

## Report to the City Health & Wellbeing Scrutiny Commission Thursday, 11 October 2018

### Update on Key Risk Areas – Workforce and Estates

#### Introduction

Following the previous Health & Wellbeing Scrutiny Commission, two specific risks were identified that the Scrutiny Commission wished for additional assurance from Leicestershire Partnership NHS Trust. These are:-

1. Workforce issues - specifically registered nurse vacancies, recruitment and associated use of agency and bank staff;
2. Estate infrastructure - specifically plans for the new CAMHS unit and future plans for the improvements in the Bradgate unit;

Both of these risks have been identified in previous CQC inspections. The CQC will revisit the trust between 19-23 Nov, and will visit five core services:-

- Acute adult MH inpatient services
- CAMHS community services
- Mental health services for older people – community teams
- Learning Disability Inpatient services
- Inpatient mental health rehabilitation services for Adults – Stewart House/Willows

#### Workforce Risks

Workforce risks are the highest scoring risks that the Trust is currently managing. This is in line with national risks where there are an estimated 40,000 registered nurse vacancies. The risk is principally confined to the nursing workforce although there are some challenges in specific areas of the medical workforce. This report will focus on the nursing workforce. The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in August 2018 is detailed below:

	DAY		NIGHT		Temp Workers %
	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	
June 18	98.4%	190.3%	103.4%	176.2%	29.8%
July 18	97.8%	188.7%	106.5%	172.4%	30.8%
<b>Aug 18</b>	<b>97.1%</b>	<b>193.8%</b>	<b>105.8%</b>	<b>180.1%</b>	<b>31.5%</b>

This table demonstrates that our wards are fully staffed, albeit about 30% is from temporary staff. Of these temporary staff, 27.2% were bank staff and 4.3% were agency staff.

The reason for the use of temporary staff is related to the number of vacancies.

The current Trust wide position for inpatient wards is detailed below.

Area	Vacant Posts		Potential Leavers		Starters/Pipeline	
	RN	HCSW	RN	HCSW	RN	HCSW
FYPC	5	5	0	0	0	0
CHS (Community Hospitals)	36.93	14.04	3	1.8	6.13	5
MHSOP	12	7	2	0	3.8	9
AMH/LD	81.6	37.75	3.4	3.4	13	0
<b>Trust Total August 2018</b>	<b>135.5</b>	<b>63.79</b>	<b>8.4</b>	<b>5.2</b>	<b>22.93</b>	<b>14</b>
<b>Trust Total July 2018</b>	<b>139</b>	<b>59.09</b>	<b>12</b>	<b>6</b>	<b>30</b>	<b>18.6</b>

The trust overall percentage for vacancies is at 11.1%. The trend over the last three years has been upward from 8%.

Longer term plans to eradicate the risks and address recruitment issues remain in place. These include:-

- rolling recruitment and retention plans, including implementation of Trust incentivised schemes for hard to recruit areas
- increased work experience placements, recruitment of clinical apprentices
- accessing recruitment fairs at local universities, schools and colleges
- robust sickness and absence management
- continuous review of workforce including new roles to enhance skill mix and increase patient facing time
- recruitment of clinical apprentices
- preparation and recruitment to cohort 3 of trainee Nursing Associates

Retention of staff is important to maintain workforce. Current nursing annual turnover is 12.1%. all staff turnover is 9.7%. Current actions underway to improve retention are:-

- Develop line manager and new starter 90 days road map
- Workforce groups to review potential retirees and have conversations
- Develop leadership competencies and behaviours linked to appraisal
- Developing talent management in line with national strategy
- Developing working longer and flexible working initiatives
- Developing internal transfer list, 'itchy feet' conversations

The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) development programmes is ongoing.

Each directorate has a standard operating procedure for the escalation of safer staffing risks and any significant issues are notified to the Chief Nurse on a weekly basis. Directorate lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained.

## Estate Infrastructure

### Background



	Scheme	Timescale	Value
Phase 1	CAMHS	2018-2020	£8m
Phase 2	Bradgate re-provision	2021-2024	£50m
Phase 3	Demolish re-provided wards	2024	£5m
Phase 4	MSOP - 2 new wards	2025-2028	£20m
Phase 5	Consolidation rehabilitation wards	2029-2031	£25m
Total capital investment pipeline			£108m

### CAMHS - Background

In 2015, the Trust had to relocate its 10 bed child and adolescent mental health (CAMHS) inpatient facility on a temporary basis, from the old Towers Hospital site in Leicester to Coalville Community Hospital some 15 miles away (and further away from Leicester). Patients, carers, stakeholders and staff felt that this temporary arrangement was inadequate and inappropriate from the outset and finding a permanent central relocation has been one of the actions within the Leicester, Leicestershire & Rutland STP.

Last year (2017/18), some 41% of young people were being placed outside of the area to inappropriate locations far from the family home, mainly eating disorder needs, because their

local unit does not have sufficient scope or capacity to contain demand locally. These placements included children from Leicester.

The Trust provides a CAMHS crisis service and a CAMHS community service across Leicester, Leicestershire & Rutland. These services ensure that children are only admitted as an inpatient if it is absolutely necessary to do so, and that children are discharged as soon as possible if admitted.

This service is commissioned by NHS England Specialised Commissioning and not by local CCGs.

## **Objectives**

The expansion and permanent central relocation of the local CAMHS inpatient unit will mean that sufficient care is provided locally to:-

- Meet the relevant deliverables of the Five Year Forward View for Mental Health.
- Combine care as per the new NHS England service specification for CAMHS and eating disorders.
- Adhere to NICE standards for eating disorders.
- Adhere to the inpatient service standards of the Royal College of Psychiatry Quality Network for Inpatient CAMHS (QNIC).
- Deliver financial balance (the isolated unit in Coalville has much higher costs)
- Reduce whole system costs for out of area placements.

## **Sites**

The original location of the unit was in the city at the Towers Hospital. The temporary location is in the market town of Coalville in the north west of Leicestershire. The proposed location is back in the city on the Glenfield Hospital site:-

Location	Site	Distance From Original
Original	Towers Hospital, Leicester	
Temporary	Coalville Community Hospital, Leicestershire	15 miles
Proposed	Glenfield Hospital, Leicester	4 miles

Whilst Glenfield Hospital is in the city, a local government boundary runs through the site and the new CAMHS unit will actually be just over the city boundary in Blaby District. This authority has granted planning permission.

## **Timescales**

The project objective is to relocate and expand the CAMHS inpatient service to purpose built and centrally located 15-bed accommodation by March 2020 and eliminate out of area placements thereafter by March 2021.

## **Investment**

The investment objective is to invest £8.000 million of capital funding to secure significant improvements in access and service.

Funding/Spend	2017/18	2018/19	2019/20	Total
LPT Capital Expenditure	-£0.129m	-£1.500m	-£6.371m	-£8.000m
DoH Capital Grant		£1.629m	£6.371m	£8.000m
Balance	-£0.129m	+£0.129m	£0.000m	£0.000m

## Patient Numbers

The health service needs supported by the scheme are general CAMHS and eating disorder inpatient services for young people 13-17 years from Leicester, Leicestershire & Rutland (and further afield if required).

Full Business Case	2015/16 Actual	2016/17 Actual	2017/18 Actual
LLR Children Admitted Locally	64	59	51
LLR Children Admitted Out-Of-Area	45	52	35
Total LLR Children Admitted	109	111	86
Total Bed Days	7,390	8,075	5,106
ALOS	68 days	73 days	55 days
% Out of Area Placements	41%	47%	41%

## Patient/Parent Engagement

There has been extensive engagement with patients and parents in determining the future nature and location of the CAMHS inpatient services.

This engagement was originally launched in 2014/15 ahead of the temporary relocation to Coalville Community Hospital in March 2015. A wide variety of opinion was sought from service users, staff, other professionals and other stakeholders who felt that the unit should be:-

- A clean and modern environment.
- Centrally located to reduce travel distances and times.
- Centrally located for easier public transport
- Have sufficient space for therapy and education
- Close to acute inpatient paediatric facilities (in Leicester City)
- Located close to on-call cover.
- Central for community staff (eg CPNs, social workers) to visit the unit to prepare for discharge.
- In a fit for purpose environment.
- In the city to attract a diverse workforce.
- A homely environment.
- A permanent solution.
- A development that allows for more CAMHS beds locally.

Since then, patients and parents have recently been involved in the design and operation of a new unit.

## **Strategy & Policy Context**

The national Five Year Forward View for Mental Health states that inappropriate placements to inpatient beds for children and young people will be eliminated, including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments) by March 2021.

The NHS England service specification for CAMHS inpatient services has recently been updated to include eating disorders, such that the majority of young people with this condition are in the future to be treated in general CAMHS units and not in specialist eating disorder units.

## **Patient Choice**

The NHS England commissioning arrangements are such that patients/parents can choose where they are admitted provided the hospital has capacity at that acute moment in time. However from the patient engagement undertaken, the majority of patients want care locally and with acceptable travel distances/times.

Presently some 41% of LLR children 13-17 years are placed out-of-area at their acute moment of need, mainly because there is insufficient capacity locally. Hence there is a real lack of patient/parent choice at present.

Some of these out-of-area placements are because the temporary CAMHS inpatient unit at Coalville has gender based dormitories. If these are full, the patient cannot be accommodated in the other gender dormitory if it has empty beds. The new unit will have single en-suite rooms meaning that gender will no longer be an issue for admissions and preventing inappropriate out-of-area placements.

The scheme provides for an expanded unit which will be able to accommodate more children locally and prevent inappropriate out of area placements. The majority of LLR children requiring an acute CAMHS admission will have been in contact with the LLR community CAMHS services. As such, it is expected that the majority of patient/parent choice will be toward the LLR inpatient unit in order to maintain the continuity of care on both admission and subsequent discharge. However, a LLR patient/parent may choose an out of area placement because Nottingham or Northampton say may be closer to their home than Leicester. A parent who works for Leicestershire Partnership NHS Trust may ask that their child is treated at another unit.

The scheme will therefore significantly increase patient choice for care closer to home and still maintain a choice to be treated elsewhere.

## **Benefits Criteria**

The expected benefits for the scheme are:-

- Improved clinical outcomes
- Improved patient experience
- Delivery of the QNIC standards
- Financial sustainability of the service and the Trust
- Improved accessibility for families across LLR
- Strengthened CAMHS pathways
- Co-location with acute mental health services
- Relocation in the short to medium term

- Increase in public confidence in the service

## **Equality & Diversity**

In relation to equality and diversity impact, this has been assessed using the Trust's Due Regard Screening Tool and this confirms that the scheme will not have a material impact on patients based on their protected characteristics as laid out in The Equality Act.

## **NHS Reconfiguration Tests**

The scheme satisfies the four key tests for service configuration as set out in the NHS England guidance Planning, Assuring and Delivering Service Change for Patients (Revised March 2018):-

- Public & Patient Engagement – Patients want care closer to home and an inpatient service centrally located within the area will provide this.
- Patient Choice – The scheme increases patient/parent choice to be treated locally.
- Evidence Base – Expansion of the unit to include eating disorder services aligns with the evidence base in the national service specification, which shows that almost a quarter of acute admissions for adolescents are for eating disorders and that general CAMHS units and specialist eating disorder units achieve similar outcomes.
- Commissioner Support – The principles of the scheme fit with commissioning policies and priorities to eliminate inappropriate out of area placements and to amalgamate inpatient general CAMHS and eating disorder services.

There is no reduction of beds in the scheme and as such the *Stevens Test* does not need to be applied.

Both the Leicester and Leicestershire health overview and scrutiny committees have written to confirm that a 4 mile relocation of the unit does not constitute a substantial variation in service and as such, public consultation is not required.

## **Site Options Appraisal**

In recent years, the Trust has looked at a wide ranging variety of public/private options to secure a permanent relocation of the CAMHS inpatient unit, including:-

- Coalville Community Hospital (Do Nothing)
- Coalville Community Hospital (Refurbishment)
- Glenfield Hospital Site (Refurbishment of Adult Wards)
- Stewart House Site (Enderby)
- Glenfield Hospital Site (New Build)
- Leicester Royal Infirmary (Children's Hospital)
- Leicester General Hospital (Neville Centre)
- New Site (NHS Purchase)
- New Site (with Private Provider)

Four of the options were shortlisted and ranked using the benefits criteria:-

- Glenfield Hospital Site (New Build) – Score 27
- Glenfield Site (Refurbishment of an Adult Ward) – Score 21
- Stewart House Site (Enderby) – Score 19

- Coalville Community Hospital (Refurbishment) – Score 12

A critical factor is section 2.22.1 of the national service specification, which requires that inpatient general adolescent service should not be an isolated or stand-alone facility and must be located with other mental health services so that there is a critical mass of staff to ensure adequate response team resource.

The only option that meets this requirement with an acute response team resource is co-location with the Trust's acute adult mental health services on the Glenfield Hospital site.

## Summary

The FBC pertains to the relocation of an existing 10-bed general CAMHS inpatient unit and expansion to a 15-bed unit to accommodate inpatient eating disorder services for young people 13-17 years of age. The case for change and investment has been made across six dimensions:-

- **Strategic Case** – The scheme fits with the national strategy for all-age mental health services and the revised service specification for CAMHS and eating disorder inpatient services. It has the support of the patients, parents, staff, the commissioner, the STP, health and well-being boards and health overview and scrutiny committees. It demonstrates that there is sufficient demand for the unit to ensure that local children can be treated locally.
- **Economic Case** – The scheme has been developed from a long list of options and has the highest benefits realisation score. The scheme delivers both qualitative and financial benefits, making significant improvements in patient choice and will result in revenue savings.
- **Commercial Case** – The scheme can be realised quickly through the Trust's existing estates partner Interserve Construction Limited and has a guaranteed maximum price valid to the end of November 2018. The scheme meets most national standards with a small list of variations (derogations).
- **Financial Case** – The scheme cost is affordable with the £8.0 million public dividend capital provisionally allocated to it by the Department of Health. Costs elements have been market tested and the value for money (VFM) has been proven. No property or land sales or purchases are needed for the scheme, so there will be no delays in implementation.
- **Management Case** – The scheme can be delivered by the Trust and its partner Interserve Construction Limited by March 2020. A project team has been established, which has the capacity and capability to manage the project. Cost and other advisors are in place and ready to start. The governance arrangements for the project are also in place.
- **Clinical Case** – The Trust has the clinical capability and capacity to deliver an integrated CAMHS and eating disorder inpatient service. It has extensive experience of providing the regional adult eating disorder inpatient service and can utilise this to develop an integrated service for children.

## Adult Mental Health – Bradgate Unit Reprovision

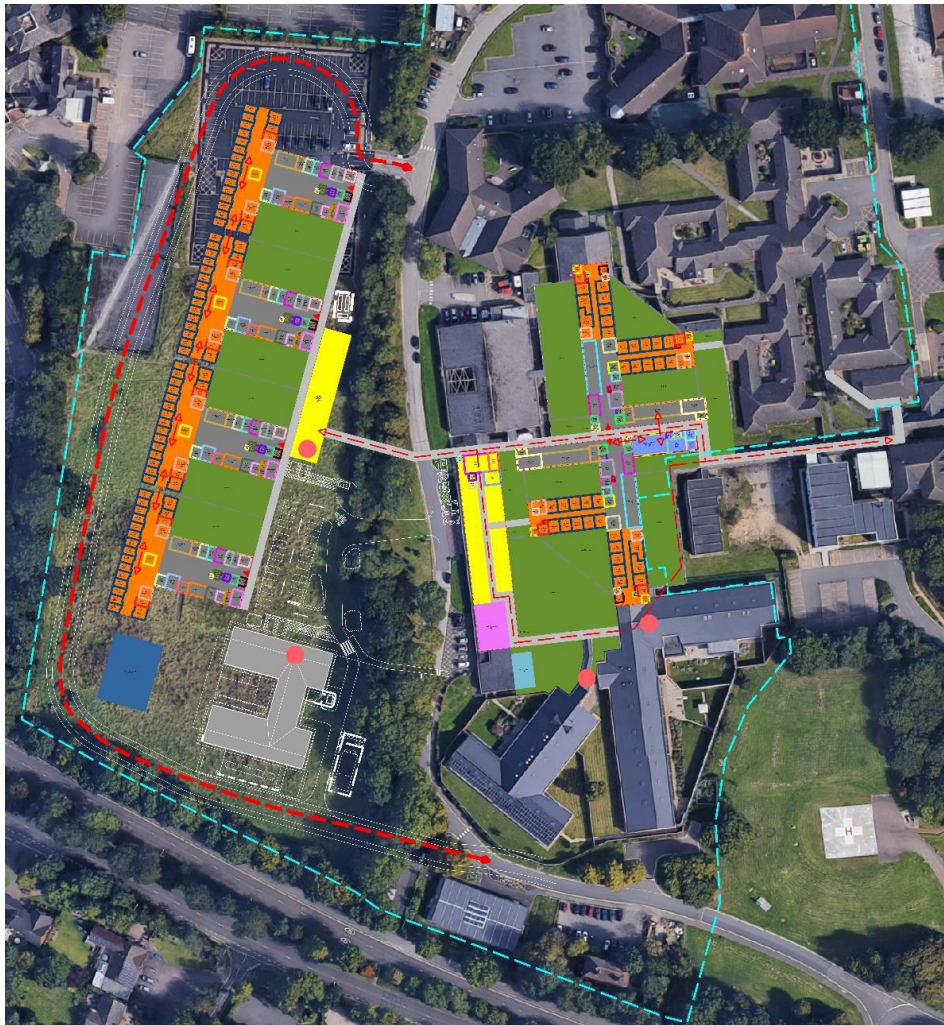
The Bradgate unit, based on the Glenfield site, is a 135 bed acute adult mental health inpatient unit. It also contains outpatient facilities.

It has been identified both internally and by the CQC that the layout of the unit does not meet the new standard of care that we would want for the people of LLR because of:-



- Sightline and layout issues – these have been mitigated for by reduction of beds on some wards
- Use of dormitory accommodation – the unit is principally formed around 4 bed dormitories which do not meet requirements for privacy and dignity of patients.

A detailed Strategic outline case is currently being prepared, although initial scoping works have begun, to rebuild the unit on the Glenfield site.



## Conclusion

The Health & Wellbeing Scrutiny Commission is asked to note the actions by LPT in responding to the estate and workforce risks.

**Dr Peter Miller**  
Chief Executive

**Oct 2018**