Blackpool Council

5 April 2016

To: Councillors Benson, Critchley, Mrs Henderson MBE, Humphreys, O'Hara, Scott, Singleton, Stansfield and L Taylor

The above members are requested to attend the:

RESILIENT COMMUNITIES SCRUTINY COMMITTEE

Thursday, 14 April 2016 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1   DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned; and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2   LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR   (Pages 1 - 10)

To provide an update on the information requested at the Committee's previous special meeting to consider The Harbour.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Steve Winterson, Director of Engagement, Lancashire Care Foundation Trust
Date of Meeting	14 April 2016

LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

1.0   Purpose of the report:

1.1   To provide an update on the information requested at the Committee's previous special meeting to consider The Harbour.

1.2   Representatives from Lancashire Care NHS Foundation Trust (LCFT) and Blackburn with Darwen CCG (the lead commissioner for Mental Health Services in Lancashire) attended a special meeting of the Resilient Communities Scrutiny Committee on 12 November 2015 and presented a report on The Harbour. The Chairman of the Committee requested an update be brought back, particularly addressing the following:

- The results of the independent investigation into the incident on Byron Ward in appropriate detail, whilst respecting confidentiality of the parties involved.
- The results of the independent piece of work to be undertaken regarding the model used to determine the number of inpatient beds required.
- Additional information regarding the increase in community provision.
- An analysis of the impact of the clinical decision unit on the capacity of beds available.
- Assurance that the failings identified within the CQC inspection report were being addressed.
- An update on the impact of the new recruitment and retention strategy.

2.0   Recommendation:

2.1   To consider the paper and ask relevant questions to seek assurance regarding concerns raised about the Harbour.

3.0   Reasons for recommendation:

3.1   To provide sufficient information to assure the Committee that the provision of

Mental Health Services within the Harbour is robust.

3.2a   Is the recommendation contrary to a plan or strategy adopted or
        approved by the Council?   No

3.2b   Is the recommendation in accordance with the Council's approved
        budget?   N/A

3.3   Other alternative options to be considered:

        Not Applicable

4.0   Council Priority:

        The relevant Council Priority is 'Communities: Creating stronger communities and
        increasing resilience'.

5.0   Background Information

        A full report was brought to the Committee on 12 November 2015.

        The Harbour was opened in March 2015, as part of a long term strategic plan
        to develop a network of specialist inpatient mental health beds supporting the
        overall provision of Mental Health Services across Lancashire. It is Lancashire
        Care's largest Inpatient Unit and provides care for patients and service users
        not just from Blackpool and the Fylde Coast but other parts of Lancashire too.

        In total there are 154 beds at the Harbour, which is a little over 50% of the total
        adult inpatient capacity for LCFT across the county with the other units being based
        in Lancaster, Ormskirk, Blackburn and Burnley.

        The Committee requested that some specific subjects were addressed in this report
        and these are covered in Section 6.

6.0   Update Information

6.1   **The results of the independent investigation into the incident on Byron Ward**

        An incident occurred which involved serious self-harm at the Harbour,
        Blackpool in July 2014 which led to the death of a patient (referred to as
        patient S).

        An independent investigation led to an action plan being developed by the
        Trust to make improvements, which has been shared with commissioners, NHS

England, the coroner and the family.

In summary, the inpatient admission was in accordance with Patient S's Crisis Plan and appeared to be broadly consistent with the principles of care set out by NICE CG 78 (1.3.7 and 1.4). Care records document that the general approach to care delivery for S over her admission, was consistent with the guidance set out in NICE CG 78, and NICE Quality Standard 88.

However, the planning, coordination and communication of her transition back to the community by the inpatient and community teams was not consistent with the principles set out by NICE CG 78 (1.1.7) or NICE quality standard 88 (statement 5).

A series of recommendations have been developed for Lancashire Care Foundation Trust to consider in response to the concerns identified within this report. The recommendations have been targeted at the Ward, Network, Executive and Trust Board level and are centred around the following themes:

- oversight and coordination of patient care at ward level
- observation monitoring
- clinical decision making processes
- management of people with a diagnosis of Emotionally Unstable Personality Disorder and consistency of practice with NICE Clinical Guideline 78 (2009) and Quality Standard 88 (2015)
- incident reporting and management escalation
- adult safeguarding
- learning from incidents

6.2 **The results of the independent piece of work to be undertaken regarding the model used to determine the number of inpatient beds required.**

Work on this subject is currently being led by Healthier Lancashire. LCFT is working closely with Healthier Lancashire on a wide range of programmes and updates can be provided for future meetings.

6.3 **Additional information regarding the increase in community provision**.

LCFT has designed a revised community services model for secondary mental health services. There is a high degree of confidence that the service model reduces transfers of care and thus provides more consistent care for patients, service users and carers.

In January 2016, LCFT increased capacity beyond the community service model

within Crisis Resolution Home Treatment Teams and LCFT-led Single Point of Access Teams. The impact has been maintenance of patient flow that retains capacity in Crisis Resolution Home Treatment Teams and Single Point of Access Teams.

LCFT is currently maintaining these staffing levels in the community, and is working with the Lancashire CCGs to review commissioned levels of mental health service in community teams (alongside the recent developments in alternatives to admission) to ensure a safe, quality service.

LCFT teams are able to provide assurance that all community patients managed under the Care Programme Approach receive the mandated 12 month care review.

6.4   **Impact of the Clinical Decision Unit on the capacity of beds available.**

The Male Assessment Ward opened in late January and has referred 103 service users up to the 8 March 2016. Of these patients, 49 (48% of total) were then signposted to Community Services and avoided an out of area inpatient stay.

The Towneley Unit opened mid-December 2015 and has referred 117 service users up to the 8 March 2016. Of these patients, 56 (again, 48% of total) have also been signposted to Community Services and avoided an out of area inpatient stay.

6.5   **Assurance that issues identified within the CQC inspection report are being addressed.**

The Trust has used this first major inspection under the new format as a learning opportunity and the outcome is helpful in that it will provide a clear focus for us to make the necessary improvements, with the support from our commissioners and stakeholders. The Trust welcomes the findings of the CQC reports and will use this as a key driver to further improve the quality of services.

The Trust is proud of its employees who in the main were observed by the CQC as being responsive, respectful, caring and kind. The CQC also saw:

- A transparent safety culture with various mechanisms in place for reporting incidents and staff understanding the duty of candour.
- Local leadership being strong in most areas with staff having an understanding of the Trust's vision and values.

- Care and treatment being planned to meet all of the patient's needs and the CQC saw evidence based best practice and a multi-disciplinary approach to the delivery of care, involving a wide range of clinicians and the patient.
- The way that the Trust manages medicines is good overall.
- Initiatives in place to drive quality and improvements to services.
- All of the people using the Trust's community services said that staff were efficient, kind, very helpful and that they felt well looked after.
- The majority of people accessing the Trust's mental health services that the CQC spoke to were positive, saying that staff are caring and respectful.

The positive behaviours that the CQC saw amongst Trust employees are absolutely aligned to LCFT's core values and the CQC gathered comments from the people that use our services including: "Staff are caring, compassionate and respectful" and "Patients are treated with dignity and respect.

In relation to these key improvement areas, the following action has already been undertaken:

6.5.1 **Governance** – the Corporate Governance and Compliance Team is supporting the clinical networks to ensure that they have robust and consistent governance arrangements in place and we have tested our governance and assurance framework below Board level. The next step is to extend the governance and assurance system to team level.

6.5.2 **Care environments** - it is recognised that some of the clinical environments that the Trust delivers services from are outdated and remedial maintenance work has been undertaken or is at least scheduled in relation to a few areas where potential risks were identified by the CQC. All inpatient wards now have a ligature audit and risk assessment in place. LCFT has also made improvements to ensure that the privacy and dignity of patients is maintained whilst they are in our care. In some cases, the Trust delivers services at locations that are owned by other organisations and risk assessments are in place to ensure patient safety. Additionally, LCFT has joined the NHS England 'Sign up to Safety' initiative, which aims to reduce avoidable harm by 50%.

6.5.3 **Staffing** - there is an ongoing rolling recruitment programme underway and the focus is on securing qualified registered mental health nurses for adult and older adult wards. LCFT also has a recruitment drive running for staff to work in prisons and secure units, and in the community we are recruiting more health visitors. Processes have been put in place to speed up the recruitment process so that posts can be filled faster and induction and mandatory training is completed straight away. The Safer Staffing action plan continues to

progress and actions to date have been completed on target. In addition, LCFT is ensuring that within existing teams, the contribution of the wider multi-disciplinary team is maximised to deliver care and frontline services.

6.5.4   **Training** – the Quality Academy has been launched and this aims to ensure that frontline staff are supported to undertake mandatory and professional training and that lower banded staff are afforded development opportunities, enabling the Trust to grow its own future talent base. Investment has been made in providing innovative technology to increase accessibility and support staff training. LCFT is committed to developing our employees and believe that high quality, well developed staff equals high quality care.

6.5.5   **Smoke free** – the Trust is fully committed to supporting its employees and the people that use its services to stop smoking. In the last year LCFT helped over 3,000 to give up smoking and continued efforts will help to prevent the onset of diseases and ultimately add years to peoples' lives. Implementing such a policy in a mental health setting was always going to present a challenge but LCFT truly believes that this is the right thing to do in order to ensure that patients have good outcomes in terms of their overall health and are also committed to addressing the parity of esteem and ensuring that people with mental illness have the same opportunities to live a healthy lifestyle as everyone else. LCFT will continue to support people in mental health wards and secure services to realise the health benefits of not smoking and ultimately help them to quit.

6.5.6   **Occupancy levels** - nationally, the demand for mental health beds is high and the Trust is one of many that is experiencing this pressure in the system. Work is on-going to increase capacity by opening step down beds, a clinical decision unit and assessment wards. LCFT is also working with commissioners to ensure that older people can be discharged from hospital in a timely way, which will also free up more beds.

A comprehensive action plan has been developed against all areas the CQC identified as requiring or benefiting from action – the above summary of action already taken is reflected in that plan along with all our other actions.

The Trust is absolutely committed to providing high quality care and services and has aligned its whole strategy so that it is driven by quality – this is clearly set out in our Vision and our Quality led Strategy. This means that all plans must have quality at the core which involves people being at the heart of everything the Trust does to ensure people who use services have the best possible experiences of safe and effective care. This commitment enables the Trust to both build on and give greater clarity to quality being at the heart of strategic thinking, which encompasses finance, workforce, estates,

performance, informatics and technology plans.

6.6 **Delayed Discharges and Transfers of Care**

As of 21 March 2016 there were 34 Service Users who had had their Transfer of Care delayed. A delayed transfer of care is defined by NHS England as follows:

"A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:
* A clinical decision has been made that patient is ready for transfer AND;
* Multi-disciplinary team decision has been made that patient is ready for transfer AND;
* The patient is safe to discharge/transfer."

The reasons for delayed transfers of care were as follows:

Monitor category	Number
Awaiting nursing home or availability	17
Housing patient not covered by NHS or community care act	12
Awaiting further non acute (including community and mental health) NHS care (incl. intermediate care, rehabilitation services etc.)	2
Patient or family choice	3

6.7 **Patients managed in the community**

Patients identified as requiring an inpatient bed are admitted as soon as a bed becomes available. In cases where beds are not available the Rapid Intervention and Treatment Team (RITT) work with the care home in order to provide comprehensive care planning and contingency plans. Where deemed necessary the care home will be offered a 1:1 for the patient to help maintain their (and others') safety. This 1:1 is funded by LCFT. On occasions where this has been felt not to manage the risk the 1:1 is increased to a 2:1. Whilst a bed is sourced the RITT team remains in daily contact with the home, usually visiting a number of times during the day if this is felt to be needed. The requirement for admission is also escalated to management who dial in to a daily bed conference call.

6.8 Does the information submitted include any exempt information?   No

6.9 **List of Appendices:**

None.

7.0   Legal considerations:

Not applicable.

8.0   Human Resources considerations:

There has been a sustained recruitment programme at the Harbour, both prior to its opening and subsequent to it. The rolling recruitment programme for qualified nurses is proving successful for vacancies at The Harbour, with 19 appointments being made since December 2015. In addition, whilst working in partnership with the East Lancashire in-patient units, 18 Band 3 Health Care Support Workers have been offered roles at The Harbour.

There are currently only 2 live advertisements for vacancies at The Harbour: Band 8a Matron (fixed term contract), and Band 7 Ward Sister/Charge Nurse.

Away from recruitment, changes have been initiated in respect of maintaining the workforce and these include:
- Introduction of hybrid shift pattern as a result of discussions/expressions of interest with
- current staff to provide a flexible approach to work
- Rotation of employees (where suitable opportunities are available)
- Leadership development programmes
- Preceptorship programmes and management programmes
- Clinical supervision
- Career progression – particularly Band 2 into Band 3 roles upon completion of care certificate

It is anticipated that the introduction of the hybrid shift pattern will have a positive impact on recruitment, along with sickness absence levels amongst the staff currently working at The Harbour.

9.0   Equalities considerations:

As the beds are managed across the county, there are no equalities issues.

10.0   Financial considerations:

10.1   There are no financial implications for Blackpool Council.

10.2   Having patients cared in the Private Sector is a significant cost pressure for

LCFT. Facilities to reduce admissions including two 15 bedded Assessment Wards and a six space Clinical Decision Unit, and support for earlier discharge in the form of step-down accommodation, have been implemented which has increased the number of beds available from 297 to 327.

11.0   Risk management considerations:

Both the staffing and financial risks are being actively managed through the Trust's risk management and assurance processes.

12.0   Ethical considerations:

Not applicable.

13.0   Internal/ External Consultation undertaken:

This is not a consultation issue, but there is ongoing communication at an executive level with Commissioners, service users and their carers and other stakeholders.

14.0   Background papers:

None.

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