**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | | Graham Brant | | **Responses to be sent back to:** | John- Owen Bell |
| **Date request made:** | | 02/01/2018 | | **Date sent out:** | 03/01/2018 |
| **Details of Request:** | | John Bell, Charge Nurse at the BRI has asked if there is anyone who has any funded Psychiatric support for their ICU? They are looking to set up a service for their post ICU patients and are keen to develop a business case but were keen not to reinvent the wheel. If you have such a service could you contact John Directly (copy me in) at [John-Owen.Bell@UHBristol.nhs.uk](mailto:John-Owen.Bell@UHBristol.nhs.uk) | | | |
| **No.** | **Response Received From:** | | **Details of Response:** | | |
| 1 | **Rebecca Offord**  Acting Matron  Critical Care Services  Gloucestershire Hospitals NHSF Trust | | Hi John.  We do not have any funded support within the Gloucestershire hospitals (Cheltenham and Gloucester) for Critical Care.  We do very occasionally refer patients to a psychologist but it costs us quite a considerable amount of money on an individual patient basis so is very seldom offered.  If you want the details of this then I can get them for you.  I have copied in Senior Sister Carol Sarrington who is the rehab nurse lead within the unit here, in case she has any other information to offer.  Becky | | |
| 2 | *Claire Horsfield – Quality Improvement Lead Nurse and Chair of Critical Care National Network Nurse Leads Forum (CC3N)*  *Room 173, Preston Business Centre,*  *Watling Street Road, Fulwood,*  *Preston, Lancs.*  *PR2 8DY.*  *Tel: 01772 524450*  *Mobile: 07590098115*  *Email:* [*Claire.horsfield@lthtr.nhs.uk*](mailto:Claire.horsfield@lthtr.nhs.uk) | | Hi John, None of our units have funded psychiatric services associated with critical care but one of our units did do a lot of work to try and improve the relationship with psychiatric services along with education for the critical care team. I’ve copied Nadine in who will be able to let you know what they have done –she worked on this with a colleague (Kate Artingstoll) but I think she may have left the unit.  Claire Mead and Claire Shaw are the Quality lead nurses on this unit for information if Nadine doesn’t respond.  *Regards,*  *Claire* | | |
| 3 | Nadine Parsons (Band 5 staff nurse Critical Care Royal Lancaster Infirmary). UHMBT | | Hello John & Graham,  A former colleague and I started a Listening into Action project in September 2015, which began following many negative experiences ourselves, other colleagues and patients had when caring for patients with mental health needs.  Our aims  - to reduce levels of distress and improve care for patients with mental health conditions.  - improve communication between mental health services and critical care staff.  - improve patient experience and outcome.  -Improve staff confidence and competence when assessing patient’s mental health needs and be able to support them emotionally.  -Develop a mental health resource pack- a quick reference learning tool and contact directory.  - improve assessment of psychological needs within critical care and ensure identified needs are followed up.  - improve support patients and their families with mental health needs receive in the discharge home process.  - Increase student nurse exposure to other branches through placement swap between critical care/ ward and mental health setting.  -Aim to encourage the formation of a bank of clinical support workers with mental health training to provide 1:1 specialing to distressed patients rather than a member of security.  -Create a mental health champion in each working area to act as a link for training and promoting awareness of patient’s needs.  Through presentations, staff questionnaires and meetings within the Listening in to Action process we managed to breakdown some of the communication barriers faced when contacting and working with local mental health teams.  We raised awareness within the hospital, University of Cumbria, University of Central Lancashire and Lancashire and South Cumbria Critical Care Netwrok that patients mental health needs should be approached at an equal importance to physical health needs and that they are both closely linked.  We are still awaiting implementation of the mental health pathway we have devised (draft attached) which we are awaiting to perform test cycles using this throughout the hospital. There have been delays in trialling this but an adapted version is currently being devised and is nearly ready for trial on our Lorenzo computer software used in the Trust and the policy to support it is coming together. This algorithm will work with a resource pack for staff including information on other services to signpost to support our patients, information on different types of mental health conditions. Pharmacy information on medicines reconciliation, drug interactions, withdrawal and consequences of missed doses. With ICU pharmacist we have created a medicines resource for staff on ICU to refer to in the resource pack.  We raised awareness in the Trust of the need for adult nurses to receive some mental health training to enable competence and confidence in our role. There are now more basic mental health awareness sessions being run, plus emotional support sessions lead by local Samaritans.  Assistant Chief Nurse (for mental health projects) Paul Jebb has introduced Mental Health First Aider training for staff which is a 2 day course at the University of Cumbria. Paul Jebb has also created a new mental health resource for staff on our Trust intranet site.  Through linking with University of Cumbria, developments have been made to the student mentorship programme and curriculum improving adult nurse exposure to patient mental health need, assessment and support strategies.  We raised awareness that patient admissions are coded primarily on physical illness need, this greatly underestimates the number of mental health related admissions. In ICU last year the hospital had coded 6 mental health related- realistically this many can be seen in 1 month.  We raised awareness promoting that ICU would benefit from a practitioner psychologist (a recommendation of the Intensive Care Society 2015), especially relating to rehabilitation and following on to the clinics post discharge home.  We tried to encourage all wards to have a mental health champion/ link nurse but this has not been introduced as yet.  The project is ongoing and many positive steps have been achieved in the last 18 months.  The Mental First Aider 2 day course which I attended this week (ran by MHFA England) was excellent and this is an internationally delivered course which I will now recommend to all my adult nurse colleagues.  We are currently awaiting for the finalised mental health pathway to be commenced on the Trust Lorenzo system, so once this is up and running over the next few weeks hopefully patients and staff will have an improved experience when working with patients with mental health needs at UHMBT.  What assessments, pathways and staff training is in place in your Trust relating to patients mental health needs on acute wards and critical care? If I can help with anything don’t hesitate to contact me again,  Nadine | | |
| 4 | Mandy Griffiths  Sister/SIL  ITU RLBUHT  Liverpool | | Hi John,  We don’t have any funded psychiatric support here at the Royal Liverpool.  Kind Regards  Mandy Griffiths | | |
| 5 | Sally Weston  Senior Sister  Glenfield Hospital | | Hi to both  We have nothing funded here at Glenfield Hospital, University Hospitals Leicester NHS Trust. As part of our follow up clinics for patients post ITU we can offer to make a referral to the patients GP if it is agreed it is necessary. Numerous referrals have been made over the past year  I hope this helps/  Please do not hesitate to contact me if you require any further information  Kind regards  Sally Weston | | |