‘Enter and View’ visits to Pennine Care Foundation Trust (John Elliott Unit) Report

December 2011
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## Contact Details

Voices 4 Wellbeing  
First Floor - Unit 17  
Salmon Fields Business Village  
Royton  
Oldham  
OL2 6HT  
Telephone: 0161 627 0163  
Website: [www.voices4wellbeing.co.uk](http://www.voices4wellbeing.co.uk)
Acknowledgements

Many thanks are extended to the staff at Pennine Care Foundation Trust for accommodating Voices 4 Wellbeing’s request to visit the John Elliot Unit at Birch Hill Hospital.

It is also with great thanks to the patients for taking the time out to speak to V4W Governors and staff. Your contribution will help us greatly in working with local service providers to promote good patient care.

Gaddum Centre would also like to acknowledge the hard work of the LINKs’ Authorised Representatives both in preparing for the visits and conducting interviews on both days. They are both thanked for their contributions towards the production of the report.

Introduction

Local Involvement Networks (LINk) exist to gather the experience of people using health and social care services. Service commissioners and providers have a statutory responsibility under the local Government and Public Involvement in Health Act 2007 to account for this report to inform decision making about the development and/or redesign of these services. The role of the V4W is to be a ‘critical friend’ in a spirit of co-operation, to act as an intermediary facilitator between the public and the commissioners to support regular dialogue. LINKs have the power to ‘Enter and View’ premises by Authorised Representatives owned or controlled by statutory service commissioners under the Local Government and Public Involvement in Health Act 2007.

Feedback received by members of Rochdale Borough User Forum highlighted some concerns regarding the use of illegal Drugs and Alcohol at the Moorside and Hollingworth wards in the John Elliot Unit at Birch Hill Hospital. V4W Governors decided to carry out an ‘Enter and View’ visit on both wards. The visits took place on Thursday 1st December 2011 and Monday 5th December 2011. Governors John Wright, Eleanor Tierney, and Voices 4 Wellbeing (V4W) Manager, Saeed Anwar, carried out both visits.
Methodology

The purpose of the visit was to interview both staff and patients asking questions relating to the processes followed when issues involving the presence, or otherwise, of illegal drugs and alcohol were raised by staff, patients or visitors.

Prior to the visits, discussions were held within the V4W Governance Group and Rochdale Borough User Forum relating to the structure of the visits. Five questions were prepared which would be asked of staff; five different questions although still relating to questions of the abuse of the alcohol and illegal drugs on the unit would be asked of the patients. Having agreed the questions, these were sent to managers of the unit to ensure that staff and patients would be aware of purpose of the visit. In addition, it was agreed that a ‘crib’ sheet would be prepared which would explain to interviewees who we were; our legal status; the structure of the interview; the confidential nature of the interviews; the right of the interviewees to respond or not to any questions; the confidential nature of the future report; that the responses would be anonymous in notes taken at the time of the interviews and in the future report; that the draft of the final report would be sent to the senior line manager prior to publication for factual accuracy.

The visits would be conducted by Authorised Governors who had up-to-date CRB (Criminal Record Bureau) Certificate; would be using a structured format for the interviews; that the interviews would be approximately 30 minutes in length; that a short statement (relating to the ‘crib’ sheet) would be made at the start of each interview; that notes would be taken by a Voices 4 Wellbeing staff member; that patients could be accompanied by friend or staff member if they chose.

Prior to the visit on 30th November 2011 it became necessary to rearrange the visit to Monday 5th December 2011 due to the National NHS strike. As a consequence, the first visit was Thursday 1st December, 2011. Due to this rearrangement, a number of patients were involved in activities which were taking place off site. The result of this was that a number of the patients who may have been willing to be interviewed, were in fact unable to do so. Other patients on the ward declined to be interviewed.

In spite of preparations made prior to the visits: questions, interview structures and the length of interviews, the interviews overran in some cases which affected the number of interviews undertaken on the two visits.
General Observations

The John Elliott unit is based on what was until relatively recently the Birch Hill site. Most of the previous services have been re-located to other Pennine Acute trust sites, while the John Elliott unit has been re-furbished and enlarged to provide a greater provision for out-patient services. There is no increase in bed capacity, there are 16 beds on Hollingworth and 24 beds in Moorside.

There is a new reception area, providing a waiting area, and a ‘coffee shop’ snack bar run with the support of Rochdale Mind. There are automatic doors which allow a staged entrance to the unit, outer doors and inner doors open separately preventing heat loss but also providing an element of security. The reception security desk has CCTV facilities which allow staff to see those approaching the front doors. Access to wards, treatment rooms, offices and patient areas is by ‘electronic fob’. The waiting area is clean, pleasantly furnished, in good decorative order, warm and well lit as are corridors and internal stairwells.

The wards are arranged on two floors, Hollingworth has all single rooms and Moorside provides a range of singled and multi-occupancy rooms. Moorside has 14 male beds, 10 female beds, however, this is broken down as 2 single female rooms, 2 four bedded female dormitories and 6 male single rooms and 2 four bedded dormitories. There are large well lit communal areas with television, dining and other social areas as well as kitchens, staff offices and treatment rooms. In addition, there is a female only patient lounge on each ward which is accessed via fob system. The female only lounge on Hollingworth is next to the nurses office and is open, does not require any key pad or lock. The female only lounge on Moorside is accessed from the female only area but the lounge door is not locked. On these two visits, the governors restricted themselves to public areas and did not enter patient rooms.
Staff Questions and Responses

Q1. What action do staff members take when drugs/alcohol abuse is identified on the ward?

The staff, at all levels, showed an awareness of policies and protocols to be followed when suspicions were raised. Depending on the staff/patient relationship, some staff felt they would either ask the patient or raise the issue with a line manager. All staff knew the procedures to be followed. The patient would be asked if they had drugs/alcohol to hand them over to staff. If there was no physical evidence present but their behaviour suggested the use of drugs/alcohol then the patient would be asked to provide a urine sample for testing to confirm the presence of drug. If the test proved positive for the use of drug, even if the drugs had been handed over, then the patient’s care plan was amended in order that the senior managers/doctors were aware of the incident.

If the presence of drugs/alcohol was suspected and the patient refused to hand them to staff then a search would be deemed appropriate if the patient was formally detained and the staff had Level 5 PMVA training. On all occasions the patient is asked for their consent for the search, however, staff protocols state clearly (and all staff confirmed this) that searches were only undertaken by those staff with appropriate levels of training.

If illegal drugs/alcohol are found then staff remove them and secure them. In the case of illegal drugs the police would be notified and the drugs taken for disposal. There are special plastic bags provided by the police for illicit substances.

A number of staff indicated that the unit always responded to a suggestion that illegal drugs or alcohol were present or their usage was evidenced or brought to their attention by a third party or by direct observation. Staff would seek to engage with the patient with regard to their behaviour and its potential impact on their health and well-being. It was stressed that staff were carers not prison or police officers and as such the emphasis was on healing not legality.

Q2: Are patients always challenged when suspected of possessing illegal drugs or alcohol?

The variety of responses from staff would indicate the difficulties which staff faced when the issue is raised.

Some staff felt able to challenge the patient but this needed to be carefully undertaken since it could be perceived, by some patients, aggressive. Staff needed to deal with the issue not only because the use of drugs/alcohol could have a serious effect on the patient’s health caused by the interaction of the drugs/alcohol with the
patient’s prescribed medication but the staff and the Trust had a statutory duty for the health and safety of the patients, some of whom were vulnerable adults, visitors to the premises and staff.

If the patients’ access to drugs/alcohol was the results of the actions of visitors then staff could deny access, if necessary to the wards or unit and could also involve the police, especially when dealing with illegal drugs.

**Q3: Are you allowed to search visitors for drugs/alcohol?**

There are policies and protocols relating to issues surrounding searches but searches of visitors can only be undertaken by consent and only by those staff trained to undertake searches. Conducting any body searches varies dependent on level of training staff have received. Eight staff have received Level 5 training in line with the policy ‘Managing Violence and Aggression (MVA), all other staff have been trained to Level 4 (MVA). In extreme circumstances there exists the facility to involve the police.

Staff would attempt to engage visitors who are suspected of bringing drugs or alcohol to the unit by pointing out the potential impact of the substances on the health and well-being of the patients.

All incidents are reported and recorded. There exists the option to restrict access to the gardens and grounds so it is possible for visitors to bring drugs/alcohol onto the site and arrange for patients to pick up.

The staff’s relationships with patients and visitors are based around care, cooperation, persuasion and support. When the issues relating to drugs/alcohol arise staff are encouraged to discuss these and associated problems at ward handover and at team meetings. Patient consent is not required for the search of their environment (bed room), but where appropriate it is good practice to inform patients that a search is about to take place.

**Q4: How are incidents like these reported through the security system?**

The Trust (Pennine Care) has clear policies on the reporting of incidents using a risk assessment incident form. The patient care plans/records are updated with the incident reports and subsequent actions noted. In addition the incidents are reported during ward handovers and team meetings.

Nursing assistants and lower grade staff report to senior staff. All incidents are recorded not only so that changes to medical records can be made but in order that senior managers can track any trends.

From several staff it would appear that there has been an increase in the presence of drugs and alcohol on the wards. Within the electronic incidents’ form there exists the facility to record the severity and frequency of the incident, and to grade them.
Some staff felt that the situations could be very difficult to deal with and, at times, had felt that they were not in control.

**Q5: What training have you been given to help you deal with these issues at work?**

Staff training varied across the range of staff interviewed. Some had Level 5 Managing Violence and Aggression (MVA) training; others had mandatory (MVA) training. While most staff had received training with regard to violence and aggressive behaviour, other staff felt there was a need for more training in methods/strategies to be used when responding to the suspected or actual use of drugs/alcohol.
Patient Questions & Responses

Q1: Have you been offered drugs or alcohol while on the ward or in the grounds of the unit by patients or visitors?

Patients’ responses were that they had never been offered drugs or alcohol while on the wards either by other patients or visitors.

Q2: Are you aware of anyone else being offered drugs or alcohol on the ward?

Patients had never been made aware of other patients being offered drugs or alcohol while on the ward, however, one patient said that they were aware of drugs/alcohol being offered to the patients outside the buildings on the site.

Q3: If you suspect any drugs or alcohol abuse is happening do you know what to do if you are concerned?

One patient responded by stating they would inform staff and call the police. Another stated that in the past would ask to challenge as to why they are taking drugs/alcohol. Would also explain or try to explain why the user should not be using drugs or alcohol on the ward.

Q4: Have you ever been put under pressure by patients or visitors to take drugs and alcohol on the ward?

The patients responded in the negative to the question although one patient would explain the consequences of taking drugs/alcohol on to the ward.

Q5: Do you feel safe and secure on the ward?

Patients’ responses were that, in the main, they felt secure although one had experienced aggressive behaviour from other patients and had had personal belongings taken. Patients felt the staff were supportive of them and their needs. Staff dealt sympathetically, promptly and effectively with issues/incidents and, as a result the patients felt much safer on the wards and happier with the level of service provided.
Findings

1. Preparation for the visits including a ‘cribsheet’ explaining the organisation, structure and status of Voices 4 Wellbeing; it was apparent that some of the staff were not sure what LiNks were, its current statute on the status of the visit;
2. All staff were aware of the polices of the Trust relevant to the presence of drugs/alcohol on the wards;
3. All staff were aware of the procedures which the Trust has in place if drugs/alcohol is found or brought onto the wards. How the procedures were followed was determined both by the relationship between the staff member and the patient but all staff would challenge patients if suspicions of drugs/alcohol presence were raised;
4. If drugs/alcohol presence was suspected then a range of options was available including personal searches – by appropriately trained staff, drugs/alcohol testing, etc. In all cases staff would ensure that appropriate records were kept and patient care plans amended accordingly;
5. In cases where a patient was to be challenged, staff would work with another member of staff. again, if a search was felt necessary, then a second staff member – one with appropriate training – would be required;
6. These incidents were recorded on electronic incident forms which senior managers continuously reviewed;
7. There is a clear policy to uphold (management of illicit drugs) but staff were nurses not police/prison officers;
8. Incidents were recorded on patient records and would be included in the ward reports given at handover meetings and at team meetings;
9. Several staff were keen to undertake further training but having time to attend training was an issue and to some extent was determined by availability of resources, supply staff and funding;
10. The open nature of the site was of concern especially as this made it possible for drugs/alcohol to be obtained by patients who chose to do so and had the recourses to obtain them;
11. Less experienced staff felt confident to approach more senior staff in relation to those concerns surrounding the possible use by patients, of drugs/alcohol;
12. There is a separate lounge for female patients on both Moorside and Hollingworth Wards;
13. Patients are allowed ‘time outs’ from the wards. This is most frequently used by patients who smoke;
14. Staff felt that additional training on how patients might behave/be affected by drugs/alcohol would be a useful tool and aid potential identification of abuses.
15. Police are now conducting regular site patrols as are the CSO’s
Comment from the Rochdale Boroughwide User Forum

During 2010-2011 at our monthly Open Forum, concerns had repeatedly been expressed by service users and carers that the use of drugs and alcohol at the John Elliott Unit seemed to have increased and was not under control. Also, more seriously, that there was clear evidence of drug pushing and dealing on and around the wards.

Whilst the Forum appreciated that all patients on the wards were equally entitled to the best possible care and treatment, discussion centred on the adverse effect this activity would have on the other vulnerable patients on the ward who were not already drug or alcohol abusers.

So when Voices 4 Wellbeing approached RBUF, saying that they had picked up on the issue and were considering using their “Enter & View” powers to try and ascertain the extent of the problem, we were more than happy to cooperate with their plans.

Almost as soon as the “Enter & View” process was initiated with Pennine Care, we started to get reports of improvements on the wards. A new interim manager appeared to be prioritising the issue of drugs and alcohol abuse and staff were responding accordingly. Forum attendees have been kept informed of the situation and will of course be anxious to see the new regime maintained for the benefit of all vulnerable patients on the wards.

Jerry March – Chair

Rochdale Boroughwide User Forum
Conclusions

As in society as a whole, the impact of illicit drug and alcohol on patients has showed significant increase. This, in turn, affects their physical and mental health and impacts on their treatment. The John Elliott Unit is not a prison and as a consequence the ability of staff to limit access of drugs/alcohol by patients is increasingly difficult. Perhaps limiting or reducing time outs may restrict opportunities to access illegal drugs/alcohol might help, however, when a patient is dealing with complex mental issues, we have to be aware of the best interests of the patient.

Helping patients to improve their mental health requires a vast range of resources and skilled, supportive, caring staff to deliver not just the service but often difficult to define ‘care’ that can restore the patient to family and society.

The most valuable resource that the Trust has, is its staff. Ensuring that they feel valued, supported and well trained will be the most effective and ultimately economic means of delivering the best mental health care.
Recommendations

1. Smoking areas

As noted above patients are allowed ‘Time out’ periods from the wards. Some patients choose to use the front of the unit, where the entrance is, as a smoking area. The legislation relating to smoking is very clear, Smoking is prohibited on the premises. Not just buildings but the premises are covered by the legislation. Employers have a duty of care, not just to employees but also to visitors to the site, and that includes other patients and the public. While appreciating the difficulties of the in-patients who smoke, nevertheless there are areas which could be used which would allow compliance and at the same time ensure that the public, including vulnerable out-patients do not have to walk through groups of smokers at the entrance to the building.

2. Several staff interviewees indicated that they felt the need for additional training beyond that previously undertaken.

Other than mandatory training, new or additional training was dependent on the available resources (staff, finance etc). Many staff interviewees commented on the supportive nature of colleagues but they also felt that since the service and patients’ needs were changing and evolving, so they felt that their ‘in-service’ training should reflect the changing needs of the service.

3. All staff spoke of the reporting and recording of drug/alcohol incidents.

That the incidents were recorded on patient care plan; that the reports of the incidents were discussed at ward ‘handovers’ and team meetings; that incidents were also recorded electronically so senior managers could look for trends. However, what was less clear was what use, other than amending care plans, of the information collected. Were the staff most closely involved with a patient included in the evaluation of the individuals’ care plans. Were all staff made aware of any trends which the electronic reporting showed?

The governors of Voices 4 Wellbeing wish to thank the staff who facilitated the visits to the John Elliott unit; to the staff and patients who participated in the interviews and those who enabled the interviews to take place; to the support staff at Voices 4 Wellbeing who prepared the materials needed for the visit.
5th April 2012

Mr Saeed Anwar
Voices4Wellbeing
Ground Floor
Unit 17
Salmon Fields Business Village
Royton
Oldham
OL2 6HT

Dear Mr Anwar

Re: Enter and View at John Elliot Unit, December 2011

Thank you for the letter of 16th March 2012 enclosing the report following your Enter and View visit to the John Elliot unit. I was pleased to read that our staff engaged fully with the visit and that the Rochdale Borough-wide User Forum is receiving reports of improvements on the wards.

You rightly acknowledge the difficult set of legal and ethical obligations we have to employees and patients in establishing an environment that properly manages the issues around smoking, alcohol and illicit drug misuse. Despite the obvious difficulties in maintaining our intolerance that are unavoidably associated with caring for patients who are not detained, I hope we have demonstrated just how committed we are to protecting staff, patients and carers from the harmful effects of these substances.

I know that you have established a productive relationship with Zoe Molyneux and Vinny Nolan, and I expect that we will continue to work together to improve the experience of using our services.

With particular reference to the report and its recommendations, I have enclosed the Action Plan we are working through to address the issues you raise. I know Vinny Nolan will be more than happy to update you on progress.

Yours sincerely

John Archer
Chief Executive

Visit us on www.penninecare.nhs.uk
## Action Plan

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<td>1. Smoking Areas</td>
<td>Patients smoking at the front entrance. (There is no current legislation to prevent people smoking in the grounds of hospitals but Pennine Care NHS Foundation Trust policy has a clear statement on requesting people not to smoke in the grounds except in the designated supervised areas.</td>
<td>A designated smoking area has now been completed adjacent to the JEU which is away from the front entrance. This area also provides seating and external lighting. In addition to this we now have a Stop Smoking Advisor (SSS) based at Rochdale who will be providing clinics to both staff and patients. There is also a rolling programme to staff and patients. There is also a rolling programme for staff for Level 2 Smoking Advisor Training which is run monthly.</td>
<td>February 2012</td>
<td>V Nolan/Estates</td>
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<td>2. Additional training (illicit substances)</td>
<td>The training identified in the report refers to additional knowledge around dealing with people using illicit substances.</td>
<td>OL&amp;D provide a robust training around PMVA which includes dealing with people who may be aroused or hostile as a result of use of illicit substances. In addition to this we are planning for the local CDAT team to provide some brief intervention and awareness training for staff to support them in dealing with people using illicit substances.</td>
<td>Ongoing</td>
<td>OL&amp;D</td>
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### 3. Reporting and recording of drug/alcohol incidents.

| All electronic incidents are copied to the North Divisional In-Patient Services Manager (NDIPSM) and the ward managers. This information helps to inform managers of any increase in illicit substances use or worrying trends. This information is also monitored centrally through the trusts’ ‘Safeguard’ system. |
| The police liaison officer meets with the NDIPSM on a regular basis. There are now increased foot patrols by the local Community Support officers (CSO) and police patrols in the grounds. This helps to monitor any activity in relation to the sale of illicit substances. |
| All wards now have specially provided ‘sealed drug’ bags provided by GMP. Pennine Care NHS Foundation trust also has search policy CL35 which includes guidance on the search of communal areas, patients, visitors, patients property, personal space and exclusion of visitors if deemed necessary. |
| There is now a ward managers’ forum chaired by the NDIPSM which meets monthly. A standing agenda item at this forum are incidents which includes any worrying trends or incidents related to the use of illicit substances or alcohol. This information in turn is disseminated at staff meetings with guidance and support. |

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*As discussed at Voices 4 Wellbeing Governance Group Meeting, Voices 4 Wellbeing will carry out a follow-up visit later this year to both John Elliott Unit wards.*

Written by Eleanor Tierney: Prepared by Julie Harris & Saeed Anwar
Contact Details for Voices 4 Wellbeing

Voices 4 Wellbeing
Rochdale Borough’s Local Involvement Network
Ground Floor, Unit 17
Salmon Fields Business Village
Salmon Fields
Royton
Oldham
OL2 6HT

Telephone: 0161 627 0163
Fax: 0161 626 9069
Website: www.voices4wellbeing.co.uk