ANNEX 3

INMIND HEALTHCARE

WATERLOO MANOR

Report for Leeds City Council Scrutiny Board following CQC visit to Waterloo Manor

This report has been requested by the Scrutiny Board as a summary of the activity/progress since the Scrutiny Board's meeting in September, identifying any specific lessons learned and detailing the journey from 'inadequate to good' highlighted in September.

Point 2 in the e-mail refers to the action plan. This was drafted by Inmind following a subsequent re-inspection in August 2015 and superseded the original action plan from the February 2015 inspection. The action plan has been reviewed and updated regularly and was re-drafted in an improved format in December 2015 (attached). It was last updated on 14 January 2016 following full discussion by the multidisciplinary team.

One of the specific points raised in the email of 6 January 2016 related to concerns regarding training 'mainly around staff training around safeguarding'. The Hospital Director had discussed training provision by the local authority with the safeguarding lead in September 2015 and was advised that two levels of training were available but that it could not be delivered at the provider's location. After several unanswered phone calls and e-mails we were informed that the safeguarding lead was on sick leave and Lucy Cockrem would be taking the lead. In meetings, the Hospital Director advised that staff at Waterloo Manor had undertaken the provider's own safeguarding training and that more than 80% of staff had completed this. Lucy gave the name of the contact for accessing training from the local authority, although it was not clarified at the time that Inmind were under an obligation to access this training, hence it was not set out as an action point in the action plan. Subsequent communication with NHSE and the local authority has confirmed that Inmind are expected to access the training. Dates in January (24th) and February (11th and 25th) 2016 have been identified and staff allocated to attend, who will then deliver the training to Waterloo Manor staff in addition to the training already provided by Inmind. Subsequent to the above dates, a second set of dates will be sourced for further staff to attend the local authority training.

In relation to other activity/progress since the Scrutiny Board met in September, the multidisciplinary team at Waterloo Manor met to discuss and collate the information across all areas of service provision.

Two of the most significant areas of activity and improvement have been in patient involvement and multidisciplinary team working – areas which were criticised in the February CQC report.

Patient involvement is supported by two involvement lead staff, who have dedicated and protected time to carry out the role, supported and supervised by two regional involvement leads whose roles are funded by providers of secure care, including Inmind. Community meetings are coordinated by the involvement leads on each ward and attended by patients and members of the multidisciplinary team. These meetings are forums for patients to identify both positive and negative aspects of life at Waterloo Manor, including environmental considerations, activities, events, general ward management, staffing, leave opportunities and any other aspects that patients may wish to discuss. The involvement leads and patient representatives at Waterloo Manor attend the Yorkshire and the Humber Network for Involvement, with meetings at least monthly. One of the patient representatives at Waterloo Manor was recently supported to deliver a presentation at one of the

regional meetings. Smoking cessation has been a focus for the involvement leads, with patients deciding on how the reduction towards becoming smoke-free on 1st February 2016 would be best facilitated. Patients have been involved in interviews as part of the recruitment of new staff at Waterloo Manor. There is an events committee in which patients are able to plan for set up events across the hospital throughout the year, often raising money for charity in the process. For example, in September a cheque for over £500 was presented to the WISH (Women in Secure Hospitals) charity which provides an advocacy service into Waterloo Manor. There is new care planning documentation which has the patient's view of their needs at the start of the document. Patients are supported and encouraged to identify their own needs, goals and aims with their allocated primary nurse, writing their own information where possible. A new integrated 'My Recovery Pathway' document has been piloted successfully and the hospital is in the process of implementing this document for all patients. For patient safety reasons, the process is such that previous documentation cannot simply be removed and replaced, a gradual change from one format is required in order that significant information regarding risks is maintained. The document incorporates demographic information, historical information and current care provision in the form of documented ward round discussions, risk assessment and care plans. The hospital uses research based assessment tools such as 'START' risk assessment and 'Recovery Star', both of which involve patients in their completion. An initiative for staff to sit with patients to discuss their day and what to write in the daily progress notes was commenced in November, with evidence in the patients' notes that staff are including and involving patients rather than simply 'writing about' how patients have presented from staff viewpoints. Prior to patient review meetings, often known as 'ward round', patients are supported to complete their own form representing their views and requests for the team. Support workers, who often work most closely with patients are invited in to ward rounds, both to support patients and for their own valued contribution. When patients access the community on section 17 leave, they are encouraged and supported to complete their own written feedback on how the leave went, which then may inform future section 17 leave opportunities. Occupational therapy staff help patients to plan their activities for the forthcoming week, with patients typing up their own activity plans. Patients are invited to attend the monthly integrated governance meeting, and two patients have accepted the invitation and brought positive contributions to the meeting. When areas of the hospital have been repainted, patients have been invited to choose the colour.

In relation to improved multidisciplinary team working it was identified by CQC that incidents, safeguarding concerns, complaints and other risk or practice issues were not being fully discussed and addressed, with a perceived 'disconnect' between staff on the wards and the management team. There has always been a morning meeting, in which medical and management staff were informed about the previous day or weekend's events and incidents. The morning meeting was previously held in the board room, adding to the perceived disconnect between staff and management. The meeting is now held in the cinema room, which facilitates the attendance of staff from wards and is not seen as a 'management area' as the board room had previously been viewed. This meeting has undergone significant improvements since September. Information is provided electronically by each ward and is projected onto a screen for all attendees to read and identify areas which require further discussion and follow up. One of the benefits of information being provided in this way has been that nursing staff have kept the electronic information up to date

throughout the day rather than hand-write a sheet at the end of their shift. Recording information in this way ensures a more contemporaneous and accurate report of the day's occurrences is provided to the multidisciplinary team. The quality and standard of daily reporting by nurses has improved significantly, due in part to defensible documentation training and discussion with staff regarding the use of more positive and supportive language, both in conversation and written communications. Attendance at the morning meeting is open to staff at all levels, with several nurses and support workers regularly attending, providing feedback and joining discussions. The 'complaints officer' attends the meeting to identify any new complaints, but this has also been extended to include compliments. Waterloo Manor has received compliments from both current and past patients, some of which are attached as appendices, along with compliments from staff regarding other staffs' positive contribution to patients' safety. Acknowledging staff compliments fosters a culture of team working and support for staff to feel valued in what can be a demanding and sometimes difficult job.

'Ward to board' assurance and vice versa was identified as a concern by CQC in February 2015 and Inmind have taken steps to address this, with the appointment of new board members, including a Non-Executive Director, Director of Nursing and Governance and Head of Compliance, all of whom have vast nursing, managerial and service provision experience. A restructured, Integrated Governance model has been implemented, piloted successfully at Waterloo Manor and rolled out across the other hospitals in the group. Monthly meetings are held in Waterloo Manor, attended by multidisciplinary team members, and as previously identified, by patients. The minutes of this meeting then inform the bi-monthly Corporate Governance meeting, chaired by the Non-Executive Director and attended by the Hospital Directors, Group Operations Director, Director of Nursing and Compliance and the Head of Compliance. Minutes of this meeting are then provided to the board meetings and actions identified and disseminated to Hospital Directors. The Corporate Governance and board meeting minutes are disseminated to Hospital Directors or local actions. In addition to the governance framework, the Chief Executive of Inmind visits Waterloo Manor several times each month, predominantly unannounced, to monitor progress against the action plan and CQC findings. A new audit programme has been devised for 2016

The physical health care of patients at Waterloo manor was also said by CQC to be 'not sufficiently assessed'. Arrangements are in place with the supportive local GP service and all patients are registered at the practice. Patients access GP appointments as required and if necessary the GP will visit Waterloo Manor. Annual physical health assessments are carried out by the GP service as well as ongoing monitoring of any health conditions. Discussion has taken place regarding the provision of a weekly surgery within the hospital, but current GP funding arrangements have precluded this from commencing. NHS England have informed Waterloo Manor that a large provider of independent mental health services has submitted a report to the Department of Health regarding the provision of GP services within independent mental health facilities. We are awaiting the DH response as this may inform future discussions with the local GP service. Other areas of physical health have been and continue to be addressed. Weekly, or more frequently if indicated, monitoring of blood pressure, pulse, weight and temperature are carried out. Responsible clinicians monitor patients who are on antipsychotic medications with regular ECG and specific blood tests. A dietitian was appointed following the February CQC visit and, using evidence based tools, has advised on and overseen the implementation of new more healthy menus. Frequent meetings take place between

the head chef and dietitian to review and improve menus. The dietitian has also implemented individual weight management programmes for patients who may be overweight or have health conditions which have dietary implications. Exercise programmes are individually developed according to ability and the occupational therapy team provide a range of activities related to fitness, with differing abilities accommodated. For example, there are 3 levels of 'walking group', aqua Zumba, swimming, gym sessions both within the hospital and the community. At least one fitness related activity is offered by the occupational therapy team daily. One of the clinicians is currently working with the dietitian on a 'Health Action Plan' which will offer a comprehensive approach to physical health for patients, with planned sessions in which doctors, nurses, the dietitian and pharmacist will be available to discuss any aspect of physical health or lifestyle with patients. The proposal is currently being drafted for this initiative. As previously indicated, the hospital will become smoke-free on 1st February 2016 and a programme of reduction has been in progress since September 2015. A number of patients have already given up completely, and those who haven't managed are continually supported to reduce their consumption with nicotine replacement therapy provided in various forms. A number of support workers have previously been identified as health champions and they will be tasked with regular audit of patients' physical health interventions, reporting back to the monthly governance meeting. Weekly medicine management meetings take place with the supplying pharmacy to discuss the weekly audit and rectify any issues promptly. The supplying pharmacy provide training for nursing staff, with sessions in November 2015 on diabetes management and clozapine therapy.

A new initiative of 'clinical discussions' was commenced on 13 January 2016. Coordinated by one of the clinicians, the sessions will offer discussions on particular topics, training opportunities and case discussions. Scheduled for 13.15 – 14.15 they have been publicised and are available to all staff.

Regarding staff support, CQC identified that staff were not sufficiently supported to enable them to carry out their role. New systems of supervision have been implemented, with a target figure for supervisions and appraisals of 90% by 31 January 2016. Statistics have increased from circa 50% in September to 84% appraisals and 81% supervisions at the beginning of January 2016, with each charge nurse setting out their plan to meet and maintain the target by 31 January. Training for staff has been increased, with training offered on 'My Shared Pathway', HCR20, HoNOS, MAPA (management of aggression), defensible documentation, START risk assessment, engagement in activities, Mental Health Act in addition to the mandatory training that staff complete. The Hospital Director has met with Leeds University teaching staff and coordinated the reintroduction of nursing students to Waterloo Manor. A number of current nursing staff are mentors, who are required to be in place support student nurses. It is anticipated that students will begin to use Waterloo Manor as a placement in the first quarter of 2016. The recently appointed Senior Nurse Manager has commenced a weekly newsletter for staff to support improved communication with staff at all levels. This has been well received, with staff proffering topics and information/suggestions for future newsletters.

The staffing rotas have been overhauled to ensure more consistent team working on the wards. Staff are now allocated to one of four teams on each ward (2 x day shift and 2 x night shift teams), reducing the number of casual bank or agency staff used across the hospital. Where bank and agency staff are used, charge nurses book regular staff who are familiar with the patients, the

hospital and documentation. A system of rotation of night and day staff has been implemented from January 2016. Staff report an improvement in morale and feeling more involved in the running of the hospital.

A new 'values-based' recruitment process was implemented from September 2015, with application forms screened for values based words and statements. The leadership team are focusing on how staff communicate with patients, with language a significant area of focus. Encouraging the use of positive, non-restrictive language has been cascaded in staff meetings, the newsletter and in defensible documentation training. There is clear evidence of improvement in patients' notes and in the morning meeting summaries completed by nurses for the previous day.

The cleanliness of the environment was criticised by CQC and the hospital now has a full housekeeping team and regular audits of the environment. A programme of redecoration is in progress with, as identified previously, patients choosing colours.

In terms of lessons learned, these have been related to all of the areas identified above, and the actions described above form the responses to those lessons learned. Additionally, there was a 'disconnect' between the previous senior management team and staff working on the wards. The staff team felt isolated and that there was a 'blame culture', rather than a supportive and learning culture when difficulties arose. That such a culture develops can be common in environments providing secure care and good leadership is needed in order to monitor and address any negative aspects of culture, such as staff and patients being viewed as 'us and them', the use of negative and restrictive language, patients being labelled as 'problems' rather than people who need support to overcome their difficulties and widespread restrictive practices. Communication was not effective between departments and teams and a concerted effort to improve communication has led to more comprehensive morning meeting discussions, inclusion of all levels of staff and a more comprehensive, collective overview of areas such as incidents, safeguarding, complaints and compliments. Compliments were not previously collated and fed back to teams, and commencing this initiative has improved the morale of teams and individual members if the compliment is to a particular staff member (See attached).

It is worth noting that Waterloo Manor and Inmind have acted with integrity in continuing to discharge patients when they have no longer required hospital care, despite being unable to admit new patients following the voluntary embargo implemented by Inmind subsequent to the CQC visit in February 2015. Patients' average length of stay is one of the lowest in the sector at 13 months, with over 90% of discharges being positive and to less secure conditions. At a meeting with the Lead Commissioner for NHSE in London in September 2015, Inmind presented evidence in support of the voluntary embargo being lifted. This was accepted by NHSE and the embargo was lifted subsequent to the meeting.

We remain concerned that the CQC, following their re-inspection of Waterloo Manor in August 2015, have not yet published the updated report. CQC have informed Inmind that the updated report will reflect the positive progress made since February 2015. Currently, the published report on the CQC web site continues to be the report from February 2015, published in August 2015, and it is our firm belief that this has affected, and continues to affect, business in the form of new referrals. Representation has been made to CQC by the Group Operations Director for Inmind in

relation to this concern, and subsequently an e-mail was sent on 13 January 2016 from the Head of Inspection (Hospitals Directorate) at the CQC, detailing the process and dates for the updated report and confirming that the warning notices had been met. (A copy of this e-mail is attached)

David Ramage

Hospital Director

Waterloo Manor Hospital

14th January 2016