

Health and Adult Social Care Policy Overview and Scrutiny Committee

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An update regarding Foss park Hospital, including details of the most recent CQC inspection.

Report of

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Summary

This paper provides an update regarding the development and completion of Foss Park hospital in York, highlighting progress to date and detailing the recent CQC inspection of inpatient services on site.

Background

A previous report detailing plans for the development of Foss Park Hospital was presented to the Committee in February 2019. Since that time the hospital has been completed and services were successfully transferred to the new site in April and May 2020.

Overview

The new purpose-designed 72 bed hospital provides two adult, single sex wards and two older people's wards - one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety.

The hospital became operational in April 2020, at the height of the worldwide pandemic, one week ahead of schedule.

All 72 bedrooms are single bedrooms with en-suite facilities. All have views of garden spaces and each bedroom corridor has rooms on one side and garden views on the other so that no 2 rooms face each other. Additionally, window seating has been constructed into the bedroom corridors to encourage service users to spend time away from their bedrooms even if they do not initially feel confident to spend time in the many and varied day spaces.

TEWV has invested approximately £40m (including VAT, fees and land purchase) from internal cash resources to support this development and owns the land and the building. This means we can manage and maintain the building to the standard required – something we have not previously been able to achieve with leased buildings in York.

A photo of the hospital entrance is illustrated below (this is not an artist's impression!).



The photographs below illustrate some of our outdoor therapy space and an example of our ward day spaces, as an example of the high-quality environment.





Service user and carer involvement has been integral to the development of Foss Park and we have facilitated over 60 design workshops in which service users and carers, and clinical staff, have taken an active part. This level of engagement continued beyond the design stages and service users and carers were key members and equal partners on our project steering group, helping us to improve our understanding and to raise awareness of their needs.

Naming

In October 2018 the hospital name and the names of the individual wards were chosen through a facilitated democratic focus group approach comprising service users, carers, clinical staff and key local stakeholders. From the focus group a paper was provided for the TEWV Executive Management Team to make the final decisions, based on the expressed wishes.

The decision was made for the hospital to be called Foss Park and the individual wards were named as follows:

- Ebor ward – female adult beds
- Minster ward – male adult beds
- *Moor* ward – older person’s functional beds
- *Wold* ward – older person’s organic (dementia)beds

Following this decision, considerable further feedback was received from service users and carers and from clinical staff regarding the naming of the older person’s wards. Feedback consistently highlighted that both names were problematic to pronounce and required a suffix after each name to make them easier to articulate.

Further focussed work was undertaken within older person's inpatient services to seek service users and carers most popular choices of suffix options. As a result of this engagement work it was confirmed that the names for the older person's wards are as follows:

- Moor *Croft* ward –18 older person's functional beds
- Wold *View* ward – 18 older person's organic (dementia)beds

Bed management

Since coming into the York contract we have been proactively managing our inpatient beds. The Committee has previously heard from us that York was a national outlier in its use of mental health inpatient beds and our last report in February 2019 detailed a position just prior to our contract (September 2015) of using 170 inpatient beds despite having only 109 in place locally. This position changed considerably with increased community investment and through improved processes to support high quality appropriate care delivery within the inpatient units, resulting in us using 70 inpatient beds and 17 specialist rehabilitation placement beds in February 2021.

The beds at Foss Park hospital accommodate service users from York and Selby, and from Harrogate. There was a reduction of 2 adult beds from Harrogate and York when Foss Park became operational in April 2020, providing 36 adult beds in total. Previously there were 38 beds available - 14 on Cedar Ward in Harrogate and 24 beds at Peppermill Court in York. In mitigating a shortfall 2 beds are available at Cross Lane Hospital in Scarborough (to ensure sufficient locality availability) although our operational direction remains focussed on reducing a traditional over-reliance on beds and to safely support our service users at home, noting the need for good quality carer support alongside this offer.

In February 2019 we advised the Committee that the number of beds in use had dramatically decreased because agencies were working closely together to avoid unnecessary admissions and to reduce the amount of time people remain within our inpatient environments (delayed transfers of care). We continue to focus our efforts to reduce the use of inpatient beds to that which is clinically indicated. However, the national picture of demand for inpatient beds has consistently and significantly increased. Unsurprisingly we have experienced this at Foss Park too and we continue to utilise best practice clinical processes to ensure that only people who require inpatient treatment are admitted, those who cannot be managed through increased packages of community intervention from our mental health teams.

It is of note that since the beginning of the pandemic pressures on residential and nursing home placements have impacted our ability to discharge service users in a timely manner hence impacting our DTOC positions, but we fully accept and acknowledge that this has been a national picture and not one isolated to York services alone.

Care Quality Commission (CQC)

Registering Foss Park with the CQC – April 2020

Foss Park Hospital was required to be registered with the CQC prior to operational opening, as with all new inpatient facilities. However, unlike any previous registration procedure this was managed as a remote process due to the pandemic position.

The registration visit took the form of an MS Teams meeting on a laptop that was transported around the site to provide a view of every aspect of the building, and to discuss our management of each element – effectively assuring the CQC that we had fully considered how best to design and then utilise the new environment to enable compliance to prescribed standards. The CQC inspectors connected into the virtual meeting and senior clinical staff and the project team were on site to present information and to answer any questions raised.

To say the process was unique would be an understatement. However, we were informed that the inspection team were hugely impressed with our design, our knowledge and understanding of how we would use the new facilities to deliver high quality care, and for our ingenuity in making the inspection work so comprehensively. The CQC were duly assured that we had considered all aspects of care delivery and we achieved the required standards with no issues outstanding.

As a result, we received formal registration on the day of the inspection, and we were able to open ahead of schedule despite the many supply-chain challenges.

Trust wide CQC inspection – January 2021

- In January 2021 the CQC inspected our acute wards for adults of working age and psychiatric intensive care units across the whole Trust.
- In a follow up to the January inspection, in May the CQC re-inspected our acute wards for adults of working age and psychiatric intensive care units.

Actions since our January inspection

We have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings.
- Reviewed individual safety summaries and safety plans for approximately 56,000 patients who are currently under our care.
- Ongoing assurance schedules and more regular ward safety audits, which are carried out by different groups of staff – both senior management and staff peers – to ensure the new procedures are being fully implemented.
- Introduced masterclasses about the new simpler processes, with over 1,500 frontline staff attending sessions so far
- Developed a new mandatory and statutory training package, which will be delivered via e-learning, including refreshed suicide prevention training.

- Extended the use of Oxehealth Digital Care Assistant, which provides sensory monitoring of patients in their rooms, from three wards to a further 12 wards. This is in place at Foss park. It does not replace good nursing care but prompts staff to any key environmental changes which could signal a physical change in a service users' presentation.
- Committed and extra £5.4 million for extra staffing for our inpatient wards and these posts are currently being advertised.
- Established a practice development team, a new clinical supervision working group and additional leadership development across the whole Trust

Assurance and oversight embedded

- We have provided assurance to the Care Quality Commission (CQC) that effective systems are in place to help keep patients safe - and that further improvements are already underway.
- Our improvement programme is overseen and reviewed by an external quality assurance board which includes representatives from NHS England and Improvement, commissioners and the CQC.
- New assurance schedule launched in April includes ongoing supportive audit and programme of improvement.
- Directors visits monthly focussed on learning from incidents.
- Peer review took place in May.

Re-inspection of our adult acute and psychiatric intensive care units – May 2021

- On 27 August the CQC published its report following the re-inspection of our acute wards for adults of working age and psychiatric intensive care units, from the re-inspection in May 2021.
- This focused inspection was to see if improvements had been made.
- The CQC has rated our acute wards for adults of working age and psychiatric intensive care units as **requires improvement**.

Where did the re-inspections take place?

The re-inspection took place over 9 wards, including Ebor (female) and Minster (male) wards at Foss Park Hospital.

The CQC findings, detailed in the August report

- The CQC no longer has significant concerns relating to risk management of service users in our care.
- We have better systems in place to comprehensively assess and mitigate patient risk on our wards.
- Staff have a better understanding regarding the risk assessment process and what is expected of them when updating clinical documentation.
- We have appropriate mechanisms in place to monitor, audit and ensure oversight of the patient risk assessment process.
- We have effective procedure and process in place to review and learn from serious incidents.

However

- Patient risks were still not always fully reflected within the written patient safety summaries in a small number of files reviewed.
- Staff had not always flagged current incidents, so these did not pull through into the written overview section of patient records. Information across other parts of the record usually showed that staff were mitigating these identified risks.
- Staff were not always following the trust's policy and expectations. An example was an unlocked window which presented a ligature risk. The CQC noted that we addressed these very quickly.
- Staff were not always mitigating the risks of operating mixed sex accommodation to fully promote patients' safety, privacy, and dignity.

What people who use the service say

- The CQC spoke to 16 patients. However, there was limited feedback from patients about risk assessments and risk management, which was the focus of this inspection.
- Most patients we spoke with found nursing and support work staff to be supportive and caring.
- Patients commented that they sometimes found it difficult to cope on the ward as the wards were very busy and some patients were acutely mentally unwell.
- They reported that staff worked hard to keep patients safe.

Next steps

- We are pleased that the CQC has recognised the improvements we have made within our adult acute inpatient and PICU wards.
- Our teams have worked incredibly hard to make positive changes in a short space of time to improve safety and risk management. It's also demonstrates our commitment to providing a better experience for people in our care, their families and carers and for our staff.
- We recognise that there is a lot more work to do and over the coming weeks and months we will be driving a number of changes across our organisation.
- These include continuing to embed improvements across our trust, and the introduction of new technology and digital solutions over the coming months, which will have a positive impact on patient care, and a focus on people and culture to support our workforce.
- We've also made significant investment in key areas such as staffing, which we acknowledge can be extremely challenging.
- We recently invested £5.4m to recruit new roles for adult inpatient services as well as our forensic services, and we are in the process of recruiting to those new roles. This is challenging work as there is a nationally recognised shortage of qualified nurses.

Feedback specifically in relation to Foss Park is summarised below:

Wold View Ward (older Persons Organic / Dementia ward)

A CQC Mental Health Act inspection of Wold View Ward took place on 20th August 2021 and the following issues were noted:

- Two clocks on the ward required replacement batteries to show the correct time – these were replaced immediately.
- The washing machine was noted to be broken – this was the washing machine provided for service users personal laundry. The breakdown had been reported to our supplier and related to an internal fault. A repair was booked, and the machine is now working.
- Whilst the washing machine was out of operation permission was given to use the washing machine on a neighbouring ward. During that time an item of service users clothing went missing – action has now been taken for the wards to clearly label service users clothing when they have permission to do so.
- Personal safes, available in every bedroom, are deemed to be unsafe to use as when opened the doors present a potential ligature risk – the safes were instructed to be built in during the construction phase but were later reviewed as a potential risk and hence have been locked off. We are reviewing alternative options via the Trust environmental safety group. The group will consider whether the safes can be accessed following individual risk assessments for our service users or whether identifying alternative location for the safes could reduce the potential risk associated with ligatures.

Ebor Ward

A CQC Mental Health Act inspection of Ebor Ward took place on 17th September 2021 and the following detail is a summary of the verbal report from the CQC Inspector to the nursing leadership team (the formal report has not yet been received):

- The ward has nice open environments and there was evidence of multiple activities on each ward.
- The ward has good links with the community, and the Inspector reported it was positive to see that services such as Converge (at York St Johns) and St Nicks (Ecotherapy) are fully involved at Foss Park.
- The new Practice Development Lead role sounds like a good addition to the team and will help in developing the teams and support with learning going forwards.
- Service users spoke positively about staff and about the care they received.
- The CQC Inspector was pleased that we still facilitate Section 17 leave (off the ward) and that family visits were still managed during the pandemic with all necessary safety measures in place.

- The Inspector noted missing 132a and 132b forms (relating to the Section 2 detentions) but these were located in the service user's notes due to a change in the service user's detention and the Inspector was happy with this and no further action was required. We did discuss these being more easily accessible as they also don't appear electronically on PARIS (our electronic patient clinical note system).

Feedback from carers regarding Ebor Ward included:

- Carers were positive about the care their families receive on the wards.
- Some carers felt that communication in between formulation (intervention planning) and discharge meetings could be improved.
- Two family members raised an issue about their family members having items stolen by other service users/lost whilst on the ward. This was investigated and resolved.
- Some carers disagreed with the intervention / treatment plans however said that they felt their family member was being care for well despite this disagreement.

Feedback from the Advocate during the Ebor inspection:

- The Advocate gave positive feedback about the care of service users on the wards and regarding the wards link and connection with advocacy.
- The Advocate felt there were a number of re-admissions to Ebor – we discussed our process for monitoring repeat admissions and the complex case reviews we have facilitated in relation to those service users who have experienced repeat admissions.
- The Advocate also informed the Inspector that a service user had made a complaint about agency staff using their mobile phones during night shifts and one member of agency staff falling asleep on shift – the Inspector was updated by ward staff on the actions already taken to address this when it was initially raised by the service user, and he was happy with the response and no further action was deemed necessary.

Actions raised as learning points for Ebor Ward were identified as:

- The intervention plan and safety summary regarding falls for a service user who experienced three falls during her stay required updating – this was actioned early when the ward sought further advice from the Foss Park Physiotherapy team to support appropriate clinical intervention.
- Documenting evidence of daily 1:1 time in service users activity notes – this has been discussed with the ward team, followed up in email to instruct all ward staff and has now been added as an agenda item for the ward staff meetings to ensure improved position and understanding. It remains a key task for our Matrons to monitor.
- Generic intervention plans – the new Practice Development Lead is working with ward staff to ensure intervention plans are more personalised and tailored to individual service user's needs, situations and preferences.
- The review of PARIS and feedback regarding some information that was missed during the inspection about the rationale for the level of observation for a service

user with a history of incidents of self-harm, and the management and mitigation of this risk - there was clear evidence in the case notes of a current safety plan and documented clinical rationale regarding how to manage risk however the Inspector felt that this could be clearer and this has now been updated.

Sharing the learning

All of the learning from any of the wards at Foss Park is shared across the site so that all of our wards are continuously developing and so that good practice is embedded throughout. We have site mechanisms to support this and our clinical teams regularly meet for this purpose, further supported by close supervision offered by our Modern Matrons.

Conclusions

The development of Foss Park hospital has been a positive step forwards for the delivery of high quality inpatient mental health care in York.

The planning and development of Foss Park was carefully considered with robust involvement from service users, carers, and clinical staff (including senior clinicians and front line workers) and this informed the design from overall layout to the planned therapeutic milieu of the ward environments.

Moving forwards the involvement of the CQC, alongside service user and carer feedback is essential so that we can continue to learn lessons, and to improve our understanding of service users' experiences of receiving care at Foss Park. The CQC feedback has been taken seriously and actioned accordingly but we prefer not to take a stance of complacency, instead continually focussing on developing our services to deliver the best possible care.

Equally we need to ensure that we can move with the times, adopt and embed new evidence based approaches that emerge and develop our services to meet expectations, designing care around individual needs rather than meeting needs in environments which can present significant compromise for care delivery. Foss Park is designed to afford this opportunity long into the future.

Recommendations

The Committee is asked to receive and note this briefing.

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