

## Case Study: Bradford District Care NHS Foundation Trust

### Introduction

Bradford District Care NHS Foundation Trust provides community, mental health and specialist learning disability services to a population of over 580,000 people across Bradford and Airedale, Wharfedale and Craven. The Trust also provides 0-19 services in Wakefield and has a workforce of around 3,000 staff.

The population in the Bradford District is one of the most diverse in the country with over 100 languages spoken. The District includes areas of high deprivation and higher than expected demand for health services.

The Trust has 13 inpatient wards with 206 beds across two sites. The larger site is in Bradford at Lynfield Mount Hospital with a further 56 beds at the newer Airedale Centre for Mental Health, developed just over a decade ago.

The Trust is in the early stages of developing a strategic outline case to redevelop a significant part of the Lynfield Mount inpatient estate and will require capital and external financing to deliver a phased site redevelopment and more therapeutic provision.

### The Problem

Lynfield Mount has developed incrementally into a 'campus' site, with a number of separate and unconnected units and a main block. The main 1960s block is no longer functionally suitable to support recovery-focused admissions. The accommodation is out-dated and houses a main reception, outpatients, pharmacy, recreation hall, kitchens, three acute admission wards for working age adults with 67 beds and a 10-bedded psychiatric inpatient care unit (PICU).

- Lynfield Mount has three adult acute wards, none of which offer en-suite facilities and have shared bathrooms. The average ward size for the three is 22 beds. One of those wards is a 25-bedded female ward, which can make the environment feel much busier, noisier and less recovery oriented.
- The existing ward footprints cannot be refurbished to provide the necessary therapeutic and circulation spaces that are conducive to recovery and wellbeing.
- Ward layouts are cruciform and in their 2019 inspection the CQC commented that "staff could not clearly see all areas of the ward" and asked the Trust to install nurse call alarm technologies that feature in more modern facilities.
- As a consequence of its age and design, temperatures in the wards are difficult to regulate and the Trust faces an ongoing maintenance challenge to address plumbing and drainage-related issues.
- The main block layout is rambling, lacking a progressive design from public through to semi-private shared, and then private ward and bedroom spaces. Shared semi-

public space to support recovery through social activities and engagement with peers, families and friends, is limited to an on-site café / visitor centre.

- The reception feels unwelcoming and access into the site is difficult to manage, being via numerous access points and across a campus.

## The Impact

Environments impact on the wellbeing and recovery of individuals who are often admitted when they are at their most vulnerable and need a safe, welcoming, therapeutic and calm environment to aid their journey to recovery.

- Ward size and occupancy levels pose spatial and sensory challenges, with the noise levels from up to 25 service users and staff on the ward being at times incompatible with the calm, therapeutic environments we know support recovery.
- Despite the efforts of ward staff and therapeutic teams, lack of adequate space for therapeutic activities inevitably impacts service user experience, and ultimately length of stay.
- The layout of the three acute wards requires additional staffing to ensure that all ward areas can be observed. This is essential for safe environments where individuals may be in crisis and at risk of self-harm, including from ligature points.
- Having variable temperatures can make environments uncomfortable for staff and patients in summer or in winter and mean additional actions are necessary to ensure the safe storage of controlled medicines.
- There are limited opportunities to access gym and other exercise facilities. Physical exercise is vital to mental wellbeing and especially for individuals with a serious mental illness who commonly experience poor physical health.
- Staff work long shifts in often high-pressure environments and have limited access to dedicated facilities for breaks, changing, showering or socialising; impacting on their own health and wellbeing.

## The Solution

Work has been undertaken to improve the environment including relocating the nursing station to the centre of the wards to ease congestion and with the installation of CCTV to ensure lines of sight. Nurse call alarms are being installed throughout and door alarms in high risk areas on the wards. New multi-disciplinary team arrangements are in place to discuss and ensure Purposeful In-Patient Admissions (PIPA) and the range of therapy and psychology staff inputs is being increased.

At a recent Clinical Summit involving staff, service user views and external stakeholders including commissioners and voluntary sector partners, there was a clear consensus that the current environments require re-provision. The proposal will require a detailed option appraisal and appropriate approvals and will incorporate digital and assistive technologies, the latest anti-ligature fixtures and fittings and therapeutic space. A business case is in the early stages of development but would likely see a phased sequential re-provision of the

main block, adult acute wards, PICU and associated services at a cost expected to be around £40m, requiring access to external financing.