



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

9.30 am

Wednesday, 19 January 2022

Microsoft Teams

As a result of concerns around the Omicron variant, this meeting will be held on a virtual basis.

Members of the public can view a live stream of the meeting at:

<https://www.darlington.gov.uk/livemeetings>.

Members of the public wanting to make representations at the meeting can do so by e-mailing Hannah.Miller@darlington.gov.uk no later than 9.30 a.m. on Tuesday 18 January 2022.

Members of the public may also approach their Ward Councillors (who can attend this virtual meeting) and request that they put their views to the Committee

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. County Durham and Darlington NHS Foundation Trust - Quality Accounts 2021/22 – Presentation by the Associate Director of Nursing (Patient Safety & Governance), County Durham and Darlington NHS Foundation Trust
(Pages 3 - 22)
4. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Accounts 2021/22 – Presentation by Director of Quality Governance, Tees, Esk and Wear Valleys NHS Foundation Trust
(Pages 23 - 36)
5. County Durham and Darlington Adult Mental Health Rehabilitation and Recovery Services - Re-provision of Primrose Lodge, Chester le Street Inpatient Service – Report of the Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and the Director of Operations County Durham and Darlington, Tees, Esk and Wear Valley NHS Foundation Trust

(Pages 37 - 46)

A handwritten signature in black ink, appearing to read 'Luke Swinhoe', written in a cursive style.

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 11 January 2022

Town Hall
Darlington.

Membership

Councillors Bartch, Bell, Dr. Chou, Heslop, Layton, Lee, McEwan, Newall, Wright and Vacancy

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

Darlington Health and Housing Scrutiny Committee – 19th January 2022

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Quality Accounts Update

Lisa Ward and Warren Edge

Agenda Item 3



safe • compassionate • joined-up care



www.cddft.nhs.net

Introduction

- Quality Matters – is our plan to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.
- We are currently refreshing the strategy through a wide programme of consultation.
- We set out interim improvement objectives for the current year, in our Quality Report for 2020/21
- The following slides, and presentation will provide an update on our progress against these interim objectives
- We will shortly consult on the refreshed strategy



Our quality priorities for 2021/22

| Safety | Experience | Effectiveness |
|--|--|-----------------------------------|
| Reduce the harm from inpatient falls | Nutrition and Hydration in Hospital | Mortality Reduction |
| Improve the care of patients with dementia | End of life and palliative care | Maternity Standards |
| Reduce harm from Health Care Associated Infections | | Paediatric Care |
| Reduce harm from category 3 & 4 pressure ulcers | | Excellence Reporting |
| Improve the timeliness of discharge summaries | | |
| Improve management of patients identified with Sepsis | | |
| Mandated measures for monitoring | | |
| Rate of Patient Safety Incidents resulting in severe injury or death | Percentage of staff who would recommend the provider to friends and family | SHMI |
| Time spent in the Emergency Department | Responsiveness to patients personal needs | Patient Reported Outcome Measures |

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Falls



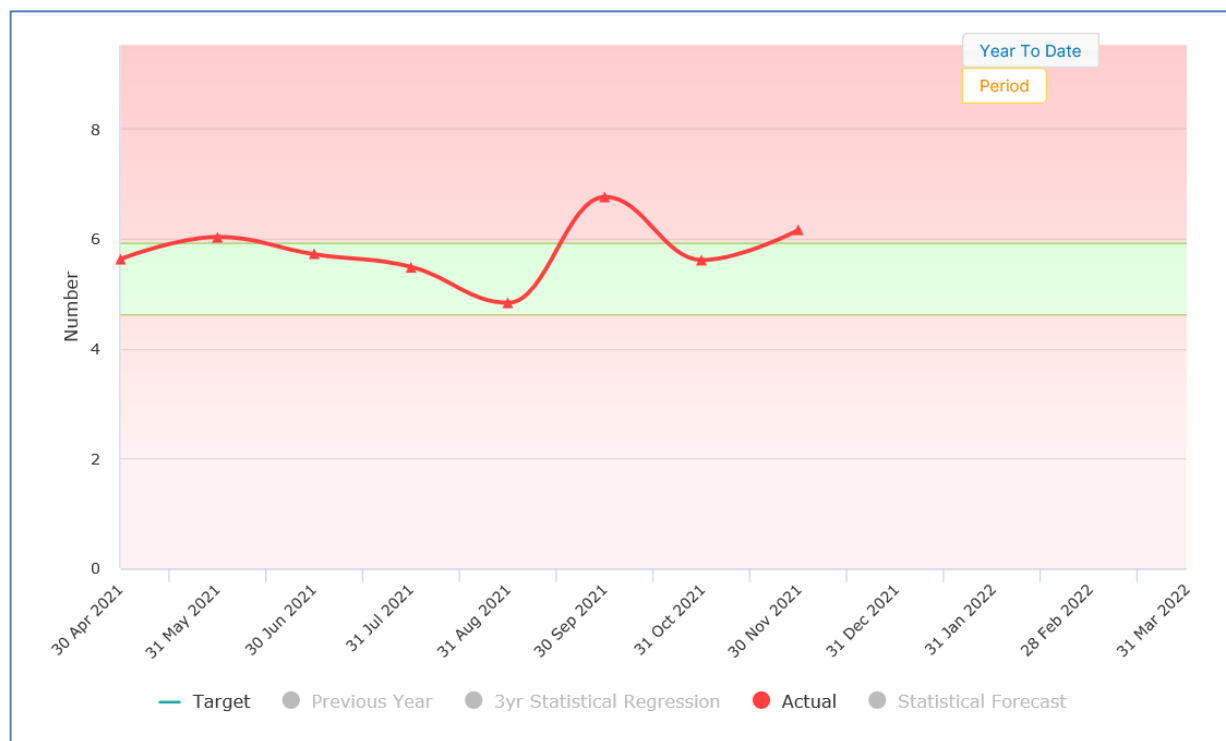
County Durham
and Darlington
NHS Foundation Trust

- Our aim is to minimise the risk of falls and to reduce
- Falls per 1,000 bed days (rolling 12 month position) to 31st October:
 - 6.3 (Acute)
 - 7.1 (Community)
- This compares to 6.8 and 8.0 respectively for the same period in 2020
- The new Falls Strategy has been agreed and published
- We have implemented a new Rapid Review and learning process from all falls
- We are recruiting a Quality Improvement Senior Sister to lead improvement projects initially focusing on falls

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Trend graph – 2021/22 falls per 1,000 bed days

The 'green' zone represents normal variation based on pre-pandemic levels. We returned to this level for most of the year with Sept and November seeing numbers outside of the range.

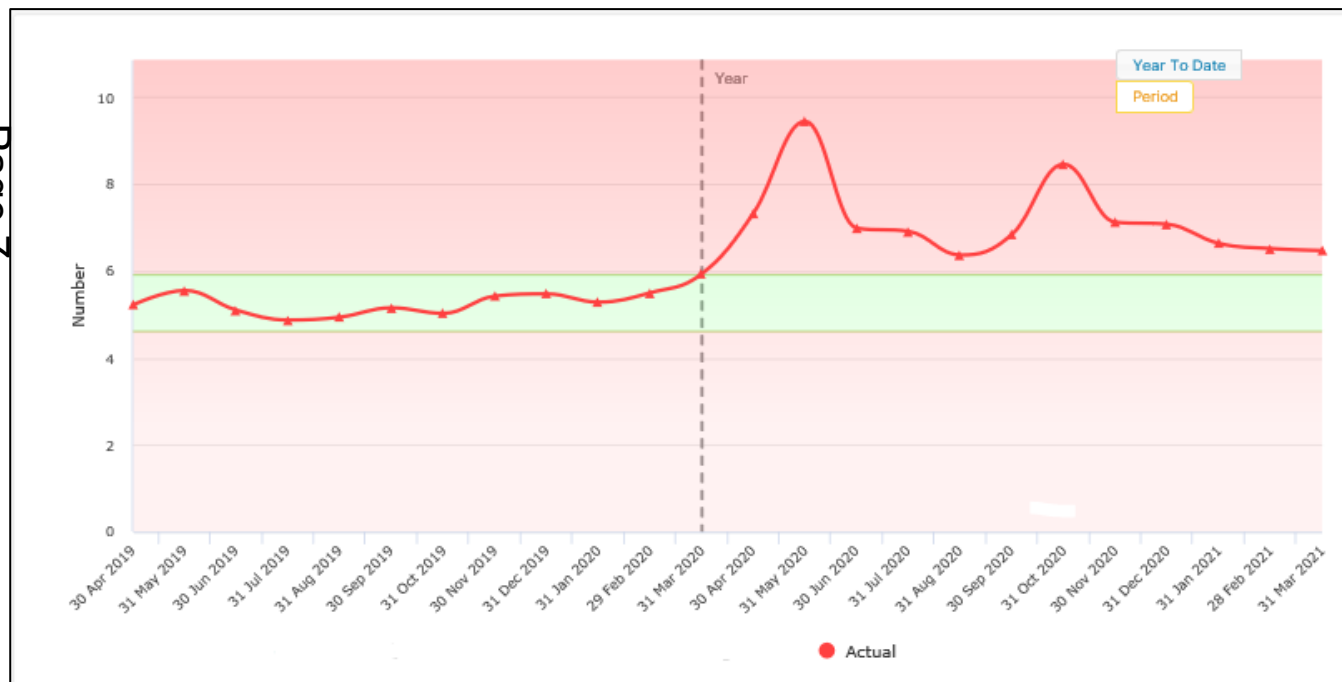


Falls (continued)

Trend graph – 2019-2021 falls per 1,000 days

The graph below shows the prior year trends, with the green zone again representing normal pre-pandemic levels. The improvement in 2021/22, compared to 2020/21 is apparent if you compare the graph below with the previous graph, albeit the scale of previous Covid-19 waves also has an impact.

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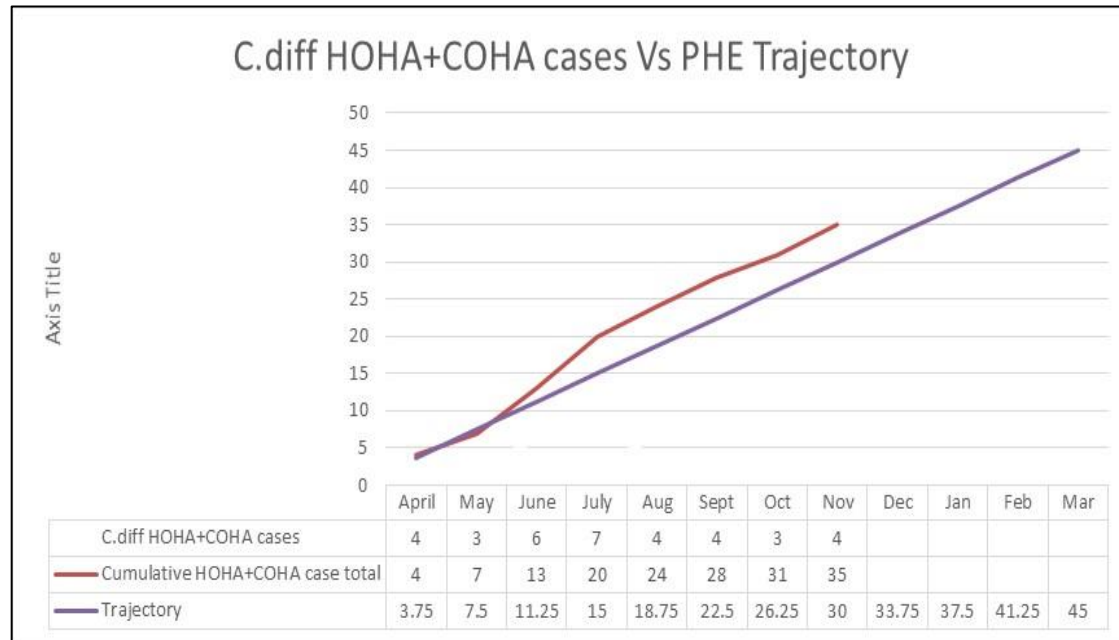
Healthcare Acquired Infections

- We have reported **four** cases of MRSA against our zero tolerance.
- To 31st December, we reported 35 C-Difficile infections compared to a trajectory of 34 based on the full-year threshold of 45 set by NHSE/I
- The monthly rate has reduced after a mid-year blip following concentrated education from our IPC teams

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Other Trusts have experienced similar challenges in meeting C-Diff trajectories during the pandemic

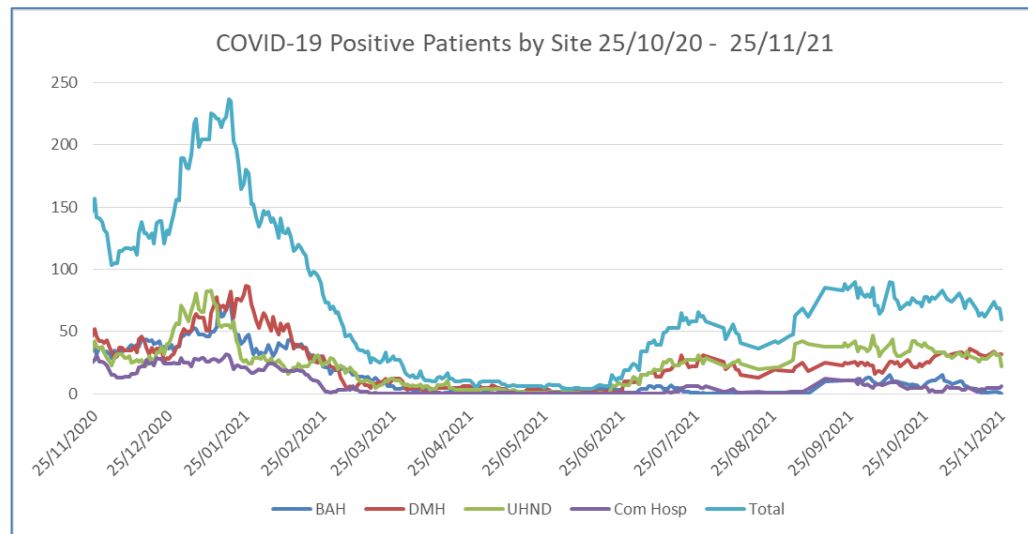
- We are updating our blood culture policy in line with national guidance and providing face to face IPC training through 'topic of the month' sessions for front-line staff



Healthcare Acquired Infections

- The Quality Report for 2020/21 did not include any objectives or priorities for Covid-19 as the pattern and demands of further waves were not predictable at the time of preparation
- We have continued to operate, and use NHSE/I's assurance framework to validate, infection control practices in line with good practice recommendations
- We invited NHSE/I's Infection Control Lead to visit our sites to review our controls
- We have five Task and Finish Groups leading work to continually enhance our controls in line with good practice, with key actions focusing on ventilation / filtration; reinforcing primary prevention measures; maximising support to front-line times from Infection Control / Microbiology specialist; reviewing our estate to best manage isolation and or movement of patients.

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NB: Omicron has resulted in increases to well over 100 Covid-19 inpatients at the present time

Care of Patients with Dementia

| Aims | Progress |
|--|---|
| Re-launch the lead dementia nurse role | Underway, but work needs to continue |
| Strengthen the role of dementia link nurses | Underway, but work needs to continue |
| Re-launch John's Campaign, use of carer passports and 'This Is Me' documentation | All three re-launched through the Senior Nurses community and Senior Sister Away Days |
| Introduce a Dementia Care Newsletter for staff | A quarterly newsletter has been launched |
| To audit our environment and assess the extent to which it is dementia-friendly aligned to the development of frailty services | This remains work in progress – PLACE visits stood down nationally for 2021/22 |

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Pressures Ulcers

- We have a zero tolerance for pressure ulcers resulting from lapses in care and our aim is to have no Category 3 or 4 pressure ulcers involving such lapses
- We are on track to meet this ambition in the year to date.
- There has, however, been one serious incident involving another type of pressure damage which was the subject of rapid learning and action

Electronic Discharge Letters

Dec-21

% EDL sent in 24 Hours

| Care group | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Surgery | 90.3% | 90.3% | 88.4% | 86.8% | 84.7% | 84.2% | 84.9% | 85.3% | 80.3% |
| Integrated Medical Specialties | 94.2% | 93.6% | 94.8% | 93.8% | 93.7% | 92.1% | 91.2% | 91.3% | 88.6% |
| Family Health | 80.8% | 82.0% | 83.2% | 82.0% | 82.4% | 76.7% | 81.5% | 81.0% | 71.8% |
| TRUST | 91.8% | 91.5% | 91.7% | 90.5% | 90.0% | 87.9% | 88.1% | 88.3% | 84.3% |
| Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |

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Over the first half of the year, we maintained performance in line with prior years although not at the 95% target. This is despite all Care Groups monitoring the target each month. Very high activity levels exacerbated by Covid-19 have impacted on performance later in the year.

Our current “Work As One” improvement initiative (which has run from mid-December and is ongoing) focuses closely on all aspects of discharge including timeliness of communication to GPs.

Care of Patients with Sepsis

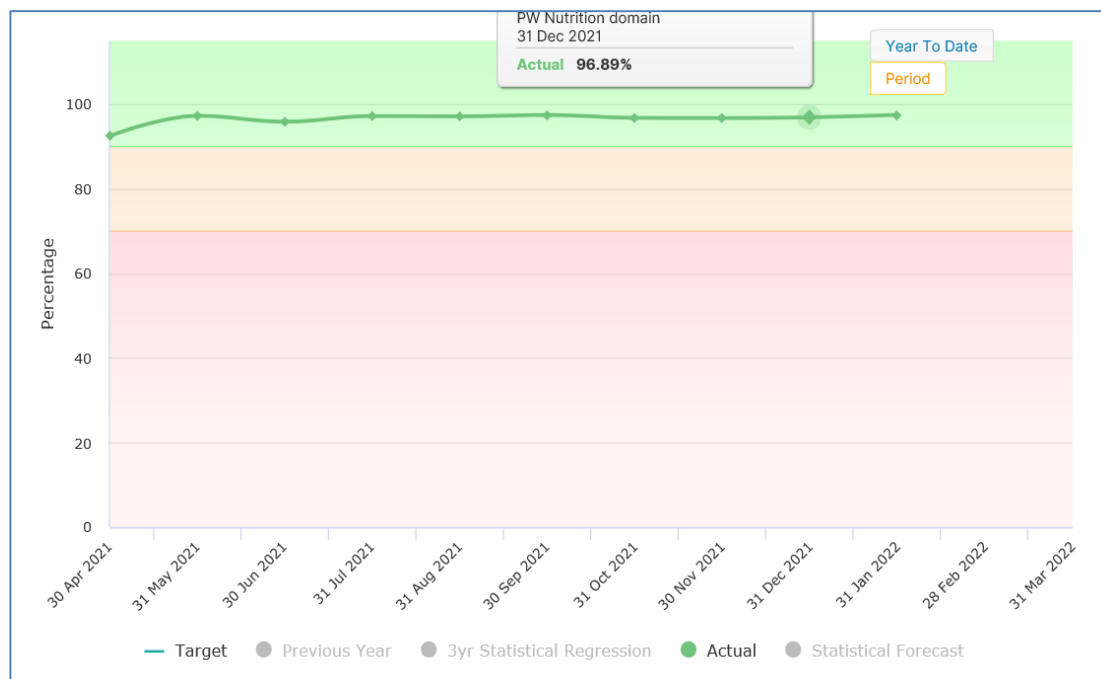
| Aims | Progress |
|--|---|
| To improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department | Audits continue in ED however the time to antibiotics has not improved in 21/22 |
| To improve staff awareness and processes to ensure prompt recognition and response. | Simulation Study Day Developed and three delivered to date. PGD Developed and in pilot for Sepsis of unknown origin. |
| Lead Sepsis Nurse to be in post | Sepsis Nurse in post 1 st June 2021 |

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Nutrition and Hydration

- We have maintained high levels of compliance monitored through our Perfect Ward audit scores, over the year to date
- We did not formally reconstitute the Nutrition Steering Group but the Deputy Director of Nursing and Dietetics teams, instead, provided focused support to any wards or teams not meeting the 90% (green) thresholds, resulting in improved consistency across all areas from mid-year
- The AKI nurse service is now well-embedded with high referrals. As AKI increases with Covid-19, we have not been able to compare like for like in evaluating the service but it is well-used and wards have benefited from the education / awareness provided

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End of Life / Palliative Care

| Aims | Progress |
|---|---|
| Work with stakeholders to refresh the palliative care strategy to 2025 | We have engaged with partners re: the Tees-wide Strategy development. The Trust's strategy has been delayed by pandemic priorities |
| Focus intensively on recognition of dying in hospital to enhance care | This is ongoing work. It has been built into Trust-wide training Recognition of dying from Covid-19 was very good (90% of all deaths, based on audit data) . |
| Explore solutions to the lack of single rooms | We audit access to single rooms. Access to single rooms for patients who are dying is good in DMH (88%) but remains more of a challenge at Durham due to the constraints of the estate. |
| Review care after death documentation and develop a checklist that will remain with the case notes for this element of care | This documentation has been reviewed and the checklist developed and rolled out to all teams |

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Mortality / Learning from Deaths

| Measure / source of assurance | RAG |
|--|-------|
| Summary Hospital Mortality Indicator (SHMI) | Red |
| Hospital Standardised Mortality Ratio (HSMR) | Green |
| Copeland's Risk Adjusted Barometer (CRAB) | Green |
| Completed mortality reviews – 1072 deaths reviewed from 2020/21, of which 7 (<1%) had evidence of lapses in care. Less than 0.5% for 202 | Green |
| North East Quality Observatory (NEQOS) Independent Review | Green |

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HSMR measures, effectively, in-hospital deaths

SHMI also includes deaths out of hospital within 30 days. The Trust is a national outlier for this indicator.

Comments

- SHMI for Darlington is within expected limits, but above it for Durham
- It has however, improved over the course of the year and reduced from 120 to 114.
- NEQOS have presented to the Trust Board on the impact of Covid-19 on SHMI (and its reliability) in the North East. There are two other Trusts in the region with similar trends.
- They advised that more assurance should be taken from the Trust's own reviews and alternative measures and they have commended the Trust's processes as being in line with good practice.
- The Mortality Committee, Clinical Effectiveness Committee and the Board monitor trends closely every quarter including learning and actions

Maternity Standards

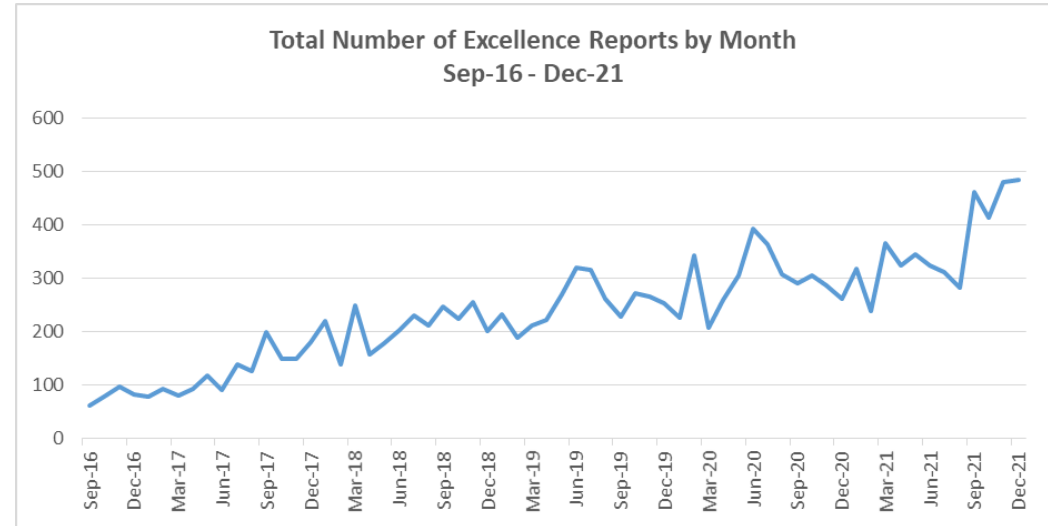
| Aims | Progress |
|---|---|
| Appoint a fetal medicine consultant | Work-in progress |
| Strengthen the role of the Head of Midwifery | The role has been upgraded in line with Ockendon recommendations and reports to the Director of Nursing (in his capacity as Executive Maternity Safety Champion). There are bi-monthly meetings with the Non-Executive Champion. |
| Review staffing against standards and continue to strengthen it | Staffing has been kept under continual review due to sickness absence, maternity leave and the impact of the pandemic (in common with other Trusts). We have secured national funding to recruit beyond current vacancies to support resilience. |
| Roll out of Phases 1 and 2 of the Continuity of Carer strategy | We have rolled out our 'Infinity (Continuity of Carer) programme to four teams, the closest to Darlington being at Bishop Auckland and Ferryhill. The programme was paused in November, for re-evaluation following feedback from staff and the need to maintain safe staffing in our acute services. National leads have visited the Trust and commended the approach. |

Paediatrics

| Aims | Progress |
|---|---|
| Increase the operating hours of the Paediatric Assessment Area (PAA) at UHND | The PAA has been opened 24/7. A dual trained member of medical staff is in the course of being appointed. |
| Explore a similar front of house facility at DMH | Estates constraints prevent us from establishing a similar facility at DMH; however, we have increased our complement of children's nurses in A&E at DMH and established training in paediatric competencies for all nursing staff working that area. We have a dual-trained member of medical staff. |
| Work with local authorities and mental health trusts to strengthen services for children and young people with mental health issues | A formal Partnership Alliance has been established, comprising all parties, with joint working agreements including close working between clinical teams on care plans for these patients. |

Excellence Reporting

- Our aim is to continue to embed learning from excellence within the Trust, increasing reporting and sharing examples of excellence.
- We promote the reporting of excellence in the organisation via a quarterly Trust-wide bulletin, to both celebrate and learn from it. The number of members in the group has recently increased, and its remit has evolved to include Appreciative Inquiry and some patient stories.
- We now tie excellence reporting in with patient compliments (which is reflected in the trend in the chart)



A&E waiting times

As we have seen demand pressures in excess of 2019/20 levels for much of the year, with the added complexity of managing increasing attendances and admissions with Covid-19 we have seen deterioration in our performance against the four hour waiting times target over the year to date

At DMH, however, we have seen steady improvement in time taken to assess patients arriving into A&E.

There is a comprehensive programme of work within the Trust and across the system to optimise flow in A&E and our hospitals.

Four hour waits:

| Month | April 21 | May 21 | June 21 | July 21 | Aug 21 | Sept 21 | Oct 21 |
|-------------------|----------|--------|---------|---------|--------|---------|--------|
| Seen in < 4 hours | 88.0% | 83.9% | 80.8% | 74.5% | 73.7% | 71.5% | 68.8% |

Other indicators:

| Standard | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 |
|---|--------|--------|--------|--------|--------|--------|--------|
| DMH ED attends | 5,514 | 5,617 | 5,871 | 5,624 | 5,571 | 5,569 | 5,587 |
| DMH ED Time to Initial Assessment – within 15 minutes | 3,670 | 3,274 | 3,019 | 3,841 | 4,051 | 3,997 | 4,137 |
| DMH ED Time to Initial Assessment – % within 15 minutes | 66.56% | 58.29% | 51.42% | 68.30% | 72.72% | 71.77% | 74.05% |
| DMH ED Patients spending more than 12 hours in A&E | 22 | 64 | 88 | 172 | 270 | 402 | 520 |
| Average time(mins) in DMH ED – Admitted patients | 271 | 309 | 334 | 394 | 456 | 507 | 542 |
| Average time(mins) in DMH ED – Non-admitted patients | 164 | 170 | 178 | 200 | 208 | 234 | 241 |

Critical initiatives include our ongoing, internal ‘Work As One’ initiative (to optimise A&E, patient flow and discharge processes and work with NEAS and across the County Durham and Darlington system overseen by the LADB.

Other indicators

- **SHMI** – this has been covered through the earlier update on mortality
- **Staff recommendation of the Trust to Friends and Family** – this result comes from the NHS Staff Survey 2021, which have not yet been published
- **Responsiveness to personal needs** – from national datasets, not yet available. However, they draw on the CQC patient surveys. For the inpatient survey – recently published – the Trust was essentially in line with peer trusts and not scored worse for any question
- **PROMS** – data is awaited.

Thank you and any questions....



TEWV Quality Account – progress and future development

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Darlington Health Overview & Scrutiny Committee 19th January 2022

Agenda Item 4

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities this year
- To outline proposed quality improvement priorities for 2022/23 (to be included in the Quality Account 2021/22 document)
- This will help you to respond to our draft Quality Account document when it comes to you later in the year
- Please note that your 'local' data includes County Durham as well as Darlington. 'Trust' data also includes Teesside, North Yorkshire and York, and our Forensic Directorate

Progress on 2021/2022 QA Actions

| <u>Priority</u> | Actions achieved | Actions not achieved |
|---|------------------|----------------------|
| Improve the personalisation of Care Planning | 10 | 5 |
| Safer Care | 18 | 4 |
| Compassionate Care | 8 | 5 |

Care Planning

- Many of the actions under this priority have been extended to Quarter 4 2021/22 due to key staff being deployed throughout the year to perform tasks relating to the Covid-19 pandemic
- A Communications Plan has been developed and is being delivered via the team in charge of delivering our new patient record system (“cito”)
- All training materials to go live on training platform by mid-January 2022
- Baseline data may need to be refreshed before Cito ‘go live’ date in autumn 2022

Safer Care

- Unable to hold Family Conference due to Covid and Business Continuity Pressures pressures; mitigated by work focusing on Serious Incident process with patients and carers – action plan produced
- Patient Experience Network attended by TEWV staff; benchmarking on safety undertaken – some difficulties with comparison of data with other Trusts
- Process still to be established to feedback ‘feeling safe’ issues into ward plans
- Robust exploration of Friends and Family Test (FFT) data has taken place; Patient Experience Groups established within localities and action plans started

Safer Care

- Patient Safety Briefings have been implemented
- ‘Learning lessons from Serious Incidents’ accessible to all via newly implemented learning library
- Patient Safety Campaign on track to be delivered in Q4
- Serious Incident Review project plan produced
- Improvement plan relating to complaints presented to Quality Improvement Group

Compassionate Care

- There is a Trust Carer's Group working with the Organisational Learning Group to support patient safety campaigns
- Revised policy to set out new process for dealing with informal concerns and complaints which is being tested and will 'go live' in Q4

Quality Metrics (at 31/12/2021)

| | Quarter 3 21/22 | | | Trend | D&D Comments | 20/21 |
|--|-----------------------|--------|--------------|-------|---|--------|
| | Durham & D'ton Actual | Target | Trust Actual | | | |
| 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?' | 71.17% | 88.00% | 61.52% | ↑ | This compares favourable to previous months; however due to bed pressures leave beds are often being used for new admissions when patients on leave are due to return to the ward imminently which could have an impact on patients feeling safe | 62.39% |
| 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients | 0.23 | 0.35 | 0.10 | ↑ | There was one Level 3 fall in the D&D Locality during this period; a pilot will shortly begin in MHSOP services of Circadian Lighting which is designed to reduce stress and falls. The Oxehealth pilot also continues, and post-fall prompts have been developed for nursing staff | 0.15 |
| 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days | 21.90 | 19.25 | 25.00 | ↑ | ALD Services in D&D are showing special cause variation for restraint; this is due to one patient who requires a level of restraint to prevent from frequent self-harming behaviours. Other Services are reporting levels of restraint within a normal variation | 30.45 |

Quality Metrics (at 31/12/2021)

| | Quarter 3 20/21 | | | | Comments | 19/20 |
|---|------------------|--------|---------------|---|---|-------------|
| | Durham and D'ton | Target | Actual | | | |
| 4: Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care | N/A* | 80% | 90.17% | ↑ | This target used to be to see patients within 7 days of discharge but has been reduced to 72 hours because of the importance of follow up for discharged from inpatients within the first 3 days. The new target is being achieved. | N/A** |
| 5: Percentage of Quality Account audits completed | N/A* | N/A | 100% | → | These are nationally prescribed audits which are undertaken by the Trust as a whole | 100% |

***Data not collected at Locality Level**

****New metric for 2020/21**

Quality Metrics (at 31/12/2021)

| | Quarter 3 20/21 | | | | D&D Comments | 19/20 |
|---|------------------|--------|--------|---|---|-------|
| | Durham and D'ton | Target | Actual | | | |
| Page 32 6: Patients occupying a bed over 90 days*** | N/A* | <61 | 69 | ↑ | Small number of patients in beds for over 90 days; analysis has been undertaken to understand impact of community pressures and demand forecasting analysis has been completed. Weekly review meetings are in place to discuss and related flow charts and templates have been developed. Work is underway with MHSOP Services and Local Authorities to facilitate discharges following new legislative guidance, | N/A** |

****Data not collected at Locality Level***

*****New metric for 2020/21***

******Position at 30/11/2021 due to key staff being deployed into clinical services***

Quality Metrics (at 31/12/2021)

| | Quarter 3 20/21 | | | | D&D Comments | 19/20 |
|--|------------------|--------|---------------|---|---|---------------|
| | Durham and D'ton | Target | Trust Actual | | | |
| 7: Percentage of patients who reported their overall experience as excellent or good | 93.27% | 94.00% | 94.44% | ↑ | <p>Work has been undertaken with the Patient Experience Team to implement Patient Experience Group meetings, including carers</p> <p>The Locality continues to work with the Patient Experience Team to refine the Local Improvement plan; monthly updates have been well received</p> <p>All 3 of these metrics are currently improving.</p> | 91.65% |
| 8: Percentage of patients that report that staff treated them with dignity and respect | 89.50% | 94.00% | 87.17% | ↑ | | 84.59% |
| 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment | 90.88% | 94.00% | 91.11% | ↑ | | 89.94% |

Next Year - Priorities for Improvement 2022/23

- We have a Quality Programme Group which includes service users and carers, who are developing ideas for 22/23
- We are discussing how to hold a Covid safe engagement event in February or March to agree our priorities for next year with a wider set of stakeholders including Healthwatch, OSC chairs and Trust governors

What next?

- We are aiming to send you the draft Quality Account document towards the end of April 2022 (subject to Guidance)
- There will be a 30-day period to return your comments, which we print verbatim in an appendix
- TEWV Board of Directors will approve the document in June 2022
- Publication of the final document at end of June 2022
- This will be a slimmed down and more user-friendly document than previously (though we still have to include all the mandatory content)
- We will be happy to bring an update on progress during 2022/23 to this committee

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County Durham and Darlington Adult Mental Health (AMH) Rehabilitation and Recovery services; Reprovision of Primrose Lodge, Chester le Street inpatient service

1.0 Introduction

The purpose of this paper is to outline the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon in County Durham. This relocation will reduce the community-based rehabilitation beds from 15 to 8. The service is commissioned and used for Darlington and County Durham residents. The proposal is supported by the Durham, Tees Valley Partnership Board and County Durham Clinical Commissioning Executive Group. The paper will be submitted to the Durham OSC meeting on 14 January and outlines the further targeted stakeholder engagement that will be undertaken. The paper is presented to Darlington Local Authority for information so they are aware of the proposal and the process being followed to implement. We will continue to keep the LA and other stakeholders updated with progress.

2.0 Background

Primrose Lodge is a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street and is leased from the Local Authority. The service is commissioned for Darlington and County Durham residents. The unit delivers supportive interventions to service users with often complex mental health needs. Focus is placed on facilitating further recovery through optimising medication regimes, engagement in psychological interventions, education and skills building allowing opportunities for future independent / supportive living.

Within TEWV there is also a 15 bed High Dependency Rehabilitation and Recovery unit, Willow Ward at West Park Hospital which provides support to more complex service users. As well as the Inpatient Rehabilitation wards there is a community rehabilitation team which works closely with the Inpatient wards and community teams to provide the rehabilitation function to service users in the community. The team have received circa £500k recurrent investment in 21/22 from community MH transformation funding which will enable the existing community service to expand and offer more comprehensive support and to a wider number of service users. This has enabled the service to consider how we continue to transform the model and enhance the community rehabilitation pathway to reduce the duration and reliance on bed-based interventions. The funding is also being used to establish closer and more effective working relationships with voluntary and third sector organisations who have also received additional funding to ensure a more holistic approach to service users' needs which is place based and will aid recovery in their local community.

The rehabilitation and recovery service has undertaken a number of service improvement events over the last 12 -18 months to review its role, function and pathway. The processes that have been implemented will support the recovery

pathway for people using the service and to enable faster realisation of their recovery goals as they move through the significantly enhanced rehabilitation services. The team will now have the capacity to undertake recovery work with a larger caseload with whom they can work with more intensely and they will also have the addition of access to a wider range of professional specialities to support the range of therapeutic interventions that can be offered. This is also a significant factor to help the service meet the objectives outlined in the Community MH framework and NHS Long Term Plan to offer place based care and reduce the reliance on bed based interventions. Improvements to the rehabilitation service in respect of the physical environment have been a locality business plan priority in 2020/21 and 21/22.

As part of the rehab transformation we have carried out an options appraisal to identify the optimum model for community bed-based rehabilitation services, which has been enabled as part of the recent investment. Options considered were upgrading of the existing building, sourcing alternative premises within TEWV estate and external premises. The relocation to Shildon was the preferred option which will be further discussed in this paper.

3.0 Key Issues

Environment

Primrose Lodge is an old building and is not fit for purpose as a modern mental health rehabilitation facility, it does not have en-suite facilities and as such does not meet the required minimum privacy and dignity standards. CQC inspections (the most recent July 2021) have identified the accommodation as a concern due to the limitations regarding privacy and dignity and the building having poor lines of sight for patient observations. The unit does not meet the same environmental standards as other Trust premises and environmental risk assessments outline many ligature points. Significant investment would be required to upgrade the unit to meet the required standards and remove ligature points. Remaining within primrose Lodge would also not mitigate against patients with physical health concerns who cannot mobilise around the building (sleeping facilities are not on the ground floor) due to poor or limited mobility and would also not improve the poor lines of sight within the building.

The service has worked with the Trusts capital team to explore clinically appropriate and cost-effective options to remedy the environmental limitations and safety risks associated with ligature points on the unit. This included an option to remain at Primrose Lodge and upgrade the accommodation to include bedrooms having access to en-suite facilities, this option would reduce the bed base from 15 to 9. This option was however discounted due to prohibitive costs for a leased building and limitations due to the physical layout of the upstairs which would still not fully address the poor lines of sight issue. Remedial options would also not address all of the ligatures within the building.

The preferred option is to relocate to the TEWV owned vacant unit at Shildon. This accommodation would only require some minor adaptations to meet the required privacy and dignity standards and significantly improve the physical environment whilst ensuring the principles of rehabilitation can be met. The ground floor accommodation would also improve access for patients with mobility issues. The premises were built

in 1992 and initially functioned as an extended care unit, accommodating service users requiring longer term care and treatment. Latterly, the accommodation was upgraded and functioned as a Crisis House between 2014 and 2018. The building is configured to support and meet the Trust Privacy and Dignity Policy, including Eliminating Mixed Sex Accommodation Requirements. There are 8 bedrooms which are gender zoned, have en-suite facilities and a female only lounge has been identified.

The Shildon unit provides 8 beds which represents a seven bed reduction based on current provision. Access to 15 rehabilitation beds at West Park Hospital remains unchanged. The pathway redesign events to improve the pathway and access to services, along with the significant investment in the community rehabilitation means that the service are confident, based on demand modelling that 8 beds would be sufficient and allows the adoption of a more person centred and less institutional therapeutic milieu than a larger 15 bedded unit.

Demand for inpatient provision

Data collected via the Trust's data collection system shows that bed occupancy at Primrose Lodge over the past 12 months is on average at 93%. Longer term data suggests that bed occupancy ranges from 64% to 100%.

There are a number of factors which have affected this position and are relevant to understand the current position and rationale to support the services ability to manage within a reduced bed complement.

- Occupancy figures and LOS includes patients who have a delayed transfer of care and longer length of stay due to a lack of community rehabilitation and bed pressures in other parts of MH services due to COVID. There have been 10 delayed transfers of care between April and August 2021. Therefore, the level of demand includes patients who do not need inpatient rehabilitation or whose needs can now be met in the community
- Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some patients have been transferred to rehab beds and therefore occupancy levels include these patients.
- Analysis of the admissions within the last 12 months shows that 11 of 20 admissions (55%) have been transferred into rehabilitation beds due to external factors such as pressures on acute beds, COVID flight restrictions and accommodation blockages
- Suitable and available accommodation is a significant factor in the services ability to transition patients from Primrose Lodge
- The small community rehabilitation service was unable to support all patients on Primrose Lodge whose length of stay would have been positively impacted if this support was available

The service proposals to mitigate these factors are through a range of actions and approaches across the health and care system:

- A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in the community. The staffing is shown below and includes TEWV and VCS roles.

- Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people’s needs. Additional investment has been prioritised to support discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively work into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels.
- Suitable and available accommodation is a significant factor in supporting the transition of patients from Primrose Lodge. The service works closely with the Darlington LA housing team and they are a member of the Community MH Framework groups which has housing as a key element of transformation. In addition rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community.
- A larger community rehabilitation team is also able to provide more intensive support in the community. The team now have access to a wider range of professionals/disciplines which will allow them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people.
- Improvements have been undertaken within the Acute settings to improve flow of patients through acute services which in turn have a positive impact upon the appropriate use of MH Rehabilitation beds. Housing solutions and the Community rehabilitation team provide in reach into the acute mental health settings to support this flow. There is also a daily meeting with leadership teams across the hospital sites to address any barriers/delays to a patients’ discharge. A single point of access into rehabilitation services has also been introduced which supports a consistent and needs led approach to the utilisation of MH rehabilitation beds and the enhancement of a patient’s recovery from an acute setting to a rehabilitation setting.
- A 47% reduction from 15 beds to 8 is achievable based on our demand modelling work undertaken as part of the recent investment requirements for the development of our community service expansion.

Risk log and mitigation plan

The table below details the risks and risk rating with and without the mitigating actions.

| RISK | RATING: (WITHOUT MITIGATION) | MITIGATION | RATING : (WITH MITIGATION) |
|---------------------------------------|------------------------------------|---|----------------------------------|
| Unable to manage demand within 8 beds | Medium Risk | A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in | Low risk |

| | | | |
|---|--------------------|--|--------------------|
| | | the community. They will inreach to the unit to support discharge and reduce length of stay. | |
| A limited range of alternatives to admission to support patients | Medium Risk | The enhanced community rehab team now have access to a wider range of professionals/disciplines which will allow them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people. | Low risk |
| Awareness, engagement and availability of other support services in the health and care system | Medium Risk | Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people's needs. Additional investment has been prioritised to support discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively works into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels | Low Risk |
| Patients remain in the unit longer than needed as their accommodation needs cannot be met | Medium Risk | Rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community. Good links in place with Darlington LA housing team. | Medium Risk |
| Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some | High Risk | Investment to urgent care service will enhance the range and flexibility of alternatives to admission (TEWV and VCS safe space provision). Continued support from the Home Group to support housing needs and maximise | Medium Risk |

| | | | |
|--|--------------------|---|-----------------|
| patients have been transferred to rehab beds | | support provided by the Alliance Contract. Rehab pathway work has meant a more robust pathway with rehab staff working into acute wards to ensure appropriateness of bed useage in rehab services | |
| How to manage the discharges of 15 patients safely and effectively to meet the 8 bed provision | High Risk | We will have a phased transition to ensure that patients' discharges are planned in line with their needs | Low Risk |
| Loss of Chester le street community provision | Medium Risk | To continue to focus on place based support in all parts of County Durham and use VCS investment and Alliance contract to maximise the support available and tailor this to patient needs. | Low Risk |

Changes to the Rehabilitation service pathway

Three improvement events have taken place across the rehabilitation services with the aim of improving the rehabilitation pathway, to ensure that pathways are needs led and individualised to support that transition into community living. Key outcomes from these events are:

- Improved processes and pathways to ensure that rehabilitation services (community and Inpatient) are offered appropriately to patients with rehabilitation needs
- An improved pathway which is recovery based and needs led
- Escalation procedures to support the flow of patients through rehabilitation services and reduce barriers to discharge
- Closer working relationships with local authority staff, TEWV colleague, housing providers and voluntary/third sector organisations to support the flow of patients through rehabilitation services
- Regular progress meetings to support the alignment of a patient's goals and the support required to achieve their goals
- Increase in staffing and an enhanced skill mix to support rehabilitation pathways
- In-reach into acute wards to support safe and more timely discharge into the community

The Community Rehabilitation team have had a significant financial investment following the priority to improve MH community rehabilitation services in the NHS Long Term Plan and the Community Mental Health Framework. The new staffing model is described below:

| Staffing pre additional investment | Staffing post additional investment |
|---|--|
| 3 x Specialist Practitioners | Team Manager |
| 4 x Support Workers | 5 Specialist Practitioners |
| | 2 Liaison Clinicals |
| | 7 x Support Workers |
| | 2 x Occupational Therapists |
| | 1 x Highly Specialist Psychologist |
| | 1 x Assistant Psychologist |

| | |
|--|---------------------------------------|
| | 1 x Physical Health care Practitioner |
| | 2 x Physical Health care Associates |
| | 1 x Activity Coordinator |

The Community Rehabilitation team are a valued and effective element of the rehabilitation pathway. Prior to the recent additional funding, the team had a limited capacity as they offer an intensive service to service users across Durham and Darlington. This increase in capacity allows the team to manage a larger caseload and they can work with individuals more effectively on a needs led basis. The community rehabilitation team have made a positive impact upon supporting the flow of patients into the community from rehab wards and the acute wards, they also work closely with community teams to prevent admission. The team now have access to a wider range of professionals/disciplines which will allow them to be more flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Close and effective links have been established with voluntary and third sector organisations to further maximise the support available in the local community for patients.

Rehabilitation services have improved to ensure that services and organisations across health and social care settings are providing a whole systems approach to support an individual in their communities and reduce the reliance on bed based care away from peoples own homes. The new Alliance contract within the locality will also increase the range of support available to people. The inpatient services also work closely with housing providers to ensure that rehabilitation beds are not being inappropriately used due to any barriers to discharge relating to housing.

Access to Community services

The location of the Primrose Lodge unit has brought benefits from its good access to community venues and public transport. Social, leisure, education and health facilities are available which can be accessed by service users as part of their identified rehabilitation plan. It is important to recognise that access to these services will not cease due a relocation – the community rehabilitation team will support patients with accessing local amenities and activities within their local/home area. For example a patient who resides in North Durham will continue to be supported to establish links within their local area despite the relocation. Services have developed very good working relationships with voluntary and third sector organisations across County Durham to enhance the knowledge and awareness of support within local communities. A recent case study example of this was evidenced when the Community Rehabilitation Team supported a patient who at the time resided in Primrose Lodge. The team, as part of the individualised care plan, supported the patient to access a college course, attend AA support meetings and due to good local links with third sector organisations accessed a walking group and healthy eating group. These services were provided with the individuals' local area (outside the Chester le Street locality). Working with individuals in their local area helps establish local meaningful activities, friendships and support mechanisms to keep them safe and well in the community. The increased Community Rehabilitation provision allows

for the team to support individuals achieve their goals in their local community regardless of the location of the Inpatient community Rehabilitation Unit.

The access to community facilities can be replicated within Shildon or neighbouring towns of Bishop Auckland and Newton Aycliffe. The town of Shildon also benefits from good public transport links operating to Durham, Darlington, Newton Aycliffe, Bishop Auckland and across the whole county. For Darlington patients the unit in Shildon gives shorter and improved transport links compared to the current unit at Chester le Street. The enhanced community rehabilitation team will provide a greater capacity to support patients within their local area, support the transition into the community and to establish links with community services which meet their needs. This approach means the team are working towards meeting the objective of place based integrated care as set out in the Community MH Framework and Long Term Plan.

Workforce

The relocation of the inpatient unit would alter the location of the base for staff working into Primrose Lodge and the community rehabilitation team who are currently based within the unit. A paper has been submitted to the Local Consultative Committee (LCC) outlining the proposal and formal organisational change requirements. This change has been supported. An additional base has been secured for the community rehabilitation team on the Lanchester Road hospital site to enable closer access to the north of the county.

Relocating from Primrose Lodge to Shildon will see a reduction in the bed base offered. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, improving interventions, supporting purposeful admission and discharge to community settings. The enhanced community team will continue to work closely to support transition, discharge and keeping people well in their local communities.

Engagement and involvement in rehabilitation developments

There has been a range of engagement with stakeholders regarding the proposed changes to rehabilitation services, including our community rehabilitation service users and the broader service improvements for rehabilitation services. The Locality Manager for Rehabilitation Services is a member of the Durham and Darlington Community MH Framework steering group and leads the Rehabilitation Task and Finish Group. This is a multi-agency group which includes Local Authorities, housing, Commissioners, voluntary/third sector organisations and rehabilitation clinical staff. Community rehabilitation service users have been engaged via a feedback questionnaire which has demonstrated the positive impact the team have upon service users. Interviews with patients and carers following a recent CQC visit has highlighted how valued the staff at Primrose Lodge are. These staff will all remain in place with the move to Shildon. The service will continue to work with service users and their families as part of the implementation group to ensure they are part of the change and transition is completed smoothly.

Timescale

Due to the length of stay within Primrose Lodge a phased reduction of occupied beds is proposed to allow for a safe and effective decrease in available rehabilitation beds. Subject to further stakeholder engagement it is anticipated that the works required to

move to Shildon could be completed by the end of March 2022 with a patient centred transition plan in place to re-locate patients throughout Q1 2022/2023. We will revisit the timescale once the Local Authority Overview and Scrutiny Committee has considered the plan for further targeted stakeholder engagement.

An Implementation group will be established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to review each case and monitor progress towards discharge. Commissioners will be invited to join the group and to support transparency we can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which we believe gives flexibility to ensure safe and effective discharge planning.

4.0 Conclusion

The Primrose Lodge rehabilitation unit is not fit for purpose to meet the requirements of a modern mental health facility. A number of options have been explored including upgrading the facility and looking at alternative accommodation. The preferred option is to relocate the facility to an 8-bed unit in Shildon which meets all environmental and privacy and dignity requirements. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, interventions, supporting purposeful admission and discharge to community settings.

The rehabilitation and recovery service have undertaken a range of improvement events to review their processes, pathway and to improve the pace of recovery. Significant investment into the community rehabilitation service is enabling the team to increase the support and range of interventions they can offer to service users. The investment is also being used to increase the range of community-based support from the voluntary sector to further support people in their local communities. The reprovision of the unit to Shildon will improve the time and ease of access for Darlington residents.

There are a number of factors which have contributed to the current level of demand on Primrose Lodge which does not reflect the accurate level of need for inpatient rehabilitation. This includes responding to pressure on acute MH beds, Covid and delayed transfers of care. However, the service is confident that the service development and mitigations outlined in the paper means that they can manage demand for admissions within 8 beds and that there will not be a negative impact on other parts of the mental health system. This is supported by:

- An improved rehabilitation model that will implement discharge planning at a much earlier stage in the patient's pathway to support recovery and mitigate against delayed transfers of care
- Closer working relationships with housing providers to minimise barriers to discharge across rehabilitation and acute inpatient services
- Improved pathways to ensure rehabilitation services are being accessed appropriately by patients with rehabilitation needs
- Close and effective working relationships with voluntary and third sector organisations to support patients to keep well in their local area
- A significantly increased community rehabilitation provision which can intensively work with rehabilitation and acute services to facilitate safe

discharge and prevent admissions from community settings. This model is based on a reduction in the reliance on rehabilitation inpatient beds

- A phased bed reduction plan will support a safe transition to achieve the reduced bed base. Improved goal setting/care planning and discharged planning processes will ensure the patients that are currently residing at Primrose Lodge will progress through the service on a needs led basis. This combined with a robust assessment process would allow for a planned reduction in bed base within Q1 2022/2021. An Implementation group will be established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to review each patient and monitor progress towards discharge. To support transparency we will invite commissioners to the group and can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which provides flexibility to ensure safe and effective discharge planning
- The risk log will be reviewed on a regular basis to ensure the mitigations for this proposal are effective.

5.0 Recommendations

- The Local Authority are asked to receive and note the proposal to reprovide the inpatient rehabilitation and recovery unit from Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to 8 beds.
- TEWV and the CCG will keep the LA appraised of the progress of the further targeted stakeholder engagement and provide an update on the outcome of this process which we anticipate will be in March/April.

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