

Adult Inpatient Wards Information



Oak Wards

Adult and Specialist MH Directorate

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Overview of wards

Oak 3



Oak 3 is our 13-bed Acute Assessment Unit. You may be admitted to Oak 3 when you have agreed to come into hospital for a brief assessment period. If you have been detained under MHA (1983), you would not usually stay on Oak 3. A stay on Oak 3 would usually be up to 3 days.

Oak 1



Oak 1 is our 16-bed assessment and treatment ward. You may be admitted to Oak 1 if the doctor on Oak 3 feels you need a little bit longer in hospital. A stay on Oak 3 would usually be for up to 3 weeks, although this may occasionally be a longer or shorter time.

Oak 4



Oak 4 is our 16-bed treatment and acute recovery ward. You may be admitted to Oak 4 if the doctor on Oak 1 feels you need a longer time in hospital to prepare you for returning home. A stay on Oak 4 would usually be for up to 3 months, although this may occasionally be a longer or shorter time.

Welcome

Welcome to the Oak wards

Our focus is on providing care which is structured, planned and beneficial in an environment which allows you to be supported by a range of staff whose main goal is to empower you and involve you and your loved ones in your care.

“I was treated with respect and dignity. I do recommend your services to everyone that needs help and support. Good activities.”

Introduction

What is a crisis? In mental health, a ‘crisis’ refers to a time when an individual may need an additional and intensive period of support to manage their mental health needs.

Acute Adult Services (Inpatient Wards, Crisis Teams, First Response Service and Liaison Psychiatry Services)

When a person is in a ‘crisis’ they may require services within Cambridgeshire & Peterborough Mental Health Acute Adult services. These include; First Response Service, Liaison Psychiatry Services at Emergency Departments, Inpatient Wards and Crisis Teams. These services aim to provide assessment and treatment in the least restrictive setting, while taking into consideration the individual’s needs.

Why am I here?

You have been admitted to the ward so that your mental health needs can be fully assessed. It provides a place of safety where specialist team members can offer the care that best meets your needs. The aim of admission is to aid your recovery, helping you to return to your everyday life by finding the treatment that is right for you. Wherever possible, staff will try to involve you in decisions about your care.

What will happen after I arrive?

On arrival you will be welcomed by a member of the team who will show you around and indicate where your bedroom is located. You will also be given a copy of this Welcome Pack and advised of who your named nurse will be. Any personal belongings will be checked with you for safety reasons, and any hazardous items logged and stored in a safe place.

How will my needs be assessed?

During the next 24 hours a series of assessments will take place which look in detail at your needs. These include:

An assessment of your mental state – This involves staff talking with you and monitoring your activity. In some cases a member of staff may need to be with you at all times.

An assessment of your social situation and needs – This looks at your housing, employment, leisure and family welfare issues.

A risk assessment – This helps us learn about any risks and agree plans with you to keep you safe

A physical healthcare assessment – This involves being examined by a doctor and various tests such as blood pressure, blood tests and urine sample testing. (Some medications require these tests to be repeated regularly.) Within 72 hours (3 days) the team will carry out a detailed assessment of your needs and decide whether you will need to transfer to Oak 1 or return home.

A care plan will be formulated with you which sets out the care and treatment you require during your stay. You are entitled to be involved in decisions about your care plan and will receive a copy to keep.

What choices do I have?

Throughout your stay there will be opportunities for you to be involved in discussions about your care. Your wishes will be carefully listened to and treatment decisions should have your agreement. If you have come into hospital on a voluntary basis then you are free to leave the ward as and when you choose. We would ask that you speak to a member of staff before deciding to leave the ward to make sure that your safety and welfare are not compromised. However, there may be times when this is not possible. If you are 'sectioned' under the Mental Health Act staff may have the power to prevent you from leaving the ward or to insist that you take medication. Such decisions will only be made in your best interest, when staff believe you are at serious risk. You will be given a leaflet to explain your rights in hospital.

Confidentiality and information sharing

We recognise the importance of information sharing between service users, professionals and carers/families. Service users must consent to information being shared and may sometimes decide to share different types of information. For example, they may choose to share information about their diagnosis and care plan but not more sensitive, personal information. It can be upsetting and worrying when service users decide to withhold information from family members and staff aim to support carers/families during these times.

Clinical teams will be ready to focus on aspects of care which specifically relate to carers/families (e.g. overnight leave from hospital with family). Clinical staff within the wards have a duty of care to disclose any appropriate risk information with carers/families following a risk assessment. All clinical staff welcome information provided by carers/family members. Service users cannot prevent clinical staff from receiving information from carers/families, even when consent to share information is not given.



Practical Things

There may be practical things to consider while in hospital, e.g. you may need to:

- Make arrangements for the care of your children or others
- Get somebody to take care of your pets
- Pay urgent or outstanding bills
- Cancel/rearrange appointments

Your named nurse and other ward staff can help you resolving any such issues

What should be brought to hospital?

Sometimes you may have little time to think about what to take into hospital but family/friends could bring in items such as:

Extra clothes/Night clothes

Toiletries

Enjoyable activities (e.g. books/music)

Items of religious or spiritual importance

Mobile phone



What to leave at home

Storage and space is limited, please bring just a small bag/case. Please do not bring in:

Large amounts of cash or credit cards
Jewellery of high sentimental/monetary value

Television, radio, computers or other electrical equipment

Alcohol/illicit substances

Tobacco, cigarettes, lighters/matches



Clinical Team

Each inpatient ward is made up of a multidisciplinary team (MDT) consisting of a variety of professionals. These are:

Medical



Psychiatrists, Doctors - The Consultant Psychiatrist is clinically responsible for the overall care, treatment, leave and discharge of all individuals on the ward. Sometimes the Consultant Psychiatrist is referred to as the 'Responsible Clinician'.

Nursing



Nursing team - The Matron makes sure our wards provide safe and effective care. The Ward Manager is responsible for running the Inpatient Ward. Nursing staff are responsible for meeting with you to review your needs. The delivery of nursing care is supported by a team of additional workers and professionals in training who also provide care with supervision by registered professionals.

AHP



Psychologists have specialised training in talking therapies and referral is led by clinical priority determined by the multidisciplinary team.

Occupational Therapists (OT's) work with patients to help them carry out activities that they need or want to do.

Peer workers, OTA's and HCA's will support you with the goals agreed with nursing and OT staff. We also have Physiotherapists and a multi-faith chaplaincy team.

What care will I receive?

All patients admitted to an Inpatient Ward will have a care plan. This outlines the planned treatment an individual will receive whilst in hospital. It is important for the clinical team to get input from patients and carers about what they would like included in the care plan. All patients should have a copy of their own care plan.

Some of the treatments available on the wards are:

Medication

Medication is usually part of a patient's care plan. The medication may be administered at different times during the day dependent on an individual's needs. The ward can give you medication leaflets and discuss in ward rounds with you.

Psychological interventions

A range of psychological interventions are delivered on the wards to promote well-being and facilitate recovery.

Weekly activities

Group activities are run on the ward by nursing staff, occupational therapists and activity workers. Timetables of these activities are provided by each ward.

Occupational therapy

A range of occupational therapy interventions are offered on the wards which help patients overcome difficulties with everyday tasks.

Spiritual support

Meeting the spiritual needs of patients is important. Chaplains will visit you on request.



One-to-ones

Ward teams offer regular one-to-one talking times for patients. This allows patients to reflect on current circumstances and make sense of their difficulties

Community meeting



Community meetings

Each ward has either weekly or daily community meetings which provides a space for patients to feed back any comments and concerns and to agree group activities.

Smoking cessation



Smoking cessation support

CPFT is a no smoking Foundation Trust. Smoking is not permitted anywhere on the ward or hospital grounds. Smoking cessation support is offered on all the wards.

How long will I be in hospital?

Hospital admission is meant to be short and is provided to stabilise an acute phase of an illness. The team will discuss discharge with you as quickly as possible after your admission and give an estimated date of when you may be able to go home. If we are able to discharge you home early with additional support from the Crisis Resolution and Home Treatment Team (CRHHT), we would do this wherever possible.

Transfer between wards

There may be occasions when you will need to transfer to a different ward after admission. This is because our aim is to provide your care on the ward most suited to meet your needs. This transfer may be at very short notice but staff will tell you what is happening and support you and your carer/family as much as possible.

How does hospital leave work?

Informal patients: Informal patients have the right to leave the inpatient ward at any time although should speak to the team first.

Sectioned patients: When sectioned patients have leave it is called 'Section 17 leave'. 'Escorted' leave means a staff member will be with you. Sometimes carers accompany patients on leave. If there are any special conditions attached to this leave, we will talk to your carer/family member about this before you leave the ward and a risk assessment will always be completed before leave. Over time, the amount of leave will increase to help prepare for discharge.

What happens when I am discharged?

Discharge from hospital will be planned with the clinical team. When an individual is discharged from hospital a discharge plan will be available providing information about follow up support and who to contact in case of need. Some discharged patients will be referred to community teams for support and follow up at home. Sometimes patients are allocated a care coordinator from the community team to act as a key point of contact for the service user and their carers.

If you have any questions or concerns about discharge please discuss these with the ward teams.

Ward Information

Each inpatient ward is made up of a multidisciplinary team (MDT) consisting of a variety of professionals. These are:

Meetings



Ward rounds take place on a regular basis and include the Consultant, ward staff and if appropriate, community professionals (e.g. care coordinator). The ward round aims to develop care plans and move patients towards discharge. We strongly encourage family and friends to attend with your agreement. Appointment times can be made directly with the ward team. Community meetings take place daily.

Meals



All of your meals will be provided either in the Cavell canteen or on the ward in certain circumstances. Drinks are available 24 hours per day. If you have special dietary needs please discuss these with your named nurse. All wards have access to a garden, which you will be able to use throughout the day. There is a washing machine, tumble dryer and iron for you to use as you need and all bedrooms have an en-suite bathroom with a shower and toilet. We do provide towels.



We have visiting times so that you are able to attend therapeutic groups and activities as agreed in your care plan. However, should your visitors need to come outside of visiting hours, this can be arranged with the nurse in charge. Should you wish to have your visit in a quiet room away from the ward, you can arrange this with the nursing team.

Visiting hours are:

Monday- Friday 6pm-8pm

Saturdays and Sunday 2pm - 4pm, 6pm- 8pm.

How will my safety and security be maintained?

Controlled Access Doors

The wards have controlled access doors so if you are in hospital informally, you can ask a member of staff to open the door for you. However, staff may advise you not to leave the ward if they feel you are too unwell or will be unsafe. In these circumstances you will be asked to speak with a doctor.

Fire safety

Fire alarms are fitted around the hospital. These are very sensitive and can only be turned off by the fire brigade. If you hear the fire alarm going off, staff will direct you to the safest exit. It is important that you follow their instructions and try to stay calm.

Infection control

Please speak to a member of staff or the infection control link nurse if you have any concerns about the cleanliness of the hospital. A leaflet can be provided which explains how you can help the staff to reduce infection and provide a safe clean environment.

Same sex accommodation and privacy

When you are admitted, it is likely there will be both men and women patients on the ward but they will not share your sleeping area and all rooms have their own en-suite bathroom, so you will not have to share. If you would like to sit in a male/female only area, staff will show you where you can do this.

Violence and aggression

CPFT adopts the NHS zero-tolerance towards violence and any forms of abuse by anyone on the ward, this includes staff, clients and visitors. In the event of any violence or abuse, the police will be informed. CPFT is also committed to tackling and reducing racial harassment. *“We believe any violence, aggression or intimidation towards service users, their families, visitors or staff is unacceptable and we will take firm action to deal with it.”*

Safety and Physical Intervention

The most effective care is provided in a safe environment. If a person acts in a way that compromises safety on the ward, staff will take action to reduce the risk to all concerned. In most situations staff will try to resolve such issues through discussion and moving to a quiet area. There may be occasions when a more urgent response is needed, which can involve staff using physical intervention skills. This would only be the case when there is an immediate danger towards yourself or others. This is intended to allow for safe management of harmful situations and to make the environment safe as quickly as possible. It is only carried out by staff trained in using these skills safely and dignity is protected throughout.

Observations

Observations are designed to reduce the risk of harm to patients. At times, staff may decide that for the safety of a patient or others, an increased level of observation is required. This process will be explained to patients if they are prescribed observations.

Different levels of observation include:

General observations – ward staff will check on all patient's at least once every hour to make sure you are safe, well and that your needs are being met

Continuous at arm's length – a member of staff would be with you all day and must not be further away than one arm's length

Continuous Within eyesight – a member of staff would be with you all the time but may give you a little more space, but keeping you within eyesight at all times

Intermittent – staff may check on you at regular intervals throughout the day and this could provide you with some reassurance as well as ensuring your wellbeing is monitored more frequently

Additional things to know

Mobiles



Mobile phones may be used on the ward and we ask that these are used considerately in ward areas. In order to maintain the privacy and confidentiality of others photos may not be taken and your phone and/or camera will be kept in safe place if you are not well enough to understand these guidelines. The charger for your phone may be kept in the ward office.

Alarms



All staff are provided with personal alarms to use if they need to call for help urgently. These alarms are available for visitors to use if they feel unsafe or need extra reassurance. Please request this alarm from staff.

Parking



The Cavell Centre car park for visitors is directly outside the Cavell building. This is a pay and display car park. The Trust may supply parking permits for free for visitors, please speak to staff if you have difficulty with parking fees. Disabled permit holders can park for free in the allocated spaces directly outside the front door of the building

Who can provide me with advice?

PALS (Patient Advice and Liaison Service)

PALS is a user-friendly service dedicated to listening to service users, their carers, relatives and friends and helping them to resolve their concerns. It offers confidential advice and supports people to navigate through NHS systems. PALS is not a complaints service but will offer advice on the Trust's complaints process. Please ask staff for a PALS leaflet for details of how to contact them.

Independent Advocacy Service

As a mental health service user you are entitled to independent advocacy. Advocates can provide unbiased advice, attend ward meetings with you and make sure that your views are listened to. If you would like to see an advocate, speak with your Primary Nurse.

How do I make a complaint?

We would encourage you to raise any concerns as soon as possible with those responsible for your care.

Informal Complaints

Informal complaints and concerns can often be resolved quickly. Concerns raised will be listened to sympathetically and it will frequently be possible for the member of staff to whom these were expressed, to provide an acceptable answer or explanation on the day where possible.

Formal Complaints

If your issue cannot be resolved or is of a more serious nature, you may wish to make a formal complaint. The Complaints Department is responsible for the management of formal complaints for the Trust which you haven't managed to resolve by speaking directly to nursing staff or the ward manager. All formal complaints will be investigated by a senior manager from a different service within the Trust. You will be provided with a formal response within 30 working days of the Trust receiving your complaint.

Complaints Department can be contacted by telephone on 0800 052 1411 or via email at complaints@cpft.nhs.uk. Please do not hesitate to contact the team if you have any questions or need advice.

The Health Service Ombudsman

This is a free, independent complaints service. If they decide that the NHS has got things wrong, they can make recommendations to put things right.

You can contact the Health Service Ombudsman in the following ways:

By phoning **0345 015 4033** (textphone **0300 061 4298** for people who are deaf or have problems using a standard phone).

By sending an email to: **phso.enquiries@ombudsman.org.uk**.

By texting 'call back', with your name and mobile number, to **07624 813 005**. Someone will then call you.

By writing to: **Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank London, SW1P 4QP**

The 'Friends and Family Test'

The NHS 'Friends and Family Test' (FFT) is an important opportunity for you to provide feedback on the services we provide and to help us improve our standards. At CPFT, we collect FFT feedback using electronic computer devices (tablets). Completing the questionnaire is quick and simple, as it contains just a couple of questions. We encourage you to take this opportunity to tell us about your experience on the wards. Please ask a member of staff for an iPad if you would like to provide feedback.

Frequently Asked Questions

Why is it called the 3-3-3 system?

Admission to hospital should be for the shortest time possible so that you can return home with your family, friends and community support systems around you. Our wards therefore aim for admissions based on up to 3 day assessment (Oak 3), up to 3 week assessment and treatment (Oak 1) and up to 3 months treatment & recovery (Oak 4). It should be noted these timeframes are estimates and you may therefore be admitted for shorter or longer periods, depending on your individual needs.

If I need admission to hospital, would there be a bed?

Wherever possible, we try to avoid admission and keep people at home. However, on the occasions when we are unable to do this and assessment by a health professional indicates admission is required, a bed would be made available for you.

Will I always be admitted to one of the Oak wards?

Wherever possible, we try to admit individuals to a ward within their home area so that they are near to family and friends. However, our inpatient beds are located across both Cambridge (Mulberry wards) and Peterborough (Oak wards) therefore, if admission is required and the Oak wards do not have a bed available for you immediately, we may admit you to Cambridge. This does not happen very often and would be for the shortest time possible until we could transfer you back to Peterborough.

If I am on Oak 3 and need to stay longer, will I always go to Oak 1?

Although admission to Oak 3 is usually 'up to' 3 days for a period of assessment, the distressing feelings that brought you to hospital may alleviate quite quickly and you may therefore feel ready to return home sooner. Alternatively, following assessment, you may agree with your doctor that staying an additional day or two would better prepare you to return home. In these types of situation, it may be agreed that you remain on Oak 3 to complete your admission.

More FAQ

Do all admissions start at Oak 3?

No. Oak 3 would usually only accept 'informal' admissions (individuals who have agreed to come into hospital), therefore individuals who have been 'sectioned' (assessed and detained under the Mental Health Act) would be admitted directly to Oak 1. This is because Oak 3 focuses on assessing people experiencing a crisis over very short period of time. Individuals who have been detained will already have been assessed by a team of professionals in the community, with an agreement that a longer period of time in hospital may be required. To reduce any unnecessary transfer between wards, we would therefore admit directly to a ward where assessment and treatment can be provided.

If I am already on Oak 1, why would I be transferred to Oak 4?

Oak 1 continues the assessment process (which may have started on Oak 3) and establishes a plan of treatment to support you towards discharge. Ordinarily, this would help you start to feel better so that you could return home. Sometimes, this can take a little longer for a variety of reasons and if the care team believe this may be the case for you, they may talk to you about moving to Oak 4 where the team are more able to help you with a longer period of treatment towards your recovery.

What if I want to go home after I have been admitted?

Your estimated length of admission should always be discussed with you when you arrive on any of our wards. If you have agreed to come into hospital and change your mind, you should talk to staff on the ward. They would usually ask that you speak to a doctor before you leave to make sure it is safe for you to do so. Staff can give you a leaflet on your rights in hospital. If you have been detained under the Mental Health Act and do not agree with this decision, you can appeal against this. Please speak to staff who can help you do this.

More FAQ

What if I want to stay in hospital longer?

We understand being discharged from hospital can make people very anxious and we do not want to cause unnecessary distress. In order to make sure a bed is always available to those in crisis, we do aim to discharge people home at the earliest opportunity. If you feel concerned about returning home we would ask that you speak to your doctor & primary nurse about this so that we are able to ensure you have support in place where needed.

Why would I be discharged if I am not ‘cured’?

In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem (usually linked to symptoms and ‘cure’). Recovery is about a meaningful and satisfying life you are in control of, whether or not there are recurring or ongoing symptoms or mental health problems. Recovery is also about hope and we try to offer this by supporting you and those close to you, to manage any symptoms you do have so that you are in control of your recovery journey.

What support will I have when I go home?

We encourage the involvement of carers/families during admission because we would always hope that you have their support when you leave hospital. Sometimes, you may need extra support and if this is the case our Crisis Resolution and Home Treatment Team staff will meet with you before you go home to agree a plan of short term support (usually through home visits and telephone calls). If it is felt you need this support for longer than CRHTT would provide, the ward may ask one of our Community Adult Locality Teams to assess your needs.

What if I have nowhere to live?

If you are unable to return home or have lost your accommodation as a result of your illness we can assist you to look for appropriate accommodation wither temporarily or permanent, however we are not a housing provider and resources in this area are limited.

More FAQ

Can my family talk to you without my written consent?

Yes. We would always encourage your carer, family members, significant others to be as involved as possible in your care. In cases where you have not given us your permission to share information with them, we would not be able to talk to them about your care and treatment specifically. However, we are able to give them general information to help them better understand mental illness and mental health services. We are also able to listen to any information or concerns they wish to share with us and we can do this without your consent. In circumstances where we feel the safety of yourself or others may be compromised if we do not share information with your carer/family, we would seek advice from the Trust Caldicott Guardian on breaching confidentiality to enable appropriate information sharing.

Useful Contacts

Mind in Cambridge: 01223 311320

Mind in Peterborough: 01733 362990

Mind in St Neots: 01480 470480

Rethink mental illness: 07783 267013

Samaritans Cambridge: 01223 364455

Samaritans Peterborough: 01733 312727

Patient Advice & Liaison Service (PALS): 0800 376 0775

Complaints: 0800 052 1411

Contact Us

Oak Wards

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Bretton Gate
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Oak 3 (Assessment): 01733 776031

Oak 1 (Treatment): 01733 776028

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