positive' were placed as there was an option to isolate those within a certain corridor of the ward. It should be noted, there had not been a positive case within ELFT inpatient wards at this site in around 10 weeks.

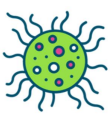
Coral Ward was a 21-bedded ward, with two corridors of single occupancy rooms. At the time, there was also a requirement on ELFT for female beds, and because of this, combined with the need to try and keep patients within the locality, both Coral and Onyx ward were taking females onto the male wards. Females were using a separate corridor which was always staffed.

Eventually, this ward would have returned to a male only treatment ward, and patients would have been admitted via Crystal Ward and placed on to Coral for the duration of their treatment.

The average length of stay currently on the ward was 27 days, with a few patients increasing that average. There had been eight patients discharged in the three days prior to the session.

Staff feedback:

Covid had affected the ward considerably. There was a huge spike in staff isolating when the pandemic first began. At times there were only 2-3 regular staff as the others were needing to shield due to underlying health conditions and some staff had family members who were vulnerable or elderly. There was a juggle when managing the ward as keeping the 'consistency of staff' and managing the isolation ward, as well as managing anxieties of staff.



Patients were being swabbed on admission and then ongoing, however, patients were not always engaging in this routine and could prove 'challenging'. There was a challenge maintaining consistency around covid. Some patients did not have insight into the recommendations to isolate. Patients had been refusing to wear masks. There was one patient who 'hypersalivated' so was considered more of a transmission risk if he contracted covid. Staff were being encouraged to test themselves using the facility at Steppingley.

Some patients presented with hypervigilance to the virus and presented as believing their beds or bathrooms had the virus. This was 'difficult to manage', however, staff were respecting this and managed it as well as they could.

Specific risk assessments took place for individuals and whether or not they could mix with other patients/staff. Equally, there were risk assessments carried out for visiting and leave from the ward. 'Track and Trace' was being encouraged on the wards where there was a visitor for an individual. Most of the visitors were accepting and respected the needs for the guidelines. Leave for patients was being limited to 30 minutes, where allowed.

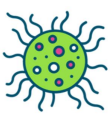
There was an abundance of PPE on Coral Ward at the time and staff did not feel there was a concern when ordering. An order could be placed and it would arrive overnight. Staff had been offered scrubs to wear at work, although this was not enforceable as it was not Trust policy, at the time, to have a uniform. Some had taken up this offer.

Patient feedback:

Those patients spoken with, had been on this particular ward for between ten days and two weeks. One patient told us how they had moved around from ward to ward over the last few years, ending on a stay within Coral Ward. For this patient, it would have been preferable to return to the same ward and know what to expect.

Staff on the ward were noted as having 'improved' since the last visit of one patient.





Activities were mentioned a lot by the patients. One patient mentioned a specific OT (Occupational Therapist) session that they had just been a part of that focussed on men's grooming and they had really enjoyed it. They felt it was good for them as it helped improve their self care and encouraged them to shower, which was something they were not normally interested in doing.

One patient felt there were activities listed but they did not happen and they 'didn't tell' them they were not happening. Activities happened less at the weekend. There was no longer a gym facility on Coral Ward, and this was something that patients felt would have been good to have access to, as there was only a basketball space outside.

One patient mentioned that having a named nurse was a good aspect of the ward, and they had been given this information on a piece of paper on admission, along with the schedule of the ward.

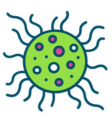
Patients spoken to felt safe on the ward and did comment that there was a 'troublemaker on ward who kicks off' and that he ought to perhaps be managed differently. There was discussion of a fight that one patient had been involved in which he had fractured his knee, although he claimed this was a fist fight that he had been involved in and was drug fuelled. However, he stated he felt well looked after and that the medical aspect was being dealt with well by the ward. Rehab was supported by the ward for this patient and they now had a 'script and regular contact with an external agency.

One patient mentioned that during their stay on the ward he had been 'keeping [myself] clean, washing and keeping [my] mental state better'. Food was mentioned as being 'good' and there was 'cooked breakfast on the weekend – which is great'.

When discussing covid, patients mentioned weekly testing but not getting the results back themselves. They felt communications were 'alright' and it 'works fine as part of the weekly check'.

One patient was able to go on 'two hour leave once a week to go on a dog walk' and that it was 'restricted but [they were] still getting leave'. Another was able to have visits from his parents.

Discharge had been discussed with the patients, and one was waiting on housing and the other was being discharged the same day. This patient expected to be given his key workers number to contact for support, and already knew the crisis team number.



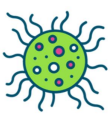
Outcomes:

The nurse who was supervising the patients assured Healthwatch Luton that there was a named person every day for every patient and that she would make sure that this was shared with patients.

One patient mentioned they were unsure about their admission terms and how they came to be admitted, medications etc, and the nurse agreed to look for the admissions pack she should have been given and ensure the patient went through it with a member of staff.

One Ward Matron was supervising inpatients during the calls and was able to take the points raised and assured inpatients they would be actioned or considered surrounding activities and also communications on the ward.





Evaluation

Healthwatch Luton were aware there would be some people who would not want to speak to people they were not familiar with or using a virtual platform. With this in mind, Healthwatch Luton ensured that those who did not want to participate were able to make contact on the phone or via email. Links to the survey had been shared also.

Healthwatch Luton were able to gather invaluable feedback and were given an insight into the wards and experiences of those at the time within the acute setting by carrying out these sessions. Healthwatch Luton would have liked to continue to ensure inpatients had access to share information with Healthwatch Luton during the time of uncertainty in a virtual manner, with the view to review this and return to the wards and the community meetings when the time was right.

What next?

- Healthwatch Luton will continue to gather feedback from a range of sources and ensure that all areas of the community are able to share their feedback.
- Healthwatch Luton will attempt to engage those areas of the community that are disproportionately affected and those voices that may not be easily heard.
- There has been a request to continue the sessions and this will be reviewed to see if it can be extended to include other Luton mental health wards, as well as potentially gathering feedback from staff.
- Feedback gathered will be shared with local organisations and providers, as well as LCCG and Health and Wellbeing Board and scrutiny boards (including NHS QSG)

