

Report to:	Resilient Communities Scrutiny Committee
Relevant Officer:	Heather Tierney-Moore, Chief Executive, Lancashire Care Foundation Trust
Date of Meeting	12 November 2015

LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

1.0 Purpose of the report:

1.1 To inform the Committee of recent developments relating to the Harbour to allow effective scrutiny.

2.0 Recommendation:

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

3.0 Reasons for recommendation:

3.1 To provide sufficient information to assure the Committee that the provision of Mental Health Services within the Harbour is robust.

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

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

Not Applicable

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Improving health and wellbeing especially for the most disadvantaged
- Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 The Chairman of the Resilient Communities Scrutiny Committee requested that a special meeting of the Committee be set up to discuss concerns surrounding the Harbour. A number of complaints had been brought to the attention of the Chairman from both members of the public and Councillors in addition to the recent local press reports raising concerns surrounding capacity.

5.2 A report was requested as a starting point for the discussion, to cover:

- Data regarding bed capacity and appropriate community provision
- Where patients are placed when the unit is full
- Detail regarding the closure of the Byron Ward
- What is being done to tackle staff shortages
- Detail of the training programme being put in place
- The recent CQC (Care Quality Commission) inspection

5.3 Please note that at the time of writing, the CQC reports following the inspection were still embargoed and the Trust is therefore unable to include any detail within the report. The embargo is expected to be lifted prior to the meeting and a presentation will be provided at the meeting in order to highlight the key findings to Members.

5.4 The Harbour

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

5.4.2 This included an overall plan to consolidate the number of inpatient sites and reduce the number of beds. At the same time, the support provided in the community would be increased thereby providing an alternative to admission for some people. There are currently 297 Adult and Older Adult Mental Health beds open across Lancashire. The number of beds did not reduce when the Harbour was opened.

5.4.3 The Harbour is intended the first step in centralising inpatient services in larger, purpose built units with plans for similar developments in Blackburn and potentially the Preston / Chorley area.

5.4.4 The Harbour contains 10 wards – 4 Acute (Functional) Mental Health wards, 2 Psychiatric Intensive Care wards (PICU), 2 Advanced Care wards and 2 for patients with Dementia. Currently, the Female PICU at the Harbour, Byron Ward, is closed to

admissions and will be reopening within the next two months. An intensive training programme has been undertaken successfully across both PICUs to ensure staff are equipped to provide appropriate care for those people with complex mental health problems.

- 5.4.5 In total there are 154 beds at the Harbour, which is a little over 50% of the total adult inpatient capacity for LCFT across Lancashire with the other units being based in Lancaster, Ormskirk, Blackburn and Burnley.
- 5.4.6 The inpatient service is managed on a county wide basis, and while every effort is made to admit patients to a bed close to home, the primary focus is to admit to a clinically appropriate facility, preferably within LCFT.
- 5.4.7 When demand exceeds supply i.e. there are insufficient beds within LCFT, patients are placed with private providers many in Lancashire and more across the North West. In exceptional circumstances people may be placed some distance from home but in these cases, repatriation is a priority when a local bed becomes available. It is important to note that this option is only explored after every other option for localised care provision has been explored. The Trust currently has contracts with both the Priory and Cygnet Groups and robust clinical and business contracts are in place. The Trust also places outside of these contracts on occasions and all private providers are regulated by the Care Quality Commission. At the time of writing, there are 60 Lancashire residents in private facilities, both acute mental health beds and Psychiatric Intensive Care Unit beds (PICUs). The majority of these are being occupied by males. In response to this position, LCFT has been working with commissioners to develop other services to reduce the reliance on inpatient beds and these will be coming on stream in phases over the next 4 months. Already, commissioners have funded additional PICU capacity in Ormskirk which was opened in late September and is benefitting patients.
- 5.4.8 Whilst in a placement that sits outside of LCFT beds, all of patients have a linked Crisis Practitioner, who reviews their care on a weekly basis as a minimum and usually this is face to face, thereby ensuring clinical continuity with the relevant community service.

5.5 **Recruitment**

- 5.5.1 There has been a sustained recruitment programme at the Harbour, both prior to its opening and subsequent to it. A significant number of staff have been recruited, and there is currently planned over provision of unqualified nurses (to allow for turnover and the increased acuity of patients, rather than rely heavily on bank or agency staff). In the summer, The Trust introduced a 3-shift pattern across all wards in the Harbour. This, whilst increasing the challenge of recruitment, is an evidenced- based approach to improving both outcomes for patients and the health and well-being of staff. A concentration of staffing in the middle part of the day, facilitated under this shift system, allows for an increase in the provision of therapeutic interventions for our

patients and promotes the development of strong therapeutic relationships between staff and patients. Thereby, outcomes for patients and job satisfaction for staff are improved.

- 5.5.2 There is a national shortage of qualified mental health nurses, and LCFT has experienced difficulty in attracting sufficient nurses to the Harbour. In addition, many of those appointed have been newly qualified, and therefore lack experience. This has resulted in higher than expected turnover. It is important to note that due to the national shortage of nurses and competition for staff both in the NHS and private sector, the Trust has been affected by some people accepting posts within the Trust and then leaving before their contract started having decided to work elsewhere.
- 5.5.3 There are a number of approaches the Trust is taking across the organisation in order to attract and more importantly retain both newly qualified and experienced staff. These include (but are not limited to):
- Rotational posts across inpatients and community teams
 - Portfolio posts leading to a wide range of experience to allow people to identify their preferred area of work
 - Leadership development programmes
 - Induction and Preceptorship Programmes to support staff through these important first few weeks
 - Clinical Supervision
- 5.5.4 In addition, the Harbour also has a full Duty Matron structure in place which provides round the clock senior supervision and support to the wards.
- 5.5.5 In terms of recruitment, the intensive approach continues, as well as new exploration of alternative markets, role redesign and an emphasis on the function of the wider multi-disciplinary team alongside nurses, e.g. therapists, psychologists, support workers etc.
- 5.5.6 Continued use of bank and agency nurses at the Harbour obviously is not the most economical solution, but as recruitment improves, this cost will reduce. Indeed, the recruitment strategy is based on anticipating staff turnover rather than responding to it.
- 5.5.7 Additionally, having patients cared in the Private Sector is a significant cost pressure and one which is considered closely with Commissioners. Facilities to reduce admissions, two 15 bedded Assessment Wards and a 6 space Clinical Decision Unit, and support for earlier discharge in the form of step-down accommodation are now under development, with phased implementation from December onwards. This will increase the number of beds available from 297 to 327.

Does the information submitted include any exempt information? No

List of Appendices:

None

6.0 Legal considerations:

6.1 Not applicable

7.0 Human Resources considerations:

7.1 Contained within the body of the report.

8.0 Equalities considerations:

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

9.0 Financial considerations:

9.1 Contained within the body of the report.

10.0 Risk management considerations:

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

11.0 Ethical considerations:

11.1 Not applicable

12.0 Internal/ External Consultation undertaken:

12.1 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.

13.0 Background papers:

13.1 Not applicable