

# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Sarah Connery, Chief Executive,  
Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 December 2022</b>
Subject:	<b>Temporary Closure of Hartsholme Centre – Male Psychiatric Intensive Care Unit</b>

## Summary:

Due to on-going significant staffing pressures LPFT (The Trust) is currently unable to continue to deliver and sustain all of its adult mental health wards safely. As a consequence, on 18 October 2022, the Trust's Executive Team made an emergency decision to temporarily close its adult male Psychiatric Intensive Care Unit (PICU), the Hartsholme Centre in Lincoln, on the grounds of safety, with the aim of consolidating the available workforce across the remaining adult mental health wards.

The temporary closure of PICU was identified as the preferred option as it is the smallest of Lincolnshire's inpatient wards, at a maximum of ten-bed capacity. Therefore, any temporary closure affects the least number of patients, while benefiting patients across other inpatient units due to the increased number of staff available to meet their needs.

This was an urgent clinically driven decision based on recommendations of senior clinical and operational leaders in the Trust and further engagement will now take place with patients, carers, and other local partners to understand the impact and what needs to be in place to allow the Trust to safely reopen as soon as possible.

It remains the Trust's intention to continue to provide a psychiatric intensive care service in the county and it is also in our future plans to expand this provision to include females who currently travel out of area for their care.

Timeframes for reopening the unit will be dependent upon there being sufficient staff to maintain safe and sustainable services across our adult mental health wards, the conditions of which will be determined through current stakeholder, patient and staff engagement.

During the temporary closure there may be a small number of men, who require this high level of care, who will have to travel out of Lincolnshire to access PICU care and treatment. However, we are working closely with neighbouring trusts to minimise any distance travelled and will bring these patients back to Lincolnshire services as soon as their needs allow.

The impact of the temporary closure will be monitored through the Trust's Operational Performance and Governance Group and Executive Team, with onward assurance to the Board of Directors and Lincolnshire NHS Integrated Care Board (ICB) Mental Health, Learning Disability and Autism Contract Partnership Board.

### **Actions Requested**

The Committee is asked

- (1) To note the report on the temporary closure of the Hartsholme Centre, Lincolnshire's Male Psychiatric Intensive Care Unit.
- (2) To review the proposed engagement plan and provide guidance on any additional considerations or activities required.

## **1. Background**

Lincolnshire's Psychiatric Intensive Care Unit (PICU), known as the Hartsholme Centre, provides intensive, short-term care and treatment for men who have severe and acute mental health needs and require a more specialist ward environment. This may be due to behaviour or risk of harm to self and others, which needs to be managed in a more secure setting. The unit is situated on the St George's Site, Long Leys Road, Lincoln.

There is no PICU provision for females currently commissioned or provided in Lincolnshire, and females requiring this type of care currently travel to neighbouring trusts to access the same service.

On 18 October 2022, the Trust's Executive Team made an emergency decision to temporarily close its adult male Psychiatric Intensive Care Unit (PICU) on the grounds of safety. This followed ongoing challenges in providing safe and effective staffing across the Trust's adult mental health wards and an urgent need to ensure the safety of patients and staff.

Despite significant work to recruit additional staff and retain and support our current workforce, the Adult Inpatient and Urgent Care Division (AIUCD) has continued to see significant staffing pressures over the last twelve months.

There is recognition that adult mental health inpatient services are now more difficult to staff, and despite high levels of bank and agency use, which is also becoming more challenging to access, the Trust has not been able to guarantee staffing levels on our wards that enable an appropriate level of care to aid patient's recovery.

Many of the wards also continue to feel the impact of Covid-19, with many experiencing continued short-term staffing absences and outbreaks.

Some wards are also stand-alone units which in turn bring added environmental risks and limits the ability for other services to provide mutual aid, as they do in co-located buildings, such as the Peter Hodgkinson Centre in Lincoln.

In response to these increasing challenges, the clinical division has undertaken a workforce analysis, with human resources support, which shows that the current challenges will not improve imminently and are impacted further by a combination of factors including, current vacancy rates across the division, recruitment and retention challenges, attrition, and staff sickness.

The current divisional staffing is no longer sustainable to deliver adult mental health wards safely and effectively and continue to deliver the high standard of care that our patients need.

The workforce dashboard for the adult inpatient division is outlined below (as at 30 September 2022):



### Sickness Absence

The division has seen an increase in both long-term and short-term sickness, with higher-than-expected staff citing work related stress and/or anxiety as a reason. This long-term absence further exposes the division in being able to robustly plan for unplanned events. Covid-19 related absence has also been significant at times over the last twelve months and is expected to potentially rise again over the winter period.

### Bank and Agency Staffing

The use of bank and agency on our wards has increased in the last twelve months and the division is regularly utilising temporary staff to safely staff wards. The division continues to work closely with colleagues in the bank staffing unit (BSU) to optimise staffing available to best meet the needs of the division.

The reliance on these temporary staff to optimise staffing has become more apparent over the last twelve months, with the increased levels of vacancies, meaning several core shifts are filled by non-substantive staff. This can present a risk when shifts are cancelled last minute and also create difficulties for more complex areas to secure bank and agency staff, when there is the option to work in any of the other core services within the division.

This has meant that we have regularly required staff to move from their normal area of work to support those with the greatest clinical need and risk.

Feedback, from team meetings, Freedom to Speak Up (FTSU) and our staff survey results show that staff have not always felt comfortable being moved between services and do not always feel confident moving to an area they are unfamiliar with.

Staff also cite feeling under skilled, inexperienced, and not equipped to work in more highly specialist/challenging environments such as the psychiatric intensive care unit. Inevitably this impacts upon our ability to recruit and retain staff and importantly on the ability to provide continuity of care for patients.

It is also important to note that the use of agency staff is not as effective in mental health care as it is in other non-mental health settings. Much of the care and treatment in mental health is built on developing an effective therapeutic relationship between staff and patients and building trust and confidence.

Agency staff with the requisite mental health knowledge and skills and experience are also not as readily available. However even if there were, higher ratios of agency staff are not recommended in this setting because of the impact on therapeutic relationships.

## **2. Decision to Temporarily Close the PICU**

Given the continued staffing pressures, impacted by current vacancies and staff absence, it was proposed by divisional clinical managers that the division is no longer able to deliver a safe and effective services across all of our adult mental health wards. This was based on their own professional assessment of the situation and feedback received from staff within the division.

Whilst there has been no harm to patients as a consequence of staffing shortages to date, we do not want to risk the safety of our patients and staff with this continuing and feel it is now necessary to temporarily reduce our inpatient provision. This position was supported by the Executive Team and Board of Directors.

Taking into consideration the size of services across the division and skill and experience of staff, the PICU was identified as the preferred service to temporarily close from all those currently in operation for the following reasons:

### Least disruption to patients

The PICU is the smallest of the Trust's wards, therefore any temporary closure affects the least number of patients. The PICU had already temporarily reduced its bed capacity during Covid-19 from ten to eight, to be in line with current infection prevention and control guidance, and at the time of the decision, there were four patients on the ward. All of the patients already had plans in place to step up/down their care to alternative services prior to the decision to close, minimising the immediate, actual impact.

There are also high quality PICU providers in neighbouring counties with available bed capacity, reassuring that any future admissions can be done safely and relatively close to Lincolnshire.

This would have been more challenging in other service areas such as rehabilitation or acute care, which has higher levels of demand. This would mean that some patients would have had to travel much further to access care, and it would have been more challenging to find beds, if a different service was to temporarily close.

### Least Disruption to Staff

The PICU has the highest percentage of registered nursing vacancies in the division – their current establishment is funded for 14.5 wte and 7.9 wte posts remain unfilled. Its overall vacancy rate is currently 40.9% and sickness absence has remained a challenge despite robust support plans and support from human resources. The unit has been consistently utilising bank and agency to achieve safe staffing levels.

### Experienced Workforce

Due to the nature of the work undertaken in the PICU, the team are highly skilled, and experienced in dealing with complex mental health patients. The complex nature of this service has sometimes been cited by staff in other teams as a barrier to them feeling confident to work on this ward.

During previous short-term temporary closures, staff from other wards have identified that they did not feel able to work on the PICU and as a result, staff sickness rose further. However, when the PICU unit was previously temporarily closed for a short period during the Covid-19 pandemic, the staff demonstrated an ability to adapt to any of the other ward environments and provided a capable presence on those wards.

In addition, those staff who have regularly undertaken bank and agency shifts on the PICU would also be available to work shifts on other wards. Again, this is a capable workforce that could work effectively and confidently on any other unit.

## **2. Impact of the Closure**

### Will this decision impact on other services?

We do not believe there will be an impact to the wider system as a consequence of this change. However, we are undertaking engagement with system partners to understand any unintended consequences.

Patients requiring PICU care are rarely admitted directly to the ward from other non-mental health services. It is standard practice for people to be admitted to an acute mental health ward initially for a period of assessment and stabilisation, and only if that level of care fails are patients escalated to PICU services. There has been no reduction in the number of acute inpatient beds in the county.

The acute inpatient pathway is also bolstered with a robust urgent care pathway, with a focus on crisis prevention and support. This currently consists of countywide crisis and home treatment services, Psychiatric Clinical Decisions Unit (PCDU), Health Based Place of Safety (S136 suite), newly established Mental Health Urgent Assessment Centre (MHUAC) and 24hr mental health helpline and all these services remain in place.

#### What has happened to the patients who were there at the time?

At the time of the decision, the Hartsholme Centre was caring for four patients, all of which already had plans in place to step up/down their care prior to our decision to close.

Since the decision was taken, these patients have moved on to their planned alternative services. This included two patients stepping down to local acute wards, one to local low secure services and one who had been identified as requiring an even more enhanced service in a medium secure setting which can only be provided outside the county.

#### What will happen to new patients who would normally have gone to the PICU?

Male patients requiring PICU care will be placed with other healthcare providers outside of Lincolnshire as currently happens with female patients.

LPFT and the ICB have an excellent working relationship and are experienced at contracting with out of county mental health inpatient providers. We will look to replicate the model we have for female PICU patients and block purchase a number of beds to ensure bed availability as close to home as possible.

We also have a highly experienced bed management team who act as care coordinators and visit any patients that are placed out area to ensure continuity of care and ensure care delivery is effective and length of stay is kept to a minimum.

### **3. Action being taken to improve the workforce position**

LPFT has major plans to improve the recruitment of staff and bolster the current workforce, with additional training in managing severe mental health issues. This also includes a range of retention incentives both financial and non-financial; developing new and innovative roles across the Trust rather than relying on traditional harder to recruit roles; increasing the pipeline of staff through working with the university, developing our own staff through apprentice schemes and increasing international recruitment.

#### **4. Timescales for Closure**

Whilst the Trust has had to temporarily close the PICU, and other wards, as an emergency measure in the past to cover peaks in Covid-19 staff absence, on this occasion it is believed that this temporary closure will need to be for a longer period of time to make the required improvements to staffing availability.

This will be subject to further engagement work with staff, stakeholders and of course our patients and carers, on what needs to be in place to safely reopen the ward and how quickly this can be implemented.

The Trust will be working closely with commissioners, partner organisations in health and care, as well as our staff, patients and carers to ensure the impact is as small as possible and continued access to a robust crisis, assessment and hospital service for those who need it.

The division will also look at how they can further enhance staffing and stabilise the workforce across the division to ensure services are as resilient as possible.

The Trust is currently undertaking a number of engagement sessions and an online survey with staff, patients, carers and stakeholders to understand impact, what additional support needs to be in place during the closure and what needs to be in place to safely reopen. It will also be seeking to understand what further improvements could be made in the future across our local mental health wards.

We hope to take a stock take of the initial feedback by Christmas so for us to discuss further in the Trust, with partners and agree next steps, including the need for further engagement in the New Year.

The temporary closure however continues to be closely monitored by the division, the Executive Team and the Integrated Care Board. Should it be identified that there is a significant unintended impact from the temporary closure, this decision will be reviewed, and alternative options explored.

#### **5. Engagement to Date**

Whilst the decision to temporarily close the unit was taken urgently on the grounds of safety, staff, patient and stakeholder feedback contributed to the Trust identifying a growing risk in this area.

- The Trust has undertaken an extensive staff engagement exercise around 'walking in your shoes' looking at staff retention and what would help staff stay or join the Trust.
- Regular '15 step visits' on all wards carried out by the Patient Experience Team
- Weekly community patient meetings about activities and what it feels like to receive care on the ward.
- Patient experience feedback forms, compliments and complaints
- Collation of staff concerns raised through freedom to speak up, incident reporting and staff survey feedback.
- Feedback collated from other engagement activity around rehabilitation transformation and review of reablement services.

## **6. Proposed Next Steps**

In line with our duty to involve, we are committed to engaging with our patients, carers, staff and stakeholders on the impact of this decision and how we develop our plan for reopening as soon as is safely possible.

A formal engagement process is now underway to determine the conditions that will need to be in place.

Some patient and staff experience feedback had already been taken into account as part of the division's recommendation that current staffing levels were not sustainable.

We are now undertaking a formal programme of face to face and virtual workshops to explore the temporary closure in more detail and understand people's current experiences of being cared for on a mental health ward.

This will help contribute to what improvements we need to make, to improve staffing levels, patient experience and helping people feel safe on the wards.

We also have an anonymous online survey for those unable to attend an event.

In addition to this formal feedback, we are also collating further patient experience and staff feedback we have received across our wards over the last six months to understand areas for improvement.

We continue to regularly update and will continue to invite involvement from our patients, staff and stakeholders as part of this process and will provide further updates as next steps are finalised from our current engagement work.

## **7. Key Strategy Documents**

NHS England – Nursing and Midwifery – Safer Staffing:

<https://www.england.nhs.uk/nursingmidwifery/safer-staffing-nursing-and-midwifery/>

## **8. Conclusion**

Following an escalation of risk by the adult inpatient and urgent care divisional leadership team, the Trust's Executive Team and Board of Directors, supported their conclusion that the Trust is unable to continue to deliver and sustain all of its current inpatient services safely and effectively.

The Executive Team recognised that it had now reached a point where more must be done to support staffing across the division and ensure the safety of patients and staff.



They agreed that the PICU was the most appropriate ward to temporarily close. Recognising that the Hartsholme Centre is the smallest of LPFT’s inpatient wards, therefore any temporary closure affects the least number of patients, as well as enabling a highly skilled and experienced team to be redeployed to best effect.

This is a temporary closure on the grounds of patient and staff safety and a structured stakeholder engagement process is being carried out to understand the impact and determine the conditions that will be required to safely reopen the unit.

It remains our ambition to provide both male and female PICU care in Lincolnshire.

Unlike other temporary closures, there are no alternative community models being tested and patients that would normally access the service will be placed out of area in the short term. We will however, continue to work incredibly hard to reduce the number of people placed out of area and support a return to local services as soon as it is safe and appropriate to do so.

We are fully committed to providing male PICU care in Lincolnshire again, as soon as it is safe and sustainable to do so.

LPFT has major plans to improve the recruitment of staff and bolster the current workforce, with additional training in managing severe mental health issues.

Staffing numbers, skills mix and impact will be regularly monitored by the inpatient clinical director, associate director and quality lead with oversight from the Executive Team to ensure we can re-open services as soon as possible, when it is safe to do so.

## 9. Appendices

These are listed below and attached at the back of the report	
Appendix A	Engagement Workshops and Online Survey

## 10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Chris Higgins Director of Operations at LPFT, who can be contacted via ([Christopher.Higgins3@nhs.net](mailto:Christopher.Higgins3@nhs.net) / or 01522 309199)

## Engagement events



**Lincolnshire Partnership**  
NHS Foundation Trust

## Join the conversation about our adult mental health wards

We want to provide the highest standard of mental health care across Lincolnshire. We welcome service users, carers and the public to join in a conversation about our current adult mental health wards and the impact of the temporary closure of our psychiatric intensive care service.

Wednesday 23 November 2022 | 10am-12pm  
Alive Church, 22 Newland, Lincoln, LN1 1XD

Thursday 1 December 2022 | 2pm-4pm  
Jubilee Church Life Centre, 5 London Road, Grantham, NG31 6EY

Tuesday 6 December 2022 | 2pm-4pm  
Jakemans Community Stadium, Boston United Football Club, Pilgrim Way, Boston, PE21 7NE

Wednesday 14 December 2022 | 3pm-4.30pm  
Virtual workshop

Tuesday 10 January 2023 | 2pm-4pm  
The Storehouse, North Parade, Skegness, PE25 1BY

You can also share you views with us by scanning the QR code with your smartphone or via <http://ratenhs.uk/76Vb5y>



Hear about the temporary closure of our psychiatric intensive care unit

Does the closure impact you?

What is it like to receive care on our mental health wards?

How would you like mental health hospital care to be delivered in the future?

To register your interest or for more information:  
email [lpft.involvement@nhs.net](mailto:lpft.involvement@nhs.net)  
or call 07773 206341 or 07972 452425