AGENDA FOR
Board of Directors Meeting
Date: Wednesday 28 February 2018  Time: 10am-11:00am
Venue: Rooms 2 & 3 V7 Building, Kings Business Park, Prescot, Merseyside, L34 1PJ

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<tr>
<th>No.</th>
<th>Item</th>
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<tr>
<td>A1</td>
<td>Welcome</td>
<td>B Fraenkel</td>
<td>Verbal to note</td>
<td>10:00 am</td>
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<td>B</td>
<td>Board of Directors Business</td>
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<td>B1</td>
<td>Member’s Apologies: M. Birch; Attendee’s Apologies:</td>
<td>B Fraenkel</td>
<td>Verbal to note</td>
<td>10:01am</td>
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<tr>
<td>B2</td>
<td>Declarations of Interest</td>
<td>B Fraenkel</td>
<td>Verbal to note</td>
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<tr>
<td>B3</td>
<td>Minutes of the Meeting held on 31 January 2018: a) Minutes b) Action Log</td>
<td>B Fraenkel</td>
<td>Paper for decision [ref TB/17/18/171]</td>
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<tr>
<td>B4</td>
<td>Matters Arising</td>
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<td>C</td>
<td>Our Services</td>
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<tr>
<td>C1</td>
<td>Kirkup Review – Action Plan</td>
<td>T Bennett</td>
<td>Paper for decision [ref TB/17/18/172]</td>
<td>10:10am</td>
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<td>C2</td>
<td>Liverpool Community Health Transaction Update</td>
<td>N Smith / C Lyons</td>
<td>Paper to note [ref TB/17/18/173]</td>
<td>10:30am</td>
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<td>C3</td>
<td>Investigation into the Care and Treatment of PF – Domestic Homicide Review</td>
<td>S Morgan</td>
<td>Paper to note [ref TB/17/18/176]</td>
<td>10:45am</td>
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<td>D</td>
<td>Our People</td>
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<td>D1</td>
<td>Letter from Council of Governors re Retraction of Whalley Services</td>
<td>B Fraenkel / M Hindle</td>
<td>Paper to note [ref TB/17/18/175]</td>
<td>11:00am</td>
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<td>E</td>
<td>Any Other Business</td>
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Opportunity for Questions from the Public

The Public Meeting of the Board of Directors is a meeting held in public, rather than a public meeting in which the public may participate. Once the Public Meeting closes the Chairman will ask if anybody would like to ask a question or raise any issues with the Board of Directors.

The Board of Directors is invited to adopt the following resolution:

*That the Board hereby resolves that the remainder of the meeting to be held in private, because publicity would be prejudicial to the public interest, by reason of the confidential nature of the business to be transacted*. [Section (2) of the Public Bodies (Admission to Meetings) Act 1960]
Dates of Future Meetings:

- 21 March 2018
- 30 May 2018

Mersey Care’s Strategy:

Throughout the discussions at / and reports to our Board of Directors, reference will be made to our strategy which is summarised below.
MINUTES OF THE MEETING OF THE

Board of Directors’

Date: Wednesday, 31 January 2018  Time: 10.00am
Venue: Rooms 2 and 3, V7 Building, Kings Business Park, Prescot, L34 1PJ

Present:

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<thead>
<tr>
<th>Name</th>
<th>Job Title (Division/ Organisation*) *if not Mersey Care</th>
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<tr>
<td>Beatrice Fraenkel</td>
<td>Chairman*</td>
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<tr>
<td>Matt Birch</td>
<td>Non Executive Director</td>
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<tr>
<td>Cath Green</td>
<td>Non Executive Director</td>
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<td>Gerry O’Keeffe</td>
<td>Non Executive Director*</td>
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<td>Rob Beardall</td>
<td>Non Executive Director*</td>
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<td>Gaynor Hales</td>
<td>Non Executive Director</td>
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<tr>
<td>Nick Williams</td>
<td>Non Executive Director</td>
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<tr>
<td>Pam Williams</td>
<td>Non Executive Director*</td>
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<tr>
<td>Joe Rafferty</td>
<td>Chief Executive*</td>
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<td>Neil Smith</td>
<td>Executive Director of Finance / Deputy Chief Executive*</td>
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<tr>
<td>Elaine Darbyshire</td>
<td>Executive Director of Communications &amp; Corporate Governance</td>
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<tr>
<td>Ray Walker</td>
<td>Executive Director of Nursing</td>
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<tr>
<td>David Fearnley</td>
<td>Medical Director*</td>
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<td>Mark Hindle</td>
<td>Executive Director of Operations</td>
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<td>Amanda Oates</td>
<td>Executive Director of Workforce*</td>
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<tr>
<td>Louise Edwards</td>
<td>Director of Strategy</td>
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<td>Trish Bennett</td>
<td>Director of Integration*</td>
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In Attendance:

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<th>Name</th>
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<tr>
<td>Michael Moore</td>
<td>Service User</td>
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<td>Mandi Gregory</td>
<td>Staffside Representative</td>
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<tr>
<td>Mel Higgins</td>
<td>Associate Medical Director, Secure and Specialist LD Divisions</td>
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<tr>
<td>Andy Meadows</td>
<td>Trust Secretary</td>
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<tr>
<td>Collette Irving</td>
<td>Participation Manager</td>
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<td>Ashley Crossland</td>
<td>Corporate Governance Assistant (Minutes Secretary)</td>
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Apologies Received:

None received.

ISSUES CONSIDERED

2018

A1 WELCOME

1. Mrs Fraenkel welcomed all Board members to the public Board of Directors meeting, including those in the public gallery and introductions were made.

2. Mrs Fraenkel noted that this would be the last Board meeting attended by Mr Walker, who would be leaving the Trust to take the position of Chief Nurse North, Health
Education England. Mrs Fraenkel led the Board members in thanking Mr Walker for his valued contribution to the Trust, conveying best wishes for the future.

A2 SERVICE USER CARER STORY

3. Mr Michael Moore, a service user of the Trust, addressed the Board in order to share his experience of becoming a volunteer for Mersey Care.

4. Mr Moore explained that he had been a user of both inpatient and community services since the age of 18 years and during this time felt that medication only served to aid his recovery to a certain degree. As a result, Mr Moore explained that he became a volunteer for the Trust, which he found therapeutic and empowering. Mr Moore stated that his volunteer role was wide and varied, including working in the Life Rooms, sitting on interview panels, allowing new volunteers to shadow him during the course of his duties and also working on the allotments.

5. Mrs Irvine clarified that before becoming a volunteer, service users take part in two days of custom training followed by a period of shadowing other experienced volunteers and once confident enough they may begin on their own volunteering journey. Mrs Fraenkel stressed the sophistication of the work involved in being a volunteer and the valuable role they provide within the Trust, thanking Mr Moore for the time and dedication he provides.

6. Mr Rafferty referred to Mr Moore’s role on Trust interview panels, asking whether Mr Moore felt his opinion and views were fully taken into account when choosing a successful candidate for a position. Mr Moore explained that his views were consistently taken into account and any concerns that he may express were taken seriously.

7. Mrs Darbyshire spoke to Mr Moore in relation to his voluntary role at the Life Rooms, asking whether he found the model useful. Mr Moore responded, explaining that the service was used by a number of people for a variety of reasons, dependant upon their individual needs, which he felt made it a very useful resource within the community.

8. In response to Mr Birch, Mr Moore confirmed that he was first made aware of the volunteering opportunities available by his Community Psychiatric Nurse, adding that he felt supported and informed during every step, including with transportation. Mr Moore added sometimes service users offer to volunteer, but their illness may prevent them from following through with this immediately and he felt that the Trust were understanding and supportive towards this happening.

9. Mr Moore and Ms Irving were thanked for attending and sharing details of what was considered an extremely valuable role provided by the network of volunteers actively involved throughout the Trust.

B1 APOLOGIES

10. There were no formal apologies received.
B2  DECLARATIONS OF INTEREST

11. Note: The report supporting Item C1 at the Board of Directors on 25 October 2017 noted that, in light of the Interim Management Agreement to provide support to Liverpool Community Health NHS Trust (LCH), the members of Mersey Care’s Board (highlighted with * in the list of those present on page one above) have a conflict of interest recognised by the Board of Directors in respect of items relating to LCH / the LCH transaction as they are now also members of LCH’s Board.

B3  MINUTES OF THE MEETING HELD ON 20 DECEMBER 2017

12. The minutes of the previous meeting held on Wednesday, 20 December 2017 were accepted as an accurate record, with the agreed amendment to the detail relating to the status of the Medium Secure Unit Full Business Case noted within Paragraph 13, which Mr Meadows confirmed he would make.

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<tr>
<td>Recommendations approved by the Board, namely: Approve the minutes of the previous meeting.</td>
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<tr>
<td>Further actions required: The detail relating to the status of the Medium Secure Unit Full Business Case noted within Paragraph 13 to be amended as agreed.</td>
<td>A Meadows</td>
<td>Feb-2018</td>
<td>Due Feb-18</td>
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B4  MATTERS ARISING

a. MEDIUM SECURE UNIT FULL BUSINESS CASE UPDATE

14. Mrs Darbyshire briefly updated the Board in relation to the current status of the Medium Secure Unit Full Business Case (FBC), confirming that it remained with the Department of Health awaiting Ministerial approval, adding that this was expected imminently. Mrs Darbyshire confirmed that the FBC would then be submitted for the approval of the Treasury, which entailed a 28 day turn-around.

15. Mrs Fraenkel noted her thanks to Mrs Darbyshire for the continued hard work undertaken in order to progress the FBC.

B5  CHIEF EXECUTIVE REPORT

16. Mr Rafferty presented his Chief Executive’s report which provided updates on key issues of interest / information arising since the last Board of Directors’ meeting as follows:
   a) Draft Health and Care Workforce Strategy for England to 2027;
   b) Funding and Parity of NHS Mental Health Providers;
   c) Strategic Programme – Prevention at Scale;
   d) Operational Update from the NHS National Emergency pressures Panel;
   e) Zero Suicide Alliance;
   f) Liverpool Community Health Transaction;
g) Just and Learning Culture;

h) Provider Alliance;

i) Winter Pressures;

j) Audit of High Secure Hospitals;

17. Mr Rafferty referred to a draft workforce strategy recently published by Health Education England (HEE): *Facing the Facts, Shaping the Future, A health and care workforce strategy for England to 2027*. Mr Rafferty explained that this was a whole national system consultation document, with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Clinical Excellence and Department of Health, adding that draft strategy takes an uncompromising look at the challenges faced by the health and care system, charting the growth in the NHS workforce over the last five years while setting out the critical workforce challenges that will be faced over the next decade. Mr Rafferty confirmed that HEE would be seeking views on the strategy until 23 March 2018.

18. Mr Rafferty explained that according to a report produced by the King’s Fund, the funding gap between NHS acute hospitals and NHS mental healthcare providers had widened even further during the last 12 months, significantly higher than during previous years adding that parity very much remained a priority.

19. Mr Rafferty confirmed that on 20 December 2017 Warrington and Halton Hospitals NHS Foundation Trust issued a letter in respect of the Prevention at Scale Programme confirming that the Senior Responsible Officer (SRO) and Clinical Lead Role had now been put into place, adding that the new SRO was keen that we advance the initiatives of the programme and understand the aspirations for intervention and population health management, as a means of major upstream strategies, in each place based care system.

20. Mr Rafferty confirmed that the second meeting of the National Emergency Pressures Panel had taken place, chaired by Professor Sir Bruce Keogh. Mr Rafferty summarised that the panel had noted sustained pressure which the NHS had been under during the Christmas period, with high levels of respiratory illness, bed occupancy levels giving limited capacity to deal with demand surges, early indications of increasing flu prevalence and some reports suggesting a rise in the severity of illness among patients arriving at A&Es, which resulted in a series of recommendations being made in order to help hospitals handle pressure alongside the activation of the NHS winter pressures protocol.

21. Mr Rafferty shared the news reports relating to Jeremy Hunt driving forward the message of the Zero Suicide Alliance, confirming that the suicide of mental health patients must never be accepted as just another occupational hazard.

22. Mr Rafferty referred to Mr Walker’s new appointment as Chief Nurse North with Health Education England. Mr Rafferty confirmed that Mrs T Bennett had been appointed as the Trust’s new Executive Director of Nursing and over the weeks ahead would share how she intends to refine the Trust’s vision for nursing now we are dealing equality
with physical and mental health. Mr Rafferty conveyed the very best of wishes to Mr Walker in his new role.

23. Mr Rafferty explained that NHS England had recently provided their official feedback from their recent audit of High Secure Hospitals. Ashworth Hospital had been given an assurance rating of “Green – Substantial”, which Mr Rafferty stated was a remarkable achievement, noting his thanks to all involved.

24. Mr Rafferty explained that the Liverpool Community Health Transaction process was progressing positively, with no issues.

25. Following the week, which saw Professor Sidney Dekker visit the Trust in order to drive forward the implementation of the Just and Learning Culture, Mr Rafferty reflected on what a valuable opportunity this had been for the Trust to listen to its staff, explaining his feelings of hopefulness that this would provide great insight into what helped staff perform at their peak along with what created the most stress. Mr Williams questioned whether there was hard evidence of the positive impact the Just and Learning Culture was having on staff, with Mrs Oates explaining that the Trust was researching ways to record such information in a quantifiable manner; however the way the Trust was now dealing with the aftermath of things not going as expected had seen a significant fall in disciplinary action, with staff being supported and learning arising from the consequences of events. In relation to the future vision of the Culture, Mrs Oates affirmed that an improvement in staff sickness and retention was anticipated and as a result of this there would be more consistency and quality of care. Mrs Fraenkel concurred, stating that this would also serve to make the Trust a more attractive employer.

26. Mrs Gregory concurred, adding that previously disciplinary cases were often dead-ended processes, entered into as a matter of course, which was a waste of valuable resources, with the new approach seeming much more advantageous for all concerned. Mrs Oates affirmed that the Regional Staffside had shown a great interest in the Just and Learning Culture process being adopted by the Trust and as a result she would be addressing an upcoming gathering to provide them with further information.

27. Mr O’Keeffe remarked at the significant improvement within the Trust thus far, noting his sincere support of the Just and Learning Culture.

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B6 KIRKUP REVIEW

29. Mrs Darbyshire updated the Board of Directors’ in relation to the Liverpool Community Health (LCH) Kirkup Review, which was in the final stages of production, before being sent to NHS Information in order to be finalised. Mrs Darbyshire explained that although a date of publication had not yet been confirmed, it was expected by the end of January 2018.

30. Mrs Fraenkel expressed concern in relation to the uncertainty surrounding the timing of the report’s publication, with Mrs Darbyshire responding to assure that a large amount of support had been provided to LCH in anticipation of the report’s publication, including governance and communications staff. Mrs Darbyshire advised that following the publication of the report, the recommendations would be implemented and staff would be supported wherever required.

31. Mr Birch referred to the cost and residual risk arising from the amount of resources being ploughed into LCH by the Trust and requested assurance in order to alleviate his concerns, with Mrs Darbyshire responding to explain that the current resources were at no additional cost to the Trust, adding that conversations were taking place with commissioners in order to secure funding for future support. Mrs Oates concurred, adding that LCH Trust Board were in the process of making decisions relating to the purchasing of the measures required. Mr Rafferty reminded the Board that the current situation was a short-term handling only, with the provision of indemnity for the Trust being sought; however in the current situation continual risk assessments of unfolding events would be required, with appropriate action being taken as and when necessary.

32. Ms Green queried whether the publication of the report would impact upon the LCH transaction, with Mr Rafferty stating that this would be unlikely due its focus on a historical period of time, adding that the report would not be directly critical of the Trust or LCH in its current form.

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C1 GOVERNANCE OF QUALITY REPORT

34. Mr Walker provided the Board with a summary of the key issues discussed at the recent Quality Assurance Committee held in January 2018.

35. Mr Walker highlighted a series of key issues outlined in the report, as follows:

a. The reporting figures for STEIS incidents in November and December had seen a further reduction from peaks in June and September. The Local Division continued to see the most significant reduction in the number of STEIS incidents reported;
b. During the transfer of a patient out of the Medium Secure Unit (Secure Division) a member of staff kept hold of their keys and took them off site. A review had been undertaken, with changes to security practices being made;

c. A patient absconded from the LSU by forcing himself into the reception airlock and kicked the door repeatedly until the lock fell out. An in depth review was undertaken, with some structural changes made to the entrance/exit of the unit.

d. There were four potential suicides during this reporting period; three by service users within a community setting and one by whom was on leave from inpatient care.

e. There were 7 incidents related to allegations against staff during November and December 2017 in High Secure Services, as opposed to 12 in the last time period.

f. Alongside QRVs there are also to be short focussed ‘Profiling Excellence’ reviews taking place in January and February across the Local, Secure and SpLD Divisions. These are to be led by the Executive Director of Nursing and the Deputy Director of Nursing.

g. The Trust’s in-month sickness rate for November 2017 was 7.30%. This was an increase when compared with 7.20% in October 2017. An increase was also observed within the Secure Division to 9.59%.

h. Adult Mental Health bed occupancy deteriorated in November 2017 at 96.07%. The deterioration was due to an increase in delayed discharges.

36. Mr Walker referred to the death of a patient, who was on leave from an inpatient ward when he sadly took his own life. Mr Walker confirmed that a piece of work relating to pre-leave assessments was currently being undertaken by Dr Chidambaran.

37. Mr Walker referred to a new risk, which had been added to the Local Division risk register relating to Moss House Community Mental Health Team and its ability to deliver the expected standard of care, due to not having adequate/consistent staffing levels in relation to medical and administrative functions. A recent Quality Review Visit identified that the team was not achieving some key fundamental standards; actions that would improve the situation had been agreed, including the employment of medium/long term locum psychiatrists and the use of local health centres in order to deliver depot clinics. The improvement plans, which had been put into place continued to be overseen on a weekly basis by a multi disciplinary oversight group.

38. Mr Walker confirmed that an improvement plan had been approved and implemented in relation to the Physical Health Indicator, with an expectation of the Trust achieving a 95% compliance rate by June 2018.

39. Mr Walker confirmed that the Trust had performed positively in the findings of the National Patient Survey; however there were still a number of areas where the Trust could improve. Mrs Darbyshire and Mr Hindle confirmed their intention to discuss the Trust’s links with the community outside of the meeting.

40. In response to Mrs Williams, Mr Walker confirmed that the Governance of Quality report was not directly comparable with the Care at a Glance report, explaining that the former covered a two month period and provided a summary of issues discussed at the last meeting of the Quality Assurance Committee. In relation to this, Mr Hindle
confirmed that there had been a recent improvement in the Trust's bed occupancy, noting the hard work of Mrs Donna Robinson, Chief Operating Officer Local Services Division, and her staff for their hard work. Mr Hindle noted that the Trust currently had no external out of area placements, adding that there had been recent conversations in relation to the Trust selling a number of beds within male acute and psychiatric intensive care unit beds.

41. **Recommendations approved by the Board**, namely:
- Discuss the report.
- Identify any Changes required to the high level Quality Dashboard.
- Identify any further assurances it requires.

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**Further actions required:**
- Conversation in relation to the Trust's links within the community to be held.

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<td>Further actions required:</td>
<td>E Darbyshire / M Hindle</td>
<td>Feb-2018</td>
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C2 CARE AT A GLANCE

42. Mr Walker provided a summary of Trust performance to 31 December 2017, and links to supplementary information and outlined the key performance issues, as follows:

- The Trust's in-month sickness rate for December 2017 was recorded at 7.86%, an increase against November's 7.30%, with each of the Divisions having shown deterioration during the reporting period.
- The vacancies vs. budgeted establishment continued to remain higher than planned, with the vacancy rate for December 2017 sitting at 11.96%.
- Within the Local Services Division, bed occupancy had improved during December 2017 to 90.63%, with no External Out of Area Placements recorded.
- Within the Secure Services Division, a reduction in time spent in long-term segregation was again reported.
- Within Specialist Learning Disabilities Division, there were four further discharges made during December 2017.
- Within the South Sefton Community Services Division, there were no reports of Grade 3 CAA pressure ulcers reported during December 2017, with a total of 15 reported since April 2017.

43. Mr Walker noted the challenges, which would be faced by staff due to the increase in both the Trust vacancies and staff sickness levels, adding that work relating to the improvement of staff retention was on-going. Mrs Oates reassured that the rise in sickness was due to a seasonal spike, although stressing that the situation in relation to the uncertainty of some services could be responsible for driving up the staff sickness levels.

44. Mr Birch referred to the vacancies versus the budget, affirming that this had proven to be the risk it had been predicted as. Mrs Bennett confirmed that all clinical posts were being advertised; however feedback was being consistently received in relation to the amount of time taken between job offers to commencement within post. Mrs Oates explained that the TRACK system was to be implemented with the Workforce Directorate, explaining that this system would monitor the recruitment process and
highlight any sticking points, which were responsible for creating a hold-up, allowing these to be resolved accordingly. Mrs Oates added that the recruitment of clinical staff was part of a wider issue, nationally and shared her intention to make this the focus of a Board Development Session during February 2018.

45. Dr Fearnley referred to the Quality Account, explaining that this would be published in August 2018; however in response to Mrs Darbyshire, Dr Fearnley explained that the priorities may need to change now that the Trust is not solely a mental health provider, in order to provide a more integrated approach with all of the Trust’s services in mind. Mr O’Keeffe concurred, suggesting the Trust consider a zero tolerance approach be given to Grade 4 pressure ulcers. Mrs Bennett concurred, adding that December 2017 had seen the first instance of no reports relating to Grade 3 pressure ulcers since the Trust acquired South Sefton Community Services Division in June 2017.

46. Ms Green raised the issues being created by the failure of the commissioner-set Specialist Learning Disabilities (SpLD) Division retraction plan, specifically the impact on workforce, finances and the estate. In response, Mr Hindle stressed that although there was a high percentage of failure against the plan; focus needed to be given to how much work had taken place in terms of the amount of discharges which had been made from the SpLD Division during the last 2 years. Mr Hindle referred to the complexity of the remaining service users, explaining that multi-disciplinary packages of care were required prior to a safe discharge being made, adding that this was often the reason that discharges could not be made so quickly.

47. Mrs Fraenkel referred to the letter of concern, which had been written by the Trust’s Lead Governor on behalf of the Council of Governors’ in order to reiterate that the impact of the plan on the families of the service users must not be discounted and as such the new destination of service users had to be of high quality and fit purpose. Mr Hindle strongly concurred, explaining that service users must only be discharged or replaced when all the circumstances were appropriate. Mr Hindle referred to the workforce implications of the retraction and confirmed that Scott House had begun it’s last day of business, with Lancaster due to close at the end of the current financial year, both of which would free-up specialist staff in order for redeployment. Mr Birch confirmed that the Performance, Investment and Finance Committee would continue to monitor the financial implications of the retraction.

48. Mr Smith drew attention to the Trust’s level 2 rating for performance, explaining that this was mainly due to the high amount of agency spends. In response to Mr Williams, Mr Smith confirmed that substantively filling the posts currently filled by agency staff would aid towards financial savings, which Mr Smith confirmed.

49. Concerns were noted in relation to the time being taken to progress with the Medium Secure Unit Full Business Case, specifically in relation to the Guaranteed Maximum Price, which had been negotiated by Mrs Darbyshire. It was confirmed that unless there was a price increase of £1.2m or more the project could continue without consequence. Mr Birch confirmed that the Performance, Investment and Finance Committee would continue to monitor the situation.
C3 UPDATE ON THE USE OF LONG TERM SEGREGATION AND NIGHT TIME CONFINEMENT

a) LONG TERM SEGREGATION

51. Dr Higgins provided the Board of Directors’ with an update in relation to the use of Long Term Segregation given the current increased scrutiny and focus on its use, also informing the Board on the current position of Ashworth Hospital in relation to the concerns raised by the European Committee for the Prevention of Torture and Inhumane and Degrading Treatment (ECPT) and the Care quality Commission (CQC)

52. Dr Higgins confirmed that following a recent visit to Ashworth Hospital by the ECPT, the Trust was deemed to be following the code of best practice in relation to Long Term Segregation; however the ECPT raised the issue of patients having easy access to fresh air, which could result in restructuring of the ward and could therefore be subject to some financial implications in the near future. Dr Higgins also noted that there were two patients, who could not be safely managed outside of Long Term Segregation. Mrs Fraenkel referred to the compassion shown to the patients within Ashworth by the staff, with which Mrs Hales strongly concurred following her recent visit to the facility. Dr Higgins agreed that the staff of Ashworth were exemplary throughout all levels of its hierarchy, noting that this included the commendable actions of the domestic staff, which had been commented upon.

53. Dr Higgins confirmed that the High Secure Service would continue with its efforts to minimise the use of Long Term Segregation and to improve the quality of life and provision of care to this cohort of patients, adding that the service would continue to adhere to Mental Health Act Code of Practice and proactively assist with reviews as required by National Oversight Group.

54. | Action | Lead | Timescale | Status |
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<td>Recommendations approved by the Board, namely:</td>
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<td>• Note the assessment of performance.</td>
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55. | Action | Lead | Timescale | Status |
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<td>Further actions required:</td>
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<td>• None identified.</td>
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b) NIGHT TIME CONFINEMENT

56. Mr Hindle provided the Board of Directors’ with information allowing for the monitor of the impact of Night Time Confinement on the patient experience and care, also providing assurance that the objectives of the Trust’s policy relating to Night Time Confinement were being achieved within High Secure Services.
57. Mr Hindle explained that the NHS Safety and Security Directions (2013) give authority for patients to be confined in their rooms within Ashworth Hospital subject to certain conditions, stating that this helped create a daily routine for patients which allowed for their daytime on the ward to be structured to the maximum potential and their nights to be calm and clearly defined. Mr Hindle confirmed that Night Time Confinement also allowed for minimal staff to be on night shift, meaning that staffing levels could be at a maximum during the day, which resulted in optimum care and more stimulating activities being available to patients.

58. Mr Hindle confirmed that Night Time Confinement remained high on the agendas of both the Care Quality Commission (CQC) and the European Committee for the Prevention of Torture and Inhumane and Degrading Treatment (ECPT), explaining that due to concerns raised by the CQC, the National Oversight Group had asked that high secure hospitals provide their views on the use of Night Time Confinement and the potential implications for those hospitals should the authority of its use be rescinded. Mr Hindle referred to the negative implications of rescinding Night Time Confinement, which would include the necessary recruitment of approximately 40 qualified nurses and 50 nursing assistants, creating a financial pressure of approximately £4million. Mr Hindle added that there would most likely be a rise in incidents, along with a drop in the number of meaningful activities on offer to patients during the day. Mr Hindle stressed that there were currently no plans for the Trust to rescind the use of Night Time Confinement.

59. Dr Fearnley queried the use of partial Night Time Confinement, which Mr Hindle confirmed was an option that could be explored should the need arise; however there would be a lot of elements to consider. Mr O’Keeffe concurred with the proven benefits of the Trust using Night Time Confinement, adding he did not deem it necessary to change what was a robust system with a positive impact on patient care, activity and routine. Dr Fearnley explained there were many views of the use of Night Time Confinement, adding that a wider discussion would be required in the future, in order to explore the many potential options available to the Trust.

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<tr>
<td><strong>Recommendations approved by the Board</strong>, namely:</td>
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<tr>
<td>● Note the report.</td>
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<tr>
<td>● Note the risks to the service should the authority for NTC be rescinded.</td>
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<tr>
<td><strong>Further actions required:</strong></td>
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<tr>
<td>● Discussion to explore the options in relation to Night Time Confinement to be held in the future.</td>
<td>D Fearnley</td>
<td>When required</td>
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**E1 FREEDOM TO SPEAK UP REPORT**

61. Mr Walker presented the Freedom to Speak Up Bi-Annual Report to the Board in order to share information on the progress of the role of the Freedom to Speak Up Guardian and the issues / concerns raised by staff along with the actions taken to understand and learn from them, providing assurance.

62. Mr Walker confirmed that since the last report to the Board, in April 2017, the Trust had received 15 concerns from staff via the Freedom to Speak Up process, as follows:
• 7 cases are closed and 8 remain open/on going.
• 1 case was anonymous disclosure.
• 4 cases were shared in confidence with the FTSU Guardian.
• 10 staff that spoke out freely and owned their concern.

63. Mr Walker explained that one of the cases, which had been open since 2016, had been investigated; the staff member was not happy with the initial outcome, therefore a further review process was been undertaken. The issues were separated into two with one set of issues reviewed by an independent Consultant and another set of issues investigated by the MIAA. Both investigations were completed and were shared with the complainant who remained unhappy with certain aspects of the reports. Mr Walker confirmed that this had now been escalated for a review by the lead Non Executive Director.

64. Mr Walker provided details of further issues reported, which were being taken through the relevant processes.

65. In relation to the lay-out of the report, Mr Walker stated that an appendix containing the details of anonymous reports had been included in order to provide a more accurate and detailed picture. Mr Walker confirmed that provisions had been made for the up-coming retirement of the current Freedom to Speak Up Guardian in order to provide business continuity for staff wishing to make use of the service.

66. Mr O’Keeffe noted the significant progress made over the last 12 months, for which he praised all those involved.

67. | Action |
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<tr>
<td>Recommendations approved by the Board, namely:</td>
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<tr>
<td>Discuss the progress of FTSU Guardian introduction to the Trust and clarify if sufficient assurance has been provided in the way Whistleblowing / FTSU concerns are being managed.</td>
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<tr>
<td>Agree the way forward.</td>
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Further actions required:
• None identified.

F1 BOARD ASSURANCE FRAMEWORK

68. Mr Walker presented the Framework for the Board’s consideration and approval, which provided assurance that the strategically significant risks were being actively managed.

69. Mr Walker confirmed that the 2017/18 Board Assurance Framework consisted of ten risks identified and approved by the Board, six escalated risks from the Local Services Division, one from the South Sefton Community Services Division and three following scrutiny by the Risk Management Group. Mr Walker highlighted the following key risks:
Escalated Risks - Divisional

a) If service users are not adhering to the Trust Smoke Free Policy then there is an increased risk of fires occurring. [Score 20]

b) If there are long term Consultant Psychiatrist vacancies within the Local Division then there is a risk that the quality and safety of care is being compromised. [Score 16]

c) If improvements are not made to Park Lodge environment then there is a risk of breaches in Safety Regulations, increases in health related, security and safety incidents, reduction in staff morale, service users experience and damage to reputation. [Score 16]

d) If the financial grip recovery plan doesn't deliver the identified savings, impacting on operational control and a reduction in service delivery. [New Risk - Score 16]

e) If assurance on the fire protection properties of the existing fire doors on Acorn, Oak Ward (Mossley Hill) and Park Unit (Southport) are not confirmed then smoke containment may fail resulting in harm or death in the event of a fire. [New Risk - Score 15]

f) If Moss House does not have adequate/consistent staffing in respect to medical and administrative functions then there is risk that service delivery and quality of care will be impacted upon. [New Risk - Score 15]

g) Pressure ulcer hotspots are not identified early enough leading to a lack of intervention and an increase in avoidable Grade 3 and Grade 4 pressure ulcers across the Division. [Score 16]

Escalated Risks – Risk Management Group

h) MSU New Build: If the Full Business Case for the Secure Health Park is not approved in time leading to an increase in the Guaranteed Maximum Price and financial implications for the Trust. [Score 16]

i) Specialist LD Contraction: Risk that the TCPs and Mersey Care are unable to agree an appropriate model for CCG-commissioned inpatient beds [Score 16]

j) Specialist LD Contraction: There is a risk that the target number of transfers of service users from inpatient into community care programmes is not possible to achieve in the time required, leading to an inability to close the site and additional costs for the Trust. [Score 16]

70. It was confirmed that the fire door risk was being managed on a weekly basis, with a schedule of work being undertaken by MITIE. Mr Smith confirmed that this should be complete by the end of February 2018.

71. | Action | Lead | Timescale | Status |
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<td><strong>Recommendations approved by the Board, namely:</strong></td>
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<tr>
<td>• Note the escalated Local Divisional risks (paragraph 7).</td>
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</table>
• Note the escalated South Sefton Community Services Division risk (paragraph 8).
• Note the escalated programme risks (paragraph 10).

Further actions required:
• None identified.

F2 BOARD GOVERNANCE

72. Mr Meadows proposed some amendments to the Trust’s Standing Financial Instructions (SFIs) and Scheme of Reservation & Delegation of Powers (SoRD) in light of changes to the European Union Procurement Thresholds, which had been subject to an increase from 1 January 2018. These were approved.

73. | Action | Lead | Timescale | Status |
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Recommendations approved by the Board, namely:
• Consider and approve the changes to the Trust’s Standing Financial Instructions and Scheme of Reservation and Delegation of Powers as outlined in this paper. |  |  |  |

Further actions required:
• None identified.

G1 BOARD COMMITTEE MINUTES (INCLUDING CHAIR REPORTS)

a) AUDIT COMMITTEE (DEC-17)

74. The Board of Directors noted the minutes and chairs reports of the Audit Committee.

b) EXECUTIVE COMMITTEE (NOV-17, DEC-17)

75. The Board of Directors noted the minutes and chair’s reports of the Executive Committee.

c) QUALITY ASSURANCE COMMITTEE (NOV-17)

76. The Board of Directors noted the minutes and chair’s report of the Quality Assurance Committee.

d) PERFORMANCE, INVESTMENT AND FINANCE COMMITTEE (DEC-17)

77. The Board of Directors noted the minutes and chair’s report of the Performance, Investment and Finance Committee.

e) REMUNERATION AND TERMS OF SERVICE COMMITTEE (NOV-17, DEC-17)

78. The Board of Directors noted the minutes and chair’s report of the Remuneration and Terms of Service Committee.
f) COUNCIL OF GOVERNORS’ (JAN-18)

79. The Board of Directors noted the minutes and chair’s report of the Council of Governors’.

F2 CHAIRMAN’S REPORT

80. Mrs Fraenkel confirmed that she had held a positive meeting with Brownlow General Practice, Liverpool City Centre. Mrs Fraenkel explained that the Brownlow recently taken over a further three practices with a focus on delivering primary care in a proactive and innovative manner, adding that the Practice were keen to make working links with the Trust, which was considered to be a wonderful opportunity.

81. Mrs Fraenkel noted her thanks to Ms Green, who had provided a wealth of information in relation to the creation of partnerships between healthcare and housing.

H1 NUTRITION & HYDRATION (CONSENT ITEM)

82. | Action | Lead | Timescale | Status |
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<td>Recommendations approved by the Board, namely:</td>
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<td>• Note the content of the report.</td>
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<td>Further actions required:</td>
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H2 MANAGEMENT OF COMPLAINTS AND CONCERNS (CONSENT ITEM)

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<td>• Discuss and ratify the policy.</td>
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<td>• Identify any further assurances required.</td>
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<td>Further actions required:</td>
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<td>• None identified.</td>
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H3 NATIONAL PATIENT SURVEY (CONSENT ITEM)

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<td>Recommendations approved by the Board, namely:</td>
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<tr>
<td>• Note the content of the report and consider whether further assurances are required.</td>
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<td>Further actions required:</td>
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I ANY OTHER BUSINESS

a) COUNCIL OF GOVERNORS’ LETTER OF CONCERN

85. Mrs Fraenkel formally noted the receipt of the letter of concern from the Council of Governors’ in relation to the Specialist Learning Disabilities Division retraction plan, confirming that this had been discussed under paragraph 46 of the minutes.
b) EVERTON IN THE COMMUNITY

86. Mr Rafferty referred to a letter received from Mr Don Bryant, Service User / Carer Representative in relation to the retraction of the Trust’s funding towards the Everton in the Community (EitC) programme.

87. In response, Mr Rafferty explained that the EitC programmes were initiated within the Local Division 9 years ago. They have been managed and funded each year since their inception through slippage within the Local Division (and its predecessor) as there has never been any recurrent budget allocated to these programmes. It is important that cultural and creative programmes, ultimately, become self-sustaining as slippage funding cannot be guaranteed.

88. The financial position within the Local Division means that there is no slippage available this year and, through a clinically led process within the Local Division, significant decisions have been taken in order to maintain delivery of clinical services, particularly to inpatient and psychiatric liaison services which have been particularly pressurised.

89. We have looked carefully at the reach and cost of EitC and other socially linked interventions and have had to take some hard decisions about what to prioritise.

90. We have also been clear with EitC that we would positively input into their efforts so as to seek alternative funding routes and this is on-going.

91. The meeting closed.

Accountable Director(s): Trish Bennett, Acting Executive Director of Nursing

Report Author(s): Amanda Oates, Executive Director of Workforce
                Elaine Darbyshire, Executive Director of Communications & Corporate Governance
                Andy Meadows, Trust Secretary

Alignment to the Trust’s Strategic Objectives: (listed by the 4 Strategic Aims)

<table>
<thead>
<tr>
<th>Our Services</th>
<th>☐ Save time and money</th>
<th>☒ Improve quality (STEEP)</th>
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<tbody>
<tr>
<td>Our People</td>
<td>☒ Great managers and teams</td>
<td>☒ A productive, skilled workforce</td>
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<tr>
<td>Our Resources</td>
<td>☐ Technology that helps us provide better care</td>
<td>☐ Buildings that work for us</td>
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<tr>
<td>Our Future</td>
<td>☒ Effective Partnerships</td>
<td>☐ Research and innovation</td>
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<td>☐ Grow our services</td>
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Purpose of Report: To provide the Board of Directors with Mersey Care’s proposed Action Plan in response to the Report of the Liverpool Community Health Independent Review chaired by Dr Bill Kirkup for their consideration and deliberation.

Summary of Key Issues:
1) Although this Review focuses on the activities of Liverpool Community Health NHS Trust (LCH) it is important that Mersey Care develops an Action Plan as the Review impacts upon the trust’s South Sefton Community Services, the trust’s proposed acquisition of LCH and the trust’s bid to provide mental health services at HMP Liverpool
2) The Action Plan identifies 11 actions, but these may need to be reviewed in light of the full Ministerial / NHS Improvement response

Recommendation: The Board of Directors is asked to:
1) consider, comment on and approve the Action Plan within this paper;
2) note the accountability and assurance arrangements outlined in this paper;
3) note this Action Plan may be subject to further change to take account of both the Ministerial and NHS Improvement responses;
4) consider the risk score in respect of the new risk identified in this paper.

Next Steps: (Subject to recommendation being accepted) This Action Plan will be a standing Item on the agenda for Public Board of Directors meetings.
Do the action(s) outlined in this paper impact on any of the following issues?

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<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>None</th>
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<tbody>
<tr>
<td>Patient Safety</td>
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<td>Clinical Effectiveness</td>
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<tr>
<td>Patient Experience</td>
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<td>Operational Performance</td>
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<td>CQC Compliance</td>
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<td>NHS Provider Licence Compliance</td>
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<td>Legal / Requirements</td>
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<tr>
<td>Resource Implications (financial or staffing)</td>
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The findings of the Kirkup Review into LCH are far reaching and have the potential to impact on all aspects of the trust’s service delivery and the regulatory environment in which we operate.

Equality and Human Rights Analysis

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?</td>
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<tr>
<td>Are there any valid legal / regulatory reason(s) for discriminatory practice?</td>
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If answered ‘YES’ to either question, please include a section in the report explaining why.

Does this paper provide assurance in respect of delivery of our Equality Delivery System goals and objectives (if it does please click the appropriate ones below)

- EDS 1.2 - Individual people’s health needs are assessed and met in appropriate ways
- EDS 1.4 – When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- EDS 2.2 – People are informed and supported to be as involved as they wish to be in decisions about their care
- EDS 2.3 – People report positive experiences of the NHS

Does this paper provide assurance in respect of a new / existing risk (if appropriate)

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<thead>
<tr>
<th>Area</th>
<th>New</th>
<th>Existing</th>
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<th>If new or existing, please indicate where the risk is described</th>
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<tr>
<td>Type of Risk</td>
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<td>☐</td>
<td>☐</td>
<td>Board Assurance Framework</td>
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Risk Reference / Description: (only include reference to the highest level framework / register)

That a new Quality / Regulatory / Reputational risk should be added to the Risk Register:

“Failure of the Trust to deliver its Action Plan in response to the Kirkup Review recommendations, in respect of the services formerly provided by LCH and those mental health services the Trust is seeking to provide to HMP Liverpool from 1 April 2018, may impact on the quality of the services provided by the Trust, resulting to harm to patients. This would lead to potential further regulatory action against the Trust, resulting in damage to the Trust’s reputation.”
MERSEY CARE NHS FOUNDATION TRUST

Report of the Liverpool Community Health Independent Review
(Kirkup Review) – Action Plan

PURPOSE

1. To provide the Board of Directors with Mersey Care’s proposed Action Plan in response to the Report of the Liverpool Community Health Independent Review chaired by Dr Bill Kirkup for their consideration and deliberation.

BACKGROUND

2. As a result of a Care Quality Commission (CQC) inspection in 2013 and issues raised following whistleblowing concerns raised by Liverpool Community Health NHS Trust (LCH) staff with Rosie Cooper MP, together with concerns about the treatment of her own father, questions were raised in Parliament in February 2014. In response to these issues, together with increase local media interest, LCH’s Board commissioned Capsticks to undertake a detailed review of the issues raised in the CQC’s Inspection Report. The resultant report – Quality, safety and management assurance review at Liverpool Community Health NHS Trust (commonly referred to as the Capsticks Report) - found a number of failures. The Capsticks Report generated a level of concern about the management culture of LCH and the quality of services provided, which resulted in NHS Improvement commissioning Dr Kirkup to undertake an independent review of LCH with terms of reference to look not only at LCH but the wider health economy and the role of regulators between November 2010 and December 2014.

3. This Independent Review published its report on 8 February 2018. The findings of the Review can be found in Section 1 of its report, however the opening paragraph provides a succinct summary of the issues the Review found:

“Liverpool Community Health NHS Trust (LCH) was a dysfunctional organisation from the outset. The Trust acted inappropriately in pursuit of Foundation Trust (FT) status, setting infeasible financial targets that damaged patient services. The Trust managed services that it was ill-equipped to deal with, particularly prison healthcare in HMP Liverpool. Senior leadership and the Board failed to realise that the Trust was out of its depth, and did not take heed of the effects. Staff were overstretched, demoralised and, in some instances, bullied. Significant unnecessary harm occurred to patients. External NHS bodies failed to pick up the problems for four years.”

Paragraph 1.1 – Kirkup Review (February 2018)

4. The Review identified ten recommendations which can be found in full at Appendix A.

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1 Published on 8 February 2018 and available on NHS Improvement’s website by clicking here.
2 Published in March 2016 and available on LCH’s website by clicking here.
RATIONALE FOR DEVELOPING AN ACTION PLAN

5. Although the implications of many of these recommendations will likely impact on the majority of NHS organisations, it is important that Mersey Care prepares its own Action Plan in response to the Kirkup Review for the following reasons:

   a) Recommendations 6.6 and 6.7 call for “Trusts providing former LCH services” to “review the handling of previous serious incidents to ensure they have been properly investigated and lessons learnt” and “review the handling of disciplinary and whistleblowing cases urgently to ensure that they have been properly and appropriately resolved” respectively. As the Board will be aware, since July 2017 Mersey Care has provided LCH’s former community physical health services for South Sefton and has been identified as the ‘Preferred Acquirer’ for those services remaining with LCH;

   b) Recommendation 6.8 asks that NHS Improvement and NHS England should review reconfigured LCH services “after a year to ensure services and now safe and effective”; and

   c) in light of the Board’s recent decision to bid to provide mental health services to HMP Liverpool, Recommendations 6.9 and 6.10, although the responsibility of NHS England, will impact on Mersey Care as “health services in HMP Liverpool should be subject to urgent review to ensure that future arrangements are fit for purpose and will be effectively monitored” and a further review of the arrangements “for commissioning prison health services nationally to ensure these are safe and effective” is requested.

6. A further part of Recommendation 6.7 calls for “Trusts providing former LCH services” to “ensure that staff are not placed back into working relationships previously the subject of bullying and harassment”. Although in no way would we wish for staff to feel they are subject to bullying or harassment (and in no way does Mersey Care condone such behaviour), Mersey Care’s Just Culture approach to learning lessons from when things don’t go well means this recommendation could run counter to the ‘no blame’ culture we are trying to develop. Of course each issue will be managed on a case by case basis and we would look to work with staff to ensure an appropriate response. We will also look to take account of the review conducted into whistleblowing incidents being completed to inform our response (see the Action Plan below).

7. Given that Mersey Care has been identified as the ‘Preferred Acquirer’ for LCH, Mersey Care will be working closely with LCH as each organisation develops its own Action Plan, as we are each required to do as separate statutory organisations. This will provide a consistent yet separately accountable approach which means that should the transaction proceed from 1 April 2018, Mersey Care will be able to demonstrate to NHS Improvement’s transaction assessment team that it has plans in place not only for the for the ‘safe landing’ of LCH’s current services from day 1 but also for managing the response to the Kirkup Review. Obviously should the transaction not proceed or be delayed, both Mersey Care’s and LCH’s Boards will remain separately accountable for the delivery and oversight of their own Action Plans.
8. The table below provides Mersey Care’s proposed Action Plan in response to the Kirkup Review:

<table>
<thead>
<tr>
<th>No</th>
<th>Recommendation / Issue</th>
<th>Action</th>
<th>Lead</th>
<th>Date By</th>
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</table>
| 1  | Review the handling of previous serious incidents to ensure they have been properly investigated and lessons learnt (Source - Kirkup Review: Recommendation 6.6) | • Independent review to be commissioned into previous serious incidents investigated by LCH  
• Independent review to be completed and report presented to Mersey Care’s Board of Directors  
• Consideration in light of this review if any duty of candour responses are required to patients or their families | David Fearnley  
David Fearnley  
David Fearnley | End of March 2018  
July 2018 Board of Directors meeting (including AGM)  
When review concluded |
| 2  | Review the handling of disciplinary cases urgently to ensure they have been properly and appropriately resolved (Source - Kirkup Review: Recommendation 6.7) | • Independent practitioner review to be commissioned into previous disciplinary cases investigated by LCH  
• Independent practitioner review to be completed and report presented to Mersey Care’s Board of Directors | Amanda Oates  
Amanda Oates | End of February 2018  
May 2018 Board of Directors meeting |
| 3  | Review the handling of whistleblowing cases urgently to ensure they have been properly and appropriately resolved (Source - Kirkup Review: Recommendation 6.7) | • Mersey Care’s Freedom to Speak Up (FTSU) Guardian to be asked to review the previous whistleblowing cases investigated by LCH  
• FTSU Guardian’s review to be completed and report presented to Mersey Care’s Board of Directors | Andy Meadows  
Andy Meadows | End of February 2018  
May 2018 Board of Directors meeting |
<p>| 4  | Prepare for NHS Improvement’s / NHS England’s review of reconfigured LCH services after a year to ensure services and now safe and effective (Source - Kirkup Review: Recommendation 6.8) | • Use evidence provided from both Mersey Care’s commissioned due diligence exercise of LCH and LCH’s Board’s additional assurance exercise to inform the targeted review of former LCH services provided by Mersey Care to ensure they are safe and effective using Mersey Care’s governance processes | David Fearnley | Process to be documented by the end of March 2018 |</p>
<table>
<thead>
<tr>
<th>No</th>
<th>Recommendation / Issue</th>
<th>Action</th>
<th>Lead</th>
<th>Date By</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Prepare for and contribute to NHS England’s urgent review to ensure that health services provided at HMP Liverpool are fit for purpose and are effectively monitored (Source - Kirkup Review: Recommendation 6.9)</td>
<td>• Provide an update to Mersey Care Board of Directors that services are safe and effective</td>
<td>Trish Bennett / David Fearnley</td>
<td>From May 2018 Board of Directors meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• With our partners Spectrum Healthcare CIC, and other members of HMP Liverpool’s Health Board, develop a joint clinical audit program for the prison’s healthcare services</td>
<td>Trish Bennett / Mark Hindle</td>
<td>End of March 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure that key metrics in respect of the services provided by Mersey Care to HMP Liverpool are reported regularly through the Mersey Care’s performance report</td>
<td>Neil Smith / Trish Bennett / Mark Hindle</td>
<td>From May 2018 Board of Directors meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide an update to Mersey Care Board of Directors that services are safe and effective</td>
<td>Trish Bennett / David Fearnley</td>
<td>From May 2018 Board of Directors meeting</td>
</tr>
<tr>
<td>6</td>
<td>Prepare for and contribute to NHS England’s review of commissioning arrangements to ensure that prison healthcare services at HMP Liverpool are safe and effective (Source - Kirkup Review: Recommendation 6.9)</td>
<td>• With our partners Spectrum Healthcare CIC and other members of HMP Liverpool’s Health Board, develop a model of care which will provide safe and effective services to the prison</td>
<td>Trish Bennett / Mark Hindle / David Fearnley</td>
<td>End of September 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report to the Mersey Care Board of Directors on the development of HMP Liverpool’s model of care</td>
<td>Trish Bennett / David Fearnley</td>
<td>September 2018 Board of Directors meeting</td>
</tr>
<tr>
<td>7</td>
<td>The Kirkup Review noted poor performance in respect of the management of pressure ulcers</td>
<td>• Task the Deputy Director of Nursing with undertaking a review of the operational delivery and escalation process for the management of pressure ulcers undertaken by Mersey Care’s services</td>
<td>Trish Bennett</td>
<td>End of March 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Update the Mersey Care’s Board of Directors on the outcome of this review</td>
<td>Trish Bennett</td>
<td>May 2018 Board of Directors meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure the performance report to Mersey Care’s Board of Directors reflects this delivery and escalation process</td>
<td>Neil Smith / Trish Bennett</td>
<td>From May 2018 Board of Directors meeting</td>
</tr>
<tr>
<td>No</td>
<td>Recommendation / Issue</td>
<td>Action</td>
<td>Lead</td>
<td>Date By</td>
</tr>
<tr>
<td>----</td>
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</tr>
</tbody>
</table>
| 8  | Ensure all staff who may influence Mersey Care’s Board of Directors decision making     | • Review Mersey Care’s fit and proper persons process (FPP) to ensure it reflects recent changes to the CQC’s fit and proper persons guidance  
• Ensure that all direct reports to members of the Executive Team are subject to a fit and proper persons test for those persons who may influence the Board of Directors (currently only clinical divisions’ Associate Medical Directors and Chief Operating Officers) | Andy Meadows / Amanda Oates                 | March 2018 Board of Directors meeting        |
|    | processes are subject to the fit and proper persons process                             |                                                                                                                                                                                                                           | Andy Meadows / Amanda Oates                 | By end of June 2018                          |
| 9  | Ensure that the external review of Mersey Care’s well led governance process considers  | • Incorporate this requirement into the terms of reference for this independent review commissioned from Mersey Internal Audit Agency  
• Report the outcome of this review to Mersey Care’s Board of Directors  
• Provide the management response                                                                                                                                 | Andy Meadows / Amanda Oates                 | By end of February 2018                      |
|    | the implications and themes of the Kirkup Review, particularly in respect of the trust’s |                                                                                                                                                                                                                           | MIAA / Andy Meadows / Amanda Oates         | June 2018 Board of Directors Development Session |
|    | governance and assurance processes                                                     |                                                                                                                                                                                                                           |                                              |                                              |
| 10 | Ensure staff are fully briefed on Mersey Care’s response to the Kirkup Review          | • Ensure communication bulletins reference this Action Plan and provide regular updates on progress  
• Working with Staff Side on the delivery of this Action Plan and support provided to staff                                                                                                                                 | Elaine Darbyshire                           | From February 2018                           |
|    |                                                                                       |                                                                                                                                                                                                                           | Amanda Oates / Elaine Darbyshire            | From February 2018                           |
| 11 | Gain further insight into the Kirkup Review                                            | • Invite Dr Bill Kirkup to speak to a workshop hosted by Mersey Care for representatives of those providers providing former LCH services, together with local stakeholders and regulators | Elaine Darbyshire                           | By end of September 2018                     |

9. **Please Note** – the date of the end of March 2018 has been used to commission independent reviews so that the commissioning process can taken account of any additional actions required following the Ministerial and / or NHS Improvement’s response. This Action Plan has also been informed by the additional assurance LCH’s Board has requested (see paper supporting Item B3x).
10. As the Board is aware, as part of recent transaction processes agreed by regulators and commissioners, over the last 18 months services currently / previously provided by LCH have been split into 13 service bundles. It is further proposed that the recently established Liverpool Provider Alliance, which is chaired by Mersey Care and represents 12 of the 13 providers who assumed / are likely to assume services previously provided by LCH, should be used as a mechanism for providers to share the outcome of their reviews as per Recommendations 6.6 and 6.7 of the Kirkup Review. Mersey Care will formally present this as a proposal to the Liverpool Provider Alliance.

ACCOUNTABILITY AND ASSURANCE

11. On behalf of the Executive Team I will be the Executive Lead with overall accountability for delivery of this Action Plan and Mersey Care’s response to the Kirkup Review. I will be supported by the following Executive Team colleagues, as well as by their direct reports, as outlined below:

   a) Amanda Oates (Executive Director of Workforce) who will lead on reviewing disciplinary cases;

   b) Elaine Darbyshire (Executive Director of Communisation and Corporate Governance) who will lead on engagement with our staff and stakeholders;

   c) David Fearnley (Medical Director) who will lead on reviewing previous serious incidents and lesson learnt;

   d) Andy Meadows (Trust Secretary) who will lead on reviewing the whistleblowing cases, the trust’s governance processes and Board Development Plans in light of this review.

12. Given the serious nature of the findings of the Kirkup Review, the Trust’s Chairman (Beatrice Fraenkel) has asked that assurance on Mersey Care’s response to the review and delivery of the trust’s Action Plan be reported directly to the Board of Directors, and not via any Board Committee. As such this Action Plan and the trust’s response to the Kirkup Review will be a standing item on the quality section of the agenda for the Public Board of Directors’ meetings. Regular reports will also be provided to the trust’s Council of Governors.

NEW RISK

13. As members of the Board can see from page 2 of the covering paper for this paper, a new Quality, Regulatory and Reputation risk is proposed as a result of the Kirkup Review, namely:

   “Failure of the Trust to deliver its Action Plan in response to the Kirkup Review recommendations, in respect of the services formerly provided by LCH and those mental health services the Trust is seeking to provide to HMP Liverpool from 1 April 2018, may impact on the quality of the services provided by the Trust, resulting to harm to patients. This would lead to potential further regulatory action against the Trust, resulting in damage to the Trust’s reputation.”
14. Given that the Board is being asked to oversee the delivery of the Action Plan, members of the Board are asked to consider and comment on the proposed risk and also consider the Risk Score they wish to allocate to this risk at this stage.

RECOMMENDATION

15. The Board of Directors is asked to:

   a) consider, comment on and approve the Action Plan within this paper;

   b) note the accountability and assurance arrangements outlined in this paper;

   c) note this Action Plan may be subject to further change to take account of both the Ministerial and NHS Improvement responses;

   d) consider the risk score in respect of the new risk identified in this paper.

TRISH BENNETT
ACTING EXECUTIVE DIRECTOR OF NURSING

February 2018
The following are taken from ‘Section 6: Recommendations’ of the *Report of the Liverpool Community Health Independent Review* (February 2018)

6.1. In approving Trust Board appointments, NHS Improvement should take note of the level of experience of appointees and level of risk in the Trust, and should ensure a system of support and mentorship for Board members where indicated. Action: NHS Improvement.

6.2. In assessing the level of risk facing a Trust, regulators and oversight organisations should take into account the cumulative impact of relevant factors, including a newly established organisation, inexperienced Board, cost improvement targets and service acquisitions. Action: Care Quality Commission, NHS Improvement, NHS England.

6.3. Regulators and oversight organisations should review how they work together jointly at regional and national level, and implement mechanisms to improve the use of information and soft intelligence more effectively. Action: Care Quality Commission, NHS Improvement, NHS England.

6.4. Regulators and oversight organisations should ensure that, during both local and national reorganisations and reconfigurations, performance and other service information is properly recorded and communicated to successor organisations. Action: Care Quality Commission, NHS Improvement, NHS England.

6.5. The Department of Health should review the working of the Care Quality Commission fit and proper person’s test, to ensure that concerns over the capability and conduct of NHS executive and non-Executive Directors are definitively resolved and the outcome reflected in future appointments. Action: Department of Health.

6.6. Organisations taking on former Liverpool Community Health NHS Trust (LCH) services should review the handling of previous serious incidents to ensure they have been properly investigated and lessons learned. Action: Trusts providing former LCH services.

6.7. Organisations taking on former LCH staff as part of service transfers should review the handling of disciplinary and whistleblowing cases urgently to ensure that they have been properly and appropriately resolved. These organisations should ensure that staff are not placed back into working relationships previously the subject of bullying and harassment. Action: Trusts providing former LCH services.

6.8. Reconfigured LCH services should be reviewed after a year to ensure that the services are now safe and effective. Action: NHS Improvement, NHS England.

6.9. Health services in HMP Liverpool should be subject to urgent review to ensure that future arrangements are fit for purpose and will be effectively monitored. Action: NHS England.

6.10. NHS England should review the arrangements for commissioning prison health services nationally to ensure that these are safe and effective. Action: NHS England.
Update Report Regarding Liverpool Community Health Transaction

Accountable Director(s): Neil Smith, Director of Finance/Deputy Chief Executive
                      Trish Bennett, Director of Nursing

Report Author(s): Chris Lyons, Director of Transformation and Service Delivery
                  Karen Lawrenson, LCH Mobilisation lead

Alignment to the Trust’s Strategic Objectives: (listed by the 4 Strategic Aims)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Our Services</th>
<th>Our People</th>
<th>Our Resources</th>
<th>Our Future</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒ Save time and money</td>
<td>☒ Great managers and teams</td>
<td>☒ Technology that helps us provide better care</td>
<td>☒ Effective Partnerships</td>
</tr>
<tr>
<td></td>
<td>☒ Improve quality (STEEP)</td>
<td>☒ A productive, skilled workforce</td>
<td>☒ Buildings that work for us</td>
<td>☒ Research and innovation</td>
</tr>
<tr>
<td></td>
<td>☒ Side by side with service users and carers</td>
<td>☒ Side by side with service users and carers</td>
<td>☒ Side by side with service users and carers</td>
<td>☒ Grow our services</td>
</tr>
</tbody>
</table>

Purpose of Report:
- To provide Board members with an update on the proposed transaction of Liverpool Community Health (LCH) to Mersey Care on 1st April 2018 with specific reference to mobilisation issues and ensuring a safe landing on Day 1 (1st April 2018)

Summary of Key Issues:
- NHS Improvement (NHSI) continue to complete their risk assessment process and have now completed a series of meetings over a 6 day period from 28th January – 6th February. In addition an extensive list of information and documents has been provided.
- Discussions are on going with NHSI to resolve a number of funding issues arising from the completion of the Due Diligence process
- The Transaction Steering Group has now been reconfigured into a joint Transaction/Mobilisation Steering Group. Chris Lyons remains responsible for Transaction issues and Karen Lawrenson has been asked by Trish Bennett to provide leadership on mobilisation issues and ensuring a safe landing on Day 1. This report provides update on how mobilisation is being managed.

Recommendation:
The Board is asked to:
1) Note the contents of this report

Next Steps: (Subject to recommendation being accepted)
Do the action(s) outlined in this paper impact on any of the following issues?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>None</th>
<th>If ‘Yes’, outline the consequence(s) (providing further detail in the report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Operational Performance</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>CQC Compliance</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NHS Provider Licence Compliance</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Legal / Requirements</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Resource Implications</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

As this is an acquisition it will impact on all aspects of the Trust’s business including changes to our regulatory requirements. It will of course impact on the Trust resources due to the growth of the organisation.

Equality and Human Rights Analysis

- Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other? ☒ ☐ ☐
- Are there any valid legal / regulatory reason(s) for discriminatory practice? ☒ ☐ ☐

If answered ‘YES’ to either question, please include a section in the report explaining why

Does this paper provide assurance in respect of delivery of our Equality Delivery System goals and objectives (if it does please click the appropriate ones below)

- EDS 1.2 - Individual people’s health needs are assessed and met in appropriate ways ☒
- EDS 1.4 – When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse ☒
- EDS 2.2 – People are informed and supported to be as involved as they wish to be in decisions about their care ☒
- EDS 2.3 – People report positive experiences of the NHS ☒

Does this paper provide assurance in respect of a new / existing risk (if appropriate)

<table>
<thead>
<tr>
<th>Area</th>
<th>New</th>
<th>Existing</th>
<th>N/A</th>
<th>If new or existing, please indicate where the risk is described</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Risk</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>Board Assurance Framework ☒</td>
</tr>
</tbody>
</table>

Risk Reference / Description: (only include reference to the highest level framework / register) Please see Strategic Risk section of this paper.
MERSEY CARE NHS FOUNDATION TRUST

Update Report Regarding Liverpool Community Health Transaction

PURPOSE

1. To provide Board members with an update on the proposed transaction of Liverpool Community Health (LCH) to Mersey Care on 1st April 2018 with specific reference to mobilisation issues and ensuring a safe landing on Day 1 (1st April 2018)

KEY DEVELOPMENTS

Completion of NHS Improvement’s risk assessment

2. NHSI continue to complete their risk assessment process and have now completed a series of meetings over a 6 day period from 28th January – 6th February. In addition an extensive list of information and documents has been provided.

Summary of current financial issues

3. Members will recollect from the last meeting that a number of financial issues were identified from the Due Diligence process. These issues are subject to on going discussion between the Trust and NHSI. The issues under discussion are summarised below.

4. The “core-element” of services provided by LCH is commissioned principally by Liverpool CCG. The “non-core” element which relates to dental services is commissioned by NHS England. Information provided by NHSI highlighted a recurrent deficit of £0.7m in 2018/19. The Trust submitted efficiency plans to mitigate this in 2018/19.

5. The due diligence identified a range of cost pressures which were not highlighted during the initial bid phase, including direct pay costs pressures for general movement, medicines management and treatments rooms. The pressures in both general management and medicine management have arisen due to over establishment. Non pay cost pressures have also been identified, predominantly to overspends in District Nursing Services relating to clinical consumables and dressings.

6. Discussions are on going with NHSI to ensure that theses pressure are addressed or for appropriate costs recovery plans being developed by Mersey Care upon acquisition

OVERVIEW OF CURRENT TRANSACTION ACTIVITY

7. The transaction is now focused on responding to NHSI requests for information. In private session the Board will be asked to consider a range of supporting documents, the Final Business Case and supporting documents being submitted to the Board of Directors at its 21 March 2018 meeting.
8. The update report on Due Diligence will set out to assure the Board that the issues identified in the five Due Diligence reports are being actively addressed to ensure that they do not present an issue on Day 1.

**UPDATED TRANSACTION TIMELINE**

9. Outlined below is the transaction timeline indicating key milestones in the transaction.

<table>
<thead>
<tr>
<th>Key Activity</th>
<th>Approval By</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated PTIP</td>
<td>Mersey Care’s Board</td>
<td>28 Feb 2018</td>
</tr>
<tr>
<td>Updated LTFM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Self Certification documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update report on Due Diligence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHSI to determine its ‘risk rating’ following assessment of the proposed acquisition</td>
<td>NHSI</td>
<td>14 March 2018</td>
</tr>
<tr>
<td>Formal consideration of joint application, taking account of the ‘risk rating’</td>
<td>Mersey Care’s Board</td>
<td></td>
</tr>
<tr>
<td>Formal consideration of joint application, taking account of the ‘risk rating’ and Board of Directors’ recommendation</td>
<td>Extraordinary Council of Governors Meeting</td>
<td>21 March 2018</td>
</tr>
<tr>
<td>Joint application to be submitted to NHSI</td>
<td>Mersey Care</td>
<td></td>
</tr>
<tr>
<td>Transaction Agreement Signed</td>
<td>LCH, Mersey Care &amp; NHSI</td>
<td>By 31 March 2018</td>
</tr>
<tr>
<td>Grant of Acquisition approved</td>
<td>NHSI</td>
<td></td>
</tr>
<tr>
<td>Mersey Care acquires LCH and services transferred</td>
<td>NHSI</td>
<td>1 April 2018</td>
</tr>
</tbody>
</table>

**TRANSACTION STRATEGIC RISKS**

10. There are a number of strategic risks associated with this acquisition both pre and post transaction. The due diligence report summarises an overview of the key issues which need to be addressed both pre and post transaction from this perspective. We have summarised the overarching risks for Mersey Care overleaf.
Pre-Transaction

<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigating Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The published Kirkup report needs to be reviewed in relation to liabilities which may have been identified and could impact on Mersey Cares decision to proceed with the transaction.</td>
<td>Once this review is carried out in conjunction with our legal advisors we will be able to determine what mitigating actions are available.</td>
</tr>
<tr>
<td>The Trust fails the NHSI’s assessment process on financial or clinical grounds.</td>
<td>Provide as comprehensive range of information as possible to NHSI. Have open and transparent process with NHSI.</td>
</tr>
<tr>
<td>Failure to agree a new contract with significant financial resource to provide the services safely.</td>
<td>Ensuring proactive negotiation takes place.</td>
</tr>
<tr>
<td>Failure of the Council of Governors to approve the joint application.</td>
<td>Ensuring that proper discussion and dialogue takes place with Council of Governors to keep them informed of this transaction.</td>
</tr>
</tbody>
</table>

Post-Transaction

<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigating Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Something materialises of significance in relation to the provision of clinical services which costs more than we thought, has an impact upon patients and / or reputational damage to the Trust.</td>
<td>Completion of comprehensive due diligence</td>
</tr>
<tr>
<td>Failure of actions identified to mitigate due diligence issues pre transaction results in additional financial costs or impact on quality.</td>
<td>Implementation of action plan to address due diligence issues pre transaction.</td>
</tr>
<tr>
<td>The published Kirkup report could destabilise overall service provision due to inability to retain or recruit staff etc.</td>
<td>Being ready to implement a response to this report in the form of a team already in place ready to respond.</td>
</tr>
</tbody>
</table>

OVERVIEW OF APPROACH TO MOBILISATION

11. Since the beginning of the year we have turned our attention to mobilisation and preparing for the go live date of 1st April 2018. Trish Bennett has asked Karen Lawrenson to take on a lead role in relation to mobilisation and to chair the mobilisation part of the weekly Transaction & Mobilisation Steering Group meetings. These arrangements have been put in place to ensure a focal point on delivery of effective clinical services on day 1.

12. The objective of mobilisation is to ensure the delivery of an effective and seamless service transfer of LCH services into Mersey Care. This is a complex process which will need to be managed effectively and as such it is vital that there should be no disconnect between the transaction and mobilisation phases.
13. The approach to mobilisation has adopted as its core building block the 8 work stream structure and membership established at the beginning of the transaction programme. These 8 work streams are:
- Clinical Services
- Nursing and Clinical Governance
- Corporate Governance
- Finance
- HR
- Estates
- IT
- Communications and Engagement

The work stream membership is currently being reviewed to ensure all areas of mobilisation are considered.

14. Each work stream has a detailed Work Package outlining the key deliverables and milestones expected. These will form the basis of assurance criteria that will be used to determine whether the mobilisation has met all of its obligations for go-live and safe landing on day one. Work Stream leads as a group have considered the interdependencies between each work stream.

RECOMMENDATION

15. The Board is asked to:

   a. Note the contents of the report

NEIL SMITH
EXECUTIVE DIRECTOR OF FINANCE

February 2018
Review into the Care and Treatment of PF
Domestic Homicide Review – Report

Accountable Director(s): David Fearnley, Medical Director
Report Author(s): Steve Morgan – Director of Patient Safety

Alignment to the Trust’s Strategic Objectives:
(listed by the 4 Strategic Aims)

<table>
<thead>
<tr>
<th>Our Services</th>
<th>Our People</th>
<th>Our Resources</th>
<th>Our Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Save time and money</td>
<td>☐ Great managers and teams</td>
<td>☐ Technology that helps us provide better care</td>
<td>☐ Effective Partnerships</td>
</tr>
<tr>
<td>☒ Improve quality (STEEP)</td>
<td>☐ A productive, skilled workforce</td>
<td>☐ Buildings that work for us</td>
<td>☐ Research and innovation</td>
</tr>
<tr>
<td>☒ Side by side with service users and carers</td>
<td></td>
<td></td>
<td>☐ Grow our services</td>
</tr>
</tbody>
</table>

Purpose of Report:

• To update the Board on the findings and recommendations of the joint Independent Mental Health Homicide Review and Domestic Homicide Review (DHR) into the care and treatment of PF.

• To update the Board on the Action Plan in response to the above.

Summary of Key Issues:

• The health aspects of the report was commissioned by NHS England and carried out by Consequence UK.

• The timeline for concluding the investigation was incrementally increased throughout 2016 due to the detailed investigation process. HM Coroner also reviewed the final report prior to it being more widely shared which further delayed publication. The report was published by NHS England on Friday 26 January 2018.

• The Local Division developed an Action Plan in response to the recommendations which were examined further and outcomes tested via an Oxford Model Event held in February 2017.

• The report identified that the absence of S117 discharge planning and CPA pre and post-release from prison resulted in:
  o Misconceptions regarding the individuals health risk and offending profile including risk of
domestic violence to immediate family.

- Errors occurring in the process of referral into community services which resulted in key information being lost and as such influencing perception of need and risk to others.

- Poor information sharing and decision making between agencies including MAPPA influenced the perception of the individuals need and risk to others.

- The report authors identified the need for a more robust and coordinated follow-up process following multiple outpatient DNA’s.

- NHS England have agreed to conduct a meeting with key stakeholders to review the efficacy of undertaking similar joint reviews in the future with a particular focus on the extended timescale required to complete and potential lack of ownership by organisations.

**Recommendation:**

The Board of Directors is asked to:

1) Consider the content of and the lessons arising from the Joint Domestic Homicide and External Mental Health Homicide Review.

2) Consider the resulting recommendations for Mersey Care

3) Consider the resulting Action Plan

**Next Steps:**

*(Subject to recommendation being accepted)*
### Do the action(s) outlined in this paper impact on any of the following issues?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>None</th>
<th>If ‘Yes’, outline the consequence(s) (providing further detail in the report)</th>
</tr>
</thead>
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#### Equality and Human Rights Analysis

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**Risk Reference / Description:**
*(only include reference to the highest level framework / register)*
PURPOSE

1. To update the Board on the findings and recommendations of the Joint Domestic Homicide Review (DHR) and Independent Mental Health Homicide Review into the care and treatment of PF which was published on 26\textsuperscript{th} January 2018.

2. To update the Board on ‘next steps’.

3. Subjects of this report

PF – Perpetrator, son of BF (Victim 1) and brother of SF (Victim 2)

BF – Victim 1, mother of PF (Perpetrator) and SF (Victim 2)

SF – Victim 2, daughter of BF (Victim 1) and sister of PF (Perpetrator)

BACKGROUND

4. Both BF and SF died on 15.04.2015. Their bodies were found at separate addresses.

5. PF, considered a perpetrator in the crime, was initially missing but was subsequently arrested in London at Euston Train Station on the 20.04.2015.

6. He was subsequently detained under S.2 MHA and admitted to Ashworth High Secure Hospital where he remains. He is diagnosed as having Paranoid Schizophrenia and has since been charged with the murders of his mother and sister.

7. PF was previously known to Mersey Care via the Criminal Justice Liaison Team, A&E Liaison team, South Sefton CMHT, and Prison In-reach team (HMP Liverpool).

8. Sefton Safer Communities Partnership [SSCP] decided on 24.04.2015 that the death of BF and SF met the criteria for a Domestic Homicide Review as defined in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews August 2013 (the Guidance). As an Independent Mental Health Homicide Review under HSG (94/27) was required it was decided to amalgamate the two processes. Consequence UK, an approved independent contractor for NHS England, was commissioned to undertake the review on behalf of both systems.

9. The completion date for the review was set as 15.11.2015 with report completion scheduled for 21.01.2016. However due to the complexity and detail of the
investigation it was necessary to increase the number of panel sittings scheduled throughout 2016.

10. Five panel meetings were held with an independent chair with good attendance by Panel members. All Panel members fully engaged in the process thereby ensuring the issues were considered from several perspectives and disciplines.

11. The following agencies submitted Individual Management Reviews (IMRs).

- Merseyside Police
- Mersey Care NHS Trust
- Royal Liverpool and Broadgreen University NHS Trust
- Southport and Ormskirk Hospital NHS Trust
- HMP Manchester
- Your Housing Group
- Lancashire Care NHS Foundation Trust
- National Probation Service
- National Offender Management Service (NOMS) Awaiting completion

12. Other agencies provided chronologies and relevant information when requested.

13. **Notifications and Involvement of Families**

- The Independent Chair wrote in September 2015 to BF’s sister expressing sincere condolences for her loss, informing her of the review and inviting her to take part at an appropriate time. The letter together with the Home Office leaflet explaining what a Domestic Homicide Review is and a leaflet from Advocacy After Fatal Domestic Abuse (AADFA)\(^1\) where delivered by the police family liaison officer.

- On 17.11.2015 the Chair and the police family liaison officer met with members of BF and SF’s family. These included BF’s sister and BF’s two nieces and nephew.

\(^1\) A registered charity established in 2008 which provides advocacy and support to families of domestic homicides and contributes to educating and training professionals in the statutory and voluntary sectors.
Terms of Reference

The purpose of the joint review was to:

- Establish what lessons can be learned from the incident regarding the way in which local professionals and organisations worked individually and together to safeguard victims;

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

- Apply lessons identified to service responses including changes to policies and procedures as appropriate;

- Prevent domestic violence, abuse and homicides and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

Specific Terms

- Review the mental health care, treatment and services provided to PF by the NHS and other relevant agencies, identifying both areas of good practice and areas of concern against the period 01.01.2010 to the date of the homicides.

- In analysing the agencies involvement specific attention should be on whether professionals:
  
  a. Recognised any domestic abuse indicators.
  b. Completed risk assessments [including self-harm] and risk management plans [RMP] and managed them appropriately
  c. Reviewed or amended RMPs in response to new or changing information?
  d. Provided services appropriate to the identified levels of risk?

- Examine the effectiveness of PF’s mental health care plans including the involvement of the service user and the family.

- Review the application of the Mental Health Act for PF in both the criminal justice system and health services.

- Review the effectiveness of discharge planning and the application of appropriate aftercare for PF.

- Were single and multi-agency policies, procedures adhered to and effective in the management of this case?

Timeframe under Review

- The Joint review covers the period 01.01.2010 until the date of the death of BF and SF. The reason this date was selected was because it was the date PF first came to
the attention of mental health professionals whilst in prison.

**Mental Health Agencies Overview of contact with PF**

14. Between 2010 and the time of the index offence in 2015 PF had contact with specialist mental health services in the following locations and with the following mental health providers;

- HMP Liverpool (Mersey Care Trust);
- Mersey Care Trust (when not in prison);
- The Spinney (Private Medium Secure Hospital Provider);
- HMP Manchester (Manchester Mental Health Trust);
- HMP Liverpool, HMP Holme House

**Issues of Preventability and Predictability and Lessons Identified**

15. Two important issues have emerged in respect of predictability and preventability. The first of these relate to the management of PF’s mental health. The second relates to the missed opportunities to arrest PF after his breach of the restraining order.

16. Emerging Themes/Lessons to date include -:

- Information systems between Prison Health Providers and GPs and health providers within communities outside the prison system.
- Improved methods within the prison system that enables the continuity of mental health care for those prisoners that may need to be moved.
- Information sharing. Clear pathways for professionals so they understand what should be done with any information they discover.
- Regular and robust risk assessment.
- Information sharing with friends and families.

17. **Lesson 1**

There was an incomplete handover of PF’s care for which both Manchester Mental Health and Social Care Trust and Mersey Care NHS Trust have responsibility. Section 117 pre-release discharge meetings did not take place and there was not a full and complete exchange of information including care plans. An example of why this did not happen is that Mersey Care only received part of a fax from HMP Manchester that included clinical summaries made by the visiting psychiatrists who attended to assess and prescribe the management plan for PF.

18. **Lesson 2**

Although the situation that arose between Mersey Care NHS Trust and Manchester Mental Health and Social Care Trust is now less likely to happen, the incomplete information transfer in this case highlights the importance of information providers having a safety step in their processes so that they can assure themselves that all information provided has in fact been received.
19. Lesson 3
While in prison custody prior to PF being admitted to The Spinney in July 2013 and then again following a custodial sentence in 2014 PF appeared to be arbitrarily moved around the prison system thus denying him the level of mental health supervision, assessment and treatment he required.

20. Lesson 4
Prisoners who enter the prison system with mental health issues are at increased risk of vulnerability. For those prisoners who require mental health assessments, moving them routinely around the prison estate is not a good plan as it interrupts the process of assessment. Therefore, an approach needs to be developed within the prison system that enables the continuity of mental health care for those prisoners that may need to be moved.

21. Lesson 5
There were some missed opportunities to identify that BF may be at risk of domestic abuse, for example, when BF sought accommodation in April 2014 a risk assessment was undertaken. The section concerning domestic abuse was left blank. In December 2014 a routine older person assessment was undertaken. BF was not asked direct questions about domestic abuse. BF had contact with Aintree Hospital in October 2014 in relation to a fracture of the right clavicle, safeguarding was not considered at the hospital presentation.

22. Lesson 6
Professionals should be empowered to make routine enquiries of patients or victims to establish if they can provide information that indicates they are at risk of domestic abuse or have been subjected to domestic abuse. Professionals need to be provided with clear pathways so they understand what should be done with any information they discover.

23. Lesson 7
BF resided in a sheltered housing scheme for people over 55. PF was able to enter the scheme freely and access BF’s flat even when she was not there. This included the day PF killed BF. On occasions PF stayed over in BF’s flat which meant she had to sleep in other residents’ flats. The family believe PF was highly manipulative and felt he should not have been staying with BF. The housing provider knew little about PF’s background and felt he was shy and polite.

24. Lesson 8
Providers of housing occupied by residents that are elderly, infirm or suffer from mental health issues need to understand they may be vulnerable to persons such as PF who can exercise coercive behaviour towards them. Providers need to be alert to these dangers, inquisitive about visitors and what they do and take steps to protect their residents from the risks of controlling individuals such as PF.

25. Lesson 9
The family says BF was frightened of PF. He would telephone and demand her return and he could be heard screaming down the telephone at her. The family say PF would take advantage of his mother’s kind nature by taking money from her. Friends believe PF was responsible for fracturing BF’s shoulder.
26. Lesson 10
Families and friends of victims sometimes have valuable knowledge about the domestic abuse a victim has suffered or the way that a perpetrator has behaved and that they sometimes do not repeat to others or report to agencies for many different reasons. Information needs to be made available to friends and family so that they know how best to support victims, which may include sharing the information with agencies, but at all times recognising the safety of the victim is paramount. This will empower families to have the courage to say something and to know where they can share information safely. Sometimes families stay quiet because they believe they will make it worse for the abused if they speak out.

27. Lesson 11
In the opinion of the review panel it was inappropriate to remove PF’s case from MAPPA management as the plan to manage his risk was underdeveloped. For example, it was not known whether he was engaged with mental health services, thereby meaning his single biggest risk factor was uncontrolled. On his release from prison in February 2015, no one considered whether he should be re-registered with MAPPA. This was a missed opportunity to identify and manage his risks, including the consideration of disclosing his risk profile to Your Housing Group (Y.H.G.) for the protection of its residents.

28. Lesson 12
Poor MAPPA management and lack of adherence to its policies and procedures led to risks being uncontrolled and potential victims unprotected.

29. Lesson 13
The key issue highlighted during this review in relation to police actions is that PF was not circulated as wanted for the breach of restraining order committed on 31.03.2015. There were a variety of reasons why this did not happen. This included -:

- A failure to record and recognise the matter as a domestic incident
- A lack of clarity as to who should deal with such matters.
- Not allocating the crime to a specialist to investigate.
- Officers not reading all the information that was available and held on the police systems.
- Police not carrying out background checks and not appreciating the urgency in circulating PF as wanted.

30. Lesson 14
Police systems need to provide clarity at all times as to who owns an investigation, the actions that need to be taken in cases of domestic abuse, who has responsibility for actions and realistic deadlines for these to be completed and monitored that balances urgency against the prevailing demand on, and availability of, resources.
RECOMMENDATIONS

31. The Domestic Homicide Review panel and Mental Health NHS Independent Investigation recommendations are -:

32. That Manchester Mental Health and Social Care NHS Trust (health providers within HMP Manchester) and Mersey Care NHS Foundation Trust confirms in writing to Sefton Safer Communities Partnership what actions have been taken to remedy the identified weaknesses when releasing prisoners who are entitled to Section 117 services.

33. In cases in which prison mental health has identified that a mental health assessment is needed the National Offenders Management Service ensures that when decisions are taken to move offenders between prisons they ensure the assessment is completed prior to that move. If the prisoner is to be released before the assessment is completed National Offenders Management Service ensure there is a process in place to highlight the incomplete assessment to the offenders current or last known GP, and requests the GP to refer the offender to the nearest secondary mental health provider to the area in which they are released.

(b) Furthermore, where a prisoner is already being assessed by specialist mental health services, the National Offenders Management Service is asked to determine the risks to that individual and to re-offending, if a complete mental health assessment cannot be achieved as a direct consequence of the prisoner being moved or released.

34. That Y. H.G. reports in writing to Sefton Safer Communities Partnership what action it has taken to ensure that it minimises the risks of domestic abuse to its tenants. This must include commentary on how it assures that the risk of domestic abuse is assessed for all new tenants, and how its staff are trained to respond to information raising a domestic abuse concern.

35. That Sefton Safer Community Partnership undertakes research within its local communities about barriers to reporting domestic abuse and how the community can be empowered to 'speak out'. Further Sefton Safer Community Partnership is asked to develop, publish and publicise advice for family and friends on what to do [or not to do] when they receive disclosures of domestic abuse and to ensure that this information is always available in places frequented by 'the public'.

36. (a) That Merseyside MAPPA Strategic Management Board reports in writing to Sefton Safer Communities Partnership what action it has taken to ensure that Section 6.15 of the MAPPA Guidance 2012 [Identifying MAPPA offenders] is adhered to.

(b) MAPPA managed offenders are being managed at the appropriate level and that any substantial disagreement between agencies on which level a person should be managed at a resolution pathway.

(c) Disclosure to a third party (Y.H.G) was not made when PF was assessed as presenting a risk to the public at the MAPPA meeting on 12.08.2014. It is not clear
from the minutes whether or not residents at Y. H. G. were specifically considered to
be at risk from PF. The learning from this event is that disclosure should always be
considered when there is a risk to others. This learning should be fed back to those
who chair MAPPA meetings.

37. Merseyside Police reports in writing to Sefton Safer Communities Partnership what
action it has taken to ensure that its policies and practices for circulating "wanted"
people are appropriate and followed.

38. The pan Merseyside MARAC steering group considers the way in which the recording
of MARAC meetings can be improved, how actions are recorded and allocated and
agencies held to account for their delivery. The steering group should consider
whether meetings should be voice recorded.

**Response by Mersey Care NHS Foundation Trust (MCFT) :-**

39. MCFT has centralised its approach to referral and assessment process. While these
have not been made as a direct consequence of this case they do address features of
the mental health omissions in this case.

**Update on Mersey Care NHS Foundation Trust Action Plan**

40. All actions have been completed in time or are on-going within agreed timescales.

41. Updates on on-going actions as follows:

41.1 Learning Event – Oxford Model Event took place on 16.2.17 – The outcome
was the revision of SA10 Policy – Use of Clinical Risk Assessment and a risk
training task and finish group was established which is monitored by the
Patient Safety Committee.

- 41.2 Development of Triage Tool – Complete and implemented into
Front Line Services.

- 41.3 Review of DNA Policy - DNA policy SD08 updated and
compliance audit has been completed. DNAs are being addressed
within work streams around restructuring of assessment teams.
Revisiting case loads and discharging patients on lower clusters 1,2,3
will also assist with reduction of DNAs. Caseloads have been
reviewed and as part of the on-going transformational work stream
caseloads are being reviewed again

- 41.4 Develop standards for MDT Meetings - Standards for MDTS
have been reviewed and there is a proposed audit on the new
• 41.5 Review and Implementation of Transformation Services – The completed review paper has been shared at the Operational Managers Group. The Crisis Resolution Home Treatment proposal paper is still being drafted and a review focused on
  ▪ CRHT is underway.

• 41.6 The current amended actions will be reviewed regarding the way people who require Section 117 (MHA1983) Aftercare and are being released from prison taking into the Trust’s proposed contract to provide mental health services in H.M.P. Liverpool from April 2018.

CONSEQUENCES OF NOT TAKING ACTION

42. By way of assurance Mersey Care NHS Foundation Trust have addressed and subsequently rectified related system issues/errors including referral route and referral management and have reviewed the governance of information exchange between partner agencies external to the trust.

RECOMMENDATION

43. The Board of Directors is asked to:

   a) Consider the lessons arising from the Domestic Homicide Review Panel’s analysis of the case
   b) Consider the resulting recommendations for Mersey Care
   c) Consider the resulting Action Plan

Steve Morgan

Director of Patient Safety

February 2018
Council of Governor’s Concerns re Retraction of Services from Whalley

Accountable Director(s): Beatrice Fraenkel, Chairman
Report Author(s): Mark Hindle, Executive Director of Operations

### Alignment to the Trust’s Strategic Objectives:

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<th>Our Services</th>
<th>☒ Save time and money</th>
<th>☒ Improve quality (STEEP)</th>
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<td>☐ A productive, skilled workforce</td>
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<td>Our Resources</td>
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<td>☒ Buildings that work for us</td>
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<td>Our Future</td>
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### Purpose of Report:

- To update the Board on concerns raised by Governors at the January 2018 Council of Governor’s Meeting in relation to retraction of services at the Whalley site and the formal response from the Trust.

### Summary of Key Issues:

- The Governors raised concerns at the Council of Governors’ meeting in January 2018 in relation to discharge plans within the Specialist Learning Disabilities Division (Whalley) and the subsequent effect such delays were having on patients and their families, together with delays in obtaining responses from external bodies (CCG, Councils etc.);
- The Lead Governor, Ms Hilary Tetlow formally wrote to the Chairman to express the concerns of Governors (This letter was shared at the last Board of Directors’ meeting);
- The Trust’s formal response to Ms Tetlow letter is now enclosed for your information.

### Recommendation:

The Board of Directors are asked to:

1) Note the letter from the Lead Governor on behalf of the Council of Governors and the subsequent response from the Chairman.

### Next Steps:

(Subject to recommendation being accepted)
Agenda Item No: D1

Previously Presented to:

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<th>Date (Ref)</th>
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Dear Beatrice

As Lead Governors I am writing to you as Chairman of the Council of Governor to express the deep concerns raised at our meeting on Wednesday 17th January with regard to Discharge Plans at the Specialist Learning Disabilities Division. We as a body are concerned that the effect these delays are having on the patients their families and the staff as the failure rate is running at 68.2% year to date. We know this is not the fault of the Mersey Care NHS Foundation Trust and that the Trust is awaiting external bodies (CCG, Councils, etc) to respond. The Governing body is also very concerned in respect of the quality of assurances being received in regard to the placements that are being made.

Can you please forward to these bodies our major concerns with their failure to fulfil discharge plans and the quality assurances required to fulfil these plans. Our major concern is the strain is having on patients, families and staff is totally unacceptable.

Yours Sincerely

Miss Hilary V. Tetlow

Wednesday 24th January 2018
31st January 2018

Miss H V Tetlow

Dear Hilary

Thank you for your letter dated 24th January 2018 regarding the plans to discharge patients from the Whalley site as part of the Retraction Programme.

I share your disappointment and concerns that so many of the planned discharges fail to happen and the impact this is having on service users, families, carers and staff. It is completely unacceptable that commissioners plan to discharge patients and let so many of these proposed discharge dates fail to materialise.

As we discussed at the Council of Governors meeting, this is a complicated process and when I discussed this in detail with Mark it was clear that the amount of inter-agency cooperation that is required to make these discharges happen safely and effectively has been vastly underrated. It is encouraging to note that the level of discharges has improved recently and I think this is significantly as a result of the pressure that the Trust is putting on commissioners to achieve their targets. It is really important that we at Mersey Care focus on helping patients to be discharged safely and to follow up and receive assurance that discharges are safe and deliver the quality of life in the community that people deserve to enable them to lead fulfilling lives.

I know that Mark used your letter as evidence of the Council of Governors’ and Board’s frustration at the lack of progress in this area at the last Strategic Partnership Board meeting. It was well received in terms of expressing the concerns of us all about this process.

I will continue to ensure that the Council of Governors is kept appraised of progress in this area, and I think your intervention is helpful to emphasise the amount of concern within the organisation for patients who are involved in this process.
Thank you for your support, and I am sure it will help to keep the pressure on our commissioning colleagues to make sure discharges happen in a safe and timely manner.

Yours sincerely

[Signature]

Beatrice Fraenkel
Chairman