

# **Report of Bradford District Care NHS Foundation Trust to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 9 February 2017**

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**Subject: Closure of Daisy Hill Intensive Therapy Centre  
Lynfield Mount Hospital**

**Summary statement: This report outlines the closure of Daisy Hill  
Intensive Therapy Centre (Lynfield Mount Hospital)**

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**Portfolio:**  
**Health & Wellbeing**



## 1. Summary

- Planning for Daisy Hill Intensive Therapy Centre (DHITC) commenced in November 2012.
- Daisy Hill Intensive Therapy Centre opened on 22<sup>nd</sup> June 2015.
- The centre opened as a 12 bedded provision for women who experience Personality Disorder (a disorder affecting how people think, feel and behave)
- The centre was taken from concept to delivery based on a business model of spot purchase (no block contract arrangements) via sale of beds to either local or out of area commissioners.
- When the Trust's Annual Plan for FY 2016/17 was examined, and approved by the Board, consideration was given to the much lower than planned DHITC occupancy levels and therefore subsequent trading risk.
- The Board delegated authority to the Trust's Executive Management Team in March 2016 to determine the future of the centre following urgent follow up discussions with commissioners in early April 16 to attempt to increase occupancy to a sustainable level.
- Whilst open the centre admitted and treated 8 patients.

## 2. Background

### Decision to Close DHITC

- Demand for the centre's beds did not match forecast.
- Assertive Marketing of the Centre was ongoing since early 2015 until end March 2016 (15 months).
- The service was not a Bradford commissioned service and local commissioners had only agreed that they would spot purchase beds as needed (therefore, no guaranteed usage from the local area).
- Additionally, following opening of the Centre the Department of Health announced a policy change around the provision of care and treatment closer to home (preventing patients being sent long distances from their place of domicile to access treatment. It is very likely that this policy change influenced commissioning patterns, encouraging commissioners, external to Bradford and Airedale, to seek alternative close to home treatment options.
- The national NHS financial position deteriorated significantly in the interval between planning the centre and opening the centre. The Trust, like many Trusts, have been required to implement austerity measures to try to contribute to the national deficit. As such, it was not viable for the Trust to maintain a service which was not achieving return on investment per forecast. A risk adverse approach was needed and without guaranteed income the Trust sensibly moved to a decision to close the centre.
- On 12<sup>th</sup> April 2016, a decision was taken by the Trust's Executive Management Team to close DHITC to further admissions (from 12<sup>th</sup> April 2016) and to undertake complete closure of the Centre beyond discharge of the remaining patients.
- The last patient was discharged from the DHITC on 19<sup>th</sup> Sept 2016 and the ward was formally closed on 26<sup>th</sup> Sept 2016.
- The Trust's commitment to the discharged patients is support them to complete both their inpatient and outpatient treatment pathways. Arrangements for ongoing outpatient therapy for affected patients have been established.

### **3. Report Issues**

#### **Closure - DHITC**

The closure is complete.

The main element of closure was redeployment of the Centre's staff cohort.

An internal staff' consultation was held regarding the closure of the DHITC between 26th April 2016 and 29th May 2016.

The service management team and Human Resources worked to re-deploy the 29 staff who were employed to work at the unit and a further 3 staff who were employed within Hotel Services.

Since the end of the consultation period, 5 staff resigned from their employment with the Trust to work at other Trusts, voluntary organisations or to move on to higher education.

Of the remaining 27 employees all secured excellent redeployment options within Bradford District Care NHS Foundation trust. In this way skills were retained within the Trust and no redundancies were necessary. Retained staff remain positive and pragmatic about their future careers with the Trust.

#### **4.1 Options**

4.1 Members may wish to comment on the information provided in the report.

### **5. Recommendations**

5.1 That Members note the report

### **6. Background documents**

None

### **7. Not for publication documents**

None

### **8. Appendices**

None