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Late Information 15th December 2009 Scrutiny Board (Health)

Agenda Item 8 – Renal Services – Draft Statement

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Introduction and Scope

Introduction

1. The delivery of a 10–station renal dialysis unit at Leeds General Infirmary (LGI) has been a long awaited development for Leeds' kidney patients: It has also been a long-standing commitment of Leeds Teaching Hospitals NHS Trust (LTHT)

2. In early June 2009, the new Chair of the current Scrutiny Board (Health) first became aware of proposals not to proceed with the dialysis unit at LGI, and duly reported this to our first meeting of the new municipal year.

3. As a result, we agreed to consider the proposals in more detail at our Board meeting on 28 July 2009.

4. In order to gain a rounded view on the proposals, including the rationale and potential implications, we invited the following organisations and interested parties to provide written submissions and attend our Board meeting:

    - Leeds Teaching Hospitals NHS Trust (LTHT)
    - NHS Leeds
    - Specialised Commissioning Group – Yorkshire and the Humber (SCG)
    - Yorkshire Ambulance Service (YAS)
    - Kidney Patients Association (LGI)
    - Kidney Patients Association (St. James')

5. We also considered a written submission from the National Kidney Federation, and were provided with a summary of key dates and events, by way of a timeline (Appendix 1).

6. Following our July 2009 meeting, we rapidly drafted and agreed a position statement which was presented to the LTHT Board at its meeting on 30 July 2009. The full position statement is presented at Appendix 2, however the main conclusions can be summarised as follows:

    - Our underlying aim has always been to ensure that high quality health care services are available for all kidney patients across the City – without adding to patients' often already complicated lives.
    - We did not believe that the proposals would deliver the necessary quality for all patients.
    - We believed that the proposals represented a substantial variation to service delivery and required a statutory period of consultation.
    - We recommended that the LTHT Board defer any decision on the proposals until such consultation had taken place and, as part of any formal consultation period, there were a number of outstanding issues that we still wanted to pursue.

7. When considering our conclusions and recommendation, the LTHT Board did not agree that the proposals represented a substantial variation. However, as a result of our concerns, the LTHT Board agreed to defer its decision, pending further discussions with us.

8. The outstanding issues we wanted to pursue were confirmed by way of a set of supplementary questions, issued to LTHT and other key stakeholders on 6 August 2009.

Introduction and Scope

9. These supplementary questions covered the following broad areas:

   - Previously agreed plans
   - Strategy
   - Demand and Capacity
   - Patient Survey
   - Patient Transport
   - Role of the Scrutiny Board

10. Within the context of seeking to ensure that high quality health care services are available for all kidney patients across the City, these areas formed the scope of our further inquiry.

11. After a somewhat lengthy delay, we received the response to our supplementary questions in late October 2009 and formally considered these details at our Board meeting on 24 November 2009.

Conclusions and Recommendations

Background

12. Since issues associated with the provision of renal services in Leeds were first raised with the City Council (February 2006), it should be recognised that the terms of reference and membership of, what is now, Leeds City Council's Scrutiny Board (Health)[1], have changed on a number of occasions. This statement and its recommendations should be considered in this context.

13. Since February 2006, when the Scrutiny Board was first advised of the need to close the Wellcome Wing at Leeds General Infirmary (LGI), various matters associated with the provision of renal services have been the subject of public scrutiny on a number of occasions. This activity has tended to focus on the location and provision of haemodialysis services within the Leeds boundary.

14. As part of the decision to close the Wellcome Wing, it was agreed to reconfigure and re-house a number of services elsewhere in Leeds Teaching Hospitals NHS Trust (LTHT). This included the provision of renal dialysis.

15. In March 2006, the Scrutiny Board received an outline of the proposals to reconfigure renal services in Leeds. It was proposed that St. James' University Hospital (SJUH) would become the main centre for inpatient renal services with an expanded satellite service, delivered from Seacroft Hospital (via an 18– station dialysis unit), in addition to a new 10–station dialysis unit at the LGI.

16. At that time, the Scrutiny Board did not believe that sufficient consultation had taken place with patients around the reconfiguration proposals. On the recommendation of the Scrutiny Board, further public consultation took place between June and August 2006.

17. The outcome of the consultation and key issues agreed by NHS Leeds and LTHT were reported to the Scrutiny Board in December 2006. This included:

- Centralisation of in-patient services at St. James's
- Establishment of a permanent dialysis facility at Seacroft
- Delivery of a 10-station haemodialysis unit at LGI

18. Since December 2006, on-going issues – often associated with renal patient transport, have been reported and considered by the Scrutiny Board. In addition, there have been some changes to the proposed location of the renal unit at LGI, which have resulted in delays. However, from March 2006 until June 2009 there had never been any indication or suggestion that replacement dialysis facilities would not be provided at LGI.

[1] All references to the Scrutiny Board (Health) include all previous Leeds City Council Scrutiny Boards (since January 2006) appointed with the responsibility for the scrutiny of local NHS health care services.

Conclusions and Recommendations

Current position

19. Having received the response to our supplementary questions in late October 2009, we agreed to formally consider the additional information at our Board meeting on 24 November 2009. In order to help us consider the supplementary information in more detail, we invited the following key stakeholders to our Board meeting:

    - Leeds Teaching Hospitals NHS Trust (LTHT)
    - NHS Leeds
    - Specialised Commissioning Group – Yorkshire and the Humber (SCG)
    - Yorkshire Ambulance Service (YAS)
    - Kidney Patients Association (LGI)
    - Kidney Patients Association (St. James')

20. We also considered the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) which had been formally received on 16 November 2009[2].

21. Unfortunately, the Kidney Patients Association (St. James') representative was unable to join our meeting, but issued a statement via the Kidney Patients Association (LGI) representative.

    <u>Previously agreed plans</u>

22. It is clear to us that the decision to deliver a renal unit at LGI formed an integral part of the agreed strategy for reconfiguring services that resulted from the necessary closure of the Wellcome Wing at LGI.

23. It is also clear that local key stakeholders, including service commissioners, LTHT, patient groups and representatives and the Scrutiny Board, were collectively involved and engaged in developing this strategy.

24. As such, we believe that all stakeholders were fully signed up to the implementation of this strategy and it is our view that all key stakeholders anticipated the timely delivery of a dialysis unit at LGI.

25. In this regard, the business case to create the dialysis unit at LGI was agreed, in its entirety, by the LTHT Board on 29 November 2007. There is also compelling evidence that LTHT repeatedly re-affirmed its commitment to deliver a dialysis unit at LGI on a number of separate occasions.

26. We are not satisfied with the rationale presented for revisiting the original decision and strongly oppose the approach adopted by LTHT, i.e. to review a fundamental element of the overall exit strategy for Wellcome Wing, both some considerable time later and in total isolation from the other elements.

27. Furthermore, within the agreed business case (November 2007), the following risks were identified:

    'By not providing this unit, there is no local dialysis for the population of west/northwest Leeds who require dialysis. Inpatients at the LGI who require dialysis will continue to be treated by a locally based renal support team, which is less cost effective, in staffing, than treating the patients from a static dialysis unit.'

28. We have not been provided with any evidence to suggest that these risks no

[2] A copy of the draft strategy and consultation letter was received through an informal source on 9 November 2009.

longer exist. As such, it is our strongly held view that such risks still remain and are, at least, equally valid.

29. We believe that kidney patients have waited long enough for the promised re-provision of dialysis facilities at LGI and that LTHT should cease its prevarication and deliver what has been agreed and promised.

30. Notwithstanding our opposition to the current proposal, we also believe that, given the intrinsic links with the agreed strategy for dealing with the closure of Wellcome Wing, any proposed deviation from that original decision represents a substantial variation and should be subject to a statutory period of consultation. This is in line with our previous statement attached at Appendix 2.

Recommendation 1

That, in line with the business plan agreed in November 2007, Leeds Teaching Hospitals NHS Trust:
(a) immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary; and,
(b) finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.

Strategy

31. In July 2009, we were advised that haemodialysis formed part of a wider regional strategy for renal replacement therapy (RRT), which had informed the proposal not to provide a dialysis unit at LGI.

32. We sought clarification regarding the content of this strategy and the process for its development. However from the response received we do not believe that the proposal was informed by a wider regional strategy and that, at the time of developing the proposal, no such strategy was in place.

33. Not least, this view is supported by the fact that the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) was not approved for wider consultation until 16 October 2009 and subsequently issued for consultation in November 2009.

34. Therefore, at the time that the proposal was developed, it is clear that at best the draft strategy had no formal standing, and at worst may not even have been drafted.

35. The involvement of key stakeholders, including overview and scrutiny committees across the region, should form an integral part of the development of regional commissioning arrangements and/or strategies.

36. We believe that, as the development of a regional strategy clearly represents a potential substantial development of local health services, there should have been some very early dialogue between SCG and overview and scrutiny committees.

37. This dialogue should have included an indication of the potential implications and also the role of scrutiny in the development of the strategy. There is no evidence of any such dialogue.

38. However from the evidence presented to we can find no indication of any engagement with any health overview

and scrutiny committees across the region in this regard.

39. While we have received statements of intent from SCG around involving and engaging overview and scrutiny committees across the region (via extracts from the strategy – *'Involving and Engaging Patients and the Public in Specialised Commissioning'*) and also received some evidence where such engagement had taken place on a regional basis[3], we believe the arrangements associated with the development of the regional renal strategy highlight some significant failings an inconsistencies within SCG.

Recommendation 2

By May 2010, the Yorkshire and the Humber Specialised Commissioning Group review its current work programme to identify those areas of service development where overview and scrutiny committees should be actively engaged, and propose an appropriate timetable of activity.

40. Following the original decision to deliver a 10-station dialysis unit at LGI, we asked service commissioners and LTHT to explain what had subsequently changed and why a unit at the LGI was no longer needed.

41. We were advised that the proposal had only come about as LTHT had further carefully scrutinised clinical need, capacity and cost. However, LTHT also advised us that '*There remains no clinical need for such a facility at LGI*.' and that it was due to, *'…a considerable amount of concern expressed from users… that the Trust proposed the 10 station unit [at LGI]* – indicating that the original decision was never based on clinical need.

42. We strongly believe that if the proposal had been informed by changing clinical need, this would have been driven by the service commissioners rather than LTHT, as the service provider. However, as we were advised that service commissioners were not aware of LTHTs proposals until after 2nd June 2009, this is clearly not the case.

43. We raised the issue of communication failure between the service commissioners and LTHT, which to a large degree was rebuffed. However, despite the view expressed by LTHT, we believe this episode demonstrates a serious breakdown in communication. This is further evidenced by the update provided to the NHS Leeds Board in February 2009, where it was reported that:

'The longer term agreed plan for these stations is to maintain 18 stations at Seacroft and to relocate 10 stations to a renovated area within LGI.'

44. In November 2009, NHS Leeds acknowledged that there had been communication difficulties between service commissioners and LTHT, and went on to advise that new procedures would be put in place to ensure communication was improved. However, details of the necessary improvements and how these would be implemented were not provided.

<u>Water treatment plant – SJUH</u>

45. We have also received conflicting information regarding the significance of the replacement of the water treatment plant at SJUH and the impact this had on the proposed unit at LGI.

[3] In relation to the national and regional plans for the reconfiguration of Specialised Burn Care Services

Conclusions and Recommendations

46. In July 2009, we were advised that the need to replace the water treatment plant at SJUH was a higher priority than to provide the additional unit at LGI – the result of which was a substitution within the Capital Programme.

47. However, in November 2009 we were advised that the two schemes were not linked and the proposal around the LGI scheme was not based on an 'either / or' position or discussion.

48. Notwithstanding the contradictory information provided at public meetings, we have written communication (dated 26 May 2009) from LTHT's Director of Planning which comments on this situation, as follows:

'In effect, we have substituted one renal priority for another. Many more renal patients will be affected if we don't sort the water treatment plant than if we don't sort the LGI dialysis unit.'

49. In the communication, the Director of Planning also stated:

'If we had enough capital to meet all the 9/10 requirements we would still be proposing to deliver the dialysis unit at LGI.'

50. We feel that LTHT has knowingly presented us with misleading information and believe that the proposal not to proceed with the dialysis unit at the LGI was based on an 'either/ or' type discussion. Indeed, in a report to the LTHT Board in July 2009, the clinical views on the water treatment plant at SJUH and the proposed unit at LGI were presented side-by-side. For LTHT to state that discussions and decisions about both schemes are not linked seems very disingenuous.

51. Furthermore, we feel this provides clear evidence that the proposal was based solely on financial considerations, with other factors, such as clinical need and patient safety issues, being secondary and convenient considerations.

52. We also believe that to have an 'either / or' type discussion regarding an agreed capital programme scheme and a item of planned maintenance is inappropriate and demonstrates some serious weaknesses in the financial planning processes in LTHT.

<u>Capacity</u>

53. In September 2008, we had been advised that work on a new 24–station dialysis unit at Seacroft Hospital had commenced in May 2008, with work on the 10–station unit at LGI due to start shortly.

54. However, as recently as February 2009, it was reported to the NHS Leeds Board that:

'The longer term agreed plan for these stations is to maintain 18 stations at Seacroft and to relocate 10 stations to a renovated area within LGI. The new unit will open on Ward 44 at Leeds General Infirmary in December 2009. As of October 2008 LTHT report that discussions were ongoing with patient representatives regarding the roll out of this development.'

55. This confirms that, while the provision of a 10-station unit at LGI had been a clear part of the plans for renal services for some time, the precise number of stations to be provided at Seacroft has been less clear.

56. Nonetheless, in July 2009 we were extremely shocked to hear that the permanent Seacroft unit was established with 34-stations – almost a

100% increase on the 18 stations expected by NHS Leeds.

57. Having queried the actual number of stations provided at Seacroft, in November 2009 we were advised of a process involving SCG and LTHT which resulted in an increase in capacity at Seacroft being agreed, to help service West Yorkshire.

58. However, this change in capacity occurred without our knowledge or involvement and, based on their report in February 2009, that of NHS Leeds: Yet, this increase in capacity at Seacroft was then used as part of the justification for not proceeding with the planned unit at LGI.

59. In November 2009, LTHT also reported that:

'…there was never any suggestion that having more stations than at first identified was going to be a problem.'

'The Trust would not normally advise the Scrutiny Board when it was creating additional capacity.'

60. Department of Health (DH) guidance states NHS Trusts should discuss any proposals for service change at an early stage, in order to agree whether or not the proposal is considered substantial.

61. It is our understanding that the DH guidance is provided in the context of all services changes and/or developments and is not limited to reductions in service or capacity.

62. Furthermore, it is clear that the originally agreed provision of dialysis stations at Seacroft and LGI (as replacement of the facilities previously provided in the Wellcome Wing) are inextricably linked and, therefore, any change in capacity in either of those locations could have longer-term implications in terms of the sustainability of other facilities.

63. As such, we find it incredible that LTHT failed to recognise the importance of discussing any proposed changes around capacity at Seacroft, including the associated rationale, with us before they were agreed and implemented.

64. We would have welcomed the opportunity to have examined any implications of proposed changes at the time of the original discussions, and it is extremely regrettable and deeply concerning that we were not afforded this opportunity.

65. We feel that this demonstrates a lack of awareness in terms of LTHT's statutory duty to engage and inform us about proposed changes and/or developments of local health care services. It is also our view that, at best, this demonstrates very poor judgement on behalf of LTHT and, at worst, contempt for our role as the public watchdog for local health care services.

66. We would also question whether there has been a deliberate attempt to build up capacity at Seacroft, in order to make the proposed unit at LGI unsustainable and unnecessary.

<u>Demand</u>

67. In July 2009, we were repeatedly advised that it was the shared view of the service commissioners (i.e. SCG, and NHS Leeds) that the current arrangements were sufficient to deliver the necessary capacity in the immediate, medium and longer-term. As such, LTHT's proposal not to invest in the re-provision renal dialysis facilities at the LGI would be the right decision.

Conclusions and Recommendations

68. However, we were also advised by the National Kidney Federation that numbers of patients requiring all forms of renal replacement therapy are anticipated to grow for the foreseeable future, with the greatest demand coming in the hospital based haemodialysis sector, (forecast to rise by up to 8% per annum).

69. Furthermore, in November 2009 we were advised that it was 2 years since any detailed modelling work had been undertaken on the likely future numbers of end stage renal failure patients across Yorkshire and the Humber. We were also advised that further work was needed to develop confidence in the new modelling tool being used to help predict future patient numbers. This position is supported by the action plan detailed in the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014).

70. Again, it appears that we have been provided with, at best, conflicting and, at worst, misleading information in terms of future demand. As a result, we have no confidence in the position reported to us in July 2009 and believe that further modelling work is needed to understand the likely demands for renal dialysis both within the Leeds boundary and across the region.

71. We feel that the arguments put forward regarding both capacity and demand fail to stack up and the original information provided in July 2009 has failed to stand up to further scrutiny.

72. We believe that information has been manipulated to support the notion and management position that a dialysis unit at LGI is not required.

<u>Patient Survey</u>

73. In July 2009, service commissioners and LTHT made significant reference to the outcome of a patient survey: They reported to us that, in a survey of patients receiving treatment at Seacroft, only 11 patients (from a total of over 85) had indicated a desire to relocate and receive their treatment at LGI. Indeed, the service commissioners used this evidence to support the argument that to proceed with the planned unit would represent *'very poor value for money'*.

74. Details relating to the outcome of the patient survey were also presented and reported to the LTHT Board in July 2009, where it was stated:

'There are approximately 490 patients currently on dialysis, 11 have said they would prefer to go to the LGI. '

75. In our follow-up questions, we asked for more information on how the survey was undertaken and a full summary of the results. From the additional information received, it became patently obvious that the survey methodology was severely flawed – as the survey was intended for a different group of dialysis patients and sent to Seacroft patients in error.

76. We reached the conclusion that the patient survey data presented was wholly inappropriate and clearly invalid. When pressed, LTHT finally agreed to withdraw the patient survey data – also stating this would not be used in any further reports to the LTHT Board.

77. However, this leads us to question the robustness of internal mechanisms and quality assurance processes within LTHT and service commissioners. Current systems and processes have

allowed flawed and misleading information to be presented to us and the LTHT Board itself. This information has been presented 'as fact', when it is quite clearly not fit for purpose.

78. We believe this further demonstrates the manipulative approach taken when presenting information to us, and possibly the LTHT Board itself – in an attempt to construct an argument in support of, and justification for, a proposed u-turn on an agreed service development. Our level of deep concern in this regard cannot be overstated.

Patient Transport

79. Since early 2006, when the initial proposals to close the Wellcome Wing and relocate renal services elsewhere were first raised, issues associated with patient transport have transcended many of our discussions around renal services.

80. On a number of occasions we have focused on the provision and reliability of transport services for kidney patients: We have heard of the plight of many patients, including the sometimes tortuous journey times endured, in order to access the thrice-weekly life-saving treatment they need.

81. However, consideration of such matters has always been in the knowledge and firm belief that, in the longer-term, some of the difficulties around patient transport would be resolved by the re-provision of dialysis facilities at LGI.

82. Initial comments from the Yorkshire Ambulance Service (YAS) reaffirmed this to be the case for some patients – particularly those accessing services from the North and North–West of the City. However, in order to gain an insight into the wider patient transport perspective, we sought additional data for the West Yorkshire sub-region.

83. In November 2009, we were presented with a range of patient transport data (provided by YAS), including the journey times of dialysis patients travelling from specific Leeds postcode areas.

84. On reviewing the additional information, it quickly became apparent that once again we had been presented with inaccurate information that was wholly inappropriate and not fit for purpose.

85. The information was so completely inaccurate, it was embarrassing that this had been submitted as 'fact' within a public arena. We feel this demonstrates a distinct lack of local knowledge across each of the NHS organisations that had been party to information prior to its formal submission.

86. The level of inaccuracy quickly led to YAS seeking to withdraw the information from the meeting and making a firm commitment to investigate the circumstances which had led to the information being presented to us in such a way.

87. We believe this is further evidence that the quality of information provided to us by a range of NHS bodies has been extremely poor and totally unacceptable.

88. This has given rise to us questioning the accuracy of other transport data presented, both at the meeting in November 2009 and historically.

89. We would also question the role that such data may have had in the performance managements arrangements between LTHT, YAS and other service commissioners in any other broader ambulatory and transport

arrangements. We call for an immediate review of such arrangements and supporting processes.

Recommendation 3

Following the circumstances and processes associated with the proposal not to re-provide dialysis facilities at Leeds General Infirmary, as highlighted in this report, that by June 2010, the Secretary of State for Health commissions and publishes an independent review that:

(a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;

(b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;

(c) Considers the circumstances which resulted in an increase in renal dialysis capacity at Seacroft Hospital, without the engagement of the Scrutiny Board (Health) and, seemingly, NHS Leeds;

(d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;

(e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.

<u>Draft Renal Strategy (2009-2014).</u>

90. As previously outlined, as part of our deliberations in November 2009, we considered the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) – which had been distributed to key stakeholders across the region, seeking comments by 31 December 2009.

91. With regard to this consultation period, we believe the timescales to be wholly inappropriate – leaving local overview and scrutiny committees barely six weeks in which to provide a response.

92. To put this view into context, it should be recognised that:

- For most, if not all committees, we believe the draft strategy will have appeared unexpectedly;
- Most committees are likely to be already working to an agreed work programme and would need an opportunity to consider the merits of rescheduling any planned items;
- The consultation period includes Christmas – which in reality shortens the consultation period further.

93. Until receiving a copy of the draft strategy we were unaware that this was under development. As of July 2009 we believed that this strategy was already in place and being used to inform the development of local services. We now believe that this was not the case.

94. In August 2009, we asked how overview and scrutiny committees (from across the Yorkshire and Humber region) had been involved in the development of the strategy, but have not been provided with any evidence to suggest any involvement of local overview and scrutiny committees in this regard.

Conclusions and Recommendations

95. Nonetheless, in November 2009 we were advised of SCG's strategy for involving and engaging patients and the public in specialised commissioning, which included the following objective:

'Develop an on-going positive relationship with Overview and Scrutiny Committees in Yorkshire & the Humber, both individually and through the Yorkshire & the Humber Health Scrutiny Network.'

96. While it is clear that the meaningful involvement and engagement with local overview and scrutiny committees has, at best, been limited, we would also question SCG's capacity to provide a consistent and necessary level of support to individual overview and scrutiny committees across the region, during the consultation period.

97. We have not had a detailed discussion about the local implications of the draft strategy, however we would initially offer the following observations:

- There is no reference to this being a new or updated strategy;
- Information on the approximate number of people living in Yorkshire and the Humber is not consistent with other details presented to us and is 0.3 million lower;
- The total number of haemodialysis patients presented in Figure 2 and 3 do not correspond;
- References to the projected increase in demand and the need for significant capital investment do not appear to be consistent with the details presented to us by service commissioners and LTHT.
- We note that an early task within the draft strategy is to undertake a review of capacity. Again, this does not appear to be consistent with some of the details presented to us by service commissioners and LTHT.
- The proposed work plan included in the draft strategy provides no indication of the significance or priority of various actions. Neither does the work plan provide details of key dates or timescales for the various actions. In order to ensure that the strategy is performance managed and reviewed on an annual basis (as indicated), it is essential that these elements are included.

Recommendation 4

Prior to finalising the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014), the Yorkshire and the Humber Specialised Commissioning Group review current consultation arrangements and, through dialogue with overview and scrutiny committees across the region, develop an extensive 12-week consultation plan.

<u>Role of the Scrutiny Board</u>

98. For some considerable time, we believe that LTHT's preferred location for renal dialysis has been Seacroft Hospital and that a dialysis unit at LGI is not a 'strategic fit' in terms of other plans across the Trust – in particular those associated with the clinical services reconfiguration (CSR), and since July 2009, we believe service commissioners and LTHT have been seeking evidence to justify the proposal not to re-provide dialysis facilities at LGI and have been actively trying to construct a business case in support of the proposal.

Conclusions and Recommendations

99. We believe there is sufficient evidence to demonstrate that LTHT initially developed the proposal in complete isolation, without reference to other key stakeholders, including service commissioners, the Scrutiny Board and, most importantly, the patients and carers directly affected.

100. Furthermore, we believe that LTHT made no reference to other strategies or frameworks that should inform the development of renal service provision and the proposal was based purely on a financial decision to help achieve equilibrium on the balance sheet.

101. We believe this is, in part, demonstrated by the extraordinary length of time taken to respond to our request for additional information. In our opinion, if the proposal had been evidence based, the additional information would have been readily available and provided in a much shorter timescale. This was clearly not the case.

102. We also believe that much of the evidence presented to us has been subject to bias and manipulation, and has therefore been found wanting in terms of its accuracy and appropriateness. Therefore, we conclude that there is no case in support of the proposal not to re-provide dialysis facilities at LGI.

103. Furthermore, we have already commented on how, as a Scrutiny Board, at times we believe we have been regarded as an irrelevance and therefore conclude that further work is now needed to repair and strengthen our relationship with local NHS organisations – be they commissioners or providers of locally, regionally or nationally based services.

Recommendation 5

In light of the issues identified and highlighted by this inquiry a review of the locally agreed protocol between the Scrutiny Board (Health) and NHS Bodies in Leeds be undertaken by June 2010.

Foundation Trust Status

104. In November 2009, we also heard about LTHT's proposals and associated processes for achieving Foundation Trust (FT) status.

105. We considered the FT proposals in detail and hope to provide a separate consultation response in due course. However, there are some aspects of the FT proposals and consultation document which, in our view, are very pertinent to the issues and circumstances associated with renal services.

106. The consultation document is entitled 'Your hospitals, Your say' and it is interspersed with references about the benefits of being a Foundation Trust, such as:

- *'greater freedom to develop services'*
- '*more accountable to the local community'*
- *'able to tailor local services to the needs of local people'*

107. The consultation document also details a number of commitments that LTHT would sign up to as a Foundation Trust, including:

- *asking the views of members*
- *tailoring services*
- *supporting patient choice*
- *involving local communities*
- *working more closely with other bodies*

- *strengthening contractual arrangements with other organisations*

108. However, based on our recent experiences and the evidence identified in this statement, we believe that at the present time, these fine words are just that – fine words.

109. We would all support these statements of intent, and agree that greater involvement of local communities in shaping local health services is a positive step forward. Nonetheless, at this moment in time, we do not believe there is sufficient evidence to demonstrate that LTHT have the necessary organisational competencies or track record to deliver such commitments. As such, we have grave reservations in supporting LTHT's application for FT status.

110. LTHT has an annual budget approaching £800 million and we firmly believe that the public of Leeds and the surrounding areas deserve to be reassured about the management and organisation of LTHT – including key business processes. We believe that such reassurance needs to be provided prior to any further devolvement of power and increased autonomy.

Recommendation 6

That NHS Leeds, NHS Yorkshire and the Humber and the Secretary of State for Health seriously consider the content of this report, its recommendations and any subsequent responses, prior to supporting any current or future Foundation Trust application from Leeds Teaching Hospitals NHS Foundation Trust.

Recommendation 7

That this report be issued to the Secretary of State for Health seeking the appropriate action be taken to secure the immediate implementation of Recommendation 1.

Appendix 1

INSERT THE TIMELINE

Appendix 2

INSERT THE PREVIOUS STATEMENT

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