

Hartington and Radbourne Units

Experiences of mental health inpatients



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About Us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



Summary

Mental health recovery involves patients having a voice

The role of inpatient mental health units is to provide a supportive and safe space that helps patients to recover and prepare to return to their lives outside the unit.

This report includes feedback we gathered between June 2019 and November 2023 at the Radbourne Unit in Derby and the Hartington Unit in Chesterfield.

We continue to visit the units every three months and continue to speak to inpatients about different aspects of their care.

We asked patients about:

- Activities
- Advocacy – help to understand their rights and voice their feelings
- Choice
- Environment and cleanliness
- Food
- Information
- Involvement in their care
- Night times
- Physical care
- Things that could have prevented them from being admitted to hospital
- Privacy dignity and respect
- Safety
- Staff
- Visiting arrangements
- Moving forward
- Discharge – their involvement in plans for leaving the unit.

After each visit, we shared patient feedback with the Head of Nursing for Derbyshire Healthcare NHS Foundation Trust (the Trust). The Head of Nursing would then provide a written response.

Sometimes staff made changes to improve patient experience. Other times the reasons things were being done in a certain way were explained. The explanation of why things might not have been changed is important as we know that clear communication has a positive effect on health outcomes and enables patients to feel their voices are being heard.

Why we did this project

In 2017 we were awarded Derby and Derbyshire's mental health engagement contract. This service became known as Mental Health Together.

Mental Health Together started inpatient ward visits. These involved talking with patients and sharing their feedback with Derbyshire Healthcare NHS Foundation Trust.

In the summer of 2018, Mental Health Together was unable to continue with the visits due to reduced staffing. We saw that the hospital visits provided valuable feedback and opportunities for change. So, it was decided that our engagement officers would include the visits as part of their engagement activity.

We were also aware of plans to build new mental health inpatient hospitals in Derbyshire. We saw that as an opportunity for patients' experiences of the current units to be used in the development of the new buildings.

How did we do it?

We carried out face-to-face meetings with patients. At the Radbourne Unit, we spoke to patients in Jackie's Pantry. This is an area where people can buy snacks and drinks. They can also spend time with other patients, family members, and friends.

At the Hartington Unit, we spoke to patients in the activity hub. We felt that speaking to patients outside of the units would allow people to talk more freely and with confidence that their feedback could be anonymous.

We asked patients to tell us anything about their care that they thought was particularly good or things that they thought could be better. We explained that the information would be shared anonymously with the Head of Nursing and other staff members who might be able to improve things in the future.

We used cards with the headings listed in the Summary section on Page 3 above to encourage people to tell us about different aspects of their care.

After each visit, we gave the patients' feedback to the Head of Nursing at Derbyshire Healthcare NHS Foundation Trust. They wrote back to us and told us what they were going to do or had already done to make things better.

In 2019 visits took place monthly between June and November.

In 2020 we were not able to visit as much as planned because of the COVID pandemic. However, we did visit the Hartington Unit in January and the Radbourne Unit in February and March.

The pandemic prevented any visits from taking place in 2021.

In 2022 the visits to Hartington took place in March, May, and September. Radbourne visits took place in September and December.

In 2023 we visited in March and November. There are visits planned throughout 2024.

What did people tell us and what happened?

During the four years of visits, we have heard lots of patient feedback. All this feedback has been shared with the Head of Nursing who has told us:



“We value the feedback being generated from patients via Healthwatch and we continually use this to improve services. Feedback is added to the agenda for operational meetings for shared learning across the unit.” **Head of Nursing**



For us at Healthwatch Derbyshire, it is always a pleasure to hear and see evidence of improvements made because of patient feedback. It is also nice to be able to highlight the things that patients think work well and openly thank the staff involved.

Whilst patient feedback cannot always lead to change; it is useful for people to understand the reasons for this.

Feedback from the Trust allows us to share this information with patients when others tell us about the same things at later visits. This can help improve communication which can lead to better health outcomes and improved wellbeing.

Here are just a few of the things patients have told us and how that information has been used to make a difference.

The importance of anonymous feedback

One patient told us, “It feels like an extra bit of therapy you [Healthwatch Derbyshire] coming in.”

They said that they felt that they could talk more openly to someone from outside the unit who didn’t know all about them and would not judge them or what they said.

Food

There are usually lots of comments about the variety and quality of food, especially for patients with dietary requirements, such as vegans. Initially, the lack of fresh fruit was highlighted. On later visits, access to fresh fruit and cereals has been seen in kitchens on both units.

All of the patient feedback is shared with the catering services.

Bathroom cleanliness

The cleanliness of bathrooms and toilets has been mentioned as an issue on several visits and at both units.

Staff have looked at ways to improve this such as introducing checklists for cleaners, locking dirty areas, putting in a cleaning request, and making sure that patients know what to do when they find dirty toilets. Requests have also been made for maintenance issues to be looked into.

Taking care of the whole person – not just mental health

During our very early visits, patients told us that their physical health hadn’t always been addressed. Patients told us staff were more interested in a patient’s mental illness. They also said that they would like to see a greater awareness of autism among staff.

In October 2019, a patient told us that during previous admissions they had felt that their physical pain and health hadn’t been taken seriously. However, they said that they now felt both physical and mental health were treated equally.

Staff told us that there had been a focus on making sure that physical healthcare observations were carried out.

We were told about an autism project across inpatient wards to improve staff training and care for autistic patients.

In November 2023 autistic patients told us that they had been asked what they needed when they were admitted. One told us that adjustments had been made to allow them to eat in their room rather than being watched by others.

Patients also told us how they appreciated being asked about their families and lives outside the hospital.

The importance of knowing who people are and what they do

In 2019, a patient told us that not knowing the job roles of staff was an issue. They hadn't realised that different job roles had different uniforms, which we were able to tell them.

Patients have told us that understanding job roles is important, as it can help them feel more confident and empowered to be able to speak to the right person.

Another patient told us that lanyards were difficult to read.

We were told that all wards should have a staff information board with photos, names, and job titles, that we could direct people to on later visits.

New larger name badges were also ordered for staff.

Having this information available, and for patients to know who they are speaking to can reduce anxiety.

Patients have a named nurse; someone they have regular chats with. A named nurse is responsible for coordinating the patient's care, discussing care plans, and ensuring the wider staff team is aware of any specific needs.

After talking to patients at Radbourne in 2022, we found out that they usually knew who their named nurse was, but they weren't always sure what that nurse's job was.

After we told the staff about this, they added some information to the notes sheet that patients get when they first meet their named nurse. This way, patients could understand better what their named nurse does.

A patient said they would feel more reassured if bank staff introduced themselves when coming on shift. This was shared for consideration during the review of the bank and agency induction pack.

A proper introduction can help to establish a trusting relationship between staff and patients. It can give patients a better experience of care by making them feel less vulnerable.

Advocacy

An advocate is someone who can help you voice your feelings and understand your rights. Patients in the Hartington and Radbourne units can have an independent advocate to help them when decisions are being made about their care. Patients are told about advocacy on admission, and there is information on notice boards and in the inpatient guides.

Most patients we have spoken to were aware of the advocacy service. However, some patients weren't always aware of how an advocate could help them. For example, someone told us that they wanted help to ask to change their Community Psychiatric Nurse (CPN). We were able to explain that an advocate could help them, and the staff at the unit were able to show the patient the information on the notice board.

Efficient and effective signposting plays a vital role in ensuring patients receive appropriate care. By working together, we can direct patients to the correct services, enhance the patient experience, and optimise health resources.

Inpatient guides and ward inductions

We appreciate that patients are unwell when admitted to the hospital and their recollection of that time can be difficult. Therefore, written information about their hospital stay is important. It can provide useful understanding for family and friends, as well as for the patient themselves at a time suitable for them. Again, this can reduce anxiety and empower patients.

When we started visits in 2019 patients didn't seem to be aware of the inpatient guides that are available for both the [Hartington Unit](#) and the [Radbourne Unit](#). When we showed patients the documents, they said that they would have been useful when they first arrived.

In October 2019 staff from the Hartington Unit said,



“As part of our improving the patient journey we are now giving all patients a welcome pack. All bed areas are provided with a Hartington Unit inpatient guide. Key points are added to a laminated A4 sheet for easy reading if need be.”



In November 2023 there again seemed to be little awareness of the inpatient guides, but we were told:



“The Clinical Leads on Hartington have updated this guide, and it is ready to go to the printers. Once the updated version is available, we will offer it to our patients.”



We were particularly pleased to hear from a patient on the Tansley ward at Hartington, that due to feedback in their community meetings, they have worked with staff to produce an orientation/induction checklist. This was based on what patients felt they needed to know.

Both staff and patients felt that this was working well at the end of 2023.

Jackie’s Pantry and the activity hub

Patients told us the importance of being able to spend time off the wards in Jackie’s Pantry or the activity hub where they can mix with other people. A patient described the Hartington activity hub as a:



“A safe space to access off the ward, the rec [recreational] team is always available and are unbiased, they treat us like humans rather than the scrutiny we get on the wards where everything we do is analysed.”



Gym access

Patients at both Hartington and Radbourne units have often highlighted the importance of gym access in improving their mental health. Whilst patients understand that the gym can only be opened when qualified staff are available, most would like it to be available more often.

At the Radbourne Unit patients have told us on several occasions that the gym was closed because the gym instructor had left. At the Hartington Unit, several members of the recreational team are trained to supervise the gym, so we’ve never had feedback that it wasn’t available at all.

The gym must be open as much as possible for patients, as we know that exercise can relieve stress, improve memory, help sleep, and generally improve wellbeing.

Recreational team (rec team)

Patients at both units always have high praise for the rec team:



“The rec team is part of the therapy here. They are of real value.”

“The rec team are life savers.”

“They treat us like humans rather than the scrutiny we get on the wards where everything we do is analysed.”



Activities

Recently we were asked to find out more about the types of activities patients would like to see added to the timetable. As well as exercise and craft activities, patients at Radbourne said they would like the opportunity to improve their skills in cooking, money management, and budgeting. The Occupational Therapy team has been asked to look into developing activities in these areas.

Introducing this kind of activity could increase confidence and independence. This could provide patients with experience and skills that will help them to prepare for life outside the unit.

Financial difficulties impacting recovery

Patients have recently told us that they need help with debt advice and financial difficulties because these worries prevent their recovery. We signposted them to Citizens Advice and Welfare Rights. The Trust also told us that they are exploring the possibility of Citizens Advice visiting the unit regularly.

Providing this kind of support can help patients to deal with their worries allowing them to recover and reduce the risk of readmission.

Introducing patients to services such as Citizens Advice may also empower them to approach the services themselves. This can reduce the risk of longer-term readmissions.

Weekly ward meetings

Back in 2019 patients at both units told us that the weekly ward meetings were not well attended and didn't always happen. When they did happen, there was a lack of feedback on issues raised at previous meetings.

In November 2023 we were told that the weekly community meetings, run by an Occupational Therapist (OT) on Tansley ward at Hartington, are an "excellent forum for providing feedback and expressing opinions". The patient sharing this felt that this type of meeting is unique to the unit and that other areas of the hospital could learn a lot from this approach.

When we shared this information, we were told that the OT:



"Has worked hard on Tansley to relaunch the community meeting as a forum for discussion between patients and the care team and identify areas for improvement. This was recently evidenced by the coproduction of a patient orientation checklist."



Discharge

Being discharged from hospital plays a key role in people's recovery and staying well. A good discharge process can reduce the chances of readmission.

During early visits, patients told us about anxiety caused by uncertainty around their discharge. More recently more patients have told us about feeling involved in their discharge planning. However, for some patients, it still feels that their discharge is sprung upon them.

Staff on Tansley ward at Hartington told us they are trying to work with patients to give them a chance to plan and prepare for their discharge. Discharge care plans start at the very beginning of a patient's stay and are developed to meet the needs of a patient at the point they are ready to go home.

Members of staff appreciate that a ward round (where staff check on patients and plan for the next steps in their care plan) or discharge planning meeting can be an anxious time. They try to involve advocacy, carers, and support agencies to ensure a safe discharge is agreed.

Feedback for the new builds

We looked back over feedback from all our visits to identify things that are important to patients. Then we looked at what is relevant for the new units that are currently being built or refurbished, as part of the Making Room for Dignity programme.

We shared this information with the Trust's Project Officer for Lived Patient Experience who responded to each point:

Good Wi-Fi and phone signals.

"There will be new modern Wi-Fi in all new refurbished areas, and we are paying for phone signals of major networks to be enhanced."

The value of the hub space and activities.

"The new building and refurbished area will have these areas but not in the same hub-type setting. The total number of recreational, activity, and garden areas add up to more than older buildings."

Gym access is very important.

"There will be a new gym and new equipment."

Access to gardening and outdoor activities is valued.

"There will be access to gardens and garden activities and outside gym equipment for all service users. There will also be access to garden areas without going off the ward in the new builds. All bedrooms have a garden view. The Trust has planned to plant more trees on the Kingsway site."

Patients enjoy baking and cooking activities.

"Every unit will have activities of daily living (ADL) kitchen that allows patients to practice tasks related to meal preparation and cooking."

Patients at Hartington enjoy having a pet rabbit.

"We aren't definitely keeping her. We are currently looking at options to rehome but if we can't rehome then we will keep her."

There are sometimes issues with access to the television.

“Shared areas will have a large TV but there will also be a TV in everyone’s bedroom.”

Access to a smoking area is important for some patients.

“Everyone will have access to smoke somewhere, but the Care Quality Commission (CQC) is against the Trust allowing smoking due to the health impact.”

Patients enjoy quiet/calm areas.

“All wards will have quiet spaces.”

Patients have suggested paper recycling bins, bins in toilets, and soft-close bins throughout.

“The bins proposal is still to be confirmed. We are looking at options that will be soft close, and safe to locate on wards. They will be as accessible as we can make them but for safety reasons cannot be in all service user locations.”

The family room is very important, and it has been suggested that the current location at Hartington means that loud noise from patients in the courtyard and the men’s ward above can be heard by young visitors.

“All service users will have access to a family room. Hopefully, this will be more easily bookable. Even though this is difficult I believe all private rooms are away from service user’s outside areas in the new buildings.”

It has also been suggested that it would be good if the family room could be observed from a window or panel outside so staff don’t have to sit in the room and be explained to children.

“The family room doesn’t have a window to view what’s happening within it. Unfortunately, I think the structure of the build has progressed past the point where we could add a viewing window.”

The poor condition and range of toys in the family room have been mentioned on several occasions.

“We will try and increase the furniture and equipment in these areas that are suitable for children.”

Patients have said that they find the brightness of lights on the ward uncomfortable and that it would be good if lights in the new rooms could be adjustable.

“The new buildings have selected rooms where we have considered people’s extra sensory needs for example some bedrooms have systems where you can adjust the lighting (making it dimmer or lighter) and the temperature.”

The ringing of doorbells on locked wards is irritating for patients.

“There will be alarms that will flash, any sound will just go into the ward/manager’s office. So hopefully there will be far less impact.”

Issues with the ability to hear office conversations in the courtyard and rec room have been highlighted.

“We have limited this as much as we can. Hopefully, new windows will cut down on transferred noise.”

Fixed seating on hub tables difficult for some patients to access.

“We plan on having the same seating at the new build I think this might be one of the advantages of not having all the activity spaces in the same space.”

Patients spoke to us about the need for a dedicated worship space.

“There is space in the new units for people to worship.”

Patients have told us that sometimes things go missing from the open lockers in the locked locker room.

“Every service user will have a coded locked space in the bedside cabinet, next to the bed in the bedroom. There will be supervised access to lockers on wards for items that need to be managed by staff. But remember that it’s the first-time service users will have access to their own bedroom space.”

We were told that the adjustable beds are more comfortable than standard beds.

“Each ward will have access to adjustable high low beds, but in the main, it will be the normal beds.”

Patients appreciate the communal aspect of mealtimes.

“This will be continued.”

Positive messages on the wall can help patients to focus when they are feeling low.

“We’re having a mixture of art designed by different people, service users, and staff. However, bear in mind that all service users will be on a different part of recovery so what one service user is ready for might not be okay for someone else.”

A group in the hub suggested buying a table from a charity shop that everyone could do decoupage on as a piece of furniture to share.

“This is a lovely idea, but we need to think of things like the fire risk and Infection control. We are working with Derby Uni, OTs, service users, and carers (current and past) to provide art.”

What should happen next?

Continue quarterly visits

Our visits give patients at the Hartington and Radbourne units the opportunity to provide feedback that they can be confident will be kept anonymous. This is important as anonymous feedback increases engagement and patients may be more likely to feedback.

The feedback is valued by the Trust and used to improve services as well as applaud staff who have received a special mention. It can be a helpful part of a patient's recovery.

Visits will continue to take place every three months so that this process of patient feedback and improvements can carry on.



“It feels like an extra bit of therapy you coming in. I can talk more openly to someone from outside the unit who doesn’t know all about me and won’t judge me.” **Anonymous Radbourne Patient, 2019.**



Continue to share good practice

Ideas such as the ward induction/orientation that patients on Tansey ward put together with staff should be shared and considered for other wards and units.

Check that new build feedback is considered

As part of this report, we have highlighted patient feedback that is relevant to the new and refurbished units, which is part of the Making Room for Dignity programme.

Although many of the decisions regarding that work have already been made, there are still some things yet to be confirmed. We will ensure that this patient feedback is kept in mind.

Thank you

We would like to thank:

- Patients at the Hartington and Radbourne units for welcoming us into their recovery space and sharing their experiences with us. Your voice is important and has been used to make improvements for other patients as well as to thank staff for things that have worked well.
- Derbyshire Healthcare NHS Foundation Trust for letting us repeatedly visit the inpatient units to talk with patients and for replying to, and acting on, the feedback we provided.
- The staff from both the Hartington and Radbourne units who have helped us to arrange our visits and have always made us feel welcome.

Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people within Derbyshire's mental health inpatient units but nevertheless offer useful insight.

It is important to note that although the engagement was carried out over several years it only provides a snapshot of people's views as shared with Healthwatch staff.

The comments are the genuine thoughts, feelings, and issues people shared with Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

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