



Transfer of Services between Leeds York Partnership FT and  
Tees, Esk and Wear Valleys NHS FT  
Reflections, Learning and Assurance Report

31st March 2016

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## 1.0 Executive Summary

### Background

1.1 Bootham Park Hospital (BPH) is a grade 1 listed building, dating back to 1777, adjacent to York Hospital in the centre of York. Until the 30<sup>th</sup> September 2015 – adult acute inpatient, elderly assessment unit, community mental health teams and IAPT (improving access to psychological therapy) for the population of York were delivered from BPH.

1.2 These services were provided by Leeds York Partnerships NHS Foundation Trust (LYPFT) between February 2012 and 30<sup>th</sup> September 2015.

1.3 The contract for mental health services in York was awarded to Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) by the Vale of York Clinical Commissioning Group (VoYCCG) in May 2015. Responsibility transferred on the 1<sup>st</sup> October 2015.

1.4 The environment of BPH is unsuitable for modern day mental health care and the subject of serious concerns by the CQC in their inspection in December 2013 and in September 2014 when the CQC found the premises to be unfit for purpose.

1.5 A further inspection took place on the 9<sup>th</sup> and 10<sup>th</sup> September 2015. During this inspection the Care Quality Commission (CQC) found some very serious safety issues, including ligature points (which had previously enabled one patient to hang herself, in March 2014) and a lack of hot water temperature regulation, posing a risk of scalding and legionella. They also found that nursing staff were unable to observe all parts of the wards (due to the layout of the building), insufficient staffing numbers, and poor hygiene and infection control.

1.6 On the 24<sup>th</sup> September 2015 the CQC wrote to LYPFT stating they were “minded to grant [LYPFT’s] application [to remove regulated activity] on the basis the location Bootham Park Hospital is not fit for purpose”. Information was requested with regards to LYPFT’s intentions as of midnight of 30<sup>th</sup> September 2015 in respect of carrying on the regulated activities which were required to cease by midnight on the 30<sup>th</sup> September. The process of moving service users to alternative accommodation and services was completed by midnight on the 30<sup>th</sup> September.

1.7 The CQC were critical of the environment, the staffing levels on ward 6 and the impact this had on the care being provided and the lack of risk assessments. They were not critical of the care provided by staff in very difficult circumstances.

1.8 There is currently no evidence of harm to patients as a result of the closure of BPH.

#### **Action taken by NHS England**

1.9 This review was commissioned by Margaret Kitching, Chief Nursing Officer; NHS England (North), in October 2015 to identify lessons learnt and has been conducted with the full cooperation of the following organisations: Leeds York Partnership NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, Care Quality Commission, Vale of York Clinical Commissioning Group, NHS Property Services. NHS England and members of the York Health and Social Care Policy and Scrutiny Committee, City of York Council have provided oversight of this review. This has included significant challenge from NHS England including at the three meetings held in October 2015 February 2016 and March 2016.

#### **Key findings:**

1.10 Lessons learnt fell under 3 headings:

##### Managing safe services in an unsuitable environment

- a) Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.
- b) The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.

- c) Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.
- d) Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.
- e) The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.
- f) Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.

#### The safe transfer of services between organisations

- g) The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.
- h) Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.
- i) As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.
- j) A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.
- k) The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.
- l) The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.
- m) Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.
- n) A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner).

The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring

- o) Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.
- p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.
- q) The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.
- r) Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.

**Learning for individual organisations**

**1.11 Vale of York CCG**

- Commissioning from unsafe buildings – the provision of services from BPH should have ceased when concerns were first raised by the CQC (if not before)
- Management of actions plans and holding to account on time frames specifically for LYPFT and NHSPS should have been more robust.

**1.12 Leeds York Partnership FT**

- Should not have delivered services from unsafe premises – concerns were raised but action should have been taken to move out sooner
- LYPFT should have been more forceful in taking action in line with their accountabilities as a provider.

**1.13 NHS Property Services**

- Robust management of contractors to agreed timeframes. Assurance was given that refurbishments would be delivered to timeframes when this was not the case.
- Due diligence is essential before taking the ownership of properties to ensure an understanding of the issues associated with the building.

#### **1.14 CQC**

- Where closure will occur to ensure that they consider, with colleagues who provide and commission services, the risk of running services from unsafe locations and the risk to patients of moving elsewhere at short notice.

### **2.0 Terms of reference**

2.1 The following review has been commissioned by Margaret Kitching, Chief Nursing Officer NHS England (North), following concerns about the risk to patients and resulting negative press following the transfer of mental health services provided at Bootham Park Hospital (BPH), York between two provider organisations: Leeds and York Partnership Foundation Trust (LYPFT) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

2.2 The review is intended to answer the following:

- The time line of events which resulted in the transfer of services and subsequent closure of BPH
- Clarify the responsibilities of each organisation through the process of transfer of services
- To confirm if these responsibilities were met
- To identify lessons learnt for each organisations and the wider NHS
- To understand the implication for patients cared for at Bootham Park Hospital and their relatives and carers
- To agree actions to be taken forward

2.3 The brief does not include a review of the decision making process in respect of the awarding of the contract to TEWV.

2.4 The review has been written as a learning review with the cooperation of all parties listed in section 3.

2.5 The nature of the incident is such that it has not been considered for investigation as a serious incident or safeguarding incident but the nature of the concerns is such that a multiagency review of the lessons learnt and oversight by NHS England are required. The level of oversight, provided by NHS England and the York Health and Social Care Policy and Scrutiny Committee, City of York Council are such that the review provides significant assurance in respect of the lessons learnt.

### 3.0 Organisations involved in the review

Organisation	Role of organisation
<b>NHS Vale of York Clinical Commissioning Group (VoYCCG or CCG)</b>	<p>The statutory body responsible for commissioning health care services for patients across the Vale of York – an area of approximately 857 square miles and covering 30 GP practices. CCG commissioning responsibilities can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• “planning services, based on assessing the needs of your local population;</li> <li>• securing services that meet those needs</li> <li>• Monitoring the quality of care provided.”</li> </ul> <p>(Commissioning fact sheet, for clinical commissioning groups, July 2012, NHS Commissioning Board)</p>
<b>Leeds and York Partnership Foundation NHS Trust (LYPFT)</b>	<p>LYPFT provides a range of specialist mental health and learning disability services to Leeds and across the Yorkshire and Humber region. In respect of BPH they were the provider up until 30<sup>th</sup> September 2015 when responsibility for mental health care provision at BPH transferred to TEWV.</p>
<b>Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)</b>	<p>TEWV provides a range of mental health, learning disability and eating disorders services to 2 million people living in and around County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and the Vale of York. Responsibility for the provision of mental health services at BPH transferred from LYPFT to TEWV on 1<sup>st</sup> October 2105.</p>
<b>NHS Property Services Ltd (NHSPS)</b>	<p>NHS Property Services Ltd was set up by the Department of Health in April 2013 to manage all the ex-Primary Care Trust estate not transferred to providers. Two main types of services are provided:</p>



	<ul style="list-style-type: none"> <li>• Strategic estate and asset management – strategic planning of the estate, acting as a landlord, modernising facilities, buying new facilities and selling facilities that NHS commissioners decide they no longer need</li> <li>• Dedicated provider of support and facilities services, such as health and safety, maintenance, electrical, cleaning and catering</li> </ul>
<b>Care Quality Commission (CQC)</b>	The CQC is the independent regulator of health and social care in England. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.
<b>NHS England - North</b>	NHS England leads the National Health Service (NHS) in England by setting the priorities and direction of the NHS. NHS England supports local health services that are led by Clinical Commissioning Groups
<b>York Health and Social Care Policy and Scrutiny Committee, City of York Council,</b>	<p>The Committee’s responsibilities include monitoring the performance of service areas including commissioning, partnerships and mental health. In addition the Committee is responsible for reviewing and scrutinising the impact of the services and policies of key partners on the health of the city’s population.</p> <p>In respect of BPH the Committee has 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.” Representatives of the committee have provided oversight of this report.</p>

#### 4.0 Background

4.1 Following a competitive tendering process the commission for mental health services in York was awarded to Tees, Esk and Wear Valleys NHS FT. The contract was to be effective from the 30<sup>th</sup> September 2015 at which point the outgoing provider, Leeds and York Partnerships NHS FT would reduce the services they provide in York and North Yorkshire including services provided at Bootham Park Hospital York. LYPFT continue to be the responsible provider of low secure services at Clifton Park, specialist deaf services for children and young people at Lime Trees and Tier 4 Children and Young People inpatient

services at Mill Lodge. Relationships between directors at the Vale of York CCG and LYPFT were professional but strained by the outcome of the tender process.

4.2 Bootham Park Hospital is a grade 1 listed building located in the centre of York and adjacent to York Hospital. As such mental health services in York were one of the few NHS services in the country delivered from listed buildings with the restrictions to development that these bring. Until 1<sup>st</sup> October 2015 clinical services to people with mental health needs were provided from this facility by LYPFT. Soft facilities management was provided by LYPFT and hard facilities management services were provided by York Teaching Hospitals NHS FT under a service level agreement with NHS Property Services (the landlord). LYPFT in February 2012, at the time at which they were awarded the contract for the delivery of mental health services in York, decided not to take ownership of the building in part due to the listed building status of Bootham Park Hospital and the need for improvements to the building.

4.3 The following report focusses on the transfer of services between the provider organisations, specifically the closure of Bootham Park Hospital, and the lessons learnt. The circumstances surrounding the closure are unique to BPH however the lessons learnt are not restricted to mental health services and can be used to support the transfer of services between organisations where this occurs elsewhere in the country.

4.4 A timeline of events and list of services provided at BPH are included in appendix 2 of this report.

4.5 Staff working at Bootham Park Hospital delivered a high standard of care in a difficult physical environment. They did so with suboptimal staffing and in the absence of risk assessments that should have informed their care (ref. CQC inspection 9-10<sup>th</sup> Sept. 15). This report does not look at the quality of care provided at this time.

4.6 The report is not intended to apportion blame and has been written with the input and full cooperation of all organisations involved in the transfer of services between providers of mental health services at Bootham Park Hospital. It is important to recognise that the circumstances surrounding closure: premises unsuitable for the delivery of care; change of provider with the necessary deregistration and reregistration of services and delays in the re-provision of new premises and unclear ownership and reporting arrangements with no single leadership organisation are an exceptional set of circumstances which all contributed to the failures that surrounded the closure of Bootham Park Hospital and the lessons which need to be learnt.

## 5.0 Summary of events

5.1 A number of NHS providers have inherited Bootham Park Hospital (BPH) over the years. In February 2012 LYPFT took over the delivery of services from BPH under a contract with North Yorkshire and York PCT (this transferred to Vale of York CCG on the 1<sup>st</sup> April 2013). On the 1<sup>st</sup> April 2013 the hospital building became the responsibility of NHS Property Services (it should be noted that limited information was available to NHSPS at the time of transfer).

5.2 Primary Care Trusts (PCT) owned the property from which they delivered services. This changed with the establishment of Clinical Commissioning Groups who took on contracts but not assets when they were created in April 2013. York PCT had previously identified the property for disposal, recognising that it was not fit for the delivery of mental health services. Their intention to dispose of BPH did not include a plan to manage in the interim and as a result only limited backlog maintenance was completed. LYPFT was given the option of owning the BPH site during the financial year 2013/14 but chose not to do so. This decision reflected the fitness for purpose of Bootham Park Hospital a grade 1 listed building built in 1777 and in need of significant improvements.

5.3 LYPFT commissioned a preliminary back log maintenance and anti-ligature review in 2011 (during due diligence pre transfer) this was followed up in early 2012 by a further more detailed review by North Yorkshire and York Primary Care Trust at the request of LYPFT. The review covered all areas of Bootham Park Hospital, inpatient and outpatient. The CCG believe that responsibility to complete the necessary actions from the report transferred to LYPFT when they took over the provision of mental health services at BPH. LYPFT however believe that the funding was retained by North Yorkshire PCT – the assets belonged to them and the work was managed by their capital project process until the assets transferred to NHSPS and, from LYPFT perspective confusion erupted in the system about how capital would be accessed and managed. LYPFT report raising this with the CQC and including in their risk register.

5.4 The risk and actions were noted by the CQC during a visit in 2013. During the CQC inspection in December 2013 the Trust was found to be non-compliant with 2 regulations:

- People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
- The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)

5.5 In the action plan in response to the inspection in early 2014 LYPFT took the decision to plan to remove services from Bootham Park Hospital as the premises were not viewed as suitable for mental health care. Under this plan patients would be moved from ward 6 BPH to Cherry Tree House and wards 1&2 to Peppermill Court a property, which at the time, was serving the needs of older people with challenging behaviours. LYPFT report that the plans for

Peppermill Court were based on a detailed site assessment and clinical engagement with staff and took into account and addressed concerns about recreational space raised by their special advisor and clinical team. LYPFT report that these plans had clinical approval subject to further updates regarding changes to the design of the therapeutic space. The plans were signed off by the LYPFT Trust Board on the 24<sup>th</sup> April 14.

5.6 The notes from the Mental Health Strategy Board meeting on the 16<sup>th</sup> June 14 (LYPFT were not present) show concerns about the interim move. These refer to the ability to move clinically complex patients from Peppermill Court in a suitable time period which could be up to 2 years. LYPFT were requested to provide individual assessments in terms of timescale. LYPFT believe all clinical concerns re the building layout had been addressed at this time.

5.7 The plans were considered at the Mental Health Strategy Board (28<sup>th</sup> July 2014) and the Peppermill Court option thought not to be a viable option as the scheme would take 52 weeks and cost significantly more. An alternative interim solution was proposed by NHS Property Services and the CCG and agreed. This was the refurbishment of Bootham Park Hospital at a cost of £1.5million over a shorter time frame of 36 weeks.

5.8 In early 2014, and before this plan could be enacted, an unexpected death took place at BPH. This involved a curtain hook which appeared to have been used as a ligature point. The coroner's verdict in this case was misadventure.

5.9 In July 2014 all parties, Vale of York CCG, LYPFT and NHS Property Services signed up to a refurbishment programme that included inpatient facilities at Bootham Park Hospital. Cherry Tree House, a mothballed mental health facility in York, would be refurbished as part of the plan to facilitate the decant of patients from ward 6, older peoples services, BPH and allowing necessary works to be undertaken. The cost of this scheme was estimated at £1.7million.

5.10 The CQC carried out a comprehensive inspection under their new methodology in September 2014. They found that Bootham Park Hospital was unfit for purpose and called a multi-stakeholder quality summit in January 2015. This is part of the normal processes following a CQC inspection and prior to the publication of the CQC report.

5.11 Key actions from the Quality Summit were:

- A commitment that the interim solution for BPH would be delivered by July 2015. VoYCCG confirmed that the permanent solution was being pursued and that a new build would be achieved within 3 years. The options were the Retreat Hospital and Clifton Hospital Sites both of which are in York, other sites might be suitable following investigation.
- LYPFT was required to complete an action plan to address the regulatory compliance actions – both must do's and should do's.

5.12 CQC were asked, at the Quality Summit, if any of the compliance actions took precedence and they advised that they would be particularly concerned if the safety domain issues were not addressed.

5.13 In March 2015 it was highlighted, by LYPFT, at the BPH Programme Board that the interim plans still carried a risk which would have to be managed – it was inferred that these may not meet all current health technical memoranda (HTM) requirements and that there was a risk that they may not meet CQC requirements for registration. Meetings subsequently took place between NHS Property Services, CQC, English Heritage, City of York Council Conservation Office and LYPFT to discuss proposals for the way forward. The CQC considered this a substantial refurbishment and would expect it to meet health building notes for mental health hospitals. A substantial amount of time was spent looking at potential anti ligature window options and further modifications to the internal plans. Concerns were raised by LYPFT about the basic infrastructure including drainage and fire systems.

5.14 In May 2015 TEWV were awarded the contract for services. During the tender process information available to TEWV, to inform their due diligence, was limited to information that was in the public domain or made available by the CCG. When the contract was awarded TEWV were able to gain additional information about the plans for BPH and formed a view that the interim works may not meet the safety requirements for CQC registration. TEWV asked for the proposals to be paused for 2 weeks while they reviewed the plans. As part of the due diligence process a number of estate information requests were made to LYPFT and NHSPS. NHSPS arranged for a detailed report to be prepared by the specialist architects used on the refurbishment project which set out where the final design would not comply with health technical memoranda or building notes “Derogations Report”. This report was supplied to LYPFT, TEWV and the CCG. TEWV subsequently asked for the plans to go ahead with modifications to the scheme of works and a revised operational plan to support the identified estates issues which had been identified.

5.15 On 18th August 2015 a letter was sent to the CQC by the Directors of Nursing at LYPFT and TEWV raising concerns about the ability to offer safe and high quality care within the environment of BPH; specifically a lack of progress to ensure patient safety due to the slippage in deadlines (these were “6 months behind the original schedule” with “no guarantee that further slippage will not occur”) and that the services would remain non-compliant at the point services were to be de-registered with LYPFT and registered with TEWV. The letter stated that “at this stage it is unclear whether these environmental risks will ever be fully addressed due to the significant limitations and restrictions placed on this site”. Given the complex governance arrangements, both Directors of Nursing, asked for a further meeting with CQC inspection and registration colleagues to clarify the CQC’s position on how the compliance actions would be managed for the respective organisations. As a result of the letter an urgent meeting was called by the CQC (25<sup>th</sup> August). At the meeting and on advice from NHS Property Services, all parties were informed that a realistic timescale for completion of the necessary work was

February 2016. This represented a delay of 7 months from the original time frame of July 2015 and was due to contractual performance and design issues. These delays in the scheme were reported to the Bootham Park Programme Board as they occurred.

5.16 On the 25th August 2015, the CQC received an application from TEWV to vary their registration by adding 8 locations, including Bootham Park Hospital, as a result of the transfer of services from LYPFT. The variations were agreed (with the exception of Bootham Park Hospital) on the 30<sup>th</sup> September 2015 and in line with the agreed date of transfer. A process which took just over 5 weeks.

5.17 Following the meeting in August the CQC undertook a planned visit with inspectors, registration managers, and representatives from both Trusts and other stakeholders on the 2<sup>nd</sup> September 2015.

5.18 The letter of the 18<sup>th</sup> August from the Directors of Nursing at LYPFT and TEWV to the CQC in conjunction with additional concerns identified during the planned visit on the 2<sup>nd</sup> September 2015 and from a Mental Health Act Reviewer during a monitoring visit led to a further inspection on the 9<sup>th</sup> and 10<sup>th</sup> September. A specialist estates adviser was included in the team. Due to the poor state of the ceiling, and during the visit on the 10<sup>th</sup> September, a patch of plaster/part of the ceiling fell down. The CQC Specialist Adviser's report stated this was a serious risk of injury and "represents a serious fire and spread of fire risk and is potentially disastrous". The Specialist Adviser's report was not made available to LYPFT or NHSPS who were therefore unable to challenge the findings or act upon them. The CQC full report (which excluded the Specialist Adviser's report) was published on the 8<sup>th</sup> January 2016.

5.19 On the 10<sup>th</sup> September, LYPFT were informed that the CQC had raised a safeguarding alert with City of York Council with particular reference to the (BPH) elderly assessment unit (also known as Ward 6) and that the CQC had concerns relating to wards 1 and 2 but the most urgent was Ward 6.

5.20 The inspection team held an urgent management review meeting on 11 September 2015. LYPFT had been alerted by CQC to the fact that CQC may serve an urgent Section 31 Notice under the Health and Social Care Act 2008. The letter confirming the information was sent via email to LYPFT on 15 September 2015, requesting urgent confirmation of LYPFT's intentions, and outlined the consequences of non-compliance or an inadequate response. LYPFT responded on 18 September 2015 detailing what they proposed to do.

5.21 On the 24<sup>th</sup> September 2015, CQC wrote to LYPFT, based on:

- the findings from the inspection on 9-10 September 2015; and
- the knowledge that LYPFT had submitted an application to remove the location Bootham Park Hospital from their registration;

- and that LYPFT were intending to take steps to move patients from that BPH;

5.22 On the 28<sup>th</sup> September 2015 the Chief Executive of TEWV sent an email to the Chief Executive of the CQC under the heading “whistleblowing concern about patient safety and quality” expressing concerns “about the patient safety issues and patient quality issues that will arise as a consequence of the decision made by the CQC to require an evacuation of Bootham Park Hospital within 4 working days i.e. by midnight on the 30<sup>th</sup> September”. A telephone conversation between the Chief Executives of the CQC and TEWV confirmed agreement that the wards were not fit to be used and agreement that if TEWV were to make a reasonable submission to request that the non in-patient facilities were registered by the CQC this would be given due consideration by the CQC. Arrangements for an interim solution to the provision of relevant services until a new hospital is available were discussed (expected date January 2019). The CQC were happy to engage in dialogue with the CCG and other key partners about these interim plans.

5.23 It was not however possible to stop the closure of Bootham Park Hospital at this late stage.

5.24 The CQC formally requested confirmation of the actions that LYPFT were taking or intended to take to move all services provided at BPH to alternative locations had commenced and was completed by midnight on the 30<sup>th</sup> September 2015.

5.25 In October 2015 the CQC publicly expressed concerns about the delay in LYPFT implementing recommendations from their earlier report. “Specifically, CQC’s inspectors were concerned about the risk of suicide or serious harm to patients because the trust had not removed potential ligature points within the building. In addition, patients were at risk of serious scalding because of unregulated high water temperatures. Elsewhere, CQC’s inspectors found that nursing staff were unable to observe all parts of the wards due to the layout to 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.” (Ref. CQC update on Bootham Park Hospital in York, 2/10/15).

5.26 The closure of BPH meant that services were no longer provided from this location and the “mothership”, as it was referred to by one service user, was no longer there. This sense of loss to service users was compounded by the apparent suddenness of the closure and uncertainty and lack of information about the future – how would service users access services? Would they still be close to York Hospital?

5.27 York Health & Social Care Policy & Scrutiny Committee has requested a report from Healthwatch York, “*Bootham Park Hospital: what next for mental health in York?*” The report will review the impact on patients and will be presented at the meeting of the Scrutiny Committee in April 2016. In light of the

extensive communication by Healthwatch York with service users of BPH this work has not been duplicated in this report. Readers of this report are referred to the work by Healthwatch York for further detail of the impact of the closure of Bootham Park Hospital on services users.

5.28 All regulated activity, adult acute inpatient (male and female), elderly assessment unit, community mental health teams and IAPT (Improving Access to Psychological Therapy), has ceased at Bootham Park Hospital. All services have been re-provided with patients accessing care from TEWV. Inpatient services are temporarily provided in sites mainly in Middlesbrough and Darlington. Some patients were transferred into the community with enhanced home treatment support.

## **6.0 Issues raised in the investigation**

6.1 The investigation raises three specific issues:

- Managing safe services in an unsuitable environment
- The safe transfer of services between organisations
- The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring

6.2 These issues are discussed in the sections below. Each section concludes with recommendations for consideration by organisations in addition to those involved in this review and in the same process of delivery and transfer of services in similar circumstances. These are applicable to organisations other than mental health organisations.

### **Managing Safe Services in an Unsuitable Environment**

6.3 Bootham Park Hospital was an unsuitable environment for the delivery of mental health services and had been for a number of years prior to services transferring to Leeds York Partnership FT in February 2012 (concerns about quality date from December 2011 when an anti-ligature assessment was conducted and in March 2014 LYPFT raised concerns about the BPH site and proposed a plan to decant patients out of BPH to more suitable premises).



6.4 It is very apparent that senior staff responsible for the delivery of care for patients at Bootham Park Hospital were aware of this and action was being taken to upgrade and provide alternative solutions for care. These actions necessitated all parties involved, commissioner, provider and NHS Property Services, working together to find a solution spending financial resources diligently in the knowledge that a solution would be an interim solution only.

6.5 The assessment and decisions made were in the context of limited alternative service options within York which could be facilitated in a timely manner.

6.6 It was following the CQC inspection in December 2013 that an action plan to address concerns about the quality of services – clinical and environmental – was written. This plan was managed through two structures:

- Monthly quality and performance meetings chaired by VoYCCG as part of their contract management arrangements to raise and address concerns about quality of services. The timeline in this report shows these running from March 14 however the meetings were in existence prior to this and prior to the CQC inspection.
- The BPH Programme Board, chaired by VoYCCG, established in August 14. The board had the remit of looking at improvements which could be made in the estate. In establishing the board the CCG recognised the need to improve the environment. The BPH Programme Board became the Mental Health Estates Programme Board, chaired by the VoYCCG, in June 2015. Extracts from the terms of reference for the BPH Board and the Mental Health Strategy Group into which the Mental Health Estates Programme Board reported (as they relate to Bootham Park Hospital) are listed below:

**Extract from the Bootham Park Hospital Programme Board terms of reference:**

At the Leeds and York Partnership NHS Foundation Trust Board meeting in March 2014, the Board of Directors concluded that neither Lime Trees or Bootham Park Hospital were suitable for modern day mental health care. The recommendation was made that the Trust needs to vacate these two premises as an interim holding safety position.

The Trust has since been working closely with the CCG as the lead commissioner for Bootham Park Hospital services and NHS Property Services Limited to find an interim solution for the relocation of these services within York.

As to a longer term solution the CCG with partners across the York economy and alongside the Vale of York CCGs 5 year Strategic Plan and vision for

high quality, safe services have established a Mental Health Strategy Board. The remit of this Board will be to look at mental health across the economy and model a new pathway for services in line with best practice. This will take into account the longer term vision for the respective services at Bootham Park Hospital.

#### Programme Mandate

The Bootham Park Hospital Programme Board has the mandate to oversee the safe movement of the respective clinical and associated non clinical and support services within the estate to appropriate interim facilities and in doing so minimise and resolve quality and safety risks. This is a transition move whilst the longer term vision is developed by the Mental Health Strategy Board.

The Bootham Park Hospital Programme Board will take ownership of securing appropriate capital funding and commissioning of this interim alternative from NHS Property Services and NHS England.

The programme board will, in undertaking this work, constantly reassess and reassure the threshold level of clinical and non-clinical risk putting in place contingency plans should risk threshold increase to an unsatisfactory level. Quality assurance will be provided to the Mental Health Strategy Board and to all partner boards on a regular basis.

#### **Extract from Mental Health Strategy Group terms of reference:**

##### 4.2 Objectives – Bootham Specifically

- 4.2.1 The overall objectives of the Mental Health Strategy Group are to ensure that the CCG delivers the planned programme of transformational and continuous improvement work within the allocated timescales, financial projections and to maintain a focus on quality through the delivery.
- 4.2.2 Where deemed necessary, the Group shall escalate matters of concern to the Quality and Finance Committee or Governing Body.
- 4.2.3 The Group will oversee that the short term interim solution and the longer term re-provision of Bootham Park Hospital.

6.7 Two different structures appear to have been used to manage clinical and environmental concerns. LYPFT were held to account by the CCG for the progress against the CQC action plan but were not directly responsible for the delivery of those relating to the majority of the estate. LYPFT's key means of influencing these was at the BPH Programme Board. A single action plan had in effect two different reporting mechanisms with one organisation, LYPFT, being held to account for the actions for which two organisations, LYPFT and NHSPS were ultimately responsible. LYPFT and NHSPS were members of the BPH Programme Board (a). The reporting mechanism for estates issues was through the Programme Boards and from there to the Mental Health Strategy Board. LYPFT were in regular dialogue with NHSPS to influence design and timeline however it is unclear to what extent LYPFT were in a position to influence NHSPS in the delivery of their actions other than through the Programme Boards. The CQC, despite expressing significant concerns about the environment, were not members of the Programme Board and it would not be normal practice for them to be members of such a board. In accordance with their regulatory remit the CQC can highlight breaches of the regulations to a provider and request that they comply with the regulations, but cannot tell them *how* they must achieve that compliance. That is strictly within the remit of the provider. This is necessary to stop the CQC micro-managing the day to day work of provider organisations. All programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care, should ensure that plans for addressing these issues are robust and that relevant expertise is sought and followed with a view to achieving a safe environment which meets the requirements for registration by the CQC. It is unclear as to whether delivery of the plans, as intended, would meet the CQC standards.

6.8 The delivery of any construction contract is subject to risks however had reporting arrangements been clear and organisations held to account, by commissioners, for the delivery of actions which were their responsibility actions may have been delivered at a faster pace (b).

6.9 A multi stakeholder quality summit was held in January 2015 and in March 2015 concerns were raised at the BPH Programme Board "that Ward 6 allowed better lines of sight however Ward 1 was still an issue due to the age and layout of building and would not be considered suitable for modern facility. [A director from LYPFT] queried the doors and windows as a starting point for risk".

6.10 Bootham Park Programme Board notes show that 2 options were discussed over a 3 month period in 2014 initially by LYPFT (April 2014 – decant to Peppermill Court) and subsequently at the Mental Health Summit in July 2014 (3 year interim solution while a new purpose built mental health hospital is built – patients would be decanted to Cherry Tree House to allow refurbishment of wards 6 and 1. Ward 2 would close). Delays in an ambitious critical path for the re-provision of services meant that deadlines were not met (c). Business continuity plans, should have been in place to recognise action to be taken should closure be necessary. These would seem particularly important in the light of the failing infrastructure and are necessary should closure be

necessary for other reasons such as infection or fire. Had there been enacted earlier NHSPS, LYPFT as the provider organisation, and VoYCCG could have worked together to relocate patients on an urgent but planned basis in advance of the CQC agreeing to the application to vary the registration of LYPFT, to remove amongst other locations the location of BPH (d).

6.11 Once the decision was made to move patients partners worked together to ensure this was completed safely in 4 days.

6.12 The closure of services, such as the mental health services at BPH, presents a risk to service users. LYPFT as the outgoing provider and in conjunction with the CCG and NHSPS were unable to address the risks regarding safety of the premises which had been highlighted for some time. The safety concerns had escalated, as identified in the September 2015 inspection, to such a degree that they were now serious risks and patient safety was questioned. The detail of this is contained within the CQC Safety Advisor's report which was not shared with LYPFT or NHSPS at the time or subsequently (e). The incoming provider, TEWV was unable to satisfy the CQC they would be able to rectify these issues within a suitable timeframe. The CQC at the meeting on 25 August discussed with all present the possibility of other wards being utilised and made available as acute inpatient wards as other wards in the York area were not seen in the same light as those at Bootham Park Hospital. This would mean patients could continue to receive care and treatment in York whilst the building works continued or alternative plans were set into motion. The decision as to *where* to move patients was taken by the provider organisations. In the case of Bootham Park Hospital patients they were transferred at short notice to other premises outside of the York area. This is a poor patient experience and could be detrimental to the health of users of the service. The risk of moving service users' needs to be balanced against the risk of continuing to provide services in the substandard buildings (f).

#### 6.13 Recommendations

- a. Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.
- b. The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.

- c. Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.
- d. Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.
- e. The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.
- f. Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.

### **The safe transfer of services between organisations**

6.14 The contract for the provision of mental health services at Bootham Park Hospital (part of a larger contract) was awarded in May 2015 with services to be delivered by TEWV from the 1<sup>st</sup> Oct. 2015. There will always be an element of risk when services transfer between provider organisations and a significant amount of work was required in this time period to ensure the safe transfer of services including the TUPE (Transfer of Undertaking Protection of Employment) of staff and the requirement to deregister and reregister services with the Care Quality Commission. As the receiving organisation there would be an expectation that staff would TUPE from LYPFT to TEWV and that there would be continuity of services. This is particularly important to ensure a good patient experience and safety of services. It is recognised that while LYPFT met their legal obligation to give 28 days' notice for the TUPE of staff significant amounts of work needed to be done within the time period.

6.15 The CCG were concerned that any extensions to the contract would have increased uncertainty for staff particularly once the process of TUPE had begun and the timetable to meet the deadline of the 1<sup>st</sup> October was adhered to (g).

6.16 LYPFT and TEWV both tendered for services in the knowledge that BPH, as it was configured at the time, was not a suitable environment for mental health care, however there was information provided within the tender documentation which indicated that the plans for BPH would address all of the known environmental concerns prior to October 2015 (TEWV sort clarification through a question within the tender process). This was also known to the CCG. The CQC expect applications to be made to the CQC in a reasonable timeframe to enable checks to be made. With any transfer of services from one

provider to another, the CQC would expect that the provider proposing to take over the service has undertaken due diligence in respect of any safety issues and that issues are addressed by the outgoing provider prior to transfer. While this was the expectation of TEWV this was not possible in the timeframe given. TEWV sought due diligence information and the complex nature of information/actions and building works which extended into September meant that a number of risks remained whilst the building programme was ongoing (h).

6.17 It is essential that the providers ensure that premises are suitable for care provision (in the case of BPH the CQC could not support regulated activity in the hospital) before agreeing to the provision of services (i) and a clear plan needs to be developed, to include business continuity, to ensure services are safely maintained in the period leading up to the transfer of services (j).

6.18 It is important to recognise that despite the actions being taken by commissioners and providers the risk of delivering services at BPH remained and there was a serious safety risk to service users. When Bootham Park Hospital ceased to provide regulated mental health services patients were transferred to locations some of which were outside of the York area. Transfer of services, at short notice and for patients who are vulnerable and may have been receiving care over a long period of time, presents a risk to those patients. The CQC were unable to transfer registration to TEWV due to these safety risks. The timing was such that closure happened very suddenly although LYPFT had started to move patients to more appropriate premises/care shortly before the CQC confirmed that they would not be in a position to reregister BPH as one of TEWVs registered locations. The risk to patients of closing these premises should be considered by the CQC, providers and commissioners when safety issues mean that it is not possible to agree to the transfer of existing registrations when there is a change of provider and alternative options should be sort as a matter of urgency (k). The roles of both the inspection and registration teams in this process needs to be clearly understood by commissioner and provider organisations (l).

6.19 Tensions between the different organisations were apparent and there appears to have been no clear method by which disputes between commissioners and providers (of all services) were resolved (m).

6.20 The closure of a hospital, such as Bootham Park Hospital, has the potential to cause serious harm to patients. While there is no evidence, at the current time, that harm occurred the risk and concern about the poor patient experience is such that coordination of the process of closure by a single agency is important (n)

#### 6.21 Recommendations

- g. The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.
- h. Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.
- i. As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.
- j. A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.
- k. The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.
- l. The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.
- m. Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.
- n. A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner).

### **The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring**

6.22 Throughout this review there is an emerging theme that the hospital might never be fit for mental health services. It has been suggested that the CQC held the belief that the premises would never reach the standard they required for registration. This is not recorded within the notes of the Programme Management Board and Mental Health Estates Strategy Board however at meetings with both LYPFT and subsequently with TEWV; it was made clear by the CQC that there were significant safety issues and concerns which should be rectified in order to be compliant with the Health and Social Care Act. It was explained by the CQC that the CQC would undertake a visit to determine whether the changes to the building would address the concerns and allow registration to be granted. CQC could not determine this prior to the visit. It is CQC policy to not get involved with reviewing plans from a registration perspective until after all the work is completed. This should not be necessary as plans should be considered appropriately by providers to ensure they meet health and safety requirements relating to the service user group they intend to accommodate. The result of this is that services maybe redesigned,

with the time and expense required, but could still be unsuitable when considered against CQC standards thus preventing registration. This is a risk which could be replicated in any type of service reconfiguration (o). There was a balance at play between delivering an improved environment as an interim solution and recognition that any interim solution would only be in place for 3 years.

6.23 In respect of Bootham Park Hospital the registration applications were made at a time which coincided with concerns regarding the safety of the hospital escalating within the CQC. These escalating concerns were based on inspection activity and a joint visit relating to the registration application between inspection and registration colleagues at the CQC. This meant that making changes to registration to transfer the hospital to TEWV could not be agreed by the CQC at that time.

6.24 In instances such as this, the CQC would normally wait until such time as both providers are ready to conclude the transfer and align the processing of their registration applications with the conclusion of the transfer. In this case, that was an option in that LYPFT could have remained responsible for Bootham Park Hospital. The Clinical Commissioning Group could have liaised with both parties and pushed back the transfer of responsibility for this particular hospital. However, the concerns regarding the safety at Bootham Park Hospital would have meant that, had LYPFT retained responsibility for the hospital that this would have resulted in the CQC taking further action in respect of its concerns regarding the safety at the hospital. This action is likely to have resulted in the same outcome. VoYCCG had concerns about delays and the effect the uncertainty would have on staff.

6.25 There appeared to be a lack of knowledge on behalf of providers and commissioners of the timeframes required for the registration and deregistration of services which hindered suitable planning (p). This was a complex process during which discussion took place around the outstanding compliance actions and the transfer from one organisation to another and impact on the new organisation's rating. It is important that the CQC are involved at the earliest opportunity when transfer of services is planned, and that applications for registration are submitted in a timely manner, however it should be noted that the application by TEWV to vary their registration took just over 5 weeks in line with the agreed transfer of services to TEWV (q)

6.26 TEWV, as part of this review, expressed the belief that the CQC when designing its registration procedures did not envisage a scenario that existed in York with regard to a change of provider taking place when there were concerns about the quality of a hospital facility, the consequence of which is that in all probability patient services were ceased with just a few days, even though there was no increased risk than had previously existed. The organisation expressed the belief that this would not have happened had LYPFT continued to be the provider and that it cannot therefore be right that a change of provider precipitates such a significant dislocation of service for no other reason than it "can not" register a building that is not fit for purpose with a new provider, when the building is already in use and an upgrading scheme "ready to go" which would have been completed within 6 months.



6.27 These concerns are documented in an email from Martin Barkley, Chief Executive, TEWV to David Behan, Chief Executive, CQC, under the heading “whistleblowing concern about patient safety and service quality” (28/9/15 see section 5.22).

6.28 The CQC however state that they clearly informed LYPFT of their concerns which demonstrated increased risk. These included reporting a safeguarding alert immediately due to the concerns on Ward 6 and informing the trust that the CQC were considering a notice of proposal to close wards 1 and 2 to new admissions – again this should have alerted the provider to the concerns that the CQC considered the level of risk was increased from the September 2014 inspection. CQC did however fail to communicate this level of concern to NHS England and VoYCCG (r). The plans to upgrade the building were originally due for completion in July 2015, this slipped and the suggested date for completion (although slippages could still occur and were not taken into consideration) was February 2016. This was 17 months post the 2014 inspection when the hospital was considered ‘unfit for purpose’.

### Recommendations

- o. Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.
- p. Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.
- q. The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.
- r. Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.

**In order to ensure that the lessons are learnt and mistakes are not repeated it is recommended that NHS England take the lead in developing a memorandum of understanding for the sudden closure of hospital facilities on the grounds of serious quality or safety concerns.**

### **7.0 Conclusion and next steps**

7.1 Throughout this process all organisations have recognised the impact of their actions on patients and the difficulties associated with moving their care to other locations.

7.2 The decision to transfer services was made in May 2015 with a view to implementation in October 2015. Transfer of services is a complex process and the question was raised as to whether this was sufficient time to allow these processes to occur.

7.3 Key learning from this relates to the need to be clear about the roles and accountability of individual organisations when services are being re-procured and transferred from one provider to another. In doing so the impact on patients can be minimised.

7.4 This report will be made public at an extraordinary meeting of the City of York Council Health & Adult Social Care Policy & Scrutiny Committee in April 2016. At the same meeting reports will be presented by the York Health watch and the Independent Advisor to the Committee. It is important that these reports are in the public domain and are subject to appropriate scrutiny and challenge.

7.5 Further scrutiny will be provided by NHS England Regional Quality Surveillance Group and National Quality Assurance Group (QAG) to ensure recommendations are adopted and learning is shared across England.

7.6 Following publication of the report Margaret Kitching, CNO, NHS England (North) will write to each organisation involved in the review requesting an action plan to be returned within 1 month of the publication date.

7.7 The Quality Assurance Group will actively manage the process of receiving assurance of the delivery of the plans by each organisation. The development of the Memorandum of Understanding will also be overseen by the QAG.

7.8 The author would like to thank all who have contributed to the completion of this report:

- Gillian Anderson, Senior Litigation Lawyer, NHS England Legal Team
- Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS FT
- Ian Butterworth, Regional Programme Manager, NHS Property Services Ltd
- Michelle Carrington, Chief Nurse, Vale of York CCG
- Lisa Cooper, Deputy Director Quality & Safeguarding (Cheshire & Merseyside)/Regional Lead Safeguarding, NHS England (North)
- Karina Dare, Project Director - York, NHS Property Services Ltd
- Anthony Deery, Chief Nurse, Leeds York Partnerships FT
- Julia Denham, Head of Registration, Operations Directorate, Care Quality Commission
- Dawn Hanwell, Director of Finance, Leeds York Partnerships FT
- Ruth Hill, Director of Operations, Tees, Esk and Wear Valleys NHS FT

- Elizabeth Moody, Director of Nursing and Governance, Tees Esk and Wear Valleys NHS FT
- Sarah Penkethman, Registration Manager Operations, Adult Social Care Directorate, Care Quality Commission
- Janet Probert, Director of Partnership Commissioning, Partnership Commissioning Unit
- Jenny Wilkes, Head of Inspection, Mental Health North East Region, Care Quality Commission

Oversight of this report has been provided by:

- Steven Entwistle, Scrutiny Officer, City of York Council Scrutiny Services
- Margaret Kitching, Chief Nurse, NHS England (North)
- John Ransford, Adviser to City of York Council Health & Adult Social Care Policy & Scrutiny Committee

Thank you to the services users who gave up their time to share their experience of the closure of Bootham Park Hospital

**Ruth Holt**

**Director of Nursing – Programmes, NHS England (North)**

**31<sup>st</sup> March 2016**

## Appendix 1

### Timeline

The timeline was originally collated by the CCG and submitted to City of York Council, Health and Adult Social Care Policy and Scrutiny Committee for their meeting held on 20<sup>th</sup> October 2015. As part of this review the time line has been extended to include additional contributions from, VoYCCG, LYPFT, TEWV, NHSPS and the CQC.

Date	Event	Description of Activity
<b>December 2011 – March 2012</b>		An initial survey was undertaken by LYPFT (at their cost) which informed the requirement for the Primary Care Trust to conduct a more in-depth survey (concluding in March 2012) which included both anti ligature and back log maintenance surveys. The more in-depth survey was in accordance with the NHS Estates Code and was carried out by Capita Symonds on behalf of NHS North Yorkshire and York (the PCT).
<b>February 2012</b>		LYPFT commences its contract for mental health and learning disability services in the local area. Through 2012/13 LYPFT (as tenant) and the PCT (as landlord) negotiated a programme of maintenance (including anti ligature) across the PCT mental health estate portfolio but concentrating on BPH.
<b>2012</b>		Anti-ligature assessment at Bootham Park Hospital identifies: <ul style="list-style-type: none"> <li>▪ “Little or no attempt to alleviate ligature points that were found in most rooms’;</li> <li>▪ Ligatures omitted from ward and LYPFT risk registers.</li> </ul>
<b>1 April 2013</b>	NHS Vale of York Clinical Commissioning Group becomes	The CCG takes up responsibility for the monitoring of commissioned healthcare in the Vale of York and the planning and design of many health services. NHS Property Services takes PCTs landlord responsibilities under statutory transfer scheme. The

	the commissioner of local healthcare services	commissioner/landlord functions of the scheme previously held by the PCT are split.
<b>December 2013 – January 2014</b>	CQC inspection	<p>Full inspection of Bootham Park Hospital. This was a responsive visit that identified non-compliance with:</p> <ol style="list-style-type: none"> <li>1. Safety and suitability of premises;</li> <li>2. Assessment and monitoring of the quality of service provision;</li> <li>3. Records - including medical records should be accurate and kept safe and confidential.</li> </ol> <ul style="list-style-type: none"> <li>▪ Lift inaccessible to wheelchairs.</li> <li>▪ Ligature risks found in lift.</li> <li>▪ No effective systems in place to risk assess and monitor service quality. This included</li> <li>▪ No audit of records</li> <li>▪ Little evidence of risk assessment actions carried out.</li> <li>▪ Ligature risks omitted from ward risk registers.</li> <li>▪ Care plans not reviewed, monitored or audited.</li> <li>▪ Inaccurate records and not fit for purpose which meant patients not protected from risk.</li> </ul> <p>Section 17 (granting short term leave) not managed properly.</p>
<b>3 February 2014</b>	Place of safety (section 136) facility opens at Bootham Park Hospital	<p>Good news story for York.</p> <p>CCG invests £400,000 to provide safe and dignified mental health assessments for vulnerable adults detained under Section 136 of the Mental Health Act.</p>
<b>7 February 2014</b>	Quality and performance meeting with LYPFT hosted and	CCG noted that estates strategy meeting to be organised. LYPFT noted potential concerns by CQC at BPH though magnitude not appreciated.

	arranged by the CCG.	
		<b>CCG public announcement</b>
<b>11 February 2014</b>	Publication of the CQC's inspection report	<i>The CCG is 'working closely with Leeds and York Partnership Foundation Trust and other partners to resolve the immediate issues will continue to focus upon the improvements needed.'</i>
<b>13 February 2014</b>	Meeting of CCG's Chief Nurse and Chief Nurse / Directors of Quality and Patient Safety from LYPFT	To discuss and work through outstanding quality, quality governance and patient safety concerns.
<b>19 February 2014</b>	Monthly Contract Management Board (CMB) CCG and LYPFT.	LYPFT updated on immediate ligature point issues and initial engagement with NHSPS and scoping of alternative accommodation. LYPFT noted in relation to Lime trees provision that systemic issues were delaying delivery of necessary works.
<b>27 March 2014</b>	Inpatient death at Bootham Park Hospital	Unexpected death at BPH. This involved a curtain hook which appeared to have been used as a ligature point, the coroner's verdict was death by misadventure.
<b>5 March 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	The CCG instigated monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital by the Partnership Commissioning Unit (PCU) on behalf of the CCG to manage the service contract and the CQC's action plan.  LYPFT is putting a proposal to the executive teams. Proposals to Vale of York CCG re how estates in York are used

	Board to board meeting took place to consider the estates strategy.	including an interim solution for exit from Bootham.
<b>9 April 2014</b>	BPH Programme Board (chaired by VoYCCG) inaugural meeting.	<p>Terms of reference circulated; agreed that Peppermill Court preferred option for BPH decant.</p> <p>Programme Board to report to the Mental Health Strategy Board and accountable for:</p> <ul style="list-style-type: none"> <li>▪ Programme delivery, benefits and outcome realisation, completion</li> <li>▪ Risk and issue escalation</li> <li>▪ Programme resource allocation</li> <li>▪ Consultation, engagement and communication of the BPH interim solution programme for all stakeholders</li> </ul> <p>assurance to all partners</p>
<b>14 April 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>LYPFT updated on proposals submitted to CCG and LYPFT's boards; focus on interim Peppermill solution. Indicative timeline for proposals (Cherry Tree plus Peppermill) to vacate BPH was 18 months (Sept. 2015 completion) subject to agreement with NHSPS.</p>
<b>16 April 2014</b>	Monthly CMB CCG & LYPFT	LYPFT updated on BPH developments and the notable duplication between the Quality Group and CMB was discussed. Note that relevant LYPFT director lead only attends CMB.
<b>28th April 2014</b>	Launch of the DISCOVER engagement programme to support and	DISCOVER was created to generate immediate feedback to the CCG about what matters to patients, carers and the families. It helped to identify what patients felt was good about mental health services and asked how wanted they wanted to see more of.

	complement existing engagement processes, bring together stakeholder views about mental health and learning disability services.	
<b>12 May 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates plans</p>
<b>21 May 2014</b>	Monthly CMB CCG and LYPFT	Update on estates issues: note environmental works being programme managed on a weekly basis. Delays to anti ligature works discussed, Agreed for estates to be a regular standing item at CMB.
<b>9 June 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates issues at this meeting</p>
<b>18 June 2014</b>	Monthly CMB CCG and LYPFT	CCG advises LYPFT of support for move of Elderly Assessment Unit to Cherry Tree House and of CCG approach to acute re-provision including further review of Peppermill option. CCG advised of forthcoming estates summit to be



		organised by the CCG and held on the 21 <sup>st</sup> July.
<b>9 July 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services updated the board on the issue of tenders for improvement works for Cherry Tree House to be completed allowing for the transfer of patients from Ward 6 by 15 December 2014.</p> <p>NHS Property Services confirmed the process for the sign off of a business case for the work.</p> <p>Peppermill, the principle solution, discussed.</p>
<b>14 July 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates issues at this meeting</p>
<b>16 July 2014</b>	Monthly CMB CCG and LYPFT	<p>CCG advised of summit date (now 28<sup>th</sup> July) and that LYPFT representatives had been invited</p> <p>CCG requested time line on anti-ligature work: LYPFT confirmed report done and would be forwarded</p> <p>LYPFT expressed concerns over time scales to resolve issues once a risk was identified; noted that LYPFT had (against process) been expending its own resources to resolve issues quickly. CCG requested that issues (with NHS PS) be brought to CMB so that the CCG is informed.</p>
<b>28 July 2014</b>	Mental Health Summit	<p>Summit meeting arranged and hosted by the CCG. This was a meeting of partners from City of York Council, English Heritage, NHS England, NHS Property Services and LYPFT.</p> <p>All present at the meeting agreed to:</p> <ul style="list-style-type: none"> <li>▪ Move patients from Ward 6 to Cherry Tree House</li> <li>▪ Improve and refurbish Ward 6 to accommodate the male patients from Ward 2</li> <li>▪ Improve and refurbish Ward 1 and extend into the Chantry Suite to accommodate female patients</li> <li>▪ To close Ward 2.</li> <li>▪ The Section 136 Place of Safety and the Mental Health Crisis Team and ECT to remain at Bootham Park</li> </ul>

Hospital.

**CCG statement following the Summit meeting**

*Dr Mark Hayes, the CCG's Chief Clinical Officer said: "I am very pleased to announce that whilst we develop a state of the art hospital for mental health patients, the CCG and its partners have agreed an interim solution that will improve the setting for the people who access services at Bootham Park Hospital.*

*"Quality and safety in services are priorities for the CCG and our interim plan will ensure that these will be provided at the Bootham Park Hospital site.*

*"Our next step is to review the options and analyse the costs and benefits so we can develop a new hospital that delivers high quality and safe services.*

*"The interim plan will be formally discussed at the CCG's Governing Body meeting on Thursday 7 August 2014. Once a formal agreement has been made, the CCG hopes to announce the site of the new hospital in approximately six months."*

*The interim plans will provide solutions for three years when it is expected that a new purpose-built mental health hospital will open its doors to patients.*

**LYPFT statement following the Summit meeting**

*Jill Copeland, Chief Operating Officer and Deputy Chief Executive at LYPFT said: "Our priority is to make sure that mental health service users are cared for in environments that are safe and conducive to delivering high quality patient care. As such we fully support the CCG's vision for a modern, purpose-built mental health hospital in York.*

*"The interim proposals we've agreed include changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 and the ECT suite to Cherry Tree House in York. These plans will improve the environment for service users who access these services.*

*"We have also agreed plans with our specialist commissioners to move inpatient services for children and young people from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and will allow us to care for more children and young people in inpatient facilities close to their homes and families.*

*"We are fully committed to providing the best possible care and we will continue to work with service users and their*

		<p><i>families to engage them on the things that matter most about their treatment and care.”</i></p> <p><b>English Heritage, Yorkshire statement following the Summit meeting</b></p> <p><i>Neil Redfern, Principal Inspector of Ancient Monuments for English Heritage, Yorkshire, said: “Bootham Park Hospital is a Grade I listed building of outstanding significance. It has a historic role in providing and developing psychiatric care in England. English Heritage is pleased to be working with the CCG and all of the NHS trusts to help them maintain services on site that meet the needs of users.”</i></p>
<b>6 August 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services confirmed a review of agreed works with in-patients remaining onsite.</p> <p>LYPFT confirmed that consultations with staff about the improvements had gone well.</p> <p>LYPFT highlighted a CQC review of services in Leeds and York via a new style inspection.</p> <p>Chief Nurse/Director of Quality and Patient Safety at LYPFT confirmed to be leaving the Trust on 31 October 2014</p>
<b>10 Sept. 2014</b>	LYPFT Incident Review Group	Review of unexpected death on remaining ligature point 27 March 2014.
<b>11 August 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC’s action plan.</p> <p>No material update on estates issues at this meeting</p>
<b>20 August 2014</b>	Monthly CMB CCG & LYPFT	<p>CCG updated on property summit and BPH interim solution. Outstanding query on governance process to take proposals forward; confirmed that CCG Finance Director to lead.</p> <p>Noted that capital costs to be picked up by NHS England; action for CCG to contact NHS England to ensure timely decision making.</p>

<b>3 Sept. 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>It was noted that consideration was required around linking other works and business cases as part of the total interim improvement solutions.</p> <p>Consideration to be given to wider estates issues alongside the programme for the procurement of the mental health and learning disability services contract.</p>
<b>8 Sept. 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates issues at this meeting.</p>
<b>17 Sept. 2014</b>	Monthly CMB CCG & LYPFT	<p>LYPFT updated on necessary changes to wards 1 &amp; 2 spec's – urgent action needed due to sickness absence at NHS PS</p> <p>CCG updated on development of a project initiation document for permanent solution for BPH</p> <p>Issues regarding day to day maintenance issues discussed; action to contact York Hospital Foundation Trust (e.g. intermittent hot water)</p>
<b>29 Sept 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>The programme timeline for completion of works at Cherry Tree House was revised to March 2015.</p> <p>LYPFT's Board requested clarification of costs.</p>
<b>30 Sept - 2 Oct 2014.</b>	CQC inspection of Bootham Park Hospital Estate	This was a comprehensive inspection of the Trust which included an inspection of all parts of the Trust and the community mental health teams.
	Quality and performance	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham

<b>13 October 2014</b>	meetings with LYPFT hosted and arranged by the CCG	Park Hospital to manage the service contract and the CQC's action plan. LYPFT provided a report on progress against CQC action plan
<b>15 Oct 2014</b>	Monthly CMB CCG & LYPFT	LYPFT provided initial feedback from CQC inspection. Viability of BPH interim solution discussed in consideration of the CQC inspection. Views to be taken to the quality summit in December  Noted that Cherry Tree (EAU) business case now complete – potential for contractors to be on site on the 20 <sup>th</sup> October
<b>10 November 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.  LYPFT provided information on the closure of the seclusion room at BPH
<b>14 November 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	LYPFT updated from the CQC's inspection (the CQC are not members of this Board and the final report had not been received by LYPFT at this point) and explained the feedback following the CQC visit still raised concern around the ligature anchor points and they had commented that BPH was still unfit for use as a mental health estate....CQC had raised issues across the trust regarding ligature anchors and clinical risk however they had noted that there had been significant improvement and progress made. The CCG queried if there were any issues raised by the CQC around the interim move and plans for wards 1, 2 and 6. LYPFT confirmed that there were no issues. Timescales for the interim solution had been discussed. (Taken from the notes of the BPH Programme Board).  NHS Property Services confirmed that despite the delays works were due to be complete by end of March 2015.  An agreement was made the permanent solution of a new hospital would be made when the new contract holder had been selected. This was to allow the new estate requirements to support the new models of care.
<b>19 Nov. 2014</b>	Monthly CMB CCG & LYPFT	LYPFT noted two delays by NHSPS in commencing work at Cherry Tree House – new revised date given as 15th December. 20 week programme indicates completion by end of May 2015.

		Noted issues with outdoor space at BPH having deteriorated.
<b>3 Dec. 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	LYPFT said: <ul style="list-style-type: none"> <li>▪ Their concerns remain around the treatment of impairment costs and liability over an unusually short period;</li> <li>▪ That these would have significant implications during times of austerity.</li> </ul> The Board agreed to seek clarification from NHS England.
<b>4 Dec. 2014</b>	Feedback to Bootham Park Hospital Programme Board	The CCG confirmed that issues for clarification by NHS England had been resolved and that final approval would be sought.
<b>8 Dec. 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. BPH discussed but only in the context of a service visit
<b>17 Dec 2014</b>	Monthly CMB CCG & LYPFT	LYPFT confirmed that estates processes had benefitted from weekly project meetings and anticipated that three main service moves could be accomplished by July 2015. CCG noted that following earlier meeting with NHSPS that there were concerns over effectiveness of NHSPS's contractor and that this had created a three week delay with knock on effects to other projects.
<b>Jan 2015</b>	Weekly (Friday) conference calls – CCG, NHSPS, LYPFT	Regular meetings intended to keep the three critical parties apprised of developments – not minuted.
<b>7 Jan. 2015</b>	CQC LYPFT Quality summit	Much of the Quality Summit was dedicated to BPH. All parties made it clear, and CQC challenged this, that the work would ensure sustainable change. CQC reinforced what steps it may take if this were not the case.

<b>12 Jan. 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.  LYPFT provided specific comments on Eliminating Mixed Sex Accommodation (EMSA).
<b>21 Jan 2015</b>	Monthly CMB CCG&LYPFT	LYPFT expressed concern that Cherry Tree House works could slip. Noted weekly meetings with NHSPS now in place.
<b>9 February 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.  LYPFT updated on estates progress at Acomb Garth and EMSA
<b>18 Feb 2015</b>	Monthly CMB CCG &LYPFT	Reported that estates timescales re BPH (& Cherry Tree House) appear to be on track
<b>February 2015</b>	LYPFT Quality sub-group	Meeting of the LYPFT Quality sub-group (that monitored the CQC Action Plan and compliance actions for the Bootham Park Hospital estate)
<b>4 March 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services confirmed that contractors were on site at Cherry Tree House and a revised completion date of mid-June 2015.  Plans for Ward 8 had been agreed by LYPFT.  Timelines for Wards 1 and 6 remained the same with an appointment of contractors scheduled for the end of March 2015.  LYPFT confirmed staff morale was good and facilities at Cherry Tree House would be superior.

		NHS Property Services confirmed that following the CQC's report that no concerns had been raised about the interim solutions (CQC were not members of the Board and therefore not present at the meeting)
<b>9 March 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates programme at this meeting</p>
<b>19 Mar 2015</b>	Monthly CMB CCG & LYPFT	Reported that Cherry Tree House project on track for June completion. Optimism that BPH moves on track for September 15 completions.
<b>1 April 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS England consented to release the funds for development of Cherry Tree House on the 25 March.</p> <p>Confirmation provided that the process for the approval of future business cases would be completed in the correct sequence.</p> <p>NHS Property Services brought the Board's attention to a letter from the contractor that indicated a delay.</p> <p>The Board noted the delay with the improvements to Wards 1 and 6 but that there was a contingency period in the phase 2 plans.</p>
<b>13 April 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>LYPFT updated on estates progress in the context of CQC action plan</p>
<b>16 April 2015</b>	Monthly CMB CCG	Reported that Cherry Tree House June date and BPH Sept date appear to be on track



& LYPFT		
<b>6 May 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services had confirmed delays on plans due to thefts on site and drainage issues. The Board noted that the accounting for impairment costs required a balance between what happens locally and the national precedent for how these are treated.</p> <p>The Board held detailed conversations on:</p> <ul style="list-style-type: none"> <li>▪ The reversibility of proposed interim solution works with English Heritage</li> <li>▪ The City of York Council’s Conservation Architect indicated “red light” items which would hold up plans, especially with the requirement to add in the Chancery Suite.</li> </ul> <p>NHS Property Services updated the Board that it held lengthy conversations with the manufacturers of windows which would meet the requirements of a facility for mentally ill service users.</p>
<b>11 May 2015</b>	Mental health and learning disability services preferred provider announced	The CCG announced Tees, Esk and Wear Valleys NHS Foundation Trust 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 31 <sup>st</sup> July 2015 to understand which properties needed to be registered.
<b>11 May 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC’s action plan.</p> <p>LYPFT updated on CQC action plan and noted that estates targets were tight</p>
<b>3 June 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services updated the Board that:</p> <ul style="list-style-type: none"> <li>▪ There would be further delays and revised the completion date of improvement works due to issues with windows.</li> <li>▪ It assumed that York Teaching Hospital NHS Foundation Trust Estates Department had adequate schematic plans of Ward 6. This was not the case.</li> </ul>

		The CCG confirmed that capital funding had been approved by NHS England for Phase 2 works on the 1 June 2015
<b>8 June 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>LYPFT updated on CQC action plans and noted that Cherry Tree House and BPH dates could slip</p>
<b>17 June 2015</b>	Monthly CMB CCG & LYPFT	Discussed slippage around Cherry Tree House project and consequential cascade effect. Also on going repairs and maintenance problems. Agreed to add to risk register.
<b>26 June/7 July 2015</b>	<p>CCG (PCU) – LYPFT bi-weekly conference call re de-mobilisation (to end Sept 2015)</p> <p>LYPFT – TEWV – service transfer bi weekly conference call</p> <p>(alternates between CCG and TEWV)</p>	<p>Regular meeting with the commissioner intended to keep CCG cited on risks associated with service transfer, including estates risks.</p> <p>Meeting aimed at facilitating as safe a transfer of services as possible</p>
<b>July 2015</b>	Bootham Park Hospital Programme Board changes to the	Board name changed to reflect other mental health estates needing improvement with Bootham Park Hospital being the priority.

	Mental Health Estates Programme Board	
<b>1 July 2015</b>	Mental Health Estates Programme Board (CCG led meeting)	<p>NHS Property Services updated the Board that there would be a further delay at Cherry Tree House caused by an issue with baths and incorrect measurements.</p> <p>Chief Nurses from the CCG, LYPFT and Tees, Esk and Wear Valleys NHS Foundation Trust agreed to write to the CQC to gain clarity on their position.</p> <p>Chief Nurses from LYPFT and Tees, Esk and Wear Valleys wrote to the CQC (letter received on the 18<sup>th</sup> August 2015) to raise environmental and clinical concerns due to the slippage of works, problems with the heating system etc.</p>
<b>13 July 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates issues at this meeting</p>
<b>15 July 2015</b>	Monthly CMB CCG & LYPFT	LYPFT advised of slipped date at Acomb Garth (CQC informed) and that there was a forthcoming meeting with NHSPS.
<b>23 July 2015</b>	Meeting between CQC and TEWV	<p>Transfer of mental health services in York discussed and issues of CQC 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. TEWV stated that they would need to raise these issues with NHSPS and the CCG. Letter written to CQC by TEWV to confirm these discussions.</p> <p>CQC contacted TEWV by phone, on receipt of the letter, to outline their position regarding the need for an inspection of the completed works before they could determine if BPH would be compliant with requirements for registration.</p>

<b>31 July 2015</b>	Meeting at BPH to discuss CQC registration arrangements between TEWV, LYPFT and CQC	<p>The meeting was to establish which locations were to be registered by TEWV from LYPFT.</p> <p>A further meeting was proposed to include LYPFT, TEWV, CQC, CCG and NHSPS to discuss slippage in the action plan following CQC inspection and the way forward.</p>
<b>5 August 2015</b>	Mental Health Estates Programme Board (CCG led meeting)	<p>NHS Property Services expressed concerns relating to the standard of the contractors work at Cherry Tree House and told the Board it would not sign off the work until the contractor had taken remedial action.</p> <p>The CCG requested NHS Property Services to provide a new programme with timelines (revised date provided as February 2016).</p>
<b>7 August 2015</b>	Application to vary registration by TEWV	First application to vary TEWV's registration with CQC submitted to add eight locations to their registration in the Vale of York including Bootham Park Hospital. The applications were returned twice for amendment to the registration forms and each time was immediately returned to the CQC with amendments.
<b>10 August 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.
<b>13 August 2015</b>	LYPFT submitted risk register via quality meeting	<p>Extreme risks identified as:</p> <ul style="list-style-type: none"> <li>▪ Ligature points</li> <li>▪ Staff vacancies (nursing and admin staff)</li> </ul>
<b>18 August 2015</b>	Directors of nursing for TEWV	Letter written to CQC to raise that due to outstanding actions in the CQC action plan in respect of environmental issues that the service would remain non-compliant at the point services were to be de-registered with LYPFT and

	and LYPFT	<p>registered with TEWV. Given the complex governance arrangements the DoNs asked for a further meeting with CQC inspection and regulation colleagues to clarify the CQC's position on how the compliance actions would be managed for the respective organisations.</p> <p>CQC, on receipt of letter, wrote to the Chief Executives of LYPFT, TEWV, VoYCCG and NHSPS to invite them to an urgent meeting on the 25<sup>th</sup> August 2015.</p>
<b>19 August 2015</b>	Monthly CMB CCG & LYPFT	Estates - A regular item requested by Dawn Hanwell. JC referred to the further delays, the standstill period whilst TEWV looked at plans and on the continued delays from the NHS Property Services. TEWV's views are awaited.
<b>25 August 2015</b>	CQC requested meeting following letter from Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust	<p>TEWV confirmed that following a period of due diligence on the Phase II works their assessment that this was the best interim solution available, subject to a number of additions that they had identified, but which were not fundamental changes to the programme or timescale of works.</p> <p>LYPFT tell the CQC it was confirmed that TEWV would submit a revised action plan to flag additional actions around operational and environmental plans to mitigate the risks identified as part of the pause process and that it had not agreed to the interim solution.</p> <p>CQC requested assurance and update on a range of issues.</p> <p>All issues explained as in hand.</p> <p>CQC expressed that despite the updates on their action plans and knowledge of building slippage and other clinical issues, it was their opinion that the delay in the works to Bootham Park Hospital meant that patients were still in an unsafe environment</p> <p>Registration timeline concerns were discussed and whilst the CQC was aware of the change of contract between LYPFT and Tees, Esk and Wear Valleys Trust was due on 1 October, it confirmed it was currently taking 10 weeks to process registrations.</p> <p>An amended application to vary the registration of TEWV by adding a number of locations including Bootham Park Hospital was received by the CQC.</p> <p>CQC requested a planned walk around Bootham Park Hospital on the 2 September 2015. At the meeting the CQC stated from a regulatory perspective the responsibility of the provider was that the building be safe. Irrespective of</p>

	<p>slippage CQC needed a date when the building would be safe... so that CQC could make a decision about whether to tolerate the ongoing issues. The letter CQC received [from TEWV and LYPT DoNs in August 2015] showed that not a lot of progress had been made and Bootham Park remained unsafe. Further discussions took place regarding whether the CQC was minded to look at a Notice of Proposal (NOP) to LYPFT. Following the notice there would be a period of three months to continue to keep people at BPH and the NOP would transfer to TEWV when the services transferred.</p>	
<b>28 Aug 2015</b>		TEWVs action plan submitted to CQC regarding environmental and operational issues at Bootham Park
<b>2 Sept 2015</b>	Planned walk around Bootham Park Hospital takes place (organised by the CQC)	CQC Inspection Managers and Registration Manager, LYPFT and Tees, Esk and Wear Valleys Trust in attendance.
<b>10 Sept 2015</b>	Unannounced CQC visit to Bootham due to clinical concerns raised by the CQC and Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust.	<p><b>Ward 6</b></p> <ul style="list-style-type: none"> <li>▪ Patients had access to hot water (54 degrees) and were at risk of legionella</li> <li>▪ Doors that should have been locked were unlocked</li> <li>▪ Staffing was inadequate</li> <li>▪ Issues with record keeping</li> <li>▪ Roof to the entrance to the ward appeared worn and cracked. CQC could not be certain that the ceiling was safe or not (This was confirmed to be caused by water penetration from gutters and later identified as sound).</li> </ul> <p><b>Ceilings</b></p> <p>During the unannounced inspection, a small patch of plaster approx. 1m square fell from the ceiling. This took place at the far end of the main corridor of the building whilst work in the area took place. It did not fall onto the inspectors during their visit, as reported in the media and was not in a ward area.</p> <p>The author has been told that the ceiling was in the process of being repaired by staff from YTHFT when the plaster came down and the area was closed to access while this work was underway. Assurance was provided that no other</p>

		<p>ceilings in the building required work.</p> <p>This is however at odds with the CQC specialist adviser's notes which note that there was no evidence that on arrival the ceiling was being in the process of being repaired , there was a large crack in the ceiling and during the visit a section of the ceiling broke and dropped to the floor.</p> <p>Verbal feedback given to LYPFT by CQC re concerns raised during the visit.</p>
<b>14 Sept 2015</b>	The CCG receives notification of the CQC's inspection via Chief Nurse at LYPFT	<p>CQC contacted the CCG's Chief Nurse and NHS England to clarify the outcomes and actions and expressed that the planned move from Ward 6 to Cherry Trees House took place asap then an issue of further action for Bootham Park Hospital would not take place.</p> <p>CQC confirmed it was still considering if it would 'remove the location' and in order to make a decision it would look at the evidence files again.</p> <p>NHS England escalated the information to the Chief Nurse for the North of England who in turn liaised with the CQC to agree the safest and most appropriate option of an extension of a week to move patients from Ward 6 to Cherry Trees House.</p> <p>This was agreed and patients were moved in this time.</p> <p>LYPFT updated on estates problems in the context of CQC action plans</p>
<b>14 Sept 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. These ward visits did not take place on a regular basis by the CCG
<b>16 Sept 2015</b>	Monthly CMB CCG & LYPFT	<p>Meeting intended to be phone conference only (as close off meeting prospective of transfer to TEWV); physical meeting reinstated given CQC inspection and estates issues. A notice of intent letter was issued by the CQC.</p> <p>Complex meeting; notes submitted by LYPFT (these were not agreed, as no further meetings):</p>

*Summary by author: update on CQC inspection, concerns about delays in building works and responsibility for this, lack of reliability of the contractor, LYPFT and TEWV to work together on final building work.*

<b>15 Sept 2015</b>	Leeds and York Partnership Foundation Trust receives findings of the unannounced inspection from the CQC	<p>The main concerns were:</p> <ul style="list-style-type: none"> <li>▪ We have significant concerns regarding Ward 6. Some of these are not new concerns, for example the ligature concerns were identified at the last inspection, and however there appeared to be no mitigation of these risks since our announced inspection.</li> <li>▪ At the time of our unannounced inspection we identified staffing concerns. There were less than the agreed numbers of staff on duty and it appeared that it was difficult to find staff (bank or agency) to work on the ward. We noted there were a number of vacancies for band 5 nurses and one vacancy at band 6.</li> <li>▪ Some patients required enhanced observations. Some patients required additional staff to mobilise safely. The staffing levels on the ward at the time of our visit could not meet the patient's needs.</li> <li>▪ Risk assessments were generic and did not carry over into care plans. None of the risk assessments related to the environment that the person was to be nursed in. Ligature risks remained in place in some unlocked areas of the ward including toilets.</li> <li>▪ Nurse call points were not easily accessible for some patients. No nurse pull cords in toilets. Lines of sight remain very poor in the ward.</li> <li>▪ The lounge was unsupervised. The kitchen was off the lounge and accessible to patients. Water temperatures exceeded safe temperature limits.</li> <li>▪ We also identified that water temperatures were excessive on Wards 1 and 2. There appears to be no regulation of the water temperature.</li> <li>▪ Ward 1 smelled of urine. There remain several blind spots that had not been mitigated since our announced inspection. [LYPFT dispute this as there were no incontinent patients at the time and the reported smell was that</li> </ul>
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		<p>which came from the drainage system at BPH which they describe as a long standing issue].</p> <ul style="list-style-type: none"> <li>▪ The general maintenance of the wards is of concern. We saw maintenance logs which showed wards have to wait some considerable time for repairs to be completed. In one of the bedrooms we saw a missing window pane which had been boarded up since June.</li> </ul>
<b>16 Sept 2015</b>	<p>The CQC urgently requested further information from LYPFT (in the next column) for it to be satisfied that the extreme risk on Ward 6 would be alleviated.</p> <p>Action plans on all findings and mitigation for these were submitted on time by 18 September 2015.</p>	<ul style="list-style-type: none"> <li>▪ Provide the proposed transfer date to Cherry Trees of the 12 patients currently on ward 6.</li> <li>▪ Provide notification when patients are discharged from Ward 6.</li> <li>▪ What is the timeframe for the updated risk assessments be reviewed and audited by the ward manager and a report provided and followed up with the registered nurses?</li> <li>▪ What is the timeframe to put in place short term contracts with the agency to ensure semi-permanent staff are in place?</li> <li>▪ Confirmation that ligature risks have been mitigated/managed with details of how this is provided for in local protocols and communicated effectively to staff.</li> <li>▪ What is the timescale for repair of the leak below the sink in the patient beverage area to be repaired?</li> <li>▪ Confirmation of the completion date of the works to remedy the high temperature water and possible legionella risk.</li> </ul> <p>Confirmation of the progress of risk assessments and surveys of the public areas.</p>
<b>22 Sept 2015</b>	<p>No decision made by the CQC regarding registration of BPH</p>	<p>The CQC were not in a position, at this point, to agree the variation to registration of TEWV to add BPH given the safety concerns identified in the unannounced inspection of the 10<sup>th</sup> September. The CQC would not reach a decision until 30 October 2015 but had a planned meeting to discuss on 5 October 2015.</p> <p>The amended application for registration was received only on 25 August 2015 and therefore could not be determined for the original timeline which the Trusts were working towards of 30 September, particularly given issues in respect</p>

of Bootham Park Hospital. Hence a more realistic timescale of 30 October 2015 was suggested. .

The timeline for registration applications to be determined is 10 weeks. However, given that there had been previous delays in submitting applications a suggestion had been made to TEWV to allow a longer timescale for submission. A timescale of between 10 to 20 weeks was suggested to encourage early application, where changes of this nature are planned.

The transfer of contract from LYPFT to Tees, Esk and Wear Valleys Trust was due to take place in eight days.

Serious implications to extension of contract to current provider which would require contract extensions with LYPFT and would have implications around contract mobilisation including TUPE arrangements etc.

NHS England escalated to the CQC for a decision of condition to not provide in patient care at Bootham Park Hospital if registration decision was not reached in time for the transfer of the contract. No decision was reached at this time whilst CQC sought legal advice.

Daily conference calls set up between the CCG, the Partnership Commissioning Unit, LYPFT and Tees, Esk and Wear Valleys Trust to work through implications and scenarios.

**24 Sept  
2015**

CQC reply to LYPFT's application to vary condition of registration.

**CQC confirms:**

LYPFT's application to remove regulated activities indicated intent to cease provision in line with TEWV taking over. Given the concerns that existed regarding the safety of care at Bootham Park Hospital, LYPFT were asked by CQC to cease providing regulated activities by midnight on 30 September.

**CQC requests:**

LYPFT's intentions as of midnight of 30 September 2015 in respect of carrying on the regulated activities.

Provision of the following information:

- Confirmation that all patients from ward 6 have been moved to Cherry Trees House.
- Where all patients currently accommodated at the location Bootham Park hospital will be relocated to.
- Where health based place of safety patients will be admitted to.

		<p>Where community outpatients will be seen.</p> <p>Teleconference call at 5.00pm on 24.9.15 between LYPFT Executive team members and CQC to discuss the implications of the Section 64 letter from the CQC and possible alternatives to ceasing regulated activities. LYPFT informed that if they did not comply they would be issues with an enforcement notice. During the call it was confirmed that no regulated activity should take place at BPH after midnight on the 30<sup>th</sup> September. LYPFT therefore enacted its Business Continuity Plan to meet the deadline set by the CQC</p>
28 <sup>th</sup> September 2015	Email from Martin Barkley to David Behan, Chief Executive, CQC	Email headed: "whistleblowing concern about patient safety and service quality" expressing concerns " <i>about the patient safety issues and patient quality issues that will arise as a consequence of the decision made by the CQC to require an evacuation of Bootham Park hospital within 4 working days i.e. by midnight on 30<sup>th</sup> September 2015</i> "
30 <sup>th</sup> September 2015	Email from David Behan to Martin Barkley	Confirms telephone conversation and agreement that the wards were not fit to be used and agreement that if TEWV were to make a reasonable submission to request that the non-in-patient facilities were registered by CQC, this would be given due consideration by the CQC Arrangements for an interim solution to provision of relevant services until a new hospital is available were discussed (expected date January 2019). CQC happy to engage in dialogue, with the CCG and other key partners, about these interim plans.
30 <sup>th</sup> September 2015		<b>Mental Health Services regulated by the CQC ceased at midnight.</b>

## Appendix 2

## Services Provided at Bootham Park Hospital by Leeds York Partnership FT prior to closure

Service	Description of Service
<b>Outpatients</b> <b>Chantry Suite</b> <b>The Chapel</b>	Outpatient appointments with psychiatrists, nurses, counsellors and other health care practitioners. This includes medical outpatients, the Improving Access to Psychological Therapies (IAPT) service and Psychology services.
<b>Inpatients</b> <b>Ward 1 – female</b> <b>Ward 2 – male</b> <b>Ward 6</b>	Inpatient mental health services – assessment and treatment Inpatient mental health services – assessment and treatment elderly assessment unit (patients moved to Cherry Tree House on the 24 <sup>th</sup> September 2015)
<b>Cotford Centre</b> <b>(Section 136 - place of safety)</b>	The Section 136 service is for people who are detained by the Police under Section 136 of the Mental Health Act in a public place who have a need for acute care and assessment in a clinical environment rather than be detained in police custody.
<b>Needham Suite</b>	Electroconvulsive Therapy Services
<b>North Community Mental Health Team</b>	