

System and Winter Pressures on the Bradgate Mental Health Unit

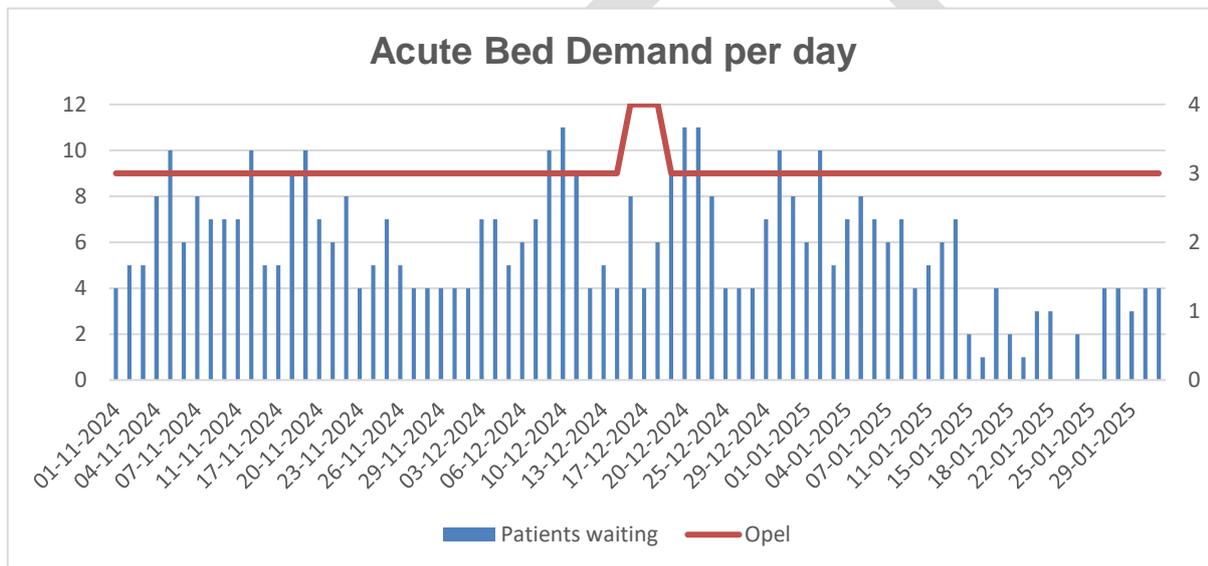
Purpose of the paper

This paper outlines system pressures during winter months (Nov 24 – Jan 25) and how adult inpatient services maintained patient flow throughout.

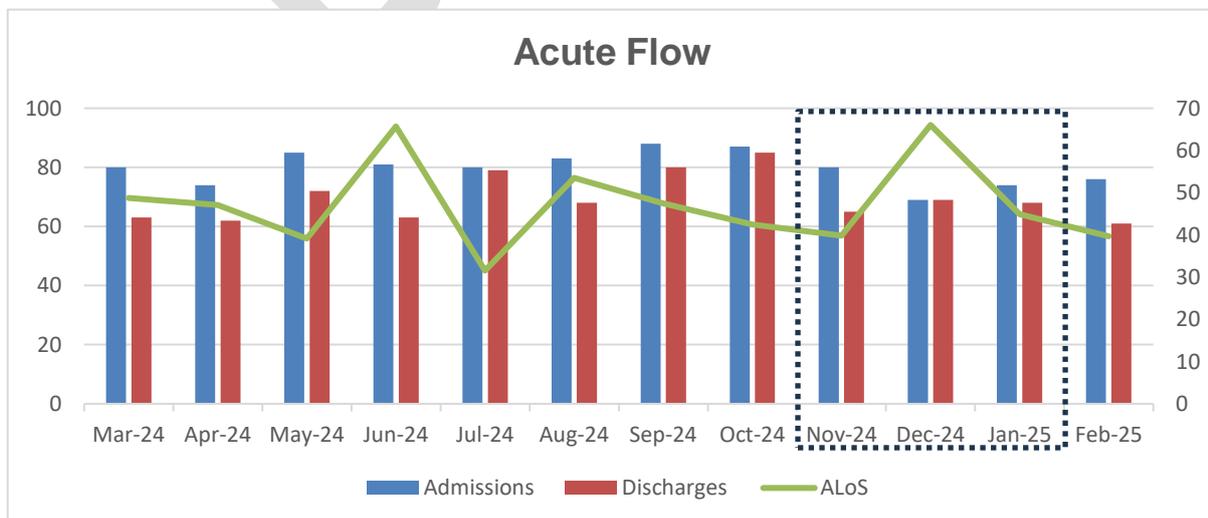
Analysis

During winter months, the average number of patients waiting for an acute mental health bed per day was 6. On 9 occasions this increased to 10.

An Opel score of 3 was maintained 96% of the time only escalating to an Opel score of 4 during 3 days over the winter months.



Over the winter months the numbers of discharges reduced which is mirrored in the decrease in the number of patients that were admitted. During the same period LoS for patients discharged did see an increase with an average of 47 days increasing to 66 during December.



Actions taken to strengthen flow during winter

Flow In

As part of additional winter monies during 2024/25, Mental Health Liaison Service were able to increase capacity to an additional 1x Mental Health Practitioner per day during peak hours. This initiative was to support mental health patient movement within the Emergency Department.

The following shifts were offered to all staff within the team and those who bank:

6am – 12 midday

6pm – 2am

4pm – 12 midnight

Mental Health Liaison Service also received investment monies for 2024/25 for 2x Link Worker posts to support patients in Emergency Department and to strengthen relationships with UHL colleagues. These posts were successfully recruited to March and are expected to start in June 2025.

The actions within the Opel framework used by mental health services in LPT were reviewed and updated in September 2024 in preparation for winter. One of the actions included was that when the Bradgate Unit was declaring Opel 3, twice daily bed huddles were implemented at 1030 and 1400hrs each day. The Bed Huddles included representatives from inpatient, urgent care (Crisis and MH Liaison) services and the senior management team to review the waiting list for an inpatient bed to plan to ensure all patients waiting for a bed remained safe, with a clear plan with each case being prioritised according to their ongoing needs. This also included a focus through winter in minimising the number of patients waiting for a mental health bed in Emergency Decisions Unit (EDU) with these patients being prioritised higher on the waiting list to maximise flow across the system, if clinical presentations and risks were equal. All efforts were made to minimise the waiting time so that it did not exceed 24 hours in EDU.

In December 2024, NHS England published, for the first time, national Opel guidance for use in mental health services. The new framework uses a number of sources of occupancy data including, occupied beds, empty beds and clinically ready for discharge data to automatically calculate the opel score. LPT and the ICB have been shadow reporting this into SHREWD since 1st January 2025 ready for the go live date of 1st April 2025. The new opel scoring process is fully automated and in retrospect, we have seen that it reflects a similar

Flow through

The trust spent the second half of 2024 planning for a full refurbishment of Belvior Unit, the male psychiatric intensive care unit (PICU) due to safety concerns with the unit as it is over 20 years old. The refurbishment commenced on 27th January 2025 for a period of 15 weeks however, in the period leading up to the refurbishment, for safety reasons the ward needed to reduce the number of beds available from 10 to 6. This did impact on flow across the Bradgate unit as a whole due to having less beds overall.

Bed pressures during winter months did lead to out of area placements to ensure those most at risk were admitted to hospital. Patients were sent to an out of area provider throughout most of the winter when there were no available local beds.

OOA Admissions	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Acute	5	2	2	2	0	5
City Patients	2	1	2	2	0	1
PICU	0	0	0	0	4	4
City Patients	0	0	0	0	3	1

Due to the demand on male beds, acute male beds were blocked booked in the lead up to winter at a local private hospital within LLR to provide additional bed stock local to Leicester to prevent further patients being sent far away from home.

Admissions	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Acute Blocked	6	2	6	3	0	0	5
City Patients	3	2	4	0	0	0	2

Step down beds were also utilised and during the winter months 24 patients were transferred to a step down ward for care in a more suitable environment providing bed capacity for new admissions.

Flow Out

Over the winter months patients declared as clinically ready for discharge (CRFD) remained high adding additional pressures to flow. The average number of adults clinically ready was 18, 40% of those were City patients awaiting accommodation or residential care.

Acute Mental Health - Bradgate Unit - City and County				
Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
5.8%	4.8%	3.5%	2.5%	1.1%
Mental Health – Rehabilitation – City and County				
Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
24.4%	21.8%	16.9%	12.4%	13.5%
Months	No of City Patients CRFD			
Oct	10			
Nov	6			
Dec	6			
Jan	4			

Weekly meetings take place with representatives from health, social and housing to support with reviewing progress of existing CRFD and any new delays identified. All actions allocated in the meeting are tracked and concerns escalated to prevent any further delay.

April 2025

As part of additional winter monies during 2024/25, the patient flow team utilised bed and breakfast (B&B's) to facilitate discharge. During the winter months B&Bs were utilised on 13 occasions with an average stay of 6 days resulting in 80 days of bed availability allowing capacity for new admissions.

Discharge packages were also prepared from the winter monies for patients to utilise, this included home living essentials to support patients' package of care on discharge.

Decision required – Please indicate:

Briefing – no decision required	
Discussion – no decision required	X
Decision required – detail below	

Governance table

For Board and Board Committees:	HOSC	
Paper sponsored by:		
Paper authored by:		
Date submitted:		
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	One off report	
LPT strategic alignment:	Great Health Outcomes	X
	Great Care	X
	Great Place to Work	X
	Part of the Community	X
CRR/BAF considerations:	List risk number and title of risk	
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		