

Freedom of Information Request 1904

Chrys Muirhead, Peer Support Fife

Dear Ms Muirhead,

FREEDOM OF INFORMATION REQUEST: Clinical Effectiveness at Stratheden Hospital

Thank you for your Freedom of Information Request which we received on the 18th July 2012.

Within your original request for information you included the names of former patients of the hospital. We respectfully request that, should there be any future correspondence with us, that you cease from naming individuals unrelated or unconnected to you, as you are breaching the confidentiality of the individual and their families.

The response to your individual questions are answered below.

- 1. How do you ensure that nurses take time to engage with patients, listen to them and establish relationships with them? Please detail the procedures, training, systems.**

We have no specific procedures or systems relating to this point. It is matter for the Senior Charge Nurse and the professionally qualified nurses to apply their skills accordingly in response to the particular needs and circumstances of each patient.

- 2. What processes are in place to measure the effectiveness of the nurse/patient relationship? Please list the processes, how often they are implemented, outcomes.**

We have no specific processes in place that provide such a measure at this point in time. However, we have some clinical areas actively involved in the development and use of the Scottish Recovery Indicator 2 as a means of assessing effectiveness.

- 3. Have you asked patients/carers/family members for feedback on their experiences of inpatient care at Stratheden Hospital? Please give statistics, outcomes.**

There is an expectation, although no requirement, that clinical services seek feedback from service users and carers about the quality of care and treatment provided. This is normally undertaken through satisfaction surveys/questionnaires. This question has highlighted a lack of activity in this area within the hospital. Consequently, we have no recent or valid data to be able to share at this point in time. The IPCU does offer patient/relative questionnaires but the response rate is low and so has little statistical validity. Ten completed questionnaires have been provided in the past 12 months. Also, Lomond ward has recently re-introduced satisfaction questionnaires as part of a funded pilot project to run for 12 months. The questionnaires offered to the patients prior to their discharge are:

- Client Scale of Assessment and Treatment (CAT) – a brief assessment of treatment satisfaction.
- Service Attachment Questionnaire (SAQ) – indicates the patient's perception of the service meeting their needs.
- Client Satisfaction Questionnaire (CSQ) – a self report statement of satisfaction with health and human services.

As the project commenced only in April 2012, we do not, as yet, have any analysed data to be able to share.

- 4. What is the best approach for a nurse to take when working with a patient experiencing mental distress? Please explain and give reasons.**

This is an academic question. The approach taken will vary according to the particular needs and circumstances of each patient.

- 5. Are there any alternatives to psychiatric drugs for patients in mental distress? Please list alternatives.**

This is an academic question. The interventions applied will vary according to the particular needs and circumstances of each patient.

- 6. Do you have systems that give opportunities for patients/carers/family members to feedback on their experience of how patients were treated when in distress in acute wards? Please send me the forms, procedures and outcomes.**

We have no formal systems in place for service users and carers to feedback on their experiences of care and treatment during episodes of distress. We would expect this to be addressed on a case by case basis between professional staff and the service user and carers.

- 7. When is the use of force justified in the treatment of mentally distressed patients in Stratheden Hospital? Please give details, examples, outcomes.**

Treatment without the consent of the patient can be given when it is authorised by virtue of the Mental Health Act, including where it is necessary as a matter of urgency for medical treatment to be given in order to – save the patient's life, prevent serious deterioration in their condition, alleviate serious suffering on the part of the patient, prevent the patient from behaving violently or being a danger to themselves or to others.

- 8. When is it considered appropriate to bring in a police presence to psychiatric wards? Please list the reasons.**

There can be many reasons why the police may be present at psychiatric hospitals.

The principal reasons for their attendance would normally be:

- Where they have been alerted to a missing or absconded patient.
- Where there is suspicion or evidence of illegal drugs on the premises.
- Where it is necessary to prevent a criminal act being committed, where a criminal act has occurred or where it is necessary for the protection of individuals from harm.
- Where an individual member of staff or patient summons the police to report a crime or offence against them.
- Where they have brought a patient to the hospital remanded by the Court or under 'Place of Safety' legislation.
- Where they are investigating cases or serving notices concerning patients on matters unrelated to their hospital admission.

9. How do patients feel/react to police presence in psychiatric wards? Please give feedback responses and statistical evidence.

We have no collated feedback or statistical data relating to this point. The feelings or views of individual patients on this matter will vary and is confidential personal information.

10. What are the reasons for patients absconding and the measures in place for limiting this? Please detail reasons, procedures, outcomes.

The reasons for patients absconding will be unique to each individual patient, accordingly such information is confidential personal information and recorded in their medical records therefore under Section 38(1) (b), this patient personal information is not provided. Patients deemed at risk of absconding will have an appropriate care plan in place determined by the clinical team aimed at minimising the likelihood.

11. When is restraint used in the wards? Please give details of situations, circumstances and any available statistics on use of restraint.

Physical restraint will be applied when there are grounds for such an intervention where the patient's actions are likely to lead to hurt or harm to themselves or others, or to prevent necessary help being given. There were 141 recorded episodes of restraint within the mental health service in the 12 month period – 1 April 2011 to 31 March 2012.

12. How many patients have been injured by the use of restraint? Please give statistics (I know there was one death in 1994, Shaun Martin).

Such information is recorded in narrative form only, either within the incident recording form and/or in the patient's personal medical record. Accordingly, in order to provide the information we would have to analyse and review the individual records of a substantial number of patients. Therefore under Section 12 of the Freedom of Information (Scotland) Act 2002, this information is not provided.

13. How do you ensure that the use of restraint is monitored closely and effectively? Please give policies, procedures, training details.

The use of restraint is applied in line with the 2006 guidance 'Rights, Risks and Limits to Freedom' published by the Mental Welfare Commission. All incidents of restraint are recorded in the NHS Fife Datix Incident recording system and a separate Restraint Monitoring Form is completed and submitted. The mental health service delivers a rolling programme of training known as 'Safe and Therapeutic' training for the management of aggression and violence, including the use of restraint.

14. What feedback do you have from patients who have been restrained? Please give information about this - how the patient felt, did it hinder their recovery or trust in staff etc.

We have no collated information on this point.

15. How do you ensure that bullying and intimidation does not happen in psychiatric wards, by staff to patients/carers, by patients to patients? Please describe training, systems, procedures.

It is a matter for the Clinical Managers, Senior Charge Nurses and the professionally qualified staff to ensure that they conduct themselves accordingly in line with their professional codes of conduct, and that they take the necessary steps to ensure the protection of patients under their care.

16. How do you respond to allegations of bullying and intimidation, from patients or carers/family members? Please give details, examples.

We would expect any issues raised by individuals to be responded to and addressed at ward level by the senior member of staff in charge. Thereafter, if not dealt with satisfactorily, matters would be investigated in line with the NHS Complaints procedure.

17. What are the incidence rates of self harm by patients in wards and how do nurses minimise the risks of self harm? Please give statistics, procedures, training details.

There were 139 recorded episodes of self-harm or attempted self-harm within the mental health service in the 12 month period – 1 April 2011 to 31 March 2012. Patients deemed at risk of self-harm will have an appropriate care plan in place determined by the clinical team aimed at minimising the likelihood. There are no specific policies or local training relating to self-harm.

18. Why have patients been driven to self harm while in wards? Please give patient feedback details (I know of one patient breaking his own hand because he was intimidated, distressed and cornered by 3 male nurses in a room at the back of Lomond Ward)

The reasons for patients self-harming will be unique to each individual patient, accordingly such information is confidential personal information and recorded in their medical records therefore under Section 38(1) (b), this patient personal information is not provided.

19. How many patients have attempted suicide while in the ward? Please give details - by which means, which ward, outcome etc.

The number of recorded incidents is small, to the extent that providing the requested information would risk breaching confidentiality, therefore we have not specified this information under Section 38 of the Freedom of Information (Scotland) Act 2002.

20. How many patients on discharge have completed suicide? Please give statistics (I know of one, who was discharged on 31 March 2012)

The number of recorded incidents is small, to the extent that providing the requested information would risk breaching confidentiality therefore we have not specified this information under Section 38 of the Freedom of Information (Scotland) Act 2002.

I hope this information is helpful to you. Please do not hesitate to contact me on 01592 643355 ext 8977 or email fife-uhb@foirequestfife@nhs.net if we can be of further assistance.

If, however, you are unhappy with any aspect of how we have dealt with your request you can ask us to review the handling of your request. Please write to me specifying the reasons why you are seeking a review within 40 days of the date of this correspondence. I shall arrange for a review to be carried out and a report made to the Chief Executive of NHS Fife who will respond to your request for a review.

You also have the right to apply to the Scottish Information Commissioner, who does not have to take up all reviews she receives and will decide whether to look into your concerns.

You can write to her after the immediate response from us or after our response to your request for a review but you have to do so within 6 months of our reply.

She can be found at:

Rosemary Agnew
Office of the Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews
Fife KY16 9DS
www.itspublicknowledge.info

Finally, you should be aware that we operate a disclosure log on the NHS website. This means that all FOI requests made to us are posted on to the web, although the identity of the requester is not made public. Once we have sent you the information, we shall also post this on the website.

Please acknowledge receipt of this email.

Yours sincerely

Norma Wilson
FOI Lead Officer, NHS Fife