

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 Ward 6 and the ECT suite to Cherry Tree House in York. These plans will improve the environment for service users who access these services.

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

“We are fully committed to providing the best possible care and we will continue to work with service users and their 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	<p>action plan.</p> <p>LYPFT provided assurance that plans were progressing.</p>
10 November 2014	<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>
14 November 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>Update from CQC's inspection</p> <p>LYPFT confirmed that there were no issues from the CQC and that it had been complimentary of the works and plans in progress.</p> <p>NHS Property Services confirmed that despite the delays works were due to be complete by end of March 2015.</p> <p>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.</p>
3 December 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>LYPFT said:</p> <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. <p>The Board agreed to seek clarification from NHS England.</p>
8 December 2014	<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>
4 December 2014	<p>Feedback to Bootham Park Hospital Programme Board</p>	<p>The CCG confirmed that issues for clarification by NHS England had been resolved and that final approval would be sought.</p>
7 January 2015	<p>CQC LYPFT Quality summit</p>	<p>To discuss the findings of the CQC inspection report</p>
12 January 2015	<p>Quality and performance meetings with LYPFT hosted and arranged by the</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</p>

	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 Vale 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's 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's 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>TEWV confirmed that following a period of due diligence on the Phase II works their assessment that this was the best interim solution available, subject to a number of additions that they had identified, but which were not fundamental changes to the programme or timescale of works.</p> <p>LYPFT tell the CQC 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 of 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 an 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's 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

		<p>risk assessments related to the environment that the person was to be nursed in. Ligature risks remained in place in some unlocked areas of the ward including toilets.</p> <ul style="list-style-type: none"> ▪ Nurse call points were not easily accessible for some patients. No nurse pull cords in toilets. Lines of sight remain very poor in the ward. ▪ The lounge was unsupervised. The kitchen was off the lounge and accessible to patients. Water temperatures exceeded safe temperature limits. ▪ We also identified that water temperatures were excessive on Wards 1 and 2. There appears to be no regulation of the water temperature. ▪ Ward 1 smelled of urine. There remain several blind spots that had not been mitigated since our announced inspection. ▪ The general maintenance of the wards is of concern. We saw maintenance logs which showed wards have to wait some considerable time for repairs to be completed. In one of the bedrooms we saw a missing window pane which had been boarded up since June.
<p>16 September 2015</p>	<p>The CQC urgently requested further information from LYPFT (in the next column) for it to be satisfied that the extreme risk on Ward 6 would be alleviated.</p> <p>Action plans on all findings and mitigation for these were submitted on time by 18 September 2015.</p>	<ul style="list-style-type: none"> ▪ Provide the proposed transfer date to Cherry Trees of the 12 patients currently on ward 6. ▪ Provide notification when patients are discharged from Ward 6. ▪ What is the timeframe for the updated risk assessments be reviewed and audited by the ward manager and a report provided and followed up with the registered nurses? ▪ What is the timeframe to put in place short term contracts with the agency to ensure semi-permanent staff are in place? ▪ Confirmation that ligature risks have been mitigated/managed with details of how this is provided for in local protocols and communicated effectively to staff. ▪ What is the timescale for repair of the leak below the sink in the patient beverage area to be repaired? ▪ Confirmation of the completion date of the works to remedy the high temperature water and possible legionella risk.

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 of 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.