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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.'

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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

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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

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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.

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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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