healthwatch Wolverhampton

Enter and View report

Penn Hospital, Wolverhampton

6 August 2024

Contents

	Page
About Healthwatch Wolverhampton	3
What is Enter and View?	3
Details of the visit	4
Key findings	5
Recommendations	7
Observations and findings	8
What people told us	8
Acknowledgements	10
Provider response	10
Contact us	14

© Healthwatch Wolverhampton

The material must be acknowledged as Healthwatch Wolverhampton copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at info@healthwatchWolverhampton.co.uk

You can download this publication from healthwatchwolverhampton.co.uk

The Healthwatch Wolverhampton service is run by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602. We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch Brand) when undertaking work on our statutory activities as covered by the licence agreement

About Healthwatch Wolverhampton

Healthwatch Wolverhampton is the city's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across the country. We cover the local authority area of the City of Wolverhampton.

What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Penn Hospital, Wolverhampton

Visit date: 6 August 2024

About the service

Penn Hospital, which is run by Black Country Healthcare NHS Foundation Trust, provides adult mental health inpatient care. It has 36 beds and three wards: one for males, one for females, and one for elderly patients, including those with dementia alongside other mental health conditions such as depression and anxiety, where they give 24-hour care and support.

Penn Hospital helps people return to their homes or find appropriate accommodation in the community, according to their mental and physical health needs. Patients are encouraged, as far as is possible, to maintain some independence by doing day-to-day things such as washing and dressing themselves and doing their own laundry. Those unable to do so are assisted by nursing staff.

There is a range of supporting staff at the hospital including psychologists, occupational therapists, physiotherapists, nurses, consultant psychiatrists, and health care support workers. Patients can also get help from social workers should the need arise.

Purpose of the visit

We have received public feedback about this hospital and about mental health services in Wolverhampton more generally. We decided to combine this visit with our wider public engagement work looking at people's experiences of mental health services in Wolverhampton.

This visit was in addition to the Enter and View visits we carry out as part of our ongoing partnership working with the Care Quality Commission (CQC) and Wolverhampton City Council Quality Assurance Team to support quality monitoring of health and social care services in the city.

How the visit was conducted

We arranged a pre-visit meeting with senior staff to explain the Enter and View visit process and allow for questions, and to ensure the actual visit took place smoothly.

The visit was carried out by seven authorised Healthwatch Wolverhampton Enter and View representatives. Information was collected from observations of patients in their day-to-day situations including lunch, and interviews with staff, patients, ward and operations managers, against a series of agreed questions. The team spoke to two Ward Managers, Operations Manager, Ward Matron, five staff members, and eleven patients.

The team were informed by information gathered from CQC information sharing meetings and from listening to the public.

Authorised Representatives

- Stacey Lewis (Lead Authorised Representative)
- Andrea Cantrill (Staff member)
- Harrianne Cresswell (Staff member)
- Syrah Saeed (Staff member)
- Mikita Patel (Volunteer)
- Claire Brewer (Volunteer)
- Yvonne Obidiebube (Volunteer)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is produced by the Lead Authorised Representative and the Enter and View team involved, who carried out the visit on behalf of Healthwatch Wolverhampton.

Visit overview

The visit was part of Healthwatch Wolverhampton's quality monitoring. Penn Hospital was made aware that there would be an Enter and View visit by Healthwatch, but no specific date was given.

When we arrived, the outer front door was open and we introduced ourselves at reception. We were welcomed by the Receptionist, who then called a senior staff member. We discussed our plans for the visit and were given a tour of two wards; the third ward had three infections, so we didn't visit that area. As a group we were advised which patients were not suitable to talk with due to violent or unpredictable behaviour.

The Lead and one Authorised Representative spent time with operational staff who gave us a brief overview of the hospital. We were also joined by a member of the senior management team. The rest of the Enter and View team went to talk with patients and staff (we didn't speak to any relatives on this visit as none were there on the day). We regrouped at lunchtime to check on Authorised Representative's wellbeing and discuss our findings so far. At the end of the visit the Enter and View team regrouped again to brief each other before meeting with the Operations Manager and Ward Matron to discuss our initial findings and explain next steps.

We were shown two of the three wards, which both had separate kitchens. We were also shown Occupational Therapy and the safe ward, the activity room (with a broken drum machine but working piano, DJ decks, computer, pool tables, puzzles and cards), pharmacy (this isn't for dispensing, they use Fairview in Cannock), kitchen (this is used by patients at weekends), gym (this is reliant on volunteers and isn't used as much as patients and staff would like), art and craft room, multi-faith room (that had a strange odour due to plumbing), a CAMHS suit (which is not really used and staffed by CAMHS staff), and the Ward Manager's office.

Key findings

- **A positive and welcoming visit:** Our overall impression of the hospital was positive and the staff members were all very welcoming. The Operations Manager made herself available for the duration of the visit.
- **Safety:** Overall patients felt safe and appreciated the help offered, but some felt that they weren't listened to and didn't get the attention from staff that they wanted. Patients also said that more staff would help (they felt there were enough staff for patients needing observations but not for other patients). We were told the night staff weren't good and called the patients names; they preferred the day staff. Patients also felt they are not believed and told us there is friction between staff and patients, especially for those who are ready to leave or quiet in nature or would like a quiet space.
- **Comfort:** Patients told us the wards are comfortable in the day but crowded at night; others told us there is no personal space. Patients knew who they could talk to about any concerns they may have; some patients prefer to write their concern down and give it to the Nurse, Ward Manager or early intervention team.

- **Activities:** The Activities Coordinator was on annual leave, but we observed card games between staff and patients. Patients told us they liked football, arts and craft, and occupational therapy. Patients also told us they would like pottery, crochet and knitting, and felt they needed more resources. One patient said they knew there were activities but wasn't interested in doing them, while another said they prefer to listen to their own music. One patient said punching (in the gym) was fun. The gym was good but needed volunteers to run it. Some rooms were connected to the internet and there was an iPad available to use.
- **Meals:** The food we observed looked hot but was different to what was on the menu. Patients had mixed feelings about it. One said it was great and they had put on weight due to biscuits being available in between meals. In contrast, some patients said they didn't like it and described it as bland, dry and samey due to the menu being on a two-week rotation. One patient said: "more variety would be good." Patients told us alternatives were available of salad and sandwiches, but they often run out. Some would like a takeaway option and others said they are able to order food in if they are able to pay. They would like a fruit bowl in the lounge area, more healthy options and would like dietary requirements to be better catered for.
- **Environment:** The wards we visited seemed sparse and not very homely; the rooms we saw appeared pleasant but not all were personal. We could not see a clock with date located anywhere where patients could see it clearly.
- **Outdoor space:** The outdoor courtyards were stark with mouldy fencing; staff told us it was very difficult to improve the area - staff and patients referred to it as a prison courtyard. Staff said due to risk of strangulation and other self-harm methods there are severe restrictions as to what and how to improve the garden area and gave an example of flowers planted being eaten by patients. Staff also reported that due to the Trust's bureaucracy and procurement policy it means very slow response time for items to be provided or for repairs to be done. In addition, the woodwork railings around the building are tatty and don't seem to have a use. Staff are constantly battling with illicit substances being thrown over the fencing.
- **Patient and Carer Race Equality Framework (PCREF):** We asked patients and staff if they have been involved with or know about the Trust's plans to embed the NHS mandatory anti-racism framework which was nationally rolled out in 2023. No patient had heard of PCREF, but one member of staff had. This mandatory framework will support NHS Trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of CQC inspections.
- **Staff feedback:** Staff we spoke to had been there on average four years and mostly enjoyed working there even though it could be 'stressful, hard and challenging' at times. They enjoyed working with people who had different experiences, 'there are always new admissions'. They loved the patients and team but felt the Trust and some managers (at executive level) didn't listen and didn't share the same goal. Staff reported that there needs to be a better balance and flexibility between administrative duties and delivering care. Putting the needs of the patients first and what needs doing in the 'here and now' should be the focus and priority. Staff feel patients are well supported. Interaction between staff and patients seemed better

to us on the female ward rather than the male ward. Patients told us there was a lack of communication between healthcare professionals and they had to repeat themselves. They have two twenty-minute breaks per shift.

- **Staff shortage:** All patients and staff we spoke to said more staff would be welcome. It's continually busy and they don't always get to do everything, for example, walking with patients (this would also solve the problem of patients not being listened to, they could walk and talk).

Recommendations

We would like the hospital to consider the following recommendations for improvement based on our observations and findings from the visit.

1. **More staff:** Recruit more staff who can take time to listen and give attention to the patients.
2. **Night-time overcrowding:** Talk with the patients to address the concerns of overcrowding at night.
3. **Enhance activities support:** Allow more support for the Activities Coordinator. Maybe look to volunteers and community organisations to support activities; a paid volunteer coordinator could support this.
4. **Healthy and varied food:** The connection between good food and mental health is well known. Could you work with patients and the café to provide fresh, healthy meals that accommodate dietary needs? As a minimum effort the menu rotation could be increased.
5. **Improve outside spaces:** Make the courtyards a pleasant place to be; clean the fencing and have safe raised beds, maybe with edible plants. With a robust risk assessment and applying best practices from other NHS Trusts there can be a balance of patients having a good outdoor environment that is stimulating, with plants, and that is also safe. A good outdoor space will no doubt support good mental health.
6. **Involve patients in work to improve race equality:** Central senior management should get further information from the Trust executives to review progress made in the implementation of PCREF and how Penn Hospital can allow their patients to be part of this. The PCREF document states, in part, that the Trust should ensure the whole organisation is aware of its responsibilities in implementing local PCREF plans. Pre-visit we had feedback that patients have felt discriminated against and with this in mind we strongly recommend that patients be at the centre of implementing these changes.
7. **Help patients keep track of time and day:** Install a date and time clock in a suitable place.
8. **A more homely recreational environment:** Work with patients to make their recreational environment more homely. We understand safety is paramount, but it was evident more thought could be given to finding the balance between what is a real risk and what is a perceived risk. We would recommend a review of risk assessments in this area to ensure they are balanced and appropriate.

9. **Create opportunities to listen:** Senior management should ensure there are genuine listening opportunities in place both for staff and patients. For staff, this would include ensuring everyone knows about the whistleblowing policy and valuing the staff on the ground who have the insight and experience that can make the working environment better. This would result in staff having flexibility to work more efficiently in a person-centered way rather than an organisational/system-wide focus. For patients, we recommend the use of surveys and a means for people to physically leave comments; staff told us there were some suggestion boxes that would get vandalised, so an alternative format could be considered.

Observations and findings

Staff were genuinely nice and clearly put patients first.

Clinical staff shared with us that they felt non-clinical staff can be defensive and hard to approach, and that staff are not heard.

Staff are frustrated by the system stopping them doing simple things. By the nature of the hospital things get broken by patients who are unwell, but it takes weeks and more money to get it fixed due to procurement policy. For example, to paint a wall which a patient has expressed themselves on would cost little and could be done in a day, but to go through 'official channels' would cost far more (getting in contractors) and take weeks, putting a valuable room out of use for that time.

We heard across the wards that the system isn't working.

There are many injured staff who are told they shouldn't be working but love their job and the patients. Could a middle ground be found where they can heal but their skills are still being utilised?

Housing: Finding a suitable home for patients once they are well and ready to leave is a big problem. Patients end up staying in hospital longer, taking up a valuable bed while accommodation is found. A patient told us they didn't want to go back to the same area they had come from as it would be too easy to get drugs. Another told us they had accommodation for a month when they got out. It is important to address not only the basic need for shelter, but also the need for safe and stable housing to help patients get on top of their mental health and continue to manage in the community. The Council could look to learn from projects in other areas where this approach is being used.

What people told us

Hospital patients

Patients told us they are comfortable but "wonder what one can do" [after they leave hospital]. Another said: "No [they are not comfortable], it's hospital." One patient told us they feel they "have a new family."

Overall patients felt they were actively involved in the decisions made around their care, that their opinions were heard, preferences considered and the quality of care was high, but again, more staff would help. But one said "it's not a place you want to be" and another that "there is a lack of communication, delays in reviews and things were not passed over", and felt things only got a response when there was an incident and there was favouritism of certain patients.

When asked if they felt listened to and involved in their care, we were told by one patient they were not, another said sometimes, another would like a different doctor to help with this, and again, we heard more staff would help here.

Things patients felt that worked well at Penn Hospital were the nursing and multi-disciplinary teams, the staff were very good and of a high standard, and worked as a team regardless of a patient's ethnicity. Decisions are respected and they try to get family involved and cater to patient's needs, encouraging independence. Patients worked well together, supporting each other and formed friendships.

Patients told us they could get support from the crisis team but there was no support on discharge in the community.

Patients told us they had a good relationship with staff, saying they are polite, caring and a good team but felt there weren't enough, especially when they wanted to talk. They would like staff to ask how they were feeling but are told they (staff) are busy and are in observations.

Physical health checks are done regularly. Some patients said families and social workers are allowed to attend review meetings, whereas others told us they would like this, and another wasn't sure. One patient felt that cultural differences were not understood.

Family and relatives

There were no visitors for us to speak to on the day of our visit.

Patients, family and visitors can feedback by speaking to staff directly or filling out forms in person and online, or go to the patient experience team. They can also attend ward reviews on a weekly basis and share their views. They are also encouraged to call the ward. Sometimes they can attend staff meetings and can talk to management. Feedback is recorded on 'RIO' and does get acted on.

Hospital staff

There were a lot of staff, and it was difficult to grasp the structure of the Trust, but each ward had a Manager, there was a Ward Matron, who we believe covered all wards, and an Operation Manager, plus there were further non-clinical staff who we didn't meet.

When staff have raised their feelings, they felt it could jeopardise their jobs and are told 'this is how it is'. They did feel they could talk to nurses and Ward Managers.

Challenges: Staff felt there was more management/non-clinical staff, than ward staff and that they didn't fully understand life on the ward. Patients are very unwell and the role can be scary at first and risky - there is aggression and abuse, it's a challenging job.

Operations Manager

The Operations Manager made the following responses to the questions we asked.

A typical day is breakfast, medications and ward reviews, followed by activities and occupational therapy – for example, looking at sleep hygiene, organising diaries for appointments and seeing who is able to go out to the shops.

There are six consultants who come once a week. They engage with families and carers, with permission of the patient, and will invite them in or phone them if they can't make it and keep them updated on progress and discharge. Many patients have fallen out with family, others are very engaged. They are currently working on a welcome leaflet and support for carers.

There is an annual survey for patients, but this had a low uptake of 39%; there isn't one for carers and relatives. Staff can communicate with each other through the intranet.

Physical health is embedded in patient care, but they would like more engagement with GPs. Staff have a tool for each patient that monitors their care plan and any deterioration.

The aftercare that is required by a patient when they are discharged from the hospital is different for each patient - it is required by some but not others.

There is a gap from discharge to GP. A discharge summary is done at the hospital, but the GP doesn't always get it. If the NHS had the same system, this would solve that problem and so many communication issues.

We were told patients could get a second opinion about their required treatment or discharged if they wanted to be, but it wasn't asked for.

Staff know the whistleblowing policy and use it often or have gone to the CQC. Most issues have been about the night staff, who are bank staff, but have been disciplined or removed.

The high level of safeguarding reports has come from better reporting on the nature of the illness.

Transitioning from child to adult mental health services is not effective and considerate. There needs to be consideration for 18-year-olds who are immersed straight into adult wards, as it is a shock to the system and can make their mental health worse. "It is cruel to put them on adult wards."

Patients go into the community for optician and hairdresser appointments when they are well enough, but these are not a priority.

They use 'M-host' to assess baseline needs of staffing and are restricted in getting more staff. Patients at high risk are monitored hourly or every 15 minutes or in constant eyesight. The main issue is staff sickness, but the staff communicate well with each other through a WhatsApp group. Agency staff are used as last resort with bank staff being the preferred choice.

Ten actions from the CQC report (May 2022) have been done, three remain.

Acknowledgements

The Healthwatch Wolverhampton Enter and View team would like to thank the Manager and all staff and patients for a friendly welcome and unlimited access to the premises and activities.

Provider response

Carolyn Green, Chief Nurse and Deputy CEO
Black Country Healthcare NHS Foundation Trust

Black Country Healthcare
NHS Foundation Trust

"Thank you for your visit to Penn Hospital. I am incredibly grateful for your time, your services to our community and to our staff in the unit.

"As an organisation we always welcome independent visits and reviews of our services, however difficult the feedback is. Feedback is a valuable opportunity to learn, to change and to improve, and the Trust and I are committed to providing the best possible services to the people who use them, and our colleagues who work within them.

"We have included within our response, assurance aligned thematically to the findings of your report, illustrating the work currently underway by the Trust in each area. We trust that you will find the information of benefit and would welcome further opportunities to engage with you and the team, and to involve Healthwatch in this work where possible.

Engagement with our staff

"We noted the comments made within your report regarding the importance of hearing the voice of our staff. Providing opportunities for staff to share feedback is essential for building our culture and creating a psychologically safe space. I have included below some detail of the current initiatives undertaken by the Trust to support our staff.

"Our Organisational Development team collates feedback and action plans for NSS (National Staff Survey) and Happiness Surveys as well as regularly being on site(s) to do this – feeding back either locally, via our internal OD and Culture group or via communications that "we are always listening". A recently added intranet page is now also available for all staff to review actions taken at a Trust or local level.

"Our People Champions have also recently been recruited internally, and we have seen great representation from across staff groups of colleagues who want to be involved in evolving the culture of the organisation. Our champions will support in cascading important messages and feeding back local issues via their group; and will also be represented in our OD and Culture Group.

"A comprehensive leadership development pathway is available for staff at all levels and focuses on equipping staff with the skills and behaviours required to lead effectively. In September 2024, we started our Compassionate Leadership training, and sufficient spaces are available for all managers with at least one direct report to attend before December.

Staffing

"Thank you for sharing your feedback on staffing. Our loyal staff are passionate about doing the absolute best they can for the people in their care, and to support them we have completed our national safer staffing review and invested heavily in reviewing and strengthening our people resource.

"Our NHS staffing benchmarking, as a comparator to other Mental Health Trusts, illustrates that our staffing rates are currently amongst the highest nationally, evident of our commitment to allowing time for therapeutic and meaningful engagement with the people who use our services. I trust this provides independent assurance on our staffing levels, and the significant investment made by the trust to support our staff and patients.

Therapeutic Environment

"As with many NHS trusts, our estate provision remains one of our highest priority areas, but also an area where we experience some significant challenges, particularly during the current national financial constraints faced by the NHS.

"As an organisation, we spend more than £17 million each fiscal year to ensure we offer the best possible therapeutic spaces for the people who use our services, and our staff.

"As with all limited resources however, the Trust must prioritise where to allocate funds, cognisant of national drivers and regulatory frameworks. An example of this is our historical dormitory provision in our Older Adult Inpatient Areas, where we have had to prioritise investment first to eradicate shared bedrooms at a cost of several million pounds.

"Notwithstanding the above, there are however several projects currently underway, focused at improving our therapeutic environments and I have taken the opportunity to share some of this detail with you as part of our response.

External areas

"The Trust is committed to ensuring our external areas and hospital grounds are maintained and kept in a good safe order. In support of this, we have implemented a pan Trust Therapeutic Environment Group (TEG) with a remit to identify improvements to our environments within the parameters of safety and available budgetary allowances.

“Illustrations of some of the work undertaken by the TEG include a co-produced piece of work to install fence cloaking that is bespoke to mental health environments. Our engagement with services users has been pivotal to this and they have taken a lead role in identifying options available, ranging from countryside scenes to sunflower fields. The TEG have also been instrumental in securing gym equipment for installation at Dorothy Pattison Hospital and have also led the ward refurbishment programme in Walsall, again in collaboration with our service users.

“With the refurbishment now complete at Dorothy Pattison Hospital, the programme is now focused on Bushey Fields Hospital, with Penn Hospital next in line for works to commence.

“We would also like to acknowledge that we note your suggestions regarding viable options for utilisation of the garden areas at Brook and Dale ward, and we would like to thank you and the team for sharing your thoughts and experiences at other providers. While there are naturally some risks which we would like to ensure we have mitigation in place to address (ingestion of plants), please be assured the Trust is committed to least restrictive practices in all approaches of our patient care and environment.

Internal areas

“Painting and decorating are done in-house by our small decorating team. The team manage a proactive decoration programme for all hospital sites on a rolling basis and provide a reactive resource to address any unforeseen damage or repair required.

“It was of assurance that your team found the internal areas at Brook and Dale Ward to be in good condition, and we noted your findings regarding time taken to effect repairs and suggestion of consideration of staff and patient led painting opportunities.

“With regards the suggestion made above, there are national standards and requirements on fire standards for fixtures and fittings (including paint) within in-patient Mental Health units and all paint used must adhere to the correct palette and specification. There are also safety considerations re maintaining safe environments whilst any work is completed, to ensure the wellbeing of all patients. Therefore, it would not be possible to support the suggestion made, although again we would like to thank you and the team for your consideration of available opportunities to make improvements.

The ward environment at night

“Thank you for the feedback, we will explore with our patients what we can consider in the night-time period, which will help to understand these concerns further. The forum that we will use is our regular ward community meetings and the service manager and matron will ensure actions from this are taken forward. We have an additional senior staff member at night who does support with any immediate escalation or action that is needed to be taken and supervision and reflection for staff. Any areas of concern that are unable to be addressed locally and require further advice and support are directed further to on call managers and directors.

Dietary and nutritional provision

“With regards the two-week rotation of our menus, this is currently an area which we are aware of and are taking steps to address. Our current food provider supplies a two-week menu rotation which we are trying to increase to three with the support of our estates and facilities team.

“The Trust is committed to encouraging optimal physical health to all people who use our services, and in accordance with our clinical pathways, every patient within 48 hours of admission has a Malnutrition Universal Screening Toolkit (MUST) undertaken. Following the MUST assessment, any dietary needs are given to the catering and housekeeping teams to ensure that individual choices and wishes are met for each patient with regards their dietary preferences.

"To promote patient choice, our menus are clearly marked with dietary requirements and healthy options are catered for in both hot and cold choices. All food supplied has no salt added and condiments are always available to add which will enhance the flavour. Additional salads and sandwiches can be supplied to the wards at mealtimes if the demand is required as we stock these in our cafes and main kitchen and fruit bowls are available but are in the ward kitchen. We do sometimes have substitutes to the advertised menu supplied which is not ideal and menus should be altered to reflect this, we will ensure that this action is undertaken in future.

"Considering all the above, and while still wishing to support our patients accessing healthy and nutritionally balanced hospital food, we do encourage, and respect individual choice and takeaways are available for patients to purchase and are delivered to site should patients wish to avail themselves of the opportunity.

Infection prevention and control

"Within your report, we noted your finding of the 'strange odour due to plumbing' in the multi faith room and we can assure you this will be reviewed and remedied by our estates team, should the odour still be apparent.

"For assurance in regards our water management governance, all our water systems are managed in accordance with national legislation. In addition to this our facilities team undertake routine flushing of outlets to ensure throughput of water. The site also has a silver/copper dosing system in use, again this is fully maintained, and we also have routine water sampling in place across site so we can ensure the efficacy of our controls. All water management oversight, governance and reporting are overseen by our Trust water management group, for which I am accountable as the Director for Infection Prevention and Control (DIPC).

PCREF - Patient and Carer Race Equality Framework

"Thank you for the feedback on the Patient and Carer feedback on the unit. I wrote to you this week to share with you the National Leader's feedback on our organisation becoming an early adopter and the date for our commencement of a plan with all trusts by spring 2025.

Feedback from our regulators

"In addition to your report, the Care Quality Commission (CQC) have recently provided the Trust with the Mental Health Act Review visit outcomes in relation to Brook and Dale Ward. The visit taking place on 30 July 2024. We would like to share some of the headline findings which we hope provide assurance in relation to some of the thematic findings of your team.

"The CQC commented positively on the therapeutic relationships established between staff and patients on Brook and Dale Wards and found that staff reminded detained and informal patients of their rights at regular intervals. Staff were cited as friendly and helpful, and patients said they felt safe and well supported. Feedback from patients on both wards in respect the quality of food provided was also positive.

"The CQC did note in line with your findings, a concern raised by one patient that they found the ward environment noisy at night. We have set out above our plans to address these concerns and trust they provide you with the assurance required of our ongoing commitment to providing our patients with environments which support their recovery.

"In closing, and on behalf of the Trust, I would again like to thank you and your team for your visit to our services, and to assure you of our commitment to working closely with you in future."

Contact us

Healthwatch Wolverhampton
Regent House
Second Floor
Bath Avenue
Wolverhampton
WV1 4EG

info@healthwatchwolverhampton.co.uk

0800 246 5018

healthwatchwolverhampton.co.uk