



Cygnet Health Care

Cygnet Hospital Bierley, Bierley Lane, Bierley, Bradford, BD4 6AD
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Proposed development of psychiatric hospital at Barlborough Links, Barlborough, Chesterfield

Public Meeting at Barlborough Parish Hall – Friday 9 March 2007
Responses to questions raised by local residents to date

Cygnet Health Care reiterates its invitation to residents of Barlborough and the surrounding area to visit its existing comparable facilities in West Yorkshire and Stevenage and/or to further discuss the project with Alison Ireland (Managing Director – North) via telephone number 07985 602345.

The application is for:

“The erection of a 60-bed independent hospital providing residential care for people in need of care within a secure therapeutic environment and associated works including creation of recreational/sporting facilities (including football pitch, trim-track, gym and horticultural garden, access, car parking and landscaping) at plot 8, Barlborough Links.”

1. How many service users will be accessing the hospital?

The hospital will have four wards of 15 beds each – a total of 60 beds. We will offer an inpatient service to the NHS and public sector – no day hospital nor out patient facility is envisaged on the site, although Cygnet would be keen to contribute to any such ancillary services and outreach programmes which might be useful to the local community.

2. Will patients be male, female or mixed gender?

The healthcare statement in support of our planning application indicates that our expectation at present is that the services provided will all be for male patients. This will be stipulated in the registration process we shall embark on with the Healthcare Commission. Wards are gender-specific although both genders could be accommodated on the overall site.

3. What illnesses will the patients be suffering from?

The patients will suffer from a mental illness or learning disability sufficiently severe to necessitate their treatment within a secure environment.

**24 Hour Emergency Admissions for NHS Patients –
Bed availability is published daily on: www.cygnethealth.co.uk/dailybedstate**

4. Where will patients come from?

Patients may be admitted from various referral sources (including lower, similar and higher levels of security) which may be NHS acute hospital services, community-based rehabilitation and outreach facilities, NHS mental health and primary care trusts and at the request of the home office. We have stringent admission criteria and patients are admitted only if we offer the appropriate treatment for their illness and the appropriate level of security. Patients would usually be sectioned under the Mental Health Act 1983 at the point of admission and throughout their stay at the hospital.

Based on our West Yorkshire experience and ongoing market research, we expect that our principle geographical catchment area for the Barlborough site might include Derbyshire, Doncaster, North and North East Lincolnshire, Nottinghamshire, Rotherham, Sheffield and South Humberside. No formal negotiation generally takes place with Primary Care Trusts at this stage of commissioning a new hospital, as the funding for each patient is authorised individually at the point of admission on the basis of need.

Cygnet has identified the need for this service on the basis of its experience in its existing facilities and, as a commercial organisation, its aim is to meet identified need in a professional and responsible way.

5. Why should such hospitals be so near to residential communities?

Rehabilitation is key to the recovery of our patients. Such rehabilitation can only be afforded by way of interface with residential communities such as Barlborough.

6. What would Cygnet bring to the community?

Cygnet works hard at integrating with the local community, and is proud of its track record of liaising closely with the communities surrounding their hospitals and we intend to maintain this type of co-operation and goodwill in Barlborough. Specifically, we do or could offer:

- Employment opportunities (for both clinical and non-clinical staff)
- Stimulation of the local economy through employment of staff and custom placed locally
- Contribution to existing or new initiatives in healthcare: adult-orientated workshops and outreach programmes on e.g. coping with post-natal depression, coping with stress, caring for the carer etc., young people-orientated workshops and outreach programmes on e.g. eating disorders, stress relating to bullying, examinations, etc.
- A venue for healthcare professionals' meetings (and others)
- A forum for exchange of views between Cygnet and local people in respect of issues of mutual concern.

Cygnet is keen to liaise with and contribute to the local community in all appropriate ways – new possibilities are actively sought and suggestions from the Barlborough community would be very welcome.

7. What levels of security are available within the hospital and surrounding areas?
Sectioned patients are not free to leave the hospital at will, and generous staffing levels, stringent procedures and protocols, and the physical environment of the hospital combine to staff control of access to and egress from the hospital in respect of both patients and visitors to the hospital, whether professional (employees and ancillary practitioners) or personal (patients' families and friends).
- The medium secure guidance to which the hospital adheres stipulates standards in respect of, amongst other things, windows, doors and peripheral external fence type and height with a view to maintaining the integrity of the secure envelope, not only of the building itself but of the grounds of the hospital.
8. What would happen should the electro-magnetic doors fail?
Despite there being a back-up power supply, generous staffing levels provide for appropriate supervision should the need arise.
9. What will the staffing ratio be?
Staffing levels are agreed with the Healthcare Commission, our registering body, as a condition of our registration.
- On intensive care wards (by definition most intensively staffed), the standard staffing ratio is 1:2 (one nurse to two patients). This is increased as necessary, and on occasion patients may be placed on 1:1 observation, i.e. they are allocated their own dedicated nurse because of the acuity of their illness. The presence of ancillary staff (clinical and non-clinical) means that the true ratio is higher.
10. From where will Cygnet employ staff?
Cygnet will be liaising with the Workforce Development Confederation to ensure that appropriate educational resource is provided with a view to projected need. We recruit locally, regionally, nationally and internationally in respect of all our staff.
11. How is the medical input arranged?
Each patient is under the care of a consultant psychiatrist – the Responsible Medical Officer (RMO) – who must comply with rigorous standards in terms of the frequency of their seeing their patients and other aspects of input to their care. Staff Grade Psychiatrists provide full-time cover and 24-hour on-call arrangements operate at both levels. At its West Yorkshire hospitals, Cygnet contracts with a General Practitioner to attend the hospital regularly to attend to patients' medical needs (e.g. asthma, diabetes, heart disease).
12. What would the evacuation procedure be?
We shall liaise closely with the emergency services to agree a staged procedure so that patients' and others' safety would be ensured.
13. Why has a greenbelt rural village been chosen?
The hospital is proposed on a mixed commercial-industrial development in a zone given employment priority in planning terms, in an ideal position in terms of accessibility both to patients (and their relatives and referring clinicians) and to staff.

14. How does Barlborough, a rural, limited village with few residential services compare to other locations?

Cygnets other facilities are located in a variety of settings – including some comparable to Barlborough – and the local amenities in Barlborough are appropriate to the type of service we plan to provide, for both patients and staff.

Part of the process of rehabilitation of our patients is enabling them to re-gain the skills associated with the relatively modest activities of daily living which are taken for granted by those not suffering incapacitating illness. Thus catching the bus to the post office to mail a letter or walking to the supermarket to buy groceries and returning to the hospital within a given timeframe (initially escorted following careful multi-disciplinary clinical assessment and staged progress to this point well into their treatment programme and ultimately, unescorted, as they would be once discharged into their home community) would be the extent of the demands on the local amenities.

15. Surely there are plenty of secure hospitals in surrounding areas?

Cygnets has identified a need for this facility in this area due to the high number of enquiries and admissions their similar West Yorkshire services receive – nearly 300 enquiries and 100 admissions in the past four years. The Department of Health's National Service Framework for Mental Health (1999) calls for the provision of this type of care as close as possible to patients' homes, to facilitate support and involvement of their families and friends. The fact that our West Yorkshire units have been approached so frequently to assist in this way indicates a shortage – and indeed, in some cases, complete lack - of appropriate beds in surrounding areas.

16. Might the existence of such a facility close-by taint the image of Barlborough? (The enquirer cites Rampton High Security Hospital and its local community as the basis for this question).

Cygnets intends to be both a responsible provider of the relevant service and a good neighbour in the local community. As long as they do this – as they can demonstrate they have elsewhere – there will be no reason for Barlborough's image to be tainted.

17. Local traffic levels are already high – would the proposed hospital development exacerbate this?

The majority of the workforce – nursing staff – work shifts, which do not coincide with office/rush hours and their arrival and departure journeys – assuming they were using their own vehicles and not public transport - would therefore not worsen local traffic congestion. Similarly delivery of supplies – catering and administrative – to the hospital is limited and generally takes place at off-peak times.

18. Has the existence of other Cygnets hospitals adversely affected local property prices or the saleability of houses?

There has been no adverse effect on the value of properties close to our existing facilities - on the contrary, the new houses built directly opposite Cygnets Hospital Bierley were all sold at around the time the hospital opened for the builder's asking price, some of them 'from plans'.

19. What compensation might residents receive if a psychiatric hospital is built?
Cygnet is keen to work with the local community to ensure that its contribution to that community is positive and, having provided treatment to patients suffering psychiatric illness for nearly 20 years, has never been sued by immediate neighbours or people in the wider community for personal injury or damage to property.
20. Is there any proof available to show the public the safety record of Cygnet's other facilities?
We should be happy to provide written confirmation from our insurers that there have never been any claims against Cygnet from its neighbours or the wider community in respect of personal injury or damage to property. Reports generated by the Healthcare Commission as our registering body following their inspections of our facilities are available on their website: www.healthcarecommission.org.uk and sample hard copies are available here this evening.
21. If any patients at the hospital are not sectioned under the Mental Health Act 1983, will this pose any risk to the public?
It is unlikely that, at admission, any of the patients would be informal (i.e. not sectioned) but, should they become so during their treatment and for any reason remain in this secure hospital beyond the point of becoming informal, that would be because they were deemed well enough to no longer meet the requirements for detention, i.e. they would be even less likely to pose a risk to themselves or anyone else than they had been when their illness was at its worst (i.e. when they met the criteria for detention).
22. Will patients be allowed out into the local community?
From admission, the multi-disciplinary team's Care Plan Approach (CPA) focusses on the point of the patient's discharge. The latter point may arise either when the patient is well enough to be discharged back to where they were referred to Cygnet from, or when an appropriate bed becomes available in their 'home' area – which could occur at any point during the patient's stay with us.
- Assuming that the patient remains with Cygnet until they are ready for discharge into their 'home' community, part of the process of rehabilitation of our patients is enabling them to re-gain the skills associated with relatively modest activities of daily living (often taken for granted by those not suffering incapacitating illness) e.g. mailing a letter or buying groceries. This would include returning to the hospital within a given timeframe.
- Such leave would be accorded in carefully assessed and managed stages on the basis of multi-disciplinary clinical assessment, from initially escorted within the hospital premises to potentially ultimately, unescorted (as they would be once discharged into their home community). Appropriate support would be afforded at each stage.
23. How are patients' risk assessments monitored and reviewed?
Patients are subject to risk assessment by the multi-disciplinary clinical team prior to admission and throughout their stay with Cygnet. This takes place by way of constant observation on the part of nursing (each patient has a named nurse as their principle point of reference) and other clinical staff coupled with periodic review during consultants' ward rounds and CPA progress meetings.

24. Will additional security be provided for the village of Barlborough?
On the basis of our experience as previously indicated, the existence of this hospital would not necessitate any additional security for the local community.
25. Are there particular risks for local children’s nurseries and schools?
Several Cygnet facilities are located close to schools and nurseries. In 20 years we have never had an untoward incident in this context. The Headteacher of the primary school less than 500 metres from Cygnet Hospital Bierley (at the time of the greatest protest against the hospital as well as during the initial months of its existence, has been prepared to say:
“The presence of the hospital within 500 metres of the school has not given us any problems. Many of our pupils walk past the building in our ‘Walking Buses’ at the end of each day.”
26. Will paedophiles or sex offenders get treatment at the hospital?
Cygnet does not offer sex offenders’ treatment programmes and restricts access to those convicted of sexual offences against children.
27. Might the psychiatric hospital be upgraded to a higher security unit or a prison?
Our planning application specifies that, *“The use of the premises will fall within Class C2A of the Use Classes Order, albeit for the avoidance of doubt any grant of consent would be limited by way of a condition to a ‘medium and low secure hospital’ and any other uses within Class C2A would be prohibited.”*
28. How will patients complete the last stages of their treatment?
Patients return following their treatment to wherever they were referred from so, unless they had lived in the local community prior to their admission, they would not be discharged there and indeed might return to the source of their referral well before they were fit for discharge, should a suitable bed become available.
29. Will Barlborough residents have access to information regarding who is staying at the psychiatric hospital as and when required?
As in any healthcare setting, patients are entitled to confidentiality in terms of their identity, diagnosis and prognosis.
30. How would the public be alerted should a patient abscond?
In accordance with our protocol in this regard, agreed with the police i.r.o. our existing facilities, and subject to liaison with the local police force, Cygnet would liaise with the police in this situation and it would be the decision of the police as to how they would progress the matter, including whether or not to make the local community aware.
31. Is Cygnet considering other sites as alternatives?
Cygnet continuously considers opportunities to meet the ongoing and growing need for this type of facility but currently has no alternative local sites under consideration.
32. Does Cygnet plan any community-based rehabilitation in the area?
We do not currently have any plans to develop such an extension to the hospital-based service, but this did come about in West Yorkshire as a logical addition to the range of services needed by and not otherwise available to patients, in the form of Cygnet Lodge Brighouse.

33. Given that Cygnet derives a significant proportion of its revenue from NHS subcontracts, what evidence is there that Cygnet wins business in a competitive manner without collusion of civil servants?
Whilst the inference of financial improbity is unfortunate and potentially offensive, Cygnet can categorically confirm that it offers no pecuniary incentive to individual civil servants in order to secure referrals to its services.
34. As a private company, will Cygnet disclose the number of shares placed in escrow accounts and any arrangements for future private share sales?
Cygnet does not have and has never had any escrow accounts. There are 350 shareholders in the company, the majority of them employees and relatives of employees, and the company's accounts are available through Companies House.