

Briefing note for Bristol City Council HOSC

AWP Patient reconfiguration

Healthier Together STP (specifically AWP) were awarded £7.5m of capital as part of the STP Wave 3 Capital award in March 2018 to support the relocation of Oakwood adult acute inpatient ward and Mason Place of Safety from their current location on the Southmead Hospital site to Callington Road Hospital in Bristol, pending completion of a full business case.

A full Business Case has now been prepared.

Bristol City Council HOSC is asked to support the submission of the full business case to the Department of Health and Social Care to enable the capital funding to be released and approve that this case does not meet the criteria for a significant service change.

Background

The capital investment would enable core inpatient services (specifically Oakwood adult acute ward and Mason Place of Safety) to be co-located onto the Callington Road site, maintaining overall adult acute bed numbers whilst bringing ward sizes into line with national recommendations, whilst ensuring that treatment is being provided in modern therapeutic environments in line with the latest regulations for mental health inpatient care.

This proposed reconfiguration will remove isolated units and facilitate greater site-based working, enabling an enhanced skill mix of staff to be shared across all units on the Callington Road site, whilst also improving the utilisation of space on site (facilitating improved value for money).

It will also avoid a significant capital requirement (which is currently unidentified) needing to be invested in the existing AWP Southmead estate to mitigate maintenance and patient safety / environmental risks which are escalating year on year.

The completion of the full business case was initially delayed whilst exact requirements around design, build and contracting arrangements were clarified and then worked up – progression of the case was also delayed for a time due to the COVID-19 pandemic as the focus of the Trust switched to ensuring that core services were safely maintained during the pandemic.

The case has now reached a stage where the fundamental requirements from NHS England / Improvement have been satisfied and the latest draft can be shared and discussed with key stakeholders in order to seek support.

Issues surrounding the current location at Southmead Hospital are outlined in Appendix 1. Further information on public engagement, an Equality Impact Assessment, an Options Framework and the Financials are also available.

Appendix 1

The Trust-owned estate at Southmead does not provide well for modern mental health service requirements. The wards are somewhat isolated in their functionalities, leading to poor optimisation of staffing at times. The layout of most wards is poor, with a number of safety issues on the risk register that are difficult to mitigate, and there is a maintenance backlog of circa £3.3 million

The adult inpatient unit at Southmead has many aspects which limit good service delivery. Oakwood Ward has a cramped communal space, very little therapy space, poor observation lines including corridor tee junctions and dog-legs, small sloping gardens with many risks, close adjacent residential houses. A number of safety issues in the ward and gardens mean that high staffing is often required to maintain observation levels. Due to high bed numbers and poor visibility arrangements, interactions with clients are too often focussed around de-escalating issues that have progressed too far before being observed. It is too often necessary to place clients on overt close observation, when a more relaxed slightly distanced observation style would be preferred. The ward is noisy acoustically, and does not feel therapeutic or relaxed.

Oakwood Ward and Lime Ward at Callington Road have 23 beds, which exceeds the recommended ward size for providing safe and effective care. Oakwood is the only acute ward on the AWP Southmead site, with other wards being specialised services. Therefore, staff cross-over is limited, and Oakwood is somewhat stand-alone for staffing resilience.

For two years, a step-down inpatient facility at Larch Unit was able to play a part in reducing delayed transfers of care. However, the service had several limitations. At only 10 beds, it is not optimal in size for staffing ratios, and this is made worse by operating from a building with 2 floors that has very poor layout for observations as it was designed for a lower risk rehabilitation service model. It has been difficult to identify clients suitable for this type of facility that could not in any case be discharged home with suitable care arrangements in the community, which also impacts upon overall occupancy levels.

To address these shortcomings it is proposed to relocate Oakwood to Callington Road site, by creating a new ward in space that was previously office and meeting space. This will enable Oakwood and Lime to be reduced to 19 beds, and also enable the 10 step-down beds to be accommodated as adult acute inpatient beds.

The reconfigured service will be considerably more effective in treating patients, with a more relaxed management style, few “pressure points” in the communal spaces, less opportunity or temptation to engage in negative behaviours such as climbing, self-harm, or aggression. This will resolve the service quality and high-risk issues that currently exist and allow a high standard of care that is much more effective and delivered through an optimal staffing provision.

Mason Place of Safety has a number of environmental safety and robustness issues and inadequate spatial design of some areas. It relocated to Southmead from Callington Road approximately 5 years ago when it became necessary to increase the size of the unit, and space could not easily be made available at Callington Road. It is a small unit not directly adjacent to other Acute wards, which reduces availability of staff when rapid response to incidents is needed.

Mason PoS was designed at a time when PoS services were holding clients up to 72 hours, so included full bedroom facilities, and is configured in a way which does not fully support the current service approach.

The current expectation of assessing clients within a maximum of 24 hours requires a more flexible approach to use of space, improved assessment areas, and revised design to achieve most effective flow of care and use of staff. Due to increases in acuity over recent years, there needs to be improved observation arrangements. The inclusion of a Mental Health Place of Safety close to the Emergency Department of an Acute Hospital also sometimes causes issues with clients presenting un-necessarily at one or other location.

To address these issues the unit will relocate back to Callington Road and be placed immediately adjacent to an Adult Acute ward (Lime Ward) so that staff can be shared between units if required. There will be access between the two units and a common alarm system so that urgent response can be provided to incidents. By relocating to the previous location of Callington Road it is expected that there will be fewer cases with primarily mental health need presenting at Southmead Emergency Department, and there will be fewer cases with primarily physical recovery needs presenting at the Place of Safety. This will be better for clients, and contribute to more efficient Emergency Department and mental health services.

Relocating these services will support staff resilience through the removal of standalone services and through the reconfiguration of ward bed numbers make the environments a more attractive place for staff to work (particularly from a medical perspective). It will also remove significant environmental risks associated with poor general building condition and specific quality and safety risks for patients linked to potential ligature points, low roof lines and garden safety

The proposed reconfiguration will ultimately deliver the same number of beds as are currently available across the two sites, but will increase the number of adult acute beds available (through the repurposing of Larch Ward on the Callington Road site) and bring ward bed numbers back in line with the nationally recommended levels – see table below:

Location	Currently commissioned beds	Proposed commissioned beds at programme end
Oakwood	23	19
Silver Birch	19	19
Lime	23	18
Larch	10	0
New Ward (Woodside)	-	19
Total	74	74

It is planned that this revised configuration will support a reduced length of stay for patients through an improved therapeutic environment and thus support increased patient throughput. This reduced length of stay will enable more patients to be treated within AWP hosted beds and contribute towards an overall reduction in the use of out of area inpatient beds when demand exceeds available supply. These beds can often be out of region, displacing patients from their local area at a time of acute crisis.

More detail on the expected Patient Experience and Workforce benefits is outlined in the business case.