Health & Adult Social Care Policy & Scrutiny Committee **28 September 2016**

Report of the Bootham Park Hospital Task Group

Bootham Park Hospital Draft Final Report

Summary

1. This report provides the Health & Adult Social Care Policy & Scrutiny Committee with all the information gathered around the closure of Bootham Park Hospital and actions taken to date to restore mental health services in York.

Background

2. Bootham Park Hospital is an 18th century Grade 1 listed building. The building is owned by NHS Property Services but English Heritage also has a say in work carried out. Services are commissioned by the Vale of York Clinical Commissioning Group and up until 30 September 2015, these were provided by Leeds and York Partnership NHS Foundation Trust (LYPFT).

3. The hospital was closed following an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) in September 2015. The CQC reaffirmed that the service being provided to patients from Bootham Park Hospital at this time was not fit for purpose and that all clinical services had to be relocated from 30 Sept 2015.

4. From 1 October 2015 responsibility for mental health and learning disability services in the Vale of York transferred from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

5. Problems at Bootham Park were highlighted in a CQC inspection in December 2013 which found that action was needed to improve the safety of the building and the management of risks in delivering the service. Some improvements were made, including the removal of

several ligature points, but in January 2015 the CQC visited again and expressed concern about safety on some of the wards.

6. CQC found that, despite some improvement work having been done, the design and layout of the premises was still unsuitable and unsafe for patients and there were considerable problems with staffing levels. A Quality Summit in January 2015 reinforced the work that needed to be done at Bootham Park, but progress to implement this during 2015 was very slow.

7. In May 2015 the CCG announced TEWV as the preferred provider to deliver mental health and learning disability services in the Vale of York. However the decision was challenged by LYPFT. Therefore registration of locations with the CQC could not take place until a final decision had been made which was in July prior to the meeting with the CQC, LYPFT and TEWV on 31st July 2015 to understand which properties needed to be registered.

8. On 23 July 2015 the CQC met with TEWV to discuss the transfer of mental health services in York and issues of registration of Bootham Park Hospital. The CQC acknowledged the restrictions and limitations of the existing building but were unable to confirm whether BPH would be compliant with the requirements for registration until a further inspection had been undertaken.

9. CQC carried out an unannounced inspection of the psychiatric inpatient services within Bootham Park Hospital on 9 and 10 September 2015. Inspectors had previously had concerns with the delay in Leeds and York Partnership Foundation Trust implementing CQC's recommendations from an earlier inspection.

10. CQC inspectors were concerned about a number of issues relating to the safety of patients including the fact that not all potential ligature points within the building had been either removed or made safe. Some rooms that still had fixtures and fittings that could be potential ligature points were found to be unlocked.

11. Elsewhere, CQC’s inspectors again found in September 2015 that nursing staff were unable to observe all parts of the wards due to the layout of the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital’s wards.

12. In reply to LYPFT’s application to vary conditions of registration, the CQC, on 24 September 2015, confirmed LYPFT’s application to remove

the regulated activities at Bootham Park Hospital. The CQC formally requested LYPFT to move inpatients to alternative services within the trust and to relocate all clinical services that were provided by Bootham Park Hospital, which it did by midnight on 30 September 2015.

13. Some of the inpatients were transferred to alternative units with acute mental health services and others were discharged to home treatment. With no provision for acute mental health care in York, patients had to be taken out of the area for inpatient treatment.

14. On 2 October 2015 the CQC received a request from Tees, Esk and Wear Valleys NHS Foundation Trust to register non-inpatient mental health care services (outpatient services, electroconvulsive therapy, and Section 136 Place of Safety) at Bootham Park Hospital. The Chief Inspector of Hospitals asked the registration and mental health teams within CQC to consider this as quickly as possible.

15. The Section 136 Place of Safety was reopened at Bootham in December 2015. Outpatient services including Improving Access to Psychological Therapy (IAPT) and psychology appointments returned to Bootham in February 2016.

16. The future of Bootham Park Hospital and the provision of mental health services in York has long been an issue for this Committee and the previous Health Overview & Scrutiny Committee and Members have considered a number of update reports, including plans for interim alternative premises, and received numerous assurances.

17. On 20 October 2015 the Committee met to consider the circumstances leading to the closure of Bootham Park Hospital and heard evidence from NHS Property Services; Leeds and York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group (VoY CCG).

18. As a consequence the Committee agreed to write to the Secretary of State for Health supporting a call for an inquiry / urgent investigation into the hospital's closure.

19. At a meeting on 24 November 2015 the Committee agreed to carry out its own review of the Bootham Park Hospital closure utilising the support of an Independent Expert Adviser, John Ransford, who was prepared to provide his services on a pro bono basis, and NHS England who were carrying out their own lessons learned review – Annex 1.

20. The Committee also agreed that delegated authority be given to the Chair and (now former) Vice-Chair to set the parameters of the review and they agreed the remit: *"To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners."*

21. In December 2015 the Committee met representatives from Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York CCG, who presented an update on the Bootham situation outlining the work to address the closure of wards and associated services at Bootham Park Hospital and the plans to return services to York as soon as is reasonably practicable.

22. The Committee also asked Healthwatch York to co-ordinate and collate the views and concerns of patients and carers and other interested parties. These were published in the Healthwatch York report Bootham Park Hospital: What next for mental health in York? (Annex 2)

23. In January 2016 the Scrutiny Officer gave a verbal update on progress and the Committee agreed that Cllr Cannon should join the Chair and (now former) Vice-Chair to form a cross-party Task Group to take the Committee's work forward. It was subsequently agreed that Cllr Craghill should also join the Task Group.

24. The Task Group met with the Independent Adviser and the NHS England Director of Nursing – Programmes in late January 2016 to discuss the Bootham situation and Members agreed part of the reason was the fragmentation of the NHS. There was confusion about the clarity of roles of the organisations involved and this resulted in an outcome nobody wanted.

25. In early February 2016 the Independent Adviser and Scrutiny Officer attended a meeting in Leeds chaired by NHS England and attended by the CQC, NHS Property Services, Leeds & York Partnership FT, Vale of York CCG, Tees, Esk & Wear Valleys FT and the Partnership Commissioning Unit to discuss a confidential draft of the NHS England Reflections, Learning and Assurance Report on the transfer of services between Leeds & York Partnership FT and Tees, Esk & Wear FT.

26. And, in late February 2016 the Task Group met NHS England Chief Nursing Officer and Director of Nursing – Programmes to discuss an updated draft report prior to be going to the NHS England Senior Management Team. It was agreed that the final report be published

alongside the Healthwatch York report on the agenda of a meeting of York Health & Adult Social Care Policy & Scrutiny Committee and that all partner organisations involved in the compilation of the final report be invited to attend.

27. This meeting was held in April 2016 and was attended by representatives from NHS England, the CQC, TEWV, the Vale of York CCG, LYPFT, NHS Property Services, Healthwatch York, the Partnership Commissioning Unit and the Committee's Expert Adviser. Members were able to question all those involved on specific issues related to the closure of BPH.

28. At this meeting Members were told that BPH was in breach of regulations in the run up to its closure and the responsibility to make the hospital safe rested with LYPFT, not the CQC. The CQC felt they could not add a hospital to the registration of a new provider (TEWV) to deliver services from a building they knew to be unsafe.

29. The Task Group met again on 13 May 2016 and agreed to wait until they seen the action plans – Annex3 – from all partner organisations – as requested by NHS England and agreed at the full committee meeting in April 2016 – before making their draft recommendations. These were due to have been completed by 25 May 2016 but were not finalised until early July 2016.

30. The Task Group met to discuss these action plans on 21 July 2016 and Members were disappointed to note that they did not address issues around responsibility and accountability. In addition, they were not satisfied by some of the defensive positions adopted by these organisations.

Report of the Independent Adviser

31. Independent Expert Adviser John Ransford is a 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

32. To work with NHS England in providing a review of lessons learnt.

33. Accepting that most of what occurred was commissioned through the NHS, where appropriate and correct NHS England should take the lead.

34. 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.

35. 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

36. In forming his independent view, John Ransford met on several occasions with the Committee's scrutiny support officer, 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.

37. Numerous background papers have been referred to but the main source has been NHS England's report: *'Transfer of Services between Leeds York Partnership NHS FT and Tees, Esk and Wear Valleys NHS FT: Reflections, Learning and Assurance Report and Timeline'*

38. The NHS England report is a comprehensive and detailed record, which was prepared in full consultation with the participating organisations. This report was presented in a professional and methodical way so it was not necessary to carry out separate, original research.

39. The report took a considerable time to complete, but given the difficult circumstances, it was important that all parties involved in this situation were in agreement to the final report.

40. However, as this is primarily an internal NHS process, a separate and independent view of the conclusions and recommendations are contained in the report.

41. At the NHS England meeting in early February 2016, Margaret Kitching was impressive in the way she held the various organisations to account in a constructive manner.

42. 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 of former patients, their families and carers, staff involved in treatment and the public in general, also formed part of the review considerations.

Observations

43. From the information available the following issues have been drawn out 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 England 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.

Analysis

44. A key critical issue is around how the deregistration was managed, particularly as the service in question was not ceasing.

45. Despite working together, all the agencies involved failed to ensure the improvements required were progressed within an agreed timescale. No agency took the lead role. There is a need for individual organisations to be clear about their roles and accountability.

46. There is no question that the service being provided was not fit for purpose at the time of closure, but it may have been possible to continue providing services in the building into the future if agreed plans had been implemented on time.

47. The CQC confirmed there is no difference in registration standards for existing or new services and that had the service not been deregistered it is likely a longer period of notice would have been provided.

48. There is a question mark over how patient focussed the CQC was by giving just four working days notice of cessation and did this include a risk / impact analysis? If the CQC had concerns over the likely impact of deregistration, was consideration given to alternative options, such as LYPFT maintaining registration for a short time to allow an ordered closure?

49. There was a need to balance the risk to patient safety of continuing, in the short term, to use services provided at an unsafe building against moving them, at short notice, out of the hospital and, in most cases, out of the city.

50. The Vale of York CCG, as commissioners, should not have allowed LYPFT to continue providing services from an unsafe building, but should have ensured that agreed improvements happened on time.

51. NHS Property Services did not manage contractors to robust timeframes. Assurances were given that refurbishment work at BPH would be delivered to timeframes but this was not the case.

52. Leeds & York Partnership FT should not have continued to deliver services from an unsafe building. They should have taken action to ensure that basic maintenance work was done, the planned programme of works was implemented on time and staffing levels were appropriate for working in the building environment and enabling proper processes and procedures to be followed.

53. There is little argument that Bootham Park should have closed and this should have occurred earlier. Therefore the main issue is in how the deregistration process was poorly managed. Giving only 5 days notice of closure was high risk and not necessary.

54. However, it was clear from representations made to the Committee by BPH service users and their families that staff at the hospital provided excellent care in challenging circumstances and their efforts were appreciated by patients.

Conclusions

55. It is considered that 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 focussed on their particular role without sufficient attention to the big picture.

56. 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?

57. 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.

Looking Forward

58. In addition to examining the circumstances around the closure of BPH the Health & Adult Social Care Policy & Scrutiny Committee has also been looking at the provision of a new mental health hospital proposed to be opened in 2019.

59. In early March 2016 Members took part in an organised visit to the TEWV Roseberry Park facility in Middlesbrough, which provides adult mental health services; mental health services for older people; children's learning disability short break / respite services; secure accommodation and electroconvulsive therapy. Inpatient services are supported by physiotherapy, occupational therapy and psychology teams.

60. Roseberry Park is made up of a number of self contained ward units, clustered around closed landscaped courtyards. It has more than 300 inpatient beds and all the single, en-suite bedrooms are on the ground floor. The facilities are complemented by various activity and recreational areas with ready access to safe and secure courtyards and gardens.

61. To put the services offered at a modern mental health facility into context, Members also took part in an organised visit to Bootham Park Hospital to see for themselves the challenges of providing services in a listed building.

62. In late May 2016 Committee Members took part in a TEWV-organised engagement session on the development of a new mental health hospital in York. At the meeting it was revealed that 12 sites are being considered for the new hospital, including BPH itself, The Retreat site off Heslington Road and land near Clifton Park Hospital in Rawcliffe.

63. Members also learned that the initial suggestion is for a 60 bed hospital, although it was stressed that this figure was a starting point and all comments from five consultation sessions would be considered. The new hospital will also house therapy suites, day rooms, crisis team accommodation, the Section 136 suite and outdoor space.

64. And in July 2016 TEWV's chief operating officer gave the full Committee an update on engagement to date and the next steps around the new hospital plans, including plans to reduce the current number of inpatient beds within the locality by enhancing the community services

65. TEWV are working towards a 5,500 square metre facility which is expected to cost £29 million to complete. It is anticipated the formal consultation process will begin in autumn (September) 2016 and will last for 12 weeks. The consultation feedback will inform the next steps around the new hospital plans. In addition the option appraisal will take into consideration time factors, cost, achievability, site investigations and design review. The outcome of consultation and the preferred option will be reported back in the New Year.

66. TEWV also emphasised to the Committee that since it took over services in the Vale of York on 1 October 2015 it has been working to minimise the impact of the closure of BPH on service users, their families and staff.

67. Currently inpatient assessment and treatment services for older people are provided at Meadowfields in York, Worsley Court in Selby, and Cherry Tree House in York. TEWV have also refurbished Peppermill Court in York for use as a 24-bed adult inpatient assessment and treatment unit from late summer 2016.

68. In late August 2016 Members visited the newly refurbished Peppermill Court prior to it reopening. During the visit it was stressed that Peppermill Court was an interim solution to bridge the gap until the new hospital is opened in 2019. As a consequence compromises had been made – such as no en suite bathrooms.

69. However, the effect of the refurbishment has enabled inpatient services to be reinstated in York and has led to patients being returned to the city from other TEWV facilities. Peppermill Court now also houses a purpose designed Section 136 place of safety suite and is the base for the 24-hour crisis team.

Review Recommendations

70. Having identified the circumstances leading to the closure of Bootham Park Hospital, and the measures taken to re-establish services in York, particularly for in-patients and their families, the Task Group recommends NHS England should ensure that:

    i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;

ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;

iii. Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.

71. Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group:

iv. Carry out a full and robust consultation process ahead of the procurement of a new mental health unit in York and that details are shared with this Committee.

72. The Care Quality Commission:

iv. Should consider varying its internal processes so that there is a procedure for service transfers between providers, rather than treating them as a full deregistration and re-registration procedure.

Reason: To ensure sustained improvements in mental health services in York and prevent the sudden closure of services in the future.

Consultation

73. The Task Group, Independent Adviser and Scrutiny Officer have consulted extensively with NHS England who in turn have been involved in detailed consultation with the partner organisations mentioned above. The Committee has also been able to question all health partners about the circumstances leading to the closure of BPH. In addition, Healthwatch York carried out a major piece of work on behalf of the Committee to gauge the impact of the BPH closure on people who use mental health services in the city, their families, carers and staff.

Council Plan

74. This report is linked to the Focus on Frontline Services and A Council That Listens to Residents elements of the Council Plan 2015-2019.

Implications

75. While there are no direct implications on CYC from the recommendations made in this report, there could be serious implications for vulnerable members of the community unless the organisations mentioned in the

recommendations recognise the impact of their actions on patients.

Risk Management

76. The Committee has already acknowledged that there are potential considerable risks to vulnerable members of the community caused by the closure of Bootham Park Hospital and the subsequent loss of services. **For that reason**, a scrutiny review was commissioned as set out in paragraphs 19 & 20 above.

Recommendations

77. Having considered the draft final report and the draft recommendations Members are asked to:

    i. Endorse the draft recommendations as set out in paragraphs 70-72 of this report and sign off the review as having been completed;

    ii. Refer this report and its final recommendations to the Executive and Health & Wellbeing Board for endorsement and consideration as appropriate, prior to forwarding them to NHS England for consideration;

    iii. Agree that copies of the report be sent to all the organisations mentioned in the recommendations in paragraphs 70-72, above;

    iv. Ask those organisations mentioned in the recommendations to respond to this Committee within three months.

    Reason: To conclude the work on this review.

Contact Details

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Report Approved	✓	**Date**	31/08/2016

Wards Affected:	**All** ✓

For further information please contact the author of the report

Annexes

Annex 1 – NHS England Reflections, Learning and Assurance Report on the transfer of services between Leeds & York Partnership FTY and Tees, Esk & Wear FT

Annex 2 – Healthwatch York: Bootham Park Hospital: What next for mental health in York?

Annex 3 – Action Plans

Abbreviations

BPH – Bootham Park Hospital
CCG – Clinical Commissioning group
CQC – Care Quality Commission
FT – Foundation Trust
IAPT – Improving Access to Psychological Therapy
LYPFT – Leeds and York Partnership NHS Foundation trust
NHS – National Health Service
TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust
VoY CCG – Vale of York Clinical Commissioning Group