

## Case study: Derbyshire Healthcare NHS Foundation Trust

### Introduction

Derbyshire Healthcare NHS Foundation Trust is a specialist provider of children's, learning disability, substance misuse and mental health services – across community, inpatient and specialist settings..

### The problem

The Trust has three inpatient units for Derbyshire residents with acute mental health needs:

- **The Hartington Unit in Chesterfield**, which is primarily for working age adults but with 12 beds specifically for older adults
- **The Radbourne Unit in Derby**, where all beds are for working age adults
- **Ward 1 at London Road Community Hospital** in Derby, where all beds are for older adults

All three sites were built before the Department of Health issued its Health Building Note stipulating that mental health wards should be built to consist of single rooms, each with an en-suite bathroom. In addition, all three sites have some form of dormitory-style accommodation

At the Radbourne and Hartington units, 118 beds out of a total of 154 on the ward are dormitory or bay beds. This dormitory style provision is separated into individual units with the aid of curtains, with some dividing partitions in place at the Radbourne Unit. As a result, privacy varies

The Trust has been aware of the issue of dormitory accommodation for some time and has been in discussion with commissioners about it. At its Board meeting in April 2019 the Trust elevated the risk “that the Trust estate does not comply with regulatory and legislative requirements” to be one of the five most significant risks the Trust faces.<sup>1</sup> In June 2019, the CQC gave the trust an action to ensure that dormitories are eradicated at the Hartington and Radbourne Units.<sup>2</sup>

### The impact

The trust's issues with estates has a direct impact on the assessment of its quality by the Care Quality Commission (CQC). In 2016, the CQC's comprehensive inspection gave the trust an overall rating of 'requires improvement', identifying a range of issues caused by a lack of investment in capital:

- The report identified that 41% of the estate required major changes<sup>3</sup>

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<sup>1</sup>NHS Derbyshire Healthcare NHS Foundation Trust, [Public Board of Directors: April 2019](#)

<sup>2</sup> Care Quality Commission (2019), [Inspection Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 15

<sup>3</sup> Care Quality Commission (2016), [Quality Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 21

- Whilst acute and some older peoples wards had anti-ligature fixtures and fittings, some long stay rehabilitation, forensic service and health based place of safety had ‘some ligature risks that were not fully mitigated’<sup>4</sup>
- The forensic wards and wards for older people with mental health problems were rated as inadequate because of ‘dormitory style bays that did not promote the privacy and dignity of patients’<sup>5</sup> and the layout of the ward environments which ‘did not consistently enable staff to observe the patient communal areas’<sup>6</sup>

In 2018, a follow up inspection was conducted by the CQC. The rating of the trust was not changed. The report concluded that the ward environment did not support safe care, because<sup>7</sup>:

- Acute admission wards had blind spots along their bedroom corridors and lacked parabolic mirrors
- The cleaning trolleys used on the wards at Hartington Unit held hazardous cleaning materials but had broken doors that did not lock.
- The health based place of safety had ligature points ( these are places were a ligature could be tied to self harm).
- A number of wards had dormitory-style bedrooms, meaning that some patients had to share a bedroom; which compromised their privacy and dignity

Although the Trust has addressed many of the more immediate, practical actions requested by the CQC, the more structural challenges remain.

### The solution

*“There is strong evidence that investment in better NHS accommodation and facilities leads to better health outcomes for patients. Looking at mental health care, for example, many of those with acute mental health needs will come into hospital at the most vulnerable point in their lives; we have a duty to provide them with a physical environment where they feel calm and safe, and where their privacy and dignity are maintained. For our Trust, whilst we have some very modern facilities for our acute dementia inpatient services, there is currently a challenge to maintain privacy, dignity and a therapeutic environment in our acute mental health inpatient services, which are housed in older buildings that offer dormitory-style accommodation rather than single bedrooms. Greater capital investment in these services would, I feel, make a huge difference to our patients’ recovery and improve the morale of our hard-working, dedicated staff.”* Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

In the short term, in order to improve patient privacy and dignity and seek partial compliance with national guidance, the Trust has costed up a programme of works that could be established to ensure partitioning is in place across all areas at the Hartington and

<sup>4</sup> Care Quality Commission (2016), [Quality Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 21

<sup>5</sup> Care Quality Commission (2016), [Quality Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 8

<sup>6</sup> Care Quality Commission (2016), [Quality Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 21

<sup>7</sup> Care Quality Commission (2018), [Inspection Report: Derbyshire Healthcare NHS Foundation Trust](#), pg. 4

Radbourne Units, whilst mid- and long-term plans are developed. However even this short-term programme would require significant investment.

In the longer term, reconfiguring the current estate to create 15 sq. metre single rooms (the recommended size) would not only require major investment but would also significantly reduce the number of beds available. The three units regularly run at full capacity at present. The cost of establishing facilities that provide single en-suite accommodation, either on the current estate footprint or at new sites, would be between **£75 million and £100 million.**