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| Meeting   | Health and Adult Social Care Policy and Scrutiny Committee   |
| Date      | 25 April 2016  |
| Present   | Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Craghill, Richardson and Funnell (Substitute for Councillor Cannon) |
| Apologies | Councillor Cannon  |

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### **81. Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they had in the business on the agenda.

Councillor S Barnes declared his standing interest as an employee of Leeds North Clinical Commissioning Group in reference to the fact that they commissioned services from Leeds and York Partnership FoundationTrust.

No other interests were declared.

### **82. Public Participation**

It was reported that there had been four registered speakers under the Council's Public Participation Scheme. Each spoke in relation to Agenda Item 3) Bootham Park Hospital Update Report.

Amanda Griffiths questioned why the CQC had concentrated on one death at the hospital over four years when there had been nineteen suicides in other facilities. She felt that there should have been a focus on care processes within the inspection report. Members were informed that when she had telephoned CQC inspectors to inform them of safeguarding failures within Bootham Park Hospital, they informed her to make a complaint to Leeds and York Partnership NHS Foundation Trust. She felt that the current problems were that patients were being sent out of area where their records were out of access, care plans were politically aimed and that front line staff were stretched to capacity.

Sarah Lazenby spoke about how a friend had committed suicide due to being treated away from Bootham Park in Middlesbrough. This was because he did not know staff and it was far from his home. She added that she felt personally affected by his death.

Joanne Lazenby felt that the age of Bootham Park should not be taken as a negative given that other sites such as The Retreat and Leeds General Infirmary (LGI) were old buildings and still offered quality healthcare. She added that LGI had been extended like Bootham had and could be. The grounds offered a safe and healing environment and that a new mental health unit at Clifton was not suitable as it was not safe as it was next to a busy road.

Chris Brace from Mental Health Action York felt that the Health and Social Care Act fragmented the four organisations responsible for mental health services in the city. This meant that the system could allow for no one party to take on all the responsibility. He wanted the Committee to understand the urgency of the situation in regards to mental health care in the city. He wished for meaningful consultation to be undertaken, and for mental health services to be reinstated in York.

### **83. Bootham Park Hospital Update Report**

Members considered a report which provided them with information around the closure of Bootham Park Hospital and actions taken to restore services at the hospital following its de-registration.

Ruth Holt, Director of Nursing-Programmes, NHS England gave a Powerpoint presentation to Members. She said that the key issue to the closure were the restrictions to development at Bootham due to its Grade 1 listing, and that the premises were unsuitable as configured. She reminded Members that it was a legal requirement to register to deliver medical services at a hospital. There had been a number of delays in the scheduled building works. It was also noted that there was no action plan delivered from the Bootham Park Hospital Programme Board to which the Care Quality Commission was not a member. There was also a tight timeframe between the handover of the contract from Leeds and York Partnership NHS Foundation Trust (LYPFT) to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). She stated that there was no evidence to show that any of the organisations were not maintaining patient safety.

In regards to actions following the closure, NHS England were now asking all organisations involved to complete action plans and these should be completed by 25 May. There was a Memorandum of Understanding in development for the sudden hospital closures and this would be going to one of NHS England's most senior committees.

In response to questions from Members as to what would be the problems of continuing to use Bootham Park Hospital, it was felt that the configuration, in particular the layout of the wards and the lines of sight would be problematic. The lack of ability to have a single en-suite ward and the infrastructure problems would also contribute.

Dr Paul Lelliott, Deputy Chief Inspector from the Care Quality Commission (CQC) told Members that Bootham was in breach of regulations in the run up to its closure but also that there were different standards that could be applied if it was a new application for a registration.

In response to Members questions he stated that the responsibility to make Bootham Park Hospital safe rested with LYPFT not the CQC. He added that the closure of the hospital was not mandated by law but they felt that they could not add a hospital to the registration of a new provider to deliver services from a building they knew was unsafe. He confirmed that if the CQC had served notice on LYPFT without the transfer of the contract to the new provider the hospital would have closed anyway. In response to a question about the composition of the first and second inspections as to whether they were the same on each one, it was noted that they were large inspection teams and some from the September/October 2014 inspectors went again in 2015, one had also been involved in the 2013 inspection.

One Member asked what proactive measures could have been taken across the health community and under what circumstances could these have worked.

In response, it was reported that NHS England would have stepped in if issues had been escalated at an earlier point, however they had not got an official legal status and they could not take responsibility for commissioning mental health services.

Michelle Carrington, Chief Nurse, NHS Vale of York Clinical Commissioning Group and Janet Probert NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group, answered Members questions by stating that the building works were discussed

at every Bootham Park Hospital Programme Board Meeting. The transfer of registration between LYPFT and TEWV was unprecedented and as a commissioner, VOYCCG tried to do the right thing due to the tight timescales. However they admitted that perhaps they should have negotiated a longer contract but the CQC wanted to move patients out of Bootham. VOYCCG wanted to invest in mental health services in York and LYPFT had made a number of improvements at Bootham Park Hospital but there were a number of issues around regulation. The consequence was moving patients quickly which was not the desired option, but was the safest one. In regards to alternative provision for mental health care in the city, there was not a ready made ward but there was a long term plan.

John Ransford, who was the Independent Expert Adviser to the Committee on the Bootham Park Scrutiny Task Group shared some of his thoughts from his report, which was attached at Annex 2 to the agenda.

He stated that;

- We were dealing with a set of unintended consequences.
- An action plan had been devised but had not been followed.
- There was a lack of strategic leadership.
- When NHS England got involved things moved forward more quickly.
- The current structure of the NHS is a factor, there is a complexity to it.
- A tendering process is by its definition competitive and was high risk in this situation.
- It was good that NHS England are drawing action plans together for all organisations involved- but these plans must be held to account.

One Member asked what was the significance raised in third observation in the report. It was noted that during a competitive tendering process a lot of preparation time went in and if an organisation tendering for a contract was unsuccessful then they were unlikely to put in the second mile in their management in other areas to make things happen. In addition the successful tenderer did not have the information available when they were registered to provide care on the site and this further complicated matters.

Anthony Deery, Director of Nursing and Dawn Hanwell, Chief Financial Officer from Leeds and York Partnership Foundation Trust told Members that the standard of nursing care provided was high but

limited by the environment in which the nurses worked. They felt a deep frustration at the environmental issues and that they did not have the authority to change this, but added that they had not taken their eyes off the ball as far as safety issues were concerned. In regards to staff issues, they used bank and redeployed staff as they were not able to provide staff that had planned for. He added that having mental health services in the city retendered created a position of uncertainty and nurses took up permanent posts elsewhere.

Ian Butterworth, Regional Property Director from NHS Property Services reported that NHS Property Services had a programme of works linked to general maintenance and vacation of the wards. In response to a question from a Member in regards to what NHS Property Services were doing when concerns were first raised, he said they were facilitating the movement of the older people's ward to Cherry Trees and secondly work commissioned by LYPFT. However, the work commissioned by LYPFT was delayed by Cherry Trees. One Member asked if the works could have been phased but this was not possible as the main parts of the work had to be done in a patient occupied area.

All organisations present were asked which organisation they thought would be the lead body who would oversee action plans, if an event such as this were to happen again. It was felt that Vale of York CCG should be the lead body.

Siân Balsom, Manager Healthwatch York presented a Healthwatch report on the impact of the closure of Bootham Park Hospital and said that from the consultation it was clear that people wanted their stories to be told, but for some it was still too painful share. There was no overall consensus reached. She stated that the issue needed consideration at a national level and that Healthwatch York would be escalating it to Healthwatch England. She felt that the future of Health and Social Care depended on better conversations and with people at the heart of it.

Ruth Hill, Director of Operations, York and Selby, from Tees, Esk and Wear Valleys NHS Foundation Trust said that a meeting had been held recently with service users in regards to the plan for a new mental health hospital. Michelle Carrington, Chief Nurse, NHS Vale of York Clinical Commissioning Group felt that some of the anxiety felt by service users had come about from wanting to know how the closure situation had arisen.

Amanda Griffiths, one of the public speakers asked about a recent mental health symposium that she had attended run by TEWV and raised her concerns that it was about psychiatric hospitals closing down. Ruth Hill replied that it was about recovery and there had been a lot of discussion about bed based and community mental health care, they had wished to engage as many people as possible.

Chris Brace commented that he was reassured that lessons were being learnt, but he was concerned about consultation process and what range of options service users and the people of York would be offered in their mental health services.

It was noted that TEWV had a plan going forward in their options appraisal where people could have a say in the hospital design.

The Chair stated that all organisations would update the Committee after they had completed their action plans.

Resolved: (i) That the Task Group meet to discuss the recommendations made by NHS England and the Committee's Independent Adviser.

(ii) That the Task Group considers the action plans of partner organisations before making its final recommendations.

Reason: So the people of York and the Vale of York are not deprived of acute mental health inpatient services.

Cllr P Doughty, Chair

[The meeting started at 1.30 pm and finished at 4.15 pm].