

## Case study: Surrey and Borders Partnership NHS Foundation Trust

### Introduction

Surrey and Borders Partnership NHS Foundation Trust provides mental health services, services for learning disabilities and community drug and alcohol services across Surrey and North East Hampshire. It also provides community drug and alcohol services in Brighton and Hove.

The trust employs 2,300 staff across 39 sites, serving a population of 1.3 million. It has 196 inpatient beds across 12 wards.

### The problem

The trust provides vital inpatient mental health services for adults and older people. While the majority of inpatient wards are in a good condition, there are several wards with issues that require urgent investment to resolve.

The Abraham Cowley Unit (ACU), a specialist mental health unit based at St Peter's Hospital in Chertsey, was identified by Care Quality Commission (CQC) as "not suitable for modern mental health care."<sup>1</sup> Two key reasons were identified:

- **The physical construction of the building means that there are blind spots** which are difficult to observe easily, despite numerous procedures that have been put in place to mitigate this risk.<sup>2</sup> For example, the patient staircase to the garden was not easily visible to staff.<sup>3</sup>
- **The layout of the ward does not promote dignity and privacy.** Dormitory bedrooms and communal bathrooms are in use across the ACU. This has made gender separation on the wards challenging, although two wards have now been designated as single gender. CQC's latest inspection report recommended that plans to redevelop the ACU include the elimination of dormitory bedrooms at the earliest opportunity.<sup>4</sup> The visual privacy and dignity of patients was protected only by a curtain around their personal space.<sup>5</sup>

There were ligature risks on all seven wards within the ACU, and all seven of the wards were described by the trust as presenting a high level of ligature risk.<sup>6</sup> Three-quarters of people who kill themselves whilst on a psychiatric ward do so by hanging or strangulation, and a

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<sup>1</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust](#), pg. 5

<sup>2</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust](#), pg. 5

<sup>3</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust: Evidence Appendix](#), pg. 28

<sup>4</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust](#), pg. 9

<sup>5</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust: Evidence Appendix](#), pg. 85

<sup>6</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust: Evidence Appendix](#), pg. 29

ligature point is anything which could be used to attach a cord, rope or other material for this purpose.<sup>7</sup>

### The impact

The substandard layout at the ACU means the trust has to implement more restrictive practices to maintain safety. The trust has been unable to eliminate antiquated dormitory wards and patients, some of whom may be detained against their wishes, still have to sleep in a room with strangers who may also be agitated or suicidal.

The effect is to create a ward environment that is regimented and untherapeutic – for example in the placing of mesh over windows to prevent ligatures or patients absconding, or requiring members of staff to accompany patients to get a drink from the café because this area cannot be observed well from the ward office.

This is at direct odds with providing modern mental health care which recommends doing so without ‘blanket approaches’ in the ‘least restrictive environment’ - and is frustrating and depressing for staff and patients alike.

In turn this affects all aspects of care - the ability to: engage people in treatment, minimise violence and aggression against staff, prevent people attempting to abscond and attract and retain substantive staff.

### The solution

Some works are being undertaken to improve the environment: for example, blind spots have been partly mitigated using convex mirrors and CCTV.<sup>8</sup> Every patient has been issued a care plan to promote privacy and dignity. Staff across all wards carry out annual ligature anchor point audits, and all wards have daily environment audits to review and manage risk.<sup>9</sup> However, the only real solution to the buildings shortcomings is replacement or refurbishment.<sup>10</sup>

The 24/7 assessment and treatment programme team has been working on possible options for the ACU site since 2016. The preferred solution is part redevelopment of the current site couple with a part new build. The proposal needs to be appraised through trust boards and also requires planning permission. Should the application be successful, construction work would begin in 2020 and would be completed by 2023. The investment required is in the region of £50m, partly funded through land sales.<sup>11</sup> Without significant capital funding, the work will be slower, more disruptive and more expensive.

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<sup>7</sup> CQC (2015), [Brief guide for inspection teams: ligature points](#)

<sup>8</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust: Evidence Appendix](#), pg. 28

<sup>9</sup> CQC (April 2019), [Surrey and Borders Partnership NHS Foundation Trust: Evidence Appendix](#), pg. 29

<sup>10</sup> NHS Surrey and Borders Partnership NHS Foundation Trust (April 2018), [Meeting of the Foundation Trust Board Agenda](#), pg. 113

<sup>11</sup> Surrey County Council (2017), [Adults and Health Select Committee: Developing Mental Health inpatient services in Surrey](#), pg. 37