

Reading Time: 14 minutes

So, about a week ago, an interview that was recorded back in November 2024 aired on BBC Midlands Today, alongside a BBC News Website piece, written by Michele Paduano, who at the time was a Health Correspondent from the BBC (Who has sadly left the corporation, the day before both of the above went live).

I've had a number of questions / comments in relation to both of these, so I thought I'd take some time to map out how I got to the point of going to the press, how the piece was reported and investigated, and responses I've had from Black Country Healthcare NHS Foundation Trust (BCHFT) and others.

Before I go any further, [if you want to read the BBC News piece, you can do so via this link](#), and I've attached a copy of the news piece from BBC Midlands Today's 6PM Edition which I was able to clip in time below. It did also run in the morning edition of BBC Midlands Today which is a 5 minute segment every 30 minutes as a cutaway from BBC Breakfast, but this isn't archived on BBC iPlayer. The Lunchtime, Evening and Late Evening editions of the programme only stay live on iPlayer for 24 Hours, which is the reason why I uploaded it to YouTube.

Complaining to BCHFT.

To say that any of my stays at Bushey Fields Hospital were trouble free would be a massive mistake. Whilst the issues varied from admission to admission, none of them were without their issues, which to an extent has to be recognised as part and parcel of being on an acute mental health ward. For context, there are two types of patient on an acute mental health wards. Those who have been formally sectioned under the Mental Health Act (For 28 Days, 6 Months, or otherwise), and those who are deemed to be voluntary; they chose to be admitted under their own free will. I was a part of the latter category. There is plenty of debate to be had as to the way that some patients are coerced to be admitted voluntarily, and be sectioned if they refuse. Even over the past few days I've heard stories from patients who were told in short to 'come quietly & nicely otherwise we'll section you', which is completely against NICE guidance, and frankly, you're either so ill that you should be detained under the mental health act, or not. There shouldn't be a grey area.

There are a couple of key differences between being sectioned and voluntary as a mental health patient:

- If you are sectioned, you have to remain in the hospital setting for a clearly defined period of time. Again, 28 days, 6 months, or as extended by the team of doctors assigned to you.
- If you are sectioned, you may also be subject to deprivation of certain liberties, such as managing cash, having a mobile phone, being able to refuse medication and so on.
- If you are sectioned, you have to be granted permission to leave the hospital setting, which is normally only with a staff member, unless granted a specific type of leave (Known as Section 17 leave IIRC). If you are voluntary, you can in theory leave at any time, for any reason, unless

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you are deemed to be putting yourself or others in harm's way.

- If you are voluntary, you can self-discharge if you so deem necessary. It is also easier for medical teams to discharge a patient based on behaviour or other reasons of their choosing.

My first admission in 2023 was short. To put it bluntly, there's always a lot of pressure on beds, and a lot of doctors believe that the best place for care and treatment is 'in the community', even when your home & immediately surrounding community may be your biggest issues / barriers, for example via abuse, controlling & cohesive behaviour, threats of violence, feeling unsafe, triggering areas / scenarios, so on and so forth. I could increase this list *in infinitum*. There were clearly issues with my care, but there simply wasn't really enough data points in my short time to put together something concrete.

This changed with my first 2024 admission, where I was on Clent Ward at Bushey Fields for close to 3 months. It was during this time when I was attacked by another patient, whom I actually don't have any ill feeling towards. It was staff members who could and should have done a better job at de-escalating a situation rather than allowing it to get to the point that it did. It was here where there were shards of glass that remained uncleaned for two weeks. Something that could have been used for self harm or a weapon. It was here where some of the doors were in such bad condition that they should have a fire rating measured in seconds, not minutes, and it was here where there would be a different playbook every single day, from nurse to nurse.

Drugs were a massive issue, with some patients doing the most blatant attempt ever to get drugs snuck in under the courtyard gate. Some patients would use the place as a doss house, going out to get messed up on whatever drugs, then return at 2AM in the morning, fail a drug test, and just go to sleep, rinse and repeat. Yet other patients were warned that if there was even a drop of alcohol in their system when going out (even to an AA meeting on hospital grounds) would be discharged? OK. Makes sense. Violence was an issue, with some patients destroying anything they could get their hands on (Which is why I wasn't writing whilst on the ward. Didn't want a broken MacBook!) without recourse, and some would take joy in creating mayhem for others. There was a level of sexism and misogyny which disgusts me too this day, and staff couldn't raise this, as they were bank and not permanent staff, so were worried about actions taken **against them**. Imagine that; dealing with abuse, then not being able to report it. In a mental health setting.

This was where I first raised my concerns to the Service Experience Desk, which is the trust's version of PALS (Patient and Liaison Service), which is used in almost all NHS Main Hospital settings. The person on the phone was condescending, didn't understand my level of frustration, anger and emotions wrapped up together, and guess what? I never received a response. I also never received a discharge letter, something which I'll come back to.

I was re-admitted to Bushey Fields Hospital 2 months later, this time on a different ward, which was supposed to be 'calmer'. It was, until it wasn't. There was still blatant attempts for drugs to be brought onto the ward, either via visitors or via the fence at the end of the courtyard. There was still different rules every time you blinked, and there were some serious failings in my care from the day I was admitted. The most important were:

I wasn't allowed to have my walking stick / a crutch with me, which I use for my diabetic neuropathy.

The reason given was that I needed to be seen by the Trust's physios, even though I was reviewed by the physios in the main general hospital which sits literally next door to Bushey Fields. The physio was also off ill at the time. The real reason was that the staff were too lazy to do what's known as a Personal Emergency Evacuation Plan (PEEP).

The staff also didn't understand what carb counting is if you are a Type 1 diabetic, and even though my discharge summary from Russells Hall Hospital said 'Wil Titrates His Doseage', the staff made **ME** go back to RHH, **ALONE**, to the diabetic department to get **THEM** to call the ward, to explain what this means. Whilst I was still suicidal. I understand that mental health nurses don't get the same type of diabetes training as regular staff nurses, but phrases such titrate should be in every nurse's lexicon. To send a suicidal patient back to a setting where I could have had a panic / anxiety attack, meltdown, or worse, is laughable to put it politely.

BUT WAIT! THERE'S MORE! Without informing me, a doctor decided to stop me on half of my meds based on one blood test. He promised that he would arrange for a blood test then re-instate them, but 'forgot'. Meaning I went over a week without mental health / sleep aid medication. The same doctor, when re-introducing the former, placed me on a new medication which also helps sleep. It's designed to be taken in the evening. The NHS's own website, along with the patent holder, NICE and others all say it's to be taken in the evening. It was placed on my drug chart for 8AM. That's right, 8 in the fucking morning. I had asked for a new doctor, and even put it in writing as requested (I know, it's in my FOI bundle), so I'll find out more on that at my next outpatient appointment (Checks watch...) tomorrow!

At this point, I had started work on two documents. One was a list of personal issues, and the other was a list of issues that myself and friends on this and my previous ward had been facing in terms of safety, wellbeing, staffing and so on. Because I always try to be a transparent person, and with agreement with the others whom contributed to ideas that formulated the group document, I attach it below.

[Bushey-Fields-Hospital-Concerns](#)

One of the key things we all seemed to agree on was the use of agency staff for key roles on wards. I think Andy's point in the news piece about stepping over sleeping staff whilst on what was one to one observations (Either L3 / L4 in a Mental Health setting) is damning in itself, and some staff were openly talking about being a bus driver / doing another job in the day, then working on the ward at night. My biggest gripe was agency nurses. I have said ever since I've moved to the Dudley area that one of my favourite things about Russells Hall Hospital is the fact that they don't use agency staff. This is because as well as getting paid up to 2x a normal staff nurses' hourly wage, they have stupid contract clauses that includes not touching bodily fluids.

In terms of my own personal issues, I raised this again with the Service Experience Desk. The points I raised are below:

- Mis/Non diagnosis of kidney stones, leading to renal failure.
- Lack of understanding about sleep deprivation and low blood pressure (3x occurrences).
- The eye contact conundrum.
- Issues with Diabetes Medication

What's The Story About The News Story, Morning Glory?

- Not acknowledging physical health problems
- Lack of PEEP / ability to use wheelchair / stick
- Lack of follow up from Carpel Tunnel Syndrome symptoms
- Lack of dignity and respect in relation to diabetes medication
- Lack of any discussion about Tics assessment in discharge / follow-up paperwork.
- Lack of discharge planning
- Lack of any discharge paperwork
- Ignoring basic socio-environmental needs
- Incorrect level of TTOs given
- Not providing TTOs in pre-dosed packets
- Removing support claiming 'ability to carry out normal activities'
- Service Experience Desk being rude & condescending
- Chasing tails over most basic of needs
- Ignoring Social Services / Safeguard needs
- No feed in from previous CPN as to chaotic living situation both sober and reasons for drinking.
- No consideration given to full sobriety whilst in BFH.
- No consideration given to traffic light scoring system, both D2D and in reviews

The Service Experience Desk states that a reply would be received within 30 days. I waited almost 8 weeks for a response, which ironically was carried out by one of the members of the nursing team whom I had complained about over the diabetes situation. Why they can't use a Band 6 / 7 nurse from another ward to be more impartial is beyond me, but it is what it is. They partially upheld some of my complaints, in particular in relation to my mental health medication, but the rest of it was basic bullshit to try and make themselves look innocent, or at the very least competent, neither being the case.

I mentioned discharge paperwork. On each of my three admissions, I failed to receive any discharge paperwork. Unless you only have a stay in ED, in every NHS Hospital I've ever been to, you are provided a discharge summary when you are discharged, or worst case, it's sent to you in 7 days. At Bushey Fields, this is not the case, or it wasn't in mine at the very least. I had to use a Freedom of Information Act request to get any and all data about me, which would include my discharge summaries, notes from my weekly doctor meetings, inputted observations from nurses / HCAs, and any other relevant information. The bundle was 500+ pages long, and the level of crap in there is unbelievable. So much either made up, copied and pasted, or just blatantly wrong. The best one is the fact that I make good eye contact in conversation. My autism and other humanistic traits means that I don't really ever make good eye contact, so this was a perfect example of things being a blatant lie.

Going To The Press.

It was around this point that I decided that my only course of action was going to the press. Whilst I am a registered NUJ / IFJ journalist, one can't report on oneself, it's unethical. Also, I focus on motorsport coverage mainly, not mental health issues. I sent a copy of the above PDF, with a covering letter to the BBC and Birmingham Mail, who also cover the Black Country. Not causing me any surprise, Birmingham Mail failed to get back to me. Probably not click-baitesque enough for them compared to some leggings at M&S / Next that come with pockets and are 'super comfy'. About a

week after I sent my email, and it filtering through the various layers of the BBC percolation machine, I got a response back from Michele Paduano. He asked me some questions, and then arranged to meet myself and Andy ([From Breaking Down Breaking Down fame](#)), sometime in Mid-November.

We did about 30 minutes worth of camera based interviews, and some B-Roll. It's always a case of overshooting rather than undershooting, so that you get the right Vox-pops for a news piece, and the rest is useful as direct quotes for other medium such as print. See Scratch Radio, I DID learn something being a part of Media Groups! Michele didn't know when it would air, as of course there would be a need for BCHFT to respond to any claims put against them, film B-Roll and so on. Christmas came and went, and as my house sale and mental health crisis came and went, I thought it was never going to air.

It's a hard fact of life that news has a very short half-life. As well as good investigative pieces (Which Michele had done a lot on concerning BCHFT), other things take precedent, and with a 24 hour news cycle these days, things may make it close to the top of the agenda, before being pushed back down. I knew from an all contact email that Michele would be leaving the BBC on the 28th February, and on his final day, I got a call from him, half expecting him to apologise for not being able to see the story through.

Instead, he told me that it would be going live the following Monday on the BBC News website, and on BBC Midlands Today. He had a couple of final questions to ask me, and of course, I had the chance to say a farewell and a thank you for being a powerful advocate to those who were speaking up against NHS failings, especially in terms of mental health services. My last job was to find a photo which I had the rights to use that could be used as an article thumbnail, which will live on in Google until the BBC decides to change the way they send news stories to Google's News section? I dunno.

Post Airing Responses

I've had some really positive responses since the piece aired and placed on the BBC Website. A Couple from colleagues & former colleagues back at BCU, a couple from people who found this website via a Google search of my name (Isn't hard to be fair, the joys of having one L in your name!), and perhaps most interestingly from the lead governor of BCHFT.

I say most interestingly as Governors hold NHS Trusts and other bodies to account. They are to use an easy analogy an oversight committee of sorts, making sure that priorities are being met, and in terms of things such as patient care, it's being executed correctly. When you have stories such as the ones generated by the complaints raised first to the trust then sent to the press, they really do have to take some form of action, and I have to give credit to Elsie Gayle for reaching out to me directly and for trying to arrange a way for mine and other's (Mainly those who helped with the above dossier of issues), voices to be heard. It's not often you'd get that and although a cynic can say that it's a natural knee jerk reaction, in a trust with so much opacity, it's nice to have some transparency.

I've been lucky enough to make some new friends over the past few weeks, all related to mental health in some way or another. I've had a couple of people provide virtual backs on the back for bringing these to light, but my response is simple. In a system where so much is seemingly covered up for the sole purpose of not allowing issues to come to light, there comes a point where you either

give in to the system, or use the skills you have to raise objections to what at some points are basic points of care. I'm lucky that with my experiences and background, I can easily put together a 5555 word document in an objective yet authoritative manner. I'm lucky enough that my public speaking, lecturing, presenting, hosting and commentary skills allows me to talk freely and candidly on camera, and I'm thankful that my self enshrined common decency values means that I only focus on the factual, not the subjective, and certainly not the made up. 99% of something can be both factual and true, but the 1% can easily discredit everything; something people often make the mistake of when complaining. In effect over emphasising key points away from factual to hyperbole and introducing inaccuracies.

I'm still going to be fighting the good fight on this, even though I hope that my admissions to BFH will decrease to the point of zero. I look forward to the opportunity to work with the Trust's Governors, and I'm always on hand if you, dear needer need help articulating your concerns or worries about Mental Health treatment; inpatient or outpatient, yours, or that of someone you know / care about. I'm not a registered advocate, but I can help where I can, if I can.

Peace, Rage And Love xx