ROSEBERRY PARK
RECTIFICATION WORKS UPDATE

Tasks within overall Roseberry Park Scheme;

- **PROJECT 1** – The Construction of Block 16, a new 28 bed ward. This ward will be used as a decant facility)

- **PROJECT 2** – Installation of a new security fence

- **PROJECT 3** – Remedial Works to Block 5

- **PROJECT 4** – Remedial Works to Blocks 1, 2, 3, 8, 9, 10, 11, 13 and 14

- **PROJECT 5** – Potential additional remedial works to non-clinical Blocks 4, 6, 7 and 12, plus other enabling measures

    Works to Blocks in Projects 4 & 5 are to be phased on a block by block basis

- **Block 16**
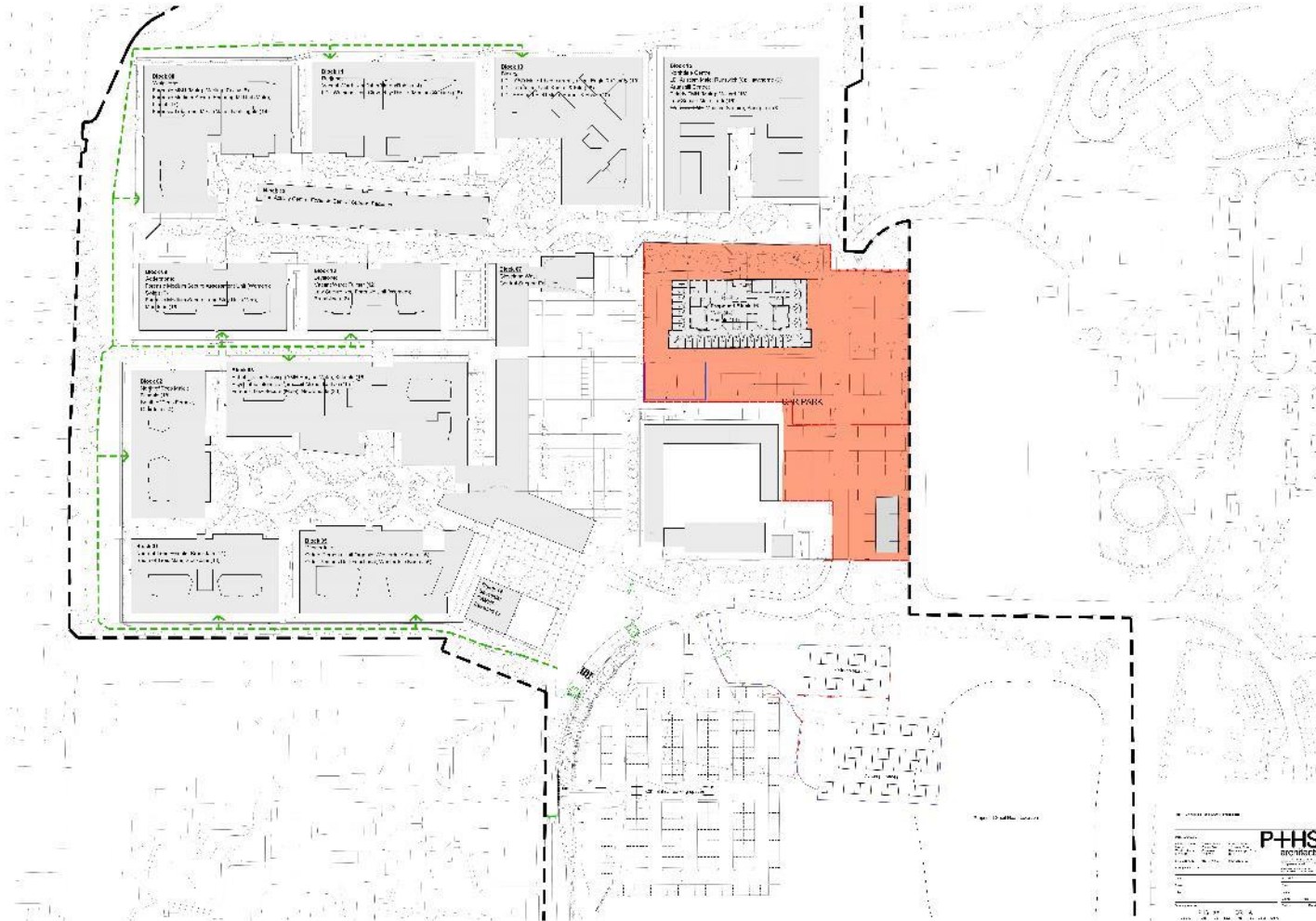- SOS –27th September 2019 to PC 21st September 2020
- **Ridgeway**
- **Block 10**   SOS – 13th September 2019 to PC 22nd May 2020
- **Block 9**   SOS – 18th September 2020 to PC22nd April 2021
- **Block 11**   SOS – 21st June 2021 to PC 27th May 2022
- **Block 13**   SOS – 13th June 2022 to PC 7th July 2023
- **Block 8**   SOS- 24th July 2023 to PC 19th July 2024
- **Dalesway**
- **Block 5**   SOS – 13th September 2019 to PC 5th June 2020
- **Block 1**   SOS – 12th October 2020 to PC 18th June 2021
- **Block 2**   SOS – 5th July 2021 to PC 25th February 2022
- **Block 3**   SOS – 30th May 2022 to PC 26th May 2023

WORK COMMENCES ON BLOCK 8. Nightingale and Linnet move in when works completed.

WORK COMMENCES ON BLOCK 11.Brambling moves to Block 16. Thistle Kestral, Kite, Ivy/Clover move in when works completed.

WORK COMMENCES ON BLOCK 13. Linnet, Hawk and Nightingdale move in when works completed

WORK STARTS ON BLOCK 10. Brambling moved to Block 11 and Fulmar closed and moved off site. Swift moves in when works finishes. Jay and Merlin move in when Block 9 completed.

WORK COMMENCES ON BLOCK 9. Swift and Newtondale to move in after work completed

BLOCK 16 SITE & WORKS Mandarin and Brambling move in to this block and stay there for duration.

NEWTONDALE MOVES TO BLOCK 9 AND WORKS TO BLOCK 3. Kirkdale closes. Bedale moves to Block 2. PICU moves back to Block 3

PATIENTS MOVE TO BLOCK 1 Stockdale and Overdale AND WORKS ON BLOCK 2

PATIENTS MOVE OFF SITE TO SANDWELL PARK FROM BLOCKS 1&2,Bransdale and Bilsdale and remain there while works go on in Blocks 1&2. Stockdale moves to Block 2.

WORK STARTS ON BLOCK 5 Westerdale North and South move back here when works completed from Sandwell Park

Ridgeway

08 11 13 16

12

09 10

02 03 Plaza

06

07 04

01 05

14

Dalesway

Forensic Mental Health, Forensic Learning Disability, Adult Mental Health and Older People's Inpatient Areas.

- Nursing staff mostly work two shifts: 7am and 7pm.

- Breakfast is around 8.00. Protected meal times 12.00 -1300 and 17.00 – 18.00.

- MDT meetings take place on the wards 9-5.

- Forensic patients will access Block 12 Activity Centre in Ridgeway, escorted and unescorted. Some patients will have escorted and unescorted leave within Ridgeway, outside of the secure perimeter and off site.

- AMH patients will have escorted and unescorted leave to the Activity Centre in Block 3 and elsewhere across and off the site.

- MHSOP patients will have less leave on site, usually escorted appointments.

● **Security** – A secure environment must be maintained. An access control system needs to be implemented to satisfy the original design intent of the hospital

● **Safety** - The project shall be delivered and operated with safety as a paramount concern. This includes the safety of the construction workforce and the public

● **Time** – The project is to be delivered on schedule. All opportunities to reduce the delivery time of the scheme are to be explored

● **Quality** – The facility is to deliver an exceptional patient experience and provide a safe, secure and robust environment for patient care. The project is to be delivered 'defect free'

● **Cost** – The project is to be delivered within the agreed cost parameters, once these are confirmed with the Trust

Impact on Service Users

Percentage Inpatients reporting their experience as excellent or good												
2019												
AMH	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Avg
	89	97	88	91	100	-	-	-	-	86	96	88	90%
2019												
MHS OP	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Avg
	100	100	100	100	-	100	-	100	100	100	100	100	100%

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Impact on Service Users

- AMH services January to December 2019 demonstrate an average patient satisfaction rate (excellent or good) of 90% compared to an average rate of 88% the year before and 88.4% in the six months of 2017 prior to ward moves .

- MHSOP services January 2019 to December 19th 2019 demonstrate an average patient satisfaction rate (excellent or good) of 100% compared to an average rate of 99% the year before and 100% in the six months of 2017 prior to ward moves

Adult Mental Health Staff related impacts

Percentage sickness absence 2019												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
5.31	7.71	8.67	10.1	10.25	10.57	8.04	7.01	8.82	7.01	6.76	8.65	8.23%

Staff Turnover Rate 2019												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
0	0	1.06	0	1.06	0	0	0	0	0.99	2.00	1.02	0.26%

Mental Health Service for Older People Staff related impacts

Percentage sickness absence 2019												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
8.32	7.49	5.17	7.95	5.05	4.34	6.31	8.79	7.10	7.94	11.13	11.40	7.62%

Staff Turnover Rate 2019												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
0	1.25	0	1.27	0	0	1.27	2.56	1.29	1.25	1.16	1.14	0.84%

Staff ImpactsSummary

- AMH services January to December 2019 shows an average sickness absence rate of 8.23% compared to an average rate of 5.47% the year before and 4.91% in the six months of 2017 prior to ward moves.

- AMH services January to December 2019 shows an average staff turnover rate of 0.26% compared to an average rate of 0.58% the year before and 0.88% in the six months of 2017 prior to ward moves.

- MHSOP services January to December 2019 shows an average sickness absence rate of 7.62% compared to an average rate of 8.22% the year before and 6.25% in the six months of 2017 prior to ward moves

- MHSOP services January to December 2019 shows an average staff turnover rate of 0.84 % compared to an average rate of 0.51% the year before and 1.16% in the six months of 2017 prior to ward moves .

Service Delivery Adult Mental Health Wards

AMH Assessment and Treatment Occupied Bed Days on Local Ward by CCG Jan – Dec 2019					
CCG	OBD	OBD on local ward	OBD not on local ward	% on local Ward	% not on local ward
S.Tees	13,929	13,193	736	95%	5%
HAST	8,428	8,085	343	96%	4%
Total	22,357	21,278	1,079	95%	5%

Service Delivery Older People Wards

MHSOP Assessment and Treatment Occupied Bed Days on Local Ward by CCG Jan –Dec 2019					
CCG	OBD	OBD on local ward	OBD not on local ward	% on local Ward	% not on local ward
S.Tees	6,015	5489	526	91%	9%
HAST	5,306	4888	418	92%	8%
Total	11,321	10,377	944	92%	8%

Service Delivery Impact

- AMH services January 2019 to December 2019 demonstrate that 95% of Tees inpatient occupied bed days were on the patients local ward compare to 95% Jan to December 2018 and 97% in the six months of 2017 prior to ward moves .

- MHSOP services January 2019 to December 2019 demonstrate that 91% of Tees inpatient occupied bed days were on a patients local ward compare to 87% the previous year and 93% in the six months of 2017 prior to ward moves.

Right Care, Right Place Programme (RCRP)

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Background & Context to the programme

● Need to ensure future sustainability and the ability to address the **needs** and aspirations of service users and the wider community.

● Recovery is a core principle underpinning the programme. Moving from treating illness to promoting and sustain wellbeing

● Key drivers for change:

  ● Service user, carers and stakeholder feedback

  ● The Long Term Plan

  ● NHSE Community Mental Health Framework

  ● Primary Care Networks (PCN)

Draft Principles

Goal & outcome principles:

- Whole system working – including planned and unplanned care

- Reduced hand offs (internal to TEWV / external partners)

- Addressing people's needs as early as possible/ upstream

- Reduced unwarranted variations

- Best use of all resources (money/ staff/ community assets)

- Compliance with legal requirements

- Safe services

- Improved service user experience

- Improved service user outcomes

- Improved physical healthcare for people being treated for their mental health conditions

Draft Principles around the content of the pathways developed in the new model:

- Recovery focussed

- Trauma informed

- Intervene at "lowest" level possible

- Daily Lean Management / flow

- Reduce handoffs

- Promotes day to day co-production with patients and stakeholders

- Supports staff wellbeing

- Prevention focussed

- Integration with Primary care

- Recognises and uses community assets

Stakeholder engagement

six engagement events have been held across Tees

- To date around 800 people have attended the events which have included TEWV staff as well as representatives from social care, voluntary sector, primary care networks, local commissioners and health watch.

- During the events the audience have been introduced to the RCRP programme and received presentations on local success stories of partnership working. In addition to this we have taken the opportunity to identify and map out local community assets within each area. The groups have also reviewed and provided feedback on the identified priority development opportunities which have received support across all localities.

Key themes / areas of work that are being identified as areas for change / transformation

Together with our partners we will…….

- improve our Access model to reduce the number of multiple re-referrals and the number of referrals signposted with limited involvement

- **enhance our community rehabilitation services**

- **improve our home treatment services and create genuine alternative options to admissions by enhancing our crisis model for all ages.**

- **ensure we provide coordinated care planning with key partners, including IAPT and substance misuse services within Tees**

Together with our partners we will…….

- develop a service which supports in identifying and effectively supporting patients who regularly present at multiple providers which lead to organisations providing care within silos?

- ensure timely advice and Support is available for referrers / partners

- **ensure care for individuals within care homes is coordinated between community matrons, social services, GPs and mental health services**

- improve our support for patients with a suspected delirium which includes detecting, diagnosis and supporting patients within the community

- **improve support for dementia patients who are presenting with complex behaviours within the community**

- improve access and care for patients with ADHD and Autism across Tees (Adults)

- Improve access to psychological therapies

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Locality plan – development process

- Identify and agree work stream scope and leads against each priority area (January 2020)

- Each work stream lead will come along to the programme board and present their work plan which will include engagement plans (there is an expectation that each work stream will include key stakeholders

- Monthly Tees RCRP meeting in place to monitor progress of each work stream / priority

Current Work Streams in Progress

- Crisis Transformation

- Rehabilitation

- Core 24

- Dementia Care Pathway