



Enter & View visits

Observing local mental health wards

- 5 Acute adult inpatient wards**
- 1 Medium secure unit**

Nov 2023 to June 2024

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Background

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides healthcare for people with serious mental illness, learning disabilities and autism in inpatient and community-based settings. AWP serves a population of around 1.8 million across Bath and Northeast Somerset, Swindon and Wiltshire, and Bristol, North Somerset, and South Gloucestershire.

Their services include ward-based treatment.

One secure ward at Fromeside, three wards at Callington Road, one at Southmead and one at Long Fox were visited by the Enter and View Team.

- Fromeside - Wellow Ward (December 2023)
- Callington Road Hospital - Lime, Silver Birch, and Cherry Wards (Jan - March 2024)
- Southmead Hospital - Oakwood Ward (April 2024)
- Long Fox Unit - Juniper Ward (June 2024)

Methodology

The visits

- The visits were planned with the AWP Patient Experience Team.
- Six ward visits took place between November 2023 and June 2024 with assistance from AWP and their ward managers.
- Thirty-seven service users and approximately fourteen staff in total were engaged in conversation across all six sites.
- A set of structured open questions for service users were agreed and forwarded in advance to the AWP senior team. These were also utilised in an online survey for service users, friends and family between December 2023 and June 2024 advertised across social media platforms, and using posters displayed within the units and reception areas, and flyers with linked QR codes and contact instructions. Paper surveys were available and translated versions, upon request.
- Each visit was made by two, four or six Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) Enter and View trained authorised representatives.
- On each occasion at least two hours were spent talking to service users and staff.

- The Healthwatch Team spoke to staff prior to the visit to address safety issues and staffing questions. Ward matrons and managers were able to provide information, and several themes emerged such as a desire for increased staffing and a lower level of bank staff use. Informal conversations revealed some concerns about the disruption of construction and improvement work but without exception all indicated a personal devotion to their role and staff teams always offered peers their support.

Location observations

- Reception areas were overall clean and warm but sometimes were not staffed at the time of the visit, and on two occasions the team were able to move from public areas of the facility through security doors unchecked and unmonitored. We were asked to sign in on three from six visits. Comfortable seating, water stations and hand sanitisation were mostly available but on four of the visits the display and leaflet information was out of date and/or not accessible in a variety of formats.
- Parking indicated for visitors is limited, and all accessible spaces were full at 9am – Callington Road (Healthwatch Team member).

Headline findings

- Less than ten percent of service users had access to a written care plan.
- Forty-three percent of service users we spoke to were unaware of the existence of a plan for their care.
- Service users were concerned and frightened by new arrivals and noise at night.
- Physical attacks and violence from other patients led to some service users reporting they felt unsafe.
- Female residents complained about males being allowed to remain in female only spaces on the mixed sex wards.
- Residents preferred creative group therapy and wanted better access to the gym and physical activity.
- Service users reported feeling that quieter residents received less attention & staff/patient communication was often limited.
- Although faith was respected, less mainstream beliefs were not supported in the same way.
- Service users requested a healthier nutritional offer with more dietary options and a better variety of fresh fruit and vegetables.
- Some service users discharge from the wards was delayed due to a lack of onward accommodation and community support.

Thematic analysis

CARE PLANS

Across the six wards we visited, service users reported variable levels of involvement in planning their care.

'They give you an illusion of choice when you talk about your care plan.' Service User Fromeside.

The majority of those that reported planning described this as a verbal discussion with various levels of service user input.

"I have a care plan that staff try to explain in detail and my input was included." Service User Silver Birch.

Few mentioned seeing a written plan.

"I have been on the ward for about six months and have not seen a written copy of the plan." Service User Cherry Ward.

One service user at Lime Ward said there was a written care plan in the office, but he did not have access to a copy.

Residents in Silver Birch reported that staff had discussed with them sharing the plan with relatives and had honoured their wishes regarding this. There was service user input and full care plan explanations for some.

Most residents within Cherry reported being aware and actively involved within care planning but expressed a desire to have a written copy.

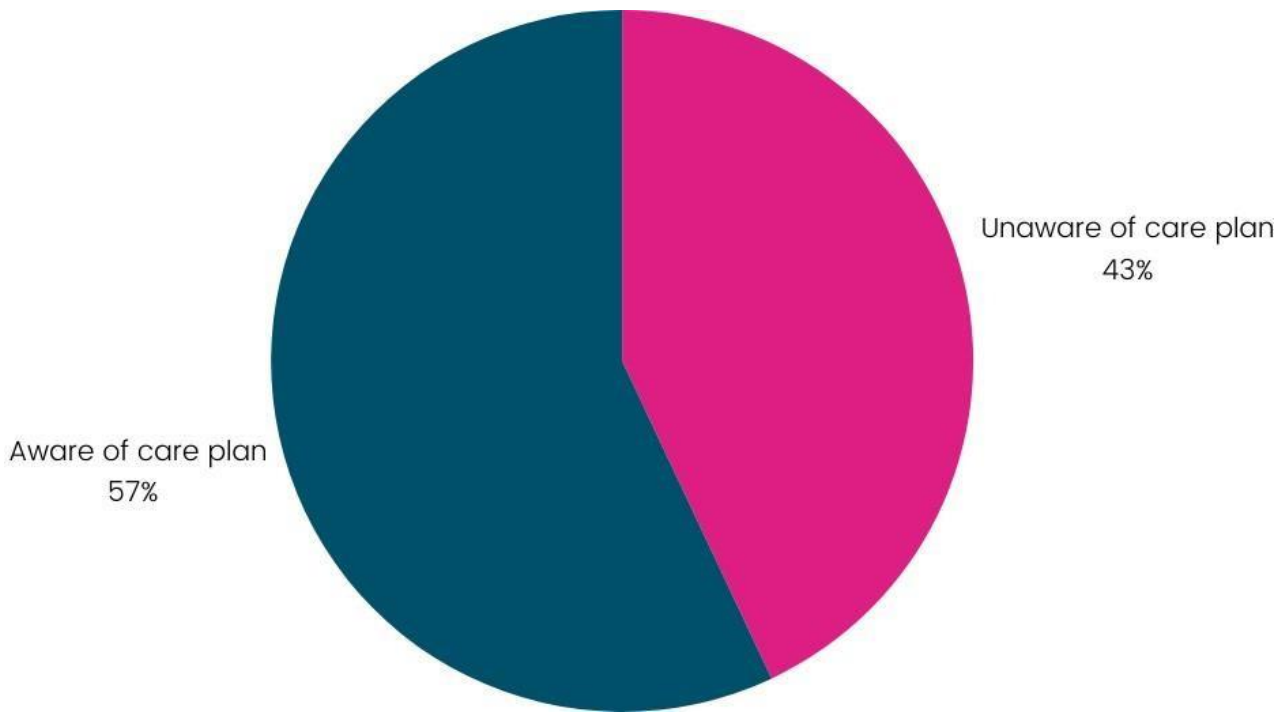
Those in Oakwood were divided around care plan access.

"Yes, I am aware of what is going on with my care and I always feel listened to." Service User Oakwood Ward

Three from five service users at Juniper reported some involvement in care planning. There appeared to be a variation of experiences about the access and involvement

with the planning of resident's care, both variation across all the wards we visited and variation within wards of individual experiences.

In total 21 from 37 service users asked reported some care plan knowledge.



DISCHARGE

We asked twenty-eight residents how much they knew about plans for their leaving the ward and the discharge process, if they had expectations around the protocol and whether there were schedules in place or any delays.

In total twelve were happy with their plan but sixteen had concerns or had had this delayed or faced problems regarding it.

For some it was too early to decide “My discharge is not in process yet. I’m still being assessed.” Service User Juniper ward.

“I get no news regarding discharge, and I should be told more about what is happening.” Service User Silver Birch Ward.

And delays were mentioned regarding community continuity and available housing.

“I am ready to go home and have been told that I am fit for discharge but cannot not do so because I have lost my accommodation and don't have a place to go” Service User Cherry Ward.

“My discharge is being delayed due to the lack of community accommodation”

Service User Oakwood Ward.

Specific support caused delays for some service users who were ready to leave the unit:

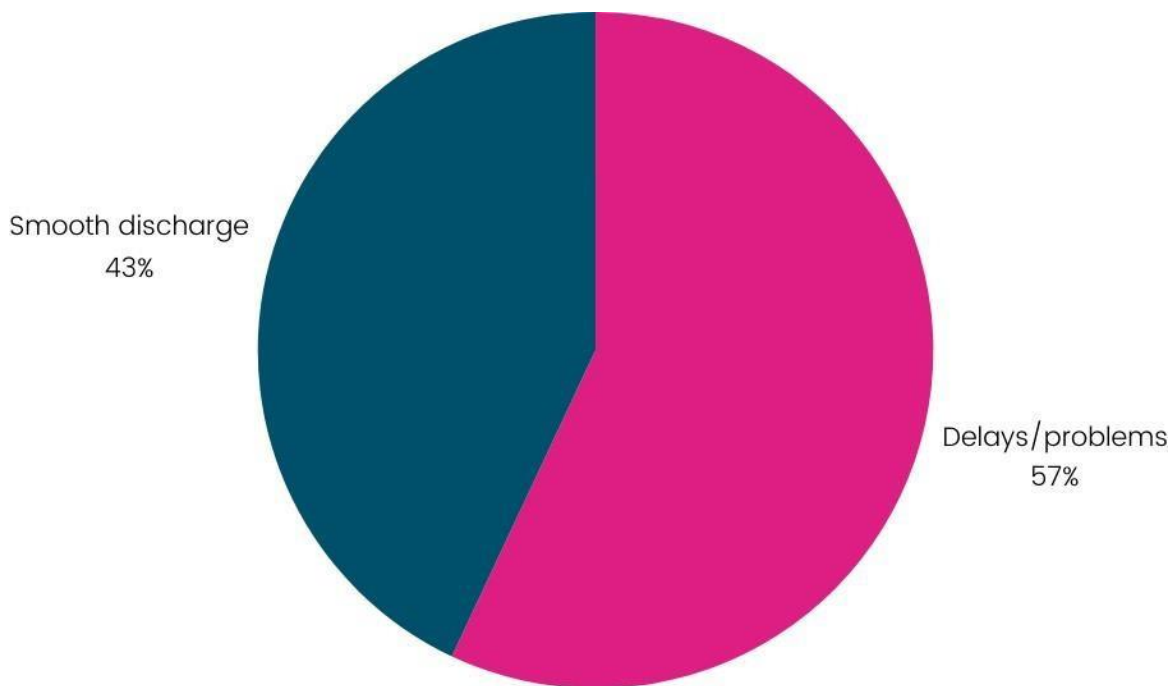
"I have been declared fit for discharge for two weeks but am waiting for a place to be available in supported accommodation." Service User Oakwood Ward

A recently arrived service user at Silver Birch talked to the staff about being homeless and sleeping on a park bench and did not have any information about plans for their discharge.

At times delays were unexplained:

"I thought I was going to be discharged last week, but the day passed, and no one mentioned anything" Service User Cherry Ward.

From those who responded delays or problems were identified in over half the cases.



SAFETY

Two thirds of those spoken to said they felt safe on the ward. Those that did not talked about the threat from other service users and the noises at night and during new admissions which they found frightening and unsettling.

"The ward can be a scary place at times, especially when new service users arrive as they were often loud and shouting" Service User Cherry Ward

In Oakwood 80% of service users reported feeling safe, negative comments were regarding shouting and aggressive behaviour and did not relate directly to physical harm.

In an all-male ward, service users stated that staff were vigilant and aimed to deal with aggressive language or behaviour quickly and support those feeling most vulnerable.

This was not true for everyone, and one resident told us

"I become anxious at times when people were "kicking off" which happens regularly. If possible, I stay near a member of staff at these times, otherwise I lock myself in my room" Service user Lime Ward.

"Another individual picked on me, and I was scared but the fast response from the staff was really good." Service User Silver Birch.

However, two out of the three service users we spoke to at Fromeside said they did not feel safe and were upset by this adding:

"Patient to Patient it feels unsafe, there are attacks" Service User Fromeside.

Several individuals across the wards talked about the potential of physical violence from other residents.

"I feel physically safe now but did not when another service user tried to attack me" Service User Cherry Ward.

Some stated that they preferred to stay in their own rooms and mentioned safety in relation to this.

"Women have their own lounge, and each person has their own bedroom, I can go back to my room whenever I want to." Service User Oakwood Ward.

Comments from Cherry, which is also a mixed ward, were less positive. This included anxiety related to safety regarding the mixed sex status of the ward - reporting that men are not removed from women-only areas and although the staff were informed this was not prevented or addressed.

On Cherry Ward a service user with autism and a learning disability needs to be monitored by two staff. Staff said it 'had stretched the 10 staff members on the ward'.

Service users showed concern for each other's safety as well as their own and in Juniper this related to procedural issues.

SAFEGUARDING

During the visit to Juniper Ward the Healthwatch Team identified safeguarding issues which they felt compromised the safety of service users. These were mentioned to the duty staff and escalated to North Somerset Council (NSC) Adult Safeguarding and to AWP themselves.

Two concerns were addressed and Healthwatch has been sent an action plan for their implementation. The third which relates to a concern around lack of patient supervision has been taken up by NSCs Safeguarding team. An investigation is being supported by AWP. (see Appendix 1 response)

ACTIVITIES

Activities were important to the majority of those that we spoke to although some residents notably preferred their own company to organised activity.

For those who benefitted from them, activities involving creative effort were preferred. Drama therapy, baking and pottery were most often mentioned along with singing.

“Music and singing are very important to me and the best therapy” Service User Oakwood Ward.

Physical activity was important to many. The residents of Lime, who are exclusively male, felt the gym was a good place to channel adrenaline and mentioned that sometimes this was limited by the lack of staff available to supervise, residents here also enjoyed Tai Chi and felt it was a good alternative to gym-based exercise.

“The gym is popular, but capacity is restricted and access to it is not automatic.” Service User Lime Ward

The gym was also mentioned at Juniper along with art therapy and the variety of choice was noted

“There are lots of activities, I don’t do all of them. You can read what is going on, there is a list on the window in the corridor.” Service User Juniper ward

Silver Birch is an all-female ward and here the gym was accessible but less popular. Service users enjoyed baking and especially pottery, there was also a higher proportion of feedback concerning staff interaction with games and activities in this ward.

Responses at Fromeside were less favourable with two service users stating that boredom was an issue and wanting more ongoing activities.

COMPLAINTS

We asked service users about their experiences within the wards and asked them if they were aware of the complaints process or who to talk to if they were unhappy or concerned with occurrences, treatment, or resources on the ward.

Half the service users on Silver Birch said they would feel comfortable complaining to any member of the staff team but did not know if there was a formal procedure for doing so. The other half expressed more reticence about who to talk to with three residents saying they would not approach a member of staff although one added that the ward supported a community meeting once a week where service users can voice their opinions.

Overall, most residents across the six wards knew at least one member of staff that they felt they could trust with their concerns. The manager, permanent staff and ward round nurses were specifically endorsed as those to whom complaints could be addressed.

Over half the residents we spoke to at Juniper felt confident about what to do if making a complaint although not all comments were positive.

"I constantly want to call the police. I'm worried that I'm going to have some sort of psychosis." Service User Juniper Ward

"It's a perception thing, isn't it? You can feel some of the staff are warm and wanting to help ... not the doctors though." Service User Lime Ward

One resident at Fromeside mentioned the term 'language barrier' in relation to staff members with accents which they said were hard to understand. They said this deterred them from making a complaint to them.

RESPECT

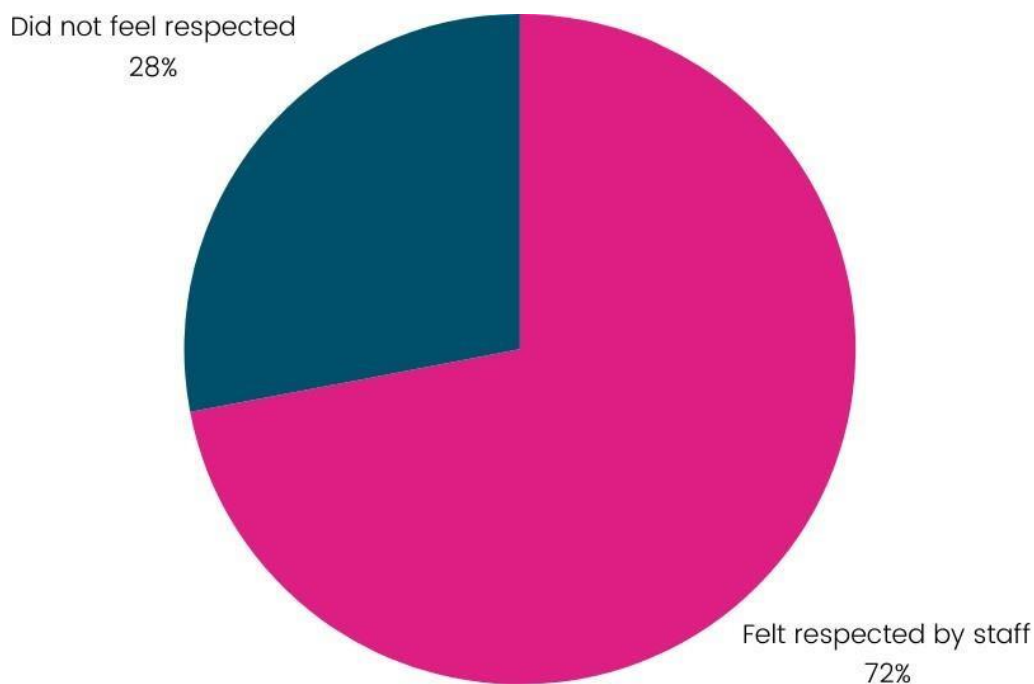
We asked service users if they felt heard and respected within the wards. We found that across the six wards out of 32 – 23 felt respected by staff but 9 said they did not.

A service user at Silver Birch endorsed the majority feelings about respect saying there was always regard for people's views and feelings and that staff took the time to sit down and hear what service users had to say.

This was seconded in Oakwood at Southmead Hospital, where a service user said, "I feel both heard and respected by the staff especially by the nurses and healthcare assistants." All the residents we spoke to at this setting spoke favourably about respect in general however this was not universally true of all staff members where there was some reported variance.

Cherry had the most positive responses with six of the seven service users saying that they felt heard and respected by staff.

Residents in Juniper Ward confirmed that they were able to access staff for conversations but were not entirely confident about their levels of empathy.



“Yes, there are always staff available. Not all of them want to listen though.”
Service User Juniper ward

However, this was not found to be the case with residents of Fromeside who voiced some concerns, and additionally a service user suggested that respect was lacking from residents too.

“I’ve zero respect for staff” Service User Fromeside

As well as staff/patient relationships, residents were keen to talk about how service users treated each other. An individual on Lime ward suggested that respect among other service users is very bad and added that “Some have racist views and are allowed to air these freely.”

STAFF INTERACTION

Overall service users reported that staff were easy to communicate with but there were exceptions between individual employees and some differences across units.

“I can share my worries with staff and that they take the time to listen.” Service User Silver Birch.

At Silver Birch, the Healthwatch team observed that “The unit was well staffed with non-uniformed male and female support staff who interacted with the service users in a relaxed and friendly manner. It was felt that the ward manager was clearly trying to make the unit feel welcoming and support staff.” Healthwatch Team member Silver Birch Ward

Two thirds of service users we spoke to at Juniper Ward spoke positively about staff interactions.

Across the wards Cherry received fewer positive comments regarding staff interactions “Many of the staff are preoccupied with paperwork and the administrative demands of the job and don’t have time to talk.” Service user Cherry Ward.

“Sometimes I cannot get staff attention and I go to my room instead” Service User Cherry Ward

Many of the comments concerned the lack of time, work pressure and recruitment. “I think I need more help and (more) staff interaction” Service User Juniper Ward.

“There are lots of staff changes.” Service User Fromeside.

“They have not got the time, and it is a bit frustrating.” Service User Lime Ward.

However, within Fromeside the residents identified their difficulty understanding some of the staff accents and use of colloquial phrases as a reason behind less interaction.

'Staff only speak to each other, and often in their dialect, they hug each other when they come on shift.' 'They (staff) make cultural comments or political comments that criticise British culture.' Service users Fromeside.

EQUALITY & FAIRNESS

From the thirty-six residents who responded twenty-two felt that the wards were run with equality and fairness and fourteen felt they were not.

"Some individuals are better liked than others by the staff and so are treated better" Service User Silver Birch.

Several service users suggested treatment depended upon the individual resident's temperament.

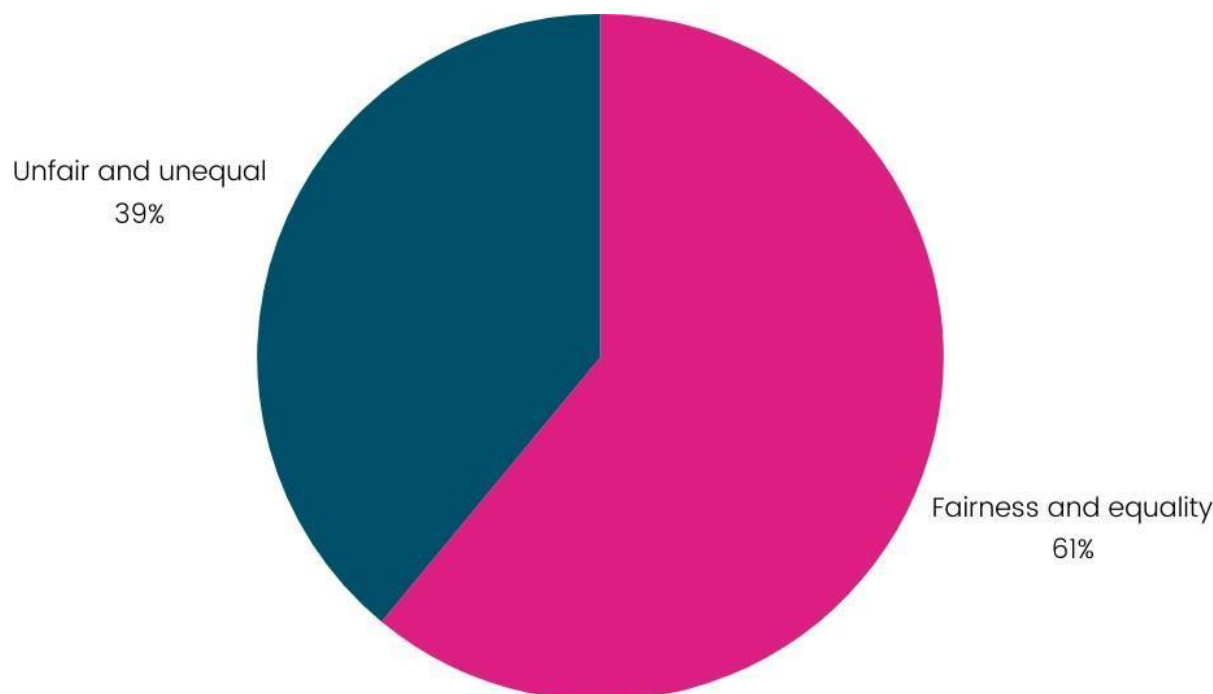
"It's not fair, if you are a quiet person, you get a lot less attention and support from staff" Service User Cherry Ward.

Although in another ward, the opposite was reported.

"Sometimes patients with challenging behaviours get ignored." Service User Oakwood Ward.

"Staff don't get involved with people but it's the same for everyone and so people are treated fairly." Service User Oakwood Ward.

Pie chart: Residents identifying the culture as fair and equal below.



The Healthwatch team asked residents specifically about racism but there were few suggestions that this was an issue except for Fromeside where the staff culture disturbed the residents that were spoken too.

“Staff make cultural comments or political comments that criticise British culture.” Service User Fromeside.

One resident within Silver Birch voiced concerns regarding homophobic attitudes and felt less supported due to this, additionally an individual at Oakwood felt their gender fluidity was not respected.

CULTURAL ISSUES

Many of the service users we spoke to express no strong religious convictions and felt that this was not an issue within the wards.

The chaplaincy service was mentioned by several individuals in the Callington Road sites. A service user at Lime commented that there was a multi faith chapel and that the chaplain listened to them and had helped during a bereavement.

The chaplaincy service had been requested by several service users in Cherry and Silver Birch, but the individuals reported that they were still waiting for this. One individual who had asked for a visit stated:

“Religion is important stuff for me. I want spiritual advice ...” Service User Silver Birch

Service users at Oakwood Ward reported positive spiritual support and the benefits of being able to use the sanctuary room on site for a variety of different faiths.

Eighty percent of service users at Juniper confirmed they had been asked about their cultural and religious beliefs upon admission to the ward.

“I like to go to church. I have seen the hospital chaplain on the ward.” Service User Juniper Ward.

Other faith holders reported feeling unsupported.

‘I’m a Rastafari and the faith sanctuary has Muslim and Christian books only. There was also no understanding of my food needs.’ Service user Fromeside.

The Healthwatch Team spoke to several individuals who expressed their belief in alternative faiths and were concerned about a lack of support for this.

“Just because my views are not “mainstream” doesn’t mean they should be ignored”. Service User Lime Ward.

NUTRITION

Mealtimes played an important daily role for many in their stay at the units and most felt that the menu was adequate if not very interesting.

“It’s just hospital food, it needs a bit of salt.” Service user Oakwood ward.

Others were more enthusiastic with cottage pie and fish and chips being firm favourites across all the locations.

"The food is okay but not great, except for the Cottage Pie, which is lovely and my favourite." Service user Cherry Ward.

Individuals expressed the need for some autonomy with significant numbers mentioning the freedom to make toast and refreshments and to request particular favourites at times.

"When I wasn't eating, they kept a close eye on that, checking with me a lot and getting me things I really liked." Service User Silver Birch Ward.

There was some concern regarding the nutritional value of meals with several service users talking about their requests for increased options of fresh fruit and vegetables.

"The food is horrible, especially the vegetables, which are steamed," Service User Lime Ward.

One resident stated he is bothered by rapid weight gain from his medication and is attending the gym but is disappointed in the lack of support for a diet geared towards weight loss. The desire for a healthier meal plan was echoed at Juniper, although conversely one respondent commented that he would prefer more "junk food" on the menu. "The food is good, but I would like more fruit." Service User Juniper Ward

Options were described as limited in several locations, with no African or Caribbean choices, little vegan selection, and the description of the offer as a bit samey and quite repetitive, some spoke about preferring to purchase their own meals at a nearby supermarket or asking family and friends to bring things in.

Residents at Oakwood were more positive about the menu options generally and one added "The food is OK and there are good healthy choices plus you can request fruit easily during the day" Service User Oakwood ward.

Survey results

The survey was conducted from November 2023 until June 2024. Access to the survey was advertised in all six ward locations and across Healthwatch social media. Equivalent questions were asked in the survey as on the ward visits.

In total nineteen responses were received, five of which were fully completed and fourteen partial responses of various length. Of those, the full completions related to Lime and Oakwood wards only.

Eighty percent of responses replied that as family, carers or friends they were aware of care plans, felt loved ones were safe and respected, knew who to complain to, had cultural and faith issues addressed and knew about discharge plans.

Lime ward

Cultural Issues: "Many staff spoke of my beliefs in a person-centred way"

[Enter & View visits to AWP adult acute wards, 2023-2024](#)

Nutrition: "Tasty and plenty of choice"

Equity and fairness: "Everyone are treated the same"

Oakwood Ward

Care Plans: "Very little is shared despite consent for the family to be involved. Emails go unanswered, calls go unanswered. It is not the staff on the ward, it is the care team and the doctors."

Staff Interaction: "The doctor lacks basic compassion and understanding and has made an already distressed family even more distressed and worried with unfathomable concern for their family member".

Respect: "John (not his real name) feels dismissed and undervalued by his doctor and the Mental health professionals charged with supporting his needs under the Mental Health Care Act, the lack of compassion is really quite distressing."

Other public feedback

We received several pieces of feedback about AWP inpatient care in the year June 23 to June 24. 'Share Your Views' Website feedback comes as free text so specific questions were not asked.

Callington Road

This person reported concerns about her daughter in the hospital, she stated that her daughter was stable (not wanting to be there, but stable) when she first went in, but three weeks later her daughter was acting out of character when she went to visit her. (Re Callington Road Ward)

Concerning her brother she said that there was no proper communication between the unit, social worker and the care co-ordinator and the units team did little to support any after care. (Re Callington Road Ward)

This person feels that the staff lack basic training and that they are rude to inpatients and visitors to the ward and that there is no support for people with mental health issues. (Re Callington Road Ward)

Oakwood Ward

This individual gave feedback that he completed his 28-day section and was then transferred as an "informal" patient to Oakwood. He asked about home leave but felt ignored by the staff and given mixed messages. One staff member said he could leave when he wanted as an informal patient and another said he could not leave in the first days as they needed to get to know him in order to calculate his risk first - he wanted to talk to someone about this and felt unheard.

He added that the model at Oakwood is less nurse-led and has many more Health Care Assistants which feels less supportive around patient needs. He had many

questions in his first days but was not encouraged to voice them and on arrival was shown his room and then simply left alone. This didn't feel very supportive."

Case study

Relevant case study collected at engagement event face to face June 2024

Re: AWP Inpatient experience Oakwood Ward

In 2022 the service user spent nine months as a resident of the AWP unit at the Long Fox Unit in Weston-super-Mare.

Following this they were placed in supported accommodation run by Keystones but was evicted from this in March 2024 due to "aggression" (their words).

In May 2024 they were admitted following a section order to the adult acute inpatient Oakwood Ward, for one week.

They stated that the stay on the unit has caused trauma. They were unhappy with a consultation with a psychiatrist there, and the attitude of the psychiatrist towards them.

"(The psychiatrist said) I was faking all my (mental) disorders and said that I didn't have dissociative disorder and that I had Personality Disorder and that I was doing it to get attention and that I was being selfish. The psychiatrist ... said that I should be in prison and that I'm an aggression risk: I have aggression because of my trauma history."

The individual said that they had previously been diagnosed with Dissociative Identity Disorder, Complex PTSD and ADHD.

They added, "I'm worried that my recent diagnosis of Personality Disorder will have unravelled 10 years of work and NHS therapies."

The individual described behaviours of other service users in the Ward that made them feel uncomfortable. They stated that one patient threw hot water at another patient, and another patient attacked a psychiatrist.

Following their discharge from the Ward, they are currently homeless and in temporary accommodation, has limited family or social networks and is long-term unemployed.

Although they are currently under the Community Mental Health Team at Weston-super-Mare they explained that they were unhappy with their care and recent mental health diagnosis.

"I can't have anything to do with them now."

Recommendations

Based upon on-the-day observations and conversations, an online survey and engagement with the public, we have the following evidence-based recommendations:

CARE PLANS

- We recommend care plans are consistently shared with service users and families (where desired). (see Appendix 1 response)
- That service users are supported in planning longer-term (life mapping).
- Written plans are provided when requested and available in accessible language. (see Appendix 1 response)
- Care plans with complex and vulnerable patients link into specialist services with relevant skills. (see Appendix 1 response)

SAFETY

- We recommend staff training regarding consideration of night noise, on ward & signage near bedrooms as reminders of “quiet hours.”
- Closer observation to prevent service user violence between residents and to increase staff numbers. (see Appendix 1 response)
- Investigate if those service users who lock themselves in their rooms feel unsafe. (see Appendix 1 response)
- Improve service user trust in the workforce by using fewer agency staff.

DISCHARGE

- We recommend a regular update on discharge arrangements is built into contact time. (see Appendix 1 response)
- earlier MDT discussion so that patients are discharged into the right place for them, as soon as they can be. (see Appendix 1 response)
- Integrated working with providers for accommodation to support wellbeing and stability of service users in their communities.

ACTIVITIES

- We recommend there is assessment of service user preferences and that more creative and group activity, more access to the gym, sport, and drama is offered. (see Appendix 1 response)

CULTURAL ISSUES

- We recommend there is an assessment of need upon arrival. Training is given to all staff in respect for all faith & to include dietary and spiritual needs. Improvement in speed of chaplaincy request responses. (see Appendix 1 response)

STAFF INTERACTION

- We recommend increasing staffing levels and support time as a daily task to ensure staff communicate proactively with all service users equitably. (see Appendix 1 response)

NUTRITION

- We recommend there are wider menu options available to include cultural considerations, & better nutritional value around fresh produce and vegetarian/vegan options.

The visits

- Fromeside – published as separate report.
- Lime – published as separate report.
- Silver Birch – published as separate report.
- Cherry – published as separate report.
- Oakwood – published as separate report.
- Juniper – published as separate report.

Acknowledgements

Healthwatch BNSSG would like to acknowledge the support and assistance of AWP management in the organisation of these visits.

We are grateful for the time and energy of all staff and supporting assistants across the wards who made us welcome and adapted their routine for our work.

We acknowledge the generous time commitment of the volunteers who joined Healthwatch core staff, for their training prior to the events, their work during the visits and their input in collating and reporting the outcomes.

We would especially like to thank the service users who allowed us to visit their wards, gave us their time and helped us understand the experiences and issues of mental health inpatient residence.

Appendix 1 – responses

Caroline Dawe, Deputy Director Performance and Delivery, NHS Bristol, North Somerset and South Gloucestershire ICB:

The findings are similar to the Lived Experience workshop a few weeks ago (June 2024) which we will build into the Inpatient Quality Transformation plan as further evidence of themes to tackle: especially communication, care plans, ward environment, and discharge.

AWP responded to the themes and provided a detailed action plan based on this report and on the matters arising from a safeguarding escalation.

Sarah Jones, Director of Nursing and Quality, Avon and Wiltshire Mental Health Partnership NHS Trust

CARE PLANS

AWP are currently transitioning to safety assessments and safety plans across both our inpatient and community services. To support your recommendation please note that regular audits are in place to ensure that the safety plans are relevant and meaningful for the Service User alongside their carer/family member who have been involved in the creation and review of these plans.

Whilst we do not routinely print out plans on inpatient units for a variety of reasons, plans should be shared in our conversations and interactions with both service users and carers and all should be clear.

Regarding care plans on Wellow Ward, these are written and then audited to ensure collaboration with service users is at the heart of the plans. This forms part of the (weekly) ward manager and (monthly) matron walkabouts which have been reinvented, and themes are then collated for local improvement projects, overseen by the Quality Improvement Lead for the service.

SAFETY

Inpatient Units can be unavoidably noisy at times, and also when there are admissions during the night. I am concerned to read that this has made some service users feel frightened.

I also completely agree that quiet times are to be encouraged to allow our service users to get a good night's sleep.

We will take this feedback into our existing service user ward community forums to explore solutions from their perspective. We will also discuss this in our Staff inpatient meetings to think about how we can offer reassurance to service users when noise escalates on the ward, and to ensure that staff noise is kept to the minimum during sleeping hours.

DISCHARGE

We recognise how important clear communication and planning is when arranging for a service user to leave our unit. We will hold a multi-disciplinary meeting discussion on day 1 of admission. Discharge is then discussed at weekly ward rounds which occur alongside CPA's where discharge planning is discussed. I recognise that moving on from our wards can also be delayed by system issues such as care packages or housing.

Discharge from services (both inpatient and community) has been raised as an emerging theme from our own feedback mechanisms and a closer look into these issues is planned in the coming months with a focus on quality improvement and working in co-production to improve experience.

ACTIVITIES

I was pleased to read that the activity programmes are being well received except for some feedback from Fromeside where service users have expressed that they are bored. Since the visit from Healthwatch, Wellow Ward has a new Engagement, Activity and Physical Health Practitioner (EAHP), as well as an Occupational Therapist and access to the therapies area.

Training on activities has been delivered to all ward staff. An extensive audit has examined the care and activities offered to all service-users on Wellow ward. All wards have activity boards displayed that show service-users clearly what activities are available and when. All service-users are asked about their pastimes and so different activities are arranged in accordance with personal interests; there is an activity suggestion box on the ward and the EAHP is supported by the occupational therapist to ensure that activity is targeted and meaningful. Between April and June 2024, 687 activity sessions were attended across the unit, with the top three categories being physical, social and domestic activities.

Wellow Ward has undertaken a project to develop a sensory room as part of the ward and are due to formally open this shortly.

CULTURAL ISSUES

Feedback from service Users on Wellow Ward regarding faith books being available has been passed to the Chaplaincy Team to work with the team and service users going forward.

I can confirm that all staff have access to Cultural Competence, Cultural Intelligence, Inclusion and Unconscious Bias training which encourages a better understanding of various faith and spirituality practices. There is also a Faith and Spirituality Staff network which staff can attend.

I can also confirm that the Chaplaincy service has a strong presence on the inpatient wards and the teams are able to make referrals.

STAFF INTERACTION

I very much endorse the recommendation to ensure support time is put in place as a daily task to ensure staff communicate proactively with all service users.

I am very happy to incorporate the outputs of the Enter and View report into our next Safer Staffing Review for the wards listed and support this as a recommendation. Staffing levels are set using an evidenced based model aligned to the National Quality Board guidance: NHS England » National Quality

Board guidance on Safe Staffing and this recommends a triangulated approach to setting staffing levels which includes data collection on acuity and dependency, quality metrics including incidents, complaints and service user feedback, and clinical judgement.

Secure Services have developed a leaflet for service-users who raise concerns about staff to support and guide them through the processes and explain what to expect. This has been developed within the service and converted to Easy Read by our Speech and Language Therapy team.

NUTRITION

I am sorry that some of our service users found the food to be bland or lacking in nutrition. As you state, mealtimes play an important part in the daily activity on wards. A detailed action plan has been developed from your feedback.

The national standards for Food and Drink: Nutrition and Hydration 2022 is used and offered to all units across the services. We provide mixed fruit bowls and boxes per ward per day and wherever possible agree changes with providers for seasonal fruit changes. Due to ward safety (not in all cases) can fruit bowls be on the ward however service users can request all items via the support staff on the ward.

Each ward has supporting documents in the main commercial kitchen in relation to menu items, special meals, and multicultural meal requests. The special items and multicultural meals are not displayed as they are not core menu items. There is a multicultural menu on each ward and these can be requested via the Service User and care team for any requirements.

The Trust is creating a Nutritional Steering Group in 2024 with Catering leads, Nursing & Quality and the Lead Dietician to look at the offering across the Trust to improve choice and nutrition.

We will also undertake a relaunch of multicultural meal availability menus at each ward kitchen for staff to be aware of the offer.

SAFEGUARDING

Finally, I would like to address the Safeguarding concerns you have detailed relating to Juniper Ward.

I am sorry that the initial response the Healthwatch team experienced was somewhat lacking.

The Healthwatch team subsequently raised this with North Somerset and AWP Safeguarding. On receipt of this information, I asked for an immediate investigation.

Healthwatch found that the clinic room door was wedged open. Staff reported this was due to the temperature in the room ... Healthwatch reported their safety concerns.

The ward manager has reiterated to the team verbally about the safety factors involved in keeping the Clinic door closed as it is a fire door, there are sharps risks and electronic and medical devices that cannot be left unattended. Clinic room management and safety will also be included in the next Team meeting discussion and minutes.

Healthwatch reported concerns that a service user was at risk in the garden area at night and that there was a hole in the fence.

The ward have informed the estates team of this and other areas where the fence has warped, this has been added to the Juniper work plan. Further discussions are occurring in Trust regarding a work plan to replace all wooden fences across the inpatient wards.

Healthwatch enquired into the care plan and risk assessment.

A care plan was in place to support the service user in the garden at night however no risk assessment of the garden area for this had been completed.

I can confirm that the service user in question has a clear care plan around the management of the outside place and that is enforced or reminded regularly.

We have since written a safety/risk assessment ... shared with the team and included in progress notes, outlining the risks identified and how we plan to mitigate harm.

The North Somerset Safeguarding Team are progressing an investigation into this issue and we are working with them to support this. We have provided them with assurance around care planning and risk assessment.

Appendix 2

Semi structured questions AWP wards and survey 2023/24

1. Do you know what is going on with your care?
2. Are other people close to you being told about your care?
3. Do you feel safe?
4. What activities are available?
5. Would you know who to talk to if there are things you are unhappy with?
6. Do you feel heard and respected by the staff?
7. Are there regular opportunities to talk and interact with staff?
8. Do you feel staff treat all patient fairly (regardless of gender, race, age, religion, disability, and sexual orientation)
9. Have you been asked about any cultural or spiritual practices or beliefs that are important to you so that staff can support your needs?
10. What is the food like? What is your favourite meal in hospital?
11. Are you waiting for discharge from the unit and if so, has there been a delay and how much do you know about why the delay has occurred?



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