Tees, Esk and Wear Valleys NHS Foundation Trust – Bootham Park Hospital Update

1) Introduction

This paper outlines the work which has been undertaken to address the closure of wards and associated services at Bootham Park Hospital and explains the plans that have been made to return services to York as soon as is reasonably practicable.

2) Business Continuity Recovery a) Inpatient Care

Since 28/09/15 all adult inpatient services have been provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) across its inpatient wards. The majority of inpatient care has been provided at Roseberry Park (RPH -Middlesbrough) with additional input from West Park Hospital (WPH -Darlington).

At the 7th December there have been 52 admissions and 33 discharges from inpatient care.

The York Liaison service (set up in response to the closure of the wards at Bootham) continues to work closely with the wards to ensure that there is continuity of care, support for arranging leave/ discharge with clear links back into the York and Selby locality. The team attend daily report outs on the wards and connect to the wards around carer issues.

There is a daily bed report for all York and Selby patients, so that we can assess the demand on services. For example at the 7th December 2015 there are 25 patients across other TEWV sites, 21 at RPH and 2 at WPH (and 2 at other sites).

We continue to closely monitor the impact of inpatients on the rest of the Trust to ensure there are no untoward consequences on the care for patients within each locality.

The additional resources within the community seem to be impacting on the demand for inpatient beds. Previously the complement of adult acute beds in York equated to 28 beds.

There were known bed pressures leading to the use of the private sector for additional capacity and Psychiatric Intensive Care (PICU) in Leeds often had up to 6 patients on its ward.

b) Crisis & Community Services

A number of staff from the acute wards moved into the crisis and home based treatment service. This has enabled an increase in the number of home based treatments (HBT) that can be offered. At 7th December 2015, we have seen up to 41 individuals under HBT which is an increase of 16 on the regular figures before Bootham Park Hospital closure.

The interim arrangement has enabled capacity to support 3 patients to be initiated on Clozaril via a new Home Based Treatment protocol. Due to the toxicity of this drug this needs to be a carefully managed process with regular blood checks to ensure there are no untoward side effects. This new home based treatment has been positively received by these patients.

Since the 28/09/15 there have been 19 patients who have attended the 136 Suite at Harrogate. The detentions under 136 in the same period last year was 58. This reduction can be attributed to the increase in staffing to support the street triage service. A mental health practitioner works within the police team and provides additional support and expertise. During this period there have been 386 contacts via the street triage programme, compared to 121 in October and November last year. It should be noted that the figures are not strictly comparable due to different operational factors in 2014/15.

c) Monitoring

There continue to be regular business continuity recovery meetings with managers across the Locality and we continue to monitor how these plans are working. We continue to seek feedback from patients and carers and modify our plans accordingly.

3) Returning Services to Yorka) 136 Suite

Building work has been undertaken to address the required changes to the service following CQC visit in October 2015. The unit has had a new fire system and various works to enable the unit to be "stand alone" within the BPH site.

CQC have visited the site on the 7th December to review this work and, subject to submitting some final documentation for approval, we hope that this will enable the service to reopen by 16 December 2015.

b) Outpatients

Interim works are planned to update the outpatient space at the front of Bootham Park Hospital. It is anticipated that outpatients will be provided from this suite of clinic space. CQC have indicated that they wish to revisit the site in early January to ensure that the safety concerns they raised in September have been rectified. Subject to CQC approval of our arrangements we expect outpatient services to be resumed at BPH by end of January 2016.

If CQC confirm our plans around the use of BPH we plan to stop the use of Limetrees as the interim outpatient facility, but will continue to use other community venues such as Cherry Trees and Acomb Gables for clinics where appropriate.

c) ECT

ECT continues to be provided by York Teaching Hospitals and this will continue in the short term whilst an option appraisal is carried out around the potential service options.

With the removal of inpatient facilities from BPH there are challenges in maintaining safe staffing levels in the event of an emergency within the ECT clinic, so the return of ECT to the BPH facility needs to be fully assessed for safety if it is to return to Bootham Park.

d) Peppermill Court

Plans are being developed to reconfigure the current dementia ward at Peppermill Court (York) to an Adult facility offering 24 beds and a 136 Suite. Staff and some patients and carers have been involved in the plan development and will continue to be engaged during specific phases of the works.

The plan for Peppermill Court will bring local adult beds back to York but will not meet the usual estate standards that we aspire to offer patients, for example en-suite facilities. TEWV estates staff have been working to maximise the space and functionality of rooms to enable the space to used optimally without creating additional delays in the building programme. NHS Property Services have confirmed that the funding that was allocated to the previously agreed estate solutions within BPH will be invested in the Peppermill Court development. TEWV will lead the programme management and will lead the appointment of the relevant architectural and building contractors.

It is anticipated that the facility will be ready by Summer 2016.

Work is underway to reduce the number of patients within Peppermill Court. A clinical review of all of the patients across the dementia wards has identified a significant number of patients who no longer require active hospital treatment and are awaiting packages / placements. TEWV have liaised closely with City of York Council, North Yorkshire Local Authority and Vale of York CCG to ensure that there are no unnecessary delays to the processes around discharge. In order to facilitate the building works to Peppermill Court, the unit needs to be empty by early January 2016. Plans are well underway to meet this timetable, but it is recognised that there are risks to the timetable if there are delays in facilitating the unit closure. It will also require some men currently on Peppermill Court to move to Worsley Court (Selby). While this is regrettable it is the only option if beds for younger adults are to return to the area. Clinical staff are working with families to ensure as smooth a transfer of care as possible.

It should be noted that our tender plans focused on reducing the number of dementia beds so that we could reinvest the money allocated from bed based services to community services.

This will mean that there will be expansion of care home liaison services, memory clinic, acute psychiatric liaison in the York Hospital and community services, which will reduce the reliance on bed based services.

Our bed based services will focus on;

- Retaining Meadowfield as a female dementia unit,
- Using Worsley Court (Selby) as a male dementia unit with an aim to move beds into Acomb Gables once the Adult beds have returned to York. As this increases the number of beds available for the patients.
- There will be further work undertaken to address Acomb Gables estates issues during the summer 2016. This will make any required estate changes to the unit to enable it to be fit for purpose for Dementia patients. In addition there will be an opportunity to create some additional outpatient and community space within this unit.

During this time, there will be work undertaken to review the rehabilitation and recovery pathway and seek alternative community based models. This will be work which will be undertaken with the Voluntary sector and may offer different ways of working.

The service plan is complex as there are a number of inter-related service issues. However, this solution enables TEWV to use the existing estate to best meet the needs of specific client groups.

4) New Hospital Plans

TEWV continues to work with Vale of York CCG and NHS Property Services to consider the longer term estate plans. Work is underway to scope the potential estate requirements. TEWV remain committed to a new hospital development by 2019.

Conclusion

The committee is asked to note the work undertaken to address the service implications following the de-registration of BPH.

Ruth Hill, Director of Operations – York & Selby

December 2015