

Blackpool Council

4 October 2016

To: Councillors Callow, Mrs Callow JP, I Coleman, Elmes, Hobson, Hutton and Owen

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Wednesday, 12 October 2016, 6.00 pm
Committee Room A, Town Hall, Blackpool FY1 1GB

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 PUBLIC SPEAKING

To consider any applications from members of the public to speak at the meeting.

3 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR PROGRESS REPORT (Pages 1 - 52)

To consider improvement progress made concerning the provision of quality care and safe patient services within The Harbour inpatient mental health facility in Blackpool.

4 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Tuesday, 29 November 2016 commencing at 6pm in Committee Room A.

Venue information:

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

Other information:

For queries regarding this agenda please contact Sandip Mahajan, Senior Democratic Services Adviser, tel: (01253) 477211, e-mail sandip.mahajan@blackpool.gov.uk

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care NHS Foundation Trust
Date of Meeting	12 October 2016

LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR PROGRESS REPORT

1.0 Purpose of the report:

- 1.1 To provide an update on the information requested at the Resilient Communities Scrutiny Committee's previous special meeting to consider The Harbour which is the Lancashire Care NHS Foundation Trust's (LCFT) adults inpatient mental health facility based in Blackpool. The Resilient Communities Scrutiny Committee was previously responsible for health scrutiny which is now the function of the Health Scrutiny Committee.
- 1.2 Representatives from LCFT and Blackburn with Darwen Clinical Commissioning Group (the lead commissioner for Mental Health Services in Lancashire) attended special meetings of the Resilient Communities Scrutiny Committee on 12 November 2015 and 14 April 2016.

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 Health Scrutiny Committee that the provision of Mental Health Services within The Harbour is robust, high quality, compassionate and safe.

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 Resilient Communities Scrutiny Committee on 12 November 2015 and an update report on 14 April 2016.

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 LCFT'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.

On the Health Scrutiny Committee's Work Programme is an action transferred over from the Resilient Communities Scrutiny Committee which was previously responsible for health scrutiny functions.

This is a progress update around The Harbour mental health care facility improvements. It was requested that the Health Scrutiny Committee would consider a report including a clinician update and compliance with National Institute for Clinical Excellence (NICE) Guidance concerning the Byron Ward incident which occurred in July 2014.

6.0 Update Information

6.1 The Harbour Improvement Plan

Many improvements have been made at The Harbour focusing on safe, sufficient, value for money quality of care.

6.2 Staff training/retention

The development of staff is one of the current priorities at The Harbour. Regular training is being provided by Human Resources, the Quality Academy and staff with specialisms in specific clinical areas. These include key areas such as mandatory training, management of people and induction for new starters. The introduction of the new performance development review supports the identification of training needs.

Retention of staff is of vital importance and they are encouraged to speak to their line manager if they have any concerns at work in order to, where possible, resolve their concerns. Individuals who have expressed their intention to leave The Harbour have had face to face exit interviews with a manager to ascertain the reasons for leaving and where possible to address any factors that could be resolved and individuals remaining in employment at The Harbour or within the Trust.

6.3 Safeguarding

The Safeguarding Service works closely with the Clinical Networks to account for their delivery of safeguarding practice and compliance. The Safeguarding Team provides a specialist safeguarding service that supports learning and competency through co-ordination of training, supervision, advice and consultancy to all front line practitioners, their managers and fellow professionals.

A review was undertaken of our Advice and Consultancy (ANCOG) service in response to increased demand and need. There is now a single dedicated telephone line to the service and a dedicated administrative support handling the calls.

The Safeguarding Adults Practitioner and the two Safeguarding Children Practitioners continue to be very visible within the Mental Health wards and teams attending team meetings, delivering bespoke training and attending safeguarding meetings at every opportunity. There are three specialist Mental Health Safeguarding Practitioners who continue to support mental health staff in particular, as well as the wider

LCFT Safeguarding Team.

The Safeguarding Team facilitates the LCFT training programme, supervision agenda and Safeguarding advice and consultancy duty telephone rota.

Bespoke training for the Blackpool Safeguarding Board around safeguarding and mental health continues to be delivered on a quarterly basis. The courses have a good uptake and very positively evaluated, with trainer knowledge being highlighted as a strength. The course remains on the training programme for both Adults and Children's Boards going forward. Future dates have been agreed.

The Harbour staff are offered bespoke training that covers safeguarding adults training and Mental Capacity Act training on the same day. This has enabled staff to be released from work for a full day to attend training ensuring that the off-duty rota for each ward is completed to reflect that staff will not be on the ward on that day.

These sessions are still ongoing at present but early indication is that they are well attended and staff are being supported to ensure they attend.

The LCFT Safeguarding Team quality assures its safeguarding training against learning outcomes and the impact this has on practice through evaluation. This provides a greater understanding of how staff are building competencies and implementing their learning in practice.

A number of internal audits take place. A Domestic Abuse Audit was undertaken by the Adult Mental Health Network, this will be re-audited later in 2016 to demonstrate any changes and developments in practice.

Following a recent multi-agency audit by Blackpool Children's Safeguarding Board which highlighted areas for improvement within adult providers, the Adult Mental Health Network is seeking assurance for the standards of practice and identify any areas which may be required to strengthen.

The purpose of the audit is to seek assurance that the thresholds for safeguarding are implemented. A quality audit is near completion to examine the progress of Safeguarding referrals made by LCFT staff to Children's Social Care (CSC). The audit also scrutinises the quality of subsequent LCFT involvement in safeguarding meetings and submission of safeguarding reports. The final report is awaited.

LCFT's Safeguarding Adults Team has worked with Blackpool Borough Council's in launching and implementing the Blackpool Safeguarding Adults threshold model. This will help avoid inappropriate referrals and support appropriate alerts to the local authority and timely responses when concerns have been identified. This document has been rolled out across LCFT services.

There is a robust Datix (software system) incident reporting process in place with all incidents being reviewed within Networks and Network Quality and Safety Groups. Safeguarding incidents recorded on LCFT's Datix system are also reviewed by LCFT's Safeguarding Team to ensure all appropriate actions have been taken and immediate practice issues are addressed.

An ongoing programme has been set up by the Safeguarding Team to ensure that each ward at The Harbour is visited on a regular basis by a member of the Safeguarding Team. These visits coincide with the ward handover meeting and allow staff to be part of the discussions around each individual patient. The safeguarding practitioners have been able to support staff in identifying safeguarding issues.

Engagement in the work of Blackpool Safeguarding Boards continues to be given a priority. A Specialist Safeguarding Practitioner is the nominated representative on the Training Sub-Group.

A Specialist Safeguarding Children Practitioner continues to be involved in the Blackpool Safeguarding Children's Board Multi-Agency Audit Sub-Group. The audit for quarter one (April - June), 2016-2017 was an 'Audit of joint working between adult drug and alcohol services and children's services'.

The Prevent Agenda, tackling extremism and risks to vulnerable people, continues to be a high priority across the Trust. Training compliance continues to increase slowly.

There is an LCFT model of safeguarding champions within each clinical Team. Regular update meetings are held with champions, with expert speakers being invited to the meetings in order to increase the champions' knowledge around safeguarding. This allows clinical staff to have access to a safeguarding champion at any time to support and sign post where safeguarding issues are identified.

6.4 Modelling demand/need for optimum number of beds and community services.

LCFT are working with Blackburn with Darwen Clinical Commissioning Group, the lead commissioner for mental health, to finalise the optimum bed model for Lancashire. It is increasingly clear that, while admission to hospital for treatment is the right option for many patients, for many other patients there are more effective treatments that can be offered if they are available. Such options include short-term and medium-term crisis support and specialist intensive psychological treatment as offered by the new Acute Therapy Service. Importantly, patients accessing these services tell us that they are preferable to inpatient admission. Furthermore, LCFT have opened to specialist Assessment Wards in 2016, in addition to existing bed stock.

We have found that the initiatives introduced this year (Crisis Support Unit, Acute Therapy Service, Assessment Wards, Step-down Housing) are effective; the key question now is the level of demand for each of these services alongside inpatient admission demand. With these alternative treatment options in place, we are currently able to provide 24.6% of people who would previously been admitted to hospital a more appropriate intensive support option.

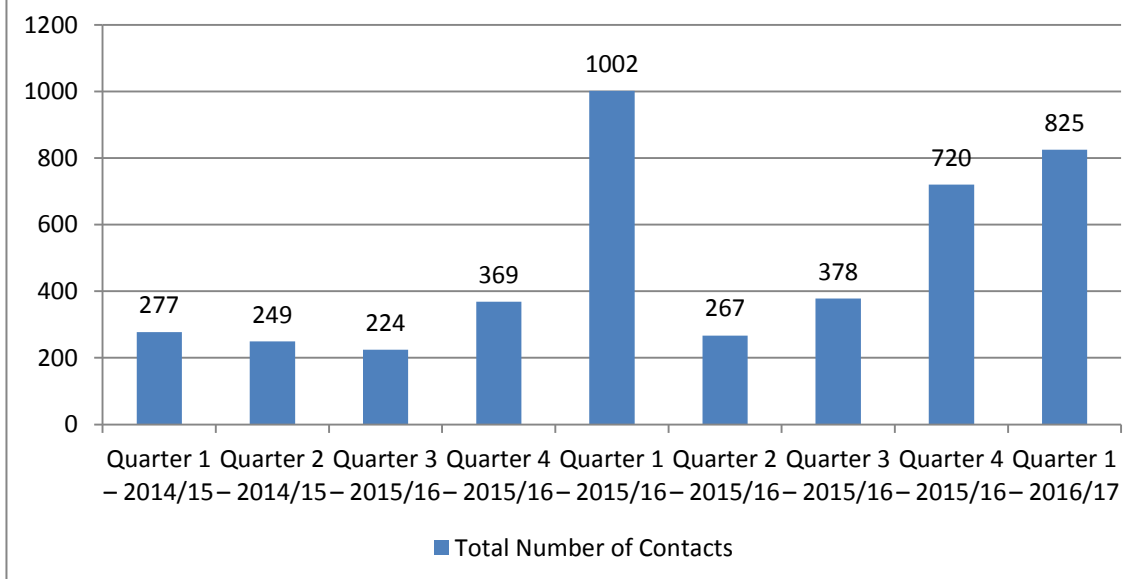
As with bed modelling, the review of community services will focus on the required range of services and the necessary capacity in order to keep people well in the community and also to provide more intensive support in the community that means that people do not need to be admitted to hospital. We know that our current services are effective in supporting and treating people, when compared to similar services elsewhere in the country. The focus of service development will be on people who are not open to our services and find themselves needing urgent intensive support.

LCFT and commissioners are reviewing both the bed model and the community services that are required to support the bed model, and are due to make their initial report in October 2016.

6.5 Safeguarding Reporting

Comprehensive reporting is undertaken, examples of which are shown overleaf.

New Contacts to the Safeguarding Team April 2014 to June 2016



The spike in Quarter One 2015-2016 was an error due to revised data collection systems and duplicate recording. There are now consistent recording systems in place across the service.

Contacts to the Safeguarding Team for advice and support have however risen sharply in Quarter Four (2015-2016) and again in Quarter One 2016-2017. This may be attributed to the increased awareness of the Safeguarding Adults' agenda, increased responsibilities and complexity of cases that staff are engaged in.

The table below highlights incidents at The Harbour categorised as safeguarding for Quarter Four 2015-2016 and Quarter One 2016-2017.

Datix incident reporting Category	January to March 2016 Quarter Four 2015-2016			April to June 2016 Quarter One 2016-2017			Trend from Q1 to Q4	Grand Total
	Older Adult In Patient	Adult In Patient	Total for Quarter	Older Adult In Patient	Adult In Patient	Total for Quarter		
Admission of a minor		1	1			0	↓ 1	1
Assault	55	11	66	70	9	73	↑ 15	145
Deprivation of Liberties (DOLS) Application	1	1	2	1		1	↓ 1	3
Pressure ulcer grade 3					1	1	↑ 1	1
Pressure ulcer grade 4		1	1			0	↓ 1	1
Self-harm (actual)					1	1	↑ 1	1
Self-harm (attempted/suspected)		1	1			0	↓ 1	1
Sexual assault		2	2			0	↓ 2	2
Vulnerable adult	4	6	10	4	7	11	↑ 1	21
Grand Total	60	23	83	75	18	93	↑ 10	176

All the above incidents are reviewed and actions taken accordingly. Out of the 176, 88 cases were alerted to the local authority.

During July 2016 there were 44 incidents reported by staff at The Harbour whereby it was perceived there was a safeguarding issue.

Ten of these cases were alerted to the local authority as required.

- Eight of the cases related to patient on patient assault.
- One threat of violence
- One patient falling/slipping.

Five of the ten incidents were alerted by the Adult Mental Health Network and five from Adult Community Network.

No same patient was involved more than once in the incidents in July 2016.

6.6 Incident on Byron Ward

Details of the independent investigation into an incident involving serious self-harm at the Harbour, Blackpool in July 2014 which led to the death of a patient (referred to as patient S) were included in the Trust's previous report to the Resilient Communities Scrutiny Committee.

A series of recommendations were developed for LCFT to consider in response to the concerns identified within this report, around the following themes.

- oversight and coordination of patient care at ward level

Daily Multi-Disciplinary Team (MDT) discussions are in place with a new structure. "Nerve Centre" is being used to record on which is then copied to Electronic Care Record (ECR) for accuracy and consistency. A Matron visits the ward daily and a weekly 'complex discharge and delayed discharged' meeting is in place to ensure patient care is coordinated and consistent.

- observation monitoring

A new observation policy in place and all the staff that were involved in S's care received training about completing observations, handing over to each other and accurate documentation.

- clinical decision making processes

Clinical decision making is via the MDT only unless pre-agreed. Daily MDT discussions are in place to oversee such decisions and a Modern Matron periodically sits in the ward reviews to ensure we are compliant with policies and guidance

- 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)

Specific training has been delivered to the nursing team around nursing patients with personality disorder; this is provided on a rolling programme. Furthermore, a Consultant Psychologist assigned to Byron Ward is reviewing the care and treatment of all patients and specific work is being undertaken around assessment and formulation in order to advise the MDT and assisting staff with delivering

care

- incident reporting and management escalation

Daily Matron huddles are in place and Datix reports are being received via email on submission of an incident. Daily handovers to the Matron ensure incidents are being reported appropriately. Monday to Friday we have a 24 hour Matron cover on site who visit the ward each shift and in addition to this we have Matron cover during the nights on Saturdays and Sundays.

- adult safeguarding

Mandatory compliance for adult safeguarding has improved and this is a key target for the ward / unit.

- learning from incidents

The newly formed Investigation and Learning team has a specific function around thematic analysis from all incidents and will work with the clinical networks across the Trust to share the learning and ensure continuous improvement. We regularly undertake learning events such as Schwarz rounds and “Dare to Share” events. In addition, the Trust Board receives a patient story at the start of every board meeting to support top level scrutiny and assurance.

- Compliance with National Institute for Clinical Excellence (NICE) Guidance

The Trust has a specific lead role for ensuring then all NICE Guidance is reviewed on publication and that where appropriate the Trust is adhering to that guidance. In addition it formed part of the recent Care Quality Commission (CQC) full inspection. Review of practice through nursing forums is ongoing.

6.7 **CQC review on lessons learnt following deaths**

Following the death on Byron Ward a detailed and extensive action plan was developed: this consists of a network action plan and a corporate action plan. These are monitored through governance meetings.

Similar processes are in place for all Serious Incidents.

Since the incident the network has strengthened the governance in relation to action planning through the appointment of a Governance Lead who has a key role in monitoring the implementation and sustainability of action plans and ensuring the evidence provided to support them is accurate and robust.

Monthly meetings are held with the Lead Commissioner for Mental Health (Blackburn with Darwen CCG) the Associate Director of Safety and Quality Governance and the Head of Investigations and Learning to review progress and monitor implementation of actions plans prior to closure on STEIS (Strategic Executive Information System).

LCFT serious incident guidance being developed

The Trust has developed a new Investigations and Learning Team – independent of all clinical networks - comprised of a number of senior clinicians experienced in Serious Incident investigations. The Investigations and Learning Team is undergoing a detailed induction program and will be fully operational and undertake all Serious Incident investigations in LCFT from October 2016.

The purpose of the Investigations and Learning Team is to improve the quality of Serious Incident investigations and the learning from them; **Page 7** improve the experience of service users, carers, families and

families of victims in relation to the investigation process, being open, the statutory duty of candour and involvement in the investigation process. All receive a copy of the anonymised final report (unless they have requested not to) and meet face to face with the investigation lead to go through the findings.

The Investigations and Learning Team has developed a Standard Operating Procedure that embeds best practice in Serious Incident investigation into day to day work of investigators.

The Nursing and Quality Directorate has employed three Business Partners, to be embedded within network governance, part of whose role is to provide challenge and support to the network with respect to actions plans from Serious Incidents, Complaints, CQC inspections Quality Seal etc.

The Trust has made significant improvements to its Serious Incident process in the light of the Mazars report. The Mazars consultancy firm were commissioned to undertake an independent review into the deaths of people with a mental health or learning disability condition who were registered with Southern Health NHS Foundation Trust between April 2011 and March 2015. A clear audit trail has been established regarding the rationale for the level of investigation commissioned by LCFT for each Serious Incident. A weekly summary report is submitted to the Executive Management Team in which any significant concerns are highlighted.

The Trust has established a Lessons Learned bulletin to be shared across the Trust.

Further improvements to the business continuity of the Serious Incident process are currently being developed as a consequence of centralising Serious Incident investigations with the Investigations and Learning Team.

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

The CQC inspected the Trust again in September 2016. The CQC report will provide independent assurance that issues identified within the previous CQC inspection report have been addressed.

6.8 Does the information submitted include any exempt information? No.

6.9 List of Appendices:

Appendix 3 (a) – Minutes of Resilient Communities Scrutiny Committee held on 14 April 2016
Appendix 3 (b) – Minutes of Resilient Communities Scrutiny Committee held on 12 November 2015
Appendix 3 (c) – Healthwatch Blackpool’s report of service users’ experiences undertaken in April 2016 ‘The Harbour Conversation Project’.

7.0 Legal considerations:

Not applicable.

8.0 Human Resources considerations:

There are no Human Resources implications for Blackpool Council.

9.0 Equalities considerations:

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

10.0 Financial considerations:

There are no financial implications for Blackpool Council.

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:

14 April 2016 <http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=237&MId=3521>

12 Nov 2015 <http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=237&MId=3882>

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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14 APRIL 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Stansfield	L Williams
Humphreys	Scott	L Taylor	

In Attendance:

Ms Lisa Moorhouse, Network Director – Mental Health, Lancashire Care Foundation Trust
Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group
Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

Ms Lisa Moorhouse, Network Director - Mental Health, Lancashire Care Foundation Trust reported that, following the last special meeting of the Committee to discuss The Harbour, a number of changes had been made to the provision of services at The Harbour and to the wider mental health economy. She highlighted the additional assessment beds and clinical decision units noting that their introduction had contributed to a large reduction in the number of patients being treated outside of the area.

Ms Moorhouse also highlighted that the level of staffing had improved, the number of reported incidents had decreased and that fewer complaints had been received. She added that the Trust had invited the Care Quality Commission to undertake a re-inspection, which was expected to take place in the Autumn, when the Trust would be aiming to achieve a rating of 'good'.

The Committee discussed the results of the independent investigation into the incident on the Byron Ward at The Harbour and queried the extent to which the National Institute for Health and Care Excellence (NICE) guidance had been followed. In response, Ms Moorhouse reported that she could not provide the exact details of the case due to patient confidentiality and that she was unable to provide a clinical response to the questions. It was agreed that a full response to the question would be sought from a clinician following the meeting.

In response to a question, Ms Moorhouse advised that risk assessments were undertaken of all patients, however, a risk assessment was an indication of risk at a particular point in time and could change at any time. Following a further question, she added that risk assessments

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14
APRIL 2016**

were updated regularly with the exact timescale dependent on the needs of the patient.

Members noted that the work to be undertaken to update the model used to determine the number of inpatient beds required would be led by Healthier Lancashire and queried the assertion made at the previous special meeting that the work would be undertaken by an independent person. Ms Moorhouse advised that an independent company would be undertaking the piece of work as previously advised utilising capacity planning software.

The Committee queried whether any reductions had been made to mental health community services or staffing and was advised by Ms Moorhouse that a decision had been taken to maintain the same levels of service and staffing until the work on the new bed model was completed and the implications understood.

In response to questions, Ms Moorhouse reported that the male six bed Clinical Decision Unit was based in Blackburn and the female six bed unit in Burnley and that both had had a positive impact on the mental health system as a whole in Lancashire, resulting in a reduction in the number of patients placed out of area. She added that the Trust aimed to increase the number of Clinical Decision Units across Lancashire including the conversion of 12 beds within The Harbour.

The Committee asked further questions regarding the Clinical Decision Units and in response Ms Moorhouse advised that the timescale for implementation was three months and that there were many pathways for referral including attendance at Accident and Emergency or through a GP or Mental Health practitioner.

Members queried the length of stay for patients at The Harbour and was informed by Ms Moorhouse that patients would be admitted for the appropriate length of stay for their condition. In response to further questions, Ms Moorhouse advised that the Trust recorded data on length of stay and readmission rates in order to assess if a patient had been discharged too early.

Following a discussion on the outcome of the Care Quality Commission (CQC) inspection, the Committee queried whether the Board established to monitor the progress made against the actions identified in the inspection was open to the public and requested further information on the membership. Ms Moorhouse reported that the Board was attended by Commissioners, the CQC, senior Trust representatives and other key stakeholders. She added that she was unsure if meetings were open to the public and would circulate a list of Board attendees and the Terms of Reference to the Committee following the meeting.

In response to a further question, Ms Moorhouse advised that progress against the actions to date had been good and the Trust was confident it could clearly demonstrate the outcomes. She added that the Board was measuring progress monthly.

The Committee considered the number of delayed discharges and delayed transfers of care and requested further information on the 12 'Housing patients not covered by the NHS or a Community Care Act'. Ms Moorhouse reported that the NHS was under no obligation by law

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14
APRIL 2016**

to find the patients somewhere to live, but that a patient could not be discharged without a place to go to despite being clinically ready for discharge. Ms Moorhouse added that since the agenda had been published the Trust had undertaken a piece of work to reduce the number of delayed transfers of care and discharges, which had reduced the number from 34 Lancashire wide to 18, with two patients currently delayed in Blackpool.

Members noted that in cases where an inpatient bed was not immediately available, patients were managed in the community by the Rapid Intervention and Treatment Team (RITT) in conjunction with the care home and queried where the staff for the Team were appointed from. In response, Ms Moorhouse advised that staff could be existing Trust staff or bank staff, but were not staff from The Harbour. In response to further questions Ms Moorhouse advised that four patients across Lancashire were currently being managed in the community in a care home, with two of the patients from Blackpool.

The Committee further queried how patients experiencing a delayed transfer of care and awaiting an inpatient bed who had challenging behaviours were managed in a care home and if there had been any safeguarding concerns or incidents reported in relation to the patients. Ms Moorhouse reported that she was aware of two recent incidents from which learning points had been identified. She admitted that it was unacceptable that the incidents had occurred and that regular meetings were held with the Council to discuss concerns. She added that staff were trained to spot the signs of escalating behaviour in order to prevent the escalation and that although she could not guarantee that all staff in the RITT had received control and restraint training, it was the ambition of the Trust to ensure all staff were trained appropriately.

It was noted that at the previous special meeting of the Committee, it had been reported that the shift system in place at The Harbour had prevented attendance at training and that the system was in the process of being changed. Members queried if the change had impacted upon the level of staff training and was advised by Ms Moorhouse that the Trust had a mandatory training target of 100% and was currently achieving 91%, which was a significant improvement. She added that the level of staffing and sickness levels had also improved since the previous meeting.

In response to further questions, Ms Moorhouse informed Members that the staffing level was safe and that there was a turnover of approximately 10%, adding that the Trust utilised a rolling job advertisement to allow continual recruitment if required. She advised that anecdotally staff morale appeared to have improved, but that the Trust acknowledged it had been a difficult first year for staff at The Harbour and was planning to hold an event to celebrate their hard work.

The Committee queried the financial implications of the reporting, disagreeing with the assertion that there were no financial implications for Blackpool Council. To support the view, the Chairman highlighted that Social Workers travelled with patients and provided additional support when required. In response, Ms Moorhouse agreed to take the view back to the Trust.

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 14
APRIL 2016**

Members reported that anecdotal evidence had been received to suggest that the 136 Suite at The Harbour was regularly closed. Ms Moorhouse reported that there were two 136 Suites at The Harbour and that in order to maintain overall staffing at The Harbour one of the suites was not always staffed. She advised that if the open suite was in use then patients would be diverted to other sites. In response to further questioning, she highlighted that the 136 Suites were a county-wide provision and that if the 136 Suites in other locations were occupied then patients might be diverted to The Harbour.

The Committee agreed:

1. To receive a full response to the questions regarding the incident on Byron Ward from a clinician following the meeting.
2. To receive the Terms of Reference and a list of attendees of the Board established to monitor the action plan developed following the CQC inspection.
3. To receive a further update on the progress made in approximately six months.

Chairman

(The meeting ended at 7.02 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: sharon.davis@blackpool.gov.uk

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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12 NOVEMBER 2015

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Scott	L Taylor
Humphreys	Ryan	Stansfield	

In Attendance:

Ms Sue Moore, Chief Operating Officer, Lancashire Care Foundation Trust
 Ms Lisa Moorhouse, Network Director, Lancashire Care Foundation Trust
 Mr Steve Winterson, Engagement Director, Lancashire Care Foundation Trust
 Ms Debbie Nixon, Chief Operating Officer, Blackburn with Darwen CCG
 Mr Paul Hopley, Deputy Senior Responsible Officer, Blackburn with Darwen CCG

Ms Karen Smith, Deputy Director of People (Adult Services)
 Councillor Eddie Collett, Cabinet Member for Health Inequalities and Adult Safeguarding
 Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

Ms Sue Moore, Chief Operating Officer, Lancashire Care Foundation Trust (LCFT) reported that currently nine wards at The Harbour were open and additionally one ward was open but remained closed to new admissions. She added that there were four staff vacancies and that there had been difficulties recruiting and retaining staff, which had been compounded by the move to a three shift pattern from a two shift pattern. Ms Moore advised that the three shift pattern provided a benefit to patients as it ensured staff worked over a five day period rather than a three day period providing greater consistency, however, many staff preferred to work over three days.

Ms Lisa Moorhouse, Network Director (LCFT) advised that currently nine patients from Blackpool resided in adult wards at The Harbour, 14 from Blackpool resided in older adult wards and none resided in the Psychiatric Intensive Care Unit (PICU) at The Harbour. She added that 24 patients from Blackpool resided in other facilities outside of Blackpool.

It was reported that the Care Quality Commission (CQC) Inspection report covering all services provided by the Trust had recently been published and Ms Moorhouse highlighted some of the references to The Harbour within the report and reported the overall judgement to be 'Requires Improvement.'

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12
NOVEMBER 2015**

The Committee highlighted the CQC report which commented that not all new staff had received an induction at the time of the inspection and queried why that had been the case. Ms Moorhouse advised that although many of the staff were new to The Harbour they were not new to the Trust and had previously received a Trust induction. She added that since the inspection in April, procedures had been changed and all new staff to the site received an induction to The Harbour on their first day.

Members also noted that the CQC Inspection report had commented on the support provided for staff and sought assurance that appropriate levels of support and appraisals were in place. Ms Moore advised that all appraisals were undertaken, however, there had been a delay in uploading the appraisals to the new online system, which is what the CQC had considered as part of the inspection. Ms Moore acknowledged that support had not been as good as it could have been and added that the new three shift pattern had ensured greater support.

The CQC inspection report had also raised concerns, which the Committee noted regarding the consistency of approach to smoking and the Committee was advised by Ms Moorhouse that staff had been trained in smoking interventions and the importance of implementing a consistent approach across the site had been highlighted to staff.

The Committee raised concerns regarding the incomplete ligature risk assessments as highlighted in the CQC inspection report and was advised by Ms Moorhouse that the assessments had been completed at the time of inspection and that there had been a lack of communication between two Care Quality Commission departments. Members did not accept the explanation and requested that evidence be provided to the Committee that the risk assessments had been undertaken. The Trust agreed to circulate the completed risk assessment reports to the Committee.

The Committee queried how improvement made against concerns raised in the CQC inspection report would be monitored. Mr Paul Hopley, Blackburn with Darwen CCG advised that all commissioners and stakeholders had received feedback from the inspection and the Commission was working with the Trust on an action plan to address the issues raised. The action plan would be monitored by NHS England, Blackburn with Darwen CCG, as lead commissioners, and Lancashire Care Foundation Trust. He added that a quality board would also be formed to consider actions and highlight good practice.

The Committee noted that the total number of patients from Blackpool currently placed in inpatient facilities was 47 and queried whether the level of provision had increased or decreased since the closure of Parkwood and Lytham and opening of The Harbour. Members were advised that the same model of care was in place and there had been no change to the level of provision.

Members noted previous involvement in a Joint Health Scrutiny Committee set up to consider the development of The Harbour and the strategy for inpatient mental health services. The Committee advised that through the Joint Committee, Blackburn with Darwen

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12
NOVEMBER 2015**

CCG had provided assurance that the quantity of beds would be sufficient and that the number of beds required would reduce in the future. The Committee was strongly of the view that that had been proved not to be the case.

Mrs Debbie Nixon advised that the model used to determine the number of beds required had been based on an expected reduction in the need for beds. A deliberate decision had been taken to phase the building of the two additional new units and assurance was given that a unit would not be closed unless it was safe to do so. The model of assumptions had been tested in 2014 and had proved to be accurate, however, it was accepted that further testing was required to determine if more beds were required.

Mrs Nixon was reported that there had been a significant number of additional patients presenting a need for an inpatient bed, however, referrals were 2% less in 2015 than 2014. She advised that additional community support had been put in place to ensure patients could stay within their own homes if appropriate. She added that an independent person would be brought in to further scrutinise plans and assumptions made. Members asked further questions regarding the independent piece of work to be carried out and were advised that an independent person would be appointed who had the expertise to retest the assumptions made and an in depth review would be undertaken specifically considering the Psychiatric Intensive Care Unit. It was agreed that the results of this review would be shared with the Committee.

In response to questioning, Ms Moore advised that the levels of sickness absence amongst staff at the Trust were consistent and that no impact upon sickness had been seen from the move to a three shift working week. The sickness levels were approximately seven per cent and predominantly related to stress in the long term cases and anxiety or lower back pain in the short term. Ms Moore added that sickness absence was part of the rationale for moving to three shifts and it was hoped the change would have a positive impact upon sickness levels. It was noted that the new shift system had only been operation a short amount of time and therefore an evaluation had not been carried out on the impact of the change.

Mr Hopley advised that a national study had been carried out that had produced an in depth report demonstrating that moving to a three shift pattern did reduce sickness absence levels. The three shift pattern was considered a higher quality model of care and also allowed for greater resilience in covering when staff called in sick.

Members sought assurance that when agency and bank staff were utilised they were employed in a safe and appropriate manner. Ms Moore advised that all staff were vetted and cleared before working for the Trust. Agency staff would be utilised on wards that were less challenging whilst experienced staff were moved to care for more challenging patients. In response to a further question the Committee was advised that there was a maximum of 10% agency staff at a time at The Harbour. In addition a Senior Duty Matron was on site 24 hours a day who would make decisions on how to deploy staff based on need.

In response to a question Ms Moore advised that when fully staffed The Harbour had 415 full time equivalent posts. There were currently four full time equivalent vacancies. She

**MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12
NOVEMBER 2015**

added that additional staff had been recruited to some job types in order to compensate for other job types where it was more difficult to recruit staff. Other measures taken to recruit included an 'in a day' approach whereby all checks and interviews were carried out in one day to allow an appointment to be made on the day, which had sped up the process of recruitment considerably.

Members discussed the training offer and availability for staff at The Harbour and queried the poor uptake. Ms Moore agreed that take up of training had been poor and that the training system had been redesigned to increase the number of attendees. The Committee raised concerns that staff were not being released to attend training sessions and noted the difficulties in balancing attendance at training sessions with ensuring The Harbour was fully staffed.

The Committee queried whether external bodies such as security firms were utilised to transport patients from the Harbour to appointments at Blackpool Victoria Hospital and was advised by Ms Moore that was not the case and, dependent on the needs of the patient, between one and three Harbour staff would accompany patients to appointments away from The Harbour. A Member of the Committee intimated that a private security firm had been used previously and representatives from Lancashire Care Foundation Trust refuted the suggestion.

Members questioned why the Byron Ward at The Harbour remained closed and how Lancashire Care Foundation Trust would ensure there would be no further fatalities on the Ward. Ms Moore advised that an independent investigation had been commissioned into the incident on Byron Ward. It was reported that the independent person had liaised with the family and the final report was due before the end of 2015. She added that staff had been suspended where appropriate and action had been taken, with a palpable change made to the way services were run. Ms Moore commented that it was impossible to guarantee further incidents would not occur but measures had been put in place including retraining of staff and recruitment of additional staff. In response to further questioning Ms Moore advised that the Ward would formally reopen in January 2016.

The Committee further questioned the measures that had been put in place to compensate for the Byron Ward closure and was advised that an additional Psychiatric Intensive Care Unit (PICU) had been opened in Ormskirk, which would remain open once the Byron Ward had reopened to provide additional capacity.

Members discussed the repatriation of patients who had been placed outside of Lancashire Care Foundation Trust beds back into Blackpool and how the Trust prioritised clinical need when identifying the most appropriate bed for a patient. It was noted that a key challenge was the number of beds available and Mrs Nixon, Blackburn with Darwen CCG advised that a number of measures were being put in place to alleviate the pressure on beds including street triage by the Police and the development of a clinical decision unit to provide quicker assessment of patients. With regards to repatriation, Members noted that patients would only be moved when clinically ready.

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12 NOVEMBER 2015

Ms Moore advised that the Blackpool Gazette had incorrectly reported the spend on private beds to be £850 per night. The true spend was £450 per night per bed, which was double the price of an NHS bed. However, she reiterated that patients would only be repatriated when safe to do so and clinically ready.

It was noted that key challenges for the Trust included the discharge of patients and length of stay and that approximately 40 patients currently residing in inpatient beds were considered to not need them anymore. The Committee further queried how patients were currently assessed and if that caused some beds to be 'blocked' by assessment. Ms Moorhouse advised that one of the aims of the clinical decision unit was to speed up assessment of patients and prevent blockages. She added the decision unit was based on best practice. It was requested that an analysis of the impact the decision unit had on capacity be provided to the Committee in three months.

The Committee agreed to receive a further report from Lancashire Care Foundation Trust in approximately three months covering:

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

It was also agreed that a copy of the ligature risk assessments be circulated to the Committee immediately following the meeting.

3 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Thursday, 10 December 2015 commencing at 6pm in the Council Chamber.

Chairman

(The meeting ended at 19.35)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk

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The Harbour Conversation Project

April 2016

Report summarising the experiences
from service users at the Harbour

Introduction

Healthwatch Lancashire is committed to listening to patients and members of the public and making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

Healthwatch Lancashire acted as the lead on this project with both Healthwatch Blackburn with Darwen and Healthwatch Blackpool supporting the project.

Healthwatch volunteers and staff gathered survey responses from service users, family members, friends and carers who were using The Harbour facility, which is run by Lancashire Care NHS Foundation Trust.

The Harbour is a 154 bedded mental health hospital providing care and treatment for adults who cannot be safely treated at home. The hospital's ethos is to provide therapeutic care which is empowering, person centred and needs led, and focuses on promoting recovery and independence.

The hospital has single ensuite bedrooms of varying specialisms over ten wards. The wards are defined as follows:

- Churchill and Orwell - 2 Male acute mental health wards
- Shakespeare and Stevenson - 2 Female acute mental health wards
- Dickens - male advanced care need ward
- Austen - female advanced care need ward
- Wordsworth - male dementia ward
- Bronte - female dementia ward
- Keats - male Psychiatric Intensive Care Unit (PICU)
- Byron - female Psychiatric Intensive Care Unit (PICU)

The current project was to review The Harbour's service offered since its opening in 2015 and to gain insight and experience from the service users and their family members, friends and carers. This report summarises reviews from 22 service users and 14 family members, friends and carers.

Hospital: Lancashire Care NHS Foundation Trust - The Harbour

Address: The Harbour
Windmill Rise
off Preston New Road
Blackpool
FY4 4FE



Methodology

It is often those closest to the process who are best placed to give useful feedback on the way services work and how they can be improved.

Service users of The Harbour hospital experience the process or service first hand, so they have a unique and highly relevant perspective. Service user input into designing services can be invaluable as seeing services from their point of view can open up real opportunities for improvement that may not have been considered before.

Representatives from Healthwatch Lancashire, Healthwatch Blackburn with Darwen and Healthwatch Blackpool gathered feedback by undertaking surveys with service users from a number of wards across the hospital and from any visitors passing by in the main corridor.

Two different surveys were used; one for service users and one for visitors. The service user questionnaire included 26 questions on specific aspects of their experience along with additional comments, compliments and concerns. The family members, friends and carers questionnaire consisted of 4 questions relating to their relatives or friend's experience along with additional comments, compliments and concerns.

All questions asked assessed whether services are safe, effective, caring, responsive and well led.

The following representatives participated in the activity:

- Natalie Cotterell - Staff member at Healthwatch Lancashire
- Ilyas Patel - Staff member at Healthwatch Lancashire
- Amanda Higgins - Staff member at Healthwatch Lancashire
- Lindsey Hall - Volunteer at Healthwatch Lancashire
- Steven Robinson - Staff member at Healthwatch Blackpool
- Kim Wardell - Volunteer at Healthwatch Blackpool
- Gill Dowling - Volunteer at Healthwatch Blackpool
- Kim Rushton - Volunteer at Healthwatch Blackpool
- Claire Moran - Staff member at Healthwatch Blackburn with Darwen
- Fiona Isherwood - Volunteer at Healthwatch Blackburn with Darwen
- Alwyn Cooper - Volunteer at Healthwatch Blackburn with Darwen
- Dianne Adama - Volunteer at Healthwatch Blackburn with Darwen
- Madhu Pandya - Volunteer at Healthwatch Blackburn with Darwen

Results

Healthwatch representatives were positioned in the recreational rooms in Stevenson, Shakespeare Churchill, Orwell, Austin and Dickinson wards and also outside the dementia wards (Bronte and Wordsworth) on all dates, with the exception of the evening session on Monday 14th March where Healthwatch were positioned outside the dementia wards only.

The following questions and results were obtained from speaking to a total of 22 service users.

1. We asked "Do you feel listened to?"

50% said yes **23%** said no **27%** said sometimes

2. We asked "Do you feel safe at all times?"

50% said yes **23%** said no **27%** said sometimes

3. We asked "Do you feel that your ward and hospital in general are kept clean?"

73% said yes **23%** said no **4%** said sometimes

4. We asked "Do staff know your name?"

82% said yes **4%** said no **14%** said sometimes

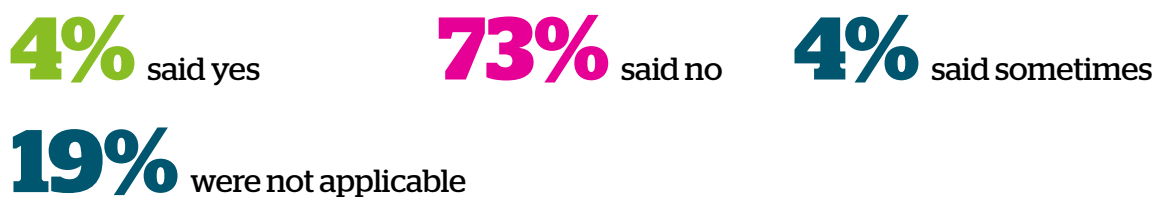
5. We asked "Are there enough staff on the ward to ensure you feel safe?"

59% said yes **14%** said no **27%** said sometimes

6. We asked "Do you receive your medication when you need it?"



7. We asked "Have you ever seen medication left unsupervised?"



8. We asked "Are there enough activities on offer?"



9. We asked "If you did not feel safe, would you know who to speak to? Or know what to do?"



10. We asked "Do you enjoy the food on the ward?"



11. We asked "Are you given hand wipes or have access to handwashing before you eat?"

45% said yes **18%** said no **0%** said sometimes

37% were not applicable (as do not feel this is necessary)

12. We asked "Are you disturbed during meal times?"

9% said yes **37%** said no **27%** said sometimes

27% said they would prefer not to answer

13. We asked "Do you sleep well at night?"

36% said yes **41%** said no **18%** said sometimes

5% said they would prefer not to answer

14. We asked "Do you have a call bell/buzzer and if you press it, do staff respond quickly?"

14% said yes **86%** said no **0%** said sometimes

17. We asked "Do you need a special diet? If so, are you catered for at all times?"

18% said yes, they have a special diet and are catered for at all times

55% said no, they do not have special diet

4% said they have a special diet and only sometimes are catered for

23% said they would prefer not to answer

18. We asked "Do you know by name who the staff are that care for you?"

50% said yes **22%** said no **14%** said sometimes

14% said they would prefer not to answer

19. We asked "Are you able to understand and read information that is given to you?"

64% said yes **8%** said no **14%** said sometimes

14% said they have not received any information

20. We asked "Does the information given to you help you to make your own choices about your care and treatment?"

54% said yes **14%** said no **14%** said sometimes

18% were not applicable

21. We asked "Do you know and understand what your plan of care is?"

32% said yes **45%** said no **18%** said sometimes

5% said they would prefer not to answer

22. We asked "Are you aware if your relatives are kept informed of your care and progress whilst you are in hospital?"

59% said yes **27%** said no **0%** said sometimes

14% were not applicable

23. We asked “Do staff understand and respect you?” With regards to your needs relating to:

- Age
- Level of Ability
- Gender
- Race
- Religion or belief
- Sexual orientation or gender reassignment

68% said yes **14%** said no **14%** said sometimes
4% said they would prefer not to answer

24. We asked “Are you able to keep in touch with friends and family?”

59% said yes **9%** said no **18%** said sometimes
14% were not applicable

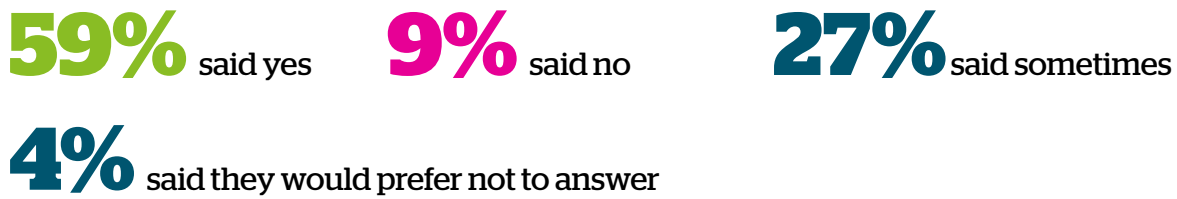
25. We asked “Do you feel optimistic/positive about your care going forward?”

50% said yes **23%** said no **5%** said sometimes
22% said they would prefer not to answer

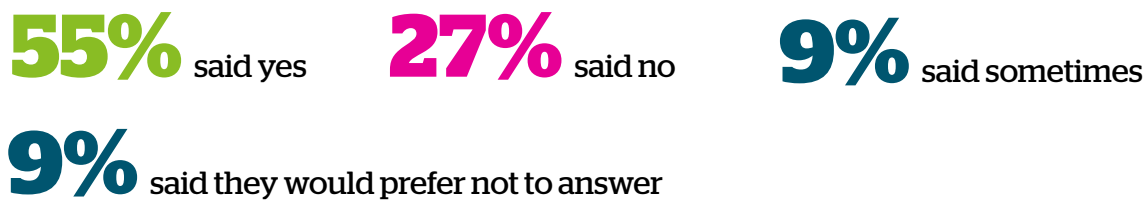
26. We asked “Are staff caring, supportive and open with you?”

59% said yes **14%** said no **23%** said sometimes
4% said they would prefer not to answer

27. We asked “Are you treated with kindness and compassion?”



28. We asked “Have you experienced any delays in your care and treatment, through no fault of your own?”



Quotes from service users about food:

“The food is excellent”

“You don’t get what you have asked for with the food and when it comes it’s disgusting. It’s all stodgy and horrible”

“I’ve only had 2 special diet meals in 9 days”

Quotes from service users about the environment:

“I cannot sleep at night because every hour the light flashes on”

“I love my room and privacy here”

“It is very clean and well maintained”

“I am a really light sleeper and I keep being disturbed by a sensitive light in the bathroom coming on all the time”

“The torch light wakes me up every hour when I am trying to sleep at night”

“There is no buzzer in room. Have to come out of room to get hold of staff”

“There isn’t anything to do here”

“The activities on offer are quite childish”

Quotes by service users about the staff:

“Staff are excellent besides one who made me cry”

“The staff friendliness is excellent - the best place I have been to!”

“Every time I want to go into my room, I have to ask permission from a member of staff”

“Problems with written communication between staff over shift changes. Staff don't know what medication I have had that day”

“The psychiatrist is arrogant and does not listen or respect me”

“Nurses are very good”

“Staff need to deal with problems more quickly”

“Loads of staff coming and going out”

“Staff always ask me if I am okay, they don't just walk past”

“There have been different doctors throughout being here - so I keep having to repeat myself. I don't like seeing the doctors. It would be more helpful if there was just one doctor”

“The doctors do not respect me. The staff are alright”

“The doctors are not compliant with regulations. The consultant is poor in the way she deals with patients and is a bank doctor”

“I feel like everyone's singled out by the doctors.”

“Everything changes when the next shift comes on. Different things that they tell you change.”

“Staff are always on their phones.”

“I have asked to see a doctor for my swollen foot but I'm still waiting to see one”

“Different doctors all the time and I feel like I am repeating myself”

“I feel vulnerable with certain staff”

“Staff are inexperienced”

“The staff don't speak to you, and at night time the support workers close their door”

“I get no respect from anyone here”

“I have had the door slammed in my face by

consultants”

“I have difficulty in seeing staff when needed”

“There is not enough Occupational Therapy staff - things are always locked away”

“Bank staff often have to cover the usual staff shifts”

“I feel listened to by the staff”

“They (staff) talk about their own lives and it makes me feel sad because I have just been here”

“Some staff walk around with a face on and some are nice. You feel like a burden because you want a cup of tea or something but don't feel like you can ask. I'd happily make my own if they gave me a kettle and things but we're not allowed”

“The lack of staff holds back my treatment. Not getting the right information and I still need to see a doctor. They said they'd refer me for migraine but they haven't”

“Permanent staff know my name. A lot of supply staff don't”

“The staff talk to you. I worry about them with all the work they have to do”

“There's not enough staff when you need it”

“The staff change over a lot on their shifts which gets confusing”

“They (staff) talk amongst themselves. I'm not disrespecting them but it makes me feel funny”

“I came in on Thursday and was not seen by a consultant until Tuesday”

“It's too noisy. People check on you every 5 minutes and they don't knock. You wouldn't just walk into someone's house, plus there are male staff in here and I could be getting changed”

Quotes from service users about medication:

“My medication is hit and miss. I'd prefer to have my usual medication but my doctor has told me it is not required”

“I have to keep asking for my medication when I need it”

Quotes from service users about safety:

“I did not feel safe at first, but I have been made to feel safe”

“Codes of practice were not adhered to when I was first admitted”

“I felt so unsafe here in the first 2 weeks, but I feel safer now”

“I don't feel safe on the ward. The patient that assaulted me is supervised on a 1-1 and she still managed to spit on me”

Quotes from service users about information:

“There is sometimes a lack of information around when I can go home and have leave to take”

“I haven't been given any information to read or anything like that”

“Nothing is explained to me like what is the medication that I'm taking, what is it for and what are the side effects. They don't tell you anything”

“I do not know why I was transferred from Blackburn to The Harbour”

“I am unhappy as my access to the gym has been delayed, as I am waiting for a doctor's note. No information on the reason why”

“I would like to go and use the gym. I have been assessed and they said I could go, but they have not yet allowed me to use it and I don't know why”

“I have never seen my care plan”

“I don't have a care plan”

General quotes from service users:

“Escorted walks around the grounds would be good”

“It has improved but there is still a long, long way to go”

“There is a shortage of beds here. It took me a week to move from the intensive care unit to the ward”

“People are sometimes discharged when they still seem ill”

“It sometimes feels like a prison as I can’t get out. I would like to leave sooner”

“Some people stay in their pyjamas all day, there is no encouragement to get dressed”

“I have experienced delays speaking to my mother, as my mobile phone has been taken away from me”

“First impression - pleasant surprise!”

“There is a bit of a lack of dignity”

“I don’t know how to get out of here. It seems to be all about this ward but there’s a whole world out there. I wish I hadn’t have come here. Other patients say they’ve been out doing things and I’ve just been here. There’s nothing to do on the ward and also close by outside the hospital. I seem to be stuck on this ward. Staff and patients talk about what they have been doing. I feel like I’m getting dragged down being here. People are going out they tell you to do stuff like bring friends and family but you can’t when you’re in hospital. It just feels like we are left. “

“It is lovely here with what they are trying to do”

“My door was left open at night whilst I was sleeping, and I did not like this”

“The signal is terrible. They have a phone we can use but I have my own”

“The whole system doesn’t work. I don’t understand why I don’t get therapy whilst I am here”

“It’s always kicking off in here with patients attacking staff and other patients”

“Other patients are a bit violent but it’s not too bad”

The following questions and results were obtained from speaking to a total of 14 family members, friends and carers of service users using The Harbour:

1. We asked "Do you feel that your relative/friend is safe at all times?"

93% said yes **7%** said no **0%** said sometimes

2. We asked "If you had a concern or comment about the service provided, would you know who to speak to? Or know what to do?"

79% said yes **14%** said no **7%** said sometimes

3. We asked "Do you feel that The Harbour is making a difference to your relative's/friend's health?"

79% said yes **14%** said no **7%** said sometimes

7% said not sure

4. We asked "Has your relative/friend ever experienced any delays in care or treatment through no fault of their own, whilst at The Harbour?"

7% said yes **86%** said no **0%** said sometimes

7% said not sure

Quotes from family members, friends and carers about safety:

“He is threatened and assaulted by other patients several times. As a parent I have not been reassured by staff and they don’t tell me when things happen, so I am always worried”

“He was given a flu jab on the ward, but outside we avoid them because he is allergic to egg. Thankfully they gave him an egg free flu jab but I think it was just luck. It has not been written in his book”

“Because of the assaults on the ward, and how it has affected him - this has delayed his discharge”

“There have been improvements in his health over the last few weeks but the dangers on the ward have set him back”

Quotes from family members, friends and carers about the environment:

“The information boards on the wards are very useful. They show day to day activities on the wards”

“They have their own rooms, so it is like being at home”

“I like the environment and how open the corridors and spaces are. I like the white walls; most others are old and dark”

“The size of the ward is better than other psychiatric wards he has been on, as they have their own rooms and there are fewer patients on the wards it is more calming for him, particularly at night “

“He feels like he is in prison sometimes”

“There are no activities - he has done relaxation once but it would be good if they had more of this kind of thing”

Quotes from family members, friends and carers about staff:

“I need him to have a slower process of discharge so that there’s support at home with professionals. I was not invited to the Care Plan Approach meeting so he went to that on his own. The nurses are supposed to let me know. The staff don’t tell me anything”

“Some nurses have been really good”

General quotes from family members, friends and carers:

“Everything has been really good - we have had no issues at all”

“First impression is good”

“Only downside is travelling 45 miles to visit”

“A great place. It is a pity that there are not many others”

“Excellent place - been coming here for a few months and care provided is excellent”

“We have been all over the country in psychiatric hospitals and I think this is one of the best we have been to, in terms of the care and facilities”

“He doesn't have a hospital passport. There has been no assessment of capacity and there are problems with his care plan and lack of minutes of meetings”

LCFT Action Statement

Healthwatch Conversation Project to:

**The Harbour, Preston New Road, Blackpool, FY4 4XQ
April 2016**

Healthwatch undertook a project seeking the experiences from services users at The Harbour. Healthwatch carried out two surveys, one with service users and the second speaking to family members, friends and carers of service users.

As a result of the Healthwatch visit the following have been noted and where necessary actions to address have been developed:

- Service user responses
- Family members, friends and carers responses
- Direct quotes

Service user responses.

Action 1

When asked	
Do you feel safe at all times? 50% of services users reported no or sometimes.	
Response to findings noted. Action you will take:	
<p>1.1 At the weekly patient meetings on wards we will explore with patients what makes them feel unsafe and work with them to develop and implement solutions</p> <p>1.2 Senior Matrons will review with their teams the monthly data from the Mental Health Safety thermometer.</p> <p>1.3 The Friends and Family Test is established on the adults and older adult wards, the patient feedback will be reviewed by the Senior Matrons and Modern Matrons for their respective areas, and actions will be taken based on the findings – ward notice boards will show ‘you said, we did’</p> <p>1.4 We will continue with ongoing specific work, led by Psychologists and Violence reduction Leads (VRT) around de-brief and patient welfare. Themes from debriefs by the Violence Reduction Teams are discussed by the team on a regular basis and can be escalated through the Trust Reducing Restrictive Practices group.</p>	
How will you know it is achieved?	Date when action(s) will be completed.
<p>1.1 Minutes of patient meetings</p> <p>1.2 Friends and family and mental health safety thermometer data - Q8 specifically asks: Does the patient feel safe?</p> <p>1.3 Ward notice boards displaying up to date ‘you said, we did’ information</p>	<p>30.07.16</p> <p>30.07.16</p> <p>30.07.16</p>
Outcomes for patients:	Name of responsible manager:
<ul style="list-style-type: none"> More patients will report that they feel safe 	Zuber Patel / Sheila Kasaven

Action 2

When asked	
Are there enough staff on the ward to ensure you feel safe? 41% of service users said no or sometimes.	
Response to findings noted. Action you will take:	
<p>2.1 'Safe Care' is being established within practice which is enabling Ward Managers and Matrons to review safe and adequate staffing levels across the Harbour, based on acuity and staffing deficits staff are re-deployed.</p> <p>2.2 The Trust wide Safe Staffing group is being replaced by a Staffing for Safety & Quality Meeting. This wider meeting will encompass all aspects of staff usage, including the appropriate scrutiny of Bank & Agency and the correlation between clinical incidents and the care hours the patients receive. This will be led by led by the Deputy Director of Nursing and Nursing colleagues with a clear focus on the outcomes received by patients and directed at broader questions about safe staffing levels, for example; "What is safe staffing?".</p> <p>2.3 On-going recruitment of registered nurses and health care support workers</p> <p>2.4 Weekly meeting to review staffing hot spots for the week ahead to improve consistency of care using substantive staff, rather than bank and agency where possible and these will be escalated to senior staff where needed.</p> <p>2.5 We will explore with patients in the weekly patient ward meetings what would make them feel safe and develop a joint plan to address this.</p>	
How will you know it is achieved?	Date when action(s) will be completed.
2.1 Safe Care staffing report	15.07.16
2.2 Staffing for Safety and Quality dashboard data	01.09.17
2.3 Vacancy factor reducing	01.09.17
2.4 Production of minutes from the weekly meeting	30.07.16
2.5 The joint plan and 'you said – we did' will be displayed on ward notice boards	30.07.16
Outcomes for patients:	Name of responsible manager:
<ul style="list-style-type: none"> Patients on the Wards will feel safer. 	Zuber Patel/Sheila Kasaven

'Safe Care' is a live staffing system which allows the duty matron to review the position of the staffing across the Harbour in real time. It demonstrates what the staffing is like on each ward versus the acuity / dependency. The programme identifies which wards are staffed well, over staffed, under staffed, hence pulling the resources together across the site so the duty matron is able to move staff around.

Action 3

When asked	
Are there enough activities on offer? 73% said no or sometimes.	
Response to findings noted. Action you will take:	
<p>3.1 Health and Leisure Team to visit the wards daily to plan activities 24 hours in advance based on patient views. 3.2 Activity logs to be created for all inpatient wards, detailing what activities have occurred on the wards on a shift by shift basis. 3.3 Senior Modern Matrons to review with the Occupational Therapy Leads and patients the provision of activities offered to patients on a bi-monthly basis and review the contents of activity logs. 3.4 Review Friends and Family feedback particularly Q2 which asks Did you feel that your care or wishes were considered in the planning and delivery of your care? And also the free text questions which ask about what the service does well and ideas for improvement.</p>	
How will you know it is achieved?	Date when action(s) will be completed.
<p>3.1 Evidence of activity planners being published on the wards. 3.2 Copies of activity logs 3.3 Minutes of meeting 3.4 Review of Friends and Family data</p>	<p>30.07.16 30.08.16 30.07.16 30.09.16</p>
Outcomes for patients:	Name of responsible manager:
More patients will feel that we offer enough activities.	Zuber Patel / Sheila Kasaven

Action 4

When asked	
Do you enjoy the food on the ward? 50% of service users said no or sometimes.	
Response to findings noted. Action you will take:	
<p>4.1 Current menu to be reviewed with patients and patient's opinion sought on what they would like.</p> <p>4.2 Themed menu days (Moroccan / Indian etc.) to be held on a regular basis to give patients a variety of food options.</p>	
How will you know it is achieved?	Date when action(s) will be completed.
<p>4.1 Documented evidence of patients being involved with the new menu.</p> <p>4.2 Dates to be produced with pictures of food on themed days.</p> <p>4.3 Review the free text questions which ask about what the service does well and ideas for improvement. We can also add additional questions to ask specifically about enjoying food on the ward.</p>	<p>30.08.16</p> <p>30.08.16</p> <p>30.09.16</p>
Outcomes for patients:	Name of responsible manager:
More patients will report they enjoy the food service.	Zuber Patel / Sheila Kasaven

Action 5

When asked	
Do you sleep well at night? 59% of service users said no or sometimes	
Response to findings noted. Action you will take:	
<p>5.1 We will explore with patients what would help them sleep better at night:</p> <ul style="list-style-type: none"> ○ Where patients are unable to sleep well due to their mental health state, ward MDT will review patient presentation and any interventions required. ○ Where patients are unable to sleep well due to environmental factors, ward managers will review the option of bedrooms being re-located. 	
How will you know it is achieved?	Date when action(s) will be completed.
5.1 MDT minutes and review of case notes Confirmation from ward managers that action is taken where appropriate.	30.07.16 30.07.16
5.2 We will ask patients if they are sleeping well	30.09.16
Outcomes for patients:	Name of responsible manager:
More patients will report that they are sleeping well	Zuber Patel / Sheila Kasaven

Action 6

When asked	
Do you have a call bell/buzzer and if you press it, do staff respond quickly? 86% of service users said no.	
Response to findings noted. Action you will take:	
Due to the clinical presentation of some of the patients at the Harbour, actioning this concern may be challenging. 6.1 Senior Matron will ensure full testing of all call bells on the ward. 6.2 We will share these findings with staff and explore with them what would help improve response times 6.3 Ad hoc checks will be completed of staff response times by Matrons.	
How will you know it is achieved?	Date when action(s) will be completed.
6.1 Confirmation from Rydon's that the check has been completed on all wards.	30.07.16
6.2 Written feedback from Modern Matrons	30.07.16
6.3 We will ask patients in the weekly patient meetings if staff respond quickly when a call bell/buzzer is pressed	30.07.16
6.3. We will review Friends and Family data - particularly Q4 which asks Did you feel able to access staff when you needed to speak to them? And also the free text questions which ask about what the service does well and ideas for improvement.	30.09.16
Outcomes for patients:	Name of responsible manager:
Staff will respond in a timelier manner to call buzzers.	Zuber Patel / Sheila Kasaven

Action 7

When asked	
Do you know and understand what your plan of care is? Only 32% of service users said yes.	
Response to findings noted. Action you will take:	
<p>7.1 During reviews the MDT are to ensure that patients are informed of their plan of care. 7.2 Patients will be encouraged to work collaboratively with the primary nurse to produce their plan of care. 7.3 Preceptorship training to include care planning training. 7.3. We will explore how we can routinely check with patients that they know and understand what their plan of care is e.g. additional questions to existing feedback mechanisms such as friends and family, safety thermometer</p>	
How will you know it is achieved?	Date when action(s) will be completed.
<p>7.1 Audited MDT notes 7.2 Monthly quality audit will show whether care plans are produced collaboratively. 7.3 Evidence of preceptorship training being delivered. 7.4 Feedback collected from patients - Review Friends and Family feedback particularly Q2 which asks Did you feel that your care or wishes were considered in the planning and delivery of your care? And also the free text questions which ask about what the service does well and ideas for improvement.</p>	<p>30.07.16 30.07.16 30.11.16 30.07.16</p>
Outcomes for patients:	Name of responsible manager:
More patients will feel that they understand what their plan of care is.	Zuber Patel / Sheila Kasaven

Action 8

When asked	
Are staff caring, supportive and open with you? Only 59% of service users said yes.	
Response to findings noted. Action you will take:	
8.1 All staff to be reminded of the need to be caring, supportive and open with patients	
How will you know it is achieved?	Date when action(s) will be completed.
8.1a To be discussed at Ward Managers meeting	30.07.16
8.1b Copy of email to be sent to all staff working at the Harbour.	30.06.16
8.2 Modern Matrons to speak to patients on their wards and establish whether they feel that staff are caring, supportive and open. Outcomes of the discussions will be addressed in supervision.	30.07.16
8.3 Friends and family test feedback results particularly Q3 which asks about how often staff treated patients with courtesy and respect	30.09.16
8.4 Review of complaints and compliments data	30.09.16
Outcomes for patients:	Name of responsible manager:
More patients will feel that staff are caring, supportive and open with them.	Zuber Patel / Sheila Kasaven

Action 9

When asked	
Are you treated with kindness and compassion? Only 59% of service users said yes.	
Response to findings noted. Action you will take:	
<p>9.1 These results to be discussed with staff at team meeting</p> <p>9.2 To explore with patients at weekly team meeting what we do well at the moment when we treat patients with kindness and compassion and how we can facilitate this to happen all the time</p>	
How will you know it is achieved?	Date when action(s) will be completed.
<p>9.1a To be discussed at Ward Managers meeting.</p> <p>9.2 To be discussed at Ward Managers meeting. Modern Matrons to speak to patients on their wards and establish whether they feel that staff are caring, supportive and open. Outcomes of the discussions will be addressed in supervision.</p> <p>9.3 Friends and family test feedback results particularly Q3 which asks about how often staff treated patients with courtesy and respect</p> <p>9.4 Review of complaints and compliments data</p>	<p>30.07.16</p> <p>30.07.16</p> <p>30.09.16</p> <p>30.09.16</p>
Outcomes for patients:	Name of responsible manager:
Patients will feel that staff are treating them with kindness and compassion.	Zuber Patel / Sheila Kasaven

Family members, friends and carers were asked a total of four questions and all responses were positive with scores of 79% and above. Lancashire Care NHS Foundation Trust will continue to work together with family members, friends and carers to maintain these high levels of experiences.

Direct Quotes:

Action 1

Direct quotes to consider as they convey staff (including medics) behaviours/culture issues.

Staff behaviour (examples extracted from the report):

“Problems with written communication between staff over shift changes. Staff don’t know what medication I have had that day”.

“Loads of staff coming and going out”

“Staff are always on their phones.”

“Everything changes when the next shift comes on. Different things that they tell you change.”

“I feel vulnerable with certain staff”

“There is not enough Occupational Therapy staff – things are always locked away”

“They (staff) talk amongst themselves. I’m not disrespecting them but it makes me feel funny”

“Some staff walk around with a face on and some are nice. You feel like a burden because you want a cup of tea or something but don’t feel like you can ask. I’d happily make my own if they gave me a kettle and things but we’re not allowed”

Medics (examples extracted from the report):

“There have been different doctors throughout being here - so I keep having to repeat myself. I don’t like seeing the doctors. It would be more helpful if there was just one doctor”

“The doctors do not respect me. The staff are alright”

“The doctors are not compliant with regulations.

The consultant is poor in the way she deals with patients and is a bank doctor”

“Different doctors all the time and I feel like I am repeating myself”

“I have had the door slammed in my face by consultants”

Having considered the sample of direct quotes how will The Harbour staff teams address the issues raised?

Action you will take:

- 10.1 Examples extracted from the report will be shared with all staff in supervision and expectations made clear.
- 10.2 Examples extracted from the report will be shared with nursing staff at levels in the form of a written communication from the Senior Matrons and expectations made clear.
- 10.3 Examples extracted from the report will be shared with nursing staff during team meetings and expectations made clear.
- 10.4 Two bi monthly audits to be completed in each patient area at The Harbour with similar questions to what was asked during this visit to gain specific information for specific areas.
- 10.5 Specific information relating to how patients can provide feedback to be displayed on all wards including 'you said, we did'

How will you know it is achieved?

Date when action(s) will be completed.

- | | |
|---|----------|
| 10.1 Copies of supervision notes | 30.08.16 |
| 10.2 Copy of written communication | 30.07.16 |
| 10.3 Minutes of team meetings | 30.08.16 |
| 10.4 Copies of the audits and associated action plans | 30.10.16 |
| 10.5 Photographic evidence of information being displayed | 30.07.16 |
| 10.6 Review of friends and family data | 30.09.16 |


Outcomes for patients:

Name of responsible manager:

- | | |
|---|------------------------------|
| <ul style="list-style-type: none"> • The feedback received about medics and nursing staff will improve, this will be as a result of better experiences for patients. | Zuber Patel / Sheila Kasaven |
|---|------------------------------|

Action

Direct quotes to consider in relation to medication:	
Medication (examples extracted from the report):	
“My medication is hit and miss. I’d prefer to have my usual medication but my doctor has told me it is not required”	
“I have to keep asking for my medication when I need it”	
Having considered the direct quotes how will The Harbour staff teams address the issues raised?	
Action you will take:	
11.1 All Consultants and nursing staff to be reminded of ensuring patients opinion is sought when reviewing medication and a clear rational is to be provided for any changes, reviews etc. Please also see action 7	
How will you know it is achieved?	Date when action(s) will be completed.
11.1 Copy of communication sent to Consultants and Nursing staff	30.07.16
11.2 Review of Friends and Family data	30.09.16
11.3 Review of complaints and compliment data	30.09.16
Please also see action 7	
Outcomes for patients:	Name of responsible manager:
<ul style="list-style-type: none"> For Patients to be better informed and their views heard in regards to their medication. 	Zuber Patel / Sheila Kasaven

Signature: (on behalf of the registered person)	
Name:	Matthew Joyes
Role:	Associate Director of Safety and Quality Governance
Date: (dd/mm/yyyy)	15.06.16

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