

**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair),
S Barnes, Cannon, Craghill and Richardson

Date: Tuesday, 20 October 2015

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 16)

To approve and sign the minutes of the meetings held on 10 and 16 September 2015.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Monday 19 October 2015 at 5:00 pm**.

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https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

- 4. Care Quality Commission Report for York Teaching Hospital NHS Foundation Trust (Pages 17 - 74)**
This report and its annexes present the Health & Adult Social Care Policy & Scrutiny Committee with the Care Quality Commission Quality Report (Annex 1) following a planned inspection of York Teaching Hospital NHS Trust and the Trust's response (Annex 2).
- 5. Bootham Park Hospital Closure (Pages 75 - 136)**
This report and its annexes provide the Health & Adult Social Care Policy & Scrutiny Committee with information around the closure of Bootham Park Hospital and the future of mental health services in York.
- 6. Work Plan 2015-16 and potential scrutiny review (Pages 137 - 142)**
Members are asked to consider the Committee's work plan for the municipal year and a scrutiny topic assessment form.
- 7. Urgent Business**
Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

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E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

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Health and Adult Social Care Policy and Scrutiny Committee**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

- Councillor S Barnes Works for Leeds North Clinical Commissioning Group
- Councillor Cannon Current patient at York Hospital and Member of Health and Wellbeing Board
- Councillor Craghill Member of Health and Wellbeing Board
- Councillor Doughty Member of York NHS Foundation Teaching Trust.
- Councillor Douglas (Substitute) Council appointee to Leeds and York NHS Partnership Trust.
- Councillor Richardson Niece is a district nurse.
Undergoing treatment at Leeds Pain Unit and York Sleep Clinic.

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	10 September 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), Cannon, Craghill, Douglas (sub for Cllr Richardson) and Shepherd (sub for Cllr S Barnes)
Apologies	Councillors S Barnes and Richardson

17. **Declarations of Interest**

Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or disclosable pecuniary interests which they might have in respect of business on the agenda.

Councillor Douglas declared a personal interest in relation to items on the agenda relating to her membership of the Mental Health and Learning Disabilities Partnership Board.

18. **Minutes**

The following updates were given in relation to decisions made at the last meeting:

- Progress in relation to Member Safeguarding training
- Reporting date for the Vale of York Clinical Commissioning Groups report on wheelchair services
- The Chair confirmed receipt of an email from Healthwatch which he would circulate to the Committee regarding Cllr Richardson's potential scrutiny topic on pain management. He confirmed that Healthwatch would be requested to attend a future meeting to inform the Committee's work.

Resolved: That the minutes of the last meeting of the Committee held on 21 July 2015 be signed and approved by the Chair as a correct record.

19. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

20. 2014/15 Finance and Performance Year End Report - Health & Wellbeing

Members received a report which analysed the financial outturn position and performance data for 2014/15 by reference to the service plans and budgets for all the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

It was noted that detailed benchmarking of the city's position for 2014/15 would not be available until late autumn however early indications had shown improvements in the Adult Social Care Outcomes Framework which could lead to improvement in national rankings.

In answer to a number of issues raised by Members, Officer confirmed that:

- Vacant posts were kept under review and were only left vacant when it was considered safe and sensible to do so
- It would be possible to benchmark the authority against both neighbouring, national and regional authorities
- Future report narratives referring to staff savings should include details of impact etc
- Stress Risk Assessments and resilience training were undertaken with teams

Resolved: That the report be received and noted.

Reason: To update the Committee on the outturn financial and performance position for 2014/15.

21. 2015/16 First Quarter Finance and Performance Monitoring Report - Health & Wellbeing

Members received a report which analysed the latest performance for 2015/16 and forecast the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Officers highlighted the Department of Health in year reduction in Public Health Grant of 6.2%, which had not been accounted for in the budget and confirmed that discussions were ongoing with the Clinical Commissioning Group regarding the Better Care Fund.

Members questioned a number of issues which Officers agreed to investigate further and provide responses:

- Seasonal flu vaccine uptake, as the uptake fell for under 65's at risk, did other costs rise and had this been budgeted for?
- The detection rate for Chlamydia was lower in the city owing to a smaller % of young people being tested, could this be a problem?
- The reasons for the lower take up of GP health checks in the city compared to the national average?

Following further discussion it was

Resolved: That the report be received and noted.

Reason: To update the Committee on the outturn financial and performance position for 2015/16.

22. Update from Vale of York Clinical Commissioning Group on Urgent Care Resilience Plans 2015-16

Members received a report which outlined the current and forthcoming plans around Urgent Care and whole System Resilience (winter pressures monies) during 2015/16 and beyond.

The Senior Improvement and Innovation Manager, Vale of York Clinical Commissioning Group presented the report. Members noted that as this years funding allocation had been received in February this had allowed a number of schemes to continue from the previous financial year without a break in service which had also provided an evidence base from which to identify whether schemes could be maintained or decommissioned. An analysis of all the schemes currently underway were detailed individually.

Members questioned a number of the schemes including:

- The impact of GP's working in the hospital emergency department – confirmed that it had been difficult to evaluate their effectiveness and impact owing to a number of staff changes however meetings had been arranged to take this forward

- Resources in place for winter fuel poverty – confirmed that the Integrated Care Team examined at risk groups

Following further discussion, Members thanked the Innovation Manager for her attendance and it was

Resolved: That the report and update be received and noted.

Reason: To update the Committee on the schemes provided under the Urgent Care Resilience Plans for 2015/16.

23. Be Independent Year End Position and 1st Quarter Monitoring Report

Members considered a report which provided details of the year end position of the Be Independent Service, an independent social enterprise since 2014 which provided Community Alarm, Telecare and Community Equipment Service under contract to Adult Services.

The Assistant Director for Adult Social Care presented the report, the first since the service had become a social enterprise, to allow the Committee to review current performance against the outcomes of the first year. He highlighted the achievements, customer satisfaction and growth of the service, pointing out the continual monitoring that would be undertaken.

In answer to Members questions the Assistant Director confirmed that he would clarify the relationship between the Council and the Board and email the details to Members.

Resolved: That the quarterly monitoring report and performance of the Be Independent Service be received and noted and future reports be presented to the Committee on a six monthly basis.

Reason: To advice the Committee on the performance of Be Independent.

24. Update Report on Changes to Direct Payments

The Committee considered a report which updated them in respect of concerns raised regarding the Direct Payments and Terms and Conditions raised by members of the York Independent Living Network and Lives Unlimited at a previous Committee meeting.

Members noted that significant progress had been made and the key points of concern agreed, with the concerns resolved in a way that met both the needs of the Council and its customers.

Resolved: That progress made on consultation with the York Independent Living Network and Lives Unlimited and the draft policy in relation to Direct Payments be received and noted.

Reason: To inform the Committee on the changes to Direct Payments

25. Work Plan 2015-16 including proposed scrutiny reviews

Consideration was given to the Committees work plan for the remainder of the municipal year.

The Chair confirmed that Members would receive updates in relation to the national issue of changes to the Public Health Grant.

Resolved: That the Committees work plan for the remainder of the municipal year be received and noted.

Reason: To keep Members updated and to ensure that the Committee has a planned programme of work in place.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 6.45 pm].

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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	16 September 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

26. Declarations of Interest

Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or disclosable pecuniary interests which they might have in respect of business on the agenda.

In addition to the standing declarations of interest, Councillor Richardson declared a personal interest in relation to items on the agenda as a patient of York Hospital.

27. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

28. York Teaching Hospital NHS Foundation Trust Annual Report 2014/15

Members considered a paper that presented the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust, detailing the performance and challenges faced by the hospital during the financial period 2014/15.

Members' attention was drawn to the increased demand for services and efficiency targets. Details were given of the trust's financial performance, as detailed in the report. The trust had reported its first ever deficit last year and a larger deficit was predicted for this financial year.

Discussion took place regarding the recruitment difficulties that were being experienced and the strategies that had been put in place to address this issue, including recruiting from overseas where necessary. Members noted how the use of locum staff had impacted on the budget situation, although efforts were made to avoid using those private agencies which charged the highest rates. At the request of Members, details were given of the implications of the registration system for nurses. A team was being put in place to support employees in re-registering.

Members were informed that the vast majority of patients had a good experience of services. The mortality rate also continued to fall. The areas of challenge continued to be:

- Emergency Department waiting times
- The 18 week referral to cancer treatment targets

Members were informed of the actions that were being taken to address Emergency Department waiting times. Staff continued to prioritise patients with greatest clinical need but it was a cause of concern that patients were attending the Emergency Department who should have been seen by their GP. One strategy that had been implemented was having GPs work in the Department and this had proved to be useful.

Clarification was sought as to the impact of delayed discharges. Members were informed that consideration was being given to different models but this was an issue which the committee may wish to monitor.

Members asked about income generation by the Trust. They were informed of the plans to maintain and develop elective services. Members were informed that income from private patients accounted for only a very small amount of the trust's income.

It was noted that changing demographics were increasing pressures on services and hence there was a need to work differently. Whilst hospital remained the most appropriate place for patients requiring acute care, many other services could best be delivered in the community.

Members were informed that the Care Quality Commission's report following their inspection of the organisation would be reported to the committee at a future meeting.

Members asked about the nature of complaints that the hospital received. They were informed that these were generally related to either clinical issues or staff attitude. There were very few referrals to the Ombudsman. Members were informed that future reports to the committee from HealthWatch would include comments from the Advocacy Service.

Resolved: That the report be noted.

Reason: To keep the Committee updated on the work of the Trust.

29. Annual Report from the Chief Executive of the Yorkshire Ambulance Service

Members received a presentation on the Annual Report of the Yorkshire Ambulance Service *[a copy of the presentation is attached to the online agenda papers for the meeting]*.

Members noted that demand for emergency ambulances was increasing year on year, some of which was as a result of an ageing demographic.

Details were given of the strategic priorities for the service and of A&E performance. Explanations were given of the ambulance clinical quality indicators and of the measures that were being put in place, including employing additional staff and purchasing vehicles to address the issue of an ageing fleet.

Resolved: That the report be noted.

Reason: To ensure that Members are kept updated on the performance of this service.

30. Yorkshire Ambulance Service NHS Trust Quality Report

Members considered a report that detailed the performance of the Yorkshire Ambulance Service NHS Trust in the judgement of the Care Quality Commission (CQC).

Members noted that the overall rating for the trust was “requires improvement” but that a “good” rating had been achieved in the judgements as to whether the services provided were caring.

Members' attention was drawn to actions that the Trust must take to bring about the necessary improvements by:

- Ensuring all ambulances and equipment are appropriately cleaned and infection control procedures followed
- Ensuring that equipment and medical supplies are checked and are fit for purpose
- Ensuring all staff are up to date with their mandatory training

A plan was in place to address the issues identified as requiring improvement and to ensure consistency across the service. Members were informed of the actions that had already been taken, including the replacement of out of date consumables, improvements to deep cleaning and daily cleaning arrangements and new vehicle preparation procedures.

Members questioned officers regarding the issues that had been raised. They were informed that although procedures had been in place there had been inconsistency in how they had been applied across the Trust.

Officers were asked about the action that was being taken in respect of staffing. Members were informed that there had been quite a significant turnover in executive staffing but recent appointments had been made and there would now be more continuity. The shortage of paramedics was a national issue and efforts were being made to recruit to these positions as well as developing career pathways to enable technicians and support staff to take on these roles.

At the request of Members, details were given of the opportunities and reporting systems that were in place to enable staff to give feedback and to report incidents.

Resolved: That the Yorkshire Ambulance Service NHS Trust Quality Report be noted.

Reason: To keep the Committee updated on the work of the Trust.

**31. Tees, Esk and Wear Valleys NHS Foundation Trust
Presentation on Transition of Mental Health Learning
Disabilities Services from Leeds and York Partnership NHS
Foundation Trust**

A presentation was given on the transition of the Mental Health Learning Disabilities Service from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust *[a copy of the presentation is included with the online agenda papers for this meeting]*.

The presentation included:

- Information about Tees, Esk and Wear Valley NHS Foundation Trust, including its purpose, vision, goals, services and achievements.
- The reasons why the Trust had tendered to provide services for the Vale of York and details of the five-year contract.
- The way in which the Trust would be working with the voluntary sector.
- The proposed structures.
- The transition arrangements and the focus on providing continuity of care for patients and carers.
- The immediate priorities.

The Chair drew Members' attention to an email he had received from a member of the public regarding Bootham Park Hospital. Members questioned officers about planned building work and were informed that the Trust was liaising with Leeds and York Partnership, NHS Property Services, the CCG and the voluntary sector regarding these issues. Estate plans were being drawn up and it was hoped to put in place a robust plan for a new hospital as soon as possible.

Members sought clarification as to the role that would be played by Your Consortium. They were informed that Your Consortium were used because of their experience in communicating and working with the voluntary sector and their knowledge and experience of funding routes and bespoke training packages.

Members sought clarification as to why services were being separated. They were informed that physicians preferred the model that was being proposed and this aided recruitment. There would, however, be flexibility across the boundaries.

Members asked about the risks during the transition. They were informed that risk assessments had been carried out and that maintaining continuity of service was the key issue.

Officers were asked about the waiting list for counselling. They were informed that the Trust first needed to understand what was already in place and to identify where recruitment was needed. Initially the existing services would continue, including the use of independent counsellors. Whilst it was preferable to deliver this type of service at GP practices if possible, there were limitations in terms of space and hence community bases may have to be considered. Members noted that Lifeline, the existing provider, would continue to provide services for patients with drug or alcohol problems.

Officers confirmed that it was the intention to treat people locally wherever possible and within the Trust's geographical area.

Resolved: That the information on the transition of mental health learning disabilities services to Tees, Esk and Wear Valleys NHS Foundation Trust be noted.

Reason: To ensure that the Committee is kept updated on the transition.

32. Work Plan

Consideration was given to the Committee's work plan for the remainder of the municipal year.

Members agreed that the following amendments be made to the work plan:

- An item on Bootham Park Hospital to be included on the agenda for the October or November meeting (depending on officers' availability to attend)
- A member of York and District Pain Management Support Group to be invited to speak at the 20 October 2015 meeting.
- An item on the York Teaching Hospital CQC Report to be included on the agenda for the meeting on 20 October 2015.
- The six-monthly quality monitoring report – Residential, Nursing and Homecare Services be deferred from the October meeting to the November 2015 meeting.

Resolved: That, subject to the agreed amendments, the Committee's work plan for the remainder of the municipal year be approved.

Resolved: To ensure that the Committee has a planned programme of work in place.

Councillor Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.35 pm].

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**Health & Adult Social Care Policy & Scrutiny
Committee****20 October 2015**

Report of the Assistant Director Governance and ICT

**Care Quality Commission Quality Report for York Teaching Hospital
NHS Foundation Trust****Summary**

1. This report and its annexes present the Health & Adult Social Care Policy & Scrutiny Committee with the Care Quality Commission Quality Report (Annex 1) following a planned inspection of York Teaching Hospital NHS Foundation Trust and the Trust's response (Annex 2).

Background

2. The Care Quality Commission took part in a planned inspection of York Teaching Hospital NHS Trust from 17 to 20 March 2015 and undertook unannounced inspections on 30 and 31 March 2015 and 11 May 2015. The CQC reports are based on a combination of its inspection findings, information from CQC's Intelligent Monitoring system and information provided by patients, the public and other organisations.
3. The CQC has already presented its findings to a Quality Summit at York Teaching Hospital on 2 October 2015. This included NHS commissioners, providers, regulators, City of York Council and other public bodies. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings.

Summary

4. Overall York Teaching Hospital NHS Foundation Trust was rated as 'Requires Improvement'. The trust was rated as Good for whether its services were caring and effective and rated as Requires Improvement for whether its services were safe, responsive and well-led.
5. Full reports including ratings for all the trust's core services are available at: <http://www.cqc.org.uk/location/RCB00>

6. York Teaching Hospital NHS Foundation Trust provides a range of acute hospital and specialist healthcare services to a population of approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale. The trust provides community-based services for people living in Selby, York, Scarborough, Whitby and Ryedale.
7. A team of inspectors, including specialist advisors visited York, Scarborough and Bridlington hospitals during March and May 2015.
8. The hospitals were visibly clean, with hand-washing facilities and hand cleaning gels available throughout. Inspectors saw good examples of hand hygiene by all staff. Inspectors found that staff were caring and compassionate, and treated people with dignity and respect. Patients were able to access suitable nutrition and hydration, including special diets.
9. The culture within the trust was, in the main, positive and open. Staff wanted to work more collaboratively across the three acute hospitals and community and felt that this area was improving.
10. The provider was unable to consistently provide safe staffing levels across the trust. There were shortages of nursing staff on medical and some surgical wards; consultant cover within A & E; and community inpatient staff. The trust was actively trying to recruit to the majority of these roles.
11. Patients were often waiting too long for treatment. The national targets for A & E, referral-to-treatment, and cancer waiting times were not being achieved. Inspectors noted that patients arriving in both A & E departments at York and Scarborough hospitals sometimes had to wait too long for a clinical assessment of their condition.
12. The Chief Inspector of Hospitals, Professor Sir Mike Richards, said: "We have rated services provided by York Teaching Hospitals as good for delivering effective care. Policies and pathways were based on best practice, in line with NICE guidelines. My inspectors witnessed strong and respectful multidisciplinary team working across the various disciplines.
13. "We found a number of areas of outstanding practice across all sites with services going the extra mile to improve the support that they provided to people – it is encouraging to report that the Child and Adolescent Mental Health Services (CAMHS) in York were providing much-needed inpatient support.

14. However, we saw other services where more needed to be done to make sure that care and treatment consistently met the required standard.
15. "People are entitled to receive treatment and care in services which are consistently safe, effective, caring and responsive to their needs."
16. York Teaching Hospital NHS Foundation Trust acquired Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012, bringing Scarborough and Bridlington Hospitals into the organisation. Community services for Selby, York, Scarborough, Whitby and Ryedale transferred to the Trust in April 2011, along with the community hospitals in Malton, Whitby, Selby, Easingwold, and Archways and St Helen's in York.
17. Across the trust, the inspection team found several areas where the trust must take action including:
 - The trust must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff on duty at all times in line with best practice and national guidance.
18. At York and Scarborough hospital:
 - The trust must ensure all patients have an initial assessment of their condition carried out by clinical staff within 15 minutes of the arrival at the Accident and Emergency Department.
19. At Scarborough Hospital:
 - The trust must ensure that patient flow into and out of critical care is improved, specifically in relation to delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.
 - Staff must complete their mandatory training especially within medicine, outpatients and diagnostics and critical care, and have access to other necessary training.
20. At Bridlington Hospital and across community services:
 - The trust must review the uptake and monitoring of training, and ensure that staff are compliant with mandatory training requirements.

21. Inspectors found several areas of outstanding practice across the trust, including:

- The appointment of a senior paediatric specialty trainee 'quality improvement fellow' for one year. This has led to improvements such as the use of technology in handover sessions, and further plans for the development of electronic recording of clinical observations.
- Positive partnership working within the Child and Adolescent Mental Health Services (CAMHS) in York, which ensured that the acute inpatient wards had seven-day support. The community nursing team also had a CAMHS nurse specialist allocated to the team who provided psychological support for families and staff.
- The trust employed innovative methods to monitor central venous lines, which included a central line clinical pathway. Ward 25, an integrated orthopaedic and geriatric ward, worked closely with the A&E department. It identified older patients with a fractured neck of femur, to speed up flow to the ward and on to theatre, leading to faster rehabilitation and reduced length of stay in hospital.

Consultation

22. The information in this report and its and its annexes has been provided by the Care Quality Commission and the Chief Executive of York Teaching Hospital NHS Foundation Trust. A representative from the trust will be at the meeting to answer any questions Members may have.

Options

23. Members can:

- i. note the information received in this report and at the meeting, or
- ii. consider any further information they may wish to receive to satisfy themselves that appropriate actions have been taken by the trust in response to the inspection.

Analysis

24. This report is presented for information only and to introduce the CQC Quality Report of York Teaching Hospital NHS Foundation Trust and the trust's response.

Council Plan

25. This report and its annexes are directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Implications

26. There are no implications associated with this report.

Risk Management

27. There are no risks associated with this report.

Recommendations

28. Members are asked to:
- i. note the contents of this report and its annexes, make any comments they feel necessary and pose any relevant questions to the hospital representatives at the meeting
 - ii. decide whether to invite hospital representatives to a future meeting of this Committee to outline progress against the action plan to improve services provided by the trust.

Reason: To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust.

Contact Details

Author:

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Chief Officer Responsible for the report:

Andy Docherty
Assistant Director Governance and ICT

**Report
Approved**

Date 08/10/2015

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – CQC Quality Report

Annex 2 – Trust Response

York Teaching Hospital NHS Foundation Trust

Quality Report




Wigginton Road, York, YO31 8HE
Tel: 01904 631313
Website: www.yorkhospitals.nhs.uk

Date of inspection visit: 17 – 20, 30 - 31 March and 11
May 2015

Date of publication: This is auto-populated when the
report is published

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement 
Are services at this trust safe?	Requires improvement 
Are services at this trust effective?	Good 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Requires improvement 
Are services at this trust well-led?	Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected the trust from 17 to 20 March 2015 and undertook unannounced inspections on the 30 and 31 March 2015 and the 11 May 2015. We carried out this comprehensive inspection as part of the CQC's comprehensive inspection programme.

We inspected the following core services:

- The York Hospital – urgent and emergency care, medical care, surgical care, critical care, maternity care, children's and young people's services, end of life care, outpatient services and diagnostic imaging.
- Scarborough Hospital – urgent and emergency care, medical care, surgical care, critical care, maternity care, children's and young people's services, end of life care and outpatient services and diagnostic imaging.
- Bridlington Hospital - medical care, surgical care, end of life care and outpatient services and diagnostic imaging.
- Community Health Services – including:
 - Community health inpatient services at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital Community end of life care
 - Community health services for children, young people and families
 - Community health services for adults
 - Community end of life services

Overall, the trust was rated as requires improvement. Safety, responsiveness and well led were rated as requires improvement. Effective and caring were rated as good.

The trust leadership had generally been stable over the last few years but had recently seen some changes: two appointments had been made, a chief operating officer in 2015 and in the latter part of 2014 a new director of nursing. A new chairman was to start in April 2015. The trust was half way through a five year integration plan following the acquisition of Scarborough and North East Yorkshire NHS Trust and had also acquired community services in 2011. These acquisitions had considerably

increased the size and complexity of the Trust. At the time of inspection, as part of its programme of continued improvement, the trust was in the process of reviewing its governance and reporting arrangements.

Our key findings were as follows:

- Care and treatment was delivered with compassion and patients reported that they felt they were treated with dignity and respect.
- Patients were able to access suitable nutrition and hydration, including special diets. Patients were satisfied with their meals and said that they had a good choice of food and sufficient drinks throughout the day.
- We found the hospitals were visibly clean, hand-washing facilities and hand cleaning gels were available throughout the services and we saw good examples of hand hygiene by all staff. The last episode of MRSA septicaemia was more than 500 days prior to the inspection.
- The provider was unable to consistently provide safe staffing levels across the trust. There were shortages of: nursing staff on some medical and surgical wards; consultant cover within A & E; and community inpatient staff. The trust was actively trying to recruit to the majority of these roles.
- There was additional concerns regarding the operation of ward 24, the winter pressures ward at York district hospital, which was often reliant on a majority of hospital bank and agency workers to staff it.
- Patients were not always protected from the risks of delayed treatment and care as the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets were not being achieved.
- There were concerns that patients arriving in both A & E departments did not receive a timely clinical assessment of their condition.
- The trust was not achieving its own target of 75% compliance with mandatory training which included safeguarding training.
- The trust had no mortality outliers. However, the Summary Hospital-level Mortality Indicator (SHMI) for Scarborough hospital of 107 was higher than both the Trust overall (102) the England average (100) in June

Summary of findings

2014. At York hospital for the same period the indicator was 98. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

- There was no hospital-wide pain team at Scarborough; the critical care unit staff supported patients requiring pain management in-house. We were told that staff, including the consultant intensivists, were experienced and able to competently manage work relating to pain management.
- Protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.
- There had been significant work to develop services to support the needs of people living with dementia.
- The design and environment of the contraceptive and sexual health service clinic at Monkgate in York did not allow for full confidentiality.
- There were 10,000 records not completely secured at one of the trust's community locations.
- Governance arrangements and assurance that issues had been identified and acted upon in a timely manner required improvement.
- The culture within the trust was, in the main, positive and open. Staff wanted to work more collaboratively across the three acute hospitals and community and felt that this area was improving. There were however, some frustrations voiced by staff especially at the Scarborough and Bridlington hospitals regarding the acquisition and lack of senior leadership and presence on site.

We saw several areas of outstanding practice including:

- The appointment of a senior paediatric specialty trainee 'quality improvement fellow' for one year has led to improvements such as the use of technology in handover sessions, with further plans for development of electronic recording of clinical observations and the PAWS assessment.
- We saw positive partnership working with and support from CAMHS in York, which ensured that the acute inpatient wards had seven-day support. The community nursing team also had a CAMHS nurse specialist allocated to the team who provided psychological support for families and staff.

- The trust had developed non-cancer pathways to support quality care for patients who were at the end of life. Specific innovations included pathways for patients with COPD and heart failure and included working on advance care planning initiatives to ensure patients' preferences and choices were clear.
- The innovative way in which central venous lines were monitored, which included a central line clinical pathway. The critical care unit were finalists for an Institute for Healthcare Improvement (IHI) safety award for this pathway.
- The medical service had an innovative facilitating rapid elderly discharge again (FREDA) team, which provided multidisciplinary support and rehabilitation to elderly outlying patients.
- Ward 25, an integrated orthopaedic and geriatric ward, worked closely with the A&E department, and actively identified elderly patients with a fractured neck of femur, to speed up flow to the ward and on to theatre, had demonstrated positive outcomes of speedier rehabilitation and reduced length of stay, with the majority of patients returning to their usual place of residence.
- Phlebotomy outreach clinics in the local community, have led to improved access to the service.
- Availability of pathology services in the oncology outpatient department, meant that up-to-date blood results were available for patients when they saw the consultant in clinic. Treatment changes were based on up-to-date information.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

For York hospital:

- ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.
- ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels including;

Summary of findings

nursing staff on medical and surgical wards; consultant cover within A & E; and registered children's nurses on ward 17 and other clinical areas where children were treated..

- ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.
- address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.
- ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16.

For Scarborough hospital:

- ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels, especially in A & E, on the medical and surgical wards, operating department practitioner (ODP) cover within theatres, radiology and senior medical cover in relation to cross-site working. Additionally within critical care the provider must ensure staffing levels are adequate to ensure clinical education, unit management, clinical coordination, continuity of care, and effective outreach.
- ensure that there is adequate access for patients to pain management and dietetic services within critical care.
- ensure improvements are made in the 18 week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
- ensure that staff, especially within medicine, outpatients & diagnostics and critical care, complete their mandatory training, and have access to necessary training, especially basic life support, mental capacity and consent (Outpatients and diagnostic staff), safeguarding vulnerable adults and safeguarding children.

- ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.
- ensure that patient flow into and out of critical care is improved, specifically in relation to delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.
- ensure that all equipment is tested in a timely manner and in line with the Trust's policy, especially checks on fridges and resuscitation equipment.
- ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.

For Bridlington hospital:

- ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels; especially in relation to staffing of the medical and surgical areas.
- review the uptake and monitoring of training, and ensure that staff are compliant with mandatory training requirements, especially in the areas of moving and handling, fire safety, safeguarding vulnerable adults, and safeguarding children.

For community services:

- ensure there are sufficient numbers of suitably skilled, qualified and experienced staff, in
- line with best practice and national guidance, taking into account patients' dependency levels for community inpatient services.
- review the uptake and monitoring of training, and ensure that staff in community services are compliant with mandatory training requirements.
- ensure that patient records are fully secured when stored.
- review arrangements to support community staff working alone to ensure their safety.

In addition there were actions the trust should take and these are listed at the end of each of the individual location and community service reports.

Professor Sir Mike Richards

Summary of findings

Chief Inspector of Hospitals

Summary of findings

Background to York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust (YTHFT) provides a range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles. The trust provides community-based services in Selby, York, Scarborough, Whitby and Ryedale. Trust-wide there are approximately 1,170 beds, over 8,700 staff and a turnover of approximately £442,612m in 2013/14.

The Indices of Multiple Deprivation indicates that York is the third least deprived city (out of the 64 largest cities in the UK) and is the 87th least deprived borough out of the 326 boroughs in the UK. North Yorkshire is a relatively prosperous county compared to the rest of England, although there are pockets of deprivation. Eighteen Lower Super Output Areas (LSOAs) within North Yorkshire are amongst the 20% most deprived in England. Fourteen of these LSOAs are in the Scarborough district (around Scarborough and Whitby), two in the Craven district (around Skipton), one in the Selby district and one in the Harrogate district.

Bridlington is in the East Riding of Yorkshire and has a relatively high deprivation indices compared with other parts of the East Riding. The annual death rates in the Bridlington and Driffield area, at 11.9 deaths per 1,000 people, are higher than the East Riding average of 10.0 deaths per 1,000 people. Bridlington North has the highest annual death rate and the East Wolds and Coastal area has the lowest annual death rate, at 15.4 deaths per 1,000 people and 8.2 deaths per 1,000 people respectively. (Annual District Death Occurrence files & Vital Statistics [Office for National Statistics] & Exeter System).

Major disease and illness is more prevalent in the Bridlington and Driffield area than in the East Riding as a whole. For example, coronary heart disease, affects 6.1% of patients in the Bridlington and Driffield area compared with the 4.7% East Riding average. There is the same prevalence in the Bridlington and Driffield area and the East Riding for dementia, which has a 0.4% prevalence

rate in both areas. The most prevalent chronic illness in the Bridlington and Driffield area is hypertension, which affects 16.8% of patients. (Quality and Outcomes Framework, NHS Information Centre).

The trust formally acquired Scarborough & North East Yorkshire NHS Trust from 1 July 2013. It also took over the management of most of the community based services in the Selby, York, Scarborough, Whitby and Ryedale areas in April 2011. There is a five year integration plan in place: 2012 - 2017. It is a university teaching trust and an integral part of Hull York Medical School.

We inspected all three acute hospitals and most community services (see below) as part of the CQC comprehensive inspection programme.

York Hospital is the York Teaching Hospitals NHS Foundation Trust's largest hospital. It has over 700 beds and offers a range of inpatient and outpatient services. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma, intensive care and cardiothoracic services to the population and visitors to York and North Yorkshire. There are 12 operating theatres in the main theatre suite and six operating theatres in the day unit.

Scarborough Hospital is the Trust's second largest hospital. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma and intensive care services to the population and visitors to the North East Yorkshire Coast. There are five operating theatres and approximately 300 beds.

Bridlington Hospital is a satellite hospital of the acute hospital in Scarborough. It provides elective surgical, rehabilitation, and outpatients services to the local Bridlington community and the wider East coast. The hospital has two rehabilitation wards Waters and Johnson. Lloyd ward and Kent ward are the surgical wards. There is also the Shephard Day Case Unit and Lawrence Unit for medical elective services. The hospital

Summary of findings

also has other services on site, such as a minor injuries and GP access centre, the GP MacMillan Wolds Unit, Buckrose Ward and a renal dialysis unit which are run by other providers.

Community inpatients facilities were provided at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital. The number of beds in each hospital varied from 12 to 29. Community services for adults with long-term conditions were also provided in people's own homes and clinics across the geography of the Trust.

Community health services for children, young people and families included a range of services delivered to people in the City of York and in parts of North Yorkshire. Core services included health visiting, school nursing, and a contraceptive and sexual health service. These services were complemented by specialist teams.

Community palliative and end of life care services were delivered within people's own homes with access to the acute trust, neighbouring trusts and hospices. Care was delivered by community GPs, hospital doctors, nurses, community nurses, specialist palliative care nurses, healthcare assistants and allied health professionals.

Our inspection team

Our inspection team was led by:

Chair: Stephen Powis, Medical Director, Royal Free Hospital, London

Head of Hospital Inspections: Adam Brown, Care Quality Commission

The team included CQC inspectors and a variety of specialists including medical, paediatric and surgical consultants, junior doctors, senior managers, nurses, midwives, palliative care nurse specialist, a health visitor, allied health professionals, children's nurses and experts by experience who had experience of using services.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following eight core services at both York hospital and Scarborough hospital:

- Urgent and emergency
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning

- Services for children and young people
- End of life care
- Outpatient and diagnostic services

At Bridlington hospital we inspected the four core services which were provided on this site: medical care, surgery, end of life care and outpatient and diagnostic services.

We also inspected community services which included:

- Community inpatients at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital.
- Community adult services
- Community children's services
- Community end of life care

These are reported on separately.

Summary of findings

Prior to the announced inspection, we reviewed a range of information that we held and asked other organisations to share what they knew about the trust. These included the clinical commissioning groups (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held listening events in Scarborough on the 12 March 2015, where 12 people attended and in York on the 16 March 2015 where 17 people attended and shared their views and experiences of the Trust. As some people were unable to attend the listening events, they shared their experiences via email or telephone. We also attended additional local groups to hear people's views and experiences.

We held focus groups and drop-in sessions with a range of staff including nurses and midwives, junior doctors, consultants, allied health professionals including physiotherapists and occupational therapists. We also spoke with staff individually as requested. We talked with patients and staff from ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We carried out the announced inspection visit between 17 and 20 March 2015 and undertook an unannounced inspection in the evening on 30 March and the 31 March 2015 at York and Scarborough hospitals. A further unannounced to Scarborough was undertaken on the 11 May 2015.

What people who use the trust's services say

The results of the CQC Inpatient Survey 2013 showed the trust performed around the same as other trusts for all questions.

The Cancer Patient Experience Survey results for 2014/2014 for inpatient stays showed the trust was in the top 20% for 18 indicators and within the middle 60% of other trusts for the remaining indicators. There were no indicators within the bottom 20% of trusts.

Results of the Patient-Led Assessments of the Environment (PLACE) 2014 showed that the trust scored for cleanliness 99 (the England average was 98), food 85 (the England average was 90), privacy, dignity and wellbeing 82 (the England average was 87) and for facilities 94 (the England average was 92).

Between March 2013 and October 2014 the trust performed better than the national average in the Friends and Family test results for the percentage of people who would recommend the service to others apart from the months September 2013 and October 2014.

Written complaint numbers have remained at a consistent level for a number of years. An increase in the figures 2012/13 is explained by the merger of York and Scarborough, bringing the two sets of complaints data together in a single figure from that point onwards.

The local Healthwatch reported that the themes coming out of engagement with local people about the trust. The main themes were that 79% of people who responded felt they were treated with kindness and respect; 70% felt their treatment needs were met and 79% felt the services kept them safe from harm.

Facts and data about this trust

There are 12 locations registered with CQC of which ten are hospitals associated to this teaching trust, three of which would be classified as acute district general hospitals, three community hospitals with two Rehabilitation Hospital. There are also a number of Satellite Renal Units.

In 2013/14 there were approximately 1,171 beds trust-wide of which:

1103 General and acute

44 Maternity

24 Critical care

Summary of findings

In 2013/14 there were approximately 7,210.30WTE (whole time equivalent) staff working within the Trust of which:

709.95 Medical

2098.15 Nursing

4402.20 Other

For 2013/14 the trust had a revenue budget of £442,612m with a full cost of £443,566m and a deficit of £951k.


Data provided by the Trust indicated that there were over the last year:

- Electives & Day cases: 73,000
- Emergency Admissions: 50,000
- Outpatients: 780,000
- Births: 5,000
- Community Contacts: 112,000
- ED Attendances: 188,000

The trust was last inspected by CQC in July 2013. We inspected maternity and accident and emergency (A & E) services in both Scarborough and York hospitals. York hospital was compliant with the regulations however Scarborough A&E department required improvement. We re-inspected the A&E department in December 2013 and found it to be compliant.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>Incidents were reported, however staff confirmed that feedback and learning was incidents required improvement. Safeguarding training for staff was below the required levels set by the Trust. Nurse staffing was recognised as a significant risk to the organisation, especially within Scarborough hospital. There were also role specific staffing issues across the Trust, for example A&E consultants. There were also concerns about the management and staffing of the winter pressures ward at York hospital.</p> <p>Duty of Candour</p> <ul style="list-style-type: none"> • The Board were aware of the Duty of Candour and received regular briefings. • There was a “Being Open” policy in place. • Training and presentations had been provided for staff along with posters and information about being open with patients and the duty of candour. • Staff we spoke with were aware of the requirements of Duty of Candour. • Staff were requested to record in writing in patient’s notes and the Datix incident reporting system when patients had been spoken with and written to. <p>Safeguarding</p> <ul style="list-style-type: none"> • The safeguarding strategy was underpinned by safeguarding policies and procedures. • There were named leads for children’s and adult services, including at Trust Board level. The chief nurse had safeguarding as part of their portfolio of responsibilities and staff reported that safeguarding was given more priority than previously. • There were quarterly updates to the Board via the Quality and Safety board committee. • The chief nurse was the nominated lead for safeguarding at Board level. Both adult and children’s safeguarding teams were aligned under the chief nurse. A senior lead for safeguarding was appointed and commenced full time in post on 1 October 2014. There was a designated nurse for safeguarding children, a 	<p>Requires improvement </p>

Summary of findings

named doctor for child protection, and a consultant paediatrician lead for Looked After Children. In addition there were two named nurses for children and lead nurses for both adult safeguarding and learning disability.

- There was a full time named midwife for child protection across YTHFT based at Scarborough Hospital supported by a half time midwifery child protection advisor based at York Hospital.
- There was safeguarding training available for staff but in many areas there was poor completion especially level 2 training. The overall compliance rates for 2013-14 were: Level 1 (e-learning for every staff member) 59% compliance; Level 2 (face to face for all staff who work with children & young people, and adults who are parents or carers) 36% compliance; and Level 3 (face to face training for all staff who work predominantly with children, young people & families) 70% compliance
- Safeguarding “Prevent” training was on the risk register as most areas were not on target to achieve the required training level in 2014/15.
- There was representation from the Trust on the Child sexual exploitation group which was a sub-group of the Children’s Safeguarding Board.
- Policies had recently been rewritten and circulated for consultation. These included the Safeguarding Children Policy and the Allegations of Abuse or Neglect Against YTHFT Employees Policy & Procedure

Incidents

- There has been one never event reported as wrong site surgery at Scarborough Hospital in general surgery.
- Of all the serious incidents (SIs) requiring investigation slips, trips and falls accounted for 38% and pressure ulcers grade 3 for 33% of incidents.
- 94% of all incidents were reported with no or low harm.
- The trust was reporting fewer incidents per 100 admissions than the England average. Our analysis indicated that this was not statistically different.
- Rate of falls increased overall between July 2013 and January 2014. From April 2014 the number of falls ranged from 214 per month to 282 except in November 2014 when they dropped to 179 falls.
- The trust was performing worse than the national average for the development of pressure ulcers. The prevalence rate for grade 3/4 pressure ulcers was consistently above the national average accounting for 79% of all serious incidents reported,

Summary of findings

although there had been a steady decrease throughout the year. The occurrence of newly developed pressure ulcers from July 2013 onwards was overall consistent until a significant rise to 65 in January 2015.

- There had been improvements in the rate of catheter urinary tract infections, which had decreased in July 2013, then remaining low throughout the year.
- Incidents were reviewed at a senior management group on a weekly basis which included the medical director and chief nurse.
- There was an SI committee that met monthly to review SIs and was chaired by a member of the consultant body.
- There was an electronic reporting system in place for incidents and staff were aware of how to use this. Staff reported that they were confident in using the system. However, most staff said that on an individual level feedback and learning was inconsistent.
- Some learning was shared across services from incidents, and discussions had at governance and ward meetings. However, we found actions from incident investigations were not always timely or led to changes in practice.

Staffing

- There was a nursing and midwifery strategy in place which dovetailed with patient experience, patient safety and infection and prevention control. The first year of the strategy included the development of nursing care indicators for the Trust. The first quarterly report of which had just been presented to Board.
- Since the acquisition there had been a growth in substantive consultants, reducing reliance on some locum appointments and significant investment in nursing posts (£5.2m post-acquisition).
- Trust-wide the staffing concerns were low numbers of junior medical staff, nursing vacancies, especially on the Scarborough site and some dependency on locums. At the time of the inspection there were 42 nurse vacancies at Scarborough hospital (30 on the wards and 12 in outpatients) and 56 vacancies at York (all ward-based).
- Staff were unable to tell us if their establishments were based on the use of an acuity tool. Board papers indicated that the staffing establishment was set on the number of beds on each ward.
- Nurse staffing issues were most acute during the day, with some wards falling below an 80% fill rate for RNs.
- Where low numbers of RNs were evident, the trust tried to provide greater numbers of healthcare assistants (HCAs),

Summary of findings

although this was not always possible. This was reflected in the staffing figures. For example, The elderly wards 23, 26 and 35 at York hospital had RN fill rates of 79.3%, 75.1% and 73.2 % respectively, with 97.6%, 111.9% and 117.2% fill for HCAs.

- There was additional concerns regarding the operation of ward 24, the winter pressures / escalation ward at York district hospital, which was often reliant on a majority of hospital bank and agency workers to staff it. The budgeted establishment was 17.6 whole time equivalent (WTS) Registered Nurses (RNs) and there were only 9.6 WTE RNs in post. Some of the temporary staff had been in post since this ward opened as an escalation ward which helped to mitigate the risk of staff not being familiar with the ward or the policies and procedures.
- Additionally where wards showed an over 100% fill rate for care staff this was due to the enhanced supervision requirement of some patients.
- There was a workstream in place to review the role of healthcare assistants and what enhanced roles they may develop to support registered nurses, for example, observations and taking blood sugars.
- The trust had recently introduced advanced care practitioner roles: there were two working in the acute medical unit at York; one in elderly medicine at York; six recently trained to work in A&E (four of which were in Scarborough). There were a further 12 staff on the training programme.
- Data for August 2014 to March 2015 showed that staff had been moved 157 times from Bridlington to ensure that wards at Scarborough had sufficient staffing levels.
- Wards and departments had planned and actual staff numbers on display.

Are services at this trust effective?

Services within the trust were rated as good for delivering effective care. Policies and pathways were based on NICE and other best practice guidelines, and were available to staff and accessible on the trust's intranet site. The trust had no mortality outliers. We witnessed strong and respectful multidisciplinary team (MDT) working during our inspection, and this was corroborated by feedback from all disciplines spoken with.

Good



Evidence based care and treatment

Summary of findings

- We saw that National Institute for Health and Care Excellence (NICE) guidance, The Royal Colleges' guidance and other national best practice guidance was disseminated to departments with, in many instances, a lead clinician taking responsibility for ensuring implementation.
- Staff we spoke with were aware of NICE and other guidance that affected their practice and were able to talk to us in detail about patient treatment pathways.
- National audits were contributed to as expected, and we were given evidence of changes made by specialities in response to their outcomes.
- We saw that the departments were adhering to local policies and procedures. Staff we spoke with were aware of how they affected patient care.
- The trust had a standard operating procedure in place for Ionising Radiation (Medical Exposure) Regulations.
- The diagnostic imaging department carried out quality-control checks on images to ensure that imaging met expected standards.

Patient outcomes

- The trust had no mortality outliers. However, the Summary Hospital-level Mortality Indicator (SHMI) for Scarborough hospital of 107 was higher than both the Trust overall (102) the England average (100) in June 2014. At York hospital for the same period the indicator was 98. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.
- Patients arriving in the A & E departments did not receive a timely clinical assessment of their condition. The trust was not working to the College of Emergency medicine guidelines regarding clinical triage of patients arriving in the departments. Figures supplied by the trust showed that only 44% of patients were clinically assessed within 15 minutes at York. This was also highlighted to the Trust as a concern at Scarborough.
- Patients who walked into the A & E department at both Scarborough and York, or who were brought by friends or family, were directed to a receptionist. Once initial details had been recorded, patients were asked to sit in the waiting room while they waited to be assessed by a nurse. If the receptionist thought that their injury or ailment was a minor one, they would wait to see an emergency nurse practitioner. Some of these patients were not clinically screened or triaged at all.

Summary of findings

- We raised this as concern with the Trust at the time of the inspection. At Scarborough hospital the trust had implemented a nurse led streaming service between 8am to 10pm each day: figures indicated that between 1 April 2015 - 10 May 2015 52% of patients had been seen by a clinician within 15 minutes of arrival.
- National audit results for patient outcomes were the same as or better than national averages for most services. For example, the York hospital results for the Myocardial Ischaemia (heart attack) National Audit Project (MINAP) for 2013/14 were better than national averages for most indicators. There were some other areas that indicated a deterioration in service such as the Sentinel Stroke National Audit Programme for the Scarborough hospital.
- Overall, the trust had a shorter length of stay than the England average for both elective and non-elective admissions, and overall, medical re-admission rates were better than England averages. However, Scarborough hospital had a longer stay than the England average for non-elective medical admissions.
- The Trust's outcomes for Patient Reported Outcome Measures (PROMS) between April 2013 and December 2014 for hips, knees and groin hernia repair showed that the percentage of patients who had improved following each procedure was in line with the figures reported nationally.
- The follow-up to new ratio for appointments at the Trust was consistently worse than the national average from September 2013 to April 2014: York Hospital has performed worse than average with Bridlington and Scarborough performing better than the national average throughout the same period. No further national data was available at the time of the inspection. There was no hospital-wide pain team at Scarborough hospital; the unit staff supported patients requiring pain management in-house. We were told that staff, including the consultant intensivists, were experienced and able to competently manage work relating to pain management.

Multidisciplinary working

- We witnessed strong and respectful multidisciplinary team (MDT) working during our inspection, and this was corroborated by feedback from all disciplines spoken with.
- Daily ward rounds were carried out in which the clinical care of every patient was reviewed by members of the multidisciplinary team, which were led by the consultant managing the patient's care.

Summary of findings

- Staff told us that there was effective communication and collaboration between teams, which met regularly to identify patients requiring visits or to discuss any changes to the care of patients.
- Discharge letters were sent to the patient's GP and a copy of the letter provided to the patient.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Consent forms identified the procedure to be undertaken and its associated risks. There were documented records of the healthcare professional responsible for consulting the patient, and the forms also included patient signatures to indicate that they were providing consent to undergo any proposed procedure.
- All patients we spoke with told us that they had been asked for their consent before surgery. They said that the risks and benefits had been explained to them and they had received sufficient information about what to expect from their surgery.
- Staff had readily accessible guidance and information, and knew who to contact for advice and support if needed.
- Staff demonstrated a good understanding of consent, mental capacity and best interest decisions, and accessed training through an e-learning platform.
- This was illustrated, for example, on Ward 37 at York, the elderly mental health assessment ward. The ward regularly had significant numbers of patients with limited mental capacity, confusion and often challenging behaviour. Ward 37 was a locked ward, and all patients were assessed for mental capacity on admission to seek consent to remain on a locked ward.
- Deprivation of liberty safeguards (DoLS) were in place for patients who lacked capacity to consent.

Are services at this trust caring?

Summary

We found that services provided at the trust were caring and compassionate. Patients confirmed that they were treated with dignity and respect, that they were involved in their care decisions and felt generally well informed.

Analysis of patient feedback and surveys showed that on the whole patients were satisfied with the care and treatment at the trust.

Compassionate care

Good



Summary of findings

- We observed positive, kind and caring interactions between staff and patients on wards, clinics and in patients' homes.
- Call bells on the wards were mostly answered promptly and were in reach of patients who needed them.
- Patients told us that, although staff were very busy, the standard of care they had received was good and all their clinical needs had been met.
- The NHS Friends and Family Test recommendation rate was consistently above the England average between March 2013 and November 2014 except for two months which were September 2013 and October 2014. The Friends and Family Test requires all patients, after discharge from hospital, to be asked: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
- The trust performed around the same as other trusts in relevant questions in the CQC's Inpatient Survey 2013.
- The cancer patient experience survey results for 2013/2014 for inpatient stays showed the trust was in the top 20% nationally for 18 out of 34 questions with the remainder similar to other trust nationally.
- The Patient-led Assessments of the Care Environment (PLACE) for both 2013 and 2014 indicated that the Trust performed worse than other trusts in relation to privacy, dignity and wellbeing with scores of 82 and 83% compared with the England average of 88 and 87%

Understanding and involvement of patients and those close to them

- Patients reported that they felt able to talk to staff about any concerns, either about their care, or in general.
- We saw that staff discussed care issues with patients and relatives where possible and these were generally clearly documented in patient notes.

Emotional support

- We observed members of staff who were responsive to and supportive of patient's emotional needs. For example, we observed nurses, play specialists and other staff providing emotional care and support to children who were upset.
- There was a bereavement service which was easily accessible.
- There were services available that patients could be referred to, for example, counselling services, psychologists and mental health teams.

Are services at this trust responsive?
Summary

Requires improvement



Summary of findings

We found that staff were responsive to people's individual needs. However, the trust was failing to meet the national waiting time targets, such as the 18-week referral to treatment time (RTT) target, the A&E target and the achievement of cancer waiting times.

Surgery had systems in place to plan and deliver services to meet the needs of local people, including the provision of a newly designed surgical ward and assessment unit at Scarborough hospital. For critical care services service and strategic planning was at an early stage and there was a lack of certainty in terms of the future design of the service and the immediate mitigating actions in terms of delayed discharge, delayed admissions and high capacity.

There were effective processes in place to support patients with learning disabilities and a dementia strategy which was being refreshed. Some patients raised concerns about being nursed in mixed-sex accommodation on the nursing enhanced unit.

Information about the trust's complaints procedure was available for patients and their relatives. However, the siting of the PALS was not responsive to people's needs. PALS staff did not have immediate access to a private space and were seeing some patients and carers in a corridor.

Service planning and delivery to meet the needs of local people

- The majority of the trust's services were commissioned by three clinical commissioning groups based on the needs of the local populations.
- The major challenge for the trust was to provide medical care services for an increasing elderly population, which was expected to increase significantly over the next five years. There was also expected to be a significant service requirement for the management of dementia and other long-term conditions.
- The trust had identified that reconfiguration, particularly of the acute medical beds, was required to meet patient needs. The reconfiguration was in progress, and some changes had already been implemented.
- There was also a review of the surgical provision and work was in progress to deliver more elective cases at Bridlington hospital to help relieve the pressure on beds in Scarborough. Orthopaedic surgery had been developed in Bridlington and there were plans to reconfigure ophthalmology services.
- As part of the Theatres and Anaesthetics Directorate, the critical care units of at York Hospital and Scarborough Hospital were officially merged in April 2013. We found that the more practical aspects of the merger, particularly in terms of joint working, did

Summary of findings

not start until September 2014 or later. It was evident that the changes were relatively new and were still becoming embedded. We discussed, and requested documentation, around service planning and there was evidence of early discussions about critical care services for both York Hospital and Scarborough Hospital.

- The executive team highlighted specific areas that required development to meet the needs of local people, for example the Scarborough obstetric and paediatric services.
- The trust had introduced 'Operation Fresh Start' at Scarborough, an initiative to improve patient flow and allow managers to make decisions about the number of patients requiring beds who were admitted to the hospital. Ward-level discharge liaison officers were in post to facilitate the process of patient discharge and a patient flow manager had recently been appointed. Staff told us that the system was making a difference.

Meeting people's individual needs

- There was a board lead for equality and diversity: a non-executive director with the executive lead as the director of corporate development.
- For patients who did not speak English, or who had other communication difficulties there were a number of interpreting services available which included: by telephone; face-to-face; sign language. There was also typetalk, hearing loops and document translation to braille/audio/CD.
- A learning disability nurse was available to support patients with learning disabilities in acute settings. Staff were available to work with patients who needed extra support. For example, some patients were able to attend mock appointments and be supported by the learning disability team, who explained appointment and diagnostic processes to help to allay people's fears and phobias.
- Patients we spoke with told us that their care was individualised, and we observed discussions around care and treatment, and documentation that demonstrated this.
- Staff told us they had access to information about different cultural, religious and spiritual needs and beliefs.
- Staff reported that they sometimes had difficulty in answering buzzers, and felt that patients were at times "queuing for the toilet", or unable to be sat out of bed for meals, as staffing numbers were too low.
- Male and female patients were being cared for in the same bay in the nursing enhanced unit based on ward 16 at York hospital.

Summary of findings

The unit consisted of two six-bedded bays, which allowed closer observation of level one dependency patients. Three female patients raised concerns with us about being nursed in mixed-sex bays.

- As part of the enhanced recovery programme in orthopaedics, patients were involved in the preparation and planning before admission, pre-operative assessment, recovery and early mobilisation. This meant that patients were better prepared to manage when they were back at home.
- There were two stoma nurses and an upper gastrointestinal specialist nurse who provided advice and support for patients during their pathway of care. Nurses saw patients in a clinic and provided follow-up care at home.

Dementia

- There was a dementia strategy in place for 2013 – 2015 with work to update the strategy for 2016 – 2019 to be completed by November 2015.
- The re-design of a pathway of care for patients with dementia had been completed and was in use by medical staff when a patient was admitted acutely to AMU, surgery or orthopaedics across both acute sites.
- Work had been undertaken by the Nursing Documentation Steering Group in the design of essential care plans. This includes a revised COMFEE tool and care plan for communication, for use with all patients with dementia or cognitive impairment. The care plan was being piloted on ward 26 at York hospital, White Cross Court and Ann Wright Ward.
- There were Commissioning for Quality and Innovation (CQUIN) results for quarter one and two of 2014/15 that indicated that the Trust had achieved the successful implementation of the dementia pathway overall but there were challenges within the surgical and orthopaedic directorates, where compliance with the pathway required improvement. The CQUINs included: the number of patients admitted over 75 years as an emergency admission who were reported as having a known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question (achieved 90.6%); the number of the above patients reported as having had a diagnosis assessment including investigations (achieved 100%) and the number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners (achieved 100%).

Summary of findings

- York hospital had a Mental Health Assessment Liaison Team (MHALT) who reviewed patients with dementia and provided clinical input five days per week. This team provided a standard assessment of patients with dementia.
- Scarborough hospital has recently had approval for the implementation of a MHALT nursing team. A band 7 and three band 6 nurses commenced in post in January 2015.
- There was a standardised assessment of function related to the assessment by an allied health professional (AHP) but this had yet to be implemented. The AHP's used an assessment tool but it was not standardised across the Trust.
- Both the dementia pathway and delirium pathway provided standardisation of assessment on admission.
- The forget me not flower symbol as an identifier for patients living with dementia had been in use in Scarborough Hospital for some time.
- As part of the national dementia CQUIN the trust captured feedback from carers. This was then reviewed and actions implemented. The patient information booklet titled "This is about me" for use by staff across the trust was changed as a result of feedback. Out of 43 carers contacted 36 said they felt supported by staff.
- From April 2014 to November 2104 a total of 1,119 staff completed dementia level 1 and 186 staff completed level 2 training.
- There were senior clinical leads for dementia; an assistant director of nursing and an elderly care clinician.
- There has been work undertaken in relation to improving the inpatient environment on both acute sites. This has included the refurbishment of wards 37 and 23 on the York site and Oak ward at Scarborough. The refurbishment of ward 37 was in accordance with Stirling University dementia good design principles. All three wards are care of the elderly and had a high number of patients admitted with dementia.

Access and flow

- Acute flow and capacity compromised the quality of care at times, especially at Scarborough hospital and in a number of services, for example A&E, cancellations of surgery, and care within the acute medical unit at York hospital.
- Once patients were within the treatment areas of A&E at York, their initial needs were responded to in a timely manner. However, there were delays of over an hour in nurse assessment for ambulance patients. This was caused by crowding in A&E, mainly due to difficulty admitting patients to wards. There was little evidence of an effective or co-ordinated

Summary of findings

hospital-wide approach to improving patient flow through the department. In the year leading up to our inspection, the department had been unable to meet the national target of admitting or discharging 95% of patients within four hours.

- Patients who had been referred by GPs to the acute medical unit at York sometimes had to use a ward waiting room, which regularly overflowed into the corridor. Ward records showed that there had been up to five patients waiting, at any one time, in the corridor in the two weeks prior to the inspection. This had been exacerbated by the need to change the use of 10 beds on the adjacent ward, which had been used by AMU for frail elderly patients, into winter pressure beds.
- Bed occupancy levels were consistently above the England average which may have added to the flow and capacity problems within the hospitals.
- The trust was failing to meet the national waiting time targets, such as the 18-week referral to treatment time (RTT) target, the A&E target and the achievement of cancer waiting times.
- The surgical directorate was not meeting its targets for the 18-week RTT pathway in five of the eight surgical specialties.
- Between April and December 2014, there were 334 elective operations cancelled at York hospital at the last minute for non-clinical reasons. The main non-clinical reason for cancellation of elective surgery was a lack of available beds (NHS England, 2014).
- The Scarborough critical care service was running at a consistently high occupancy rate of 100% and above. For example, over the New Year of 2014, the unit had run at between 100% and 104% capacity. At high capacity, some patients were transferred and managed by a member of the outreach team on the post-anaesthetic care unit (PACU). Ideally, according to national guidance, occupancy rates should be between 80% and 85%.
- The Scarborough critical care service was a significant outlier in terms of non-clinical transfers out. We were informed that a business case had been submitted relatively recently to increase the bed capacity on the unit to deal with delayed discharges, delayed admissions, high running capacity and non-clinical transfers out.

Learning from complaints and concerns

- The Trust's Patient Experience Team was within the Chief Nurse's directorate. There was a lead nurse for patient

Summary of findings

experience and they were supported by the head of patient experience. The team had three main functions: handling concerns and complaints; Patient Advice and Liaison Service (PALS) and patient and public involvement (PPI).

- Information and learning from complaints was presented to the Board's Quality and Safety committee on a quarterly basis.
- The chief nurse was leading a piece of work to further develop themes and tracking of complaints alongside identifying any services / wards that had high levels of complaints.
- The trust had recently started to display patient experience boards which included "You said, we did.." information as part of its feedback to patients and visitors about improvements made following concerns raised.
- PALS staff were observed to have a caring and supportive approach with a good telephone manner. However, the siting of the PALS was not responsive to people's needs. PALS staff were seeing patients and carers in a corridor. Where possible the staff told us they found a private space and could pre-book a room if the meeting was planned.

Are services at this trust well-led?

Governance arrangements and assurance that issues had been identified and acted upon in a timely manner required improvement. Corporate level risks and the Board Assurance Framework (BAF) were presented to the Board as indicated from the papers within the private (part two) Board minutes of September 2014. However, not all significant concerns identified during the inspection were highlighted as risks. Additionally, during the inspection, staff we spoke with had difficulty in locating the BAF. . The trust was however, reviewing its governance structures and developing a new BAF. The urgency to act on concerns and ensure that lessons were learnt required improvement.

Staff were mostly positive regarding the leadership of the organisation and had seen the chairman, chief executive and some non-executives. However, some staff on the Bridlington site in particular, felt that the acquisition of the hospital had not been well managed and that there was a disconnect between the executive trust team and staff working in Bridlington. Staff told us they felt less regarded and less important than at other sites.

There was a clearly articulated vision and strategy for the Trust and an ongoing five year integration plan following the acquisition of Scarborough & North East Yorkshire NHS Trust.

In the main the culture was open and transparent. There were a number of examples of innovation, improvement and sustainability.

Requires improvement



Summary of findings

Vision and strategy

- The trust had a clear ultimate objective to “Be trusted to deliver safe, effective healthcare to our community” supported by a set of values and four locally agreed standards to: improve quality and safety; develop and enable strong partnerships; create a culture of continuous improvement and: improve our facilities and protect the environment.
- The vision, values and objectives were set out in documents. Senior management were able to describe the vision and objectives.
- The trust acquired both Scarborough & North East Yorkshire NHS Trust and community services for the wider York catchment and the north-eastern part of North Yorkshire in 2012 and 2011 respectively.
- A five year integration plan 2012-2017 had been developed to manage the acquisition process. The trust was midway through the integration, which was taking place in stages, and most recently had seen the integration of the critical care services across the two hospital sites.
- The trust indicated that at the time of the acquisition both organisations had a lack of investment in services and estate, together with management instability; different cultures, inconsistent leadership & disenfranchised staff; poor governance, and difficulty in recruiting medical, nursing and specialist staff.
- Some of the community health services, remained in transition as contracts were being renegotiated with local commissioners. The trust had in place a lead director for community services to further develop and improve the momentum of that integration.
- There were clinical alliances with other organisations, especially Harrogate and District NHS foundation trust and Hull and East Yorkshire hospitals NHS Trust.
- There was a also a strategic plan in place for the trust for 2014 -19. Within it there was a summary of key developments going forward for most of the services within the trust.
- There was a patient safety strategy in place for 2014-16 which focussed on six specific areas: ensuring constancy of care; reduction of harm; reduction of mortality; end of life care; infection prevention and control and; action on areas of frequent harm.
- Progress and delivery of the strategies and plans were monitored through the Board and its supporting committees.

Summary of findings

- The development of directorate strategies was variable, for example staff were able to articulate the surgical services strategy but staff in critical care were unsure as to the future direction of their service.

Governance, risk management and quality measurement

- A review of the governance of the organisation was ongoing at the time of the inspection to strengthen the governance framework. This was expected to be completed by the end of March 2015. The work was being led by the Chief executive with involvement from the non-executive directors.
- Corporate level risks and the Board Assurance Framework (BAF) were presented to the Board as indicated from the papers within the private (part two) September 2014 Board minutes. However, not all significant concerns identified during the inspection were highlighted as risks. Additionally, during the inspection, staff we spoke with had difficulty in locating the BAF. Responsibilities and accountabilities for the management of risk were being reviewed and were articulated within the existing BAF and risk register. The arrangement of the BAF dated September 2014 was planned to fit with the Director's portfolios. Senior staff who we interviewed in the main understood their roles and responsibilities. However, responsibilities regarding risk were not set out explicitly within the risk strategy.
- At the time of inspection, we were unable to fully understand the structure of the assurance framework both in terms of documentary evidence and from interviews with staff.
- The corporate risk register reflected the risks in the service risk registers. However, not all risks we identified were on the risk register. For example during the inspection we were informed that a new urgent care centre (run by another provider) was opening adjacent to the emergency department at Scarborough Hospital two weeks after the inspection. The service shared the same reception and initial screening staff with the ED. At the time of the inspection there were no formally agreed standard operating procedures or formally agreed contracts in place; training was proposed to take place during the week that the unit opened. In addition the agreed opening was during the Easter bank holiday. The trust's governance had not highlighted this to be a risk to the organisation, and there was no risk mitigation plans in place. We fed back to the Trust our concerns during the inspection and wrote to the trust requesting further assurances regarding the safety of service element run by the Trust which included evidence of training

Summary of findings

and additional staffing. Evidence from the trust and unannounced inspection indicated that most but not all staff had been trained and that during the day an ED nurse was allocated to deliver the initial screening of patients.

- At the time of the inspection we raised concerns regarding a possible theme for some of the headache/head injury incidents reported at both York and Scarborough A&E departments. The executive were aware of the incidents. However, a themed review had not been completed to ascertain whether there were systematic failures in the streaming and clinical assessment of these patients.
- Following the inspection the trust, in a letter dated 27 March 2015 informed us that the reports for the specific incidents had been completed and have been reviewed by the Serious incident group. Some actions have already been implemented and we were told that none of the cases related to the process for streaming and clinical assessment.
- Following the inspection there was a further serious incident recorded at Scarborough hospital in relation to a head injury which was being investigated by the Trust.
- Executive directors had recognised that their most significant risk was staffing vacancies, especially within the Scarborough site. Work had latterly being progressed to develop alternative posts and to recruit overseas.
- At the time of inspection there were external reviews ongoing concerning the governance of obstetrics and paediatrics at Scarborough following serious incidents.
- Data collection to analyse and monitor where improvements to services could be made required improvement. For example recording and analysing whether a person's choice of preferred place of care at the end of life was achieved and the accurate recording of mandatory training figures.
- Risks have been highlighted within the estate and significant investment to address this has been delivered, especially on the Scarborough site. There was evidence of a ward replacement programme (for example Lilac ward at Scarborough hospital), car parking, theatre refurbishment, engineering resilience and backlog maintenance.
- There was comprehensive performance information available at board level which contained a full range of information.
- There was a weekly safety meeting at director level which received information regarding serious incidents, deaths and complaints. In addition there was in place a Serious Incident committee which reviewed all root cause analyses of incidents and held a log of the outstanding recommendations and actions.

Summary of findings

- There was a good focus on quality. There was a Quality and Safety board committee with structures below to support delivery. This separate board committee allowed time for Board members to scrutinise in detail the safety measures and quality data.
- There was a system of clinical audit. The Audit committee were exploring how this could be strengthened to provide quantifiable assurance similar to internal audit processes.
- There was a range of other committees and groups sat below Board levels which provided assurance upwards to the Board.

Leadership of the trust

- Senior leadership at the trust had been stable for a long period of time, but had recently seen some changes: two appointments had been made, a chief operating officer and in the latter part of 2014 a new director of nursing.
- The senior team were able to articulate the challenges facing the trust and identify actions to be taken.
- The chief executive had an open door policy and also held surgeries with the chief nurse for staff to attend.
- The non-executive directors were visible within the organisation, through both the committee structure and lead responsibilities for certain areas or sites.
- Staff were mostly positive regarding the leadership of the organisation and had seen the chairman, chief executive and some non-executives. However, some staff on the Bridlington site felt that the acquisition of the hospital had not been well managed and that there was a disconnect between the executive trust team and staff working in Bridlington. Staff told us they felt less regarded and less important than at other sites.
- Staff told us they felt that the outpatients departments were often forgotten about when the executive team visited Scarborough Hospital because most visits were to the wards rather than other departments.
- Staff working in the Scarborough Hospital did not feel that they were part of the York Teaching Hospitals Foundation Trust. They felt that integration with the trust had left them “as the poor relation”. Staff on the whole did not feel that the acquisition had been managed well, more a takeover without taking into consideration existing structures and staff concerns.
- The trust was strengthening its management of staff sickness / absence and performance. There was a new personal development review structure in place which was based on the Trust’s values and objectives.
- Within nursing services there were regular nurse leadership forums, a yearly nursing and midwifery conference.

Summary of findings

- There were board leads for community services. A director had been appointed to focus on the development of community services over a three year period
- The leadership of the Trust appeared to be internally focussed. There was little evidence of looking beyond the trust for ideas and new ways of working.

Culture within the trust

- There was an open and supportive culture throughout the trust, the majority of staff were positive regarding the culture and visibility of the executive staff. However, there were some criticisms about lack of presence of the senior management at both Scarborough and Bridlington hospitals.
- Staff at all levels stated that the clinical integration of the different sites was not yet fully achieved and that cultural & performances differences remained. In the main, staff at Scarborough and Bridlington identified that policy and system changes would be implemented using practice from York Hospital rather than those in place at Scarborough or Bridlington. A frequent comment was the 'York way' when implementing change.
- Staff working in community services also raised similar concerns regarding the integration with in the trust insomuch as the provider was very much focussed on acute services.
- There was investment in organisational development to support continuous improvement.
- In order to gain a greater insight into staff experience the chief nurse had undertaken a pilot of a Cultural Barometer, during September – December 2014. The analysis of this data was being shared with the wards to help them improve aspects such as communication and team working. Consideration was being given to rolling out this barometer across all inpatient areas.

Fit and Proper Persons

- The trust had undertaken a fit and proper person assessment on all executive and non-executive staff, and were midway through checks on all other directors and senior managers.
- We were provided with the files for all executive and non-executive staff. We reviewed seven of these files, and all had appropriate checks carried out. We checked files of existing and newly recruited staff and the checks were of the same standard. Non-executive directors also went through a similar process.

Summary of findings

- The trust had developed a policy for the Fit and Proper Person Requirement. The policy stated the fitness of directors would be reviewed on a regular basis to ensure they remained fit for their roles.

Public engagement

- There was evidence of public engagement by the trust
- The vision, values and objectives were set out in documents and widely disseminated throughout the hospitals and community services. They were also on the trust's website.
- Public and patient involvement and experience was under review and included a restructuring of the department.
- Governors of the trust were well engaged. Governors were active within groups across the trust and had a representational role across the geography which the Trust covered.
- There was an active foundation trust membership of over 12,400. There were regular newsletters to members and invitations to events about specific elements of the trust's work.
- There was a patient experience team which was being strengthened. The team covered the patient and liaison service (PALS), friends and family test, and patient experience.
- The trust participated in national patient surveys and gained qualitative information through active user reference and support groups across the Trust including: Renal Patient & Carer Reference group; Maternity Services Liaison group; Eye Clinic Partnership group; York District Cancer Partnership group; Older People's Liaison group; Stroke Patient and Carer group and the York Limbless Support group.

Staff engagement

- A number of trust-wide mechanisms have been developed to engage with staff. These included a staff reward and recognitions programme; a weekly email bulletin; staff briefing from the CEO to managers which was then cascaded to other staff; "Staff Matters" which was a monthly magazine for staff; leadership workarounds.
- The chief nurse had implemented a "Blue Thursday" which involved nurse managers, one day a month working within a clinical area.
- A listening event for RNs had been held and feedback had indicated that the RNs felt disengaged. As a consequence there was investment in the band 7 RNs with a focus on leadership. There was a sister's action and support group and a professional nurse leaders forum.

Summary of findings

- There were some examples of staff evidence / concerns being used to make changes within the trust.

Innovation, improvement and sustainability

- The trust had a cost improvement programme (CIP) in place. Quality impact assessments had been carried out by a clinician. A new consultant had been appointed to continue this role but they had not taken up post at the time of the inspection.
- Staff appeared focussed on delivering good quality care for their patient group and all those interviewed appeared passionate about quality as a driving force.
- 64% of all staff within the trust who responded to the NHS staff survey felt they were able to contribute towards improvements at work. This was worse than the England average of 68%.
- Innovation and improvement was a part of the staff awards process and examples were highlighted in staff newsletters and on notice boards within the hospital corridors for public to read.
- The trust had developed non-cancer pathways to support quality care for patients who were at the end of life. Specific innovations included pathways for patients with COPD and heart failure and included working on advance care planning initiatives to ensure patients' preferences and choices were clear.
- The trust had developed a mandatory end of life care training programme for medical, nursing and care staff that addressed issues identified through audit, feedback and observation. For example, the trust had identified that conversations about DNA CPR decisions were not happening or being recorded as they should. As a result, the trust has identified the need for advance communication skills training specific to these types of conversations and were developing training to meet those needs.
- In York, we saw a range of good examples of positive working arrangements within CAMHS to support acute paediatric services. We saw close working relationships between acute and mental health clinicians with responsive CAMHS support for various scenarios such as self-harm, chronic fatigue and eating disorders. We were told that CAMHS provided a seven-day service to the inpatient ward; this is unusual for a district general hospital setting. The community nursing team had a CAMHS specialist nurse placed with the team who provided the staff with supportive psychological supervision sessions.
- The SCBU at Scarborough had introduced and developed the role of the band three neonatal support worker. They had worked with Edexcel to develop a diploma that allowed the support worker to perform additional neonatal roles. The

Summary of findings

course also included components for maternity and paediatrics so that these staff could help in these areas. The SCBU manager explained how other units were showing an interest in this development.

- The Children's directorate manager explained that they were proud of the work children's services had put into the development of a dedicated website for the children's acute and community services. We saw the offline draft version of the website, which will include a range of support and information for children, young people and families.
- Critical care in York had developed processes for the monitoring of central lines, which included a central line clinical pathway. The unit were finalists for an Institute for Healthcare Improvement (IHI) safety award.
- Within critical care in York a flow chart had also been introduced as part of the weekly ward round, specifically focussing on mental capacity. The flow chart included a best practice checklist, contact information and a prompt for checking if deprivation of liberty safeguards authorisation was required or not.
- The surgical directorate had a dedicated clinical simulation theatre at York used for simulating anaesthetic, paediatric and obstetric emergencies. This allowed teams to rehearse events.
- The trust had commissioned the development of a new 31-bed surgical ward and assessment unit – Lilac Ward at Scarborough. This was the first ward nationally to have been built using an evidence-based, best practice design solution called 'repeatable rooms'. The design of the four-bedded bays made efficient use of space while maximising the distance between bed heads. It also maximised the visibility of external landscaping to patients and the visibility of patients to nursing staff.
- The trust had developed the Bridlington site to deliver elective orthopaedic surgery and there were plans to expand this further by looking at other elective surgery that could be safely relocated to Bridlington.
- Within medicine there were a number of examples of innovation, improvement and sustainability, such as the FREDA team facilitating rapid discharge for elderly patients; the creation of a dispensing pharmacy within AMU to improve patient flow; the development of a fractured neck of femur pathway including the orthopaedic /elderly integrated ward developed to care for patients to improve rehabilitation, minimise length of stay and improve the number of discharges back to usual place of residence and 'Perfect week'. Perfect

Summary of findings

week was a week when all staff and stakeholders strived to ensure all systems operated perfectly and then used the learning to develop 'Operation Fresh Start': This included the development of an early warning trigger tool to identify wards where problems were occurring and the development of a discharge liaison team. An additional pharmacy discharge team had also recently been established in Scarborough, which had improved medicines reconciliation on admission, speeded up the response to discharge prescriptions, and helped reduce critical medicine omissions. An early warning trigger tool had also been developed to identify wards where problems were occurring.

- The elderly medical strategy included work towards the development of community schemes, such as hubs and care home in-reach schemes. An example of this was already in place, and involved working with a nursing home that provided interim placements for patients who were not ready for active rehabilitation. For example, patients who were non-weight bearing for a period of time: they could be transferred to a less clinical environment in the nursing home until they were able to weight bear. Patients would then be transferred back to Bridlington Hospital for proactive rehabilitation with a planned expected date of discharge.
- The York A&E department was undertaking a six-week pilot project to investigate the effectiveness of an ambulatory care unit. This was aimed at rapidly diagnosing and treating patients presenting with conditions such as non-cardiac chest pain, deep venous thrombosis and infections requiring intravenous antibiotics. It was hoped that, by treating them in the unit, an admission to a hospital ward could be avoided.
- The trust had secured an agreement with St Catherine's Hospice at Scarborough to have access to nurse-led beds for patients who were likely to die within the next seven days. This created choices for patients in the last days of life when the hospice would not normally be an option. This project was recognised as best practice by Hospice UK and had been reported in the Telegraph on 20 January 2015 as a new way of providing care and choice.
- Community services were a national pilot site (Better Care Fund initiatives) for the development of community hubs to support the delivery of care nearer to home. Two multidisciplinary community hubs, based at Malton and Selby, had been

Summary of findings

established to support seven-day assessment for residents of care homes; this enabled early intervention and reduced the need for crisis intervention or unnecessary admission to hospital.

- Within community inpatient services we observed an excellent and highly professional allied health professional (AHP) team working at well-integrated levels with all other staff for the benefit of patients. Staff were encouraged to make suggestions and good links were reported with the university, further informing and stimulating AHP practice. Discharge pathways were clearly defined and there were attempts to resolve delays caused by social services working through referrals by ensuring that those patients likely to need long-term care were identified early following admission and the referral sent through at that point.
- The child and adolescent sexual health (CASH) service was in the process of being re-accredited for the national quality award 'You're Welcome' (the Department of Health's quality criteria for young people friendly health services). The CASH service used a 'sexual exploitation tool book'. This included a pro-forma that was completed for all people under the age of 18 and that took into consideration Gillick competency and Fraser guidelines

Overview of ratings

Our ratings for York Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Requires improvement	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Bridlington hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Scarborough hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community inpatient services	Requires improvement	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Good	Good	Good	Good
Community services for children and young people	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for York Teaching Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients and diagnostics.

Outstanding practice and areas for improvement

Outstanding practice

- The innovative way in which central lines were monitored, which included a central line clinical pathway. The York critical care unit were finalists for an Institute for Healthcare Improvement (IHI) safety award.
- The medical service at York had an innovative facilitating rapid elderly discharge again (FREDA) team, which provided multidisciplinary support and rehabilitation to elderly outlying patients.

Areas for improvement

Action the trust MUST take to improve

For the trust overall:

- The provider must ensure that people who used the service and others are protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.
- The provider should, in partnership with the wider health and social care community, consider how the high proportion of delayed transfer of care due to patients awaiting care packages in their own home (37%) or waiting for nursing home placement or availability (22.1%) could be improved.

For York hospital:

- The provider must ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.
- The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels; nursing staff on medical and surgical wards; consultant cover within A & E; registered children's nurses on ward 17 and other appropriate clinical areas, and radiologists.

- The provider must ensure there are suitable arrangements in place for staff within the medicine and surgery, outpatient and diagnostic services to receive appropriate training and appraisals in line with trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.
- The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.
- The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16.

For Scarborough hospital:

- The provider must ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels, especially in A & E, on the medical and surgical wards, children's wards and other appropriate clinical areas, operating department practitioner (ODP) cover within theatres, radiology and senior medical cover in relation to cross-site working. Additionally within critical care the provider must ensure staffing levels are adequate to ensure clinical education, unit management, clinical coordination, continuity of care, and effective outreach.
- The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.

Outstanding practice and areas for improvement

- The provider must ensure improvements are made in the 18 week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
- The provider must ensure that staff, especially within medicine, outpatients & diagnostics and critical care, complete their mandatory training, and have access to necessary training, especially basic life support, mental capacity and consent (outpatients and diagnostic staff), safeguarding vulnerable adults and safeguarding children.
- The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.
- The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.
- The provider must ensure that all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.
- The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.

For Bridlington hospital:

- The provider must ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels; especially in relation to staffing of the medical and surgical areas.
- The provider must review the uptake and monitoring of training, and ensure that staff at Bridlington Hospital are compliant with mandatory training requirements, especially in the areas of moving and handling, fire safety, safeguarding vulnerable adults, and safeguarding children.

For Community Services:

- The provider must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff for community services, in line with best practice and national guidance, taking into account patients' dependency levels.
- The provider must review the uptake and monitoring of training, and ensure that staff in community inpatient services are compliant with mandatory training requirements.
- The provider must ensure that patient records are fully secured when stored.
- The provider must review arrangements to support staff working alone in the community to ensure their safety.

In addition there were actions the trust SHOULD take and these are listed at the end of each of the individual location and community service reports.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met: The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe as they had not when planning and delivering the care reflected published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice.</p> <p>The trust was not ensuring effective patient flow into and out of critical care, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.</p> <p>The trust was not ensuring that there is adequate access for patients to pain management and dietetic services within critical care.</p> <p>Not all equipment was tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.</p> <p>This was in breach of Regulation 9(1)(b)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12(1), (2)(a), 2(b) & 2 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

The provider must take action to ensure that all patients in A & E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their “Triage Position Statement” dated April 2011.

The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.

The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.

The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.

The provider must ensure all equipment is tested in a timely manner and in line with the trust’s policy, especially checks on fridges and resuscitation equipment.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18(1) HSCA (RA) Regulations 2014 Staffing.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: The provider had not taken the appropriate steps to ensure that, at all times, there are sufficient numbers of suitably skilled, qualified and experienced persons employed for the purposes of carrying on the regulated activities.

This was in breach of Regulation 9(1)(b)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels:

- nursing staff on medical and surgical wards;
- consultant cover within the A & E;
- registered children's nurses on children's wards, and other appropriate clinical areas;
- radiologists;
- community inpatient services.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met: People who used the service and others were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to

This section is primarily information for the provider

Requirement notices

enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.

We found that the trust did not have a clear clinical strategy for both critical care and outpatients & diagnostics and that staff we spoke with did not feel engaged in agreeing the future direction.

We found that not all pathways, policies and protocols were reviewed and harmonised across the trust.

This was in breach of Regulation 10(1)(b) & (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (1), (2)(b) & (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.

The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service. The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) HSCA (RA) Regulations 2014 Staffing.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: The provider did not have suitable arrangements in place in order to ensure that persons employed for the regulated activity are appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users safely and to an appropriate standard including by receiving appropriate training, professional development, supervision and appraisal.

This was in breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10(1) and 10(2)(a) HSCA (RA) Regulations 2014 Dignity and respect.

How the regulation was not being met: The provider did not so far as was reasonably practicable, make suitable arrangements to ensure the dignity and privacy of service users. This was in breach of Regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10(1) and 10(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16 at York hospital.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) HSCA (RA) Regulations 2014 Staffing.

How the regulation was not being met: The provider did not have suitable arrangements in place in order to safeguard service users as persons employed for the regulated activity were not appropriately supported when working alone in the community.

This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must review arrangements to support staff working alone in the community to ensure their safety.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (2)(c) HSCA (Regulated Activities) Regulations 2014 Good governance.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: People who used the service and others were not protected against the inappropriate sharing of patient records as they were not kept securely.

This was in breach of Regulation 20(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.

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News release

UNDER EMBARGO UNTIL: 00:01 THURSDAY 08 OCTOBER 2015

Trust's Care Quality Commission Reports Published

REPORTS into services provided by York Teaching Hospital NHS Foundation Trust have been published by the Care Quality Commission (CQC).

Patrick Crowley, Chief Executive, said: "We welcome publication of these reports and the opportunity to learn from external scrutiny of our organisation.

"The reports, without exception, rated our services as 'Good' for being Caring, and every single one of our staff should be proud of the CQC's comments regarding their compassion and dedication, treating patients with dignity and respect, and of the open and honest manner in which staff approached the inspection.

"It is also great to see such positive reports on our community services only three years since they transferred to the Trust. It is a phenomenal achievement in such a short time to find these services rated as 'Good' across the board.

"As an overall assessment, a single rating of 'Requires Improvement' for the whole organisation clearly cannot reflect the range of our services or the complexity of our organisation, nor can it give a detailed insight into the quality of the services we provide.

"We are a hair's breadth away from an overall 'Good' rating, with three quarters of the scores as such.

"When you look beyond the headline rating and read the reports and ratings in full, it is clear that there are many areas of excellent practice across all of our services, and these have been highlighted by the CQC.

"There are no areas of major concern and no areas at all are rated as inadequate.

“At the time of the inspection we were only two and a half years into our five year integration programme following the merger of York and Scarborough Trusts, and it is rewarding to see the progress we have made on the East Coast, with no areas rated as inadequate and many more ‘Good’ ratings than ‘Requires Improvement’. This is a major success and everyone involved should be congratulated, bearing in mind the CQC reports received prior to the integration.

CONTINUES...

“Nonetheless, with any comprehensive review of our services, there will be areas where improvements need to be made, and there are no surprises for us within the reports. Despite issues that have been raised nationally about the inspection process, we must accept the observations with humility and respond positively to the recommendations.

“The CQC’s overall assessment is, in the main, influenced by a small number of key themes which have been well documented previously. These include vacancies for nursing and medical staff, statutory and mandatory training compliance, and performance against some of the key national targets.

“The small number of actions identified by the CQC have either been completely addressed since the inspection, or have seen significant improvements made against them.

“I am confident that we are a safe, caring and effective organisation and this is without doubt confirmed in these reports.”

ENDS

For further information, contact The Communications Team on 01904 725233.

Notes to editors:

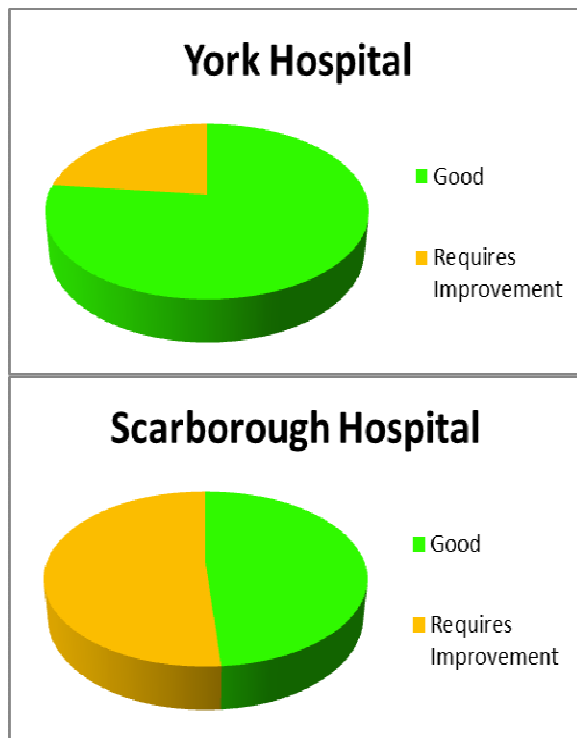
1. The CQC inspected the Trust as part of its planned inspection programme, carrying out an announced inspection visit between 16-20 March 2015.
2. York Teaching Hospital NHS Foundation Trust acquired Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012, bringing Scarborough and Bridlington Hospitals into the organisation. Community services for Selby, York, Scarborough,

Whitby and Ryedale transferred to the Trust in April 2011, along with the community hospitals in Malton, Whitby, Selby, Easingwold, and Archways and St Helen's in York.

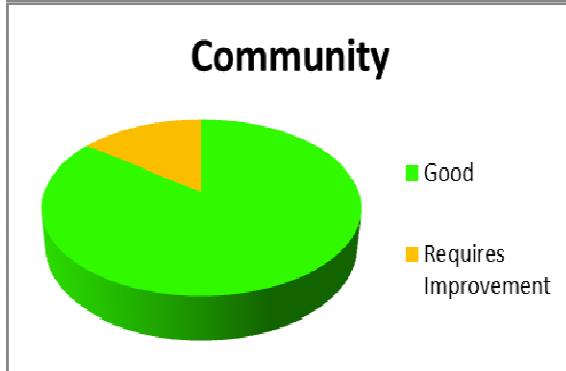
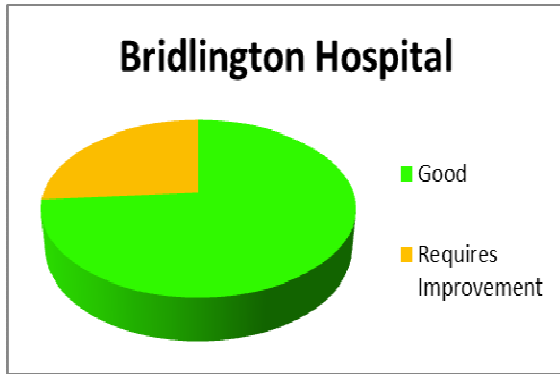
3. The main overall rating for the Trust was Requires Improvement.

4. For each report a rating of either outstanding, good, requires improvement or inadequate is given for each of the main clinical services for whether they are responsive, caring, well-led, effective and safe.

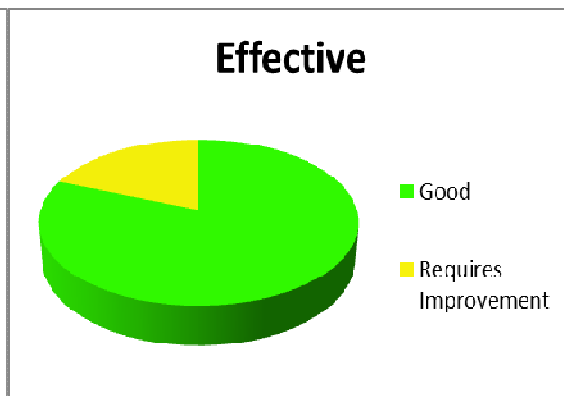
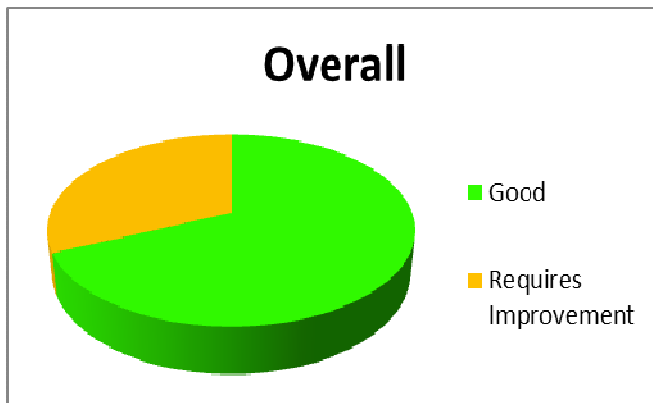
The pie charts below show the breakdown of these ratings for each of the Trust's sites:

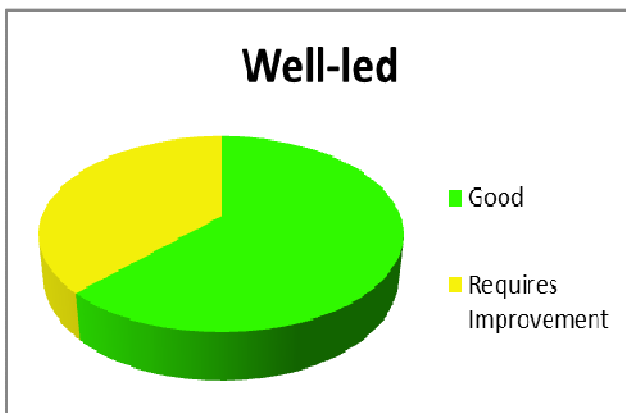
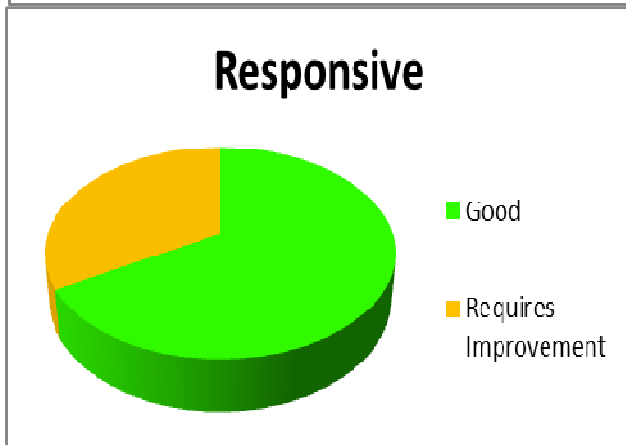
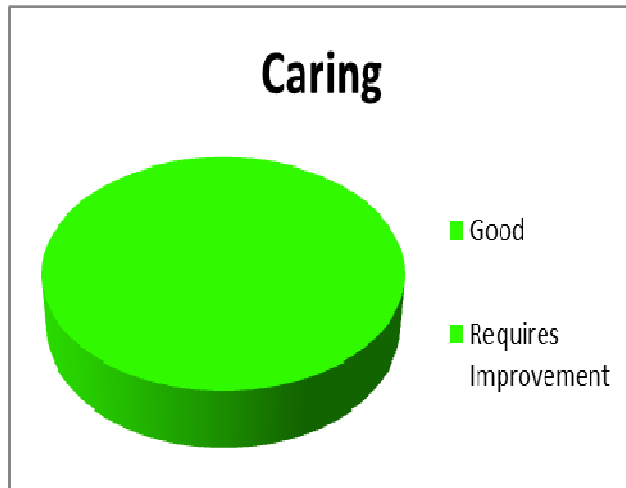


CONTINUES...



The pie charts below show the breakdown of these ratings overall for each of the domains (Caring, Effective, Responsive, Safe and well-led) and for the Trust overall:





CONTINUES...

5. Responses to specific actions in the overall Trust report:

Nurse staffing: “We are confident that our staffing levels were safe at the time of the inspection, however to achieve this, we have relied on temporary and agency staff. This is the picture in many organisations and it is something we are addressing as a priority. In the six months since the inspection took place, we have recruited over 70 nurses to the organisation, due to start work this month, and anticipate that we will recruit a further 60 in the next two to three months as part of our overseas recruitment campaign.”

Performance and waiting times: “Our performance against key targets such as 18 week waits and the four hour emergency access target is improving, following a period of intense pressure on the system and a particularly difficult winter. We are working with the whole health and social care system to ensure that this is sustainable.”

Statutory and mandatory training: “We recognise the importance of ensuring our staff have the support they need to complete their required training. Prior to the merger, York trust had a good rate of compliance with training, however records in community services and Scarborough Trust were not readily available and we therefore had to assume that compliance was low. At the time of the inspection we had recently introduced a new system for statutory and mandatory training in the Trust. This system allows staff to complete much of their training electronically, and, importantly, keeps an up to date record of their compliance. We set ourselves a target of 75% compliance by December of this year, and at the time of the inspection we were on target to achieve this.

“The data that the inspectors saw was incomplete and would not have included much of the training that took place prior to the introduction of the new system. We are now ahead of our target, with current compliance at 89%”

ENDS



Health & Adult Social Care Policy & Scrutiny Committee

20 October 2015

Report of the Assistant Director Governance and ICT

Bootham Park Hospital Closure**Summary**

1. This report and its annexes provide the Health & Adult Social Care Policy & Scrutiny Committee with information around the closure of Bootham Park Hospital and the future of mental health services in York.
2. The closure of Bootham Park Hospital followed an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) on 9 and 10 September 2015, when it was run by Leeds and York Partnership Foundation Trust (LYPFT). The CQC reaffirmed that Bootham Park Hospital was not fit for purpose and that all clinical services had to be relocated from 30 September 2015.

Background

3. Bootham Park Hospital is an 18th century Grade 1 listed building. The building is owned by NHS Property Services but English Heritage also has a say in work carried out. Services are commissioned by the Vale of York Clinical Commissioning Group and up until 30 September 2015 these were provided by Leeds and York Partnership NHS Foundation Trust.
4. From 1 October 2015 responsibility for mental health and learning disability services in the Vale of York transferred from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust.
5. Problems at Bootham Park were highlighted in a CQC inspection in December 2013 which found that the building was not fit for purpose and a report stated that it did not meet standards for safety.

Some improvements were made, including the removal of several ligature points, but in January 2015 the CQC visited again and expressed concern about safety on some of the wards.

6. In January 2015 Leeds and York Partnership NHS Foundation Trust was rated as Requires Improvement overall by the Chief Inspector of Hospitals. CQC found that the trust needed to make a number of improvements in order to make sure that it was consistently delivering care which was safe, effective, caring, responsive to people's needs, in services which were well led. Many of these improvements related to services in York which had been historically underfunded.
7. CQC found that, despite significant work having been done to attempt to improve the premises, Bootham Park Hospital was not fit for purpose as a modern mental health ward. Because of the building's listed status, trust staff could not make safe all potential ligature points nor could nursing staff easily observe all parts of all wards due to the layout of the building. The trust was working to find a solution but as yet this had not been implemented.
8. CQC carried out an unannounced inspection of the psychiatric inpatient services within Bootham Park Hospital on 9 and 10 September 2015. Inspectors had previously had concerns with the delay in Leeds and York Partnership Foundation Trust implementing CQC's recommendations from an earlier inspection.
9. Specifically, CQC's inspectors were concerned about the risk of suicide or serious harm to patients because the trust was not able to remove all of the potential ligature points within the building because of its listed status. Also, some of the rooms that had fixtures and fittings, which could be used as ligature points, were found to be unlocked which meant that patients could have access to them.
10. As well as this, patients were at risk of serious scalding from high water temperatures – maintenance had not been carried out to guarantee their safety.
11. Elsewhere, CQC's inspectors again found in September that nursing staff were unable to observe all parts of the wards due to the layout of the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital's wards.

12. In response to those concerns, on 24 September CQC formally requested Leeds and York Partnership Foundation Trust to move inpatients to alternative services within the trust and to relocate all clinical services that were provided by Bootham Park Hospital, which it did by midnight on 30 September 2015.
13. Some of the inpatients were transferred to alternative units with acute mental health services and others were discharged to home treatment. With no provision for acute mental health care in York, patients will have to be taken out of the area for inpatient treatment.
14. On 2 October 2015 the CQC received a request from Tees, Esk and Wear Valleys NHS Foundation trust to register non-inpatient mental health care services (outpatient services, electroconvulsive therapy, and Section 136 place of safety) from Bootham Park Hospital and the Chief Inspector of Hospitals has asked the registration and mental health teams within CQC to consider this as quickly as possible.
15. The future of Bootham Park Hospital and the provision of mental health services in York has long been an issue for this Committee and the previous Health Overview & Scrutiny Committee and Members have considered a number of update reports.
16. In July 2014 the Health Overview and Scrutiny Committee received a report on updated plans for interim alternative premises for Bootham Park Hospital. The Committee asked for regular reports on the progress of the plans and further information on consultation with the voluntary sector and how partners in health and social care would be involved.
17. In September 2014 Members received a report which briefed them on a review of inpatient accommodation at Bootham Park Hospital following a multi-agency decision to agree an interim solution. The interim solution was unanimously agreed and ratified by the LYPFT Board and CCG Governing Body. The interim solution was that Ward 6 (Elderly Assessment Unit) would move off site to Cherry Trees, a former Community Unit for the Elderly in Tang Hall. At the Bootham Park site Ward 6 would then be renovated prior to receiving service users from Ward 1 whilst Ward 1 was renovated. On completion of the renovation of Ward 1 service users on Ward 2 would then move into Ward 1. The interim solution was expected to last for up to three years while a new inpatient facility was built:
 - A new build on the Bootham site

- A new build on The Retreat site
- A new build on the old Clifton Hospital site

18. In October 2014 the Health Overview & Scrutiny Committee was assured in the Annual Report of the Chief Executive of Leeds and York Partnership NHS Foundation Trust that the trust had undertaken systematic auditing and monitoring of risk which has been used to generate a full programme of work to address ligature anchor points and other environmental risks. It was pointed out that estate management of the hospital remained complicated by the need to coordinate the programme of work between provider estates services, NHSPS and York Hospitals Trust (who had the contract to carry out routine maintenance). Alongside the environmental work the trust used clinical risk assessment and patient safety planning to manage risks individually where changes to the environment have not been possible.

19. A report on the outcomes of the CQC inspection of LYPFT was considered by this Committee in February 2015. The majority of the concerns raised by the CQC related to services in York and North Yorkshire, particularly older people's inpatient care which was rated inadequate.

20. **Must do actions** in the CQC findings included:

- The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham park Hospital;
- At Peppermill Court, Worsley Court, Meadowfields and Ward 6 at Bootham Park hospital the provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of patients.
- The provider must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice at Meadowfields, Worsley Court, Ward 6 at Bootham Park hospital and Acomb Gables.

21. **Should do actions** included:

- At Bootham Park Ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patient safety

- The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.
 - The provider should review the provision of dedicated medical input into the services of the crisis and access service – Bootham Park Hospital, York.
22. In June 2015 this Committee received an update report from LYPFT on their progress against the CQC's action plan when it was confirmed that refurbishments at Bootham Park Hospital were running behind schedule and there was a wait for a new hospital for mental health services in York. Members were assured that the trust would ensure delivery of the action plan even if they happened not to be the provider of mental health services in York.
23. Finally in September 2015 the Committee received a presentation from representatives of Tees, Esk and Wear Valleys NHS Foundation Trust, the new providers of mental health and learning disabilities services in York at which the Chair drew Members' attention to an email he had received from a member of the public regarding Bootham Park Hospital. Members questioned officers about planned building work and were informed that the Trust was liaising with Leeds and York Partnership, NHS Property Services, the CCG and the voluntary sector regarding these issues. Estate plans were being drawn up and it was hoped to put in place a robust plan for a new hospital as soon as possible.
24. It was agreed that an item on Bootham Park Hospital be included on the agenda for the October or November meeting, depending on the availability of officers to attend, although this has now been overtaken by events.

Consultation

25. Representatives from NHS Property Services; Leeds & York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group have all been invited to attend this meeting.

Analysis

26. This report provides background contextual information to help inform discussions with representatives from all the key agencies.

27. Options

28. The Committee can:

- i. Consider the information provided in this report and at the meeting to satisfy itself that no further scrutiny is required, or
- ii. Agree to enter into further discussions with relevant agencies in order to bring about an acceptable solution for service users in York.

Council Plan

29. This report is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Implications

30. While there are no implications directly associated with this report it should be noted that some serious implications may emerge if nothing is done to resolve the situation around Bootham Park Hospital and the provision of acute mental health services in York. For instance, if there is no provision for acute mental health inpatient care in the city, patients will have to be taken out of the area for inpatient treatment.
31. The Committee has various statutory powers in relation to the discharge of health and scrutiny functions conferred upon the Council by the Local Government Act 2000, enabling it to make recommendations to local providers about health services.

Risk management

32. While there are no risks directly associated with this report it would be prudent for the Committee to acknowledge that there will be risks to vulnerable members of the community if there are no acute mental health inpatient services in York.

Recommendations

33. Members are asked to:

- i. Note and comment on the content of this report, its annexes and information provided by officers and question why the situation around Bootham Park Hospital was allowed to develop to a point where the CQC felt it needed to close the hospital;
- ii. Work with Vale of York CCG and Tees, Esk and Wear Valleys NHS Foundation Trust to rapidly identify an interim solution in York for inpatient services previously provided at Bootham Park Hospital;
- iii. Work with Vale of York CCG and Tees, Esk and Wear Valleys NHS Foundation Trust in the development of longer term plans for new, purpose-built mental health inpatient facilities for service users from York and the Vale of York.

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

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Assistant Director Governance and ICT

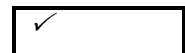
Report
Approved



Date 07/10/2015

Wards Affected:

All



For further information please contact the author of the report

Annexes

Annex 1 – Leeds & York Partnership Foundation Trust response

Annex 2 – Tees, Esk & Wear Valleys Foundation Trust response

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**York Health Overview and Scrutiny Committee – 20th October 2015
Leeds and York Partnership NHS Foundation Trust**

**Assessment of events leading to the closure of Bootham Park
Hospital on the 30th September 2015**

Introduction

This paper provides the Health Overview and Scrutiny Committee (the Committee) with the chronology of events leading to the Care Quality Commission's (CQC) decision that all "regulated clinical activity" at Bootham Park Hospital (BPH) should cease.

Background

The Leeds Partnerships NHS Foundation Trust was established in 2007 with a strong history of providing mental health and learning disability services in Leeds with a range of specialist mental health services, such as mother and baby and inpatient eating disorder services.

Under the national Transforming Community Services programme (the Health and Social Care Act 2012), all Primary Care Trusts (PCT) were required to divest themselves of directly managed provider services. Following a tender exercise the Leeds Partnerships NHS Foundation Trust took on the management responsibility for mental health and learning disabilities services for the York, Selby, Tadcaster and Easingwold localities on the 1st February 2012 becoming the Leeds and York Partnership NHS Foundation Trust (LYPFT).

At the point of transfer to LYPFT, there was a joint recognition with the then North Yorkshire and York PCT that the ambition for the delivery of modern mental health services in York would be highly dependent on a clear coherent mental health strategy and at a later date a re-specification of services. The importance of the improvement and redevelopment of the estate from which services would be provided was also recognised. The PCT's estates assets remained in the ownership of the PCT at that point.

Background to Estate issues

LYPFT was fully cognisant of the magnitude of the issues presented by the mental health and learning disability estate portfolio in York and the other localities, especially the historical challenges associated with BPH.

However the Trust had a long experience of reconfiguring its estates with the closure and re-provision of two major institutions linked to the on-going redesign and improvement of its services.

LYPFT spent several months undertaking a detailed due diligence of the estate as part of its preparation for the PCT's tendering for its services. This included an initial independent survey of the estate by specialists, Capita Symonds. This in turn led to a more detailed survey by agreement with, and commissioned by, the PCT as the then owner and landlord of the facilities.

These surveys concluded that BPH was not, and could not be made "fit for purpose" as a place from which to deliver a modern mental health service. At this stage LYPFT negotiated a substantial capital commitment from the PCT to invest in addressing backlog maintenance amounting to circa £5m during 2012/13. Regrettably the financial year 2012-13 proved to be one of substantial upheaval in the NHS due to the abolition of PCTs and the setting up of CCGs and other statutory bodies, including critically NHS Property Services Limited (NHS PS). These structural organisational changes began to impact the capital development programme as noted below.

At the time of the dissolution of the PCT, its estate portfolio was offered as a capital transfer to LYPFT. After careful consideration, taking into account the fact that a disaggregation of the estate portfolio was forbidden (that is, it was a take all of it or none of it option), and being reminded by the Vale of York CCG (VoY CCG) that its contract was only for three years, LYPFT declined the offer. The rationale for this decision was principally due to the significant clinical and financial risks associated with BPH, recognising that it could not be made fit for purpose in the long term, also, if vacated, it may not be readily marketable. Consequently all of the estate was transferred into the direct ownership and responsibility of the newly formed NHS Property Services (NHS PS) a company wholly owned by the Department of Health. LYPFT was fully committed to working proactively with the nascent NHS PS and VoY CCG to drive forward strategic estate issues, as well as addressing the operational maintenance issues which were sub-contracted by NHS PS to the York Teaching Hospitals NHS Foundation Trust. LYPFT had begun to formulate strategic plans for estate reconfiguration working with the parties involved.

However, the fledgling nature of NHS PS and the VoY CCG with their developing governance and management structures appeared to create difficulties linked to lack of clarity of responsibility and the lack of retained organisational knowledge in the system. There were immediate difficulties in accessing the capital for the agreed £5m programme of works, previously agreed with the NYY NHS PCT. The introduction of the NHS system reforms and the issues for services in York were highlighted as a key risk within LYPFT.

Genuine efforts were made to establish governance arrangements with the VoY CCG and NHS PS; however difficulties proved to be both complex and on-going. . During the period up to December 2013 (the first CQC inspection BPH) LYPFT did not escalate or raise major concerns but instead steadfastly tried to engage with colleagues in NHS PS and the VoY CCG, with regard to improving and changing the environments from which care was provided. LYPFT as the registered service provider with the CQC was consistently told that it was not the key organisation in terms of an estates strategy for mental health and that it was not NHS PS's "customer" for strategic estate decisions, as that was a matter for the VoY CCG.

The responsibility of the VoY CCG with regard to facilities from which LYPFT could provide services was confirmed to the Committee by the Accountable Officer of VoY CCG at the Committee's meeting on the 2nd of July 2014. At various points when LYPFT tried specifically to engage in dialogue with VoY CCG management about its concerns and the future of BPH it was clearly told that any exit strategy for BPH was a commissioner issue in the context of LYPFT having a three year contract to provide services.

In December 2013 the CQC compliance inspection found that BPH was not fit for purpose and the Trust was formally required to take action to make improvements. At that point, in addition to addressing the immediate concerns of the CQC, LYPFT decided that, regardless of the complexities who could decide what with regard to BPH, interim options be developed to quickly and safely vacate BPH. This decision was taken in the context that a clear strategic direction for Mental Health Strategy was under development by the VoY CCG which could lead to different longer terms solutions (e.g. new hospital).

In March 2014 therefore, acting on its own initiative, LYPFT developed an option to vacate BPH utilising existing estate owned by NHS PS.

This would have seen Adult Acute mental health services relocated to Peppermill Court. This would have required the service users in Peppermill Court to be transferred into other inpatient units for older people; the Elderly Assessment ward would be relocated to Cherry Tree House; the Section 136 suite would be relocated to Clifton House; and out-patient/community work would be incorporated into proposed mental health community “Hubs” in the city.

In April 2014 at a meeting between the executives of LYPFT and the VoY CCG this plan was broadly endorsed and a public statement was made. The VoY CCG set up a “Bootham Park Programme Board” to manage the change programme. However on further inspection and scrutiny the VoY CCG and NHS PS requested a review and option appraisal to look at staying in BPH and carrying out interim improvement works “in situ” whilst simultaneously focussing on the long term permanent solution.

In July 2014 an Estate “summit” was held, chaired by the VoY CCG where LYPFT presented its preferred option of Peppermill Court and Cherry Tree House, and NHS PS presented alternatives involving retaining inpatient services at BPH. The latter option was accepted by all parties on the basis that NHS PS deemed it quicker and less expensive to achieve than LYPFT’s option and a 36 week programme was embarked upon by NHS PS. LYPFT, despite its reservations, and in light of assurances given by NHS PS, also being desirous of good relationships with the VoY CCG, agreed to move ahead with the NHS PS and the VoY CCG’s plans.

In September 2014, the CQC carried out a further compliance inspection and again found BPH was not fit for purpose.

In January 2015 the CQC issued the Trust with regulatory compliance actions to improve the estate. At the post inspection joint CQC and Monitor Quality Summit, held on the 7th of January 2015, the VoY CCG and NHS PS gave an undertaking that the BPH interim programme work would be completed by July 2015. In addition to this the Accountable Officer of the VoY CCG, stated that a new hospital would be built within three years and that the site for this would either be The Retreat or Clifton Park. Details of the continuous slippage to the BPH interim programme are found at Appendix 1.

Notwithstanding the many issues, progress was made on a limited number of schemes within the BPH interim programme.

These include the move of the Elderly Assessment ward to Cherry Tree House on 24th September 2015, some three months behind schedule. This is one example of where in the view of LYPFT NHS PS has repeatedly failed to meet agreed target dates which the Trust believes was due to NHS PS underestimating the scale of the issues presented by the York estate.

LYPFT as the registered provider of the service with responsibility for the implementation of the action plan agreed with the CQC and Monitor at the January Quality Summit drew its concerns both to the CQC and the Secretary of State for Health.

LYPFT's remains of the view that the option it put forward in July 2014 for Peppermill Court was a carefully considered and more cost effective option for the patients which would have been free of the inherent impediments in the BPH estate.

Timing of the mental health tender

LYPFT has consistently maintained that the timing of the VoY CCG's decision to tender the mental health and learning disability services in York was a poor and risky judgement, specifically their insistence that the services must transfer on the 1st October 2015. As far as LYPFT are aware, the transfer of services of this nature and scale, whilst a significant improvement plan is being implemented, was unprecedented, unsafe, and created risks for service users, carers and staff, and presented the CQC with a very difficult and controversial decision to make. The Trust's concerns were such which led it to expressing its concerns to a number of parties including the Chair of LYPFT writing to the Chair of the VoY CCG, to the health regulator Monitor and the Secretary of State for Health.

In all cases LYPFT's were met with either disinterest or false assurance. In the case of the response from the office of the Secretary of State, which was received on the 1st September 2015, the assurances provided in the letter were factually inaccurate at the time of writing. The Trust does not believe that this was intentional on the part of the Secretary of State and assumes that it was consequential to an inaccurate briefing being given by other parties.

Assessment of closure of BPH following recent CQC inspection

It is difficult not to be supportive of the recent decision by CQC to not register BPH as a location for Tees, Esk and Wear Valley NHS Foundation Trust, which ultimately led to the closure of BPH for all regulated activities on the 30th of September 2015. The closure could have been avoided if:

- a) the Interim Programme of work had been completed within the timeframe agreed by the VoY CCG and NHS PS
- b) the CQC had not been forced to make a decision based on the arbitrary deadline they had been presented with by the VoY CCG due to their insistence that the transfer had to take place on the 1 October 2015
- c) the VoY CCG had not embarked on an unnecessary and expensive retendering of the services
- d) If the VoY CCG, in making the decision to retender, had availed themselves of specialist mental health and learning disability expertise to advise on the risks and benefits of such an undertaking during a time of responding to the requirements of the CQC

LYPFT's view is that the timing of the service transfer appears to have forced the CQC to take a very hard stance. It is probable that whilst they would have been committed to the improvements being made in a timely way, they were not threatening to cancel LYPFT's registration had LYPFT remained the provider. Clearly the CQC found itself in a position of having deemed the location not fit for purpose could not in all honesty permit it being re-registered in the absence of the improvement works having been completed.

Given the age and condition of BPH, it was always possible that regulatory action or, an unpredicted event in the building, could have caused at the closure at short notice. Clearly with the benefit of hindsight, it would have been better to have a clear, planned and costed exit plan agreed shortly after the original CQC inspection in December 2013 which LYPFT argued for in 2014.

It should, however, be noted that the recent set of events has effectively brought about the closure of BPH in the absence of any public consultation.

Conclusion

Firstly, as a party to this the complex web of events, LYPFT would like to apologise to the people of York, Selby and Easingwold for the fact they have been let down by the NHS.

LYPFT believes it has tried its utmost to resolve the BPH issue in very difficult circumstances to all parties. It has not merely reacted to regulatory action but took significant steps to address the issues long before the CQC's final decision in September 2015.

The effect of the complex changes in the NHS consequential to the 2012 Health and Social Care Act found themselves being played out in York, specifically complexity about estates strategy and estates maintenance. LYPFT remains of the view that Peppercourt could have provided a satisfactory interim solution to adult in patient services in York in a safe and sustainable manner. This could be achieved in a relatively short time scale and at affordable cost. With the benefit of hindsight LYPFT regret not pushing this solution harder at the BPH Programme Board, however at the time LYPFT was attempting to strengthen its relationship with the VoY CCG whilst finding itself being made peripheral to the estates decision making process. We very much hope that the new provider along with the VoY CCG and NHS PS will review this option again in the interests of service users and carers in the Vale of York.

The attached appendix gives a timeline of key events that led to the position reached in September 2015.

Leeds and York Partnership NHS Foundation Trust October 2015

Appendix i - Timeline - Bootham Park Hospital (BPH) estates issues

- March – June 2011 – LYPFT commissioned estates survey from Capita Symonds, which informed Business Transfer Agreement (BTA) negotiations
- October 2011 – March 2012 – further detailed survey from Capita Symonds commissioned by NHS NYY, as agreed in LYPFT's BTA
- 1st February 2012 – Services transferred from NHS North Yorkshire and York PCT to LYPFT

- Assets, including BPH, retained by PCT and licensed to LYPFT under the Business Transfer Agreement (BTA).
 - Significant obligations in the BTA for the landlord (PCT) to provide sufficient and suitable premises to deliver the services.
- 12th August 2012 – LYPFT Board of Directors declined to take transfer of PCT property; in significant part due to the significant risks associated with owning BPH.
- Agreed to pursue PCT ahead of the transfer of assets to NHS PS in accordance with the BTA and agree a substantial programme of works to be agreed (and funded by NHS capital) prior to 31st March 2013.
- August 2012 – 31st March 2013 – significant programme of works (c£5m) agreed through NHS NYY PCT Capital Planning Steering Group.
- NYY PCT & P21 partner to develop programme of works
- 1st April 2013 – PCT assets and BTA obligations transfer to NHS Property Services Limited.
- Problematic getting follow through on delivering agreed programme
- November 2013 – NHS PS informed LYPFT that whilst high level risk works being completed there are problems securing funding medium and low secure risks
- December 2013 – NHS PS informed LYPFT that they could not use P21 contractor (internal procurement issues), which will delay works
- 10th, 11th, 18th December 2013 – Initial CQC inspection BPH
- December 2013 – April 2014 – LYPFT estates to urgent, high level risk work directly
- 4th February 2014 – CQC formal report
- Specific action required regarding the safety of premises
- February 2014 – LYPFT report to CQC outlining the actions to be taken following inspection report
- Requirement for high level risk works to be completed by end February 2014

- 13th February 2014 – meeting between LYPFT and NHS PS to discuss programme of works and how to implement better governance
- 20th March 2014 – Condition Breach Notice to NHS Property Services Limited to Kathryn Berry
 - Requested urgent meeting
 - Acknowledgement 6th May 2014
 - Meeting finally agreed for 2nd June 2014
- 27th March 2014 – LYPFT becomes aware that works commissioned from YTH estates on 13th December 2013 not completed to agreed plan

- 1st April 2014 – NHS PS commission YTH estates to complete works in EAU courtyard; ligatures etc.
- 1st April 2014 – YTH estates asked to visit all ward areas to remove any ligature risks (LYPFT instruction)
- 2nd April 2014- meeting with LYPFT, NHS PS & YTH to discuss outstanding actions for BPH implementation plan
- 8th April 2014 – project group established with NHS PS, LYPFT, clinical leads to discuss and implement BPH action plan – to meet weekly
- 9th April 2014 – Bootham Programme Board – Peppermill Court agreed as the preferred option for BPH replacement (Cherry Tree for EAU)
 - Noting delays on Cherry Tree reported
- 16th April 2014 – Operational meeting between NHS PS, LYPFT and YTH to discuss and improve processes and communication between three parties – monthly meeting

- 1st May 2014 – NHS PS landlord H&S audit completed
- 7th May 2014 – Minutes and ToRs of anti-ligature project group sent to NHS PS for review at executive level

- 4th June 2014 – BPH Programme Board – minutes indicate VoY CCG not wholly committed to Peppermill solution; LYPFT expressed opinion that Peppermill was the only viable solution (within available real estate and required timescales)
 - Minutes indicate some desire from CCG and NHS PS looking for an interim (remedial works) solution at BPH
- 23rd June 2014 – Chris Butler wrote to Mark Hayes on numerous matters but specifically stating concern over the timing of the tender in relation to the estates and CQC issues.

- 9th July 2014 – BPH Programme Board minutes note involvement of English Heritage (flexibility) and concern over utilising Peppermill (what to do with tricky chaps); EH keen to keep BPH
- 28th July 2014 – Property Summit led by Vale of York CCG
 - Narrative moves to a BPH interim solution in situ
- 6th August 2014 – BPH Programme Board; mainly recap on summit and note that CQC due to have full inspection
- 3rd September 2014 – BPH Programme Board
 - Peppermill Court removed as an option formally (confirmed action from previous meeting)
 - Dawn Hanwell (DH) expressed anxiety around ability to act quickly
 - DH call for evidence around BPH and noted that anticipated CQC inspection would not be favourable
 - DH reported that PID missed 1st September deadline
 - DH queried 20 week programme for Cherry Tree
- 29th September 2014 - BPH Programme Board
 - DH noted inter relationship with MH strategy and forthcoming tender
- October 2014 – CQC inspection BPH
- 14th November 2014 - BPH Programme Board
 - DH commented on clarity on timescales (Cherry Tree)
 - Ian Butterworth assured works will be completed by March 2015
 - Note delays on permanent solution to BPH
- 3rd December 2014 - BPH Programme Board
 - DH concerns re timelines and clinical sign off; not sighted on Cherry Tree PID
 - BPH Ian Butterworth assured that delay in PID will not delay works
- January 2015 – CQC issue regulatory action against LYPFT
- 4th March 2015 – BPH Programme Board
 - NHS PS reported Cherry Tree as on track
 - BPH plan aiming at end March submission to NHSE
 - Anthony Deery (AD) concerns re plans so far

- 1st April 2015 – BPH Programme Board
 - Cherry Tree - AD queried whether Kier letter would cause delays – assured not
 - BPH plan – not clear who signs off
 - AD noted CQC action plan risk if PID not signed off
- 6th May 2015 – BPH Programme Board
 - Some delays reported for Cherry Tree
 - BPH PID not yet approved
 - DH noted red light items for conservation officer and potential delays re consultation; NHS PS gave assurances
- 3rd June 2015 - BPH Programme Board
 - Cherry Tree – further delays reported
 - DH chasing practical completion date
 - BPH delays – AD to notify CQC
 - Acomb – no programme completion date yet
 - Community Hubs – no material progress
- 15th June 2015 – Chris Butler wrote to the CQC expressing concerns over the timing of the service transfer
- 1st July 2015 – BPH Programme Board
 - IB confirmed main Cherry Tree works complete by 3rd July
 - BPH not yet fully approved
 - AD queried drainage and rising water levels – no planned works
 - Acomb – DH queried whether works could be completed by end August – IB confirmed OK
- 1st July 2015 – LYPFT formal referral to Monitor re concerns over procurement process and also requesting a delay on the transfer to facilitate the delivery of the CQC action plan.
- 3rd August 2015 – LYPFT writes to Secretary of State for Health re concerns over works delays and NHS PS
- 5th August 2015 – BPH Programme Board
 - Cherry Tree – IB assurance of practical completion for 17th August, which would get patients in early September
 - BPH – DH noted LYPFT had acquiesced to interim solution at BPH.
 - Discussion re clear delays across programmes. AD commented that on-going problems with BPH solution should have been anticipated due to age of building

- AD comment that plans not clinically stable
- DH noted that other options are available (Peppermill) but that LYPFT are effectively no longer involved

- 1st September 2015 – Letter received in reply (from DH) providing assurance on works etc; this letter was factually incorrect; works listed as completed were not complete.
- 15th August 2015 – LYPFT CEO write to CQC regarding slippage on works and concerns over transfer date and effect on necessary works
- 9th 10th September 2015 - Inspection by CQC – BPH & Cherry Tree House
- 11th September 2015 – Requirement by CQC to accelerate EAU Ward 6 to Cherry Tree House by an agreed date of 24th September 2015
- 24th September 2015 – All EAU Ward 6 patients transferred to Cherry Tree House; BPH EAU ward closed
- 24th September 2015 – CQC require all clinical services at BPH to close by 30th September 2015
- 30th September 2015 – all regulated clinical services at BPH closed and other services transferred to TEWV

Health and Social Care Policy & Scrutiny Committee City of York Council

Tees, Esk and Wear Valleys NHS Foundation Trust Update

1. Introduction

On 24th September 2015 CQC issued a Section 64 notice to Leeds York Partnership Foundation Trust (LYPFT), the provider at that time, that it was minded to deregister Bootham Park Hospital (BPH) from midnight on 30 September 2015. This would prevent any regulated activities being delivered from the site and covers Inpatient, Outpatient, ECT and S.136 activities.

LYPFT and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) worked together in identifying options to manage this position and facilitate the safe transfer of patients and services to alternative locations.

The operational delivery for mental health and learning disability service transferred to TEWV on the 1 October 2015. TEWV continues to do all it can to minimise the impact the transfer of patient services has on service users, their families and staff.

2. Operational Plans

LYPFT instituted their Business Continuity Plan (BCP) and mobilised clinical and managerial staff to support the safe transfer of patients to alternative sites and implemented a range of solutions around the outpatient, S136 and ECT activities. TEWV worked closely with LYPFT to facilitate the relevant solutions and has continued to refine these plans, based on service, patient and carer feedback.

The detail below outlines the arrangements:

Outpatients that attend Bootham Park Hospital

Up to 400 people a week attend Bootham Park Hospital for 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.

For patients normally seen at Bootham Park as outpatients, arrangements have now been made which are outlined below:

Community outpatients and those receiving Improving Access to Psychological Therapies (IAPT)

From Monday 5 October these patients will be seen at the Lime Trees unit which is located at 31 Shipton Road, York YO30 5RE, Acomb Gables, 2 Oak Rise, York, YO24 4LJ and 126 Acomb Road, York, YO24 4EY. People have been contacted about where to attend. The units can be contacted via Bootham Park Hospital reception on 01904 294600. Patients attending Bootham Park by mistake will be redirected and where necessary supported to get to the new location.

Psychology services

From Monday 5 October these patients will be seen at Cherry Tree House, 218 Fifth Avenue, Heworth, York YO31 0PN. The telephone number is 01904 294 865.

Patients who require Electroconvulsive Therapy (ECT)

These patients will now receive this service at York Hospital which is on Wigginton Road, York YO31 8HE. The telephone number is 01904 631 313.

Transport for outpatients

Transport will be provided for any outpatients who attend Bootham Park Hospital who are unable to transport themselves to a different location to receive services.

Inpatients

Wards 1 and Ward 2 at Bootham Park

Ward 1 is a 13 bed female inpatient ward and Ward 2 is a 16 bed male inpatient ward.

Patients have been transferred from these wards, supported by a discharge liaison team of senior clinical staff.

For the immediate future most people who need a hospital admission will go to Roseberry Park in Middlesbrough. Roseberry Park is located on Marion Road, Middlesbrough TS4 3AF and the telephone number is 01642 837300. Some patients may be admitted to other Trust sites.

14 staff have been redeployed into the intensive home treatment team to support people in their own homes and help avoid hospital admission.

Visiting

We will do everything we can to support families who are visiting these hospitals including the use of taxis and have also set up arrangements to reimburse people for travel costs. Please speak to a member of staff or contact our patient advance and liaison team (PALS).

Ward 6 (the elderly Assessment Ward) at Bootham Park

All patients from Ward 6 were moved successfully on 24 September to Cherry Tree House in the Heworth area of York as part of a long standing programme of improvement works.

Cherry Tree House is located at 218 Fifth Avenue, York YO31 0PN and the telephone number is 01904 294 865.

Section 136 place of safety

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.

The Section 136 suite at Bootham Park closed on Saturday 26 September. We have made arrangements with North Yorkshire Police to accommodate anyone who needs a Section 136 suite in existing facilities at Harrogate District Hospital. If this facility is full patients will be transferred to facilities either in Northallerton or Scarborough. Additional staff will be redeployed to enhance the Street Triage service in York, 24 hours a day, 7 days a week.

The arrangements are subject to regular review and further refinements to the operational plans will be undertaken as service needs are identified.

A helpline has been set up for anyone who has any questions or concerns about what's happening, e.g. where services are being provided or where to go for appointments. The number is 01904 610700.

3. CQC Registration

TEWV has had further discussion with CQC around the potential re-registration of BPH for outpatients, S 136 and ECT.

CQC officers visited the site on 9/10/15 and we are working with CQC around the registration requirements.

4. Medium Term Solutions

TEWV is actively reviewing the estate solutions with a view to reconfiguring one of the existing units within York so that it can be developed into an adult ward, which would enable adult inpatient services to be reinstated within York.

TEWV is working with VoY CCG and NHS Property Services to facilitate a programme of works which should enable this option to be implemented within 6 months.

5. Longer Term Solutions

The Trust is keen to develop a new hospital for York, covering both adult and older people services by 2019. TEWV is working with partners to identify estate and funding solutions to facilitate this provision.

6. Conclusion

Members are asked to note the work that TEWV is undertaking to ensure the safety of patients following Bootham Park Hospital deregistration. A further operational update will be available at the meeting.

Collaborating to provide high quality, safe services



Background



Built in 1777.

Long and well respected history as the city’s facility to care for people with mental health conditions.

Grade 1 listed building of *‘exceptional architectural and historical interest’*.

It cannot be demolished, extended or altered without special permission.

Collaborating to provide high quality, safe services

2010



Mental health and learning disability services registered at Bootham Park Hospital.

A series of inspections, reports and assessments, CQC continued to identify risks.

2012 Anti-ligature assessment

'ligature points found in most rooms'

'little or no attempt to alleviate ligature points'

'ligatures omitted from risk registers'.

Collaborating to provide high quality, safe services

April 2013

The CCG assumes responsibility for commissioned healthcare in the Vale of York

Partnership working to improve facilities and deliver safe MHL D services becomes a CCG priority.

Collaborating to provide high quality, safe services

Spring 2014

Vale of York stakeholder engagement programme begins to collect the views and experiences of patients and service users.



Summer 2014

Tri-partite agreement to improvement plans at the Vale of York Mental Health Summit meeting.

CCG announce plans to provide a new York based facility for MHL D services.

Collaborating to provide high quality, safe services

November 2014

Shaped by stakeholder feedback and the CCG's assessment of services, the contract for MHL D services was tendered



May 2015

CCG announces new provider of MHL D services.

Collaborating to provide high quality, safe services

Immediate actions

- Inpatient Beds – Admissions to other TEWV adult beds

Roseberry Park/ West Park
Discharge and Liaison Team

- Community Services – enhanced elements including:

Increased capacity into Crisis Team and Home Treatment

- 136 Suite

24/7 Street Triage
Harrogate/ Northallerton/ Scarborough

Collaborating to provide high quality, safe services

Immediate actions (continued)

- **Outpatients**

Clozaril – The Retreat

Various locations including:

- Limetrees (majority of clinics)
- Cherry Tree
- Acomb Gables
- Peppermill

- **ECT**

York Hospitals (interim)

Collaborating to provide high quality, safe services

Immediate actions (continued)

- **Patient and Carer**
 - Travel and support arrangements
- **CQC visit to review suitability of estate at Bootham Park Hospital to provide S136, Outpatients and ECT**
- **Business continuity arrangements**
 - Ongoing review and modification
 - Staffing arrangements

Collaborating to provide high quality, safe services

Short to medium term plans

- **S136 Suite** – further estate works – 6-8 weeks to complete – subject to CQC confirmation
- **Outpatients** – consolidation of space
- **ECT review**
- **Reshaping existing estate to re-provide Adult beds**
- **Re-establishing as much as is practicable**

Collaborating to provide high quality, safe services

Developing adult mental health beds for York

- Limitations of buildings / space / compliance / suitability
- Timetable for work
- “Portacabin” options not viable
- Private sector options limited

Collaborating to provide high quality, safe services

Our possible options

- Use Peppermill Court for Adult Beds (currently provides MHSOP care)
 - Create 24 beds (male and female)
 - S136 Suite
- Maximise Crisis and Home Treatment options to minimise patients moving out of York area.
- Building works required to address Adult needs – timetable up to 6 months.

Collaborating to provide high quality, safe services

Enabling works

- **Review MHSOP bed base**
 - Review all Dementia patients
 - Develop alternatives to hospital admission/
increase community based support
 - Building on our tender plans
- Consider changes to rehabilitation and recovery arrangements to ensure that MHSOP beds are provided locally

Collaborating to provide high quality, safe services

Challenges

- Bed base is reduced – so potential for patients to travel out of area if local beds are full
- Sustainability of ECT approach (safety/ effectiveness)
- Interim building works / patient moves needs careful planning
- Maintaining staff morale during this time / not losing staff

Collaborating to provide high quality, safe services

Opportunities

- New models of care
- Reduced reliance on bed based services
- New services in the community
- New partnerships

Collaborating to provide high quality, safe services

New hospital plans

- Working with partners to consider and develop plans
- Shift from a bed base to community services
- Working in partnership – community assets / new ways of working
- Timetable – by 2019

Collaborating to provide high quality, safe services

Who we are

- Established 2013
- Wholly owned by the Secretary of State For Health
- Operate around 3,500 properties across England



What we do

- Act on the requirements of local commissioners
- Provide expert asset management and facilities management services
- Improving the care of NHS patients through efficient use of estate and facilities
- Managing and improving NHS properties and facilities

Challenges of our legacy

- Very mixed estate
- Various inherited structures, systems, procedures and processes
- Listed and historic status

Collaborating to provide high quality, safe services

York estate

- 44 properties - 29 are used for mental health services
- Strategy agreed with all partners
- Requirement for investment and replacement recognised by all partners
- Programme to deliver new and improved premises;
 - Mill Lodge
 - Cherry Tree House
 - Capital works at Bootham
 - New acute unit for York
 - Community hubs for outpatient services

Continued estates support and advice

- Support NHS Vale of York CCG and TEWV:
 - Development of business case for a new mental health facility
 - Delivery of property solutions

Collaborating to provide high quality, safe services

Summary

- Mental health is a key priority for the CCG.
- The Discover programme has described a better service.
- TEWV is doing everything possible to minimise the risk to patient care.
- York will get a new inpatient facility with a predicted opening date of January 2019.

Collaborating to provide high quality, safe services

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Legacy information

December 2011	In accordance with the NHS standard contract an anti-ligature survey of the in-patient areas at Bootham Park Hospital was carried out by Capita Symonds on behalf of NHS North Yorkshire and York (the PCT).
February 2012	LYPFT take over the contract for mental health and learning disability services in the local area.
2012	<p>Anti-ligature assessment at Bootham Park Hospital identifies:</p> <ul style="list-style-type: none"> ▪ 'little or no attempt to alleviate ligature points that were found in most rooms'; ▪ ligatures omitted from ward and LYPFT risk registers.

Date	Activity	Important points to note
1 April 2013	NHS Vale of York Clinical Commissioning Group becomes the commissioner of local healthcare services	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.
December 2013 – January 2014	CQC inspection	Full inspection of Bootham Park Hospital
8 January 2014	Quality summit arranged by the CQC, LYPFT and partners.	<p>To discuss the inspection findings that identified non-compliance with:</p> <ol style="list-style-type: none"> 1. Safety and suitability of premises; 2. Assessment and monitoring of the quality of service provision; 3. Records - including medical records should be accurate and kept safe and confidential. <ul style="list-style-type: none"> ▪ lift inaccessible to wheelchairs. ▪ ligature risks found in lift. ▪ no effective systems in place to risk assess and monitor service quality. This included ▪ no audit of records ▪ little evidence of risk assessment actions carried out. ▪ ligature risks omitted from ward risk registers. ▪ care plans not reviewed, monitored or audited. ▪ inaccurate records and not fit for purpose which meant patients not protected

		from risk. Section 17 (granting short term leave) not managed properly.
3 February 2014	Place of safety (section 136) facility opens at Bootham Park Hospital	Good news story for York. CCG invests £400,000 to provide safe and dignified mental health assessments for vulnerable adults detained under Section 136 of the Mental Health Act.
11 February 2014	Publication of the CQC's inspection report	CCG public announcement <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>
13 February 2014	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.
27 March 2014	Inpatient death at Bootham Park Hospital	Inpatient suicide. Hanging by curtain hook.
5 March 2014	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 to manage the service contract and the quality elements of CQC's action plan. LYPFT provided assurance that plans were progressing.
14 April 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
28th April 2014	Launch of the DISCOVER engagement programme to support and complement existing engagement processes, bring together stakeholder views about mental health and learning disability services.	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.
12 May 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.

9 June 2014	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 quality elements of the CQC's action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
9 July 2014	<p>Bootham Park Hospital Programme Board (CCG led meeting)</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<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 business case for the work.</p>
14 July 2014	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 quality elements of the CQC's action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
28 July 2014	Mental Health Summit	<p>Summit meeting arranged and hosted by the CCG.</p> <p>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"> ▪ Move patients from Ward 6 to Cherry Tree House ▪ Improve and refurbish Ward 6 to accommodate the patients in Ward 1 ▪ Improve and refurbish Ward 1 and extend into the Chantry Suite to accommodate Ward 2 patients ▪ To close Ward 2. ▪ The Section 136 Place of Safety and the Mental Health Crisis Team to remain at Bootham Park Hospital. <p>CCG statement following the Summit meeting</p> <p><i>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</i></p>

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 Warc 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 families to engage them on the things that matter most about their treatment and care.”

English Heritage, Yorkshire statement following the Summit meeting

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.”

NHS Property Services confirmed a review of agreed works with in-patients remaining

6 August 2014	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	onsite. LYPFT confirmed that consultations with staff about the improvements had gone well. LYPFT highlighted a CQC review of services in Leeds and York via a new style inspection. Chief Nurse / Director of Quality and Patient Safety at LYPFT confirmed to be leaving the Trust on 31 October 2014
10 September 2014	LYPFT Incident Review Group	Review of inpatient suicide 27 March 2014.
11 August 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
3 September 2014	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	It was noted that consideration was required around linking other works and business cases as part of the total interim improvement solutions. Consideration to be given to wider estates issues alongside the programme for the procurement of the mental health and learning disability services contract.
8 September 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
29 September 2014	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	The programme timeline for completion of works at Cherry Tree House was revised to March 2015. LYPFT's Board requested clarification of costs.
30 September - 2 October 2014.	CQC inspection of Bootham Park Hospital Estate	
13 October 2014	Quality and performance meetings with LYPFT hosted and arranged by the	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the quality elements of the CQC's

	CCG	action plan. LYPFT provided assurance that plans were progressing.
10 November 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
14 November 2014	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	Update from CQC's inspection LYPFT confirmed that there were no issues from the CQC and that it had been complimentary of the works and plans in progress. 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.
3 December 2014	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	LYPFT said: <ul style="list-style-type: none"> ▪ their concerns remain around the treatment of impairment costs and liability over an unusually short period; ▪ that these would have significant implications during times of austerity. The Board agreed to seek clarification from NHS England.
8 December 2014	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 quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
4 December 2014	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.
7 January 2015	CQC LYPFT Quality summit	To discuss the findings of the CQC inspection report
12 January 2015	Quality and performance meetings with LYPFT hosted and arranged by the	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the quality elements of the CQC's

	CCG	<p>action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
9 February 2015	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 quality elements of the CQC's action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
February 2015	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)
4 March 2015	<p>Bootham Park Hospital Programme Board (CCG led meeting)</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<p>NHS Property Services confirmed that contractors were on site at Cherry Tree House and a revised completion date of mid-June 2015.</p> <p>Plans for Ward 8 had been agreed by LYPFT.</p> <p>Timelines for Wards 1 and 6 remained the same with an appointment of contractors scheduled for the end of March 2015.</p> <p>LYPFT confirmed staff morale was good and facilities at Cherry Tree House were superior.</p> <p>NHS Property Services confirmed that following the CQC's report that no concerns had been raised about the interim solutions.</p>
9 March 2015	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 quality elements of the CQC's action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
1 April 2015	<p>Bootham Park Hospital Programme Board (CCG led meeting)</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<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>
	Quality and performance meetings with	Monthly quality and performance meetings with LYPFT and ward visits to Bootham

13 April 2015	LYPFT hosted and arranged by the CCG	Park Hospital to manage the service contract and the quality elements of the CQC's action plan. LYPFT provided assurance that plans were progressing.
6 May 2015	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	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. The Board held detailed conversations on: <ul style="list-style-type: none"> ▪ the reversibility of proposed interim solution works with English Heritage ▪ 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. 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.
11 May 2015	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 Va of York.
11 May 2015	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 quality elements of the CQC' action plan. LYPFT provided assurance that plans were progressing.
3 June 2015	Bootham Park Hospital Programme Board (CCG led meeting) To manage the required programme of works for the improvement of the estate.	NHS Property Services updated the Board that: <ul style="list-style-type: none"> ▪ there would be further delays and revised the completion date of improvement works due to issues with windows. ▪ it assumed that York Teaching Hospital NHS Foundation Trust Estates Department had adequate schematic plans of Ward 6. This was not the case. The CCG confirmed that capital funding had been approved by NHS England for Phase 2 works on the 1 June 2015
8 June 2015	Quality and performance meetings with LYPFT hosted and arranged by the	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the quality elements of the CQC's

	CCG	<p>action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
July 2015	<p>Bootham Park Hospital Programme Board changes to the Mental Health Estates Programme Board</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<p>Board name changed to reflect other mental health estates needing improvement with Bootham Park Hospital being the priority.</p>
1 July 2015	<p>Mental Health Estates Programme Board (CCG led meeting)</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<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 to raise environmental and clinical concerns due to the slippage of works, problems with the heating system etc.</p>
13 July 2015	<p>Quality and performance meetings with LYPFT hosted and arranged by the CCG</p>	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the quality elements of the CQC' action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
5 August 2015	<p>Mental Health Estates Programme Board (CCG led meeting)</p> <p>To manage the required programme of works for the improvement of the estate.</p>	<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>
10 August 2015	<p>Quality and performance meetings with LYPFT hosted and arranged by the CCG</p>	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the quality elements of the CQC's action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>

13 August 2015	LYPFT submitted risk register via quality meeting	<p>Extreme risks identified as:</p> <ul style="list-style-type: none"> ▪ ligature points ▪ staff vacancies (nursing and admin staff)
25 August 2015	CQC requests meeting following letter from Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust	<p>TEVV 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 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 11 weeks to process registrations</p> <p>CQC requested a planned walk around Bootham Park Hospital on the 2 September 2015. It confirmed it was planning an executive meeting and would inform the CCG its decision in due course.</p>
2 September 2015	Planned walk around Bootham Park Hospital takes place	CQC Inspection Managers and Registration Manager, LYPFT and Tees, Esk and Wear Valleys Trust in attendance.
10 September 2015	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>Ward 6</p> <ul style="list-style-type: none"> ▪ patients had access to hot water (54 degrees) and were at risk of legionella ▪ doors that should have been locked were unlocked ▪ staffing was inadequate ▪ issues with record keeping ▪ 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).

		<p>Ceilings</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 ceiling was fixed immediately and assurance was provided that no other ceilings in the building required work.</p>
14 September 2015	The CCG receives notification of the CQC's inspection via Chief Nurse at LYPFT	<p>Ongoing lack of clarity around the outcomes and actions required by the CQC. 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 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 extension of a week to move patients from Ward 6 to Cherry Trees House. This was agreed and patients were moved in this time.</p>
14 September 2015	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 quality elements of the CQC' action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
16 September 2015	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"> ▪ 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, however there appeared to be no mitigation of these risks since our announced inspection. ▪ 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. ▪ 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. ▪ Risk assessments were generic and did not carry over into care plans. None of the

22 September 2015	No decision made by the CQC regarding registration of Bootham Park Hospital.	<ul style="list-style-type: none"> ▪ Confirmation of the progress of risk assessments and surveys of the public areas. <p>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 CQC also announced a 20 week time line for registration decisions to be made.</p> <p>The transfer of contract from LYPFT to Tees, Esk and Wear Valleys Trust was due to take place in eight days.</p> <p>Serious implications to extension of contract to current provider which would undo TUPE arrangements etc.</p> <p>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 reached.</p> <p>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.</p>
24 September 2015	CQC reply to LYPFT's application to vary condition of registration.	<p>CQC confirms:</p> <p>It is to grant LYPFT's application to remove the regulated activities at the location c Bootham Park Hospital on the basis the location is not fit for purpose.</p> <p>That there are to be no regulated activities to be carried on at the location Bootham Park hospital by midnight 30 September 2015.</p> <p>CQC requests:</p> <p>LYPFT's intentions as of midnight of 30 September 2015 in respect of carrying on the regulated activities.</p> <p>Provision of the following information:</p> <ul style="list-style-type: none"> ▪ Confirmation that all patients from ward 6 have been moved to Cherry Trees. ▪ Where all patients currently accommodated at the location Bootham Park hospital will be relocated too. ▪ Where health based place of safety patients will be admitted too. ▪ Where community outpatients will be seen.

Appendix 1

CQC INSPECTION – published February 2014

The CQC undertook a routine inspection in December 2013 to sites within the Leeds and York Partnership Foundation Trust portfolio.

In York they visited: Bootham Park Hospital, Acomb Learning Disability Unit, Lime Trees Child, Adolescent and Family Unit and White Horse View, Easingwold.

They also visited the Trust Headquarters to look at the Trusts system wide governance processes.

Both Acomb Learning Disability Unit and White Horse View were fully compliant with the regulations.

System Wide Governance (LYPFT)

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

The CQC judged this as having a moderate impact on people who use the service.

During the inspection, concerns were identified in the quality monitoring within some of the services. While the Trust has a system in place to ensure risks were escalated, there was insufficient attention given to assure the action taken to reduce the risks had been implemented. The mechanisms to identify risk on wards in specific services were also not in place and as a result presented risks to users of the service. This was particularly the case with respect to ligature points.

We looked at the risk register and Board Assurance Framework for the Trust and the ligature risks were not entered on them.

The CQC also raised concern around clarity of record keeping and auditing suggesting it was not clear from the evidence provided what the findings from the audits were and whether any action had been taken as a result to drive improvement in the service.

There was also a concern around serious incident reporting, which was currently manual and paper based.

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Regulation 10(1) The registered person must protect service users, and

others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to— (a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and (b) identify, assess and manage risks relating to the health, welfare and safety of service users and others.

At Bootham Park Hospital the CQC found that *whilst patients told them they felt safe patients, staff and visitors were not protected against the risks of unsafe or unsuitable premises. The CQC also found some inaccurate, non-compliant patient care records which meant that some patients were not protected from the risks of unsafe or inappropriate care and treatment.*

The CQC deemed the Trust non-compliant with 3 regulations:

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010

Safety and suitability of premises

The Trust did not ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of suitable design and layout 15 (1) (a).

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision

The provider did not have an effective system to regularly assess and monitor the quality of service that people received, Regulation 10 (a). And the service did not identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity, Regulation 10 (b).

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010

Records

Patient's care records were inaccurate and unfit for purpose which meant some patients were not protected from the risks of unsafe or inappropriate care and treatment. Appropriate information and documents in relation to the care and treatment provided to each service user was not documented their care records. Regulation 20 (1) (a).

At Lime trees Patients told the CQC that they were cared for well by staff and felt safe on the ward. They stated that staff showed them respect and overall they felt listened to by staff.

The CQC did however find some inconsistencies in the recording of information in some care records we looked at. Equally the building was not compliant with the Disability Discrimination Act or Department of Health (DoH) Single Sex Accommodation (SSA) requirements which could compromise the privacy and dignity of patients.

The ward had several ligature points and there were no risk assessments in place to manage these risks meaning patients were not protected against the risks of unsafe or unsuitable premises.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

The CQC deemed the Trust non-compliant with 2 regulations:

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010

Safety and suitability of premises

Regulation 15 (1) was not been met as the registered person did not ensure that service users having access to premises where a regulated activity is carried on were protected against the risks associated with unsafe or unsuitable premises by means of- (a) suitable design and layout (c) adequate maintenance and the proper (i) operation of the premises.

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision

Regulation 10 (1) was not been met as the registered person did not protect service users and others who may be at risk against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to enable the registered person to (a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this part of the regulations and

(b) Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying out of the regulated activity.

Next Steps

The Trust was asked to complete an action plan by the 15th February 2014.

All CCG reports were sent to the respective CCGs and meetings are in place to discuss outstanding regulation compliance (Quality and Performance Group /Contract Management Board).

In relation to the regulation compliance the most significant blocker remains the suitability of premises at Bootham Park. Bootham Park Hospital was built in 1777, a grade 1 listed building it houses three wards. A lot of the estate requires maintenance and repair to enable the building to function. Given the modern and very different mental health treatment regimens that are practised today in accordance with NICE guidance and also changing legal status and acts related to privacy and dignity, equality and diversity (DDA) the building is unfit for its purpose.

The building is currently owned by Prop Co after some NHS estates were transferred over to this National Body in 2012/13 with the emergence of clinical commissioning.

All parties - CCG, LYPFT and the Local Authority are in agreement.

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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	<ol style="list-style-type: none"> 1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	<ol style="list-style-type: none"> 1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust. 2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service.

	<ol style="list-style-type: none"> 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	<ol style="list-style-type: none"> 1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; Care Quality Commission; Vale of York CCG. 3. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	<ol style="list-style-type: none"> 1. Health & Wellbeing six monthly update report (slipped from October) 2. 2nd Quarter Finance and Performance Monitoring Report. 3. Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG) 4. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services (Gary Brittain) 5. Report on GP health checks for people with learning disabilities (Slipped from September, Mike Wimmer). 6. Healthwatch six-monthly Performance update report. 7. Annual carers Strategy update report (slipped from October) 8. Update report on Elderly People’s Homes (slipped from October) 9. Work Plan 2015-16
22 December 2015	<ol style="list-style-type: none"> 1. Work Plan 2015-16
26 January 2016	<ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults Six-monthly Assurance Report 2. Work Plan 2015-16

23 February 2016	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan 2015-16
23 March 2016	<ol style="list-style-type: none"> 1. Health and Wellbeing annual Update Report 2. Be Independent six-monthly Monitoring Report 3. Update report on York Wheelchair Services. 4. Work Plan 2015-16
26 April 2016	<ol style="list-style-type: none"> 1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Healthwatch six-monthly performance update report 3. Work Plan 2015-16

June 2016: Be Independent End of Year Position

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SCRUTINY TOPIC ASSESSMENT FORM FOR COUNCILLORS 'ONE PAGE STRATEGY'

What is the broad topic area?

The closure of Bootham Park Hospital on the 30th September following the inspection by the CQC (Care Quality Commission).

What is the specific topic area?

The topic will look at the events leading up to the closure, including determining why previous mandated maintenance work and other safety changes had not been carried out before the CQC inspection, why such short notice (4 days) was given before the closure, and how the actual closure was dealt with by the Leeds and York Partnership NHS Trust, the Tees, Esk and Wear NHS Trust and the Vale of York Clinical Commissioning including the placing of patients out of York.

Ambitions for the review:

To ensure that the current situation can be resolved as speedily as possible, ensure that lessons are learnt so that patients and their families are not put through a similar event again, and to determine how the council in the longer-term can best work with partners (including the Tees, Esk and Wear NHS Trust) to help those with mental health issues in York.

(For completion by the relevant Overview & Scrutiny Committee)

Who and how shall we consult?

i.e. who do we need to consult and why? is there already any feedback from customers and/or other consultation groups that we need to take account of?

Do we need any experts/specialists?(internal/external)

i.e. is the review dependent on specific teams, departments or external bodies? What impact will the review have on the work of any of these?

What other help do we need? e.g. training/development/resources

i.e. does this review relate to any other ongoing projects or depend on them for anything? what information do we need and who will provide it? what do we need to undertake this review e.g. specific resources, events, meetings etc?

How long should it take?

i.e. does the timings of completion of the review need to coincide with any other ongoing or planned work

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