Leicestershire Partnership NHS Trust

V

REPORT TO THE TRUST BOARD – 30 AUGUST 2012	
Title	Suicide and patient safety

Executive summary

Paper C on the public Trust Board agenda for 30 August 2012 provided an overview of the work in progress to provide assurance of actions to address themes arising from recent serious incidents (including suicides) within the adult mental health services of the Trust.

Attached to this paper are the detailed action plans. Appendix A is a programme of work underway in the Adult Mental Health Division since November 2011 to improve acute in-patient care. The programme involves the implementation of a new acute care pathway; new care pathways as part of introducing payment by results (PbR); action to improve standards of care; workforce and leadership development; environmental improvements; significant service re-design.

Appendix B is the corporate level action plan.

Recommendation

The Trust Board is recommended to review and comment upon the assurance actions.

Related Trust objectives	We will build our reputation as a successful, inclusive organisation, working in partnership to improve health and wellbeing. We will continuously improve quality, with services shaped from user experience, audit and research.
Risk and assurance	Failure to learn from and take action following serious incidents increases the risk profile for the Trust in respect of quality, clinical safety and reputation.(BAF risk reference 131)
Legal implications/ regulatory requirements	CQC compliance and statutory duty for quality (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Presenting Director	Jackie Ardley, Director of Quality and Innovation/Chief Nurse
Author(s)	Jackie Ardley, Director of Quality and Innovation/Chief Nurse
*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

Leicestershire Partnership NHS

NHS Trust

APPENDIX V1

REPORT TO THE TRUST BOARD – 30 AUGUST 2012

Title	Improving Acute Adult Mental Health In-Patient Care

Executive summary

This report was first presented to the Quality Assurance Committee on 21 August 2012 and it now includes operational and contextual information about the Adult Mental Health (AMH) Division's acute in-patient services to provide a comprehensive basis for the Board's discussion.

A programme of work to improve acute in-patient care has been underway in the AMH Division since November 2011 and it involves the implementation of a new acute care pathway; new care pathways as part of introducing payment by results (PbR); action to improve standards of care; workforce and leadership development; environmental improvements; significant service re-design.

The headline service changes are part of the Division's Service Development Initiative which attracted £1m transformational funding in 2012/13:

- Single point of access from September 2012
- Re-designed crisis resolution and home treatment service (CRHT) from September 2012
- Co-location of CRHT at the Bradgate Unit – completed by November 2012
- New acute care pathway – from January 2013
- Recovery College – from January 2013

Trends in recent very serious incidents and the narrative verdicts in two Coroner's cases has led to fresh consideration of the wider determinants of standards of care such as: staffing levels, leadership, staff attitude, handover and communication, care planning, risk assessment/management and so on. A number of immediate actions to remind ward staff of their responsibilities and improve critical operational processes such as ward handover have been taken. A staffing review is starting in August which will include staffing levels, ward management, clinical leadership and also make proposals on ward configuration by October 2012. Proposals from the review will be included in a planned management of change process due to commence in October.

The Trust's centre of excellence programme is delivering improvements in ward environments but in the light of recent events the Division will improve ward access/egress systems; examine the potential for greater use of CCTV and improve recreational areas.

Work to improve acute in-patient care is an on-going programme which has now

been enhanced in response to very serious incident trends and the recent Coroner's verdicts. The Division is systematically addressing the determinants of standards of care.

Recommendation
The Board endorses the programme of work being undertaken in the Adult Mental Health Division to improve acute in patient care.

Related Trust objectives	We will continuously improve quality, with services shaped from user experience, audit and research.
Risk and assurance	Ensuring effective systems, procedures and staff are in place to deliver good standards of care.
Legal implications/ regulatory requirements	Care Quality Commission
Presenting Director	Paul Miller Divisional Director Adult Mental Health and Learning Disability
Author(s)	Paul Miller Divisional Director Adult Mental Health and Learning Disability
*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

Improving Adult Mental Health Acute In-Patient Care

Introduction

1. This report sets out current and planned work to improve acute in-patient care. It covers a range of operational and developmental aspects of in-patient care including care pathways; standards of care; workforce development; leadership; ward environment and the Division's recovery strategy.

2. The report provides assurance, in addition to that provided through routine performance management and clinical governance processes, about the Division's actions to address unsatisfactory standards of care identified in trends in very serious incidents and two recent Coroner's verdicts. It is, however, important to note that an extensive programme of work is already in place to improve all the Division's services embodied in: the Service Development Initiative (SDI); the delivery of Service Development Improvement Plans (SDIPs), the implementation of CQUINs and the achievement of quality schedule targets as part of the Trust's contract; action to achieve key performance indicators; cost improvement plans; implementation of care pathways and implementation of SI action plans.

Bed Occupancy

3. Table 1 shows the occupancy of each acute in-patient ward from March – July 2012, with occupancy in excess of 100% highlighted in bold.

Ward	Mar	April	May	June	July	Average Mar-July
Ashby	98%	96%	98%	99%	99%	98%
Aston	92%	91%	97%	98%	97%	95%
Beaumont	94%	96%	96%	97%	98%	96%
Belvoir (PICU)	99%	99%	99%	100%	96%	99%
Bosworth	98%	**100%**	**101%**	**102%**	**103%**	**101%**
Heather (F)	82%	93%	96%	98%	99%	94%
Kirby	92%	98%	98%	98%	98%	97%
Thornton	98%	97%	98%	98%	100%	98%

Table 1: Average Occupancy per Acute In-patient Ward March – July 2012

The bed occupancy required by the PCTs is an average of 85% (note that the target in the Trust's community hospital wards is 93%), a figure once proposed by the Royal College of Psychiatrists as a desirable level. Prolonged operation at near maximum capacity creates pressure on staff and the system overall, leaving little or no capacity for emergencies.

Table 2 shows the total number of admissions, discharges and the average length of stay for the same period.

	March	April	May	June	July	Total
Admissions	116	105	128	111	113	573
Discharges	112	93	135	141	138	619
ALOS	34.2	37.4	36.6	45	45.5	198.7

Table 2: Acute Inpatient Ward Admissions, Discharges & ALOS March-July 2012

The data shows admissions steadily increased until May and returned to usual levels in June and July. However despite increased discharges, an increase in length of stay has created pressure on occupancy. Referrals to the crisis resolution team peaked in May (155) and June (142) and dropped to 117 in July, the same level as April 2012. April to July home treatments are below the cumulative target (262 against a target of 288) but the proportion of referrals to crisis resolution receiving home treatments has gone up.

The interrelationship between performances against the targets is being analysed and discussed with clinical colleagues. Consultants maintain there are very few inappropriate admissions but consider there are in the region of 15-20 patients whose successful discharge depends on suitable accommodation. This is being highlighted further through the newly introduced daily reviews and liaison with the local authorities. Consideration is also being given to appointing a discharge co-ordinator for a trial period.

Financial Position

For the period ending 31st July (M4), the draft overall position for Adult Mental Health Services was reported as an overspend of £587,179. This consisted of an overspend on pay of £478,400 (3.4%), an underspend on non pay of £178,565 (7.2%) and an under-recovery of income of £287,344 (1.3%).

Total income for the AMH division in 2012/13 is £66.4m and the main contracts are listed below:

Leicester City PCT	25.6 m
Leicestershire County and Rutland PCT	26.0m
Specialised Commissioning	3.0m
IAPT (City)	1.6m
IAPT (County)	1.8m
ECR Income	1.8m

The values of the PCT contracts (other than IAPT) are based on historical spends which are amended each year by applying growth monies and nationally determined efficiency targets. Other than IAPT services which were a national initiative from 2008, there has not been any large scale investment in adult mental health services since the early 2000s when specialist services

(Assertive Outreach, Early Intervention and Crisis Resolution) began to be introduced following the National Service Framework published in 1999.

As the Board is aware, the Trust is paid under a block contract and apportions income to each service area. However, internal tariffs for in-patient care have been established and these vary from just over £200 per bed day to £645 per bed day:

Alcohol Service (detox)   £235
Assertive Outreach   £212
Drug service   £400
General Psychiatry   £232
Psychiatric Intensive Care   £645

Two recent reports by Mental Health Strategies, the first on a Mental Health Benchmarking pilot published in May 2012 and the second a similar national report published in July 2012 showed that spending on working age adult mental health services per head of population in LLR is low when compared regionally and nationally to other PCTs (see table 3 below). The first report also showed that of the money spent in LLR expenditure on community mental health teams, in relation to inpatient services, was substantially lower than comparative areas.
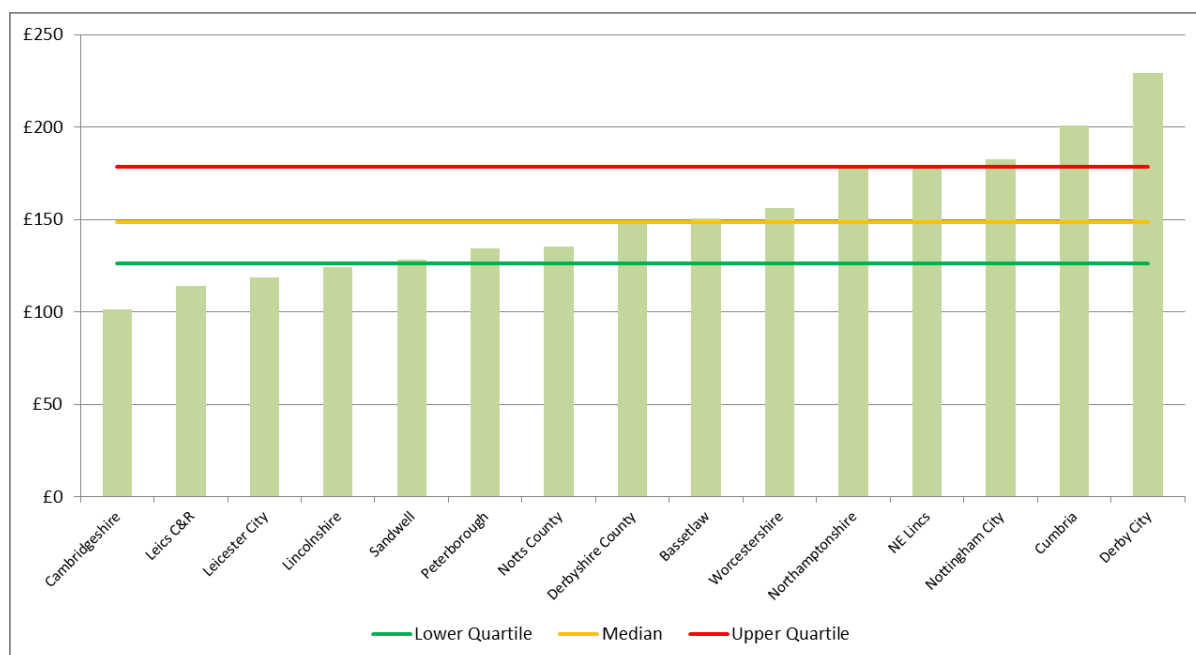

Table 3: Total spend on working age adult mental health services per head of weighted population (aged 18-64) 2010/11

Acute Care Pathway

4. The Division's overall programme of work to improve in patient care started in November 2011 when the new management team was largely in place. In November 2011, the Trust Board considered a paper entitled "Proposed Acute Care Pathway for Adult Mental Health Services and Associated Service Changes." In essence this paper brought together a range of existing initiatives and proposed service changes to improve in-patient care.

5. The Division engaged stakeholders, service users and staff about the proposals through a subsequent discussion document during December 2011 and January 2012. On the basis of responses received and CCG input, the Division is implementing a number of major service changes which feature in CIPs, SDIPs and most importantly the Division's Service Development Initiative as part of the Trust's Integrated Business Plan. The headline changes are:

- Single point of access – from September 2012
- Re-designed crisis resolution and home treatment service (CRHT) – from September 2012
- Co-location of CRHT at the Bradgate Unit – completed by November 2012
- New acute care pathway – from January 2013
- Recovery college – from January 2013

6. This package of service changes are fully supported by the CCGs and attracted approximately £1m of transformational monies. These SDI changes are being executed and monitored within the Division but are also subject to programme management in the Trust overall and by commissioners.

Care Pathways

7. The introduction of Payment by Results (PbR) into mental health services primarily affects adult mental health services. Developing and introducing 17 new care pathways constitutes a major change to clinical and operational practice which is demanding of staff time and capacity. The new pathways, developed within the Division, are based on best practice and clarify the Division's service offer i.e. what patients can expect and timescales for delivering care.

8. Implementing PbR is a Trust-wide programme managed by a Programme Board with a supporting Project Team, Project Manager and associated action plans and monitoring arrangements.

Standards of Care

9. Standards of care are determined by many factors such as, staffing levels, staff competency and attitude, leadership, risk management, environment, care planning, service standards etc. The list is almost endless, but in essence the real standards of care are fundamentally what staff actually do or

don't do and how they do it at the very time they deliver care. All the determining factors of standards of care come together at that moment when a member of staff alone, through their judgement and actions, is the final determinant of the standard of care.

10. Standards of care in the Division's in-patient facilities have been highlighted recently through a small but significant number of very serious incidents involving patient deaths and the narrative verdicts of the Coroner in respect of two suicides. The key questions are whether any deaths were preventable, and if so, whether they were preventable at the point(s) care was delivered? Depending on the answer to both questions, investigations consider whether the staff delivering care discharged their personal and professional responsibilities properly, as well as the impact of any wider determinants of standards of care. The expectation of the senior management team is that staff are held to account through routine line management and when investigation evidence justifies, through the Trust's performance and conduct procedure.

11. Recent action and work already underway in the Division to improve standards of care is considerable. The wider determinants of standards of care have been considered afresh in response to the Coroner's verdicts and trends in serious incidents. This was initiated by the Director of Nursing and has led to a number of immediate actions by the Division's access management team:

- A review of care plans and observation charts
- Every ward handover from 21st – 28th June included a reminder to staff about personal accountability
- Ward paperwork review

12. Further specific work is underway in respect of:

Handover - A standard operating procedure for the wards at the Bradgate Unit is under development, and it will provide consistent standards for handover, identification of the nurse in charge and a head count of all patients on the ward at shift changeover. The handover records kept at ward level will also be standardised so that adherence to these standards can be monitored.

Observation - A revised observation policy has been ratified by the Trust Policy Group, and the new policy addresses lessons learned from recent serious incidents. Lead Nurses will be training all matrons on the new policy in September 2012, and matrons will then be asked to cascade this training to all ward staff in October.

Professional Practice – Funding has been obtained to deliver a professional practice workshop to all Bradgate Unit staff in the next few weeks (start date to be agreed). The full day workshops will cover professional issues such as accountability and delegation, fitness to practise, raising concerns and boundaries.

Unit Coordination – New guidelines for unit coordination have been developed and implemented by the Clinical Services Manager. However, they will be reviewed in line with the service changes mentioned in paragraph 4 above and as part of the staffing review (see paragraph14).

13. The new acute care pathway includes standards at every stage – admission, assessment, treatment and discharge – covering elements of care such as the timeliness of process, legal basis for admission, assessment, risk assessment, care planning, named nurse, kindness and optimistic approach to recovery, patient rights and information. When implemented the pathway will be a means of assuring standards are maintained.

14. Managing risk is a major part of the Division's activity particularly in the case of vulnerable people who abscond or do not return from leave on time. The Division, supported by good liaison at board level, has improved working relationships with the Leicestershire Police Service in the last nine months. Improved mutual understanding of our respective roles, responsibilities and functions is at the heart of the improvement but to capitalize on this progress the Division has organised a joint seminar between acute ward staff and senior police officers on 11th September 2012. It is anticipated that the seminar will generate actions to improve our joint management and response to 'missing' patients.

Workforce

15. The acute wards have been operating at 5:5:3 for some time in accordance with the 2011 rule 43 action plan. Ward staffing is subject to annual review in August 2012, led by the Head of Access. The review will assess the impact of the 5:5:3 rota and review the ward and deputy matron roles with the overall aim of determining the right frontline staffing establishment (nursing, medical and trained but not qualified staff) and effective ward management and nurse leadership. The review will be completed by October 2012 and any proposed changes included in a planned CIP management of change process due to start that month.

16. The e-rostering system implemented over the last few months uses in-built rules to optimise shift allocation and reduce inefficiency. When used properly the system will help ensure a smooth availability of staffing resources across the rota period and minimise the use of bank staff. The Division's senior management team discussed progress in using e-rostering at its meeting on 8th August and resolved to review operational fidelity to the system as it is not yet being used to maximum efficiency. The Head of HR is compiling a report to help identify robust steps to fully implement e-rostering in the Division by October 2012.

17. The Division is monitored against several workforce KPIs via the monthly performance review meetings and it is acknowledged further progress is required to achieve these targets. Analysis of each acute ward's performance in respect of mandatory training, appraisals, sickness and employee relations compared to the Division overall and acute wards overall is now available.

This shows a much improved position regarding mandatory training across the board but some distinct variation between wards in targets for training specific to role, sickness and appraisal. Each ward has plans to release staff to complete their training updates though this is more difficult during the summer holiday period. The demands on staff time for mandatory and other training (e.g. PbR/clustering) are significant and the staffing review will clarify the training time which must be built into the rota to ensure the training targets are met.

Clinical Leadership

18. The ward matrons (band 7s) were appointed two years ago to provide greater nurse leadership and ward management and they have since received management development. Until 13th August they reported to the Service Manager for Acute Care (band 8b) but the Division has just strengthened nurse leadership and management by introducing the post of Inpatient Lead (band 8a) specifically to focus on improving standards on the wards. The post is also a general nursing role to strengthen knowledge and leadership regarding the physical health needs of patients. This post was developed in consultation with the ward matrons as part of a CIP service re-design.

19. As mentioned in paragraph 14, the staffing review will consider the ward and deputy ward matron roles, not necessarily to move away from that model but to examine the job content of those roles so their capacity to manage, lead and maintain standards of care is maximised. From September, bed management will be undertaken by the new SPA which will have a positive impact on ward management capacity.

20. Consultants and doctors are a major source of clinical leadership and each ward has named consultants. The new daily ward reviews introduced in July 2012 (a CQUIN) not only speed up discharge but are also designed to ensure daily routine medical input into the care of patients and enhance clinical leadership of the staff team. However, there may be further steps available to make sure all wards have consistent medical leadership through every ward having dedicated medical staffing responsible for patients on that ward only. At present the locality ward model means some consultants often have patients (outliers) on several wards waiting for a bed on their locality ward, which increases intra-ward patient moves and works against a consistent dedicated medical presence on some wards. Co-ordinating those moves and preparing for multiple consultant input impacts on ward matron and deputy ward matron capacity and moves are not welcomed by patients.

21. The discussion document on the acute care pathway sought views on ward configuration but feedback was inconclusive. The Division has undertaken to make fresh proposals on ward configuration and these will be drawn up as part of the staff review, take account of clinical leadership issues and feature in the next management of change process planned for October.

Ward Environment

22. The centre of excellence project (CoE) is a major investment by the Trust to radically improve ward environments and not just in adult mental health. By March 2013, the CoE project will have delivered on the Bradgate site, a refurbished ward; two new wards; a bespoke eating disorders facility and a refurbished ward for older people. This work is to current DoH standards providing single ensuite rooms and a modern, fit for purpose environment. However, two recent serious incidents have occurred on the newest ward and not the challenging older ward environments, some of which are on the Division's risk register because they are hard to manage.

23. In the light of recent experience the Division, in consultation with the Trust health and safety lead, has resolved to review and improve access/egress systems on every ward; to examine possible greater use of CCTV to monitor blind spots; and to improve recreational areas. This work will be led by the Division's security lead and in consultation with the health and safety lead and EFM colleagues. In addition the CoE board and project team will seek assurance that current construction is at all times in accordance with DoH specifications.

Recovery Strategy

24. The Division has a draft recovery strategy, which will be considered by the senior management team on 22nd August. The strategy is designed to embed the recovery approach in delivering care and in particular establish a recovery college operating at the Bradgate site and other suitable locations in the community. Several Trusts now have colleges which offer a range of courses and resources for service users, families, friends, carers and staff. The colleges aim to support people to become experts in their own self-care and for families, friends, carers and staff to better understand mental health conditions and support people in their recovery journey. Research shows that such facilities and opportunities are a major contribution to the standard of care offered.

25. The college will enhance significantly the activities, learning and development opportunities currently available to in-patients and be provided in partnership with local voluntary organisations and further education providers. A project manager has been appointed who will take up their duties by November with a deadline to start the college in January 2013.

Conclusion

26. The overall programme of change to improve acute in-patient care in the Division is vast whilst also managing high demand for beds and the financial challenges to achieve CIP targets. All the actions and work described above feature in various action plans and are subject to various monitoring and scrutiny within the access management team, the Division, the Trust, by commissioners and not least through personal objectives and routine line management. Significant progress is being made to implement change and it is pleasing to note that the net promoter feedback about the Division's acute care is overwhelmingly positive. This report is intended to provide assurance

that Divisional actions to improve acute care are on-going and that the implications of the trends in very serious incidents and the recent Coroner's court verdicts have been immediately factored into the Division's work programme.

Paul Miller
Divisional Director
Adult Mental Health and Learning Disability

24th August 2012

CORPORATE LEVEL ACTION PLAN-PATIENT SAFETY ASSURANCE

RELATED STRATEGIC OBJECTIVES
We will continuously improve quality, with services shaped from user experience, audit and research.
We will build our reputation as a successful, inclusive organisation, working in partnership to improve health and wellbeing

AREA	Key actions	Timescale	Exec Lead	Expected Outcome	Assurance
Independent review	External review to of inpatient suicides to be undertaken by Professor Louis Appleby This will involve an assessment of suicide risk assessment policies and procedures, alongside a review of all suicides since 2010 supported by a Board development session and the report will be completed for October 2012.	October 31st 2012	Medical Director & Chief Nurse	Report identifies key learning points for implementation	Trust Board
Independent perspective on SI process	Independent author commissioned to write the SI investigation report into two incidents.	September 30th 2012	Director of Quality & Innovation /Chief Nurse	SI reports completed - external perspective to identify any key changes	Quality Assurance Committee
Serious Incident management Process	Review SI management processes and framework for investigations	November 30th 2012	Medical Director & Chief Nurse	SI process changes informed by independent review and author findings	Quality Assurance Committee
Clinical Risk Round table discussion	Additional round table clinical exercise with external leaders arranged to work through the issues so far, explore best practice and discuss lessons learnt.	August 21st 2012	Medical Director & Chief Nurse	Key learning points shared and fed into Intensive Support Programme	Trust Board

27

Clinical Records	Electronic record plan implementation to agreed timescales. Provider contract to be awarded in September 2012 with implementation of the preferred system to start in October 1st 2012	Commenced in 2011,	Managing Director Finance & Performance Information	EPR programme implemented	Finance & Performance Committee
Clinical leadership	Commission 6 months Intensive Support Programme(ISP) for AMH wards	Commence September 1st 2012	Medical Director & Chief Nurse	Support plan instigated	Quality Assurance Committee
	Organisational commitment to ensuring the maintenance of professional standards through academy support and resources following needs identification through ISP.	Commence October 1st 2012	Director Of HR & OD	Training plan instigated	Workforce & Organisational Development Committee
	In line with the Trust's HR Strategy, review compliance of HR processes in relation to performance and conduct and ensure they meet organisational needs. Following review, develop revised approaches to performance management and recruitment	September 30th 2012	Director Of HR & OD	Revised framework for recruitment and performance review implemented (and demonstrates change)	Workforce & Organisational Development Committee
Communication and Reputation	In your shoes – Patient experience programme delivery across AMH services.	Commence October 1st 2012	Director of Quality & Innovation /Chief Nurse	User involvement established and informs change	Quality Assurance Committee
	Proactive relationship management and communication with media, stakeholders, and commissioners.	Immediate	Communications Lead	Established practice	Executive Team
	Awareness raising on mental health and suicide (anti stigma campaign)	September 15th 2012	Communication Lead	Implementation plan and campaign delivered	Executive Team