

**Health & Adult Social Care Policy & Scrutiny  
Committee**

25 April 2016

Report of the Independent Expert Adviser to York  
Health & Adult Social Care Policy & Scrutiny  
Committee

**Initial Report into Bootham Park Hospital Closure****Summary**

1. Following the closure of York's Bootham Park Hospital at midnight on 30 September 2015 York Health & Adult Social Care Policy & Scrutiny Committee agreed to carry out a review of the closure utilising the support of independent expert adviser John Ransford and NHS England, who have carried out their own lessons learnt review.
2. John Ransford is qualified social worker who was successively Director of Social Services and Chief Executive in both Kirklees and North Yorkshire. He was subsequently Head of Health and Social Care at the Local Government Association and its Chief Executive from 2008 to 2011. He is a resident of York.

**Terms of Reference**

3. To work with NHS England in providing a review of lessons learnt.
4. Accepting that most of what occurred was commissioned through the NHS, where appropriate and correct NHS England should take the lead.
5. City of York Council has a broad scrutiny role across Health and Social Care and while scrutiny committee members have formally expressed concerns by requesting an independent review, it is recognised it is likely to be both more timely and pertinent to work with NHS England.
6. On that basis the scrutiny committee sought to have someone to act as an agent, arguably someone who is both independent but also has the experience and capacity required, to:
  - To work with NHS England to support them in developing their report.

- To use this as the main basis of engaging in a broader system to represent the scrutiny committee in meetings as appropriate in developing NHS England's report.
- To work in liaison with the Scrutiny Officer and report back to the scrutiny committee via the Scrutiny Officer, the Chair and Vice-Chair.
- To provide a report back to the scrutiny committee in a timely manner, e.g. by the end of March 2016, to provide a local authority perspective on the lessons learnt and address issues raised by Scrutiny Committee Members.
- To engage with Healthwatch to consider the concerns of the people of York.

## Method

7. In reaching my independent view I have met on several occasions with the Committee's scrutiny support officer Steve Entwistle, the NHS England lead reviewer, Ruth Holt and attended a meeting of the main NHS bodies involved, chaired by Margaret Kitching (Chief Nursing Officer, North) who has overseen the review on behalf of NHS England.
8. I have read various background papers, but relied in the main on NHS England's report: *'Transfer of Services between Leeds York Partnership FT and Tees, Esk and Wear Valleys NHS FT: Reflections, Learning and Assurance Report and Timeline'*
9. The NHS England report is a comprehensive and detailed record, which has been prepared in full consultation with the participating organisations. I am very impressed with the professional and methodical way in which the NHS England report has been prepared. Therefore, I have not found it necessary to carry out original research myself.
10. The report has taken a considerable time to complete, but given the difficult circumstances, it is important that all parties involved in this situation are in agreement to the final report.
11. However, as this is primarily an internal NHS process, I have taken an independent view of the conclusions and recommendations contained in the report.

12. At the NHS England meeting to which I attended and participated, I was impressed by the way that Margaret Kitching held the various organisations to account in a constructive manner.
13. I have also had sight of the comprehensive report prepared by Healthwatch York: *Bootham Park Hospital: What next for mental health in York?* on the impact felt by people who use mental health services – inpatients, outpatients, current or former patients, their families and carers, staff involved in treatment and the public in general.

### **Initial Observations**

14. From the information available to me I have drawn out the following issues as the basis for discussion with Members of the Committee. They must be considered in conjunction with the summary of events, issues raised and recommendations in the NHS report.
  - i. An action plan to identify and manage the important issues was devised and followed, but no one person or agency ‘took charge’ in order to ensure that it was delivered in an effective manner. There was a lack of strategic leadership, which contrasts with the role taken by Margaret Kitching after the event. There is insufficient evidence of rigorous project planning and management, the integration of roles performed by the various parties involved and a full risk analysis.
  - ii. The current organisation of the NHS is a factor in the difficulties which developed in this situation. Relationships between the various groupings are both complex and fragmented, which makes patient centred care difficult to achieve in an integrated manner.
  - iii. A re-tendering for the service provider took place at a critical phase. The previous contract was time limited, but there was a huge risk in changing provider in the face of all the challenges being faced.
  - iv. All of the organisations involved contributed in some way to the unintended consequence of the sudden closure of hospital facilities:
    - a. The **Vale of York Clinical Commissioning Group** is responsible for commissioning the service.

The lack of strategic leadership must rest primarily with it. The CCG was also responsible for retendering the service at a critical stage. Therefore, it did not lead effectively as a commissioner of services or allow sufficiently for the complexities of re-procuring and contracting the service at a critical phase for delivering the required and agreed improvements.

- b. The **Leeds & York Partnership NHS Foundation Trust** did not take responsibility for the building at the commencement of its contract and lost control of it to NHS Property Services Limited. It lost focus on safe service provision during the process and outcome of re-contracting.
- c. The **Tees, Esk & Wear Valleys NHS Foundation Trust** did not achieve sufficient due diligence before taking on this contract. Their fault in this is limited, as they only had access to information publicly available and received from the CCG and there was reliance on experience in other situations. Nevertheless, given the known complexity and warnings here, too many assumptions were made.
- d. **NHS Property Limited** significantly underestimated the logistic and practical challenges of upgrading a Grade 1 listed building where shortcomings had been identified over many years. Crucial works were not carried out on time according to the agreed programme. The other bodies involved were not informed sufficiently of problems and delays.
- e. The **Care Quality Commission** gave insufficient attention to the particular issues raised by formal deregistration and registration of facilities, triggered by the transfer of services between agencies. This is particularly significant as they had determined that Bootham Park Hospital was unfit for purpose.
- f. **NHS England** was not involved prior to the notice of hospital closure. No complaints had been made by patients or relatives, which may have triggered their involvement. Once they did become involved in working with all parties to make the closure process as safe as possible, their work with the CQC led to the facility remaining open for a few days to allow this to happen.

## Conclusions

15. In my view a lack of strategic grip is the key problem here. An overall view was not taken as to how patients and the community could be best served given the challenging factors which were well known to all concerned. It was assumed these were being addressed satisfactorily, but there was insufficient rigour in checking this was in fact the case. All the agencies involved focused on their particular role without sufficient attention to the big picture.
16. It is now evident that some services were re-provisioned at Bootham Park within three months of the enforced closure and TEWV has a resourced plan in place to provide inpatient facilities in York during 2016. Why was this re-provisioning not put in place to avoid services being significantly disrupted and inpatients having to move at short notice, many as far as Middlesbrough?
17. If all organisations had worked together in partnership to deliver a plan based on the needs of patients and local people, more suitable solutions would still have been difficult, but surely not impossible to achieve.

## Further work

18. The Committee will want to consider all the information before them and may want to question again those parties who have given evidence to them at earlier meetings.
19. Once they have formed their own views on the outcome of these reviews, Members may also wish me to suggest recommendations for future action and how they are best monitored.

John Ransford.