



INFORMATION FOR PATIENTS, RELATIVES AND CARERS WELCOME PACK

WELCOME TO EPUT

This information pack is your guide to our inpatient area and should help answer any questions you may have.

All our staff welcome you and we hope your stay here will be a positive one. If you cannot find the information you are looking for, please ask and we will do all we can to help you.

If at any time you wish to talk to somebody about any worries or problems, please do not hesitate to ask a member of our staff.

We welcome any comments and suggestions that you have relating to the quality of care and how standards can be improved for you, your carers and your family.



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ABOUT EPUT

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT).

Since then, EPUT has grown from strength to strength, providing many community health, mental health and learning disability services to support more than **3.2 million people** living across Luton and Bedfordshire, Essex and Suffolk.

We are a large employer in the East of England with more than **9,300** staff working across more than **200** sites.

OUR PURPOSE

"To be the leading health and wellbeing service in the provision of mental health and community care".

OUR VISION

"We care for people every day. What we do together, matters".

OUR STRATEGIC OBJECTIVES

We will deliver safe, high quality integrated care services.

We will enable each other to be the best that we can.

We will work together with our partners to make our services better.

We will help our communities to thrive.

(O) (U) (R) VALUES

WE CARE
WE LEARN
WE EMPOWER



Basildon

Assessment Unit
Hadleigh Unit
Cherrydown Ward
Kelvedon Ward

Bedford

Wood Lea Clinic
Billericay
Byron Court

Chelmsford

Topaz Ward
Ruby Ward
Rainbow Unit
Galleywood Ward
Finchingfield Ward
Edward House
Christopher Unit

Clacton-on-Sea

Bernard Ward
Tower Ward

Colchester

439 Ipswich Road
Ardleigh Ward
Gosfield Ward
Henneage Ward
Larkwood
Longview
Peter Bruff

Epping

Beech Ward
Kitwood Ward
Plane Ward

Poplar Ward
Roding Ward

Harlow

Chelmer Ward
Stort Ward

Luton

Robin Pinto Unit
Rayleigh
Rawreth Court

Rochford

Beech Ward
Cedar Ward
Poplar Ward
Willow Ward

Saffron Walden

Avocet Ward

Thurrock

Gloucester ward
Meadowview Ward
Westcliff-on-Sea

Clifton Lodge

Wickford

Alpine Ward
Aurora Ward
Causeway Ward
Dune Ward
Forest Ward
Fuji Ward
Lagoon Ward

ADMISSION

Coming into hospital can be a distressing experience for you and your loved ones. Whether this is the first time that you have been admitted, or if you have been here before, we recognise that this is a difficult time. We will support you as much as possible during your stay.

We will provide a safe and therapeutic environment. All of our wards have been modernised and adhere to single sex and sexual safety guidance. We aim to provide a purposeful admission ensuring care is trauma informed and provides a therapeutic benefit.

In coming into this service we hope to be able to give you opportunities and guidance to build upon your skills and make the changes you require to support you on your journey of recovery.

WHAT WILL HAPPEN WHEN I ARRIVE?

On arrival you will be welcomed by a member of the team who will show you around the ward.

- **Bedroom** - you will be shown your room. We will try and keep your bedroom the same one throughout your stay, however there may be circumstances when we have to ask you to move rooms.
- **Personal belongings** - a member of staff will also show you where you can leave your belongings. To provide an inventory of your belongings and to maintain your safety and the safety of others your belongings will be searched on admission. There is a list of prohibited/restricted items which we ask you to not bring on to the ward (please see what not to bring into hospital below).
- **Toilet, bathroom, TV and telephone** - we will show you where these are.
- **Lounge/sitting room** - you will be shown the sitting room and when you feel ready you will be introduced to other patients on the ward and the staff team.
- **If you have any medication with you** please inform a staff member.

REASONABLE ADJUSTMENTS

- Reasonable adjustments are anything that removes or reduces barriers to allow people who are disabled, neurodivergent or live with a health condition the best opportunity in their plan of care whilst in hospital and as part of their recovery journey. Please talk to us about any reasonable adjustments you feel you may need whilst you are an inpatient on one of our wards.

WHAT WILL I NEED DURING MY STAY?

Bed linen and towels are supplied and will be replaced regularly during your stay.

You will need your own clothes and toiletries, the ward supply some emergency toiletries.

WHERE CAN I STORE MY THINGS?

You will have storage in your room where you can keep your clothes and personal belongings. If you have any valuables please discuss with staff the best option for their safekeeping. There is also storage on the ward for restricted items.

WHAT SHOULD I BRING WITH ME?

There is limited storage but you will need things that you require on a day to day basis (please also refer to prohibited/restricted item list below):

- Nightwear, dressing gown and slippers
- Inside and outside day clothing (laundry facilities are available)
- Toiletries
- Watch/alarm clock
- Telephone numbers, address book
- Sweets, snacks
- Books, magazines, reading glasses

All electrical equipment needs to be tested for safety before use on the ward. Please give equipment to a member of staff who will arrange for it to be checked.

IS THERE ANYTHING THAT I CANNOT BRING ONTO THE WARD?

The following items must not be brought into hospital or may be restricted during your stay:

Prohibited items include:

- Alcohol and drugs or substances not prescribed (including illicit and legal highs)
- Fire hazard items (flammable liquids, matches, incense)
- Material that incites violence or racial/cultural/religious/gender hatred
- Material that incites self-harm
- Metal clothes hangers
- Laser pens
- Medicines (unless agreed that the patient can hold such medication)
- Super Glue or similar epoxy / thiocyanate based adhesives
- Bladed articles, firearms and other weapons including replicas and homemade or manufactured items (items with intent, and designed to inflict harm)
- Cash exceeding the amount specified in Trust Policy
- No illegal Pornographic material
- Tobacco and tobacco products (this can be stored as per policy but not ingested)
- Explosives, inflammable liquids or substances or other ignition sources

Restricted items include:

- Alcohol based aftershaves, perfumes, polishes, toiletries etc.
- Energy drinks
- Polythene and plastic bags
- Chewing gum, plasticine, clay *(prohibited with secure and CAMHS services)
- Electronic or chargeable vapes
- DVD's, games or CD's with an over 18 certificate
- Adhesives and adhesive tape
- Higher risk craft tools including scissors, strong glue, tools
- Wire, cord, rope, string or plastic ties (with the exception of electrical flexes which may be shortened if felt to pose a risk)
- Clingfilm, foil
- Pressurised aerosol containers
- Heating devices e.g. hair dryers, tongs or crimpers
- Glass, Tins or metal canisters
- Covert listening devices, recording equipment or transmitting devices, e.g. Dictaphones or small stereo

On arrival at the ward and throughout your stay, it may be necessary to restrict other items not listed above. These as well as restricted items will be identified as part of your risk assessment and personalised care planning.

Access to items will depend on many factors, some of which may be fixed and others subject to change. The risk assessment and ensuring management of access to security items, should take a procedural and individualised approach, where possible in collaboration with the patient, which avoids the implementation of unreasoned blanket bans. A dynamic and personalised risk assessment considers:

1. Personal risk: individual's historical risk and current mental state
2. Interpersonal risk: direct risk to others- patients and staff
3. Environmental risk: ward dynamics; general service safety (level of security, rehabilitative/acute)
4. A common sense consideration of the item in question

Access to mobile phones and the internet.

Wards should provide personal access to the internet and mobile phones, particularly to communicate with friends and family. Restrictions on access should be individually justified and not be a blanket measure. Wards may provide non-camera phone handsets and arrange for safe charging of patients' electronic items (electrical leads can be a ligature risk), e.g. with short-lead chargers or charging in the nursing office).

LEAVE

If you are an informal patient you have the right to unrestricted leave, however we would ask that you discuss this with the care team to ensure your safety. It is also beneficial for you to engage in a therapeutic programme and settle onto the ward.

If you are a formal patient your leave will need to be approved by the Consultant responsible for your care. This is called Section 17 Leave and you will be provided with information regarding this. Please speak to a member of staff if you have any further questions.

You may be asked to complete a care plan called 'My Care, My Leave', this will ensure your leave is safe and compliments your therapeutic programme. A member of staff will support you to complete this.

For more explanation regarding informal and formal leave please see page 6

ACCESS TO GARDEN

We understand the importance of accessing outside spaces and fresh air, all of our inpatient areas have unrestricted access to garden areas.

SMOKING

EPUT has a no smoking policy which covers all grounds, buildings, including wards. This means that you are not allowed to smoke while you are in the ward, or in any other building in the hospital.

Smoking in any building is also a breach of the law (the Smoke Free Regulations) and may result in a fine of up to £200.

Smoking is also not permitted on hospital sites. There maybe an area outside of the hospital/ward grounds which you can access if you are an informal patient or formal patient with Section 17 Leave (please see section on leave from hospital).

Smoking on the ward – especially in a bedroom or bathroom/toilet – may cause fires and is a danger to property and the lives of service users and staff. If you are found to be smoking on the ward you may be asked to give up your cigarettes/tobacco and lighter/matches. You will then have to ask staff for access to these.

Because smoking is bad for your health, the Trust promotes and supports attempts to quit by providing support and advice and access to nicotine replacement therapies. Please talk to a member of staff to access these. If you decide to reduce or stop smoking you should tell your doctor as the dose of your medication may need changing.

ZERO TOLERANCE OF VIOLENCE

We understand that being in hospital away from loved ones with unfamiliar routines and at time restrictions may be frustrating. We ask that you please treat others with respect and remember that the staff are here to care for you.

SHARING INFORMATION WITH CARERS

Your family and carers play a very important role in your recovery. We will work with them to provide the information and support they need to support you.

At the first opportunity a member of staff will meet with your main family/carers to get to know them. Staff will provide them with information about their caring role, and what needs they may have to carry out this role.

We will inform carers of local services, so that carers can receive their own support and advice.

There are 'meet the Matron' sessions where family and carers can discuss your care with the unit Matron.

There may be things that you do not want to share. You should discuss these first with your care team so that you can understand the impact this might have on your relationship with your family/carers. Usually we would recommend that your family/carers are fully involved and informed in your care.

BEING IN CONTROL

Advance decisions are about making choices about your healthcare while you are well. In mental health, this means that your wishes can be taken into account if you ever become incapable of making informed choices during a crisis.

An advance decision can be spoken or written down and should be reviewed regularly. Only an advance decision to refuse treatment is legally binding; you cannot demand certain treatments but can state your preferred options.

If you are detained under the Mental Health Act, there may be circumstances where you are given treatment that you have previously stated you do not want. This decision will only be taken if your refusal would have a severe impact on your treatment.

MENTAL HEALTH ACT

What does the Mental Health Act 1983 mean for me?

Mental Health Act 1983

The vast majority of people receiving treatment in Mental Health wards are in hospital on an informal basis and have usually agreed to come into hospital – This is called an 'informal' or voluntary' admission. There may be occasions when the status of informal patients will be changed to formal. Should this be the case, this will be fully explained to you and your patient rights will be advised both verbally and in writing.

If you are in hospital as a formal patient you will not be free to leave and will lose some other important rights that are available to informal patients. This is because you have been 'sectioned' (or detained) under the Mental Health Act 1983. Sometimes this could mean we give you medication without your consent but this is to help with your recovery. However, information about your medication will be provided – the doctor, nurse or pharmacist will help you understand about any side effects.

We will always include you in decision making about your care and treatment.

Mental Capacity Act 2005

Sometimes people are so unwell that they are unable to make some decisions for themselves; this is called 'lacking capacity'. We will always assume you have the mental capacity to make decisions unless an assessment has been carried out to establish that you have not got capacity. Where people 'lack capacity' we will always act in their best interests.

Locked doors

Please be aware that it is normal for most of the exit doors in our inpatient areas to be locked. This is for patient's security and safety. Staff will make you aware how and if you can leave the ward as people's individual circumstances can differ greatly.

If you are an informal patient you have the right to leave hospital should you wish to do so. The ward will ask you to avoid doing this in the first few days of your admission. This is so the team can get to know you and you can settle into hospital. Staying on the ward enables the team to be able to assess your needs and helps to keep you safe. We do understand that for many individuals accessing outside spaces is therapeutically good for your well-being and we will encourage this.

LIFE ON THE WARD



Weekly timetable

Meaningful activities are essential to your recovery. You may feel like staying in bed and resting, but this may not be the best or healthiest choice to make. We encourage people not to stay in bed or isolate in their own rooms. We will encourage you to develop a weekly planner of things that keep you focused and well. We will provide you with a therapeutic programme designed to support your recovery.

Community meetings

These are ward based meetings that take place on a regular basis. They give you an opportunity to meet with staff and other patients to discuss and resolve issues on the ward and to co-produce service improvement.

Domestic services

A housekeeping service is provided to keep the ward clean and tidy. We encourage you to take responsibility for keeping your room clean, as well as helping keep the ward tidy (with help if needed) to prepare you for discharge.

Meals

On some wards you will be encouraged to prepare your own meals. On others your meals will be provided. What happens for you will depend on your care plan. Drinks are available 24 hours a day.

Where meals are provided you will be offered a menu and you choose your meals in advance taking into account any dietary needs or preferences.

Protected meal times

Where there are ward mealtimes, arrangements are in place so you can enjoy your meal without any interruptions.

Visitors

Your family, friends and carers are welcome and encouraged to visit you. There is a room on each ward where you can spend time with your visitors if you choose or if it isn't safe for visitors to come onto the ward. Visiting times vary on each ward; please speak to a member of staff for more details.

The ward will try to be as flexible as possible regarding visiting times. There may be occasions where visiting will be restricted on the wards, for example if there is a risk of infections or the safety of patients, staff or visitors may be compromised.

Telephones

You are allowed to use your own mobile phone in designated areas of the ward. Mobile phone chargers with long leads may be a restricted item. Please speak to staff for further information.

MAINTAINING YOUR SAFETY AND SECURITY



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 nurse if you have any concerns about the cleanliness of the hospital.

SAFETY AND RESTRAINT

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. They will work with the individual to deal with any problems and may suggest moving to a quieter area.

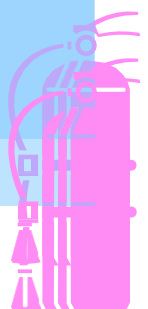
There may be occasions when a more urgent response is needed, which can involve staff using physical restraint skills. However, these techniques are only used when there is an immediate danger of violence towards yourself or others.

Physical restraint is only ever carried out by staff who have received training in how to use these skills safely. It is intended to allow for safe management of harmful situations and to make the environment safe as quickly as possible. Dignity should be maintained throughout any restraint procedure.

If you see anything that you think could pose a risk to yourself or others, you should report this to a member of staff immediately. Staff can help to reduce the risk and discuss any concerns you might have.

FALLS

In order to maintain your safety, please let clinical staff know if you are feeling unwell at any point. This is especially important if you experience any dizziness or if you experience a trip or stumble, please tell staff so that they can check that you are okay. Also let staff know if you have experienced any falls in the past



CCTV, Body Worn Cameras and Oxevision

All of our wards are monitored by CCTV in communal areas and corridors. This is to maintain the safety and security of both patients and staff. At times, some staff may wear body worn cameras to further increase the safety and security of patients and staff.

In the bedroom areas on some of our wards there is also a system called Oxevision.

What is Oxevision?

oxevision

A tool to help staff care for you more safely

Oxevision technology is installed in all bedrooms

What Oxevision does

- Oxevision is a medical device that uses an infrared-sensitive camera to measure your pulse and breathing rate without disturbing you.
- It lets staff know when a second person enters your room.
- It sends notifications to staff and uses this information to help with your care (ask a member of staff for further information).
- Alerts staff when you have entered the bathroom and are out of range of the sensor.



Use of video: When can staff see you in your room?

- A clear image can be seen for up to 15 seconds only when checking your pulse and breathing rate.
- A blurred image can be seen for up to 15 seconds only when a notification has been received.

Have concerns or want to know more?

Please speak to the Ward Manager or Nurse in Charge

Privacy Notice in the use of person identifiable salient video data (SVD) – further information on your data rights and how the Trust uses your data can be found at: www.eput.nhs.uk.

Alternatively, you can contact the Trust's Data Protection Officer at: epunft.DPO@nhs.net.

STAFF YOU MAY MEET ON THE WARD



NURSING

Ward Manager

The ward manager is a nurse and provides both managerial and clinical leadership to all staff on the ward.

Clinical Lead/Matron

This is a senior clinical nurse, providing clinical leadership on the ward.

Nurse in Charge

This is the nurse who is in charge of a shift and is responsible for ensuring the smooth running of the ward.

Staff Nurse

A qualified nurse may be a Registered Mental Health Nurse or Registered General Nurse. They deliver the nursing care and also psychosocial interventions to help you recover.

Named Nurse/Key-Worker

Is responsible for co-ordinating your nursing care while you are on the ward. They will be introduced soon after your admission and will be your point of contact during your stay. All named nurses/key workers are staff nurses.

Associated Nurse

Will be allocated to you as well as your named nurse/key worker, they will support Named Nurse in delivering your care. Associate nurses are usually support workers.

Support Worker/ Nursing Assistant/ Health Care Assistant

Supports the nursing staff in caring for you.

MEDICAL

Consultant Psychiatrists

Are the most senior doctors with overall responsibility for your care. You may also hear them being called RC or responsible clinician. They lead on important decisions about your treatment and discharge. You will be introduced to your consultant when you transfer to the unit and continue to meet regularly.

Higher Trainees

Are experienced psychiatrists who are working towards becoming consultants.

Ward Doctors

Are training to become psychiatrists or GPs. They will be available to you on a regular basis with regard to your physical and mental health and your care plan.

Pharmacy Staff

The pharmacy team ensures that you receive your medication in a safe and effective manner whilst you are on the ward. The team can offer advice on medicines and any side effects. If you would like to speak to a member of the pharmacy team whilst on the ward, ask one of the nursing staff who will let the team know.

STAFF YOU MAY MEET ON THE WARD



SUPPORT & OCCUPATIONAL HEALTH STAFF

Clinical Psychologists

Are trained to help people deal with emotional and behavioural difficulties. Whilst not based on the unit they are available to provide structured talking therapies.

Occupational Therapists (OTs)

Use activity to help to develop skills needed in recovery which include shopping, cooking, looking for work etc. This may be on a group or individual basis.

Physiotherapists

Work with you to help regain movement and function when someone is affected by injury, illness or disability. We can help to minimize the risk of injury or illness in the future

Activities Co-ordinators

These staff members work with the nurses and occupational therapists in supporting you to participate in the therapeutic activity helpful to your recovery. A programme of activities will be displayed on the ward.

Peer Support Workers

These are people who, like you, are experts by experience and have been employed by the Trust to support you in your recovery spending time with you and helping you to work out how to best manage your recovery. They are particularly good at helping you develop a Wellness Recovery Action Plan (WRAP) or staying well plan.

Exercise Therapists

These staff members devise specific therapeutic exercise programmes depending on your aims and objectives. The exercise therapy department provides a weekly programme of exercise groups which are both hospital and community based. They can also help you to make positive lifestyle changes e.g. healthy eating, stopping smoking.

Speech & Language Therapists

Assess and treat speech, language and communication problems in people of all ages to help them better communicate. They also work with people who have eating and swallowing problems.

Dieticians

Are experts in food and nutrition. They provide dietary advice on a wide variety of conditions using the most up to date information. They help promote healthy eating habits and well balanced diets based on individual needs.

Transition Champions

If you are transitioning from Child Adolescent Services, you will be allocated a Transition Champion. This member of staff will support you and your family to help you adapt to the ward environment.

STAFF YOU MAY MEET ON THE WARD

OTHER STAFF



Students

The Trust supports the teaching of students from various professions. From time to time you may be asked whether a student can be present or deliver part of your care. Your verbal consent will be sought and you have the right to refuse. All students are supervised by a qualified member of staff.

Domestic Staff

Undertake housekeeping duties, serve and order meals, assist with laundry, keep the ward tidy and clean.

Ward Clerk

Provides administration support and assists in the smooth running of the ward.

Volunteers

Volunteers freely offer to take part in improving services or helping staff and patients out on the wards.

AVAILABLE TREATMENTS

Your care in hospital will comprise of a number of different treatments. The main treatments on offer are outlined here

MEDICATION

Your doctor may prescribe medication to help treat your illness. A ward doctor can usually answer any questions you have about your medication or how it works.

FAMILY INTERVENTION

Families play an important role in your recovery, we will provide them with information and support to carry out this role. In some instances family therapy will be offered to improve your recovery.

PSYCHOLOGICAL

When appropriate you will be offered psychological therapies. This may include Cognitive or Directorial Behavioral Therapy.

This is used to improve a person's sense of wellbeing and mental health, it helps people to think about possibilities for change and alternative ways of coping.

These approaches are given by appropriately trained staff.

PHYSICAL HEALTH

Your physical health is very important. We will regularly assess your physical health needs and work with your GP to provide you with appropriate advice and treatments.

AVAILABLE TREATMENTS

OCCUPATIONAL THERAPY

The main aim of occupational therapy is to assist your recovery by encouraging you to take part in activities that have meaning and value for you.

During your stay in hospital, occupational therapists (OTs) will look at your strengths and needs. An individual treatment plan will be developed and reviewed with you, which may be a mixture of one-to-one sessions and group activities. These take place in the hospital setting, occupational therapy department or community venues.

EXERCISE THERAPY

The main aim of exercise therapy is to provide exercise as a therapeutic activity to improve your mental and/or physical health which can contribute to your overall recovery.

You will receive an assessment with the exercise therapist and based on your goals an individual exercise plan will be developed. You will have the opportunity to take part in a variety of exercise groups including gym, cycling, walking, circuit training, healthy eating and weight management.

Physiotherapist helps people with injury, illness or disability through movement and exercise, manual therapy, education and advice.

They help to manage pain and prevent fall, injury and diseases. They encourage development, facilitate recovery, enabling people to remain independent

They encourage patient involvement in their own care, through education, awareness, empowerment and participation in their treatment

Observations and Therapeutic Engagement

Therapeutic Engagement and Supportive Observation is an intervention by which staff engage with a patient to develop a therapeutic relationship, offer therapeutic intervention and to reduce risk to the patient and others on the ward.

Therapeutic Engagement and Supportive Observation

should be used to support care and treatment and not purely to avoid risk. It is an opportunity to build therapeutic relationships and maximise the opportunity for therapeutic support. It should be goal directed and seen as an integral part of the inpatient care plan, one that will also contribute to the management and reduction of risk. As part of your initial risk assessment and care plan the level of therapeutic engagement and observation will be agreed when you arrive on the ward. This could mean that staff will be engaging and observing you at least once an hour. four to six times within an hour or constantly throughout the hour.

Please see the patient and carers information leaflet on Therapeutic engagement and supportive observations for more information.

OCCUPATIONAL THERAPY ACTIVITIES

DAILY LIVING SKILLS

Occupational Therapists can help you to develop or improve your skills in areas like cooking, shopping, budgeting and other day-to-day activities.



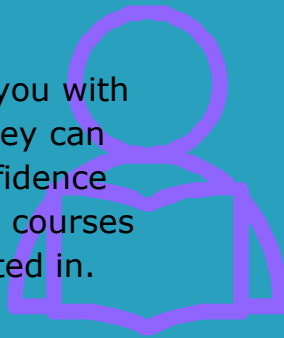
HEALTH

Occupational Therapists can help with promotion of health including advice on areas such as healthy eating, exercise and stress management.



WORK/EDUCATION

Occupational Therapists can assist you with work, training and/or education. They can help you develop the skills and confidence to take part in paid or unpaid work, courses or training that you may be interested in.



COPING STRATEGIES



Relating to yourself and others helps to improve your confidence and self esteem and help you to develop coping strategies.

BECOMING INVOLVED

Occupational Therapists can discuss different activities that encourage you to be a part of your local community and help you build links with other people in the area.



Availability of these activities does vary slightly from area to area; the current programme for your ward will be displayed on the ward

Physiotherapists provide preventative physical health management plans, individualised treatments and rehabilitation services. They empower patients by prescribing exercises that enhance self-management and support recovery from mental health conditions. These efforts aim to optimise well-being and promote independence

Exercise:

There is substantial evidence supporting the benefits of exercise in managing depression. Our team provides tailored exercise programs designed to meet the diverse needs of our service users. These programs are primarily facilitated by our experienced assistants under the supervision of qualified staff

We offer a range of activities, including stress and anxiety management programs, walking groups, gym sessions, virtual reality exercises, seated exercise classes and relaxation techniques. These services are available for both groups and individuals, ensuring personalised care and support

Mobility:

Mobility can be impacted by a wide range of clinical factors, requiring individual assessment by a physiotherapist. Care plans are then tailored to address specific needs through targeted exercises, gait retraining, assistive aids and rehabilitation programs

Fractures or Joint Surgery:

Physiotherapists work collaboratively with orthopedics, fracture clinics and general hospital teams to support healing and rehabilitation following fractures or surgeries

Joint Pain and Injury:

Physiotherapists help manage pain through a range of therapies and techniques, supporting recovery and improving overall function

Neurology:

Physiotherapists assist in stroke recovery and help manage chronic neurological conditions such as Parkinson's disease, multiple sclerosis and other, aiming to improve mobility, function and quality of life

Respiratory:

Physiotherapists assist in managing chronic obstructive pulmonary diseases (such as asthma and bronchitis) and chest infections through specialised interventions. These include breathing exercises, sputum clearance techniques, and suctioning when necessary

Physiotherapists also play a key role in treating burns and other injuries by promoting healing, improving mobility and restoring function through tailored rehabilitation programs

RELIGIOUS, SPIRITUAL AND CULTURAL NEEDS



We understand the important role that spirituality and religion can play in people's lives and recovery. This will be individual to you so we will work with you to understand and support your specific needs. Chaplaincy is offered to people of all faiths and to people of no religion.

You can talk to a chaplain if you would like to. We have a team of chaplains from a range of different faith communities who are available to visit you.

You are also welcome to ask your own local faith leader to visit you whilst you are here.

YOUR CARE PLAN

To ensure your stay on the ward is purposeful and therapeutic you will be asked to develop a care plan with support from an appropriate member of staff. The purpose of this plan will be to identify your needs and goals and create a therapeutic programme, which is personalised for you. This may include some of the psychological, occupational, physical and spiritual activities listed above.

Your care plan will be regularly reviewed with you and your care team, this may include weekly care reviews with your Consultant and the wider multi-disciplinary team. You will be advised when these reviews will take place and we encourage your family / carers to attend. Please ask a member of staff for more details.

POSITIVE BEHAVIOUR SUPPORT PLAN

At EPUT we understand the importance of trauma informed care. To help support this you may be asked to develop a Positive Behaviour Support Plan, in collaboration with your care team and your family/carers. This plan helps you and staff understand what is important to you, what your positive coping strategies are and helps to identify possible emotional triggers. This plan may help reduce your emotional distress, and can support you with feeling safe and cared for on the ward. Please ask a member of staff for more details.

INFORMATION THE TRUST KEEPS ABOUT YOU

The Trust needs to keep information about you, your health and treatment so that we can provide the best possible care for you.

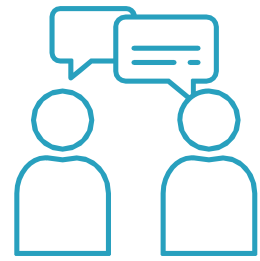
Everyone who works in the Trust and within the wider NHS must keep information about you confidential. We do share information within the team that is caring for you, and sometimes with other professionals in other organisations that are providing care for you, like Social Services.

If we do share information with other organisations, we would normally talk to you about it first and ask for your permission. On very rare occasions we may also share information with other organisations because we feel that there would be a serious risk to you or to other people. If there is a legal obligation, such as a court order, that means we have to disclose information.

We keep information both on paper and on computer. The kind of details that we keep include:

- Basic information about you, such as your name, date of birth, address, next of kin
- Records of your contacts with professionals, such as clinic visits
- Notes and reports on your health and any treatment or care that you need
- Records of any tests or assessments that we carry out
- Records of the treatment and care that we provide for you
- Relevant information from other health professionals, members of your family or friends who care for you and know you well

FINDING ADVICE



PATIENT ADVICE AND LIAISON SERVICE (PALS)

PALS is a user-friendly service dedicated to listening to service users, their carers, family 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.

INDEPENDENT ADVOCACY

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 have been admitted to hospital under a section of the Mental Health Act then please contact the service that covers the area where you live. A member of staff can also help you and provide you with contact telephone numbers. If you are in hospital as an informal/voluntary patient please contact the service that covers the area where you live. A member of staff can also help you.

CARE QUALITY COMMISSION (CQC)

The CQC is the independent regulator of all health and social care services in England. It checks all hospitals in England to ensure they are meeting government standards of quality and safety. www.cqc.org.uk/public

COMMENTS, SUGGESTIONS, COMPLIMENTS OR COMPLAINTS

If you want to make a comment, suggestion, compliment or complaint you can:

- Talk to the people directly involved in your care
- Patients, Carers and Family Members can give feedback via IWantGreatCare either online or by completing a paper survey form. Paper copies of the survey forms are available on the ward. Please ask a staff member for a survey form and pre-paid envelope if you are unable to easily locate one on the ward/unit. There may also be a Ballot Box on the ward/unit that you can use to post your survey form directly to IWGC.
- You can email a complaint or comment to epunft.complaints@nhs.net or telephone the Complaints Department on 01268 407817 between 09.00 and 17.00 Monday to Friday (excluding Bank Holidays).



iWantGreatCare

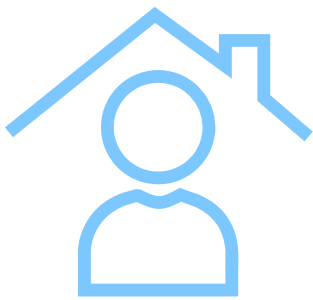
Scan the QR code to send your feedback





MOVING ON

MOVING ON FROM HOSPITAL



At the start of your admission the team will be working with you to plan your discharge. This early planning will ensure you have a safe and effective discharge. We understand that leaving hospital is an important life event; it's a sign that you are making progress with your recovery. It can be an exciting time but for some people it may also feel quite daunting. During this time it is essential that you receive good quality support and care. This may include your Family and Carers who are encouraged to be involved in the planning of your care.

Your move on will be a planned process involving you and the care team. Extra support will be available for you during this time to make your move on as successful as possible.

THINGS YOU MAY NEED TO CONSIDER

Having the right accommodation to meet your needs

Having a GP (family doctor)

Have a good understanding of your medication, where and how you will receive it

Making sure your finances are in place

Making sure you have the skills you need to look after yourself

Understanding the future support and care you will receive

Making sure you have a Wellness Recovery Action Plan (WRAP) or Staying Well Plan in place

Informing your family and friends so they know when you will be leaving hospital and where you are living

Knowing how you will spend your time i.e. interests, hobbies, activity and work

Knowing how and where to get help when you need it.

YOU WILL
RECEIVE
CONTACT
DETAILS OF
CRISIS
Services

*Staff on the ward
will be able to
help you*

Any conditions attached to your discharge i.e. Community Treatment Order. A Community Treatment Order (CTO) – A CTO is a power given to your consultant under the Mental Health Act to place certain conditions on you which you must follow when you have left the hospital. It is meant to ensure that you receive the right treatment once you have left the hospital and it means you have to keep in touch regularly with your mental health team



CARE PROGRAMME APPROACH

WHAT IS IT?

Care Programme Approach (CPA) is a way of planning and co-ordinating your care after you leave hospital. It helps make sure that you are supported in a way that fits your individual health and care needs. A CPA will typically include:

- **Assessing your needs with you**
- **Developing a plan in response to the needs identified and agreed**
- **Sharing responsibility with you (and others if needed) to put the plan into action**
- **Reviewing the plan with you to check that it is meeting your needs and to agree with any changes**

Care Co-ordination

Care Co-ordination describes the process of how mental health services assess your needs, plan ways to meet them and check that they are being met. You should always feel able to ask mental health workers to explain this process clearly to you.

My Care Co-ordinator

Your care co-ordinator will usually be a nurse, social worker or occupational therapist. Ideally they should be the person who knows you best and with whom you feel most comfortable to talk with. You should always be informed of the name and contact details of your care co-ordinator.

Care Plan

A care plan is usually a detailed form which states your needs, the range of services required and who will provide these services. It might include things like your medication, your support at home and finance or other personal needs. The process of CPA is also about recognising what you are able to do and what you want to do (your strengths). A copy of the care plan will be given to you to keep.

CPA Review

A CPA review is not all about complicated forms and meetings; it is about discussing and writing down your needs and checking they are being met. Reviews should recognise any progress that has been made and involve discussion of all elements of your care plan.

How do I call a review?

You (or your carer) and anyone providing services can call a review. If you feel that a review is needed, you should contact your care co-ordinator who will assist you with making the arrangements. A review should be flexible about where and when it happens and who attends – you might like to invite a family member or friend who supports you.

What to do when I feel myself becoming unwell

People can have setbacks. On leaving hospital you will have a Wellness Recovery Action Plan (WRAP) in place that was developed with you. This plan will identify any early signs that you are aware of that may mean you are becoming unwell and what you and your care team should do to prevent you becoming more unwell. You will also have a plan in place should you become unwell.

WHERE TO GET HELP AND ADVICE



ACL Essex

ACL Essex offers a space to explore new ways to improve your wellbeing and gain valuable tools to help you navigate your daily life. Our courses help you to understand the effects of nutrition on your wellbeing, manage anxiety, learn techniques on mindful thinking, and will guide you on your journey of personal development. Our expert tutors will be there with you every step of the way for guidance and support.
www.aclessex.com/wellbeing/

Mind Infoline

Tel: 0300 123 3393

www.mind.org.uk

15-19 Broadway, Stratford, London, E15 4BQ

Provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy. Also provides details of help and support for people in their own area. Helpline available Mon-Fri, 9am-6pm.

Rethink

Helpline: 0300 500 0927 www.rethink.org

89 Albert Embankment, London, SE1 7TP

Provides information and a helpline for anyone affected by mental health problems. Helpline available Mon-Fri, 10am-2pm

Samaritans

Tel: 08457 90 90 90

www.samaritans.org

PO Box 9090, Stirling, FK8 2SA

Provides confidential support for anyone in a crisis.

SANELine

Tel: 0845 767 8000

www.sane.org.uk

1st Floor, Cityside House, 40 Adler Street, London, E1 1EE Offers practical information, crisis care and emotional support. Helpline available 6pm - 11pm (local rate).

BE INVOLVED

LIVED EXPERIENCE AMBASSADOR (LEA)

Essex Partnership University NHS Foundation Trust (EPUT) work with people with lived experience of using the Trust's Health and Social Care Services (known as Lived Experience Ambassadors) and recognises the value that these people have brought to the Trust.

The expertise and experiences that patients, service users and carers bring to the development and delivery of high quality services is vital, highlighted by past work and national initiatives.

The Trust is committed to ensuring that this expertise is valued accordingly, ensuring that reimbursement of expenses and recompense is given to people who participate in involvement activity for the Trust.

To register to become an LEA, please use the contact details below:

Telephone: 01268 739839

Email: epunft.volunteers@nhs.net

VOLUNTEERING

Volunteering with our Trust can be a rewarding experience, whether you want to give something back, learn and gain experience or make a difference to a patient's time while they are in hospital or attending groups in the community

[Click here for more information on volunteering](#)



Or scan the QR code

[Click here to take a look at all our current volunteering roles](#)



Or scan the QR code

We want to grow our volunteer team and continue to represent the diversity of the communities we support. Everybody has something unique to offer.

If you would like to volunteer please contact us using the information below:

Email: epunft.volunteers@nhs.net

MY INFORMATION

MY CARE TEAM

Care Co-ordinator :

Inpatient Consultant:

Community Psychiatric Nurse (CPN) :

Support Worker:

Occupational Therapist:

Social Worker:

Other:

WEEKLY PLANNER

You can use the following table to keep a record of your appointments and activities. Further sheets can be available from ward staff

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

SUNDAY

Notes:



WEEKLY PLANNER

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<i>Wednesday</i>	<i>Thursday</i>
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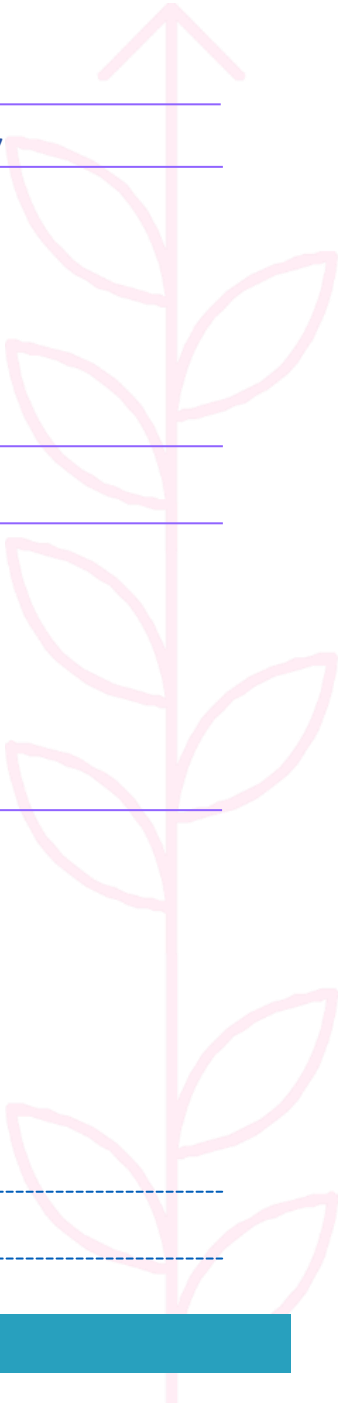
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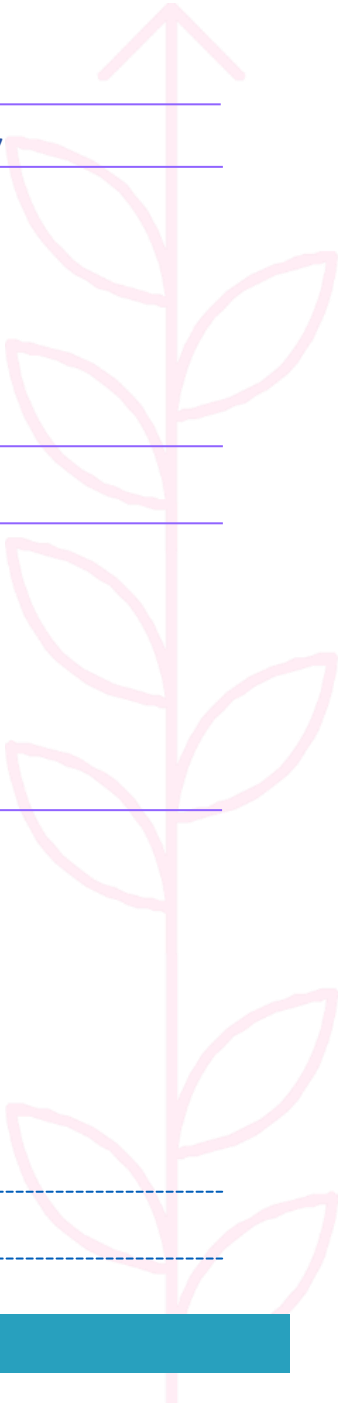
<i>Friday</i>	<i>Saturday</i>
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<i>SUNDAY</i>

Notes:

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**Essex Partnership University NHS
Foundation Trust**

Trust Head Office
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Lodge Approach, Wickford
Essex SS11 7XX, UK