South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
*A Keele University Teaching Trust*

# Review of the Modernisation of Mental Health Services in Shropshire and Telford & Wrekin

**Report to the Joint Health Overview & Scrutiny Committee and the Boards of South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Shropshire CCG and Telford & Wrekin CCG**

**September 2014**

NHS
*Telford and Wrekin Clinical Commissioning Group*

NHS
*Shropshire Clinical Commissioning Group*

## The Review on a Page

The Modernisation of Mental Health Services in Shropshire and Telford & Wrekin is a partnership project involving South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT), Shropshire County PCT (now Shropshire CCG) and NHS Telford & Wrekin (now Telford & Wrekin CCG).

The Full Business Case for the Project was approved in January 2011 and occasioned improvements to the provision of community services throughout the county, which led, in turn, to a requirement for fewer inpatient beds. The Redwoods Centre, which was the subsidiary building element of service change, was opened in September 2012 under budget and ahead of schedule.

The modernisation partners have monitored delivery of the Business Case aims and objectives throughout the period of change and, in December 2013, agreed a formal review process that garnered the views and opinions of a wide range of stakeholders, service users and third sector partners. The Joint HOSC has been consulted and informed throughout the period and this Report documents the key findings and recommendations.

In summary the review has found that:

- ✓ Community services have been successfully implemented with the crisis resolution and home treatment teams meeting with particular success in reducing reliance on hospital admission.
- ✓ The service is operating within a substantially reduced bed capacity and is experiencing no difficulties following the closure of Castle Lodge in September 2013.
- ✓ Length of stay has been reduced through more therapeutic staffing levels and the successful delivery of revised community models of care.
- ✓ The project to design, construct and operationally commission The Redwoods Centre was highly successful and has delivered an award-winning inpatient facility that is recognised as best in class.

Importantly the review has also identified areas for further improvement and action:

- ➢ Variations in levels and focus of community activity across the two CCG populations.
- ➢ Higher levels of bed usage in Shropshire, linked to differences in community services.
- ➢ An increasing trend in use of Psychiatric Intensive Care, particularly for Telford & Wrekin patients, which is as yet unexplained.
- ➢ Suggestions for potential alternative use(s) for Castle Lodge.
- ➢ Opportunities for the redesignation of beds at The Redwoods Centre, which would support a pilot for mental health rehabilitation involving a third sector partner.
- ➢ Continuing referrals to out of area providers because of capacity issues within the county.
- ➢ A length of stay for inpatient services that is higher than targeted within the FBC for both commissioners and a particular issue for older adults in Shropshire.
- ➢ Bed occupancy levels that are higher than the local target and significantly above national expectations.

The Joint HOSC and Boards of SSSFT, Shropshire CCG and Telford & Wrekin CCG are invited to **RECEIVE and DEBATE** the Report and to **BE ASSURED** that the two local commissioners and their principal provider are seeking continuous improvement in the delivery of mental health services in Shropshire and Telford & Wrekin.

# Introduction and Purpose

## MODERNISATION PROPOSALS

01. The Full Business Case (FBC) for the Modernisation of Mental Health Services in Shropshire and Telford & Wrekin was approved by the Board of South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT) in January 2011, following consideration by the Boards of Shropshire County PCT and NHS Telford & Wrekin in December 2010.

02. The modernisation proposals had been several years in the planning with proposals to close Shelton Hospital made public as long ago as 1956. The 2010 proposals brought an end to a series of failed attempts to change the provision of mental health services for the people of the county of Shropshire in the intervening half-century and the decision to invest was testament to a shared commitment and determination to deliver change.

03. The FBC described three major strands of change:

    a) Development of local community-based services with the aims of providing care as close as possible to service users' homes, in line with trends throughout the country. The assumed benefits were a reduction both in reliance on inpatient services and in length of stay following admission, through emphasis on admission avoidance and targeted support for discharge.

    b) Therapeutic staffing models in inpatient areas to support recovery and improved outcomes when admission was deemed a critical element of a service user's pathway of care.

    c) Capital investment in new inpatient facilities.

04. The proposals were developed in partnership with service users, carers, staff and the West Midlands Public Health Observatory and were based on a range of key principles:

    a) Services based on need not age.

    b) Care provided in the least restrictive environment.

    c) Equal and easy access for residents of both PCT catchment areas.

    d) Services aimed at recovery, working to support service users in a return to independent living, not simply maintenance of mental health at a prescribed level.

    e) Evidence-based care that responds to national definitions of best practice.

    f) Inter-agency services that provide a seamless transition between primary, secondary and social care services.

## REVIEW OF THE MODERNISATION PROCESS

05. In Autumn 2013 SSSFT and Telford & Wrekin CCG made representations to the Joint HOSC regarding the temporary closure of Castle Lodge, which had occurred in September 2013.

06. The three modernisation partners had always intended to undertake a review to assess whether there had been successful delivery of the benefits described in the FBC. In December 2013 the Boards of Telford & Wrekin and Shropshire CCGs resolved to commission and lead that formal review. The process sponsored by the two CCGs received evidence from attenders at 13 separate patient, public and partner engagement events conducted between January and May 2014 and involved separate discussions with SSSFT, as the principal service provider, the Mental Health Voluntary Sector Forum and service users (Chorus Group). Write-ups of these events are available on request. The review process was led by a team comprising the two CCGs, both Local Authorities, SSSFT and local GPs.

07. Concurrently SSSFT already was undertaking a Post Project Review in line with good project governance principles. Phase One of that PPR (capital investment) was received by SSSFT's Board in January 2014

and is available for inspection on the Trust's website; Phase Two (service benefits realisation) will be received by SSSFT's Board at the end of September and will then be available for public scrutiny.

08. This Report, for consideration by and discussion with the Joint HOSC and the three partner Boards, describes the findings of those separate review processes. It seeks to provide answers to three fundamental questions:

a) Was the FBC model implemented?

b) Has the modernisation process delivered the change and benefits that were assumed?

c) What should be the next steps in the continuing modernisation of services?

### SCOPE AND EXCLUSIONS

09. Unless otherwise stated, the baseline year against which change is assessed is the 12 month period August 2008 to July 2009, as used in the FBC. The comparator year, which is used to test success, is the full financial year April 2013 to March 2014.

10. The Report does not analyse the following areas:

a) The Improving Access to Psychological Therapies (IAPT) and Rapid Access, Interface and Discharge (RAID) services, both of which were introduced as service developments following FBC approval.

b) The Substance Misuse inpatient service (Spruce Ward) and Section 136 Suite, which are subject to separate reviews and were not specific elements within the FBC.

### REPORT STRUCTURE

11. The Report is in four sections, as follows:

a) Analysis of the impact of **Community Services** in delivering care closer to service users' homes and reducing reliance on inpatient services (page 3).

b) Analysis of the current state of **Inpatient Services** compared with the assumptions made within the approved FBC (page 5).

c) Analysis of the process to deliver new **Inpatient Facilities** to assess whether key project parameters were met (page 10).

d) Consideration of **Next Steps** in the modernisation process to identify where more change is required, either to respond to lack of delivery against FBC approved targets or to deliver further improvements (page 11).

12. This structure follows the flow of logic of the FBC: that robust community services reduce reliance on inpatient beds; that therapeutic inpatient services reduce length of stay and readmission; and that an appropriate healing environment supports the service aims.

## Community Services

### FBC ASSUMPTIONS

13. The overarching aim of the modernisation proposals was to move away from a bed-based model of care, in line with national policy, best practice and feedback received from the public consultation process conducted between September and December 2010. Prior to investment, admission to Shelton Hospital was often the only available option, particularly for older adults, and the intention was to ensure that inpatient care became part of a planned pathway. This concept sits well with Future Fit, which places an emphasis on care in community settings.

14. Critical to this approach was an increase in community services although there was no specific modelling included in the FBC. Instead, two key assumptions were articulated, both relating to inpatient services:

    a) That enhanced community services would reduce demand for admissions by 15% occasioned by the delivery of a robust model of home treatment and rapid response for people of all ages. This equated to 162 fewer admissions (from 1,082 to 920 admissions).

    b) That there would be a 40% reduction in Occupied Bed Day (OBD) usage occasioned by a new functionalised model of care, a more therapeutic model for nursing, and better resourced CMHT capacity to prevent admission and support earlier discharge. This equated to a reduction of 12,934 OBDs from a revised based of 32,335 OBDs (itself a figure lowered by a reduced length of stay and fewer beds).

15. Subsequent to approval of the FBC, SSSFT developed a 'Management of Change Transition Plan' to deliver the required service change. The following key principles were reaffirmed:

    a) Fewer, more robust community teams delivering a wider range of interventions such as Social Inclusion and Recovery.

    b) Enhancement of the Crisis Resolution / Home Treatment (CR/HT) service to avoid admission and support discharge.

    c) Dedicated teams for older adults' dementia care.

    d) A single point of access into the system.

    e) An increased focus on rehabilitation support services to enable discontinued use of West Bank.

    f) Introduction of counselling and talking therapies.

## WORKFORCE CHANGES

16. The FBC described 88 new posts in community teams (53 in Shropshire; 35 in Telford & Wrekin) to be funded from a mix of new investment and redeployment of staff from inpatient services.

17. The intention was that these staff would be in position in December 2011 so that they would have time to enable a reduction in bed numbers such that the service would be operating from the future planned number of beds no later than six months prior to opening of The Redwoods Centre in October 2012.

18. The service was operating to the approved bed numbers well in advance of the move but the process to appoint to the new posts was slower than had been expected and anecdotal evidence suggests that adult services were struggling to manage within the reduced bed capacity. Whilst it is difficult to track staff numbers with any accuracy, because of staff turnover, it is clear that not all posts were filled until October 2012. Commissioners were concerned about the ability to implement the wholesale changes because of difficulties in recruitment, with particular anxiety about under-performance in community activity. It is not possible to *evidence* a link between recruitment and delayed service change, however.

## ACTIVITY

19. While there was no specific modelling in the FBC, the modernisation partners have used their regular Contract monitoring processes to track changes in the number of community contacts.

20. In the period 2011/12 to 2013/14 (i.e., 24 months over two financial years) an additional 115,000 contacts, over the FBC baseline, were commissioned by the two CCGs (and their organisational predecessors). Actual activity significantly exceeded these levels with an additional 175,369 contacts delivered.

21. There is significant variation in activity between CCGs, however. In Telford & Wrekin the level of actual activity has increased by 86% (from 85,547 to 159,427 contacts). In Shropshire, in contrast, actual activity has increased by 'only' 36%. This disparity has had an impact on occupied bed days, as is discussed in the next chapter.

### OLDER PEOPLE'S AND DEMENTIA SERVICES

22. Older adult functional services have been integrated into the work of the community teams, in line with the FBC assumptions.

23. The provision of dedicated dementia teams was a core aim of the modernisation proposals, targeting earlier diagnosis and carer support. Furthermore the subsequent introduction of RAID services in acute hospitals was focused on identification and management of service users with dementia, so to reduce length of stay in acute hospital beds.

## Inpatient Services

### FBC ASSUMPTIONS

24. Table One summarises the key modelling assumptions in the FBC, and provides an assessment of performance against target. The Table is analysed in subsequent paragraphs.

***Table One: FBC Inpatient Assumptions and Delivery***

| Category | FBC Target | Performance | Status | Discourse |
|---|---|---|---|---|
| Occupied Bed Days | 19,401 | 25,057 | **Not Achieved** | Paras 27 to 34 |
| Number of Beds | 70 | 64 | **Achieved** | Paras 35 to 46 |
| Number of Admissions | 663 | 455 | **Achieved** | Paras 47 to 49 |
| Out Of Area (OOA) Referrals | 6 | 24 | **Not Achieved** | Paras 50 to 52 |
| Length of Stay | 27.1 days | 31.9 days | **Unconfirmed** | Paras 53 to 55 |
| Occupancy | 92% | 97% | **Not Achieved** | Paras 56 to 59 |

### OCCUPIED BED DAYS

**General Beds**

25. OBDs are the currency through which the Contracts between the two CCGs and SSSFT are monitored.

26. In the baseline year there were a total of 47,646 OBDs delivered in 154 beds. The modelling in the FBC assumed that this would drop to 19,401 OBDs based on the two key assumptions described at paragraph 14 above. There has been a gradual reduction in the number of OBDs as show in Table Two.

***Table Two: Occupied Bed Days***

| CCG | 2008/09 | 2011/12 | | 2012/13 | | 2013/14 | |
|---|---|---|---|---|---|---|---|
| | Actual | Planned | Actual | Planned | Actual | Planned | Actual |
| Shropshire | 29,064 | 16,035 | 20,108 | 11,628 | 16,770 | 11,628 | 16,350 |
| Telford & Wrekin | 18,582 | 11,784 | 10,036 | 10,982 | 9,506 | 10,982 | 8,707 |
| **Total** | **47,646** | **27,819** | **30,144** | **22,610** | **26,276** | **22,610** | **25,057** |

27. Commissioners have consistently assumed a lower level of OBDs than actual delivery and the gap is only narrowing slowly. Furthermore, there are significant differences between the two commissioners. In the last three years the reduction in actual OBDs is 18.6% for Shropshire and 13.2% for Telford & Wrekin, which is broadly similar, but the link between planned and actual performance shows real disparity. In the baseline year, contracted activity was 61% Shropshire County PCT and 39% NHS Telford & Wrekin.

In 2013/14 this split had increased based on actual activity to 65% / 35%, with Telford & Wrekin CCG using only 74% of commissioned capacity while Shropshire used 40% more than commissioned.

28. It is highly likely that this is linked to increased community activity in Telford & Wrekin, as described above, and this will be the subject of further analysis between the partners. There is also evidence to suggest that community teams in the two CCGs are acting differently: in Telford & Wrekin the focus is to avoid admission whereas in Shropshire the greater focus appears to be on supporting early discharge.

**Psychiatric Intensive Care**

29. There is no Psychiatric Intensive Care Unit (PICU) in Shropshire as the FBC assumed that then extant arrangements would continue.

30. SSSFT has a PICU at Stafford St George's Hospital on Norbury Ward. A PICU is an essential part of an acute pathway where service users in acute distress, at risk of absconding, or displaying suicidal or challenging behaviours can be managed in a safe, secure and low stimulus environment.

31. Table Three shows PICU (OBDs) use by commissioner in each of the last three financial years. The figures for 2014/15 relate to the first four months of the current financial year: April to July 2014.

***Table Three: PICU Use in Stafford (Norbury Ward) 2012/13, 2013/14 and 2014/15***

| Commissioner | 2012/13 | | 2013/14 | | 2014/15 (to 31-07-14) | |
|---|---|---|---|---|---|---|
| | Target | Actual | Target | Actual | Target | Actual |
| Shropshire | 250 | **602** | 700 | **385** | 700 | **179** |
| Telford & Wrekin | - | **273** | 400 | **927** | 400 | **299** |

32. In addition to the bed usage at St George's Hospital there are also a number of out of area referrals for PICU support. In 2013/14 this amounted to 382 OBDs for Shropshire and 118 OBDs for Telford & Wrekin (i.e., 500 additional OBDs in total).

33. There has been a steep increase in PICU usage for Telford & Wrekin residents over the period and this is something that the modernisation partners will be seeking to understand (as described in the 'Next Steps' section below). In 2012/13, there was no target set by Telford & Wrekin PCT. In 2013/14, 22 admissions accounted for OBD usage of 2.3 times the target (as a comparator the 385 OBDs used by Shropshire CCG were associated with 18 admissions).

34. This trend is continuing in 2014/15. Based on a full year effect of the current run rate (to 31 July 2014) Shropshire CCG would use 537 OBDs in 2014/15 (below the 700 OBD target), but Telford & Wrekin CCG would use 897 OBDs (more than double to 400 OBD target).

## NUMBER OF BEDS

**Overview**

35. There were 163 beds at Shelton Hospital in the baseline year, 154 of which were used by the two commissioners. The total beds assumed in the FBC are shown in Table Four.

***Table Four: Beds Assumed in the FBC***

| Ward | Designation | No. of Beds | Commissioned |
|---|---|---|---|
| Birch | Female acute / functional | 16 | 16 |
| Pine | Male acute / functional | 16 | 16 |
| Laurel | Mixed 'complex care' | 16 | 16 |
| Holly | Younger People with Dementia | 16 | 10 |
| Oak | Older People with Dementia | 16 | 16 |
| Willow | Low Secure Rehabilitation | 20 | 20 |
| Yew | Low Secure Acute Admissions | 12 | - |
| Castle Lodge | Step-Down / Step-Up Facility | 12 | 12 |
| | | **124** | **106** |

36. The Redwoods Centre (the new inpatient facility that replaced Shelton Hospital) was constructed as a 112-bed facility comprising a 48-bed acute/functional block ('Wrekin'), a 32-bed organic block ('Caradoc') and a 32-bed low secure block ('Clee'). From day one all 48 of the Wrekin beds were commissioned, 26 of the Caradoc beds, and 20 of the Clee beds (via West Midlands Specialised Commissioning Team, now NHS England). Yew opened as an acute assessment ward in January 2013.

37. The 74 acute and organic beds (Birch, Pine, Laurel, Holly and Oak) were commissioned as follows:

    a) 36 beds for Shropshire residents.
    b) 22 beds for Telford & Wrekin residents.
    c) 11 beds for Powys Local Health Board.
    d) 5 beds for other commissioners.

38. The split of beds between Shropshire County PCT and NHS Telford & Wrekin was commissioned on the basis of historical activity at Shelton Hospital (63% / 37%). All 12 of the Castle Lodge beds were commissioned by NHS Telford & Wrekin resulting in total bed numbers of 36 for Shropshire (51%) and 34 for Telford & Wrekin (49%).

39. Beech Ward at Whitchurch Community Hospital was closed following the formal public consultation led by the two PCTs between September and December 2010.

40. In the two years of modernisation there has been a change in the use of beds as shown in Table Five.

***Table Five: Current Bed Use***

| Ward | Designation | Current Use |
|---|---|---|
| Birch | Female acute / functional | 16 |
| Pine | Male acute / functional | 16 |
| Laurel | Mixed acute / functional assessment | 16 |
| Holly | Older People functional and Younger People with Dementia | 16 |
| Oak | Older People with Dementia | 16 |
| Willow | Low Secure Rehabilitation | 20 |
| Yew | Low Secure Acute Admissions | 12 |
| Castle Lodge | Step-Down / Step-Up Facility | - |
| | | **112** |

41. All 112 of the beds at The Redwoods Centre are now in use. There has been a shift in the use of Laurel, Holly and Oak. Laurel was defined in the FBC as a unit for frail older people with functional mental health conditions but has evolved into a third acute / functional facility and there is clear evidence that this has resulted in a reduced length of stay focused on targeted assessment and treatment. Holly and Oak have evolved into older people's wards, both functional and organic, including younger people with dementia beds.

42. The actual need based on activity (OBDs), occupancy and average length of stay is 47 beds for Shropshire and 25 beds for Telford & Wrekin. The over-activity for Shropshire has been managed via under-performance on the Powys contract, which has reduced from the assumed 11 beds to an actual 6 beds, and flexibility from the opening of the 6 uncommissioned beds on Holly. The nature of admissions is consistent across the two commissioners, with broadly 75% emergency and 25% planned/transfer cases.

**Castle Lodge**

43. Castle Lodge was opened in January 2004 as a nurse-led alternative to admission to Shelton Hospital. NHS Telford & Wrekin supported the continued use of these beds within the FBC but the closure of Castle Lodge as an inpatient facility, in September 2013, was the sign of significant success in the community model of care.

44. As described above there has been a marked rise in the number of community contacts, which have focused primarily on admission avoidance. As a full year effect OBDs in 2013/14 were at 79% of planned levels (2,146 fewer acute and 547 fewer ODBs) and it is clear that the service is managing without the Castle Lodge beds. There is also clinical consensus within the service that a reduction in the number of sites allows services to be consolidated, risks to be managed and clinicians' time to be used more effectively. A key example of this argument relates to medical cover: Castle Lodge has not had cover at night and this has been a specific issue that the service has had to manage.

45. The modernisation partners continue to consider options for the future use of Castle Lodge. It seems increasingly likely that the building's recommission as an inpatient facility will not be recommended and partner organisations are working together to identify possible redevelopment opportunities. These include considering how this facility could be used in further phases of modernisation and/or for other services within the health economy.

46. Neither SSSFT nor the two commissioners can commit to a future for Castle Lodge but there is an absolute undertaking to keep key stakeholders informed, to involve service users and staff in the planning, and to deliver formal consultation if deemed objectively necessary.

## NUMBER OF ADMISSIONS

47. There were a total of 1,290 admissions in the baseline year. Of these 1,082 related to Shropshire County and Telford & Wrekin (including Castle Lodge and Beech Ward), 149 to Powys and 59 to other commissioners.

48. This number had reduced to 455 in 2012/13 (393, 37 and 25 respectively).

49. The FBC assumed a total of 663 admissions, so performance is 31% below (better than) target.

## OUT OF AREA REFERRALS

50. An Out Of Area referral occurs either when there is insufficient capacity at The Redwoods Centre or the service user requires a level of specialist support that it not available in Shropshire. The latter is an inevitable consequence of the consolidation of specialised services in fewer centres. The former is a growing phenomenon nationally as services change but the modernisation partners recognise that any out of area treatment poses challenges to and creates anxiety for service users, their carers and families and incurs additional cost to the health economy. All three parties to this Report remain committed to the principles and primacy of care close to home.

51. There were 29 OOA referrals in 2013/14 (16 Shropshire residents and 13 from Telford & Wrekin). 5 of these related to service users who required perinatal care that could not be provided in Shropshire. Of the remaining 24, 17 were accommodated in other SSSFT beds within Staffordshire and were returned to Shropshire as soon as a local bed was available. The remaining 7 referrals were seen elsewhere in providers in East Cheshire and Yorkshire; again service users were returned to Shropshire as soon as possible and community teams maintained close and regular contact with the service users throughout the period of their out of area admissions. Further detailed work will be undertaken in relation to OAAs as part of the next steps; there are operational policies and procedures that can be refined and strengthened to reduce the use of capacity outside the county.

52. The modernisation partners will continue to monitor this situation and will seek solutions that retain service users within the county wherever possible. Most likely that will be achieved by ever better use of existing capacity rather than provision of additional beds.

## LENGTH OF STAY

53. The baseline and current position with respect to length of stay is shown in Table Six. 'Trimmed' excludes service users admitted for longer than 90 days; 'Untrimmed' relates to all admissions.

***Table Six: Baseline, Target and Current Length of Stay***

| Length of Stay | 2008/09 | FBC target | 2013/14 |
|---|---|---|---|
| Trimmed length of stay | 35.9 days | 27.1 days | 31.9 days |
| Untrimmed length of stay | Not recorded | Not stated | 45.8 days |

54. The trimmed length of stay in 2013/14 (including Castle Lodge until September 2013) was 4.8 days longer (worse than) than target. The figure was lower in the early months of the year, reinforcing previous findings that Castle Lodge length of stay was typically quite low. In the baseline year the trimmed length of stay including Castle Lodge and Beech Ward was 32.5 days.

55. The length of stay on the acute wards is relatively consistent across the two commissioners, reinforcing the assumption that home treatment teams are working successfully to support service users in their discharge. The variation is greater on dementia wards where there are more Telford & Wrekin patients with a length of stay below 30 days and more Shropshire patients with a length of stay above 90 days. The untrimmed OBD data realises a length of stay for Shropshire of 52 days and 37 days for Telford & Wrekin. Once again, this may be evidence of different approaches to community services.

## OCCUPANCY

56. Occupancy in 2013/14 was at an average of 97% (at times 100%), higher (worse) than the 92% target.

57. There is growing evidence that high bed occupancy increases risk and affects patient experience. The Care Quality Commission's Chief Inspector of Hospitals has set 85% as the target for services and it is inevitable that any Inspection would pick this up as an area for improvement.

58. The FBC established therapeutic inpatient care as a key aim and this has been realised through a range of initiatives, all of which have served to reduce length of stay:

a) Enhanced occupational therapy that has provided stimulating activity at ward level and supported activities of daily living to create future independence.

b) Provision of a dedicated inpatient psychologist.

c) Increased access to a pharmacist.

d) Introduction of a functionalised model of care (December 2010) with a dedicated Consultant Psychiatrist and targeted teams that support discharge.

59. The modernisation partners will continue to consider safe and effective solutions for the reduction of both occupancy and length of stay on inpatient wards.

## Inpatient Facilities

### FBC ASSUMPTIONS

60. Table Seven summarises the key modelling assumptions in the FBC, together with an assessment of performance against target. The Table is analysed in subsequent paragraphs.

***Table Seven: FBC Inpatient Assumptions and Delivery***

| Category | FBC Target | Performance | Status | Discourse |
|---|---|---|---|---|
| Capital Expenditure | £45.366m | £44.518m | **Achieved** | Para 61 |
| Planned Completion | 1 Oct 2012 | 23 Sept 2012 | **Achieved** | Para 62 |
| Closure of Shelton Hospital | 30 Sept 2012 | 27 Sept 2012 | **Achieved** | Paras 63 to 64 |
| BREEAM Rating | Excellent | Excellent | **Achieved** | Paras 65 to 66 |

### CAPITAL EXPENDITURE

61. The Outline Business Case (July 2010) predicted capital expenditure of £48.3m. This estimate was reduced following greater design development for the FBC and outturn expenditure was £848,000 below revised budget. The underspend enabled further investment in quality-related variations and funded the decommissioning of Shelton Hospital.

### PLANNED COMPLETION

62. The FBC assumed that the construction and operational commissioning phase of the Project would be complete by the 1 October 2012. In fact the scheme delivered ahead of schedule.

### CLOSURE OF SHELTON HOSPITAL

63. Shelton Hospital closed as an operational site on 27 September, ahead of schedule, when Wroxeter Ward moved to Clee (low secure).

64. In the intervening period SSSFT has maintained the Grade II listed buildings and, in February 2014, Exchanged a Contract of Sale with Shropshire Homes Limited, which will see the site redeveloped for residential purposes. A Planning Application has been lodged with Shropshire Council, which will be determined by the Planning Committee in October. It is expected that the Contract will be Completed before the end of the calendar year.

### BREEAM RATING

65. BREEAM (Building Research Establishment Environmental Assessment Methodology) is the world's foremost environmental assessment method and rating system for buildings. It enables an objective assessment of a building's environmental performance and encourages designers and clients to consider low carbon and low impact design, minimising the energy demands created by a building.

66. BREEAM assessment can provide a range of ratings from 'Pass' to 'Outstanding'. Although there was no compulsion to do (as a Foundation Trust SSSFT was not restricted by NHS expectations) SSSFT aimed for and achieved an 'Excellent' rating, the second highest level of five potentials.

### GENERAL DESIGN STANDARDS

67. The search for an Excellent BREEAM rating is just one example of the focus on quality that was the hallmark of this element of the modernisation programme. SSSFT aimed at meeting best in practice status for key design standards such as single sex accommodation and single ensuite bedrooms and focused on safety and quality through the introduction of a Clinical Environment Risk Group that considered issues such as reduced ligature fitments.

68. There were 2,253 reported incidents at The Redwoods Centre in 2013, a 68% increase on the corresponding figure for the twelve months immediately preceding the closure of Shelton Hospital. On first analysis this would be a cause for concern but governance enquiries within SSSFT have confirmed that it is, in fact, signal of a much more accessible and comprehensive reporting system that encourages observation and reporting of 'near misses' and much more robust resolution planning is now in place. As a comparator there was an increase of 103% in the number of reported incidents at Stafford St George's Hospital in the same period.

69. There were 14 fewer complaints in the first twelve months of The Redwoods Centre's operation compared to the last twelve months at Shelton Hospital (26 reduced to 12). A number of these complaints related to acoustic problems in the new buildings – an interesting example of best practice creating unforeseen problems as the environment has height, no carpets (for infection control purposes) and has hard surfaces that are easier to clean, all of which added to reverberation and increased decibel levels. The issue was resolved using some of the underspend on the new buildings. Critically, in two visits since the new inpatient facilities have been open no environmental issues have been reported – a dramatic improvement on experience at Shelton Hospital.

70. PLACE scores against all four domains ('Condition, Appearance and Maintenance', 'Cleanliness', 'Privacy and Dignity' and 'Food') are consistently reaching a rating equivalent to 'Excellent' under the former PEAT. These results are all above both the national average and the average for mental health trusts.

71. The ultimate success of The Redwoods Centre can be measured in the receipt of two prestigious awards:

    a) Design in Mental Health *Project Team of the Year* (2014).

    b) International Green Apple for *Built Environment and Heritage* (2014).

72. The Redwoods Centre will be showcased at the IHEEM Healthcare Estates Conference in October 2014.

## Next Steps

### CONCLUSION

73. The Review Team believes that there is substantial and compelling evidence to demonstrate that the modernisation proposals have been implemented and that the principal benefits have been realised.

74. The independent Post Project Evaluation, commissioned by SSSFT, reaches the following conclusions in relation to the nine objectives within the FBC.

***Table Eight: Delivery of Project Objectives***

| Objective | Status | Comment |
|---|---|---|
| Maximising access to services | **Achieved** | All standards met |
| Improving the clinical quality of services | **Achieved** | All standards met |
| Optimising the environmental quality of services | **Achieved** | All standards met |
| Developing existing services and/or provision of new services | **Unconfirmed** | No measure for 'best in class' and assurance gaps in community services |
| Improved strategic fit of services | **Achieved** | All standards met |
| Meeting training, teaching and staff support needs | **Unconfirmed** | No baseline data against which vacancies, training and turnover can be measured |
| Making more effective use of resources | **Achieved** | All standards met |
| Providing flexibility for the future | **Achieved** | All standards met |
| Practicality and timeliness of delivery | **Not Achieved** | Community teams not in place by Dec 12 |

## OPPORTUNITIES FOR FURTHER IMPROVEMENT

75. Irrespective of the positive assessment the modernisation partners remain committed to continuous improvement in the quality of mental health services and have agreed a focus on key issues as described in Table Nine.

***Table Nine: Future Action***

| Item | Agreed Focus |
|---|---|
| Community activity | Further analysis and management of variations between the two commissioners to focus on an agreed model for admission avoidance and discharge planning that aligns with both CCGs' mental health strategies. |
| Occupied Bed Days | Emphasis on meeting the plan, particularly in Shropshire, linked to arrangements for community services. |
| Psychiatric Intensive Care | Analysis and management of the increasing trend in usage for Telford & Wrekin patients and a reduction in the use of OOA capacity. |
| Castle Lodge | Identification of a preferred option for future use of the facility in partnership with key stakeholders, with consultation to take place. |
| Future Fit | Support to delivery of key aims in the Future Fit proposals, notably the collocation of a (as yet undefined) Mental Health Crisis Assessment Centre with an Accident & Emergency Department. |
| Out Of Area Referrals | Continued attention aimed at minimising (ideally eliminating) inpatient care outside Shropshire. |

| Item | Agreed Focus |
|---|---|
| Length of Stay | Seeking solutions further to reduce length of stay in line with FBC targets, particularly for Shropshire residents. It is expected that the attention given to the points above will support this aim. |
| Bed Occupancy | Concerted effort to meet, firstly, the FBC target and, secondly, the CQC's expected standards. |

76. The modernisation partners will agree actions plans to address these issues, which will be managed through the usual Contract monitoring processes.