

**Patient, Carer and Staff engagement following the notice to Decommission
the DSPD Service at Rampton Hospital was served on
Nottinghamshire Healthcare NHS Trust in July 2014
(Update for October 2016 meeting of the HOSC)**

1. Introduction

The notice to decommission the DSPD Service at Rampton Hospital was served on Nottinghamshire Healthcare NHS Trust in July 2014. The Trust sought its own legal advice on the associated consultation process, and shared this with NHSE. The Trust recognised the need to engage with patients, carers and staff about the decision and its consequences. This was not to formally involve them in the decision making or to obtain their views on the decision, but to ensure that they were kept aware of the developments and how these might impact on them.

The Trust was especially concerned to ensure that news about the decommissioning of the DSPD programme did not destabilise the current patients, staff, and ultimately the service. Meetings have subsequently been held with staff and patients, and regular updates provided on developments in the decommissioning process. The initial meetings were with the staff team because we needed to ensure that they were in a position to brief and respond to any queries from the patients.

This involvement/engagement plan has been shared with the NHSE engagement team.

2. Patient Engagement

2.1 Initial Meetings with Patients

On 17th July 2014, Dr Wallace (Clinical Director) and Mary Lilley (Modern Matron) visited each of the six wards on the Peaks to meet with patients. The patients were advised of the notice that had been served on the DSPD programme, and this was explained in the context of the original DSPD pilot programme and the decision by Ministers to support a new OPD strategy. It was explained that the default position was that the treatment of PD offenders would primarily occur in the prison service and that the hospital 'DSPD' services would be decommissioned. Patients expressed concern as to whether this was going to impact on their care.

- Patients wanted clarification if they were on hospital orders whether this meant that they would be transferred to prison. We reassured them that this was not the case. Their MHA section would not permit a transfer to prison and their care pathway would be through medium secure and other hospital routes.

- Patients who were on prison transfer sections (and within tariff) enquired if they would be returned to prison. We explained that this would only occur if their RC considered that they no longer required treatment in hospital.
- Several patients complained that 'we' (Rampton Hospital) were involved in the decision and had misled them when arranging their admission to the unit. It was explained that this was not the case and that their treatment needs would be paramount.
- Some patients stated their intention to contact their Solicitors for support.
- We emphasised that their treatment was our priority and that we would keep them informed about any developments. They were advised to contact their clinical team if they had any concerns or a member of the Senior Management Team.
- Since this meeting we have responded to letters of complaint from patients about those developments, and a letter from an MP on behalf of his patient who had cited Dr Wallace as the person behind the decision to decommission.
- The initial meeting on 17th July was also supported by a written update on 28th July 2014.

2.2 Regular Updates and opportunity for further engagement

We have subsequently issued regular patient communiques initially on 25th July 2014, and 14th August 2014 but subsequently during 2015 and 2016 to keep patients informed about any further developments with the decommissioning process. Patients are also aware that they can meet with their Named Nurse, Diana Brennan (General Manager) or John Wallace if they wanted to discuss matters in more detail. For example, Dr Wallace and Richard Phipps (General Manager) met with patients on 25th August 2016 at their request to discuss issues relating to the decommissioning process and Dr Wallace attended the Patients Involvement Group meeting on 6th September 2016 to update patients on the situation. At the latter meeting, Dr Wallace agreed to regularly attend the Patient Involvement Group meetings to discuss any ongoing issues of concern.

2.3 Use of existing clinical forums for engagement

We have also utilised the existing patient-staff clinical forums (e.g. Named Nurse sessions and CPA meetings for each patient) to ensure that patients are engaged in decisions about their treatment and future care pathway. Moreover, the issue has also been discussed in the regular Patient User Group Forums, where we have been able to respond to any anxieties or queries from patients about the process. Patients also have the opportunity to discuss any concerns with the hospital Senior Management Team at the Open Forum events.

2.4 Effect of Patient Engagement

In the early stages of the engagement process, the patients were very concerned about the personal impact of the decommissioning of the DSPD service.

They were especially concerned that their treatment or planned care pathway would be adversely affected. This has become less of a concern as patients have seen that our assurances that we would be acting in their best interests has been borne out by subsequent actions.

3. **Staff Engagement**

3.1 Initial Meeting with Staff

On 17th July 2014, Dr Wallace (Clinical Director) and Mr Ian Tennant (Deputy Director of the Forensic Services) met with the staff in the service to advise them of the notice served on the DSPD service. This was presented in the context of the new OPD strategy and with an explanation of the proposed process for decommissioning the DSPD programme. We answered questions on our understanding of the situation and undertook to keep them regularly updated. Staff members were advised to approach either John Wallace, Diana Brennan (General Manager), or Mary Lilley (Modern Matron) if they had any further enquiries.

3.2 Regular Updates and Opportunities for Further Engagement

- We have continued to issued regular staff communiques during 2015 and 2016 about developments with the decommissioning process and with the option of contacting Diana Brennan (General Manager) or John Wallace, if they wanted to discuss any issues further.
- Over the past two years, we have had 'catch up' meetings with staff groups within the service to discuss the decommissioning process (e.g. meeting with all senior nursing staff to enable them to cascade information to junior colleagues, and with departmental groups).
- We have also ensured that 'staff side' colleagues (Trade Union representatives) have been engaged and informed about the process.

3.3 Use of existing staff support appraisal forums

We have also utilised the existing staff support and appraisal processes (e.g. Clinical Supervision meetings and Appraisal meetings) to ensure that staff are aware of developments with regard to the service.

3.4 Attendance at two OPD Workshops presented by colleagues working in the PD Prison Services.

These presentations took place in August and November 2014 and

provided an opportunity for the Peaks staff to be updated on developments in the Prison PD Services and the OPD pathway.

3.5 Effect of Engagement

As with the patients, in the early stages of the engagement process the staff members were very concerned about the personal impact of the decommissioning of the DSPD service. As we have been able to reassure them, in line with legal advice and Task Group discussions, this has been less of an issue.

4. **Carers Engagement**

- 4.1 An update regarding the future of the Peaks was sent out in mail shot to 420 relatives and carers on 7th August 2014.
- 4.2 As part of the hospital update at the December 2014 Carers meeting Julie Hall included news of the continuing discussions with Commissioners.
- 4.3 During 2015 and 2016, Carers have been updated on developments in the regular Carer meetings held by the hospital. We have noted that as the patients became more comfortable with the process, this has become less of an issue for their Carers.

5. **Future Plans**

- 5.1 Meetings and written updates will continue for staff, patients and carers when there are any further developments.
- 5.2 Peaks and PD service Managers continue to invite staff and patients to contact them to personally discuss any concerns they may have regarding the updates. In addition staff and patients continue to have opportunities to discuss concerns at a range of existing meetings in the unit.

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