

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

15 MARCH 2024

UPDATE ON OUTCOMES OF CARE QUALITY COMMISSION INSPECTION OF HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE NHS TRUST (INCLUDING HILL CREST MENTAL HEALTH WARD)







Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated by Herefordshire and Worcestershire Health and Care NHS Trust (the Trust) on actions taken and progress made to address concerns raised by the Care Quality Commission (CQC), highlighted through their Well Led inspection.
2. The update to the HOSC will also include the progress and actions taken following the CQC inspection of a number of core services which were undertaken alongside the Well Led inspection. This includes improvements around the safety and staffing of provision for adults of working age in mental health wards.
3. The most recent updates to the HOSC on Hill Crest Mental Health Ward were on 11 October 2022 and 15 March 2023 and in December 2023 HOSC members also had the opportunity to visit the Hill Crest and the Elgar Unit mental health wards.
4. Senior representatives from the Trust and NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) have been invited to the meeting to respond to any questions the HOSC may have.

Care Quality Commission (CQC) Inspections in 2023

5. As a result of unannounced CQC inspections on 21 and 22 July 2023, the Trust was issued with a notice of possible urgent enforcement action under Section 31 of the Health and Social Care Act 2008. An action plan to address these concerns was completed. Subsequently a further Well Led inspection in February through to June 2023 (including an inspection of Hill Crest) led to no further enforcement actions and the CQC noted improvements within acute inpatient care. The full inspection report was published in January 2024 and the Trust was given an overall rating of 'requires improvement'.
6. From February to May 2023 there were 4 core service inspections:
 - Adult mental health acute inpatient and psychiatric intensive care wards
 - Adult mental health crisis and health-based place of safety suites
 - Adult mental health community teams
 - Physical health neighbourhood teams

7. From 6 to 8 June 2023 the CQC conducted a Well Led inspection, drawing on one to one interviews with board members, subject matter experts, focus groups and stakeholders.
8. As a result of the inspections, a number of changes were made, including moving the Trust's overall rating from good to requires improvement:

| Overall trust quality rating | Requires Improvement  |
|------------------------------|--|
| Are services safe? | Requires Improvement  |
| Are services effective? | Requires Improvement  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Requires Improvement  |

9. The findings from the CQC inspection can be found in Appendix 1. The organisation-wide themes are as follows:
 - The Trust must ensure members of the executive leadership team work in a cohesive and collaborative way to address areas of risk or concern to ensure they are sighted on risks that could affect the delivery of strategy and provision of high-quality care. (Regulation 17)
 - The Trust must ensure senior leaders are visible in all services. (Regulation 17)
 - The Trust must ensure that effective systems and processes are in place to manage risks in the Trust ensuring the risks are regularly reviewed and mitigated. (Regulation 17)
 - The Trust must ensure learning from incidents is shared across all services to mitigate against the risk of reoccurrence. (Regulation 17)
 - The Trust must ensure policies are up to date, have been ratified and have Equality Impact Assessments. (Regulation 17)
 - The Trust must ensure that action is taken to address a closed culture in the organisation and embed action to improve equality, diversity and inclusion. (Regulation 17)
 - The Trust must ensure action is taken to respond effectively to concerns raised (Regulation 17)
 - The Trust must ensure estates staff are managed consistently in line with other staff in the Trust. (Regulation 17)
 - The Trust must ensure serious incidents are reported to external agencies in line with national guidance in a timely manner. (Regulation 17)
 - The Trust must ensure that staff receive supervision and appraisal. (Regulation 18)
 - The Trust must ensure that personnel files for senior leaders meet the requirements of fit and proper person guidance. (Regulation 19)

Rating for mental health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Inadequate →← Nov 2023 | Requires Improvement ↓ Nov 2023 | Requires Improvement ↓ Nov 2023 | Requires Improvement ↓ Nov 2023 | Requires Improvement ↑ Nov 2023 | Requires Improvement ↑ Nov 2023 |
| Specialist community mental health services for children and young people | Good Jan 2020 | Good Jan 2020 | Outstanding Jan 2020 | Good Jan 2020 | Outstanding Jan 2020 | Outstanding Jan 2020 |
| Community-based mental health services for older people | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 |
| Wards for older people with mental health problems | Good Jun 2018 | Requires improvement Jun 2018 | Good Jun 2018 | Good Jun 2018 | Good Jun 2018 | Good Jun 2018 |
| Wards for people with a learning disability or autism | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 | Good Jun 2015 |
| Community mental health services for people with a learning disability or autism | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 |
| Community-based mental health services of adults of working age | Requires Improvement ↑ Nov 2023 | Good ↑ Nov 2023 | Good ↑ Nov 2023 | Requires Improvement →← Nov 2023 | Requires Improvement ↑ Nov 2023 | Requires Improvement ↑ Nov 2023 |
| Mental health crisis services and health-based places of safety | Requires Improvement ↓ Nov 2023 | Good →← Nov 2023 | Good →← Nov 2023 | Good →← Nov 2023 | Requires Improvement ↓ Nov 2023 | Requires Improvement ↓ Nov 2023 |
| Long stay or rehabilitation mental health wards for working age adults | Good Jun 2018 | Good Jun 2018 | Outstanding Jun 2018 | Outstanding Jun 2018 | Outstanding Jun 2018 | Outstanding Jun 2018 |
| Overall | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |

Rating for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---------------------------------------|---------------------------------------|-------------------------|------------------------|---------------------------------------|---------------------------------------|
| Community end of life care | Requires improvement Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 |
| Community health services for adults | Requires Improvement ↓ Nov 2023 | Requires Improvement ↓ Nov 2023 | Good →← Nov 2023 | Good →← Nov 2023 | Requires Improvement ↓ Nov 2023 | Requires Improvement ↓ Nov 2023 |
| Community health inpatient services | Good Jun 2018 | Requires improvement Jun 2018 | Good Jun 2018 | Good Jun 2018 | Outstanding Jun 2018 | Good Jun 2018 |
| Community health services for children and young people | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 |
| Community dental services | Good Jan 2020 | Good Jan 2020 | Outstanding Jan 2020 | Good Jan 2020 | Good Jan 2020 | Good Jan 2020 |
| Overall | Requires Improvement | Requires Improvement | Good | Good | Good | Requires Improvement |

Progressing the Improvement Plan to Address CQC Concerns

- Following initial feedback from the CQC, the Trust and HWICB took the decision to appoint an Improvement Director to lead the development and implementation of an Improvement Plan. Based upon the themes in the CQC report and an

extensive staff engagement exercise through September and October 2023 which almost 700 staff contributed to, the Trust has developed and commenced delivery of 2 key plans:

i Overall Trust Improvement plan covering:

- a. Culture and Equality Diversity and Inclusion
- b. Systems, Processes and Structures
- c. Regulatory and Accreditation
- d. Communication and Planning
- e. Risk Management
- f. Corporate & Administrative Services

ii A focused plan covering:

- g. The CQC must do's at both organisational and service level
- h. The CQC should do's at service level (organisational level captured within the overall improvement plan)

11. Over the coming months these programmes of work will deliver:

- Training for all staff, starting with those in a leadership, managerial and supervisory role, covering skills which will help embed the behaviours and culture staff said they wanted. These skills will include restorative practice, the impact of incivility, seeking and acting on feedback, inclusivity and discrimination, bias, micro-aggressions & practical emotional intelligence
- A broad Trust Board development programme covering the key themes identified by the CQC of visible leadership, inclusive decision making, effective challenge and risk management
- Staff are confident that if they speak up something will be done
- Fairness and equity in management, development and how people are treated, giving equal opportunities regardless of race, disability or any other protected characteristic
- Updated Governance structures ensuring integrated approach and operation of meetings at all levels. This scaffolding will enable visibility of decision making, escalations & resolutions, risk management, communication and give the channel where staff and patient / carer concerns are formally received and actions recorded
- Updated risk management systems and processes, aligning to the CQC findings and an independent review by the Good Governance Institute
- A clear view of areas at risk of a closed culture developing, giving the opportunity to put supportive actions in place at an early stage
- Effective incident reporting
- Systems and processes which ensure all staff receive a regular one to one supervision and appraisal as well as having a team meeting they can attend and contribute to.
- All staff are managed by the same policies and approaches, based around a restorative culture
- Updated operational processes which reduce impact on clinical and operational time
- All policies have equality impact assessments in place.

Monitoring the Staff and Patient Experience

12. The Trust has developed a monitoring system, whereby staff views are sought every 2 months. The questions asked align to the national staff survey and focus on how staff experience the working environment. This information will be used to understand progress of the improvement plan at both an organisational and Trust level.
13. Ultimately, improved staff wellbeing and experience will lead to improved care and patient outcomes. The Trust is working with both Healthwatch Worcestershire and Healthwatch Herefordshire to develop patient experience questions which will be asked by Healthwatch and used to assess progress.

Hill Crest Ward

14. Hill Crest is a Mental Health Ward in Redditch for adults of working age. The 18 bedded ward provides a 24-hour service offering intensive input for patients who experience acute mental health difficulties. It provides care to people aged between 18 and 65, some of whom may be detained under the Mental Health Act.
15. The Trust uses its admission beds flexibly and patients from anywhere in Herefordshire and Worcestershire may be admitted to any of the 3 working age adult Acute Wards in the two counties, dependant on bed availability and specific patient need. The other two Acute Mental Health wards in the two counties are Holt Ward, a 16 bedded mixed gender ward in Worcester located on Elgar Unit on the Worcestershire Royal Hospital site and Mortimer Ward a 21 bedded mixed gender ward in Hereford (within the Stonebow Unit – Herefordshire County Hospital). The Trust also has four Older Adult Acute Mental Health wards in operation – two wards at New Haven (Princess of Wales Community Hospital, Bromsgrove) and two at Stonebow Unit, Hereford.
16. The CQC inspected Hill Crest on 14 February 2023 as part of the Trust core inspection and noted the following concerns:
 - Poor patient experience in relation to insufficient staff to allow escorted leave from ward or supervised use of the garden areas
 - High use of temporary staffing and poor quality of care delivered by some temporary staff
 - Lack of proactivity in dealing with sexual safety incidents
 - Poor documentation and possible under reporting of incidents
 - Lack of therapeutic activity for patients.
17. Updates were provided to the HOSC on Hill Crest Mental Health Ward on 11 October 2022 and 15 March 2023 and in December 2023 HOSC members also had the opportunity to visit the Hill Crest (in Redditch) and the Elgar Unit (in Worcester) mental health wards.
18. The Hill Crest Leadership Team have been working through a multi-level Improvement Plan from September 2022. The plan was organised into four themes:
 - Clinical

- Staffing
 - Patient and Carer Engagement
 - Environmental
19. The purpose of the plan was to restore safe operations within Hill Crest and make environmental and operating improvements to raise quality of care delivery. The plan was not designed to overcome underlying recruitment issues, or the constraints of the Hill Crest building as a standalone mental health inpatient unit. The Improvement Plan was now substantively complete in November 2023, with no critical outstanding issues.
20. The status of the Hill Crest ward at the time of writing this report was as follows:
- Quality concerns much diminished
 - No new human resources issues
 - 7 complaints, since September 2023 –although none relate to the quality of care delivered in that time period
 - Patient activity programme established
 - Good feedback from staff
 - Positive report from Onside advocacy service
 - Top performing ward on “Quality Audit” –record keeping
 - Patient Flow Quality Improvement programme has good clinical engagement and is showing local results
 - Phased opening to 14 beds with staff/staff side support –no increase in 10 bed footprint. This mitigates (not eliminates) design challenges.
 - Patient selection also mitigates (not eliminates) isolation challenges.
 - Gendered bedroom corridors
 - Staffing levels continue to be a challenge, but mitigated through blocked booked agency arrangements.
21. The Trust’s assessment of the current service at Hill Crest is that it is sustainable at an acceptable level of quality because of the mitigations in place. The ward remains a poor design for acute provision and remains isolated (i.e. Hill Crest is the only “lone” mental health inpatient ward on the Worcestershire Acute Hospital NHS Trust Alexandra Hospital site).
22. During the previous report to the HOSC in October 2023, Members were advised of early consideration of the option to transfer bed provision from Hill Crest to the vacant Athelon Ward at the Elgar Unit on the Worcestershire Royal Hospital site.
23. The standard of accommodation at Hill Crest is below current national standards (no integrated bathrooms for example) and the Athelon Ward is well designed, on campus and available later in the year.
24. The Public engagement has been completed and there were no strong sentiments raised against relocation to the Athelon Ward (Worcester). Parking and travel costs were the only concerns consistently raised.
25. Staff at Hill Crest would prefer to work in the North of the County, so discussions are ongoing to ensure the Trust can provide a sustainable service for the long term and the outcome of discussions will also be part of the Trust Board’s public

meeting in May.

Purpose of the Meeting

26. The HOSC is asked to:

- Consider and comment on the information provided;
- Agree whether any further information or scrutiny is required at this time.

Supporting Information

Appendix 1 – CQC inspection of Herefordshire and Worcestershire Health and Care Trust [Herefordshire and Worcestershire Health and Care NHS Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Contact Points

Matthew Hall, Chief Operating Officer, Herefordshire and Worcestershire Health and Care NHS Trust Tel: 07553 383793 Email: matthew.hall24@nhs.net

Sue Harris, Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust Tel: 07540 252693 Email: susan.harris2@nhs.net

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965 Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes for HOSC on 11 October and 13 March 2023 - [Weblink to Agendas and Minutes of the Health Overview and Scrutiny Committee](#)

All agendas and minutes are available on the Council's website here.