

**Tees Valley Joint Health Scrutiny Committee**

**Task and Finish Group**

**Final Report on the Impact of Remedial Works at  
Roseberry Park Hospital**

**March 2019**

## **Task and Finish Group Membership**

Cllr Ian Jeffrey (Redcar and Cleveland Borough Council) - Chair

Cllr Eddie Dryden (Middlesbrough BC)

Cllr Lisa Grainge (Stockton-on-Tees BC)

Cllr Jan Taylor (Darlington BC)

Cllr John Tennant (Hartlepool BC)

## **Acknowledgements**

The Task and Finish Group would like to thank the following for contributing to its work:

Dominic Gardner, Director of Operations - Tees (Tees, Esk and Wear Valleys NHS Foundation Trust – TEWV)

Rob Cowell, Director of Operations EFM (TEWV)

Joanne Hodgen, Strategic Project Manager (TEWV)

Sharon Salvin, Modern Matron – Adult Mental Health Service (TEWV)

Shaun Mayo, Head of Service – Mental Health Services for Older People (TEWV)

All the members of staff and carers the Group met on their visits during the review

All stakeholders who provided a submission to the Group's work

## **Contact Officer**

Peter Mennear, Scrutiny Officer, Stockton-on-Tees Borough Council

01642 528957

[peter.mennear@stockton.gov.uk](mailto:peter.mennear@stockton.gov.uk)

## Executive Summary

- 1.1 Roseberry Park Hospital is a purpose built mental health hospital. Opened in 2010, the hospital provides a range of adult mental health and learning disability services. The hospital was funded and developed using the Private Finance Initiative (PFI). Following the opening of the site, a range of serious defects, fire safety concerns and performance issues were identified.
- 1.2 Tees Esk and Wear Valleys NHS Foundation Trust (the Trust) has gone through a process of discussion, settlement and adjudication with the PFI contractors, culminating in the termination of the PFI contract. To address the identified and wide ranging defects, the Trust has committed to a major programme of site rectification works. The Trust will also provide all other requirements of the PFI contract going forward. An end date for the rectification works has not yet been identified but it is foreseen that these may take four to five years. A legal process has also started to recover the Trust's costs and this is expected to take several months.
- 1.3 The Tees Valley Joint Health Scrutiny Committee was very concerned to hear of the extent of the identified issues and required remedial works at the hospital. This Task and Finish Group was established by the Joint Committee in order to understand the impact on patients and service delivery.
- 1.4 The Group has spoken with members of staff, carers, and sought views from interested parties including the Clinical Commissioning Groups (CCGs), Adult Social Care, and Members of Parliament. All concerned recognised the seriousness of the initial situation, the potential for serious harm to patients and staff, and the need to find a remedy.
- 1.5 In relation to service delivery, Members have found that through the efforts of the Trust and its staff, the situation has been well managed, with the impact on service users and their families minimised as far as possible.
- 1.6 Members have been particularly impressed by the efforts and approach of staff associated with the affected wards ward moves, with all feedback to the Group indicating that the teams have gone above and beyond in their continued delivery of care. The Group agree that the commitment of staff represents the best of public service.
- 1.7 The Group is also clear that this situation should never have arisen in the first place, and would support all efforts to make sure that other services are not affected in this way, both locally and across the country. The Chancellor announced as a part of the 2018 Budget that future public investment projects would no longer be funded via Private Finance Initiative, or its successor, PF2. Whatever future funding arrangements are agreed nationally, the Group would highlight the need to ensure that any future building projects in the NHS are both safe and high quality, and delivered in a financially sustainable way.
- 1.8 The Group's recommendations are as follows:
  1. **That the Group's appreciation of the commitment of the Trust staff at Roseberry Park be supported by the Joint Committee and forwarded to the relevant Teams by the Trust;**
  2. **The Tees Valley Joint Health Committee should receive updates on the progress of the works at Roseberry Park.**

[cont.]

- 3. That this report be circulated to the widest possible audience including: Tees Esk and Wear Valleys NHS Foundation Trust, local Clinical Commissioning Groups, Tees Valley Local Authorities, Members of Parliament covering the Tees Valley, Secretary of State for Health and Social Care, and Shadow Secretary of State for Health and Social Care.**

## **Introduction**

- 2.1 Roseberry Park Hospital is a 365 bed, purpose built mental health facility which opened in 2010. The hospital provides adult mental health services, mental health services for older people, forensic mental health services, and forensic learning disability services. It is also the Trust's main administrative base for the Tees area and Forensics.
- 2.2 The hospital was funded and developed using the Private Finance Initiative. Following the opening of the site, there have been ongoing performance failures, and a range of serious defects, including fire safety concerns, have been identified.
- 2.3 There has been an ongoing process of discussion and adjudications between the Trust and PFI contractors. Legal action has taken place resulting in the termination of the PFI contract and the Trust has committed to a major programme of site rectification works.
- 2.4 The Group was established by the Tees Valley Joint Health Scrutiny Committee in order to understand the impact of this work on patients and service delivery.

## **Background**

- 3.1 Planning for Roseberry Park commenced in 2007 and funding was secured through the Private Finance Initiative (PFI) route which was common at the time as a means of delivering new healthcare facilities. PFI was a complex funding method and in the case of Roseberry Park entailed over 100 interlinked contracts.
- 3.2 Funding was in part provided by the John Laing Infrastructure Fund (JLIF) (equity investment) and senior debt, initially by Bank of Scotland PLC. JLIF established a Special Purpose Vehicle, Three Valleys Healthcare, to contract with the Trust, facilitate and subcontract with the construction partner (Laing O'Rourke) and the hard facilities management partner (John Laing Integrated Services, which was later bought by Carillion). The Trust retained internal delivery of 'hotel' services, such as cleaning and catering.
- 3.3 Defects in the construction of the hospital became apparent soon after opening. The Trust reports that since 2010 there were regular discussions regarding performance, leading to disputes and adjudications. Further details of the identified faults and rectifications required are outlined below.
- 3.4 From 2015, concerns were escalated to senior levels in partner organisations and adjudications in relation to certain elements of the facilities management services led to a £3.8m payment for the Trust.
- 3.5 Concerns remained over service failures and reached a head in June 2016 with notification by Three Valleys Healthcare of serious safety concerns. This was precipitated by survey reports that identified a number of fire safety issues.
- 3.6 It was disclosed that Three Valleys Healthcare had commissioned ARUP to undertake a fire survey in September 2015. This identified issues with fire compartments in roof spaces, fire glass, fire doors, and risers. Following notification, The Trust arranged its own survey which identified similar issues.

- 3.7 It should be noted that the Group was informed by the Trust that Three Valleys Healthcare were aware of the fire safety issues in September 2015 following notification by Carillion, but did not inform the Trust until 2016, after the completion of ARUP's investigations.
- 3.8 Once the Trust was made aware of the issues, steps taken to mitigate them included the immediate engagement with Cleveland Fire Brigade, amended evacuation procedures (previous protocols based on horizontal evacuation of wards would have been negated by the defects), updates to staff training, and the stationing of fire wardens on site. A mist suppression system was also commissioned.

### **Legal Process and Contingency Planning**

- 4.1 The Trust is committed to ensuring a programme of rectification works is undertaken and believed it is necessary to undertake a full decant of affected areas to facilitate the programme of works.
- 4.2 The PFI contractor formed its own views on the extent of the necessary works and whether a decant would be necessary whilst the works were completed. Lack of agreement on the way forward led to a further round of negotiations, including with the PFI funders.
- 4.3 From June 2017, the Trust began the process of attempting to terminate its PFI contract due to the performance failures. This is the first time that an NHS Trust had attempted to end its PFI arrangement in this way. It was clear that the funders would challenge this process.
- 4.4 In January 2018, the Joint Committee was informed that the next steps were as follows:
- 'Undertaking intrusive survey work to establish the extent of the faults
  - Installation of the mist suppression system
  - Determination of [the validity of termination] notices and completion of the termination process
  - Adjudications
  - Developing options for getting rectification work underway'.
- 4.5 The above steps were concurrent with the Trust having to manage the risks associated with facilities management and other services. Carillion's difficulties as a company have been well documented nationally and these impacted on the Trust at Roseberry Park. During the period of the PFI contract, Three Valleys Healthcare was responsible for ensuring these facilities management services were provided properly and continuously, including addressing the potential that Carillion became insolvent. Both the Trust and Three Valleys Healthcare established business continuity plans.
- 4.6 Following the concerns with both the contingency plan put forward by Three Valleys Healthcare and the weakening Carillion, the Trust's plans involved the establishment of a wholly owned company TEWV Estates and Facilities Management Ltd in 2017, in order to enable a transfer of staff in the event of Carillion administration (although it ultimately went into liquidation) and to provide the proper and comprehensive delivery of the services if necessary.

- 4.7 In June 2018 TVH entered administration and staff formerly employed by Carillion (who were also in liquidation by this time) were offered employment with TEWV EFM Ltd. The Trust has subsequently employed this staff group within the Trust itself, rather than through TEWV EFM Ltd.
- 4.8 During the period of the Group’s work, the Courts found that the Trust had followed the correct processes in seeking to terminate the PFI arrangement, and this took effect on 27 September 2018.
- 4.9 The PFI contract covered both the initial build of the hospital and provision of ‘hard’ facilities management services. The PFI arrangement was terminated due to the insolvency of Three Valleys Healthcare. The Trust had also amassed sufficient Service Failure Points to terminate the contract for contractor default, Three Valleys Healthcare having failed to provide the contract to the specified level. Future hard facilities management provision will be arranged by the Trust.
- 4.10 A process has also been started to recover the Trust's costs. The Trust has been required to submit a Proof of Debt and a calculation of the costs of delivering the scheme in accordance with the Contract to 2040 (when the contract would otherwise have terminated) to the Administrators of Three Valleys Healthcare, KPMG. The legal process around costs and termination is expected to take several months.

**Rectifications required / Site visit**

- 5.1 A range of defects and performance issues had been identified since the hospital was completed and handed over to the Trust. A summary is as follows:

<ul style="list-style-type: none"> <li>• Heating</li> <li>• Hot &amp; cold water</li> <li>• Staff Attack System (Blick)</li> <li>• Guttering</li> <li>• Roofs</li> <li>• Kitchen cupboard</li> <li>• Flooring</li> <li>• Lighting</li> <li>• Locks and keys</li> <li>• Windows</li> <li>• Contaminated top soil</li> <li>• Drainage</li> <li>• Acoustic door frames</li> <li>• CCTV</li> <li>• Airlock</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuite bathrooms</li> <li>• Water mains access</li> <li>• TV reception</li> <li>• Laundry issues</li> <li>• Discolouration of external material</li> <li>• Poem rising</li> <li>• Treatment room temperatures</li> <li>• Generator failure</li> <li>• FM performance failures</li> <li>• Fire compartments</li> <li>• Fire doors</li> <li>• Fire glass</li> <li>• Other fire safety systems</li> </ul>
---	--

- 5.2 The Group was concerned to hear that staff had lost confidence in the Blick staff attack system. This system has since been subject to a number of repairs and replacement.
- 5.3 As the extent of the issues became apparent, the Trust established a Task Group to understand the full scope of the required remedial works. It has been identified that all

buildings of the hospital have been affected by the defects, and the Trust has begun the process of surveying the clinical areas in greater detail.

- 5.4 The Trust has undertaken a series of ward moves in order to consolidate inpatient admissions and create an empty two ward blocks at Roseberry Park Hospital to complete the survey of defects and plan the required rectification work.
- 5.5 Block 5 (Westerdale Ward) previously contained Mental Health for Older Peoples Services and has now been vacated to enable this work. This followed the wards moves which took place at the end of 2017 and were as follows:
- Hartlepool Adult Mental Health service users normally admitted to Sandwell Park Hospital in Hartlepool were relocated to Roseberry Park Hospital;
  - South Easington Mental Health Service users normally admitted to Sandwell Park Hospital relocated to West Park Hospital;
  - Redcar and Cleveland, Middlesbrough and Stockton Mental Health Services for Older People service users normally admitted to Roseberry Park Hospital were relocated to Sandwell Park Hospital.



Entrance to Westerdale Ward

- 5.6 The Group visited Roseberry Park to gain a greater understanding. Members witnessed the survey work in Westerdale including the walls that had been exposed to investigate further. This had revealed issues including gaps around fire doors, poor quality flooring, and missing supports within the walls.
- 5.7 Members also witnessed the discoloured external rendering and noted the garden areas where clean top soil had not been used in the original construction. This meant that building materials and implements had emerged from the soil over time and could have potentially been available to patients and visitors.



- 5.8 In addition to the survey work, installation of the mist suppression system was taking place at the time of the Group's visit. This fire protection system is to address the issues within the roof void, and was a substantial undertaking.



The Group observing the Installation of the mist suppression system

- 5.9 In relation to Forensic (secure) accommodation, the rectification works would take place once a new Forensic Ward had been constructed to enable a safe decant. This new Block had received planning permission from Middlesbrough Council, and was to be constructed adjacent to the current Forensic Ward, on the existing car park. A new car park is being constructed to accommodate this.



Construction of new car park

- 5.10 Following the completion of the legal process in relation to the termination of the PFI Contract, the Trust has been able to take control of the process of rectification works. It was proposed that two wards would be worked on at any one time wherever possible. An end date for the works had not yet been identified but it was foreseen that the remedial works would take around 4-5 years.

## Impact on service delivery

- 6.1 The Group considered a range of key indicators in order to assess the impact of this disruption on service delivery. Data was taken from six months prior to the commencement of the relocation of wards and the six months after its completion (ie. this excludes the period October to Dec 2017 when Adult Mental Health and Mental Health Services for Older People were undertaking transition).
- 6.2 For context, the average length of stay was 23/24 days in Adult Mental Health services, and 60 days in Mental Health Services for Older People (MHSOP).

### Service Delivery Adult Mental Health

AMH Assessment and Treatment Occupied bed days on local ward by CCG April – September 2017					
CCG	OBD	OBD on local wards	OBD Not on local wards	% on local ward	% not on local ward
HAST	4,117	3,965	161	96%	3.91%
S. Tees	6,864	6,692	172	97.50%	2.50%
<b>Total</b>	<b>10,981</b>	<b>10,648</b>	<b>333</b>	<b>96.96%</b>	<b>3.03%</b>
AMH Assessment and Treatment Occupied bed days on local ward by CCG January – June 2018					
CCG	OBD	OBD on local wards	OBD Not on local wards	% on local ward	% not on local ward
HAST	4,253	4,122	131	96.91%	3.08%
S. Tees	6,372	6,208	164	97.42%	2.57%
<b>Total</b>	<b>10,625</b>	<b>10,330</b>	<b>295</b>	<b>97.22%</b>	<b>2.77%</b>

(Nb. The 2.77% not on local wards is mainly in relation to availability of male beds)

- 6.3 The patients who did not stay on their local area's nominated ward mainly stayed within the Trust but in wards associated with the Darlington/Durham, or North Yorkshire areas. This was sometimes related to patient choice.
- 6.4 It was noted that due to the ward moves, the Trust currently had 12 fewer Adult beds and 8 fewer Older Persons beds available to it. It was emphasised that no one was being denied access to an inpatient bed where there was a clinical need.
- 6.5 Bed occupancy at Roseberry Park (covering the Tees area) was now higher because of this. However there was some leeway available as prior to the programme of moves, Roseberry Park was running at less than 85% occupancy, partly due to the 'purposeful admissions' approach.

### Service Delivery Older Persons

MHSOP Assessment and Treatment Occupied bed days on local ward by CCG April – September 2017					
CCG	OBD	OBD on local wards	OBD Not on local wards	% on local ward	% not on local ward
HAST	3,093	2,963	130	95.79%	4.2%
S. Tees	3,870	3,536	334	91.36%	8.63%
<b>Total</b>	<b>6,963</b>	<b>6,499</b>	<b>464</b>	<b>93.33%</b>	<b>6.66%</b>

MHSOP Assessment and Treatment Occupied bed days on local ward by CCG January – June 2018					
CCG	OBD	OBD on local wards	OBD Not on local wards	% on local ward	% not on local ward
HAST	3,105	2,960	145	95.33%	4.66%
S. Tees	3,436	2,862	574	83.29%	16.70%
<b>Total</b>	<b>6,541</b>	<b>5,822</b>	<b>719</b>	<b>89.00%</b>	<b>10.99%</b>

- 6.6 The Group noted an increase in occupied bed days outside of local wards for Older People. It was reported that this was mainly in relation to patients from the South Tees area and those in transition to the community. For example, it is recognised that patients receiving their care in a North Yorkshire ward may wish to remain at Northallerton rather than move to Sandwell (in Hartlepool and further away) if they were near their end of stay.

#### Impact upon service users and carers

- 7.1 The Group reviewed patient experience data, using satisfaction surveys and also visits to the services:

#### Impact on Adult Mental Health Service Users

Percentage of inpatients surveyed reporting their overall experience as excellent or good							
2017							
AMH	April	May	June	July	August	Sept	Average
	85.71%	87.27%	90.16%	92.45%	84.21%	90.74%	88.44%
2018							
AMH	Jan	Feb	March	April	May	June	Average
	83.33%	90.48%	93.18%	87.50%	89.58%	87.10%	88.17%

(Nb. this includes a small group of people receiving services in Middlesbrough who weren't subject to a move)

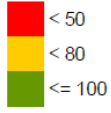
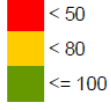
- 7.2 During the Committee’s visit to Roseberry Park it was not possible to speak with patients, but Members noted that staff had engaged with patients in advance of the Task Group’s visit to seek views and no issues were flagged up as a result of those conversations.

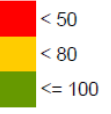
### Impact on Older People’s Service Users

Percentage of inpatients surveyed reporting their overall experience as excellent or good							
2017							
MHSOP	April	May	June	July	August	Sept	Average
	100%	100%	100%	100%	100%	100%	100%
2018							
MHSOP	Jan	Feb	March	April	May	June	Average
	100%	100%	100%	100%	100%	100%	100%

- 7.3 It was noted by the Group that achieving meaningful feedback in Older People’s Services was more challenging in terms of a simple satisfaction survey, and the Trust agreed to look at recent service user and carer experience surveys and extract qualitative comments about the impact of the moves.
- 7.4 In the narrative comments associated with surveys, only two relevant comments had been made, and one person stated that they would rather be at Roseberry Park, with another commending the staff in Older People’s Services.
- 7.5 In terms of patients who are accessing care in the ‘new’ locations, no complaints have been received from patients who may have been re-admitted to locations where they had not been before.
- 7.6 There was no significant change in **carer** experience, except for slight increases in Mental Health Services for Older People as can be seen below.

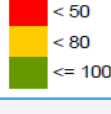
### Impact on Adult Mental Health Carers 2017

Care						
Question Text	Apr 17	May 17	Jun 17	Jul 17	Total	Benchmark
10. How would you rate your experience of our services?	89	85	93	91	90	
<b>Total</b>	89	85	93	91	90	

	Apr 17	May 17	Jun 17	Jul 17	Total	Benchmark
Overall	88	86	91	86	88	
<b>Total Responses</b>	11	25	31	29	96	-







### Impact on Adult Mental Health Carers 2018

Care								
Question Text	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Total	Benchmark
10. How would you rate your experience of our services?	87	89	94	88	90	90	90	
<b>Total</b>	87	89	94	88	90	90	90	




	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Total	Benchmark
Overall	84	88	90	88	88	86	87	
<b>Total Responses</b>	33	18	30	37	34	27	179	-

- 7.7 In verbal comments made to members of staff it had been noted that people recognised that the facilities for visitors were better at Roseberry Park, but it was further to travel.







### Impact on Older Persons Carers 2017

Care						
Question Text	Apr 17	May 17	Jun 17	Jul 17	Total	Benchmark
10. How would you rate your experience of our services?	92	100	93	82	92	 < 50  < 80  <= 100
<b>Total</b>	92	100	93	82	92	 < 50  < 80  <= 100




  

	Apr 17	May 17	Jun 17	Jul 17	Total	Benchmark
Overall	89	96	86	78	87	 < 50  < 80  <= 100
<b>Total Responses</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>31</b>	-

### Impact on Older Persons Carers 2018

Care								
Question Text	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Total	Benchmark
10. How would you rate your experience of our services?	100	91	100	100	88	100	96	 < 50  < 80  <= 100
<b>Total</b>	100	91	100	100	88	100	96	 < 50  < 80  <= 100

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Total	Benchmark
Overall	95	93	96	99	96	97	96	 < 50  < 80  <= 100
<b>Total Responses</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>5</b>	<b>37</b>	-

- 7.8 It is thought the improvement in carer experience was likely to be connected to a change in practice on wards, in particular the introduction of Johns' Campaign. John's Campaign proposes that carers of people with dementia should be able to stay with them and applies in all care settings. It enables open access for visitors to wards, and so they are not restricted to traditional visiting times.
- 7.9 The Group was provided with the summary of the recent work to carer and family engagement surrounding the John's Campaign. This work was initially undertaken in the Westerdale South

(Organic Inpatient) Ward (at Sandwell Park), and then in Westerdale North. This project led to a range of improvements including visiting times but also other forms of support.

- 7.10 The Trust believe this would have contributed to the improved Carer Experience scores over this period, and the project would have taken place at Roseberry Park had services remained there. As the project has been judged a success it will be rolled out to other wards in the Trust. A range of measures have been introduced:
- Visiting - open visiting hours, meals offered to carers, overnight stays available, designated carer room introduced;
  - Transport - volunteer drivers recruited to transport carers to the wards;
  - Welcoming approach – refreshments made available, monthly carer events;
  - Support – support sessions routinely offered to carers, carer assessments routinely offered, weekly Mindfulness Group.
- 7.11 Outcomes from the project include increased carer satisfaction ratings, and an increase in both staff and carers agreeing that ‘carers are supported by the ward’.
- 7.12 Representatives of the Group visited Sandwell Park’s Carers Group to gain additional feedback. On the day of the visit there were 37 patients in the unit, of these 34 were from outside the Hartlepool area. Two sets of carers were spoken to during the visit.
- 7.13 As the average length of stay was 70-80 days, none of the current patient and carer group had been directly affected by the transfer of services. For those who would be at Sandwell when services transfer back to Roseberry Park, planning had already commenced to minimise any disruption and impact.
- 7.14 The two sets of carers were exceptionally complimentary of the services at Sandwell Park. With 34 patients from outside Hartlepool, distance and transport is a concern for visiting carers. This had been alleviated by the provision of the volunteer driver and taxi services; carers were very complimentary of these services, with 4,500 miles of transport provided in the last 6 months. When services return to Roseberry Park travel will be an issue for a smaller number of carers, and those who remain affected will be able to access the volunteer driver / taxi service.
- 7.15 Quotes from the visit from carers based outside of Hartlepool included:
- ‘Would go to Roseberry Park on a distance basis, not a service basis – services at Sandwell Park are excellent.’
- ‘Consistency of services and staff is essential.’
- 7.16 Members also visited the Carers Group for Adult Mental Services at Roseberry Park. Despite considerable efforts from the staff no carers were able to attend. However Members did record feedback from members of the team including the Matron, Carers’ Lead and Carer Champions. Carer Champions are nominated members of staff in each ward. It was felt that carers had not felt the need to attend as the changes affected Hartlepool-based patients more than those from other areas but there were only a few patients on the wards at the time of the visit.
- 7.17 Team members reported that there was generally a quick turnaround of patients so the impacts of the building work had had minimal impact on patients and carers during their stay. There had been some noise issues during the period of time that repairs were taking place on

the roof, but the construction workers had been very responsive to requests to stop or reduce their activity for periods of time when it was disruptive to patients and/or carers.

- 7.18 Decanting arrangements were planned to fit around the patient stays to avoid a disturbance during an inpatient stay.
- 7.19 Champions reported that comments on the rectification programme received from carers included queries on the cost, why the work had not been completed correctly in the first place, and whether costs would be recovered.
- 7.20 In summary no major issues were identified by the carer's representatives, the view being that the rectification work had had less impact on Roseberry Park patients at the current time. However, they felt that the situation would change in the future when further relocation would take place. The moves from Roseberry Park to Sandwell Park had gone well, with the Trust providing lots of support to carers, patients and staff and the experience from this would be factored into future work.

### **Impact on staff**

- 8.1 Prior to the move in wards, and due to the continual need to remedy defects since the opening of the hospital, members of staff reported that the presence of contractors on site came to be regarded as 'normal'. Although most works took place on the outside of the premises, some disruption had been felt as noted above.
- 8.2 During future remedial works this should not be an issue as the wards will be fully decanted for the period of the work.
- 8.3 The Group assessed the impact on staff following the start of the remedial works and shift in the location of wards. 63 members of staff normally based at Roseberry Park were affected by the move to Hartlepool. Staff had been given the option to remain at Roseberry Park as their normal place of work, but the majority of staff had opted to follow their client groups to their new ward location. Around 95% of staff in MHSOP moved to Hartlepool. Members on the visit to Sandwell Park also noted that staff had agreed to stick to their original shift pattern despite the option to amend.
- 8.4 A shuttle bus is in place at the beginning and end of the day; this has helped with travel arrangements, although it is recognised that it does not cater for all staff shift patterns. Managers praised the work of the teams affected by this work and their commitment to caring for and providing consistency to their client group and carers.
- 8.5 Comments from staff were collected during the visit to Sandwell Park. These included:
- the move to Sandwell Park had shown the benefits of a smaller ward with fewer blind spots, and patients were more settled and more engaged. These lessons would be taken back to Roseberry Park;
  - the majority of staff transferred with the unit;
  - improvements to the way services are provided as part of signing up to 'John's Campaign' contributed the positive feedback from patients and carers. Staff aimed to be open and always welcoming to carers, much to the benefit of patients.



8.6 The Group considered some metrics on sickness absence and turnover:

Adult Mental Health Staff Related Indicators

Percentage sickness absence rate							
2017							
AMH	April	May	June	July	August	Sept	Average
	2.76%	2.94%	5.24%	5.14%	6.88%	6.53%	4.91%
2018							
AMH	Jan	Feb	March	April	May	June	Average
	5.8%	11.17%	5.09%	2.44%	1.92%	3.57%	4.93%

Staff Turnover Rate							
2017							
AMH	April	May	June	July	August	Sept	Average
	0.91%	0%	0.87%	0.88%	2.65%	0%	0.88%
2018							
AMH	Jan	Feb	March	April	May	June	Average
	0.92%	0.93%	0%	0%	0%	0.98%	0.45%

Older Person Services Staff Related Indicators

Percentage sickness absence rate							
2017							
MHSOP	April	May	June	July	August	Sept	Average
	6.9%	5.37%	5.42%	5.44%	6.55%	7.78%	6.25%
2018							
MHSOP	Jan	Feb	March	April	May	June	Average
	15.12%	18.09%	8.64%	10.13%	8.62%	10.44%	11.97%

Staff Turnover Rate							
2017							
MHSOP	April	May	June	July	August	Sept	Average
	2.33%	0%	0%	0%	3.61%	1.18%	1.16%
2018							
MHSOP	Jan	Feb	March	April	May	June	Average
	0%	1.16%	2.30%	0%	0%	1.20%	0.82%

- 8.7 There was an increase in staff sickness rates amongst staff in the MHSOPs and the Trust was identifying why.
- 8.8 The Trust would summarise the impact on staff and patient/carers as follows:
- no significant change in patient experience of inpatient services;
  - no significant change in carer experience – except for slight increase in MHSOP;
  - no significant change in staff sickness absence or staff turnover rates in adult mental health services;
  - an increase in sickness absence rates in mental health services for older people but a reduction in staff turnover rate. The increased sickness rate was being reviewed;
  - no increase in occupied bed days outside of local wards for Adult Mental Health inpatients;
  - increase in occupied beds outside of local wards for Older People inpatients.
- 8.9 The Trust will continue close monitoring of patient and carer experience and admissions / occupied bed days not on local wards, in order to identify trends and take appropriate action where possible. Further information could be provided on this in the future if required to the Joint Committee.

#### **External views and assurance**

- 9.1 Stakeholder briefings had been provided by the Trust, including to MPs. Concerns had not been directly expressed to the Trust by CCGs or Local Authorities by the beginning of the Group's work.
- 9.2 Clinical Commissioning Groups (CCGs) are responsible for ensuring the services they commission are safe and effective. CCGs do this by considering a range of contractual performance information, as well as undertaking assurance visits.
- 9.3 The CCG's provided a response to the Task and Finish Group's work upon request. This is attached at **Appendix 1** and makes reference to the results of a commissioner assurance visit.
- 9.4 In summary, the CCGs state that 'commissioners are assured by the actions taken by Tees Esk and Wear Valleys FT to manage the impact on patients throughout the remedial work programme ongoing at the hospital. No instances have been highlighted where there has been a detrimental impact on the quality of patient care or the performance of the trust against key performance indicators'.
- 9.5 Local Mind organisations in each Borough, and trade unions representing staff normally base at Roseberry Park were informed of the review. No submissions have been received to date.
- 9.6 Local MPs were informed of the Group's work and the opportunity to comment. The following submission was received from Alex Cunningham, MP for Stockton North:
- 'The failure of the PFI contract with the Trust in so many ways has the potential to cause major disruption to patients given that many may need to be accommodated away from the site - whilst others, in secure accommodation, face being moved to facilities yet to be created.

I believe the Trust has kept other MPs and I informed over recent years about the ongoing failure of the contract particularly in relation to the poor and unsafe works at the site which the contractor failed to put right.

Our concerns relate to the potential impact on current and future patients; their safety whilst remaining in sub-standard accommodation; and any impact on waiting times due to capacity issues.

I welcome the Task and Finish group's work and believe the issues above are the ones where we all need to seek reassurance in the best interests of patients.'

- 9.7 Feedback was gathered from local Adult Social Care Departments as these work closely with the Trust in the delivery of mental health and learning disability services. Overall there has been little impact on most Local Authority operations, however Redcar and Cleveland Council raised a number of issues that have, and may become, apparent due to the distance to Mental Health Services in Hartlepool.
- 9.8 Middlesbrough's team highlighted an impact on staff travelling time and expenses, however access to Sandwell Park was good, and the staff and volunteer transport arrangements were highly praised.
- 9.9 Hartlepool Adults Service noted that they had been well informed of the ongoing situation by the Trust. Additional staff time and expenses in relation to the need to travel to Roseberry Park has been offset by reduction of costs provision of support to clients now attending Sandwell. An issue around continued access to advocacy for individual clients who had to cross local authority boundaries was addressed through re-charging, and is monitored on a case by case basis.
- 9.10 Redcar and Cleveland also noted the impact on staff expenses and time, and patients and families, due to the greater distance, as well as the cumulative impact on staff. The Council had additional concerns around the distance between Sandwell Park and the Borough, noting actual and potential risks including: increased pressure on the extra travelling time for older people needing care; risks around fewer people giving informal consent to admission due to lack of local beds, leading to possible rise in detentions under the Mental Health Act; increased use of private ambulance provision; difficulties for Care Homes undertaking assessments of in-patients; potential for longer in-patient stays.
- 9.11 The Trust noted the perceived additional impact on the Council and was to follow this up directly with the relevant department.
- 9.12 A number of agencies were also contacted in Darlington on behalf of the Group by Cllr Taylor, and none raised any issues in relation to Roseberry Park.

#### **The future of the Private Finance Initiative**

- 10 The Chancellor announced as a part of the 2018 Budget that future public investment projects would no longer be funded via Private Finance Initiative, or its successor, PF2.

## Conclusion

- 11.1 The Group has spoken with members of staff, carers, and sought views from interested parties including the Clinical Commissioning Groups (CCGs), Adult Social Care, and Members of Parliament.
- 11.2 The Joint Committee was concerned to learn of the extent of the remedial works necessary at Roseberry Park Hospital. Members recognised the magnitude of the situation the Trust has been dealing with over several years, culminating in the decision to decant wards while the necessary work takes place.
- 11.3 Members were particularly keen to understand the impact patients and service delivery. The Task and Finish Group has found that through the efforts of the Trust and its staff, the situation has been well managed, with the impact on service users and their families alleviated as far as possible.
- 11.4 Members have been particularly impressed by the efforts and approach of staff associated with the affected wards ward moves with all feedback to the Group indicating that the teams have gone above and beyond in their continued delivery of care. The Group agree that the commitment of staff represents the best of public service.
- 11.5 The Group is also clear that this situation should never have arisen in the first place, and would support all efforts to make sure that other services are not affected in this way, both locally and across the country.



# Durham, Darlington and Teesside

Mental health and  
learning disability partnership

Meeting Date:  
Item No: ACPB/

## ACCOUNTABLE CARE PARTNERSHIP BOARD

<b>Title of report:</b>	<b>Report to Tees Valley Joint Health Scrutiny Committee Roseberry Park Hospital Task and Finish Group</b>
<b>Author of report:</b>	
<b>Date of report:</b>	<b>November 2018</b>

## **INTRODUCTION & PURPOSE:**

This report presents a summary of the assurance received by commissioners in relation to care delivered by Tees Esk and Wear Valleys NHS Foundation Trust following the requirement to undertake remedial works at Roseberry Park Hospital, Middlesbrough.

## **BACKGROUND INFORMATION AND CONTEXT:**

It is the responsibility of the Clinical Commissioning Groups (CCGs) to ensure that the services they commission are safe and that patients have a positive experience of care with an optimum outcome. Clinical Commissioning Groups monitor Trust performance via metrics contractually mandated and supplied to them and via Commissioner Assurance Visits (CAV) undertaken to triangulate the information supplied with a review of care provided and first hand patient experience.

The Contract Management Board (CMB) that oversees performance and service delivery of the mental health contract with TEWV across County Durham, Darlington and Tees has received regular updates on Roseberry Park through a standing agenda item. The CMB have been assured by these updates and here have been no instances where quality of service delivery or achievement of performance targets have been affected by the work being undertaken at Roseberry Park Hospital.

Commissioners are assured by the actions taken by Tees Esk and Wear Valleys FT to manage the impact on patients throughout the remedial work programme ongoing at the hospital. We have seen no instances where there has been a detrimental impact on the quality of patient care or the performance of the trust against key performance indicators. We receive regular updates through the contract management board and also the clinical quality review group meetings, on work to date and actions taken.

In addition to the oversight by the CMB, additional assurance has been sought through a number of additional pieces of work from April 2018 to date, in particular a commissioner assurance visit to site.

### **Commissioner Assurance Visit**

An unannounced Commissioner Assurance Visit was undertaken to Adult Mental Health Services Roseberry Park Hospital in May 2018. The Commissioner Assurance Visit provided the CCG with the opportunity to meet with staff and patients to gain their views and also to obtain first hand evidence of care delivery. Equally the visits are also an opportunity for the Trust to showcase good practice and share improvements with Commissioners.

The following areas were subject to particular focus during the visit

- Health Care Associated Infections (HCAI)
- Patient Experience
- Safeguarding Adults & Children
- Medicines Optimisation

The findings from the visit are based on the five domains of care as assessed by the Care Quality Commission linked to key lines of enquiry presented and are presented in full the report attached. Services assessed were found to be 'Good' in all areas.

A commissioner Assurance Visit was also undertaken to Mental Health Services for Older People Sandwell Park Hospital in November 2018. The written report for this is not available as yet however initial feedback given to services was positive. Intervention, care planning and carer engagement initiatives on the ward including volunteer drivers, role of carer engagement workers and carer packs were among the areas highlighted.

**RISKS:**

None currently identified via the Contract Management Board  
None currently identified via the Clinical Quality Review Meeting  
None currently identified via the Commissioner Assurance Visit

**CONCLUSIONS:**

Commissioners are assured by the actions taken by Tees Esk and Wear Valleys FT to manage the impact on patients throughout the remedial work programme ongoing at the hospital. No instances have been highlighted where there has been a detrimental impact on the quality of patient care or the performance of the trust against key performance indicators.

**RECOMMENDATIONS:**

The Tees Valley Joint Health Scrutiny Committee Roseberry Park Hospital Task and Finish Group accept the enclosed report as assurance that commissioners are satisfied that inpatient services delivered by Tees Esk and Wear Valleys NHS Foundation Trust to Tees residents meet their required quality and performance standards.

**Author:****Date:**

<b>Supporting documents/ Appendices:</b>	Unannounced Commissioner Assurance Visit Report Roseberry Park May 2018
--	--