

SLaM's consideration of the options on how to provide an improved place of safety service

In March 2015, the difficulties SLaM was experiencing in being able to provide a satisfactory place of safety service were becoming very evident. The Trust had four places of safety, one on each of the main hospital sites – The Maudsley Hospital, Lambeth Hospital, Bethlem Royal Hospital and at the Ladywell Unit at Lewisham Hospital. The Trust was failing in its responsibility to provide immediate access to a place of safety for a person detained under Section 136, due to a combination of consistently high levels of demand and significant difficulties in being able to supply staff to keep the places of safety open. This meant that places of safety were often closed.

There were no dedicated resources attached to the provision of places of safety. When in use, staff were drawn from the wards on site. Often this was not possible due to acuity levels on wards and staffing vacancy levels.

At the weekly Senior Management Team meeting on 13 April 2015, options on how to improve the service were discussed. These included:

- Costing a model which provided sufficient staff on all four sites to ensure that each place of safety was function at all times
- Costing a model which provided two place of safety suites on two hospital sites (4 places in total)
- Costing a model which had a centralised, purpose built, standalone place of safety replacing all the existing places of safety.

It was agreed at the following meeting on 20 April, that the provision of sufficient staff teams on each of the four sites would be prohibitively expensive and provide significant recruitment challenges.

All costings are on the basis that there would be no reliance on drawing staff in from wards to operate the places of safety, as this could no longer be relied upon for the reasons outlined above.

The two site model costing was established as being in excess of £2.5 million in revenue costs. A single place of safety, serving all four boroughs would cost in the region of £1.6 million.

The costings are compared below:

	4 site option		2 site option		Single site option	
	WTE	£000	WTE	£000	WTE	£000
Nursing & medical	72.8	**3,338	50.24	2,276	31.6	1,376
Admin	1.0	30	1.0	30	1.0	30
Aramark		*50		45		35
Drugs		*5		5		5
Pharmacy		*40		30		20
Transport		130		130		130
Non pay		*30		25		20
Total		3,795		2,541		1,616

* These costs were estimates as the non-pay elements of this were not accurately costed.

** The costing for the four site option assumes that the medical staff input would come from existing rotas as the workload would remain as it is now and therefore no additional medical costs are included in this.

The costs are influenced by the minimum safe number of staff required to provide 24/7 cover. There are clear economies to be made by having places of safety in fewer locations.

In terms of revenue costs, the preferred option was clearly the single site option.

However, the estates element of place of safety provision also had to be taken into consideration. In three of the four sites, there was no scope to expand the existing place of safety provision to provide two spaces, which would have to continue to be linked to inpatient environments to provide sufficient staff in emergency situations and to prevent staff working in and the patients being cared for, in isolated environments.

A two site option would require the development of a new build place of safety on one of the hospital sites. It was possible, with some alterations, to use the relatively new place of safety on the Bethlem site for two people.

A single place of safety would have a staff team sufficiently staffed to work safely without immediate adjacency to an inpatient environment and therefore provided greater scope to consider its location.

The SMT agreed that the need to resolve the ongoing problems with the provision of places of safety had reached a point where an executive decision on which model to adopt had to be made. The single site option was best from both a financial and estates perspective as there was a location on the Maudsley suite which was of sufficient size to provide a state of the art, modern facility serving all four boroughs.

It was noted that the building works required would take several months to complete but in the meantime, the decision was made to proceed with the recruitment to a specialist place of safety team who, until the central place of safety unit was completed, could be deployed to the existing places of safety to ensure as far as possible, that they could be open and available for use.

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