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Leeds
CITY COUNCIL

SCRUTINY BOARD (HEALTH)

Meeting to be held in Committee Rooms 6 and 7, Civic Hall, Leeds on Tuesday, 21st October, 2008 at 10.00 am

(A pre-meeting will be held for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

D Atkinson	-	Bramley and Stanningley
A Blackburn	-	Farnley and Wortley
J Chapman	-	Weetwood
P Grahame (Chair)	-	Cross Gates and Whinmoor
J Illingworth	-	Kirkstall
M Iqbal	-	City and Hunslet
G Kirkland	-	Otley and Yeadon
A Lamb	-	Wetherby
J Langdale	-	Temple Newsam
G Latty	-	Guiseley and Rawdon
A McKenna	-	Garforth and Swillington
J Monaghan	-	Headingley
L Rhodes-Clayton	-	Hyde Park and Woodhouse

Co-optees

E Mack – Leeds voice Health Forum
S Saqfelhait - Touchstone

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES OF THE PREVIOUS MEETING** To receive and approve the minutes of the previous meeting held on 16 September 2008.	1 - 8
7			**IMPLEMENTATION OF THE MENTAL HEALTH ACT 2007** To receive and consider the attached report of the Leeds Mental Health Act Steering group.	9 - 34
8			**ACCOUNTABILITY ARRANGEMENTS FOR 2008/09 AND QUARTER 1 PERFORMANCE REPORT** To receive and consider the attached report of the Assistant Chief Executive (Planning, Policy and Improvement)	35 - 40
9			**PERFORMANCE REPORT (NHS LEEDS)** To receive and consider the attached report of the Head of Scrutiny and Member Development.	41 - 86

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			**RENAL SERVICES - TRANSPORT UPDATE** To receive and consider the attached report of the Head of Scrutiny and Member Development	87 - 148
11			**WORK PROGRAMME** Report to follow	
12			**DATE AND TIME OF NEXT MEETING** Tuesday, 18 November 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)	

SCRUTINY BOARD (HEALTH)

TUESDAY, 16TH SEPTEMBER, 2008

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman, J Illingworth, M Iqbal, G Kirkland, A Lamb, J Langdale, J Monaghan and L Rhodes-Clayton

17 Declarations of Interest

Councillor Kirkland declared a personal interest in Agenda Item 8, Peripheral Hospitals as he is an out-patient of Wharfedale Hospital and a Member of the Wharfedale Hospital Forum. (Minute No.21 refers).

18 Apologies for Absence

Apologies for absence were submitted on behalf of E Mack, S Saqfelhait and Councillors Atkinson and McKenna.

19 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 22 July 2008, be confirmed as a correct record.

20 Renal Services

The report of the Head of Scrutiny and Member Development referred to the Board's initial discussions regarding their work programme for the 2008/09 Municipal Year and the concern regarding Renal Services, particularly the transport of kidney patients. Attached to the report were submissions from Leeds Teaching Hospital Trust (LTHT) and the National Kidney Federation. Also tabled was a paper from the Yorkshire Ambulance Service (YAS).

The Chair introduced the following to the meeting:

- Nigel Gray – Leeds PCT
- Judith Lund – Leeds Teaching Hospitals NHS Trust
- Brian Young – Leeds Teaching Hospitals NHS Trust
- Amanda Dean – Matron for Renal Services , Leeds Teaching Hospitals NHS Trust

The Board was informed of recent changes to the delivery of Renal Services in and across Leeds, including the closure of the Wellcome Wing at Leeds General Infirmary (LGI), movement of services to St James' Hospital and

Seacroft Hospital and the continued development of the live donor renal transplant service.

It was reported that the 3-year renal transport contract had been awarded to the Yorkshire Ambulance Service (YAS) in April 2007. The scope of the contract covered conveying renal haemodialysis patients to the 8 dialysis units managed by the LTHT Renal service. One of the aims of the contract was to improve the specification provided under previous arrangements.

The Board was advised that there are 2 main dialysis units - one at St James's University Hospital and the other at Seacroft Hospital (Parsons' Unit). There are 6 satellite units located in Seacroft, Beeston, Wakefield, Huddersfield, Dewsbury and Halifax.

It was recognised that since March 2008, by far the greatest amount of difficulty has been experienced by the patients attending the Parsons' Unit at Seacroft Hospital. There has been close dialogue between LTHT Renal Service and YAS. YAS acknowledged that there were problems and, in July, communicated by letter with all their drivers on the following issues: -

- YAS staff entering clinical areas checking to see if patients were ready, interrupting treatment and causing patients to cut short their treatment in order not to miss their transport home.
- Drivers arriving too early for patients appointments (up to one hour before) even though they were planned to arrive within half an hour - the quality standard time for appointment.
- Patients left unaccompanied outside units when drivers arrive before units have opened.
- Patients being dropped off at different addresses rather than the address on the drivers' log sheets

It was further reported that a number of initiatives had been developed regarding the transport of renal patients, however it was acknowledged that a number of problems had been encountered. It was reported that a staggered patients appointments system had been instituted in June 2008 at the Seacroft Unit, although this had encountered some problems including some related to transport issues.

The Board was further advised that an audit would be conducted in late September 2008 to assess the change in practice since the letter was issued.

In response to Members questions and comments, the following issues were discussed:

- There had been other bidders for the transport contract. Yorkshire Ambulance Service had been considered to be the most suitable for the contract by the adjudication panel. Consultation had taken place with the KPA throughout the process.
- Due to the increase in the number of transplant patients, this should reduce the number of patients needing dialysis and alleviate some of the problems currently encountered.

- There had been a 12% increase in the number of patients requiring transport. This had contributed to the problems encountered with transporting patients.
- Patients not attending appointments and failing to inform YAS that they would not be attending. Members of the Board requested further information on this aspect to help assess the scale of such instances and the impact this had on the transport service overall.
- Details of follow up action for patients who had failed to attend appointments.

The Board was further advised that the Department of Health had recently announced a 3-year National Kidney Care Audit, covering the 2 key areas of patient transport services for haemodialysis patients and vascular access services. An early piece of work, in October 2008, would be a national survey of patient transport. The outcome from this survey may usefully inform the Board's future consideration of renal transport issues.

The Chair introduced the following to the meeting:

- Sarah Fatchett – Director, Yorkshire Ambulance Service
- Diane Williams, Assistant Director, Yorkshire Ambulance Service
- Nicola Greaves, Customer Relations Manager for Renal Services, Yorkshire Ambulance Service
- Kerrie Massey, Locality Manager, Yorkshire Ambulance Service

It was reported that under the terms of the transport contract, YAS had a performance target to transport 90% of patients to appointments within 30 minutes. This target had been met last year, but was currently running at 77%. A number of service improvement measures were being implemented to improve this and bring the service back up to standard. A further target of 90% was in place to transport patients home within 45 minutes of their treatment ending. This was currently running at 90.26%. Approximately 2% of journeys were cancelled or aborted due to cancelled or missed appointments.

In response to questions and comments regarding the YAS submissions, the following issues were discussed:

- Reasons for aborted journeys included instances of no response from the patients, patients being admitted to hospital or going on holiday without informing the YAS. Records of times of attendance at patients homes were kept. It was reported that work was taking place with hospitals to improve communications and increase awareness where patients had been admitted to hospital prior to appointments to prevent aborted journeys.
- Some homeward bound journeys were cancelled at a late stage as a result of patients being admitted to hospital following dialysis treatment.

- There had been an increase in the number of patients in and across Leeds who relied on transport from YAS.
- 'On-line' booking systems were being trialled.

The Chair welcomed the following to the meeting:

- Lilian Black – Kidney Patients Association Committee Member (Leeds General Infirmary)
- Paul Taylor – Kidney Patients Association Secretary (St James' Hospital)
- Gloria Black – Renal Services Patient
- Lesley Britton – Chair of St James' Kidney Patients Association

It was reported that the KPAs represented approximately 1,000 patients and carers across Leeds and they had been involved with all the local recent issues such as the relocation of services and transport arrangements. It was envisaged that the relocation of services would cause problems and main areas of concern focussed on transport arrangements. The Board was informed that kidney patients typically had to go for dialysis 3 times per week for 4 hour periods and many patients were completely reliant on the services provided by YAS.

Examples of problems experienced transporting patients to and from appointments were given to the Board. These included the late and missed collection of patients for appointments and patients having to travel on long unnecessary journeys whilst other patients were collected. It was also stated that patients had encountered difficulties in being able to make complaints and representations about poor service.

Further to the Kidney Patients Association concerns, the following issues were discussed:

- The Yorkshire Ambulance Service had a dedicated Customer Relations Manager for Renal Services.
- Late changes often had to be made to schedules for transport of patients due to various factors such as patients illness.
- Concern was made that it was not possible to contact YAS by telephone. It was reported that a dedicated line for contact had been created and patients would be informed of these details in the near future.

LTHT and the PCT stated their intention to continue to work in partnership with both the YAS and the Kidney Patients Association (KPA) in an attempt to resolve areas of concern.

The Chair thanked those present for their attendance.

RESOLVED – That the report and information presented be noted. That a further report be presented to the Board, to include greater detail on current

performance and trends in performance, particularly in the areas discussed at the meeting.

21 Local Involvement Network

The Head of Scrutiny and Member Development submitted a report which updated the Board on the process to appoint an organisation to host Leeds' Local Involvement Network (LINk). Appended to the report was a further report from the Director of Adult Social Services and a Department for Health document which explained the roles of LINks. It was reported that the Shaw Trust had been appointed as the host organisation and awarded a 3 year contract.

The Chair welcomed the following to the meeting:

- Mike Simpkin – Public Health Strategy Manager, Adult Social Services
- Dinah Shaw – Shaw Trust
- Tim Gilling – Centre for Public Scrutiny

Tim Gilling addressed the Board. He reminded Members of the background behind establishing the LINk and the role it would perform in providing meaningful engagement for public and patients across Leeds. LINks had been established nationwide based on boundaries of local authorities with Social Services responsibility. He informed the Board that the LINk would provide a new way of involvement and would attempt to broaden involvement across Leeds.

Mike Simpkin reported that the Council had worked in partnership with various organisations and users during the process of establishing the LINk. He informed the Board that the LINk would have a different role to its predecessors and referred to the report which detailed the appointment of the Shaw Trust as host organisation. It was also reported that the Shaw Trust had commenced work with representatives of the former Patient and Public Involvement Forum and service users and carers.

It was outlined that £84M had been allocated to support 150 LINks across England over a 3-year period. In Leeds, this equated to £300k (approx.) per annum.

The Chair thanked those present for their attendance.

RESOLVED – That the report be noted.

(Councillor Lamb left the meeting at 12.00 p.m. during discussion of this item).

22 Neonatal Services

The Head of Scrutiny and Member Development submitted a report which referred to the request to include Neonatal Services as part of the Board's Work Programme. Also appended to the report was a submission from Leeds

Teaching Hospitals NHS Trust which gave an overview of Neonatal Services across Leeds along with statistical information on admissions and service provision.

The Chair welcomed the following to the meeting:

- Dr Lawrence Miall, Leeds Teaching Hospitals NHS Trust
- Helen Barker, Leeds Teaching Hospitals NHS Trust
- Yvette Bartlett, Leeds Teaching Hospitals NHS Trust

In response to Members questions, the following issues and challenges were discussed:

- Increasing birth rates.
- There had been a recent increase in the number of intensive care admissions, but these figures did fluctuate. There had been no overall increase in the number of admissions.
- Referral patterns within the Yorkshire network.
- Cases where admissions had to be transferred out of the area only usually occurred when specialist treatment was needed.
- A joint NHS Task Group had been established to look at Neonatal Services across the country.

The Chair thanked those present for their attendance.

RESOLVED –

(1) That the report be noted.
(2) That a further report be brought to the Board in six months.

23 Peripheral Hospitals

The Head of Scrutiny and Member Development presented a report regarding the Board's request for a briefing on peripheral hospitals in and across Leeds. Leeds Teaching Hospitals NHS Trust submitted a briefing update on Wharfedale, Seacroft and Chapel Allerton Hospitals.

The Chair welcomed the following to the meeting:

- Sylvia Craven – Leeds Teaching Hospitals NHS Trust
- Ross Langford – Leeds Teaching Hospitals NHS Trust

In brief summary, the following issues were discussed:

- It was proposed to get the maximum possible use out of the peripheral hospitals in and around Leeds. Acute services would remain to be delivered from the two major hospital sites at Leeds General Infirmary and St James' Hospital.

- Seacroft Hospital site has many old buildings. It was proposed to locate services in the better conditioned buildings and near the York Road entrance of the site to make access easier for patients.
- The Choose and Book system for booking appointments and the mixed messages around availability being caused by technical aspects of the National NHS Choices web-site.

The Chair thanked Sylvia Craven and Ross Langford for their attendance.

RESOLVED – That the report be noted.

24 Localisation of Health and Social Care Services - Response to the Scrutiny Inquiry Report

The Head of Scrutiny and Member Development submitted a report which detailed responses and progress made to the recommendations of the Board following the Inquiry into Localisation of Health and Social Care Services carried out by the Scrutiny Board (Health and Adult Social Care).

The Chair welcomed John England, Adult Social Services and Lisa Butland, and Emma Wilson, Leeds PCT to the meeting.

In brief summary, the following issues were discussed:

- Otley Clinic – in response to concern regarding the fabric of the building, it was reported that Otley Clinic was being considered for works under the PCT's Capital Committee's investment programme.
- Regarding under usage of facilities at Yeadon Clinic, it was reported that a number of services had approached the PCT to practice at the Centre. Dental services had been provided at the centre and consisted of private and community dentists.
- Family planning provision.
- The proposed GP-led Health Centre at Burmantofts - a survey of residents had given the PCT opportunity to see what types of services there should be and how these should be delivered. It was noted that there was a need for longer opening hours and weekend provision.

The Chair thanked those present for their attendance.

RESOLVED –

(1) That the report be noted.
(2) That the Board receive a further update at a future meeting.

(Councillors Latty, Langdale, Chapman and Iqbal left the meeting during the discussion on this item).

25 Work Programme

The Head of Scrutiny and Member Development submitted a report which outlined the Board's work programme. The report also detailed the Board's Working Groups.

The following documents were distributed in relation to the Work Programme:

- GP led Health Centres Working Group meeting notes – 19 August 2008
- Proposal for a new GP led Health Centre in Leeds Analysis Report
- Terms of reference for the proposed inquiry into Improving Sexual Health Among Young People.
- Revised terms of reference for the Health Proposals Working Group.

RESOLVED –

(1) That the work programme attached at appendix one be agreed and amended as appropriate.
(2) That the revised terms of reference for the Health Proposals Group be agreed.
(3) That the information provided in relation to the GP-led Health Centre, and in particular the consultation analysis be noted and referred to the appropriate working group for any additional consideration.
(4) That the revised terms of reference for the inquiry into Improving Sexual Health among Young People be noted and agreed.
(5) That the position regarding the proposed changes to the structure of NHS Blood and Transplant and the specific implications of closing the blood testing and processing centre within Leeds be noted.
(6) That a further report on Renal Services be brought to a future Board meeting.

26 Date and Time of Next Meeting

Tuesday, 21 October 2008 at10.30 a.m. (Pre-meeting for all Members at 9.30 a.m.).

Leeds
CITY COUNCIL

Agenda Item 7

Originator: John Lennon

Tel: 247 8702

Report on behalf of the Leeds Mental Health Act Steering Group.

Date: 21 October 2008

Subject: Implementation of the Mental Health Act 2007

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity [X]
	Community Cohesion [ ]
[ ] Ward Members consulted (referred to in report)	Narrowing the Gap [ ]

Eligible for Call In [ ]

Not Eligible for Call In (Details contained in the report) [ ]

EXECUTIVE SUMMARY

The legislation governing the compulsory treatment of certain people who have a mental disorder is the Mental Health Act 1983 (the 1983 Act). The main purpose of the 2007 Act, which comes into force on **3rd November this year,** is to amend the 1983 Act. It is also being used to introduce "deprivation of liberty safeguards" through amending the Mental Capacity Act 2005 (MCA); and to extend the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004.

The 1983 Act is largely concerned with the circumstances in which a person with a mental disorder can be detained for treatment for that disorder without his or her consent. It also sets out the processes that must be followed and the safeguards for patients, to ensure that they are not inappropriately detained or treated without their consent. The main purpose of this legislation is to ensure that people with serious mental disorders which threaten their health or safety or the safety of the public can be treated irrespective of their consent where it is necessary to prevent them from harming themselves or others.

The changes to the Mental Capacity Act provide for procedures to authorise the deprivation of liberty of a person resident in a hospital or care home who lacks capacity to consent. It introduces the principles of supporting a person to make a decision when possible; acting at all times in the person's best interests in the least restrictive manner; and will apply to all decision-making in operating the procedures in the future.

The changes to the Domestic Violence, Crime and Victims Act 2004 introduce new rights for victims of mentally disordered offenders who are not subject to restrictions.

Purpose Of This Report

1.1 To advise on the main changes to the Mental Health Act.

1.2 To advise on the progress of the Implementation Self Assessment Tool (ISAT) which was submitted to the Department of Health at the end of June this year. This was a series of questions, 69 in total, that had to be answered by the health community in each area. The ISAT for Leeds was submitted by the Leeds Partnership Foundation Trust (LPFT) but in collaboration and consultation with the Local Authority.

1.3 To advise on the state of preparedness across the partnership.

2.0 Background Information

The following are the main changes to the 1983 Act made by the 2007 Act:

2.1 Definition of mental disorder: it changes the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

2.2 Criteria for detention: it introduces a new "appropriate medical treatment" test which will apply to all the longer-term powers of detention. As a result, it will not be possible for patients to be compulsorily detained or their detention continued unless appropriate medical treatment is available.

2.3 Professional roles: it is broadening the group of practitioners who can take on the functions currently performed by the approved social workers (ASW) and responsible medical officer (RMO). ASW's will become known as Approved Mental Health Professionals (AMHP) and be open to other professions such as Occupational Therapists and Nurses after appropriate training.

2.4 Nearest relative: it gives to patients the right to make an application to displace their nearest relative and enables county courts to displace a nearest relative where there are reasonable grounds for doing so. The provisions for determining the nearest relative will be amended to include civil partners amongst the list of relatives.

2.5 Supervised Community Treatment (SCT): it introduces SCT for patients following a period of detention in hospital. It is expected that this will allow a small number of patients with a mental disorder to live in the community whilst subject to certain conditions.

2.6 Mental Health Review Tribunal (MHRT): it introduces an order-making power to reduce the time before a case has to be referred to the MHRT by the hospital managers. It also introduces a single Tribunal for England, the one in Wales remaining in being.

2.7 Age-appropriate services: it requires hospital managers to ensure that patients aged under 18 admitted to hospital for mental disorder are accommodated in an environment that is suitable for their age (subject to their needs).

2.8 Advocacy: it places a duty on the appropriate national authority to make arrangements for help to be provided by independent mental health advocates.

2.9 Electro-convulsive therapy: it introduces new safeguards for patients.

3.0 Main Issues

3.1 The Implementation Self Assessment Tool (ISAT) identified all the changes that the Department of Health (DoH) would ideally like to be in place by November and is rated by a "traffic light" system of Red, Amber and Green. This timetable raised significant challenges for all Local Authorities and whilst progress was initially difficult, the progress report submitted to the DoH at the end of June 2008 (Appendix 1) was very encouraging, with almost half of the questions (34) now in Green/Amber. The majority of areas that are not green come under the heading of "Clinical Systems and Processes" as these await government guidance before they can be completed appropriately. Work is continuing to prepare the implementation plan in anticipation of government guidance on these matters and be ready to put in place the necessary arrangements to have an effective and working service.

3.2 Commissioning of services is another ISAT issue that requires attention and needs to be progressed through the steering group.. As an example, from April 2009 there will be a need to provide an Independent Mental Health Advocacy Service (IMHA) but guidance as to how this will be commissioned have yet to be issued.

3.3 The most pressing concern for the Steering Group has been to re-train the ASW workforce to become AMHP's by November 2008. A series of training courses were delivered during July 2008 which has now satisfied this requirement.

4.0 Implications For Council Policy And Governance

4.1 To oversee and monitor the changes brought about by the Act a Mental Health Act Steering Group has been set up, which is multi agency, and this will report to the Mental Health Modernisation Board, chaired by the Primary Care Trust (PCT).

4.2 A Project Mandate has been produced which identifies all stakeholders and key personnel and all agencies have signed up to this.

4.3 The Steering Group has set up 6 multi agency workstreams covering the following areas: Workforce development; Policies and Procedures; Deprivation of Liberties safeguards; Advocacy; Age Appropriate Services; and Communications. Considerable progress has been achieved to date.

5.0 Legal And Resource Implications

5.1 The Local Authority is legally required to provide an AMHP service but whilst acting in this capacity the professional is independent of their employing body.

5.2 This arrangement worked well whilst ASWs were employed by the Local Authority but if nurses and other professionals become AMHPs as described in 2.3 above, the question of governance and funding for their time, training and supervision will need to be considered by both Leeds Partnership Foundation Trust and the Local Authority.

5.3 Community Treatment Orders are new and will require the involvement of an AMHP at certain points in the process. It is unclear at this stage how much additional work this will involve but it should be possible to manage this within existing resources. If, however, these new Orders become more popular it will certainly put additional pressure on the current workforce.

5.4 There is a strong relationship between the Mental Health Act and the amendment to the Mental Capacity Act which introduces a new procedure where people being

cared for in care homes and hospitals cannot be deprived of their liberty without proper authorization. Both Acts require properly trained professionals, such as AMHP's to assess what are in people's best interests. Again, it is difficult to know, at this stage, exactly how much additional work will be required but using the Department of Health scoping tool leads us to believe that there will be approximately 2000 requests for assessments under this section of the Act.

5.5 Leeds currently has 68 Approved Social Workers and given the pressures described previously in this report we expect our numbers of newly trained AMHPs to increase. This will be assisted by an extension in the provision of the new Act that allows other practitioners/clinicians to train as AMHPs and work alongside local authority employed staff. However, responsibility for the AMHP's service and the authorisation of AMHPs remains with the local authority.

6.0 Conclusions

6.1 The new Act will commence on the 3 November this year and the work on the ISAT shows that considerable progress has already been made by the reduced numbers of RED responses, but much work still remains which it is anticipated will be completed by the Workstreams of the Steering Group.

6.2 All current ASWs will be re-trained as AMHPs by the time the Act is introduced so the Local Authority will be able to fulfill its statutory duty.

6.3 A risk remains as whether we have sufficient numbers of staff for the additional duties that the Act imposes as we are unsure how many other practitioners/clinicians may wish to become AMHPs.

7.0 Recommendations

7.1 Members are asked to note this report, and consider any recommendations they may wish to make to the City Council's Executive Board, who are scheduled to consider a similar report at their November board meeting.

Documents listed

Mental Health Act 1983

Mental Health Act 2007

Mental Capacity Act 2005

Domestic Violence, Crimes and Victims Act 2004

LEEDS CITY COUNCIL

Leeds Partnerships NHS
NHS Foundation Trust

Leeds NHS
Primary Care Trust

Care Services Improvement Partnership CSIP

National Institute for Mental Health in England

Mental Health Act 2007 – IMPLEMENTATION SELF ASSESSMENT TOOL (ISAT): A self assessment tool for NHS Trusts, Foundation Trusts, Primary Care Trusts and independent sector (private and voluntary) hospitals and Local Authorities to support implementation of reforms to the mental health legislation.

The ISAT will be of most interest to organizations providing services to patients detained under the legislation plus those providing services for children and young people (CYP) aged under 18 on a voluntary or detained basis. However, it also provides a useful framework for health and social care commissioners and others with an interest in implementation of the new legislation.

RED: The organization does not meet the standard statement.
AMBER: The organization has made progress (50% of the task completed) towards meeting the standard statement but further action is necessary to fully comply. The action required column should indicate the work necessary to achieve full compliance.
GREEN: The organization, following consultation with relevant stakeholders, fully meets the standard statement.

Version: 5.0
Date: 26.6.08

LEEDS CITY COUNCIL

Leeds Partnerships NHS
NHS Foundation Trust

Leeds NHS
Primary Care Trust

Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
A. LEADERSHIP					
A1. A Project Sponsor has been identified and a project manager appointed to lead implementation	Green	Key Agencies have sponsored The Project and a Project manager appointed by the LA and in the LPFT	Completed		March 2008
A2. An implementation project plan setting out key milestones, deliverables and accountabilities including project governance arrangements has been drafted and approved (see http://www.mhact.csip.org.uk/silo/files/project-plan-template.doc for more guidance)	Green	Drafted and approved at meeting of MHA Steering Group	Completed		June 2008
A3. The Board (or its equivalent) has been briefed on the main provisions of the Act (see http://www.mhact.csip.org.uk/news/latest-news/summary-of-the-amendments.htmlfor more information) and local arrangements for implementation.	Green	Both the LPFT Trust Board and DMT Adult Social Care Leeds CC have been briefed.	Completed.		March 2008
A4. Non-executive directors and associate managers (Hospital Managers) of NHS Trusts and Foundation Trusts and their equivalents in other service providers have been trained on their new duties and responsibilities.	Amber	Both LPFT and the LA have plans in place to train staff when training materials are published by DoH/CSIP PCT – to be determined in annual plan	Training dates to be set once Trainers have attended CSIP training days The PCT will determine its training requirements in due course	Bill Harland/Maria Warner Tabitha Arulampulam	Oct 2008 TBC

LEEDS CITY COUNCIL

Leeds Partnerships NHS
NHS Foundation Trust

Leeds NHS
Primary Care Trust

Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
A5. The Board (or its equivalent) has received and approved an action plan to achieve concordance with all standards in SAT1 and the effective and timely implementation of the plan is being monitored	Green	SAT1 has been reviewed in line with Trust processes and now integrated into city-wide Project Plan	Completed		June 2008
A6. A Project Implementation Group has been formed with members including key partner organizations, service user and carer groups, lead clinicians and information departments	Green	A City Wide MHA steering group was formed on 27th April 2008. including key partner organisations	Completed		April 2008
A7. The Project Implementation Group is reporting on progress with the implementation project plan to the Board (or its equivalent) and the Local Implementation Team (LIT) and, where CYP under 18 are admitted, to the Children and Young People's Board and the CAMHS partnership no less that quarterly	Green	Project Plan prepared and accepted by the MHA Steering Group Admission returns in CAMHS of all patients admitted to the adolescent in-patient service are returned 6 monthly	Completed		Mar 2008
A8. A stakeholder analysis has been undertaken to identify key partners, groups, organizations, staff, etc who need to be engaged with the local implementation plan	Green	The project mandate incorporates a stakeholder analysis and all relevant stakeholders have been identified			Mar 2008

LEEDS CITY COUNCIL

Leeds Partnerships NHS
NHS Foundation Trust

Leeds NHS
Primary Care Trust

Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
A9. The Board (or its equivalent) has agreed a new scheme of delegation which specifies how and which duties and responsibilities under the Act are being delegated, to whom and what the monitoring and reporting arrangements are	Amber	A new Associate Medical Director has been appointed by LPFT and MHA implementation will be supported by the Trust's project implementation manager These appointees will contribute to leading and supporting a review of the Trust's scheme of delegation and establish its own monitoring and reporting arrangements. A written policy on the scheme of delegation is currently being drafted.	Trust: Paper to LGSG and then Board LA: Report to Adult services DMT	Bill Harland Peter Heydon	Sept 2008 Sept 2008
B. POLICY AND PLANNING					
B1. The organisation has in place a range of local policies and procedures based on the suggested schedule produced by CSIP (see http://www.mhact.csip.org.uk/silo/files/local-policies-schedule.doc)	Amber	The organisations have reviewed the range of policies and procedures against the CSIP schedule and have identified those that exist and those that are outstanding.	Those outstanding will be referred to policies & procedures workstream	Kwai Mo Lynn Parkinson	Sept 2008

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Primary Care Trust

Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B2. A new local policy in respect of the supervised community treatment provisions (sections 32-36) has been developed and agreed with appropriate health and social care practitioners (including CAMHS practitioners) and partner organizations. This takes account of the best practice advice developed by MHAC, RCPsych and CSIP (Please take regard of section 36 which deals with the repeal of provisions for after-care under supervision and to the Order requiring transitional arrangements for these patients) (see http://www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams/supervised-community-treatment.html).	Amber	Key LPFT staff will be holding an exploratory meeting to discuss CTO's impact on clinical work. Further engagement with LA colleagues will be necessary to fully scope out the wider policy implications in regard to inter-agency working	All key stakeholders from LPFT, the LA and PCT will need to develop and agree a cross cutting policy.	Dr Branton /Dr Brookes	July 2008
B3. As part of planning for implementation of the Act more widely, but with particular reference to the delivery of supervised community treatment programmes, ensure effective engagement with the local primary health care community is in place	Red	Discussions with PCT have already highlighted this particular issue	This will now form part of their 08/09 action plan with action being co-ordinated with LPFT and the LA where necessary	Carol Cochrane Sinead Gregan Jane Wood	Sept 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B4. The number of patients likely to be affected by the supervised community treatment provisions has been scoped (including under 18 year olds) and an estimate made of the potential costs and savings. (Note: CSIP has developed tools to support this work)	Amber	Little work has been undertaken at this stage to estimate these numbers. However for the under 18 year olds the CAMHS service consider these numbers will be very small.	Referred to the Policies and Procedures workstream	Kwai Mo Lynn Parkinson	July 2008
B5. The organisation has reviewed and revised all its other protocols, policies and procedures to ensure they comply with the Act's new provisions. These have been reviewed with appropriate health and social care practitioners and partner organizations and approved in accordance with the organisation's local arrangements for policy approval (see http://www.mhact.csip.org.uk/silo/files/local-policies-schedule.doc for schedule of proposed policies)	Amber	We are referring this to our policies and procedures workstream in line with the project mandate	Action plan to be produced and worked on leading up to the Act's implementation	Kwai Mo Lynn Parkinson	Sept 2008
B6. The organisation has integrated the requirements of other relevant legislation (Mental Capacity Act, Race Relations Act and other equalities legislation, Human Rights Act, Freedom of Information Act, Children's Act, Data Protection Act etc) into its revised policies (see http://www.mhact.csip.org.uk/silo/files/local-policies-schedule.doc for schedule of proposed policies)	Amber	As above	As above	Kwai Mo Lynn Parkinson	Oct 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B7. The organisation has reviewed and amended its information collection and reporting systems to take account of the new provisions in the Act and is able to provide intelligent information reports and audits for Mental Health Act Scrutiny Committees as specified in section 5 of the ISAT Guidance Notes	Amber	In LPFT and the LA the relevant software applications are in the course of being reviewed and revised to bring then in line with the relevant legislative specifications.	To be referred to the policies and procedures workstream	Kwai Mo Lynn Parkinson	Oct 2008
B8. The organization is reporting to its Strategic Health Authority incidences of children and young people under the age of 16 who are placed on adult wards and are reviewing the serious untoward incident (SUI) reports which arise from such incidents on a quarterly basis	Green	Reports go to Strategic Health Authority (SHA) CAMHS and LPFT are alert to this issue. YP under 16, placed in an adult ward do trigger an SUI report	Completed		
B9. The Board has commissioned a scoping exercise/impact analysis in collaboration with partner organizations so as to assess the impact of the Act including a race and equalities impact assessment and an assessment of needs of under 18s	Red	This requirement needs to be discussed by the MHA Steering Group and actions agreed and ratified by the M H Modernisation Team	To be referred to Commissioning/Advocacy workstream	Sinead Cregan Jane Wood	June 2008
B10. The organization has reviewed its intelligent information reports so they reflect the new provisions and are able to influence strategy, partnership working, service delivery and improvement and clinical practice and inform commissioners.	Amber	Partner organizations have not yet fully completed a review to comply with the conditions of this requirement.	To be referred to the policies and procedures workstream	Kwai Mo Lynn Parkinson	Sept 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B11. Commissioning organizations have agreements in place with providers specifying actions to be taken to achieve implementation of new provisions	Red	No agreement with the PCT in line with these conditions has been reached with LPFT as yet The LA is subject to commissioning reviews The PCT have not indicated their approach at this stage	To discuss and agree actions through the MHA Steering Group	Tim o'Shea Sinead Cregan Tabitha Arulampulam Michele Moran	
B12. Commissioners have planned for the financial impact of implementing the amended legislation	Red	The commissioners plans in regard to this condition are not known at this stage	To discuss and agree actions through the MHA Steering Group	Tim o'Shea Sinead Cregan Tabitha Arulampulam Michele Moran	

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B13. Commissioners have performance management arrangements in place	Red	The commissioners plans in regard to this condition are not known at this stage	To be referred to the Commissioning/Advocacy workstream	Tim o'Shea Sinead Cregan Tabitha Arulampulam Michele Moran	
B14. Commissioners have in place arrangements for informing local authorities and Courts where beds which meet the specific needs of children and young people under the age of 18 have been commissioned. (Please note this section of the Act may be implemented to a slower timetable than other sections)	Amber	Commissioners do have in place arrangements for informing LA and the Courts, but this is not formalised	To be referred to the Commissioning/Advocacy workstream	Tim o'Shea Sinead Cregan Tabitha Arulampulam Michele Moran	Aug 2008
B15. A policy and procedure has been agreed with the Probation Board Victims Liaison officer in respect of victims rights to information about certain unrestricted patients detained under sections 37 and 47 (new schedule 5A)	Amber	Contact already made with the appropriate Probation service and contact names established	To be referred to the Policies and Procedures workstream	Kwai Mo Lynn Parkinson	Sept 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
B16. As part of the local implementation project plan a risks and opportunities register has been created and is being proactively managed	Amber	A risk management review on MHA implementation has been completed by LPFT. The LA has completed a similar exercise	The issues identified will be discussed regularly at future MHA Steering Group	Bill Harland/Peter Heydon	ongoing
B17. The organization has reviewed its arrangements for accessing legal advice to ensure this continues to be expert and timely	Green	All statutory organisations have confirmed continued access to legal advice. Discussions between PCT and LA over establishment of a joint post.	Completed		May 2008
C. PATIENTS AND CLIENT CENTRED APPROACHES					
C1. The organization has developed in partnership with commissioners and local service user groups a policy and procedure for implementing the new provisions in respect of advocacy including briefing materials and information. This should also include specialist advocates who have been trained to work with CYP under the age of 18. (Please note timetable for implementation of the advocacy provisions may be slower than for other sections of the Act) (new sections 130A-D)	Red	Awaiting further national guidance and regulations on who commissions this service	Referred to the Commissioning/Advocacy Workstream	Sinead Cregan Jane Wood	Aug 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
C2. Information, in a range of formats, for detained patients (and in the case of CYP under the age of 18 voluntary and detained patients) and their representatives regarding status, consent and competence for under 18 year olds, rights and appropriate treatment under the Act has been revised including the advocacy, ECT and nearest relative and supervised community treatment provisions (sections 26-29 and 32-36). Arrangements are in place to ensure this information is easily available to all staff and detained patients.	Amber	This has already been highlighted as part of the project plan and the CAMHS service also recognize the changes that need to be made.	Commissioning/Advocacy workstream	Sinead Cregan Jane Wood	Sept 2008
C3. In the months leading up to implementation of the Act the organization will undertake a programme of briefing sessions for detained patients	Amber	This is part of our 08/09 action plan	Referred to Commissioning/Advocacy Workstream	Sinead Cregan Jane Wood	Oct 2008
C4. The appropriate treatment (under the Act) needs of detained patients from the black and minority ethnic communities (BME) has been reflected and included in information to, and communication with, patients and their representatives	Amber	There is already a BME advisory group chaired by Alison Lowe – reflecting the delivering of the race equality action plan. Proposed that further discussions are held to determine appropriate strategies	Referred to Commissioning/Advocacy Workstream	Sinead Cregan Jane Wood	Aug 2008
C5. An ethnic monitoring system has been put in place to ensure the impact of the Act can be monitored effectively	Green	In existence and operational	Subsume under C4	–	–

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
C6. Arrangements are in place for engaging with, and involving, service users and carers (including those from BME communities) in local implementation	Amber	Arrangements exist with organisations working with mental health service users) to engage service users and carers in mental health service developments. Further discussions need to be held with these organizations regarding specific MHA implementation issues	Subsume under C4	–	–
C7. Implementation is linked to the Regional Delivering Race Equality action plan	Amber	None of the agencies are aware of any such action plan	Referred to Commissioning/Advocacy Workstream	Sinead Cregan Jane Wood	-

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
C8. Appropriate environments for the care and treatment of those aged under 18 are available which provide for a range of needs including acute and longer term care. There are also arrangements in place to reassess the particular needs of those aged under 18 to ensure the environment continues to meet their needs. Where achieving this standard requires capital development there is an agreed project plan with the necessary resources to achieve this. (Please note this section of the Act may be implemented to a slower timetable than other sections. (section 131A) Please also see recent Department of Health announcement on funding)	Red	Appropriate environments not available within providers services locally CAMHS service confirm that no beds in Yorkshire exist for young people with learning disability	Referred to Commissioning/Advocacy Workstream	Sinead Cregan Jane Wood	Sept 2008
C9. A policy and procedure is in place for consulting with persons that have knowledge or experience of cases involving minors and standards agreed that are in accordance with the requirements of the Code of Practice (Please note this section of the Act may be implemented to a slower timetable than other sections) (section 131A)	Red	No such policies or procedures currently exist	To be referred to the Policies and Procedures workstream	Kwai Mo Lynn Parkinson	Oct 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
C10. Where children and young people under the age of 16 are placed as inpatients under parental consent, or aged 16 and 17 are admitted on a voluntary basis, the organization has monitoring systems in place to ensure that consent and competence are assessed and recorded.	Green	CAMHS service confirm that this is done routinely	Completed		
C11. The organization has in place arrangements to ensure that consent for procedures or treatments which are not within the zone of parental responsibility is either sought directly from a competent young person (for 16 and 17 year olds) or in the case of a young person who lacks competence or aged under 16 through a Court Order under the Act	Green	CAMHS service confirm that arrangements currently exist for obtaining consent for 16/17yr olds, competent under 16 yr olds and parents/LA in loco parentis to consent for treatment/procedure under the Act.	Completed	–	–
D. PARTNERSHIP WORKING					
D1. Arrangements have been agreed with the relevant Area Commissioner (or Regional Director) from the Mental Health Act Commission to monitor and report progress on implementation using objective data (e.g. the intelligent information reports)	Green	Arrangements have been agreed with the relevant Area Commissioner for monitoring and reporting on implementation and the ISAT will be submitted to him.	Completed and ongoing		

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
D2. The organization has agreed with the Mental Health Act Commission arrangements that support patients subject to Community Treatment Orders meeting with MHA Commissioners if they wish	Red	Awaiting draft guidance	Referred to Policies and Procedure Workstream Imminent meeting planned with the Commission to discuss this matter	Kwai Mo Lynn Parkinson Bill Harland	Aug 2008
D3. The organization has jointly reviewed and agreed protocols with partners such as acute hospitals, children's and older peoples services, ambulance, police, prisons and housing services to ensure the new provisions are covered	Amber	All workstreams will consider as part of their remit the engagement of partners, however lead responsibility will remain with Policies and Procedures workstream	Referred to Policies and Procedure Workstream		Oct 2008
D4. The organization has updated its section 135/136 protocol with local Police, Ambulance and Social Services and have agreed monitoring arrangements based on national good practice guidelines	Green	S 136 protocol has been updated with partner organizations. Discussions taking place with regard to the s 136 suite being made available for s 135 places of safety	Completed		April 2008
E. HUMAN RESOURCE MANAGEMENT					
E1. A local communications strategy is in place to ensure staff are involved in and communicated with about, the local implementation plan	Amber	M Sells form the LA has begun discussions with the PCT to develop an overall communications strategy	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	July 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
E2. A training needs analysis has been completed including forecasts of staff numbers required to meet duties and responsibilities under the new provisions	Red	A training needs analysis has not yet been undertaken	Referred to Workforce Development Workstream	Cath Sullivan Steve Griffin	Sept 2008
E3. The numbers of staff affected by the responsible clinician and AMHP provisions (sections 11-19) have been identified including the scope for offering the roles more widely to other health and social care practitioners. An action plan is in place to support staff to manage the change.	Amber	The Trust is seeking expressions of interest from all qualified healthcare staff in each of its service areas in respect of the AMHP role The LA have undertaken a scoping exercise in order to establish the numbers of AMHPs required.	Referred to Workforce Development Workstream	Cath Sullivan Steve Griffin	Aug 2008
E4. A comprehensive training plan (based on the materials being produced by CSIP) has been agreed with key partners (including local authorities) identifying numbers of staff, transition arrangements, levels of training and delivery arrangements (i.e. briefings, training sessions, e-learning, generic training materials etc)	Amber	A training plan between partners exists but is not yet comprehensive in its scope. Further discussions are required through the Workforce Development Workstream.	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	Aug 2008
E5. The training plan includes the needs of children and young people under the age of 18 who may be placed on a designated adult ward which can offer an appropriate environment	Amber	As above	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	July 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
E6. The local authority has in place plans to fulfill their duty to provide an AMHP service in accordance with the Act	Green	Training from ASWs to AMHP already programmed from August 2008			
E7. Cross cutting support based on the values based practice programme is in place (see http://www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams/training/values-based-practice.html for more information on values based practice)	Red	Not in place	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Sept 2008
E8. Local competency frameworks and job descriptions for the new professional roles have been amended to include what has been prescribed in Regulations (see the CSIP Workforce Programme for further guidance via http://www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams/workforce.html)	Red	Not yet achieved	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	Sept 2008
E9. Arrangements have been made to incorporate training on the new provisions of the Act into the ongoing training programmes of health and social care professionals and other staff with responsibilities for patients detained under the Act	Red	Arrangements have not yet been made	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	Sept 2008
E10. Arrangements have been made for participation in the specific training programme which is being designed by CSIP for local Mental Health Act Administrators and "Hospital Managers"	Red	Dates for these training programmes are not yet available	Refer to Workforce Development workstream		

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
E11. In taking forward the local human resource programme account is being taken of the advice and guidance set out in the "Employers Guidance" (http://www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams/workforce.html)	Red	Employers guidance not yet available	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	Sept 2008
F. CLINICAL SYSTEMS AND PROCESSES FOR QUALITY IMPROVEMENT (informing, training in assessments (including risk assessments), appropriate treatments, report writing, electronic and written care records arrangements, sensitive approaches to going into homes when implementing supervised community treatment)					
F1. The care records system (whether written or electronic) has been reviewed to determine its fitness for purpose for implementation of the new Act (i.e. that it is possible to record mental health status, leave status and review reminders, etc.), that it is accessible to all who require it including visiting MHA Commissioners and Second Opinion Appointed Doctors and confidentiality arrangements have been agreed in accordance with the Information Governance toolkit	Amber	The LPFT care records system has been reviewed with the software developer and the system is to be updated in line with national requirements The LA system can deliver but needs minor adjustments	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Oct 2008
F2. Assessment training has been provided as part of the Act and Care Programme Approach staff training programme. Staff are familiar with, and have been trained in the use of, risk assessment, management and sharing tools (see http://www.nimhe.csip.org.uk/our-work/risk-management-programme.html for more guidance)	Red	Subsume under E9		–	–

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
F3. Home visit protocols have been reviewed to ensure gender and culturally sensitive access to the homes of patients on Supervised Community Treatment provisions under the Act with risk assessment measures agreed with the local police	Amber	Home visit protocols and lone working policies already exist These protocols need updating to ensure compliance with the act and take account of any cross cutting policies	Refer to Workforce Development workstream	Cath Sullivan Steve Griffin	Oct 2008
F4. Arrangements have been made and agreed with the Mental Health Act Commission to ensure delivery of statutory second opinions for patients on Community Treatment Orders	Red	The Commission are currently developing the SOAD service and guidance will be drafted and shared with providers when available	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Oct 2008
F5. Health and social care practitioners have been briefed on the new provisions in particular the provisions relating to definitions and criteria for compulsion, ECT safeguards and the assessment for consent and competence for under 18s and age-appropriate treatment for under 18s and supervised community treatment	Red	See E9	Subsume under E9	–	–

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
F6. The organization, in collaboration with its partners, has formally agreed local evidence based health and social care, race and age flexible "appropriate treatment" regimes tailored to the individual needs of the patient for the common conditions which service users detained under the Act have and processes for monitoring breaches are in place	Red	This has not yet been agreed between the organizations but a forum does exist to take these matters forward.	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Sept 2008
F7. Health and social care practitioner leaders have been consulted with and signed off local revised Act policies and procedures	Amber	Both main agencies have current systems which can handle these requirements	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Sept 2008
F8. The organization's annual audit programme cycle has been reviewed and revised to include the new provisions and to provide annual intelligent information reports as specified in the appendix to the SAT 1 guidance (for copies of this go to http://www.symmetricsd.co.uk/survey/files/Guide_to_ISAT_Nov2007.doc)	Red	The annual audit cycle has not been reviewed by partner organizations.	Referred to Policies and Procedure Workstream	Kwai Mo Lynn Parkinson	Oct 2008
F9. The organization's CPA system has been amended to take account of the requirements of the new provisions and ward leave policies and leave processes have been reviewed	Red	LPFT: The CPA system has not been amended yet. An action plan to address these issues has been prepared for discussion	Paper to SCSG and CPA Group	Bill Harland Steve Crann	June 2008

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
F10. Individual practitioners are using evidence to self assure their own performance against the Act's new provisions compared to other colleagues	Red	Cannot be determined at this point although it is recognized that procedures will be needed	Referred to Workforce Development Workstream	Cath Sullivan Steve Griffin	Oct 2008
F11. A local Mental Health Review Tribunal policy has been produced to comply with the Code of Practice which also outlines how the organization adheres to the re-engineering of the appeals process in line with national review	Red	No policy has been produced to comply with this requirement	Paper to LCSG **See F13**	MHL & CPA Dept	Oct 2008
F12. The above policy should also ensure that where a CYP under 18 does not have a CAMHs responsible clinician that an independent CAMHs assessment is made available to the Tribunal and that all CYP under the age of 18 are reviewed annually	Red	See F11 above			Oct 2008
F13. Arrangements are in place to ensure effective communication with the MHRT secretariat and these are audited	Amber	Arrangements already exist for effective communication, however these are not as yet audited	Agreement will need to be reached with the MHRT secretariat in respect to the audit format	MHL & CPA Dept	Nov 2008
G. FINANCIAL MANAGEMENT					

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Statement	Red Amber Green	What evidence did you use to support your rating?	Action required to achieve full compliance	By whom	By when
G1. The organization has included plans and targets in respect of the Act's new provisions in its annual business plans for 2007/08 and onwards	Amber	The LPFT annual plan includes references to the requirement to implement the revisions to the MHA. This matter is still outstanding for the local authority	Refer to MHA Steering Group		June 2008
G2. The organization's annual budget to support implementation of the Act has been reviewed and amended in light of the new provisions	Red	This matter is still outstanding	Refer to MHA Steering Group	–	–
G3. The organization has reviewed the resource consequences of the reformed Act in partnership with its local authorities and other key partners and reported the outcome to the Board (or its equivalent)	Red	This matter is still outstanding	Workforce Development workstream	Cath Sullivan Steve Griffin	Sept 2008
G4. The organization has agreed a budget to support local implementation costs in years 2007/08 and 2008/09	Red	This matter is still outstanding	Refer to MHA Steering Group	–	–

Version 05 (26/06/08)

Appendix 2: Corporate Balanced Scorecard 2008/09

(Based on predicted year end performance from quarter 1 results)

Citizen/Strategic Outcomes (Leeds Strategic Plan Indicators)

Culture Indicators	○○○○●●	Environment Indicators	○●●●●●●
Economy & Enterprise Indicators	○○○●●	Health and Wellbeing Indicators	●●●●●●●●● ○○○○○○○○○
Learning Indicators	○○○○○○○○○○●○○○○○○○○○○	Thriving Places Indicators	●●●●●●●●●● ○○○○○○○○○
Transport Indicators	○○○○○●	Harmonious Communities Indicators	○○○○○

Council Business Plan

Valuing our Colleagues

BP-17	Number of working days lost to the authority due to sickness absence (average per FTE)	●
BP-18	Voluntary leavers as a percentage of staff in post	●
BP-23	% local authority staff from BME communities	●
BP-24	% local authority staff with disability	●
BP-25	% of top earners who are:	
	a) women	●
	b) From BME communities	●
	c) Disabled	●
BP-26	IiP Accreditation	○

Value for Money/Resources

BP-03	% variation from overall council budget in year	●
BP-05	% income collected from:	
	a) council tax	●
	b) Non Domestic Rates	●
	c) housing rents	●
	d) sundry debtors	●
NI 185	CO2 emissions from local authority operations	●
BP-01	EMAS Accreditation	○
BP-02	% resource reprioritisation achieved compared to medium term financial plan	○
NI 179	% cash releasing efficiency savings made	○

Business Improvement/Excellence

BP-27	Equality Standard level	○
BP-28	% implementation of the equality and diversity scheme	○
BP-30	Number major projects not receiving independent project assurance	●
BP-31	Number major projects independently assured by Project Assurance Unit with a red rating for the effectiveness of overall project management arrangements	●
BP-32	Direction of Travel Score	○
BP-33	Delivery of IO programme through % project milestones achieved vs those planned	○
BP-34	% of colleagues who have an understanding of the Council's approach to the management, use and sharing of its information and knowledge	○
BP-35	% of service areas audited where Information Governance Arrangements are assessed as being 'compliant' with corporate policy.	○
BP-36	Data Quality measured by: b) % strategic indicator set (LSP, CBP & NI) where we have "no concerns" on data quality	●
BP-37	% key decisions which did not appear in the forward plan	●
BP-29	Voter Turn Out	●

Customers First

NI 14	% customer contacts which are of low or no value to the customer and can be avoided	○
NI 140	% people who say that they have been treated with respect and consideration by local public services	○
BP-08	Volume of total transactions delivered through customer self service	●
BP-09	% complaints responded to within 15 days	●
BP-10	% letters from the public that are responded to within 10 working days	●
BP-11	% emails from the public that are responded to within 10 working days	●
BP-12	% calls answered as a proportion of calls offered	●
BP-14	% services which are accessible as assessed by:	
	a) Self assessment	○
	b) Independent audit	○

Key

●	Not forecast to hit target	●	Forecast to hit target
●	Some problems in hitting target	●	No result or unable to traffic light (eg establishing baseline data)
○	Annual Indicator - no quarterly result available		

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Appendix 2: Corporate Balanced Scorecard 2008/09

(Based on predicted year end performance from quarter 1 results)

Citizen/Strategic Outcomes (Leeds Strategic Plan Indicators)

Culture Indicators	○○○○●●	Environment Indicators	○●●●●●●
Economy & Enterprise Indicators	○○○●●	Health and Wellbeing Indicators	●●●●●●●●● ○○○○○○○○○○
Learning Indicators	○○○○○○○○○○○● ○○○○○○○○○○○	Thriving Places Indicators	●●●●●●●●●● ○○○○○○○○○○
Transport Indicators	○○○○○●	Harmonious Communities Indicators	○○○○○

Council Business Plan

Valuing our Colleagues

BP-17	Number of working days lost to the authority due to sickness absence (average per FTE)	●
BP-18	Voluntary leavers as a percentage of staff in post	●
BP-23	% local authority staff from BME communities	●
BP-24	% local authority staff with disability	●
BP-25	% of top earners who are:	
	a) women	●
	b) From BME communities	●
	c) Disabled	●
BP-26	IiP Accreditation	○

Value for Money/Resources

BP-03	% variation from overall council budget in year	●
BP-05	% income collected from:	
	a) council tax	●
	b) Non Domestic Rates	●
	c) housing rents	●
	d) sundry debtors	●
NI 185	CO2 emissions from local authority operations	●
BP-01	EMAS Accreditation	○
BP-02	% resource reprioritisation achieved compared to medium term financial plan	○
NI 179	% cash releasing efficiency savings made	○

Business Improvement/Excellence

BP-27	Equality Standard level	○
BP-28	% implementation of the equality and diversity scheme	○
BP-30	Number major projects not receiving independent project assurance	●
BP-31	Number major projects independently assured by Project Assurance Unit with a red rating for the effectiveness of overall project management arrangements	●
BP-32	Direction of Travel Score	○
BP-33	Delivery of IO programme through % project milestones achieved vs those planned	○
BP-34	% of colleagues who have an understanding of the Council's approach to the management, use and sharing of its information and knowledge	○
BP-35	% of service areas audited where Information Governance Arrangements are assessed as being 'compliant' with corporate policy.	○
BP-36	Data Quality measured by: b) % strategic indicator set (LSP, CBP & NI) where we have "no concerns" on data quality	●
BP-37	% key decisions which did not appear in the forward plan	●
BP-29	Voter Turn Out	●

Customers First

NI 14	% customer contacts which are of low or no value to the customer and can be avoided	○
NI 140	% people who say that they have been treated with respect and consideration by local public services	○
BP-08	Volume of total transactions delivered through customer self service	●
BP-09	% complaints responded to within 15 days	●
BP-10	% letters from the public that are responded to within 10 working days	●
BP-11	% emails from the public that are responded to within 10 working days	●
BP-12	% calls answered as a proportion of calls offered	●
BP-14	% services which are accessible as assessed by:	
	a) Self assessment	○
	b) Independent audit	○

Key

●	Not forecast to hit target	●	Forecast to hit target
●	Some problems in hitting target	●	No result or unable to traffic light (eg establishing baseline data)
○	Annual Indicator - no quarterly result available		

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No.	Reference	Performance Indicator Type	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Predicted Full Year Result	Data Quality
1	NI 123 (PCT)	Leeds Strategic Plan Partnership Agreed	16+ current smoking rate prevalence	PCT	Quarterly	Fall	N.A	N.A	682	198		Concerns: no checklist
	Smoking is the principal avoidable cause of premature death and ill health in England today. It kills an estimated 86,500 people a year in England (one-fifth of all deaths) and leads to an extra 560 thousand admissions to hospital. Reducing prevalence is therefore a key priority in improving the health of the population. These results are based on a proxy indicator of quit rate per 100,000 population. Quarter 1 performance is 16% ahead of target.											
2	NI 123 (PCT)	Leeds Strategic Plan Partnership Agreed	16+ current smoking rate prevalence 10% SOA	PCT	Quarterly	Fall	N.A	N.A	N.A	See Comments		Concerns: no checklist
	Data broken down to an SOA level is not available for quarter 1											
3	NI 125	National Indicator	Achieving independence for older people through rehabilitation/intermediate care	PCT	Quarterly	Rise	N.A	N.A	N.A	See Comments		Under-development: checklist received but systems/ processes still being developed
	This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65+ on discharge from hospital who: • Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; • Have a planned outcome of maximising independence and enabling them to resume living at home; • Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care); • Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. This new indicator relies on new data which will require piloting and is not likely to be available for reporting until October 2008. Results will be available for reporting from February 2009 onwards.											
4	NI 131 (PCT)	National Indicator	Delayed transfers of care	Access and Inclusion	Quarterly	Fall	5.24	N.A	3.68	5.30	5.30	Concerns: no checklist
	This indicator measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. This therefore measures the ability of the whole system to ensure appropriate discharge for the whole population passing through hospital and is an indicator of the effectiveness of the interface between health and social care services. The information for this indicator is provided by the PCT. It is normally updated on a weekly basis. This particular definition of the indicator differs from the one used prior to 2008/09 and the target & baseline have therefore been extrapolated using 2007/08 data and applying 2008/09 definitions.											
5	NI 39	National Indicator	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Community Safety	To be confirmed	No	N.A.	N.A.	N.A.	See Comments		Under development: see comments
	The reporting organisation for this target is the Primary Care Trust, the definition includes both chronic health conditions linked to alcohol consumption, as well as crime related behaviour and accidents linked to alcohol. This limits its usefulness and it may be more relevant as a health PI the information can be disaggregated and so a more useful local indicator might need to be developed.											

No.	Reference	Performance Indicator Type	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Predicted Full Year Result	Data Quality
6	NI 113	National Indicator	Prevalence of Chlamydia in under 25 year olds	Leeds PCT	Quarterly	Fall	N.A.	-	17%	3.56% (cumulative)	See comments	No Concerns
	In year one Chlamydia Screening will be used as a basis of performance. This indicator will concentrate on increasing screening volumes in young people aged 15 to 24 and will thus form a baseline to monitor prevalence in proceeding years. Chlamydia is both symptomatic and asymptomatic and in this initial year the National Chlamydia Screening Programme will concentrate on increasing opportunistic screens thus ensuring adequate recording of prevalence in the asymptomatic population as well as the symptomatic population. Thus year 1 will concentrate only on part 1 of the indicator. Quarter one performance exceeded expectations by 8% over the monthly trajectories that were set. At this point, it looks as if the indicator will exceed it's annual target however screening is subject to seasonal variations.											
7	NI 51	National Indicator	Effectiveness of child and adolescent mental health (CAMHS) services	Leeds PCT	Quarterly	Rise	4 (2003)	-	-	16	16	No concerns
	All four proxy measures for this target have scored 4 giving the achievement of 16, the highest score attainable. This measure is in its final year and is to be replaced by an outcome measure currently being piloted in Kent.											
8	NI 53a	National Indicator	Prevalence of breastfeeding at 6 – 8 weeks from birth	Leeds PCT	Quarterly %	Rise	To be provided	-	40.6	28.0		No concerns
	NI 53b	National Indicator	Coverage of breastfeeding at 6 – 8 weeks from birth	Leeds PCT	Quarterly %	Rise	To be provided	-	85.2	64.4		No concerns
	Promoting and sustaining breastfeeding is an essential part of an integrated programme of child health promotion and parenting support. Over the past few years performance has focussed on breastfeeding initiation but this year the indicator is assessing levels of continuation at 6 - 8 weeks.											
9	NI 126	National Indicator	Early Access for Women to Maternity Services	Leeds PCT	Quarterly %	Rise	N.A.	-	85%	70.2		Checklist received but not reviewed
	Extensive work is being undertaken with the Maternity services. An agreed action plan has been produced in line with the recommendations in 'Maternity Matters'. Q1 the results for this Pi is estimated on two months data. Work is ongoing to both improve the data and publicise the importance of having an assessment by 12 weeks of pregnancy.											

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 October 2008

Subject: Performance Report (NHS Leeds)

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 Introduction

1.1 At its meeting on 17 June 2008, the Scrutiny Board (Health) received an outline of the key priorities and targets for NHS Leeds (formerly Leeds Primary Care Trust (PCT)), Leeds Teaching Hospitals NHS Trust (LTHT) and the Leeds Partnership Foundation Trust (LPFT).

1.2 As part of the discussion, the Scrutiny Board outlined a desire to be kept appraised of progress throughout the year, agreeing to consider the performance report presented to the NHS Leeds Board on a bi-monthly basis.

1.3 Attached to this report (Appendix 1) is the performance report presented and discussed at the NHS Leeds Board meeting on 18 September 2008. The Director of Performance, Improvement and Delivery from NHS Leeds will attend the meeting to present the key issues highlighted by the report and to address any questions identified by the Scrutiny Board.

2.0 Recommendations

2.1 The Board is requested to consider the information provided in the attached report and determine any matters that require any further scrutiny.

3.0 Background Papers

Scrutiny Board (Health) Minutes – 17 June 2008

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NHS Leeds

Report to Scrutiny Committee: Performance

October 2008

NHS Leeds

Overview

This report to the Scrutiny Committee is spilt into two parts.

Part 1 based in part on the Performance Report as submitted to the PCT Board.

Part 2 is a report on the establishment of a new body, the Joint Performance Management Board, charged with overseeing strategic performance in partnership with the PCT's chief secondary care provider, Leeds Teaching Hospitals Trust.

This section of the report for the Scrutiny Committee also contains a set of example papers. The performance report, of a similar type to that used for the PCT Board, si not included here, to avoid repetition. The format of the report for the Performance Board, being consistent with the PCT report, will help to achieve consistency. The Joint Performance Management Board considers performance indicators that are 'shared' by the PCT and the Hospitals Trust, using a programme that divides them into manageable segments. All the shared indicators will considered by the Board at least three times each year, using this system.

Part 1: The PCT Board Performance Report

The performance objectives for the PCT include the six key priorities, our commitment to the Local Area Agreement, Healthy Ambitions and statutory targets toward the delivery of the Annual Health Check. A full list of these is attached at Annex A, shown by PCT directorate and including the indicator reference number.

As agreed by the PCT Board the process for performance monitoring and reporting is:

1. A report comprising summary progress updates, on the six key priorities (colour coded within Annex A). The specific indicators associated with the six priority areas are:

   - **18 weeks standards**
     - 18 week referral to treatment waits; admitted and non-admitted
     - Diagnostic waits less than 6 weeks
     - Maximum wait time of 13 weeks for an outpatient appointment
     - Maximum wait time of 26 weeks for an inpatient appointment
     - Choose & Book rates

   - **Cancer wait times**
     - Maximum wait time of 14 days from urgent GP referral to first outpatient for suspected cancer
     - Maximum wait time of 31 days from diagnosis to treatment for all cancers

- Maximum wait time of 62 days from urgent GP referral to treatment for all cancers
- Breast cancer screening for women aged 53 to 70 years

- **Health care associated infections standards**
  - MRSA levels sustained, with local stretch targets beyond the national targets
  - C.Difficile reduction of 30% at national level, with local targets now agreed

- **Primary care access standards**
  - Guaranteed access to a primary care professional within 24 hrs
  - Guaranteed access to a GP within 48 hrs
  - Number of GP practices offering extended opening hours

- **Sexual health programme standards**
  - Chlamydia screening programme standard
  - Access to a GUM service within 48 hrs

- **Urgent care**
  - 4 hr A&E standard
  - Ambulance response times: Cat A 8 min standard
  - Ambulance response times: Cat B 19 min standard

2. A summary progress update on indicators where exceptions or non-delivery has occurred, or there is a risk of it doing so, i.e. where the status is red traffic lighted. For the current period these areas have been identified as:-

- Commissioning of early intention in psychosis services
- Data quality on ethnic group

3. There will also be a warning if an objective has moved from green to amber and a summary report will be produced to explain why there was a dip in performance. Presently, the indicator on childhood obesity is potentially identified as carrying some risk, though this is still being quantified.

4. The PCT Board agreed that there would be a focus on the Commuter Walk-in Centre, based at the Light for the current period. This is presented in a similar fashion to other indicators, though with added narrative.

Performance indicators supporting the PCT's priorities:

- 18 week standards
- Cancer wait times standards
- Health care associated infections standards
- Primary care access standards
- Sexual health programme standards
- Urgent care standards

18 weeks standards

18 week referral to treatment waits; admitted and non-admitted

Target:

Government operational targets of 90% of pathways where patients are admitted for hospital treatment; and 95% of pathways that do not end in an admission, should be completed within 18 weeks

Delivery of the referral to treatment (RTT) time standard is challenging for the PCT. The performance trajectory draws from the plan agreed with the SHA for delivery of the operational targets.

The PCT achieved the milestones that were set for March 2008 and continues to show performance exceeding trajectory. The charts show the latest validated data available.

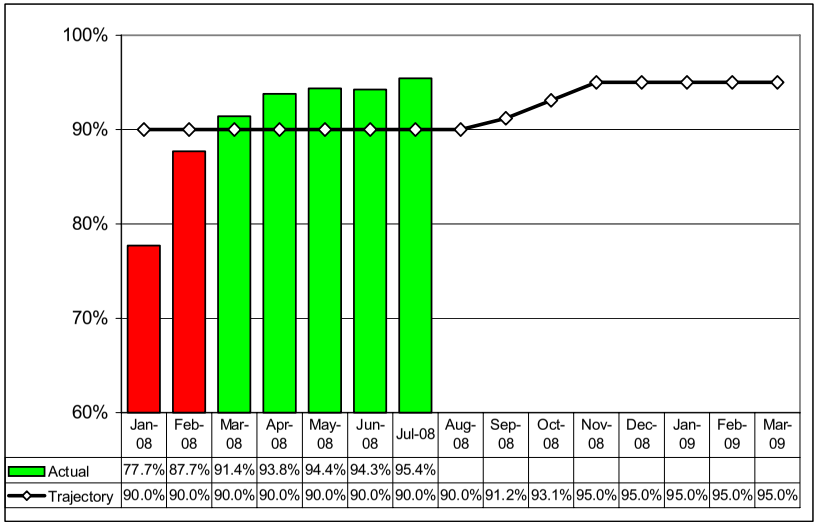
The target position for delivery of 18 weeks is now on track each month with work underway to deliver the higher level target by September 08. Early indications from LTHT are that they are more likely to achieve their elements of the target by October 08 but nevertheless there is a will and push for September.

A comprehensive capacity plan has been produced identifying which specialities have identified any risks and capacity gaps in the delivery of 18 weeks. Project leads have been identified to do further work at speciality level. Capacity required elsewhere in the system has been commissioned as a result of this, notably for areas experiencing breaches of 13 and 26 weeks, with the aim of fully utilising IS capacity currently in the system.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sue Hillyard

Ensure by March 08 most patients wait less than 18 weeks from referral to treatment

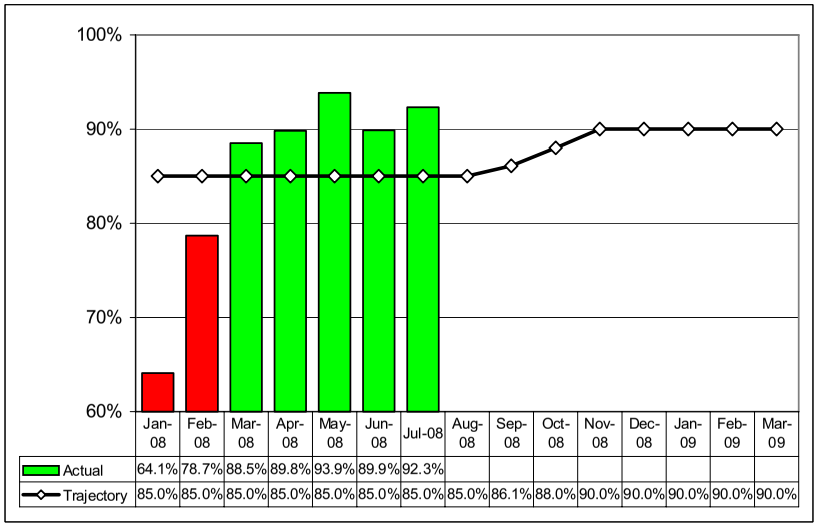
Percentage of patients seen within 18 weeks - non admitted



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	77.7%	87.7%	91.4%	93.8%	94.4%	94.3%	95.4%								
Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.2%	93.1%	95.0%	95.0%	95.0%	95.0%	95.0%

Ensure by March 08 most patients wait less than 18 weeks from referral to treatment

Percentage of patients seen within 18 weeks - admitted



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	64.1%	78.7%	88.5%	89.8%	93.9%	89.9%	92.3%								
Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	86.1%	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%

NHS Leeds

18 weeks standards

18 week supporting indicators: GP referrals for outpatient (general & acute); Other referrals for outpatient (general & acute).

Target:

No specific target, the intention being to support decision making around the capacity needed to deliver and sustain a maximum 18 week wait time.

The first indicator here records the actual number of referrals made by a GP for an outpatient appointment, whilst the second indicator describes the total of referrals for an outpatient appointment from sources other than a GP.

Recent analysis has shown that there is likely to be a significant increase in referrals during 08/09. This trend has been seen nationally, within the SHA, PCT and by local providers. Referrals have, in fact, been on the rise for the last 12 months, but the increase was particularly marked in Q1 08/09.

There are some features that make the reported increase appear greater than the actual increase. These include the bank holiday falling in March rather than April and the PCT provider now reporting activity through national systems, whereas they were not 12 months ago. However, accounting for the above, the real increase in all referrals across the full year may be as high as 11%. For Leeds patients, the percentage increase may be greater to local hospitals other than LTHT.

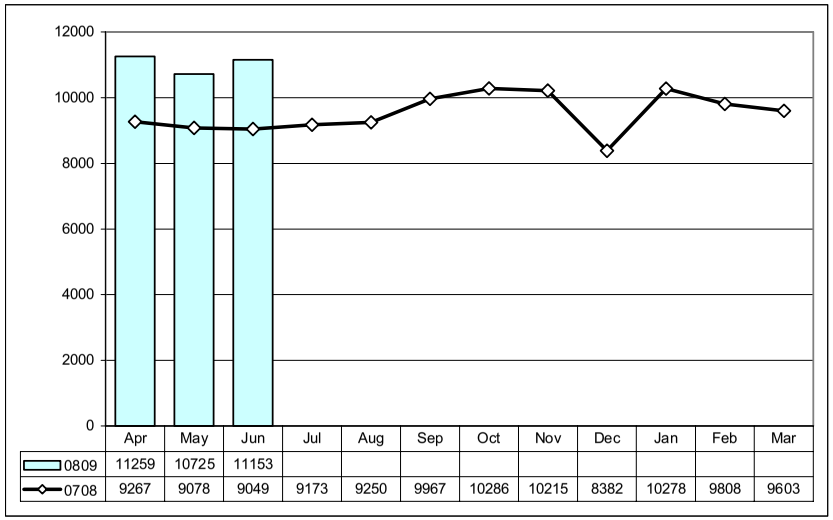
A number of tasks are being undertaken to further investigate all of the above, including work with PBC Consortia and GP Practices.

It should be noted that due to the way data is reported nationally, a month by month comparison with last year is not possible in all areas.

Lead Executive Director: Lynton Tremayne
Management Lead: Alastair Cartwright
Operational Lead: Alastair Cartwright

18 weeks

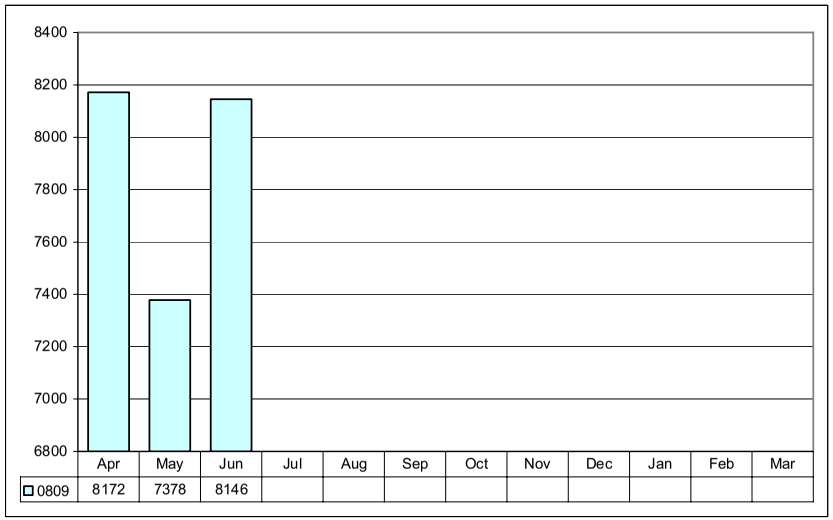
18 week supporting indicator: GP referrals for outpatient - G&A



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0809	11259	10725	11153									
0708	9267	9078	9049	9173	9250	9967	10286	10215	8382	10278	9808	9603

18 weeks

18 week supporting indicator: Other referrals for outpatient -G&A



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0809	8172	7378	8146									

18 weeks standards

Diagnostic waits less than 6 weeks

Target:

The number of patients waiting 6 weeks or more at the date of measurement for all diagnostic tests, should decrease to zero as rapidly as possible after March 2008.

Paediatric Audiology
A number of June and July breaches of this specialty were seen in early August. Major efforts have been undertaken in August to ensure no breaches in August or thereafter.

Diagnostic waits at secondary care providers
The position is improving month on month. We anticipate 38 breaches in August. These are split down as:

25	Neurophysiology
5	Cystoscopy
8	Endoscopy

Analysis of the reasons for the breaches in August has shown:

- Lack of admin capacity which has impacted on contacting and scheduling of patients
- Cancellations due to lack of anaesthetic cover

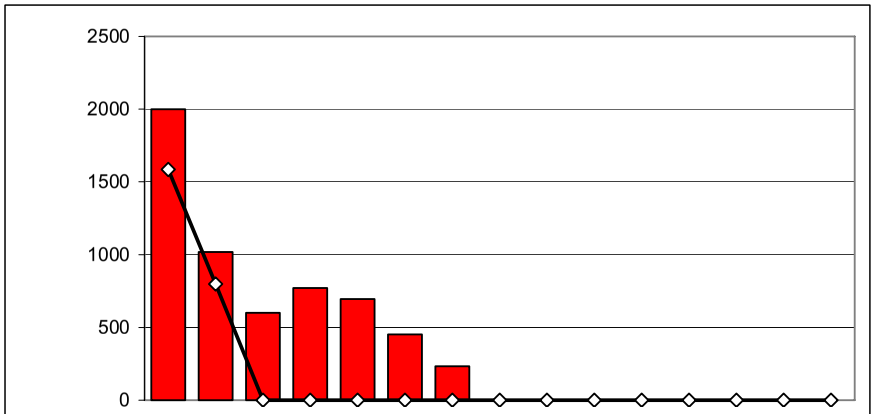
Steps have been taken to rectify these issues and we are working towards a zero breach position from September onwards.

The SHA have been kept informed of and involved in the developing situation.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Sue Hillyard

Waits for diagnostics to be reduced to 6 weeks maximum

Number of patients waiting 6+ weeks for 15 key diagnostics



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	1999	1018	601	771	694	452	233	0	0	0	0	0	0	0	0
Trajectory	1585	799	0	0	0	0	0	0	0	0	0	0	0	0	0

18 weeks standards

Number of inpatients waiting longer than standard; Number of outpatients waiting longer than standard

Target:

That the maximum wait for a first outpatient appointment be no more than 13 weeks from GP referral and for an inpatient no more than 26 weeks after a decision to admit.

Breaches have continued to occur in each month since the last performance report. There continues to be sub speciality breach risks for 13 and 26 weeks in part as a result of the backlog of patients untreated earlier in the year.

Neurosurgery and plastics continue to be breach risks for 26 weeks due to the complex nature of a number of patients and therefore the reduced options for treatment in the independent sector. The impact of referrals from outside of Leeds also is also a key issue in these specialties and LTHT is working on a piece of capacity and demand work, to try to remove the risks for the future.

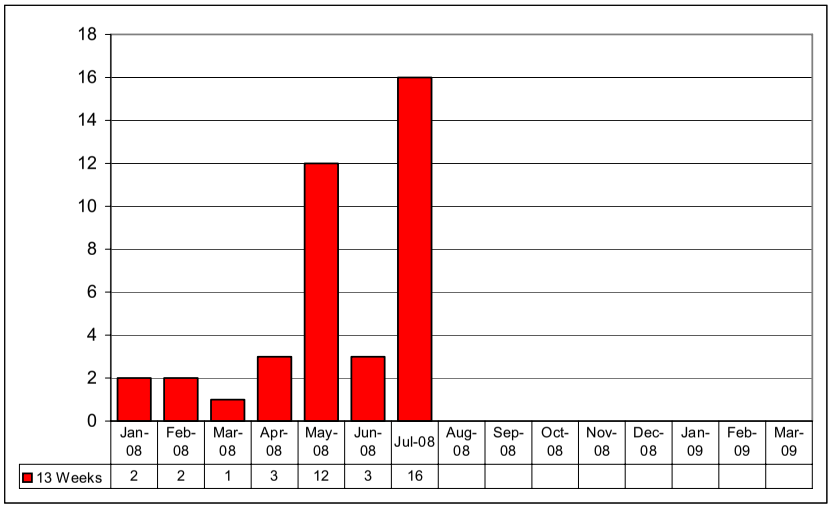
The threshold for achievement has been set at 99.97% of all patients to be seen within the standard time. The number of breaches so far this year means, based on activity levels from 2007/08, both standards have failed to be achieved for 2008/09. The number of outpatients seen last year was over 96,000, meaning that 30 and over breaches would lead to failure to achieve, whilst for inpatients over 63,000 were seen, meaning that 20 and over breaches would equate to failure. So far this year 39 outpatients and 36 inpatients have waited longer than the minimum standards

The PCT and LTHT have recently agreed an early warning process, which will be used to ensure that the maximum notice is given of likely breaches so that remedial action can be taken, where possible.

Lead Executive Director: Matt Walsh
Management Lead: Philip Grant
Operational Lead: Neil Hales & Richard Wall

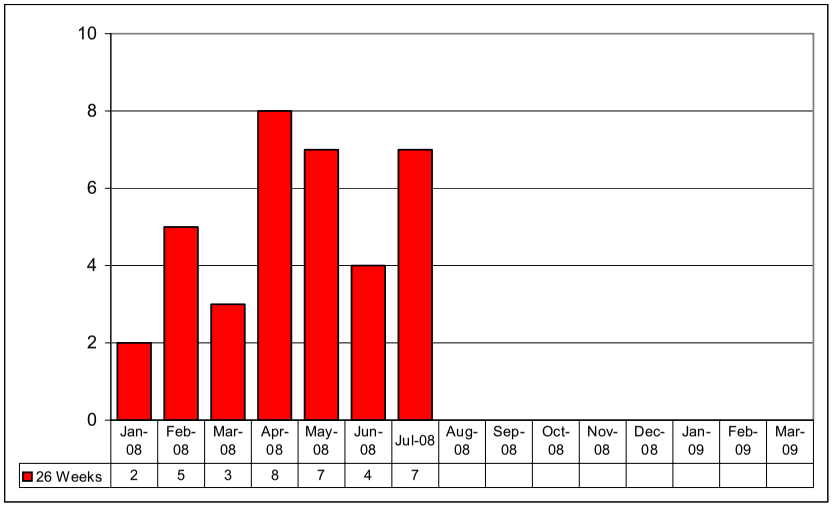
Ensure a maximum wait of 13 weeks for outpatients

Number of outpatients breaching 13+ weeks at each month-end



Ensure a maximum wait of 26 weeks for inpatients

Number of inpatients breaching 26+ weeks at each month-end



NHS Leeds

18 weeks standards

Maximise the use of the Choose & Book system

Target:

To secure 100% usage of Choose & Book system for onward referrals by Oct 2009.

June and July rates of referrals using Choose and Book were both 27%; an increase from the 25% achieved in May. This is set against a national average of 52%, which is also a static figure. June/July was affected by the increasing number of unavailable appointment slots. If slot issues were addressed, performance would have been 29% and 30% respectively.

A revised trajectory and the actions required for 100% utilisation of the Choose and Book system by October 2009 has been submitted for discussion to the 18 Week Programme Board.

Updated statistics show that the number of GP Practices utilising the Choose and Book system for more than 20% of their referrals has increased from 30 practices to 63 practices. Additionally, the Choose and Book team made 44 GP practice visits in July.

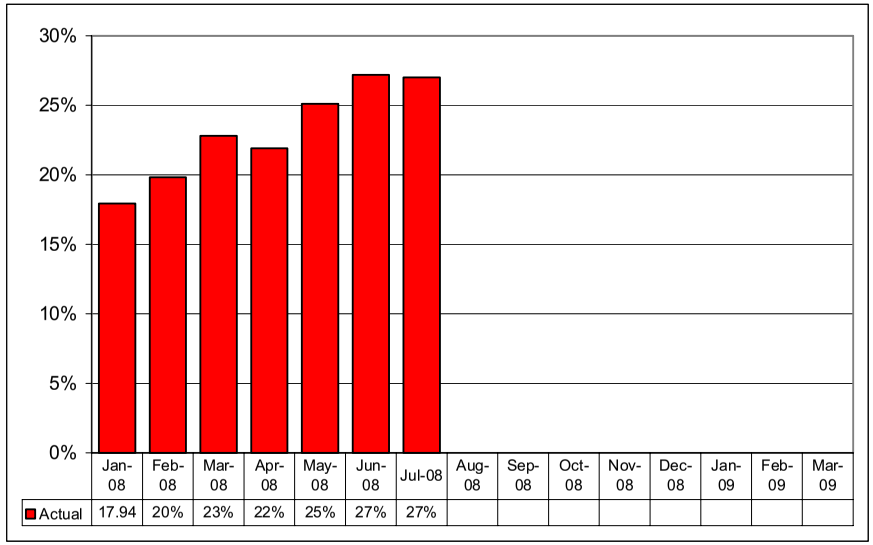
The PCT is working with the PBC consortium Leodis to train all of their GP practices in the use of the Choose and Book system, intending to make its use mandatory. Discussions are beginning for a similar approach with other PBC Consortia.

Atos Origin, who have developed and implemented Choose & Book nationally, have been approached to discuss how they can help contribute to achievement of 100% based on their experience of delivery elsewhere.

Lead Executive Director: Lynton Tremayne
Management Lead: Rob Goodyear
Operational Lead: Rob Goodyear

Choose and Book

Percentage of outpatient bookings made using the Choose & Book system



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	17.94	20%	23%	22%	25%	27%	27%								

Cancer wait times

Maximum wait time of 14 days from urgent GP referral to first outpatient appointment for suspected cancer

Target:

That there be a maximum wait time of 14 days from urgent GP referral to a first outpatient appointment for suspected cancer, with a target of 100% and an operational standard of greater than or equal to 98% patients seen.

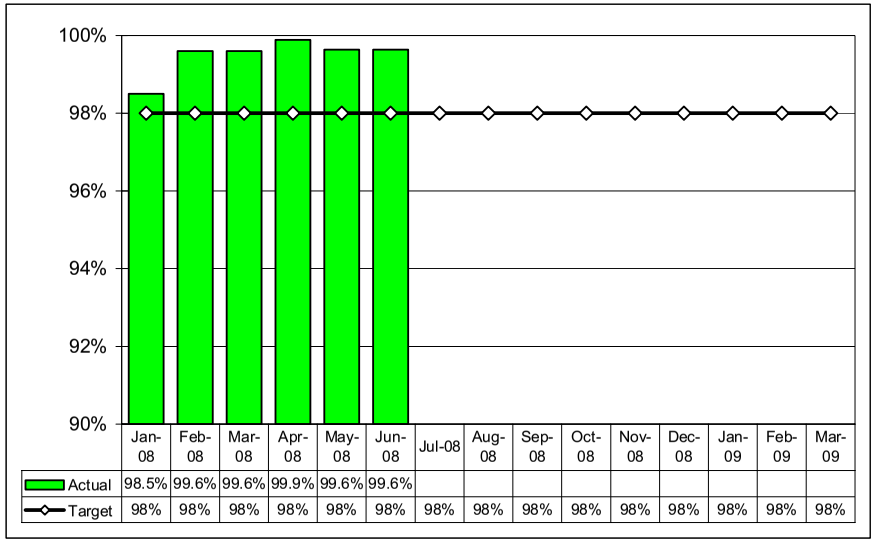
The unvalidated position is that the July target has been achieved. Preliminary information shows that August should also be achieved, though neither of these positions will be formally confirmed until around six weeks after each month-end.

This wait time target has been consistently achieved within the operational standards.

It is expected to be able to maintain this target until March 09. From January 09 the clock start time will change to align with the 18 week clock state rules, ie: from date of referral to date received, which allows one additional day or more "leeway" in sustainability.

Access to Cancer Services

Urgent GP Cancer Referrals received within 48 hours and seen within 14 days



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	98.5%	99.6%	99.6%	99.9%	99.6%	99.6%									
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Jayne Reeves

Cancer wait times

Maximum wait time of 31 days from diagnosis to treatment for all cancers

Target:

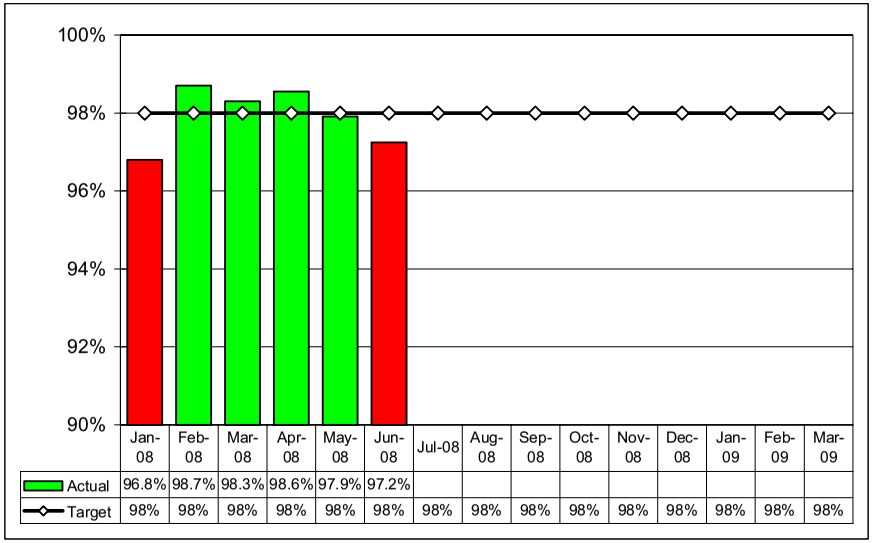
That there be a maximum wait time of 31 days from diagnosis of cancer to the beginning of treatment , with a target of 98% of patients seen.

The validated position for July 08 recorded 99.6% and was achieved.

The unvalidated position for August 08 is five breaches within LTHT – two of the patients being Leeds residents. With the denominator of 320 patients, a 98% and above target is expected to be achieved.

Access to Cancer Services

Percentage of patients receiving treatment within 31 days of diagnosis



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	96.8%	98.7%	98.3%	98.6%	97.9%	97.2%									
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Jayne Reeves

NHS Leeds

Cancer wait times

Maximum wait time of 62 days from urgent GP referral to treatment for all cancers

Target:

That there be a maximum wait time of 62 days from urgent GP referral for suspected cancer to the beginning of treatment , with a target of 95% of patients seen.

The validated position is that May and June targets have been achieved. July and August are presenting some risks of under achievement, though this will not be formally confirmed until around six weeks after each month-end.

The risks to achieving the standard are that there are continuing problems in lung cancer capacity which mean that early indications are continuing to show patients breaching.

There are several actions to address the problems in this area –

- A new locum has now started in post
- An extra all day list has been put in place

A plan is being developed to reduce backlog – early estimates suggest it may be up to September 08 before there is a return to steady state

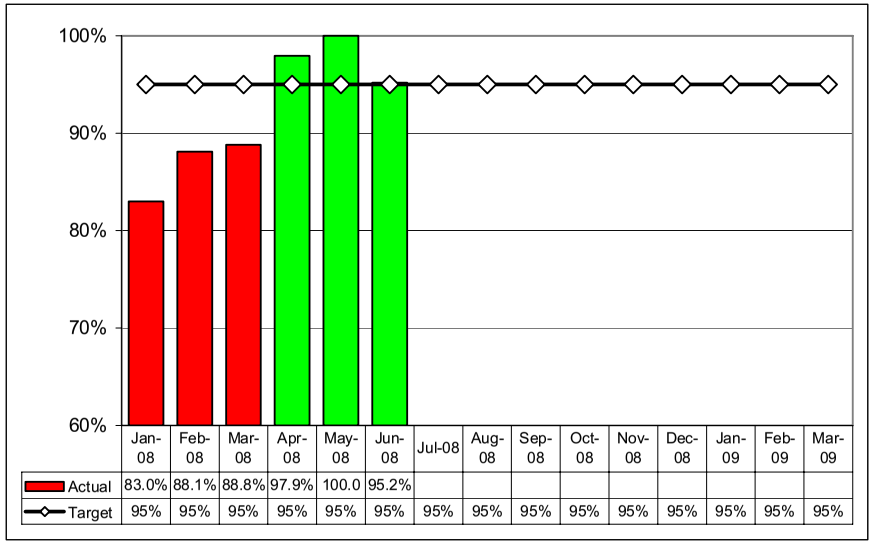
The immediate action now is to reach agreement on the recovery plan and for all parties to ensure it is delivered.

The previously applied operational standards have been tightened as a result of a decision of the Healthcare Commission and the minimum standard for achievement is now set at the target level of 98%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Jayne Reeves

Access to Cancer Services

Percentage of patients receiving treatment within 62 days of referral



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	83.0%	88.1%	88.8%	97.9%	100.0	95.2%									
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Cancer wait times

Breast cancer screening for women aged 53 to 70 years

Target:

That all women aged 53 to 70 years be invited for routine screening for breast cancer, based on a three-year screening cycle, with an operational target of 70% for uptake and 90% for round length cycle.

The data presented comes directly from the Breast Screening Unit and includes women eligible from 50-70 years of age.

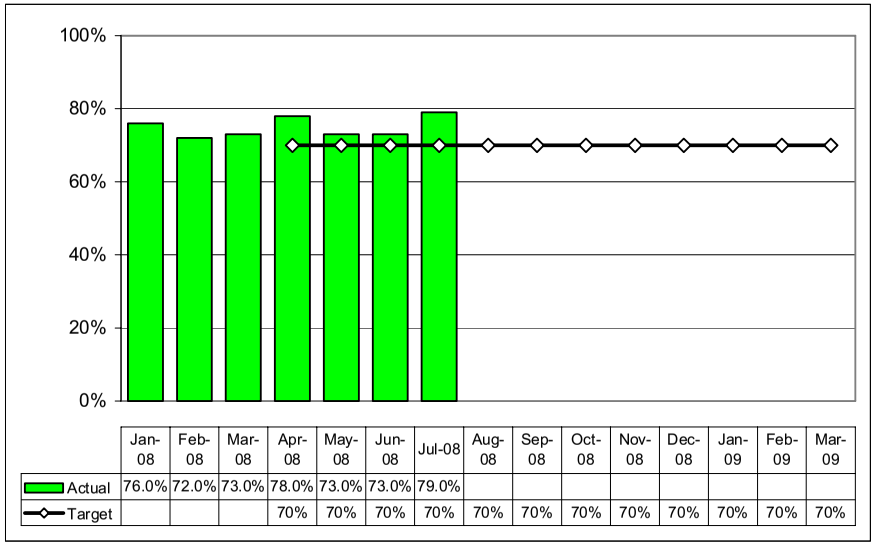
Round length continues to meet target, presently at 98% for July and uptake has increased to 79%. Public Health and the Breast Screening Unit continue to work together to promote breast screening with intention to meet a gold standard of 80% uptake.

Leeds Breast Screening Unit, as with other units will be expected to implement an age extension programme of 47-73 (implementation date to be confirmed). Work is ongoing to model this planned age extension programme and ensure that the local population increase is built in to future business planning. This work is also mapping where uptake may be particularly low and work will be targeted in these geographical areas.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Kate Jacobs

Access to Cancer Services

Women offered breast screening



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	76.0%	72.0%	73.0%	78.0%	73.0%	73.0%	79.0%								
Target				70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

Health care associated infections standards

MRSA levels sustained, with local stretch targets beyond the national targets

Target:

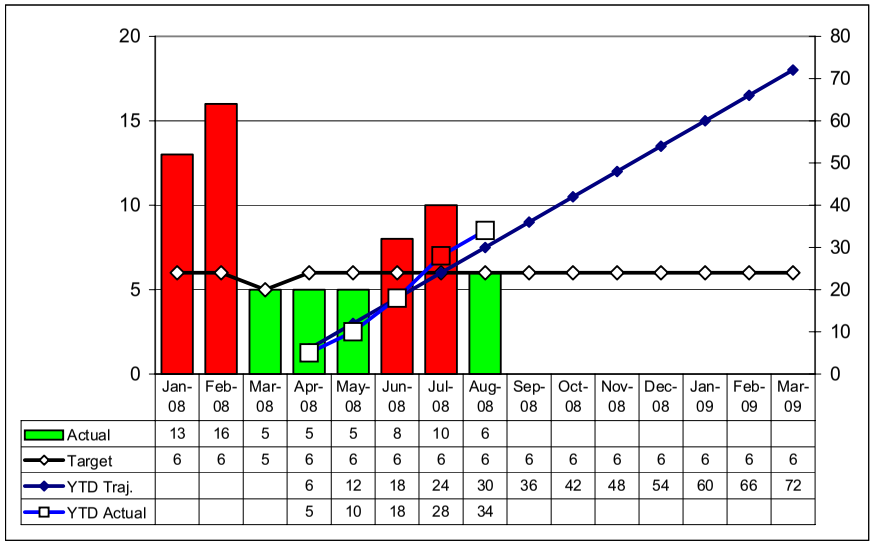
To maintain a maximum of not more than 6 cases per month.

After a good start to the year, things appeared to be slipping again with 10 cases reported for July. LTHT have had 2 cases successfully appealed 1 each for March and May. These cases however have to remain on the numbers and are classed as non trajectory cases. Data for August shows a total number of 6 cases for the month against a target of 6, this data will be confirmed in the first week of September. At present LTHT remain 4 cases over trajectory for the YTD. The weekly meetings with LTHT, SHA and DH are set to continue for the foreseeable future.

LTHT and the PCT are currently acting on the results of the relevant root-cause analysis processes to renew efforts in reducing the number of cases. In LTHT this is mainly focused on intravenous lines and in the PCT on Urinary Catheter Care in care homes. Further updates on this work will be given as available.

Health Care Associated Infections

Cumulative number of MRSA positive blood culture episodes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	13	16	5	5	5	8	10	6							
Target	6	6	5	6	6	6	6	6	6	6	6	6	6	6	6
YTD Traj.				6	12	18	24	30	36	42	48	54	60	66	72
YTD Actual				5	10	18	28	34							

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Bob Darby

Health care associated infections standards

Hospital admissions screened for MRSA

Target:

To screen all elective admissions for MRSA by the end of 2008/09.

LTHT have an agreement with the DH that they can start by screening acutely admitted high risk patients in 2008/09, as this will have a greater impact on local MRSA rates, with the proviso that they will start to screen all electively admitted patients from the end of March 2009. They are currently undertaking a recruitment drive for 30 extra laboratory staff and are planning for a laboratory refurbishment to provide the capacity for this level of work. The intention is to screen in the following order:

- Renal acute & elective admissions.
- Elderly medicine acute & elective admissions.
- Acute & Elective admissions for specialities currently undertaking decolonisation regimes e.g orthopaedics and urology.
- Other elective admissions.
- Other acute admissions.

Planned timetable is

- End Sept/early Oct- 50 tests per week on Renal admissions.
- Mid October onwards - 250 tests per day = 78,000 per year. Elderly medicine and some electives.
- From February 09 at full capacity undertaking 150,000 tests per year.

In addition to this screening pathways and decolonisation protocols will need to be developed and the PCT may need to assist in this with GP prescribing involvement.

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Bob Darby

Progress on the achievement of this target will be shown in graphical format in future reports

Health care associated infections standards

Incidence of Clostridium Difficile

Target:

That the PCT work to contribute to a reduction of 30% in the number of cases at the national level, with a local target of 4.1 cases per 1000 admissions by 2010/11.

This target has been the subject of detailed discussions between the PCT and the SHA, which has resulted in an ambitious plan and trajectory, as part of the delivery of the national plan.

The new 3-year trajectory, a part of which can be seen on the chart opposite, now shows seasonal changes that are anticipated to affect the rate of cases through the year, though the overall projected trend is downwards. The chart has two scales, showing the monthly totals from the left hand side and the year to date information from the right.

The number of cases are reducing month on month but not at a significant enough rate to be effective in the long term. The number of community cases has dropped sharper than those from LTHT which will reflect a seasonal reduction in antibiotic use in the community. Campaigns are being developed to sustain this reduction in usage in the community as per NICE (July 2007) guidelines.

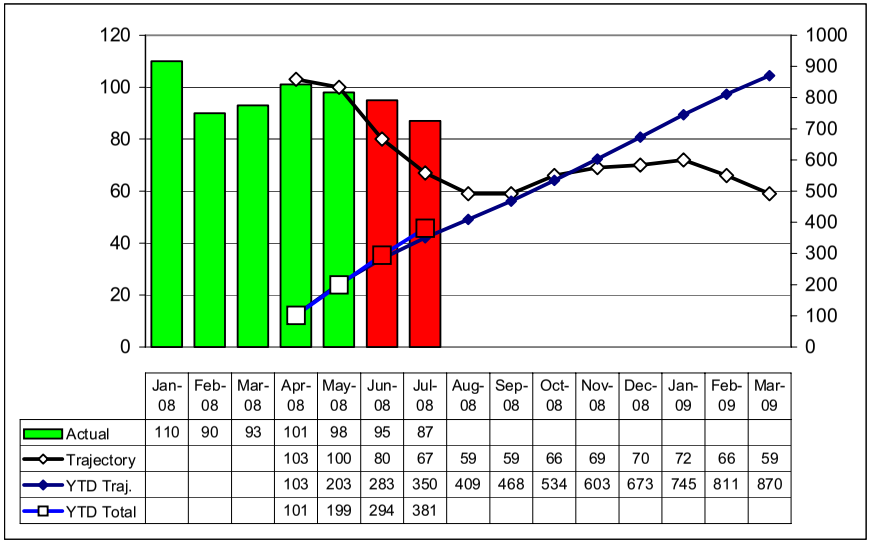
The PCT are working in partnership with LTHT, LPFT and St Gemma's Hospice to reduce the number of Cdiff cases in the Leeds population.

Ward 42 LGI will open on 15 Sep as a Cdiff isolation unit in an attempt to reduce cases through cross contamination. This will be followed by a similar ward at SJUH Beckett wing (opening early December at present but this may be brought forward).

Lead Executive Director: Ian Cameron
Management Lead: Simon Balmer
Operational Lead: Bob Darby

Health Care Associated Infections

C.Diff infections



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	110	90	93	101	98	95	87								
Trajectory				103	100	80	67	59	59	66	69	70	72	66	59
YTD Traj.				103	203	283	350	409	468	534	603	673	745	811	870
YTD Total				101	199	294	381								

NHS Leeds

Primary care access standards

Access to primary care

Target:

Patients are able to access a primary care professional within 24 hrs and a GP within 48 hrs and the PCT.

The Primary Care Access Survey, the data for which is presented in the charts opposite, describes the results of the GP practice responses to questions on the availability of appointments. This survey is conducted quarterly and the more recent was undertaken in July 2008.

The PCT achieved a 100% target in this Vital Sign for Quarter 2.

Focussed work continues to ensure the sustainability of the target through the autumn. This is a particular challenge for GP practices who are focussed on the flu campaign throughout October

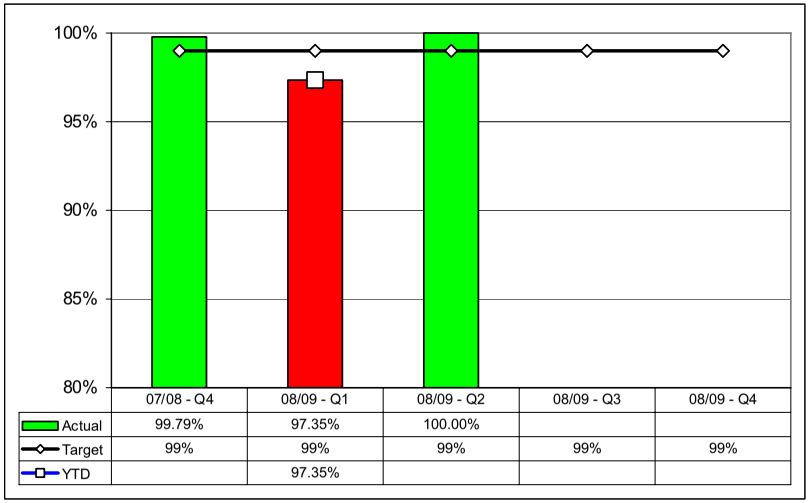
The other element of the indicators on the delivery of the access standards is that drawn from the Patient Experience survey, which is conducted independently of the PCT. Further action planning and support will be organised over the coming months in response to the results.

The Patient Experience Survey (PES) results are now available for 07/08. The PCT is required to submit action plans to the SHA which provide an understanding of how the results of the two surveys can be integrated and address areas where improvements have not been made.

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Emma Wilson

Primary Care Access

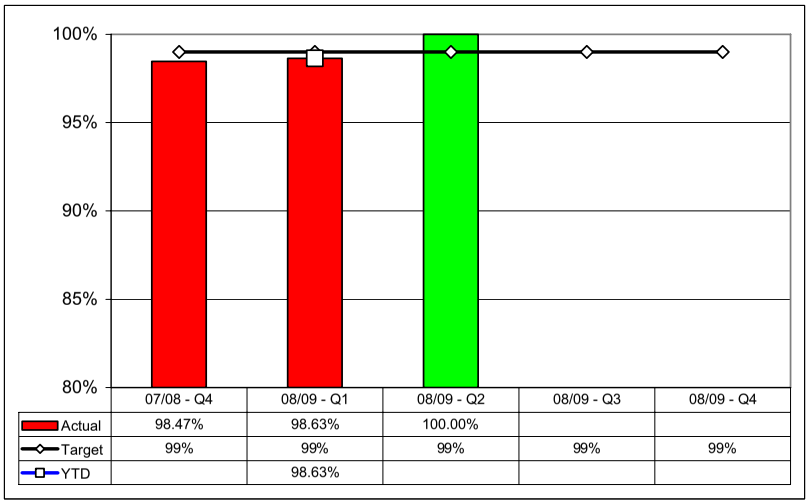
48 Hour Access to a GP



	07/08 - Q4	08/09 - Q1	08/09 - Q2	08/09 - Q3	08/09 - Q4
Actual	99.79%	97.35%	100.00%		
Target	99%	99%	99%	99%	99%
YTD		97.35%			

Primary Care Access

24 Hour Access to a PCP



	07/08 - Q4	08/09 - Q1	08/09 - Q2	08/09 - Q3	08/09 - Q4
Actual	98.47%	98.63%	100.00%		
Target	99%	99%	99%	99%	99%
YTD		98.63%			

NHS Leeds

Primary care access standards

Access to primary care

Target:

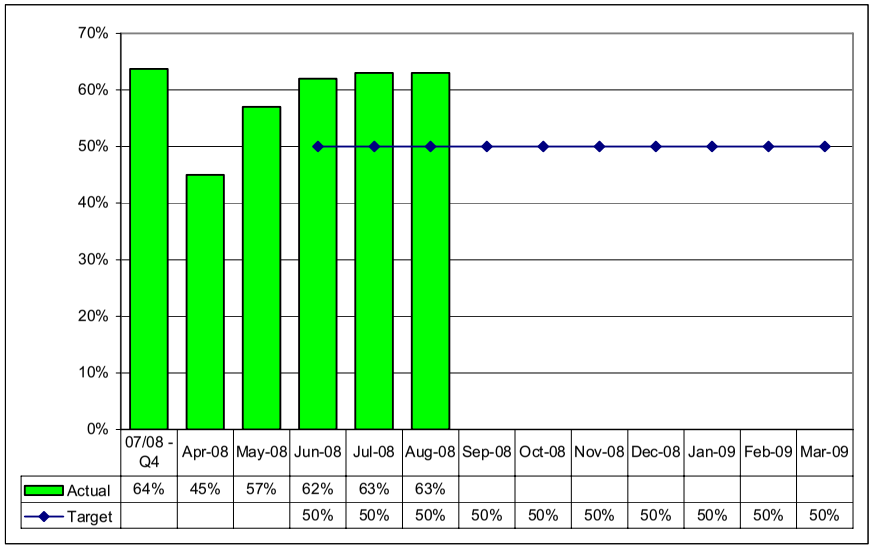
At least 50% of GP practices in the PCT offer extended opening hours by Dec 2008.

The PCT has exceeded its target of 50% of GP practices opening for longer hours. In the absence of the national Directed Enhanced Service (DES), this was achieved by issuing a Local Enhanced Service (LES) which offered an opportunity for flexibility in the type of service available to patients outside of core hours. Following the publication of the DES on 1st September, it is anticipated that a umber of practices will sign up to the national standard. Work continues to ensure that the components of the two contracting routes are integrated in order that consistency in service is not compromised.

Further work has been requested by the DOH regarding the accuracy of information available pertaining to GP practice opening hours, ie: on the NHS Choices website.

Primary Care Access

Family Friendly Hours



	07/08 - Q4	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	64%	45%	57%	62%	63%	63%							
Target				50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Emma Wilson

NHS Leeds

Annual Health Check Standards

Access to primary dental services

Target:

To increase the number of patients receiving primary dental services across the PCT to 415,000 during the year, from a baseline set in the 24 month period to March 2006 of 414,947.

The trajectory target does not reflect in full the events from April 2006, when a significant number of practices left the NHS. Most of that capacity was replaced, though not in full, and subsequently performance figures have dropped to around 395,000 in June 2008. The service is reasonably confident that the 2010 and 2011 targets can be achieved. The target for 2008/09 however is likely to be extremely challenging.

There are perverse incentives in meeting the target, in that there is less gain to be made from treating patients with the most need of sustained episodes of care. The service has also been measuring how long a patient seeking an NHS dentist has to wait to secure a dentist. Up until July this year, the objective of within 4-6 weeks has been met.

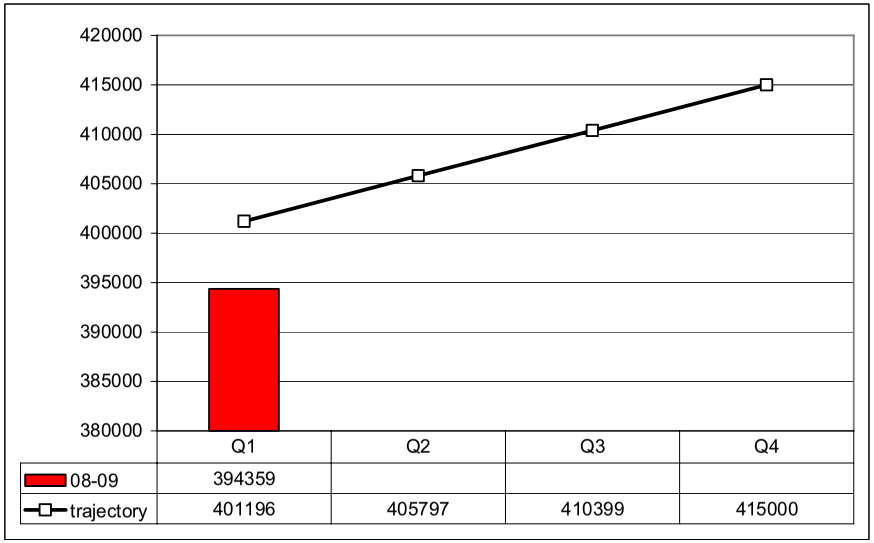
A three pronged approach to increasing capacity is in place:

- All our existing NHS contract holders who offer non restricted contracts and have achieved 85% or more of their activity targets have been offered up to £25,000 of additional activity on a non-recurrent basis, linked to accepting patients from the Leeds Dental Advice Line.
- The PCT have invited bids from all providers of dental services in Leeds (private & NHS) who are prepared to offer additional NHS sessions on a non recurrent NHS contract.
- A proposal to be submitted to the PCT Board to invest £2m in new dental services in locations across the city with particularly high access needs.

Lead Executive Director: Matt Walsh
Management Lead: Damian Riley
Operational Lead: Steve Laville

Primary Care

Access to primary dental services



	Q1	Q2	Q3	Q4
08-09	394359			
trajectory	401196	405797	410399	415000

Sexual health programme standards

Chlamydia screening programme standard

Target:

That 17% of the population aged 15-24 accept screening or testing for chlamydia in 2008/09

This indicator now includes screens carried out in primary care, a revision to previous practice. The number of these screens is presently being validated and is shown as a 'top-up' to the known validated number conducted within the national screening programme.

Q1 target of 4460 screens exceeded, actual screens were 4804. This included non NCSP tests. Mechanisms now in place to collate this data for quarterly submission to HPA by agreed dates.

The chart shows the target trajectory will have been achieved up to June, with the inclusion of estimated data. In order to achieve the target rate of 17% of sexually active 15-24 year olds on 2008/09, screening activity will need to continue to increase.

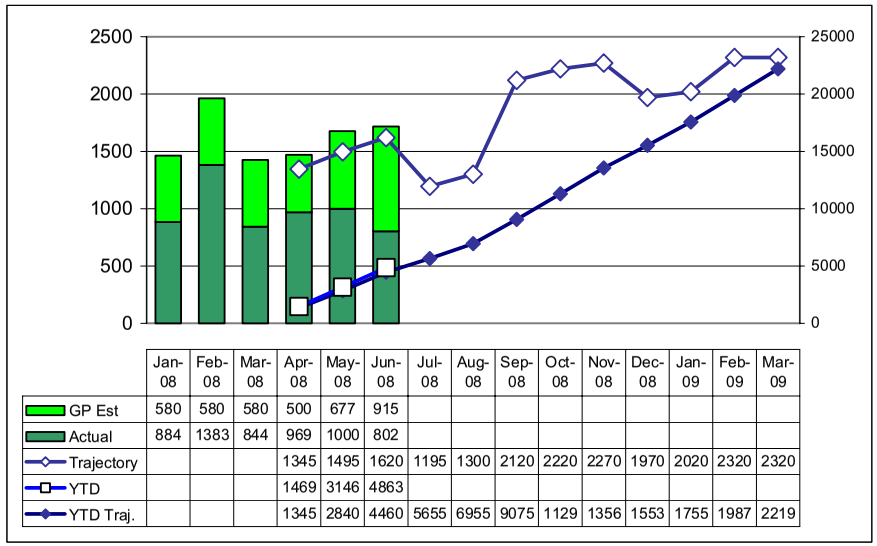
Actions in primary health care include – progress on introducing standardised request form, to be piloted in two practices. A meeting with H3 PBC Consortium has taken place.
In the prisons actions include - screening sessions re-established in HMP Armley and Wetherby YOI during August.
In pharmacies - launch of campaign making postal kits available from 19 pharmacies across Leeds

Other actions to ensure delivery include weekly meetings to monitor the agreed action plan and identify risks to achieving target.

Lead Executive Director: Ian Cameron
Management Lead: Victoria Eaton
Operational Lead: Sharon Foster

Sexual Health

Chlamydia Screening



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
GP Est	580	580	580	500	677	915									
Actual	884	1383	844	969	1000	802									
Trajectory				1345	1495	1620	1195	1300	2120	2220	2270	1970	2020	2320	2320
YTD				1469	3146	4863									
YTD Traj.				1345	2840	4460	5655	6955	9075	1129	1356	1553	1755	1987	2219

Sexual health programme standards

Access to GUM services

Target:

All patients should receive an offer of an appointment to be seen within 48 hrs of contacting the GUM service (not an offer made within 48hrs to be seen at a later date).

The GUM service has maintained the 100% 'offered' target since March 2008. The new patient DNA rate has increased since June from 11.82% to 13.04% in July. The GUM access group have met and identified accountability for performance against the access target within LTHT. This was confirmed by LTHT colleagues as being with the managers. The accountable people are the Business Manager, Acute Medicine at GUM service level, reporting to the Directorate Manager, reporting to Divisional General Manager who in turn reports to the Chief Nurse. The clinical lead for GUM will provide any clinical leadership required.

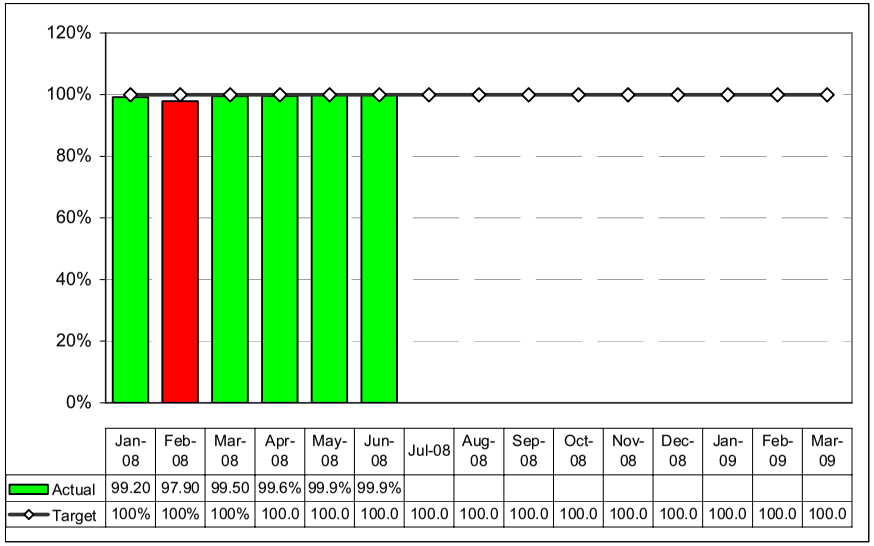
Currently LTHT, as the main provider, have the capacity to continue to sustain this performance throughout the year.

The other indicator previously used, that of the rate of patients actually seen within 48 hours is the subject of debate and there is a strong national view within the service that patient choice is preventing achievement of the 95% threshold. An extension to the time period for the 'seen' indicator is being considered to take account of this. Further news on this will follow as it becomes available.

Lead Executive Director: Ian Cameron
Management Lead: Victoria Eaton
Operational Lead: Sharon Foster

Improve access to genito-urinary medicine

Percentage of patients offered an appt for within 48 hrs of contacting GUM



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	99.20	97.90	99.50	99.6%	99.9%	99.9%									
Target	100%	100%	100%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sexual health programme standards

Teenage pregnancy rates

Target:

The rate of under-18 conception rates should reduce by at least half by 2010, set against the 1998 baseline, locally by 55%.

Following the Local Area Agreement negotiation, a more realistic approach for the next two years was devised. The focus is on reduction in wards (Harehills, Middleton, City & Holbeck, Seacroft, Hunslet and Richmond Hill) with the highest rates, increasing the impact on the whole Leeds rate.

The appointment of a champion and a new chair of the Teenage Pregnancy and Parenthood Partnership (TPPP) have significantly raised awareness and profile. There has been a review of all aspects of the TPPP Board. This has led to a clearer vision with a revised strategy and work plan. This includes:

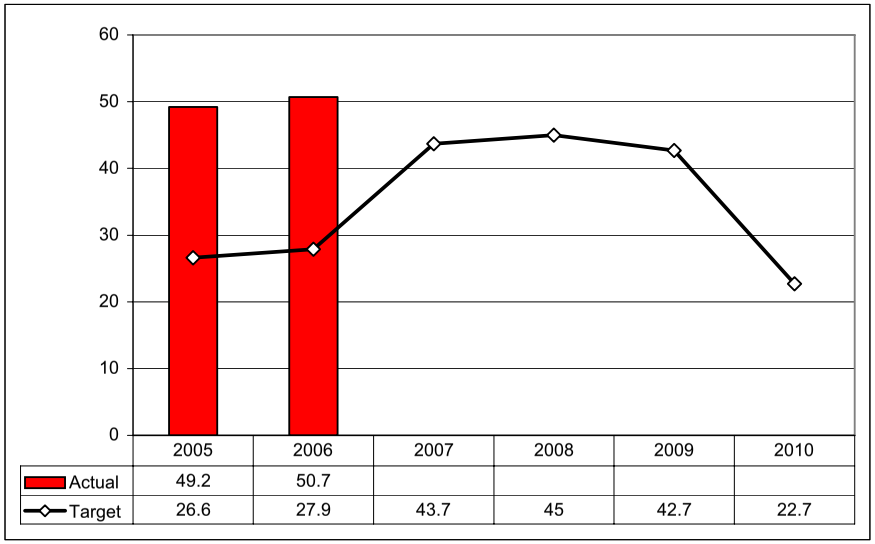
- Development of a joint commissioning framework.
- Establishing a clear performance management framework.
- Developing a communications strategy.
- Develop locality working enabling local service provision, within a clear governance framework
- Workforce training and development

The Commissioning Executive of the TPPP Board has developed a service map and identified funding for services that impact on teenage conception and sexual health. This is having a positive effect on commissioning arrangements, including the freeing up of resources for priority services in target wards and other priority actions.

Lead Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: Martin Ford

Sexual Health

Teenage pregnancy rates per 1000 females aged 15-17 (NI 112 Under 18 conception rate)



	2005	2006	2007	2008	2009	2010
Actual	49.2	50.7				
Target	26.6	27.9	43.7	45	42.7	22.7

Urgent care standards

4 hr A&E standard

Target:

That at least 98% of patients spend 4hrs or less in A&E, from arrival to admission, transfer or discharge.

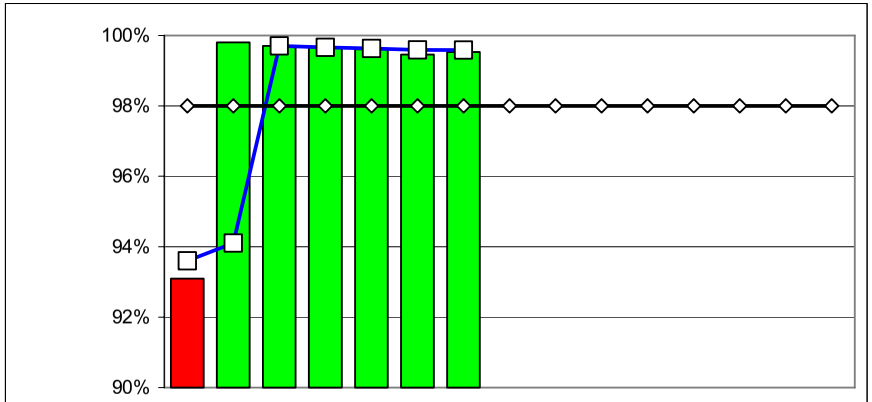
Year to date performance of 99.5% as at the end of July has been achieved. Performance during August has been similarly above the target rate. All individual sites at LTHT continue to achieve the target 98% on a daily basis, with rare exceptions.

The PCT and LTHT continue to meet with the SHA to be clear about the position going forward. The activity from the Commuter Walk-in Centre in The Light is now contributing towards the 4hr target and is now being fed into the overall year-end return.

Sustainability of the target going into autumn and winter is a key priority for the recently re-launched whole system Capacity Planning Group, which will now report to a new Urgent Care Board led by Nigel Gray.

Maximum 4hr wait in A&E

Percentage of patients spending less than 4hrs in A&E



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	93.1%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%								
Year to Date	93.6%	94.1%	99.7%	99.7%	99.6%	99.6%	99.6%								
Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Urgent care standards

Ambulance response times: Cat A 8 min & Cat A 19 min standards; Cat A defined as immediately life-threatening

Target:

A minimum of 75% of Cat A calls should receive an emergency response at the scene within 8 mins and 95% of Cat A calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

Performance on these indicators is based on the whole ambulance service returns. On the Cat A 75% target, at 10th August 2008 the Yorkshire Ambulance Service (YAS) performance year to date stood at 64.3%. Performance required to achieve 75% for 2008/09 needs to be 81.2% for the rest of the year. This is a key risk for the region in terms of Healthcare Commission ratings. The efforts are focused on achieving the target level in-year, from September onwards, as per agreed trajectory, which is anticipated to deliver a year-end cumulative position of 71%.

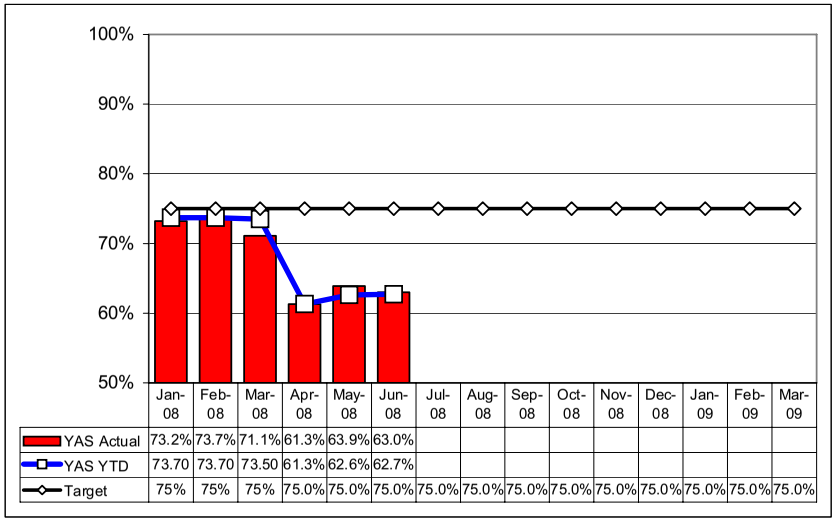
The recent marked decline in performance is acknowledged to be due to the impact of Call Connect. The performance management framework implemented by the SHA from April 08 with key actions for PCTs and NHS organisations is ongoing and includes trajectories to achieve the target. Going forward, the contract for 08-09 is currently being negotiated, and will look to move towards an activity-based contract funded through locally agreed tariff, with appropriate controls in place.

We are playing an active part in the YAS Consortium Board, chairmanship of which recently moved from Wakefield to Bradford, and have a Board to Board meeting with YAS in October.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Ambulance Response Times

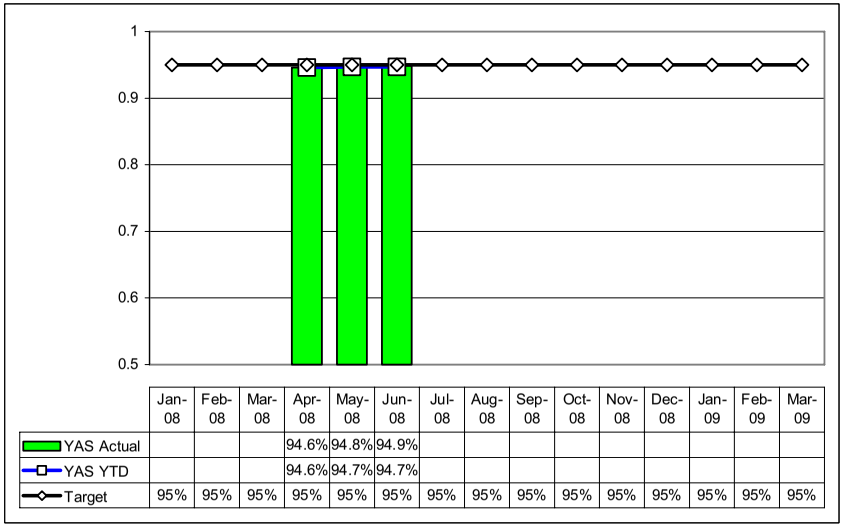
Category A calls receiving a first response within 8 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual	73.2%	73.7%	71.1%	61.3%	63.9%	63.0%									
YAS YTD	73.70	73.70	73.50	61.3%	62.6%	62.7%									
Target	75%	75%	75%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Ambulance Response Times

Category A calls receiving a first response within 19 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual				94.6%	94.8%	94.9%									
YAS YTD				94.6%	94.7%	94.7%									
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Urgent care standards

Ambulance response times: Cat B 19 min standards; Cat B defined as serious, but not immediately life-threatening

Target:

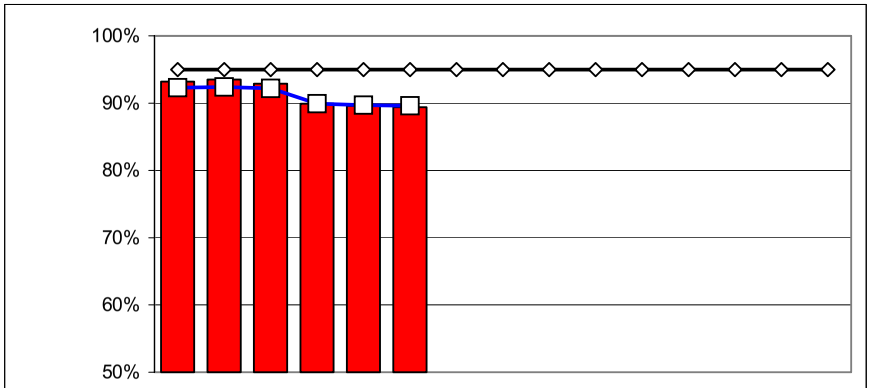
A minimum of 95% of Cat B calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

Performance on these indicators is based on the whole ambulance service returns.

On the Cat B target, YAS performance as a whole is 89.9% year to date. Ongoing contract negotiations for 08-09 and the SHA performance management action plan will address this going forward.

Ambulance Response Times

Category B calls receiving a first response within 19 minutes



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
YAS Actual	93.2%	93.5%	92.9%	89.9%	89.6%	89.4%									
YAS YTD	92.30	92.40	92.20	89.9%	89.7%	89.6%									
Target	95%	95%	95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

Urgent care standards

Delayed transfers of care: Rate per 100,000 population

Target:

No identified target at this time, with 2007/08 to be used to set a baseline in a method yet to be defined.

The indicator on delayed transfers of care (often known as delayed discharges) is under development. The plan is to move toward a system that measures the rate per 100,000 of the general population, as opposed to the rate per occupied acute bed day. The Healthcare Commission have not defined the indicator at the time of writing, but the direction of travel seems clear.

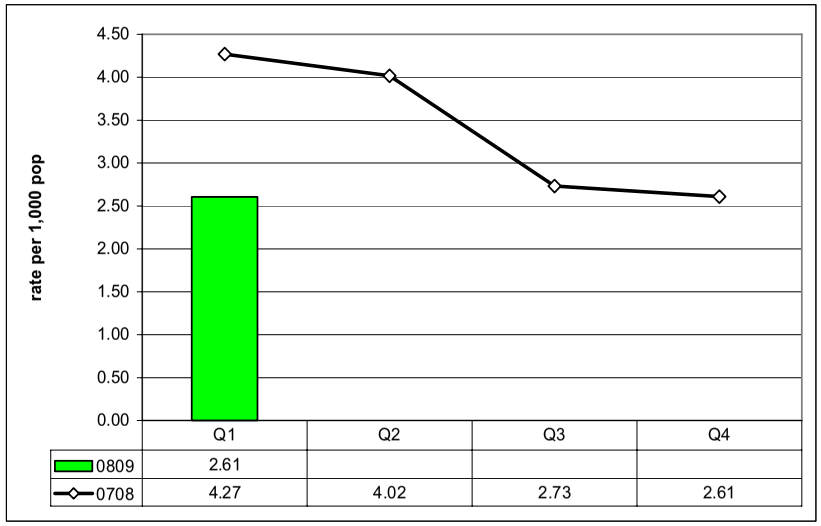
With this in mind, the report on this occasion also uses the old method of computing the rate, for information on this occasion (the bottom chart). Once the precise nature of the measure is confirmed, the report will be confined to that.

Numbers of reportable delays remain well under the national maximum of 3.5% of all admissions, with Leeds figures averaging at 1.9%. The Capacity Planning Group and Urgent Care Board are about to scope out the work required to reduce delays further, and review the Joint Protocol for Delayed Transfers of Care.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

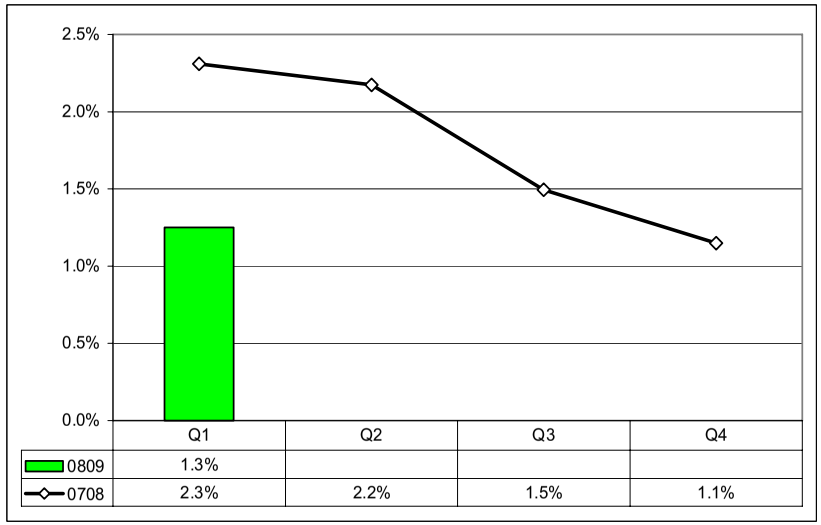
Urgent Care

Delayed transfers of care per 100,000 population



Urgent Care

Delayed transfers of care to be maintained at a minimum level



Annual Health Check indicators reported by exception:

- **Commissioning of early intervention in psychosis services**
- **Data quality on ethnic group**

Annual Health Check Standards

Commissioning of early intervention in psychosis services

Target:

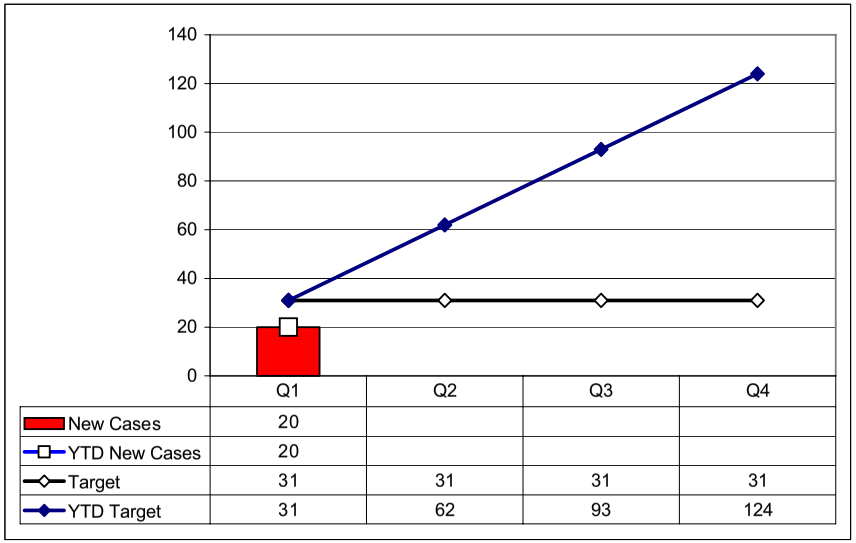
To deliver the locally agreed share of the national target of 7,500 new cases of psychosis served by early intervention teams, 124 new cases as applied to Leeds PCT.

Delivery of Early Intervention In Psychosis (EIP) is an initiative that has been developed to intervene early when someone is experiencing first signs of psychosis. Evidence shows that early intervention can prevent some people developing full-blown psychosis which is a debilitating long term mental health problem. The SHA expects the target to be met by March 2009.

Service delivery over the last three years is showing that the expected annual cases of psychosis predicted by the DH in 2005 for Leeds do not seem to be in evidence. With extra funding from the PCT this financial year the service is expected to increase new cases from 74 to 111. This will bring the number closer to the target. On this basis Leeds should be reporting an amber position by the end of the financial year. Negotiations are underway with the SHA about this situation, with the aim of agreeing a more realistic target number for Leeds.

Annual Health Check Standards

Commissioning of early intervention in psychosis services



Lead Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Tabitha Arulampalam

Annual Health Check Standards

Data quality on ethnic group

Target:

To improve the levels of coding of patient data in secondary care, with a minimum threshold of 80%, as defined by SUS and MHMDS.

The delivery of this target, defined as underachieved in 2006/07, also the likely performance in 2007/08, is based on the ethnic coding of patient records as shown in the secondary uses service (SUS) for acute care and the mental health minimum data set (MHMDS) for mental health providers. The acute records account for around 88% of hospital episodes.

The first three months data does show an improvement over previous periods, though still at the level of an underachievement.

Actions include formally raising the issue with LTHT (currently 79.4%) and Bradford Hospitals Trust (72.4%) with a request to provide an action plan to realise a trajectory of 80% as a minimum.

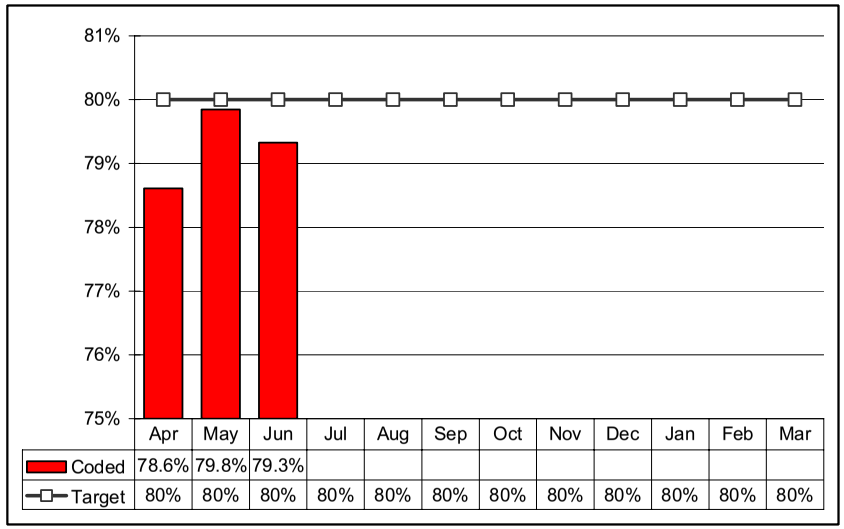
There is also an option of contractually flagging this as a 'default' on information requirements, though the preferred step at this point is to request remedial action and focus from LTHT and Bradford before serving a performance notice.

The other two main providers, Mid Yorks (84.6%) and Harrogate (98.3%) are performing well. There may be some best practice learning from Harrogate that they could share with fellow providers.

Lead Executive Director: Matt Walsh
Management Lead: Philip Grant
Operational Lead: Neil Hales/Richard Wall

Annual Health Check Standards

Ethnic Coding (% of FCE coding)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Coded	78.6%	79.8%	79.3%									
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

NHS Leeds

Performance focus:

- **The Light Community Walk-in Centre**

Performance Focus

The Light Community Walk-in Centre

Targets:

- ***That at least 98% of patients spend 4hrs or less in A&E, from arrival to admission, transfer or discharge.***
- ***That the contracted levels of activity be delivered.***

During 2004/2005 the Department of Health procured 6 Commuter Walk-in-Centres nationally (4 in London, 1 in Manchester and 1 in Leeds). The Leeds CWiC opened in February 2007.

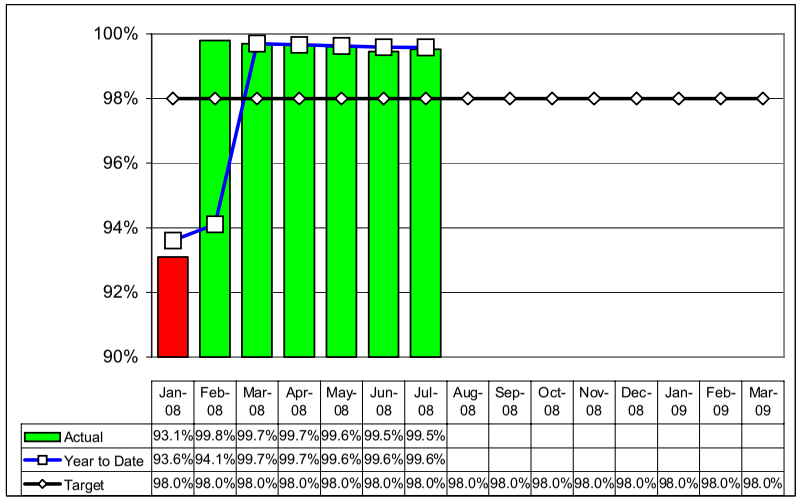
The centres were intended to provide primary care services to commuters as well as the local population and deliver improved access to NHS services and widen patient choice

The Leeds CWiC contributes to the delivery of the key urgent care target, the A&E 4hour maximum wait time.

Performance
To date the CWiC has treated 100% of its patients within 4 hours. Following discussions between the Department of Health and the SHA during the winter of 2007/2008 it was agreed that this activity would be counted towards the achievement of the 4-hour target in Leeds. This means that whilst a small percentage of overall A&E activity, the CWiC is nevertheless an important positive force in sustaining the delivery of the target. The chart below shows the delivery performance on A&E 4 hour waits, for ease of understanding.

Maximum 4hr wait in A&E

Percentage of patients spending less than 4hrs in A&E



	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Actual	93.1%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%								
Year to Date	93.6%	94.1%	99.7%	99.7%	99.6%	99.6%	99.6%								
Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%

Activity
The DH contract with the providers, Netcare UK, is at a year one cost of £1.63m. Contracted activity is 38,500 patients annually, at a cost of around £42 per patient. The centre is currently operating at just below these activity levels. It is understood though that activity levels at the Leeds CWiC compare favourably with the other centres. The chart below shows activity levels for each month since the beginning of the financial year.

The centre operates between the hours of 7am and 7pm, Monday to Friday (except Xmas and Boxing Day and New Years Day).

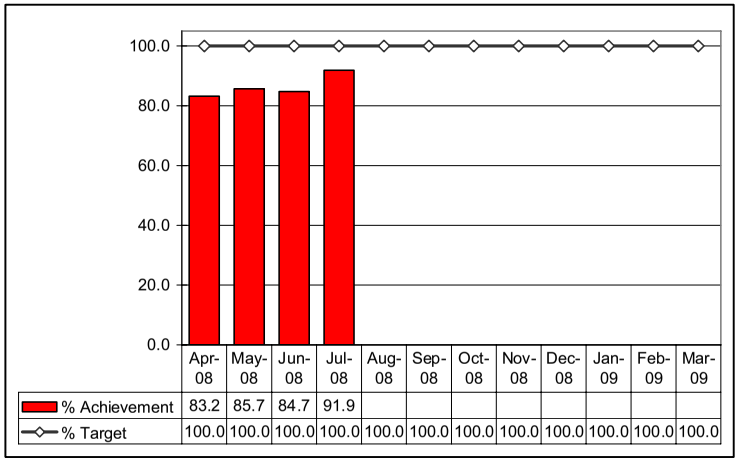
Performance topic identified by PCT Board

The Light Community Walk-in Centre

Continued from previous page /

Performance topic indentified by Board

Light CWiC: Activity levels



	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
% Achievement	83.2	85.7	84.7	91.9								
% Target	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Premises
The CWiC is located within the Light shopping centre in Leeds City Centre. Leeds PCT are the head lease-holders and the unit is jointly sublet to Netcare UK (8 year sub-lease with a 5 year break clause) and One Medicare who provide a GP practice on the same site, on the floor above.

Contract Management
Contract management of Netcare UK is presently carried out by the Department of Health. The PCT carry out property management as head lease-holders and the urgent care commissioning team attend quarterly Joint Service Review meetings in order to ensure that the CWiC is joined up with the wider health economy. Netcare UK also meet regularly with the A&E department of LTHT to review the appropriateness of onward referrals from the centre to A&E at LTHT. To date the vast majority of these have been appropriate. There are also instances of patients from the A&E dept at LTHT being referred to the CWiC, where appropriate on occasions when A&E are under particular pressure.

Future developments
The Department of Health is currently having discussions with the SHA regarding the migration of the Independent Sector contracts to local NHS organisations. It is intended that these will devolve to the PCT, via the SHA. This is however subject to ongoing contract negotiations involving the PCT, the SHA and the DH.

Issues
- The co-location of the CWiC and GP Practice within the same premises can be problematic. Additionally, the premises are not ideal, being primarily designed for retail purposes.
- A shortage of skilled “Estates” staff within the PCT has meant the property management responsibilities have become protracted and required the ongoing costly input of solicitors to resolve the various issues.
- As the PCT do not currently contract manage the CWiC, potential service improvements and redesign of urgent care pathways have been difficult. However the relationship between the urgent care commissioning team and the DH contract manager is excellent.
- The quality of data received by the PCT regarding the CWiC is poor and therefore the opportunity to use this to inform current commissioning is not available at the appropriate levels of quality at present.

Lead Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Laura Sherburn

NHS Leeds

Annex A –

Full list of 2008/09 indicators, by PCT Directorate

NHS Leeds

PCT Directorate – Commissioning

Executive Lead – Matt Walsh

PCT Top 6 Priority	Description of Objective / Initiative	Mngmt lead	Ops lead	Code
18 weeks	**18 weeks maximum wait from referral to the start of treatment by Dec 2008**	**NG**	**SH**	**VSA04 & AHC**
	Diagnostic Waits > 6 Weeks	**NG**	**SH**	**VSA04**
	Maximum wait time of 13 weeks for an outpatient appointment	**PG**	**NH/RW**	**AHC**
	Maximum wait time of 26 weeks for an inpatient appointment	**PG**	**NH/RW**	**AHC**
	Patient reported measure of choice of hospital	**NG**	**SH**	**VSC16 & Local**
	Percentage of Patients seen within 18 weeks for direct access audiology services	**NG**	**SH**	**VSA04**
Cancer	**A maximum waiting time of one month from diagnosis to treatment for all cancers**	**NG**	**JR**	**AHC**
	A maximum waiting time of two months from urgent referral to treatment for all cancers	**NG**	**JR**	**AHC**
	A two week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals	**NG**	**JR**	**AHC**
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	**NG**	**JR**	**VSA12**
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery and drug treatments)	**NG**	**JR**	**VSA11**
	Proportion of patients with breast symptoms referred to a specialist who are seen within two weeks of referral	**NG**	**JR**	**VSA08**
	Proportion of patients with suspected cancer detected through national screening programmes or by hospital specialists who wait less than 62 days from referral to treatment	**NG**	**JR**	**VSA13**
Primary care	**Guaranteed access to a primary care doctor within 48 hours**	**DR**	**EW**	**VSA & AHC**
	Guaranteed access to a primary care professional within 24 hours	**DR**	**EW**	**VSA & AHC**
	Improvement in Family Friendly GP Hours (50% in PCT to offer extended opening)	**DR**	**EW**	**VSA07**
	Patient reported measure of access to a GP	**DR**	**EW**	**VSA06 & AHC**
	Primary dental services, based on assessment of local needs with the objective of ensuring year on year improvements in the numbers of patients accessing NHS dental services	**DR**	**SL**	**VSB18 & AHC**
Urgent Care	**All ambulance Trusts to respond to 75% of Category A calls within 8 minutes**	**NG**	**LS**	**AHC**
	All ambulance Trusts to respond to 95% of Category A calls within 19 minutes	**NG**	**LS**	**AHC**
	All ambulance Trusts to respond to 95% of Category B calls within 19 minutes	**NG**	**LS**	**AHC**
	Four hour maximum wait in A&E from arrival to admission, transfer or discharge	**NG**	**LS**	**AHC**
	Delayed transfers of care per 100,000 population	**NG**	**LS**	**VSC10**
	Delayed transfers of care to be maintained at a minimum level	**NG**	**LS**	**AHC**
	A maximum two week wait for Rapid Access Chest Pain Clinic	NG	PD	AHC
	All patients who have operations cancelled for non clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patient's choice	PG	NH/RW	AHC
	Data quality on ethnic group (previously derived from SUS and MHMDS)	NH	RW	AHC
	Number of people provided care closer to home	NG		Local
	Emergency bed days (also used as proxy for VSC11: People with long-term conditions feeling independent and in control of their condition)	NG	PD	VSC20 & Local
	Implementation of Stroke Strategy / Time to Treatment	NG	PD	VSA14 & AHC
	People with long-term conditions feeling independent and in control of their condition	NG	PD	VSC11
	A three month maximum wait for revascularisation	NG	PD	AHC
	Time to reperfusion for patients who have had a heart attack	NG	PD	AHC

NHS Leeds

PCT Directorate – Public Health

Executive Lead – Ian Cameron

PCT Top 6 Priority	Description of Objective / Initiative	Mngmt lead	Ops lead	Code
Cancer	**Breast cancer screening for women aged 53 to 70 years**	**SB**	**KJ**	**VSA09 & AHC**
HCAI	**All elective admissions screened for MRSA from 2008/09;**	**SB**	**BD**	**VSA02**
	All emergency admissions screened for MRSA as soon as possible in next three years	**SB**	**BD**	**VSA02**
	C Diff reduction by 30% by 2011, SHA differential envelopes to deliver a 30% reduction nationally by 2011	**SB**	**BD**	**VSA03 & AHC**
	MRSA levels sustained, locally determined stretch targets taking us beyond the national target.	**SB**	**BD**	**VSA01**
Sexual Health	**Chlamydia screening programme to be rolled out nationally (Year 1 (08/09) data to be used for prevalence indicator)**	**VE**	**SF**	**AHC**
	Guaranteed access to a genito urinary clinic within 48 hours of contacting a service	**VE**	**SF**	**AHC**
	Prevalence of chlamydia (Year 1 will use existing AHC screening measure to set baseline)	**VE**	**SF**	**VSB13**
	100% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy	SB	KJ	AHC
	All Age All Cause Mortality Rate per 100,000	JF	JF	VSB01, AHC & LAA
	All-age all cause mortality rate (target disaggregated to focus on narrowing the gap between most deprived 10% and the Leeds average)	JF	JF	Local
	Children and young people's participation in high-quality PE and sport (NI 57)	DB	JB	NI 57
	Healthy life expectancy at age 65	JF	JF	VSC25
	Proportion of children who complete immunisation by recommended ages	SB	BB	VSB10 & AHC
	Reduce <75 Cancer Mortality Rate (20% by 2010)	JF	LJ	VSB03
	Reduce <75 CVD Mortality Rate (40% by 2010) (NI 121 Mortality rate from circularly diseases at ages under 75)	LJ	LJ	VSB02, AHC & LAA
	Reduction in gap between best and worst SOAs	LJ	LJ	Local
	Reduction in suicide and Undetermined injury mortality rate (20% by 2010)	JF	JF	VSB04
	Robust and up-to-date emergency planning	SB	BA	OF
	Smoking prevalence (Quit Rates as presently reported)	HT	KH	VSB05, AHC & LAA
	Stopping smoking - disaggregated to narrow the gap between 10% most deprived SOAs and rest of Leeds	HT	HT	Local
	Tackling fuel poverty – People receiving income based benefits living in homes with a low energy efficiency rating (NI 187)	DB	DA	NI 187
	COPD prevalence percentage from GP registers	JF	HT	WCC
	Vascular risk	LJ	LJ	VSC23

NHS Leeds

PCT Directorate – Strategic Development

Executive Lead – Jill Copeland

PCT Top 6 Priority	Description of Objective / Initiative	Mngmt lead	Ops lead	Code
Sexual Health	**Teenage pregnancy rates per 1000 females aged 15-17 (NI 112 Under 18 conception rate)**	**SS**	**MF**	**VSB08, AHC & LAA**
	Number of drug users recorded as being in effective treatment (NI 40)	CC	TA	VSB14, AHC & LAA
	% of women who have seen a midwife, or an appropriate healthcare professional, for health and social care assessment of needs and risk by 12 weeks of pregnancy	SS	MF	VSB06 & AHC
	Adults and Older people receiving direct payments and/or individual budgets per 100,000 population	CC	MiW	VSC17 & LAA
	All patients who need them to have access to crisis services, with delivery of 100,000 new crisis resolution home treatment episodes each year	CC	TA	AHC
	Breastfeeding continuation (prevalence 6-8 weeks)	SS	MF	VSB11 & AHC
	Carers receiving a 'carer's break' or a specific carers' service	CC	MiW	VSC18
	Childhood obesity rate among primary school age	SS	MF	VSB09 & AHC
	Deliver 7,500 new cases of psychosis served by early intervention teams per year;	CC	TA	AHC
	Effectiveness of CAMHS. % of PCTs providing a comprehensive service. (NI 51, Indicator under development; existing AHC Access to CAMHS indicator to be used as proxy for yr 1)	SS	MF	VSB12 & AHC
	Emotional and behavioural health of children in care (NI 58)	SS	MF	NI 58
	Environment for a thriving third sector (NI 7)	CC	TA	LAA
	Number of vulnerable and socially excluded with mental health problems helped into settled into employment	CC	TA	VSC08 & LAA
	People supported to live independently (NI 136 defined as 'all ages'; VSC03 defined as 'adults (18+)'	CC	MiW	VSC03 & LAA
	Percentage of vulnerable people achieving independent living (NI 141)	CC	TA	LAA
	Rate of hospital admissions per 100,000 for alcohol related harm	CC	TA	VSC26 & Local
	Stability of placements of looked after children: length of placement (NI 63)	SS	MF	NI 63
	The extent to which older people receive the support they need to live independently at home (NI 139)	CC	MiW	NI 139
	Timeliness of social care assessment (all adults) (NI 132)	CC	MiW	LAA
	Timeliness of social care packages following assessment (all adults) (NI 133)	CC	MiW	LAA

NHS Leeds

PCT Directorate – Information

Executive Lead – Lynton Tremayne

PCT Top 6 Priority	Description of Objective / Initiative	Mngmt lead	Ops lead	Code
18 weeks	18 week supporting indicator: Activity for 15 key diagnostic tests	AC		VSA05:10
	18 week supporting indicator: All first OP attendances (consultant led) - G&A	AC		VSA05:4
	18 week supporting indicator: First OP attendances following GP referral - G&A	AC		VSA05:3
	18 week supporting indicator: GP referrals for outpatient - G&A	AC		VSA05:1
	18 week supporting indicator: Non elective G&A FFCEs (excluding well babies)	AC		VSA05:9
	18 week supporting indicator: Other referrals for outpatient -G&A	AC		VSA05:2
	18 week supporting indicator: Planned elective daycase FFCEs	AC		VSA05:6
	18 week supporting indicator: Total elective G&A admitted FFCEs	AC		VSA05:7
	18 week supporting indicator: Total elective G&A daycase FFCEs	AC		VSA05:5
	18 week supporting indicator: Total planned G&A admitted FFCEs	AC		VSA05:8
	Choose & Book rates	RG		Local

NHS Leeds

PCT Directorate – Workforce

Executive Lead – June Goodson-Moore

PCT Top 6 Priority	Description of Objective / Initiative	Mngmt lead	Ops lead	Code
	Compliance with Core Healthcare Commission standards	JL		AHC
	NHS Survey: Staff Satisfaction	JW		VSB17
	Patient and user reported measure of respect and dignity in their treatment	JW		VSC32 & AHC
	Percentage of people who believe people from different backgrounds get on well together in their area (NI 1)	JW		LAA
	Percentage of people who feel they can influence decisions in their locality (NI 4)	JW		LAA
	Self reported experience of patients/users/public	JW		VSB15 & AHC

NHS Leeds

Part 2: Joint Performance Management between Leeds PCT and Leeds Teaching Hospitals Trust

INTRODUCTION

Leeds PCT relies heavily on Leeds Teaching Hospitals Trust for delivery of its key access targets as its primary provider of acute care.

Whilst both organisations have performance management arrangements in place to measure and monitor performance, there have been a number of issues which have, in the past six months, affected our ability to pull together to achieve improvements in those areas where we have a common interest.

These issues broadly relate to:

- Partnership working
- Formal reporting and accountability
- Data and Information Flows

A number of mechanisms have been developed which aim to address these issues and consequently improve our performance towards our joint priorities.

PARTNERSHIP WORKING

There has been a historical culture within Leeds that our issues are too difficult to resolve. The past year has seen a considerable strengthening of relationships and mutual confidence between the PCT and the Hospital Trust at the most senior levels. It has also seen us make good progress in improving standards of engagement around the contract and in service delivery and confirming our belief that Leeds can potentially rise to the challenge of being one of the top NHS performers. We need to continue to develop our partnership and strong working relationships so that, for example, delivery issues in either organisation are discussed in a climate of honesty and joint ownership, and also that changes in commissioning plans or delivery plans are openly and jointly discussed at the earliest stage.

To help us move towards achievement of the vision, a “Code of Conduct” should be adopted by the PCT and Hospital senior managers. The Code is:

- Shared responsibility
- Private not public disputes
- Openness and transparency
- Loose discussions, tight decisions

There is evidence that our organisations are already beginning to adopt and live by the proposed Code of Conduct. Our collective response on recent 13 and 26 week issues, reporting of diagnostic issues and our way forward on Urology, are all examples of working together to resolve common issues. It will take time to embed the code across all corners of the organisation.
To help establish this code, informal arrangements are in place to keep each other informed as issues arise.

We have developed a list of key contacts across both organisations, starting primarily from a basis of existing trust and relationships. These contacts will work together to:

a. Promote and live the code of conduct in relation to the priority targets
b. Ensure the new model of information flows is implemented
c. Keep each other informed as issues arise

FORMAL REPORTING AND ACCOUNTABILITY

We need to develop a greater consistency of approach to our performance monitoring across the two organisations, in terms of meeting regularity, fielded personnel, agenda and "Action follow through".

We need to be clearer about where the decision-making and accountabilities lie.

A Joint Performance Management Board will be established which meets monthly. The meeting will provide an opportunity for senior personnel in both organisations to discuss and resolve issues related to the contract, including financial issues, activity, performance indicators, associate PCT issues and commissioning intentions.

The agenda will be published in advance to allow diaries of the relevant DGM and Commissioner to be secured, but there will be flexibility to allow an opportunity to discuss any issues.

A detailed agenda for the first meeting is attached at Annex 1.

Minutes of meetings will be formally recorded and distributed to all attendees.

We will monitor the ongoing usefulness of the meeting and adapt its content and frequency as required.

DATA AND INFORMATION FLOWS

In relation to our performance on key targets, we still do not always have sufficient joint control of the data and information flows across and out of our organisations. The 'story' of where we are on a specific target can therefore differ across and within our organisations. This can give the impression to external stakeholders that we have no grip on reality and undermine others confidence that we understand what is going on in our business.

A new information flow model has been developed with the aim of providing rapid response on issues. This is outlined at Appendix 2.

We have already implemented this model for 13 and 26 week breaches in July and reversed our collective reputation from being viewed by the DH and SHA as not in control of our issues, to being on top of the issues and managing them to a successful outcome.

NHS Leeds

CONCLUSION

Through our formal and informal communications, our control of performance information out of the organisation and an improved culture of openness and shared responsibility , our joint strategic partnership will be strengthened and performance improved across Leeds.

Beverley Bryant
Executive Director
Performance, Improvement and Delivery
Leeds Primary Care Trust

September 2008

ANNEX 1

The Leeds Teaching Hospitals NHS
NHS Trust

Leeds NHS
Primary Care Trust

JOINT PERFORMANCE MANAGEMENT ARRANGEMENTS

MEETING TO BE HELD ON 24TH SEPTEMBER 2008 AT 12 NOON – 2PM

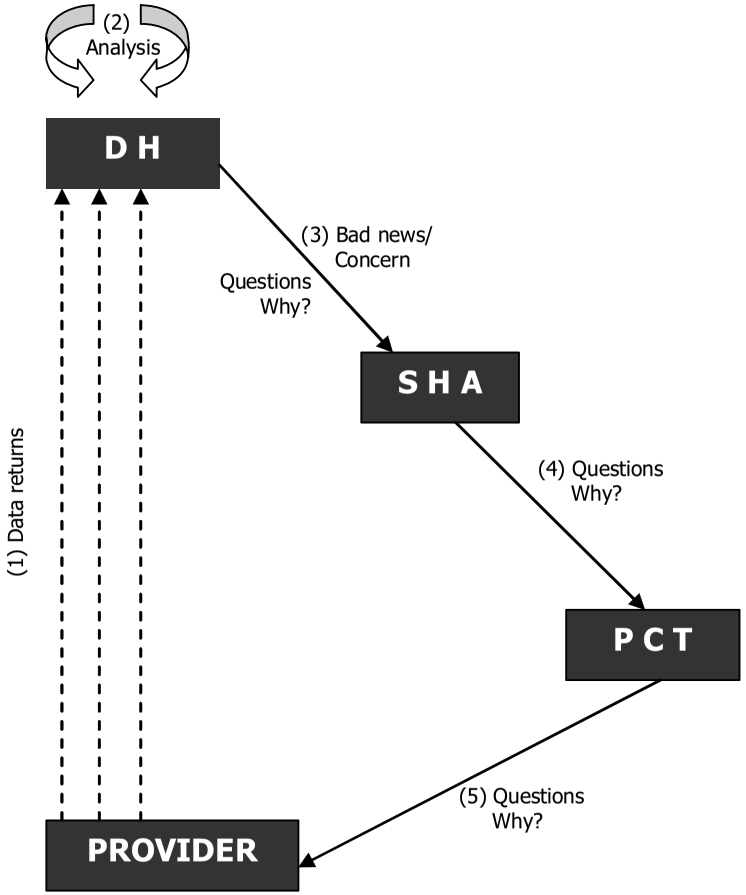
BOARD ROOM B, NORTH WEST HOUSE, LEEDS

A G E N D A

12:00	1.	Apologies	
	2.	Action Log – Last month	CO
12:05	3.	Strategic Context: a. Healthy Ambitions b. Wharfedale c. Children's Services Reconfiguration	CO & MB
12:30	4.	Finance and Activity – Overall Contractual Issues: a. Shared Financial Position b. Activity Statement and Analysis c. Contract Change Issues	
12:50	5.	Targets and Indicators: a. 18 Week RTT b. 16 Weeks Diagnostic Waits c. 13 Weeks d. 26 Weeks e. Choose & Book f. A & E 4 Hours g. Delayed Transfer of Care	Relevant DGM & Relevant Commissioner
13:30	6.	Medium Term Commissioning Intentions: a. PBC Plans b. Any Willing Provider Process and Plans c. 2009/10 Planning Process	
13:45	7.	Any Other Business	
	8.	Date and time of Next Meeting (22.10.08 @ 12 noon)	
13:55	9.	Next Months Indicators: a. C.Diff b. MRSA Numbers c. MRSA Screening of Admissions d. Cancer – 2 Week Wait e. Cancer – 31 Day Wait f. Cancer – 62 Day Wait g. 31 Day Radio (Second/Subsequent) h. 31 Day Surgery/Drugs (Second/Subsequent) i. Breast Screening	

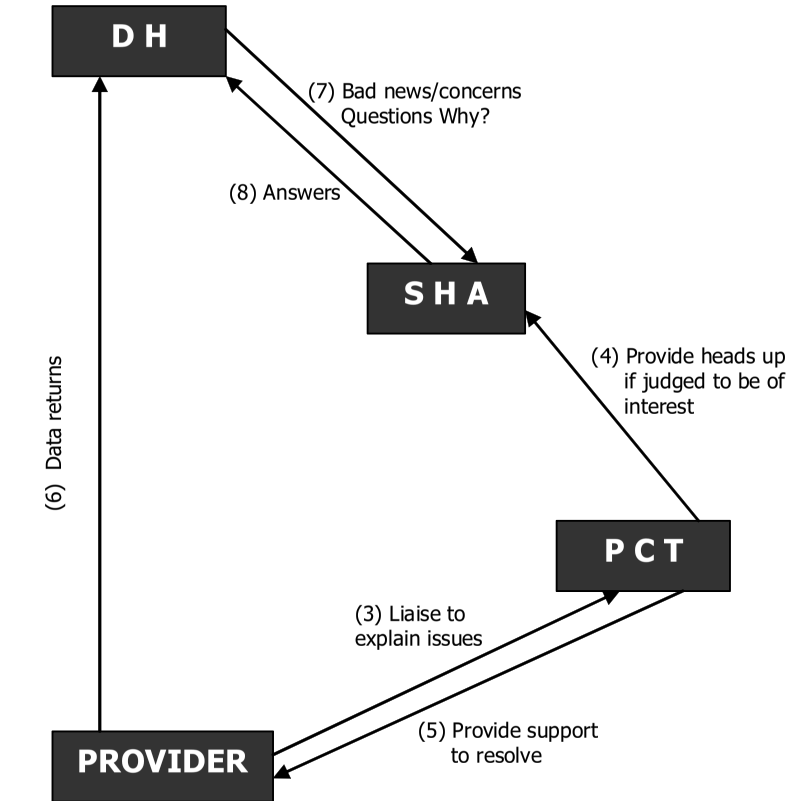
OLD MODEL

INFORMATION FLOWS



NEW MODEL

INFORMATION FLOWS



(1) Manage patient throughput and collect data – one source
(2) Analyse exceptions and understand root cause

NHS Leeds

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Yorkshire Ambulance Service NHS Trust

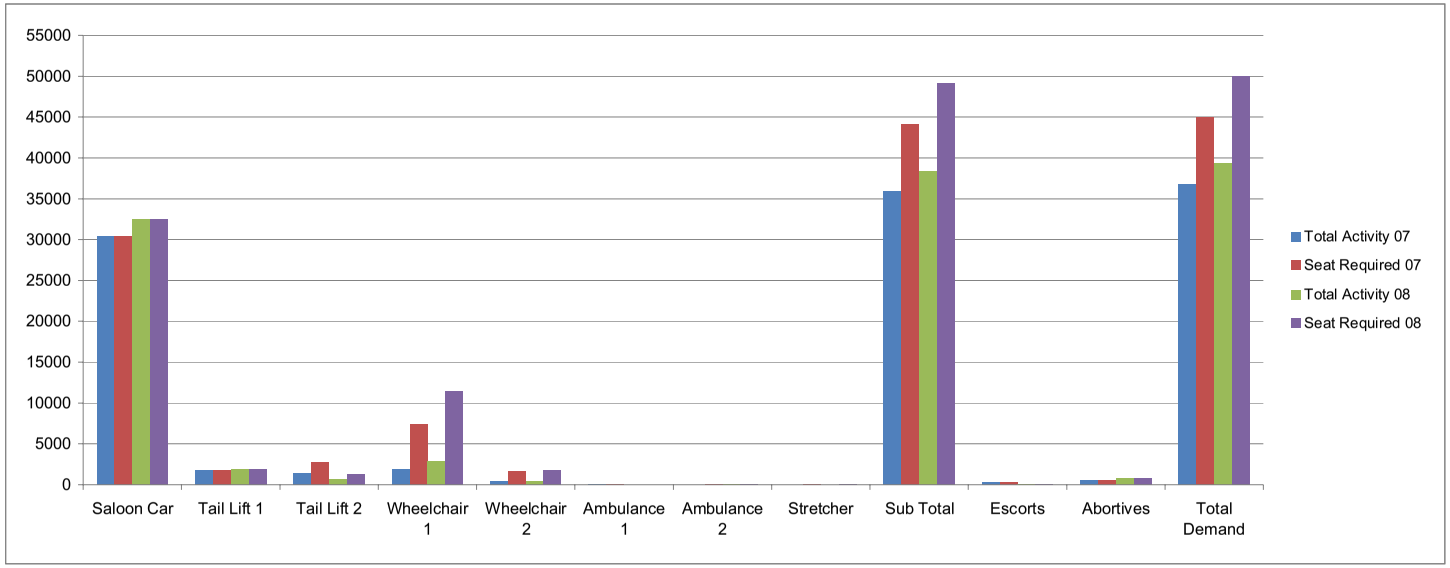
Month	Saloon Car	Tail Lift 1	Tail Lift 2	Wheelchair 1	Wheelchair 2	Ambulance 1	Ambulance 2	Stretcher	Sub Total	Escorts	Abortives	Total Demand
Apr-07	5739	401	214	300	58	21	6	4	6743	66	120	6929
May-07	6037	386	279	336	57	28	1	1	7125	68	114	7307
Jun-07	6283	354	293	424	79	20	2	0	7455	70	135	7660
Jul-07	5727	293	256	353	115	24	4	0	6772	31	114	6917
Aug-07	6572	369	335	436	111	2	3	1	7827	20	117	7964
Sep-07	6350	395	242	394	70	0	1	12	7464	25	151	7640
Oct-07	6975	379	310	497	146	0	0	5	8312	35	150	8497
Nov-07	6741	421	269	522	114	0	2	6	8075	34	163	8272
Dec-07	6650	532	242	545	102	0	6	17	8094	44	282	8420
Jan-08	6564	484	219	530	107	0	62	5	7971	32	198	8201
Feb-08	6513	437	212	475	98	0	74	0	7809	19	137	7965
Mar-08	6446	458	185	555	89	2	63	0	7798	28	146	7972
Total Activity	76597	4909	3056	5367	1146	97	224	51	91445	472	1827	93744
Seat Required	76597	4909	6112	21468	4584	97	448	204	91445	472	1827	208163

Month	Saloon Car	Tail Lift 1	Tail Lift 2	Wheelchair 1	Wheelchair 2	Ambulance 1	Ambulance 2	Stretcher	Sub Total	Escorts	Abortives	Total Demand	
Apr-08	6592	485	136	534	103	0	26	0	7876	20	151	8047	
May-08	6579	378	140	595	113	0	20	0	7825	20	174	8019	
Jun-08	6314	386	142	533	86	0	14	0	7475	20	151	7646	
Jul-08	6846	327	116	582	80	0	0	3	7954	13	157	8124	
Aug-08	6183	295	129	613	67	0	0	7	7294	6	157	7457	
Sep-08	0	0	0	0	0	0	0	0	0	0	0	0	
Oct-08	0	0	0	0	0	0	0	0	0	0	0	0	
Nov-08	0	0	0	0	0	0	0	0	0	0	0	0	
Dec-08	0	0	0	0	0	0	0	0	0	0	0	0	
Jan-09	0	0	0	0	0	0	0	0	0	0	0	0	
Feb-09	0	0	0	0	0	0	0	0	0	0	0	0	
Mar-09	0	0	0	0	0	0	0	0	0	0	0	0	
Total Activity	32514	1871	663	2857	449	0	60	10	38424	79	790	39293	
Seat Required	32514	1871	1326	11428	1796	0	120	40	38424	79	790	88388	212131.2
													3968

Yorkshire Ambulance Service NHS Trust

Month	Saloon Car	Tail Lift 1	Tail Lift 2	Wheelchair 1	Wheelchair 2	Ambulance 1	Ambulance 2	Stretcher	Sub Total	Escorts	Abortives	Total Demand
Apr-07	5739	401	214	300	58	21	6	4	6743	66	120	6929
May-07	6037	386	279	336	57	28	1	1	7125	68	114	7307
Jun-07	6283	354	293	424	79	20	2	0	7455	70	135	7660
Jul-07	5727	293	256	353	115	24	4	0	6772	31	114	6917
Aug-07	6572	369	335	436	111	2	3	1	7827	20	117	7964
Total Activity 07	30358	1803	1377	1849	420	95	16	6	35922	255	600	36777
Seat Required 07	30358	1803	2754	7396	1680	95	32	24	44142	255	600	44997

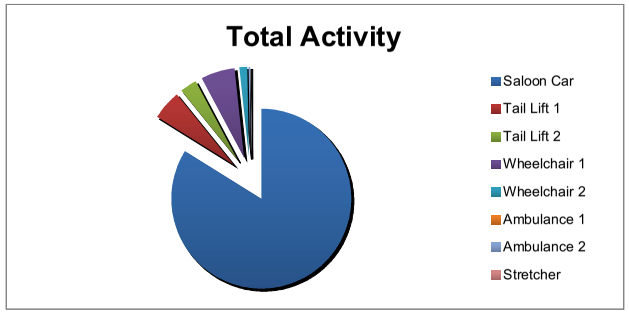
Month	Saloon Car	Tail Lift 1	Tail Lift 2	Wheelchair 1	Wheelchair 2	Ambulance 1	Ambulance 2	Stretcher	Sub Total	Escorts	Abortives	Total Demand	
Apr-08	6592	485	136	534	103	0	26	0	7876	20	151	8047	
May-08	6579	378	140	595	113	0	20	0	7825	20	174	8019	
Jun-08	6314	386	142	533	86	0	14	0	7475	20	151	7646	
Jul-08	6846	327	116	582	80	0	0	3	7954	13	157	8124	
Aug-08	6183	295	129	613	67	0	0	7	7294	6	157	7457	
Total Activity 08	32514	1871	663	2857	449	0	60	10	38424	79	790	39293	2516
Seat Required 08	32514	1871	1326	11428	1796	0	120	40	49095	79	790	49964	4967

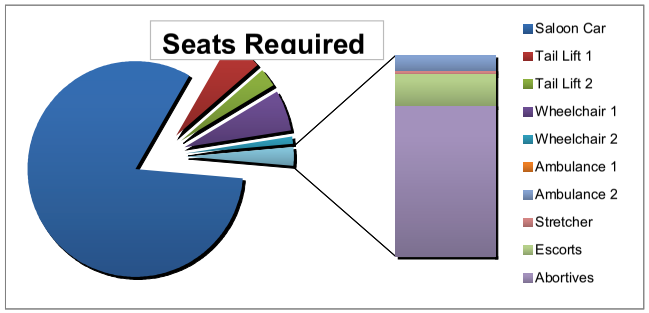


Yorkshire Ambulance Service NHS Trust

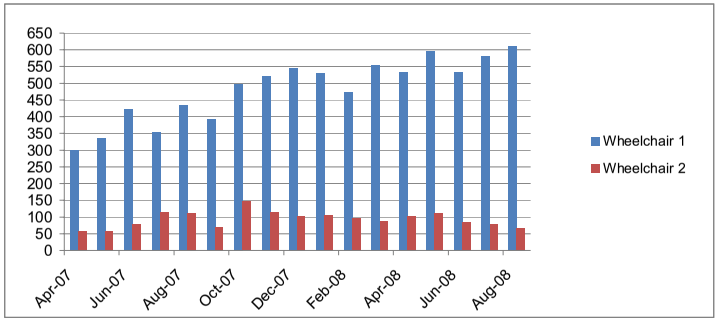
LEEDS TEACHING HOSPITAL NHS TRUST

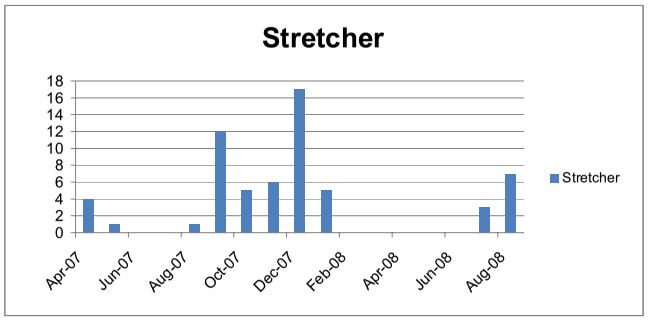
Month	Saloon Car	Tail Lift 1	Tail Lift 2	Wheelchair 1	Wheelchair 2	Ambulance 1	Ambulance 2	Stretcher	Sub Total	Escorts	Abortives	Total Demand
Apr-07	5739	401	214	300	58	21	6	4	6743	66	120	6929
May-07	6037	386	279	336	57	28	1	1	7125	68	114	7307
Jun-07	6283	354	293	424	79	20	2	0	7455	70	135	7660
Jul-07	5727	293	256	353	115	24	4	0	6772	31	114	6917
Aug-07	6572	369	335	436	111	2	3	1	7827	20	117	7964
Sep-07	6350	395	242	394	70	0	1	12	7464	25	151	7640
Oct-07	6975	379	310	497	146	0	0	5	8312	35	150	8497
Nov-07	6741	421	269	522	114	0	2	6	8075	34	163	8272
Dec-07	6650	532	242	545	102	0	6	17	8094	44	282	8420
Jan-08	6564	484	219	530	107	0	62	5	7971	32	198	8201
Feb-08	6513	437	212	475	98	0	74	0	7809	19	137	7965
Mar-08	6446	458	185	555	89	2	63	0	7798	28	146	7972
Apr-08	6592	485	136	534	103	0	26	0	7876	20	151	8047
May-08	6579	378	140	595	113	0	20	0	7825	20	174	8019
Jun-08	6314	386	142	533	86	0	14	0	7475	20	151	7646
Jul-08	6846	327	116	582	80	0	0	3	7954	13	157	8124
Aug-08	6183	295	129	613	67	0	0	7	7294	6	157	7457
Total Activity	109111	6780	3719	8224	1595	97	284	61	129871	551	2617	133039
Seat Required	109111	6780	7438	32896	6380	97	568	244	163514	551	2617	166682

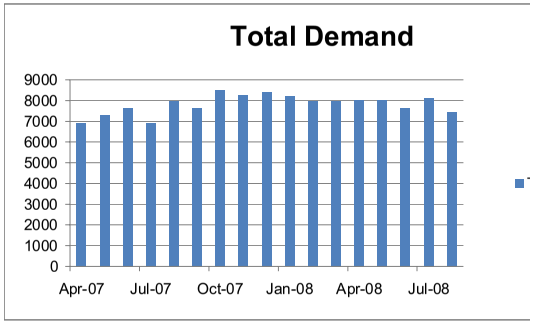


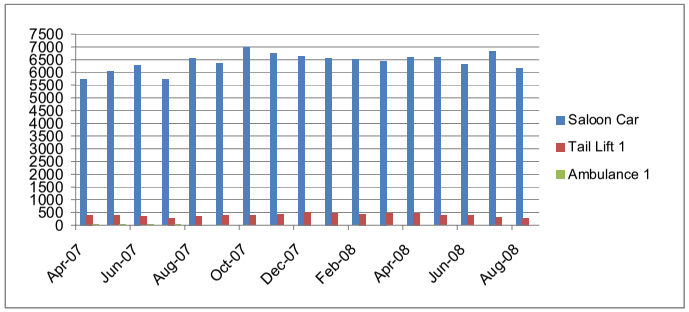


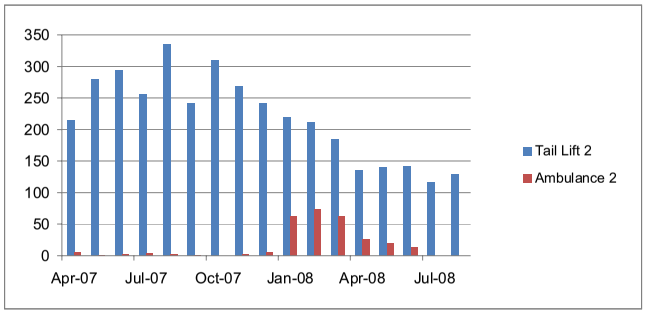
Yorkshire Ambulance Service NHS Trust

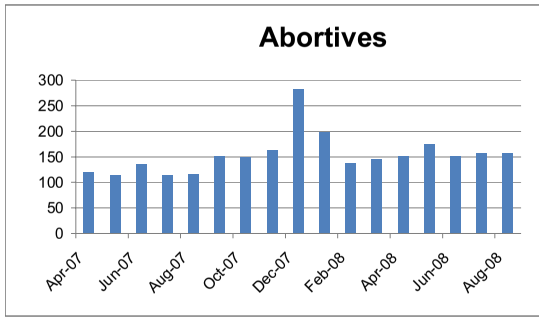


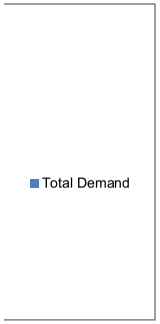


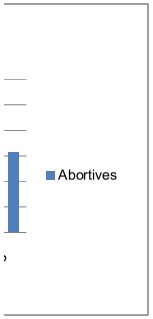









Total Demand


Abortives

Yorkshire Ambulance Service NHS Trust

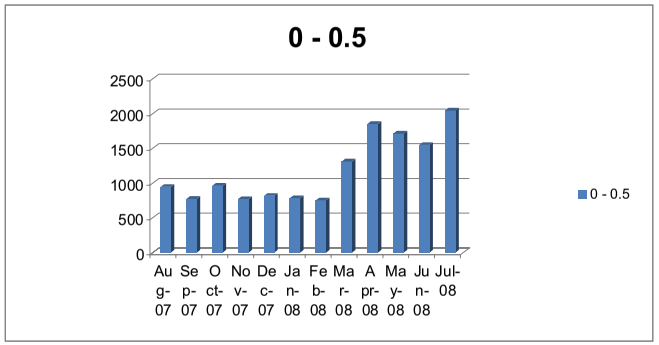
Contract : Leeds Teaching Hospitals Renals Report Title : Quality - Time on vehicle by Journey Month

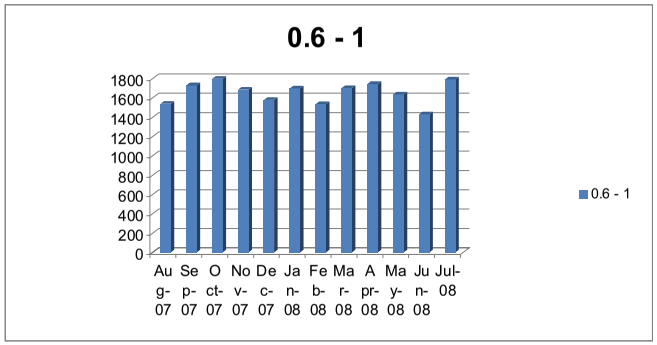
Period Aug 07 to July 08 (one years activity)

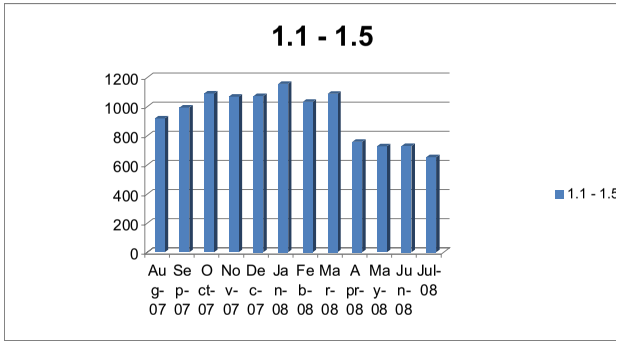
Month/Time in half hours	0 - 0.5	0.6 - 1	1.1 - 1.5	1.6 - 2	2.1 - 2.5	2.6 - 3	3-3+	Total
Jan-08	784	1699	1155	413	119	31	5	4206
Feb-08	753	1537	1032	392	110	28	7	3859
Mar-08	1313	1702	1087	310	100	30	9	4551
Apr-08	1850	1744	759	304	116	23	8	4804
May-08	1712	1635	727	332	96	15	14	4531
Jun-08	1550	1431	730	259	58	16	19	4063
Jul-08	2044	1791	652	271	60	32	4	4854
Aug-07	946	1539	918	260	57	18	5	3743
Sep-07	773	1730	993	340	75	13	12	3936
Oct-07	963	1799	1090	360	96	28	21	4357
Nov-07	772	1686	1069	436	100	15	12	4090
Dec-07	817	1579	1072	412	112	36	6	4034
Leeds Teaching Hospitals Ren	**14277**	**19872**	**11284**	**4089**	**1099**	**285**	**122**	**51028**
Cumulative totals	14277	34149	45433	49522	50621	50906	51028	51028
% Totals	27.98	38.94	22.11	8.01	2.15	0.56	0.24	100
Cumulative % totals	27.98	66.92	89.04	97.05	99.2	99.76	100	100

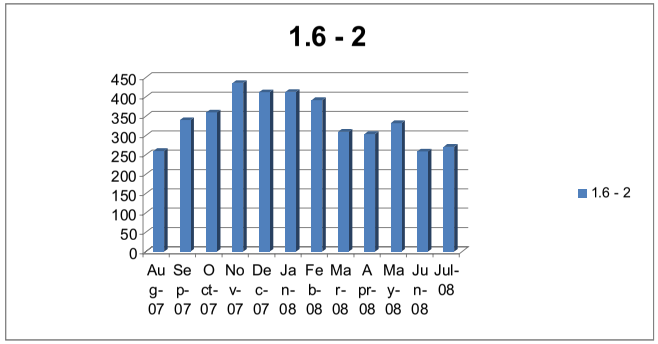
Yorkshire Ambulance Service NHS Trust

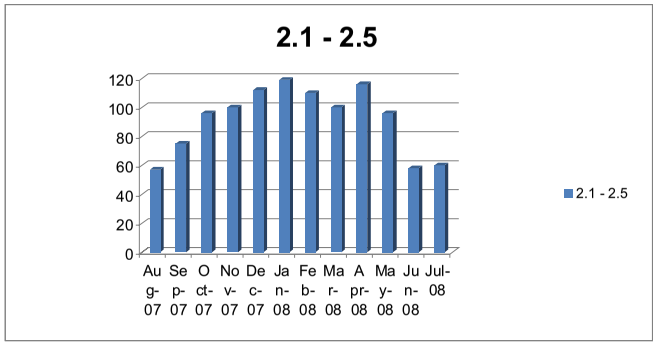
Contract : Leeds Teaching Hospitals Renals Report Title : Quality - Time on vehicle by Journey Month

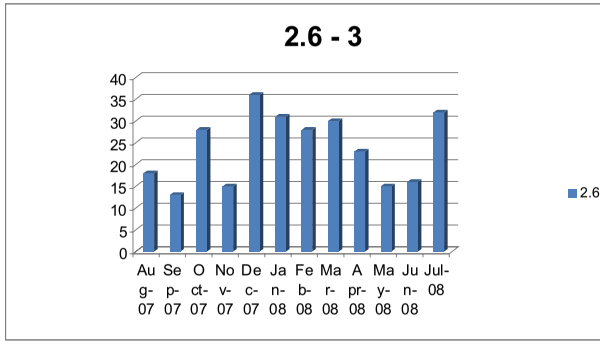


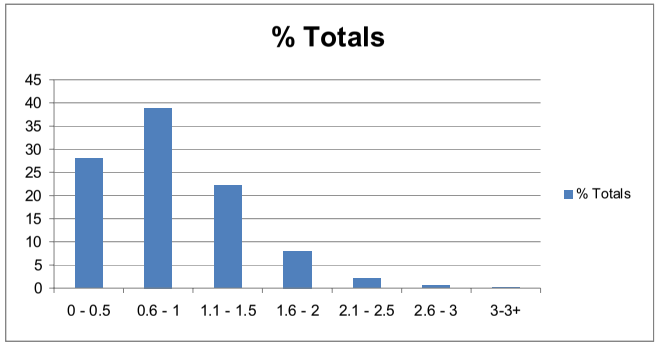


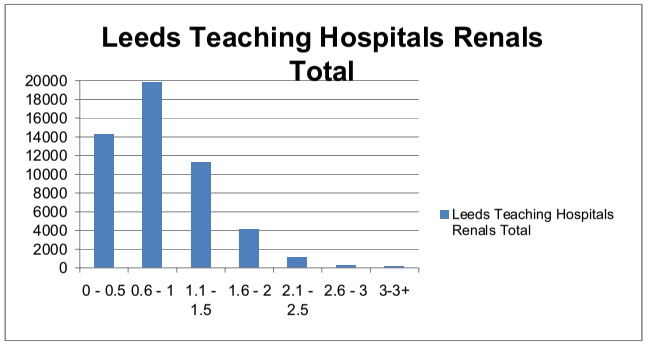


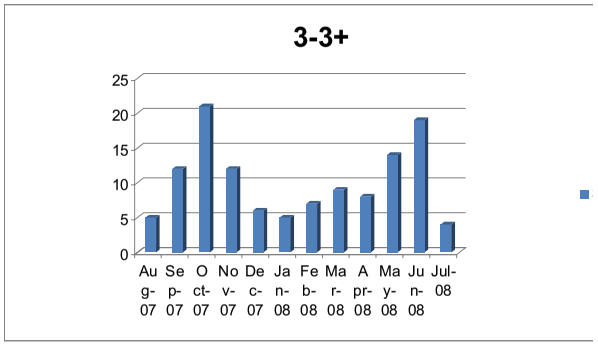










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2.6 - 3
3-3+

Contract : Leeds Teaching Hospitals Renals Report Title :Renal Patients Time on Vehicle April to Sept 2008 - by Contract hospital/unit

Contract Hospital : Beeston Dialysis Unit	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Beeston Dialysis Unit	357	346	319	152	135	56	40	16	20	3	2	6	1	2	0	0	0	0	1	1456
Beeston Dialysis Unit Total	357	346	319	152	135	56	40	16	20	3	2	6	1	2	0	0	0	0	1	1456
Cumulative totals	357	703	1022	1174	1309	1365	1405	1421	1441	1444	1446	1452	1453	1455	1455	1455	1455	1455	1456	1456
% Totals	24.52	23.76	21.91	10.44	9.27	3.85	2.75	1.1	1.37	0.21	0.14	0.41	0.07	0.14	0	0	0	0	0.07	100
Cumulative % totals	**24.52**	**48.28**	**70.19**	**80.63**	**89.9**	**93.75**	**96.5**	**97.6**	**98.97**	**99.18**	**99.31**	**99.73**	**99.79**	**99.93**	**99.93**	**99.93**	**99.93**	**99.93**	**100**	**100**

Contract Hospital : Calderdale Royal Hospital	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Calderdale Royal Hospital	157	427	601	574	543	286	114	108	35	29	8	9	0	5	0	0	2	0	1	2899
Calderdale Royal Hospital Total	157	427	601	574	543	286	114	108	35	29	8	9	0	5	0	0	2	0	1	2899
Cumulative totals	157	584	1185	1759	2302	2588	2702	2810	2845	2874	2882	2891	2891	2896	2896	2896	2898	2898	2899	2899
% Totals	5.42	14.73	20.73	19.8	18.73	9.87	3.93	3.73	1.21	1	0.28	0.31	0	0.17	0	0	0.07	0	0.03	100
Cumulative % totals	**5.42**	**20.14**	**40.88**	**60.68**	**79.41**	**89.27**	**93.2**	**96.93**	**98.14**	**99.14**	**99.41**	**99.72**	**99.72**	**99.9**	**99.9**	**99.9**	**99.97**	**99.97**	**100**	**100**

Contract Hospital : Clayton Hospital	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Clayton Hospital	69	103	190	292	358	514	507	444	297	191	116	58	55	23	4	5	0	0	3	3229
Clayton Hospital Total	69	103	190	292	358	514	507	444	297	191	116	58	55	23	4	5	0	0	3	3229
Cumulative totals	69	172	362	654	1012	1526	2033	2477	2774	2965	3081	3139	3194	3217	3221	3226	3226	3226	3229	3229
% Totals	2.14	3.19	5.88	9.04	11.09	15.92	15.7	13.75	9.2	5.92	3.59	1.8	1.7	0.71	0.12	0.15	0	0	0.09	100
Cumulative % totals	**2.14**	**5.33**	**11.21**	**20.25**	**31.34**	**47.26**	**62.96**	**76.71**	**85.91**	**91.82**	**95.42**	**97.21**	**98.92**	**99.63**	**99.75**	**99.91**	**99.91**	**99.91**	**100**	**100**

Contract Hospital : Dewsbury District Hospital	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Dewsbury District Hospital	130	344	594	561	554	424	219	114	79	42	12	13	2	3	3	0	0	0	3	3097
Dewsbury District Hospital Total	130	344	594	561	554	424	219	114	79	42	12	13	2	3	3	0	0	0	3	3097
Cumulative totals	130	474	1068	1629	2183	2607	2826	2940	3019	3061	3073	3086	3088	3091	3094	3094	3094	3094	3097	3097
% Totals	4.2	11.11	19.18	18.11	17.89	13.69	7.07	3.68	2.55	1.36	0.39	0.42	0.06	0.1	0.1	0	0	0	0.1	100
Cumulative % totals	**4.2**	**15.31**	**34.48**	**52.6**	**70.49**	**84.18**	**91.25**	**94.93**	**97.48**	**98.84**	**99.23**	**99.64**	**99.71**	**99.81**	**99.9**	**99.9**	**99.9**	**99.9**	**100**	**100**

Contract Hospital : Huddersfield St Lukes Hospital	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Huddersfield St Lukes Hospital	131	326	517	441	399	260	123	73	46	39	17	11	0	3	0	0	0	2	7	2395
Huddersfield St Lukes Hospital Total	131	326	517	441	399	260	123	73	46	39	17	11	0	3	0	0	0	2	7	2395
Cumulative totals	131	457	974	1415	1814	2074	2197	2270	2316	2355	2372	2383	2383	2386	2386	2386	2386	2388	2395	2395
% Totals	5.47	13.61	21.59	18.41	16.66	10.86	5.14	3.05	1.92	1.63	0.71	0.46	0	0.13	0	0	0	0.08	0.29	100
Cumulative % totals	**5.47**	**19.08**	**40.67**	**59.08**	**75.74**	**86.6**	**91.73**	**94.78**	**96.7**	**98.33**	**99.04**	**99.5**	**99.5**	**99.62**	**99.62**	**99.62**	**99.62**	**99.71**	**100**	**100**

Contract Hospital : Seacroft Hospital	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Seacroft Hospital	1163	1554	2056	1700	1188	733	500	385	358	250	279	195	117	90	46	32	22	21	41	10730
Seacroft Hospital Total	1163	1554	2056	1700	1188	733	500	385	358	250	279	195	117	90	46	32	22	21	41	10730
Cumulative totals	1163	2717	4773	6473	7661	8394	8894	9279	9637	9887	10166	10361	10478	10568	10614	10646	10668	10689	10730	10730
% Totals	10.84	14.48	19.16	15.84	11.07	6.83	4.66	3.59	3.34	2.33	2.6	1.82	1.09	0.84	0.43	0.3	0.21	0.2	0.38	100
Cumulative % totals	**10.84**	**25.32**	**44.48**	**60.33**	**71.4**	**78.23**	**82.89**	**86.48**	**89.81**	**92.14**	**94.74**	**96.56**	**97.65**	**98.49**	**98.92**	**99.22**	**99.42**	**99.62**	**100**	**100**

Contract Hospital : St James	**0 - 10**	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
St James	490	695	508	395	290	270	211	175	175	109	105	72	64	37	16	14	4	13	21	3664
St James Total	490	695	508	395	290	270	211	175	175	109	105	72	64	37	16	14	4	13	21	3664
Cumulative totals	490	1185	1693	2088	2378	2648	2859	3034	3209	3318	3423	3495	3559	3596	3612	3626	3630	3643	3664	3664
% Totals	13.37	18.97	13.86	10.78	7.91	7.37	5.76	4.78	4.78	2.97	2.87	1.97	1.75	1.01	0.44	0.38	0.11	0.35	0.57	100
Cumulative % totals	**13.37**	**32.34**	**46.21**	**56.99**	**64.9**	**72.27**	**78.03**	**82.81**	**87.58**	**90.56**	**93.42**	**95.39**	**97.13**	**98.14**	**98.58**	**98.96**	**99.07**	**99.43**	**100**	**100**

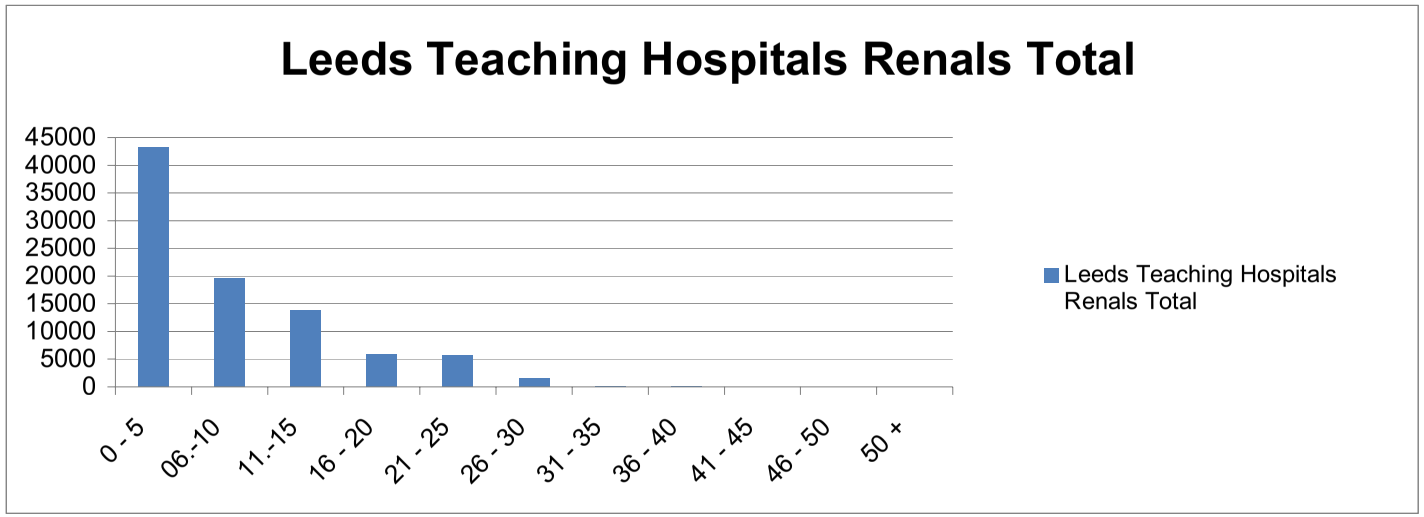
	0 - 10	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Leeds Teaching Hospitals Renals Total	**2497**	**3795**	**4785**	**4115**	**3467**	**2543**	**1714**	**1315**	**1010**	**663**	**539**	**364**	**239**	**163**	**69**	**51**	**28**	**36**	**77**	**27470**
Cumulative totals	2497	6292	11077	15192	18659	21202	22916	24231	25241	25904	26443	26807	27046	27209	27278	27329	27357	27393	27470	27470
% Totals	**9.09**	**13.82**	**17.42**	**14.98**	**12.62**	**9.26**	**6.24**	**4.79**	**3.68**	**2.41**	**1.96**	**1.33**	**0.87**	**0.59**	**0.25**	**0.19**	**0.1**	**0.13**	**0.28**	**100**
Cumulative % totals	9.09	22.9	40.32	55.3	67.93	77.18	83.42	88.21	91.89	94.3	96.26	97.59	98.46	99.05	99.3	99.49	99.59	99.72	100	100

	0 - 10	**11 - 20**	**21 - 30**	**31 - 40**	**41 - 50**	**51 - 60**	**61 - 70**	**71 - 80**	**81 - 90**	**91 - 100**	**101 - 110**	**111 - 120**	**121 - 130**	**131 - 140**	**141 - 150**	**151 - 160**	**161 - 170**	**171 - 180**	**181 +**	**Total**
Overall Totals	**2497**	**3795**	**4785**	**4115**	**3467**	**2543**	**1714**	**1315**	**1010**	**663**	**539**	**364**	**239**	**163**	**69**	**51**	**28**	**36**	**77**	**27470**
Cumulative totals	2497	6292	11077	15192	18659	21202	22916	24231	25241	25904	26443	26807	27046	27209	27278	27329	27357	27393	27470	27470
% Totals	9.09	13.82	17.42	14.98	12.62	9.26	6.24	4.79	3.68	2.41	1.96	1.33	0.87	0.59	0.25	0.19	0.1	0.13	0.28	100
Cumulative % totals	**9.09**	**22.9**	**40.32**	**55.3**	**67.93**	**77.18**	**83.42**	**88.21**	**91.89**	**94.3**	**96.26**	**97.59**	**98.46**	**99.05**	**99.3**	**99.49**	**99.59**	**99.72**	**100**	**100**

Yorkshire Ambulance Service NHS
NHS Trust

Leeds Teaching Hospitals Renals Report Title :Number of Patients by Mileage

Mileage	0 - 5	06.-10	11.-15	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	50 +
January	3613	1645	1209	464	497	128	11	4	0	0	0
February	3539	1485	1065	459	486	132	41	3	0	0	0
March	3699	1553	1055	524	473	143	29	6	0	0	0
April	3741	1564	1094	457	538	153	11	3	0	0	0
May	3593	1577	1108	496	564	144	3	6	0	0	0
June	3482	1496	1058	494	545	127	4	4	0	0	0
July	3601	1628	1129	482	596	148	14	4	0	0	0
August	3633	1779	1225	457	310	95	21	3	0	0	1
September	3330	1613	1205	473	314	96	21	4	0	0	0
October	3745	1785	1307	582	402	97	15	3	0	0	0
November	3635	1811	1200	545	419	87	18	7	1	1	4
December	3527	1665	1147	508	543	104	12	4	0	0	0
Leeds Teaching Hospitals Renals Total	**43138**	**19601**	**13802**	**5941**	**5687**	**1454**	**200**	**51**	**1**	**1**	**5**



Escorts & abortive journeys are not included in the above figures

Appendix 5

Mileage

Total
7571
7210
7482
7561
7491
7210
7602
7524
7056
7936
7728
7510
89881

Appendix 6

Patient Mileage by Unit

Yorkshire Ambulance Service NHS
NHS Trust

Contract Hospital : Beeston Dialysis Unit	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Beeston Dialysis Unit	1679	851	398	186	155	49	0	11	0	8	3337
Beeston Dialysis Unit Total	1679	851	398	186	155	49	0	11	0	8	3337

Contract Hospital : Calderdale Royal Hospital	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Calderdale Royal Hospital	2781	861	138	2	8	0	0	0	0	0	3790
Calderdale Royal Hospital Total	2781	861	138	2	8	0	0	0	0	0	3790

Contract Hospital : Clayton Hospital	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Clayton Hospital	2254	914	952	362	16	1	0	0	0	0	4499
Clayton Hospital Total	2254	914	952	362	16	1	0	0	0	0	4499

Contract Hospital : Dewsbury District Hospital	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Dewsbury District Hospital	4135	588	30	9	0	6	0	0	0	0	4768
Dewsbury District Hospital Total	4135	588	30	9	0	6	0	0	0	0	4768

Contract Hospital : Huddersfield St Lukes Hospital	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Huddersfield St Lukes Hospital	3188	829	28	6	7	0	0	0	0	0	4058
Huddersfield St Lukes Hospital Total	3188	829	28	6	7	0	0	0	0	0	4058

Contract Hospital : Seacroft Hospital	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Seacroft Hospital	5114	4468	3576	1331	2399	609	51	4	0	0	17552
Seacroft Hospital Total	5114	4468	3576	1331	2399	609	51	4	0	0	17552

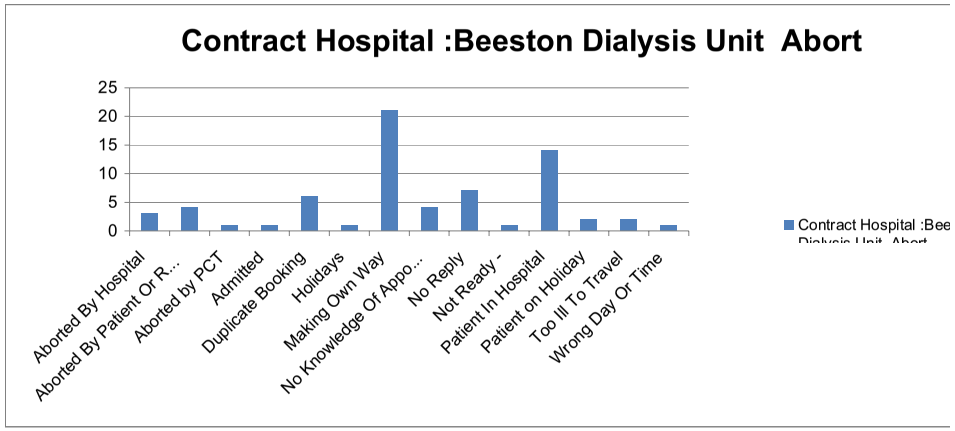
Contract Hospital : St James	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
St James	1733	903	1247	957	644	199	22	7	1	0	5713
St James Total	1733	903	1247	957	644	199	22	7	1	0	5713

	0 - 5	6 - 11	11 - 14	15 - 20	20 - 25	25 - 30	30 - 35	35 - 40	40 - 45	45 - 50	Total
Overall Totals Leeds Teaching Hospitals Renals Total	**20884**	**9414**	**6369**	**2853**	**3229**	**864**	**73**	**22**	**1**	**8**	**43717**

Yorkshire Ambulance Service NHS Trust

Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

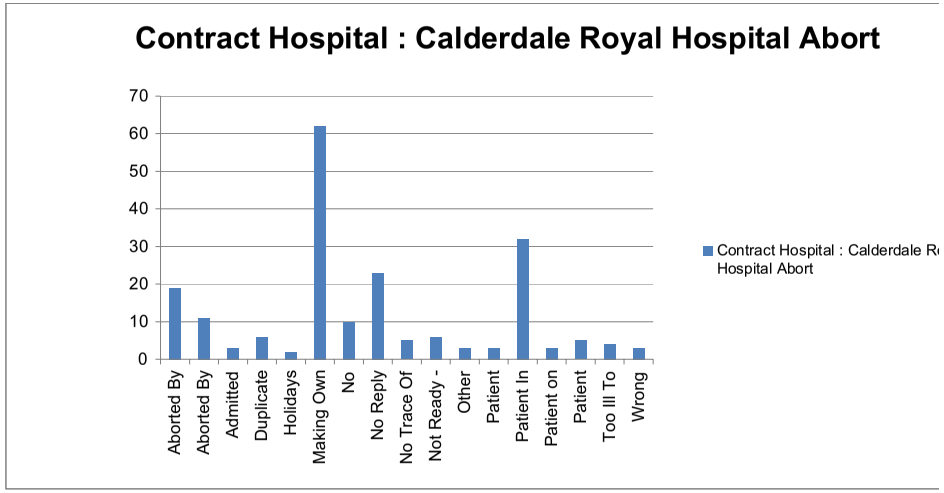
Contract Hospital :Beeston Dialysis Unit	
Abort reason	**Abort**
Aborted By Hospital	3
Aborted By Patient Or Relative	4
Aborted by PCT	1
Admitted	1
Duplicate Booking	6
Holidays	1
Making Own Way	21
No Knowledge Of Appointment	4
No Reply	7
Not Ready -	1
Patient In Hospital	14
Patient on Holiday	2
Too Ill To Travel	2
Wrong Day Or Time	1
Beeston Dialysis Unit Total	**68**



Yorkshire Ambulance Service NHS Trust

Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

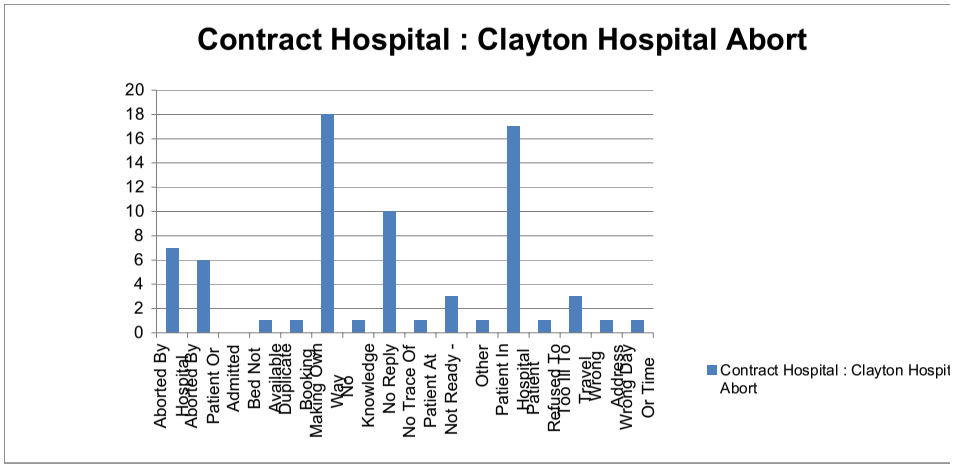
Contract Hospital : Calderdale Royal Hospital	
Abort reason	**Abort**
Aborted By Hospital	19
Aborted By Patient Or Relative	11
Admitted	3
Duplicate Booking	6
Holidays	2
Making Own Way	62
No Knowledge Of Appointment	10
No Reply	23
No Trace Of Patient At Pickup	5
Not Ready -	6
Other	3
Patient Admitted By Clinic	3
Patient In Hospital	32
Patient on Holiday	3
Patient Refused To Travel	5
Too Ill To Travel	4
Wrong Address	3
Calderdale Royal Hospital Total	**200**



Yorkshire Ambulance Service NHS Trust

Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

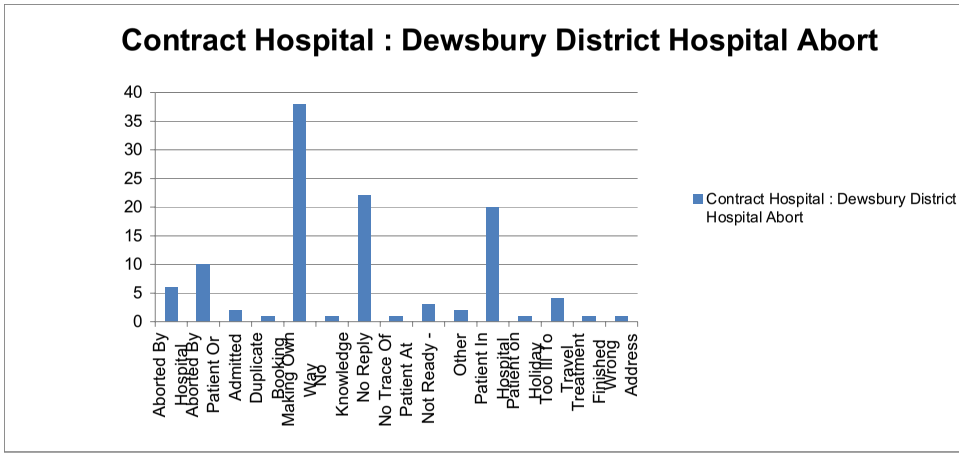
Contract Hospital : Clayton Hospital	
Abort reason	**Abort**
Aborted By Hospital	7
Aborted By Patient Or Relative	6
Admitted	0
Bed Not Available	1
Duplicate Booking	1
Making Own Way	18
No Knowledge Of Appointment	1
No Reply	10
No Trace Of Patient At Pickup	1
Not Ready -	3
Other	1
Patient In Hospital	17
Patient Refused To Travel	1
Too Ill To Travel	3
Wrong Address	1
Wrong Day Or Time	1
Clayton Hospital Total	**72**



Yorkshire Ambulance Service NHS Trust

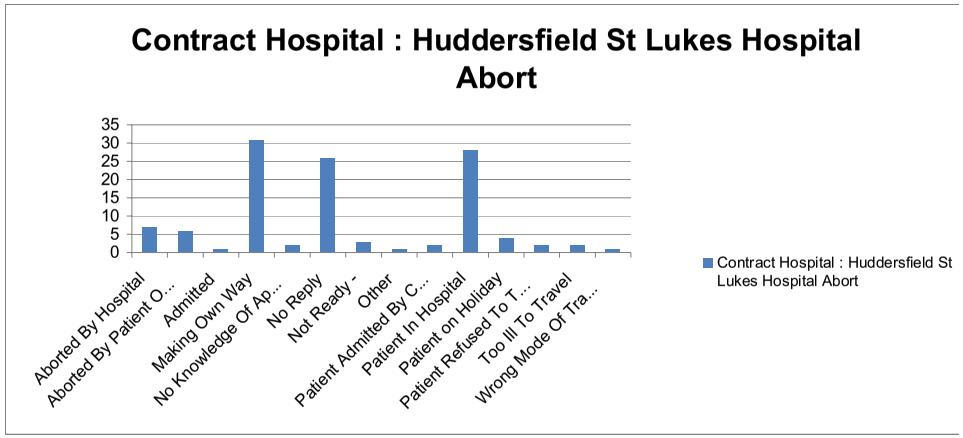
Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

Contract Hospital : Dewsbury District Hospital	
Abort reason	**Abort**
Aborted By Hospital	6
Aborted By Patient Or Relative	10
Admitted	2
Duplicate Booking	1
Making Own Way	38
No Knowledge Of Appointment	1
No Reply	22
No Trace Of Patient At Pickup	1
Not Ready -	3
Other	2
Patient In Hospital	20
Patient on Holiday	1
Too Ill To Travel	4
Treatment Finished	1
Wrong Address	1
Dewsbury District Hospital Total	**113**



Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

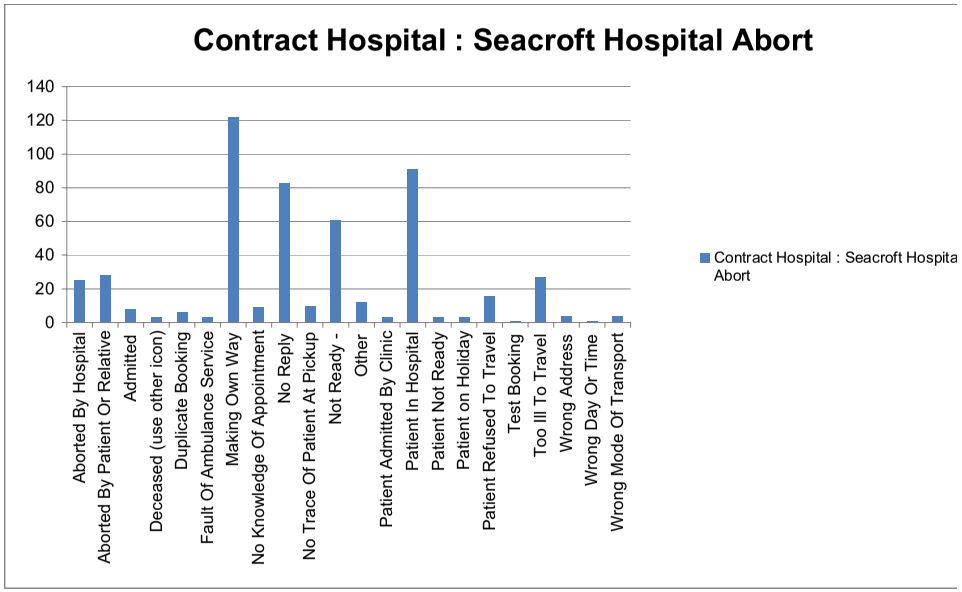
Contract Hospital : Huddersfield St Lukes Hospital	
Abort reason	**Abort**
Aborted By Hospital	7
Aborted By Patient Or Relative	6
Admitted	1
Making Own Way	31
No Knowledge Of Appointment	2
No Reply	26
Not Ready -	3
Other	1
Patient Admitted By Clinic	2
Patient In Hospital	28
Patient on Holiday	4
Patient Refused To Travel	2
Too Ill To Travel	2
Wrong Mode Of Transport	1
Huddersfield St Lukes Hospital Total	**116**



Yorkshire Ambulance Service NHS Trust

Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

Contract Hospital : Seacroft Hospital	
Abort reason	**Abort**
Aborted By Hospital	25
Aborted By Patient Or Relative	28
Admitted	8
Deceased (use other icon)	3
Duplicate Booking	6
Fault Of Ambulance Service	3
Making Own Way	122
No Knowledge Of Appointment	9
No Reply	83
No Trace Of Patient At Pickup	10
Not Ready -	61
Other	12
Patient Admitted By Clinic	3
Patient In Hospital	91
Patient Not Ready	3
Patient on Holiday	3
Patient Refused To Travel	16
Test Booking	1
Too Ill To Travel	27
Wrong Address	4
Wrong Day Or Time	1
Wrong Mode Of Transport	4
Seacroft Hospital Total	**523**

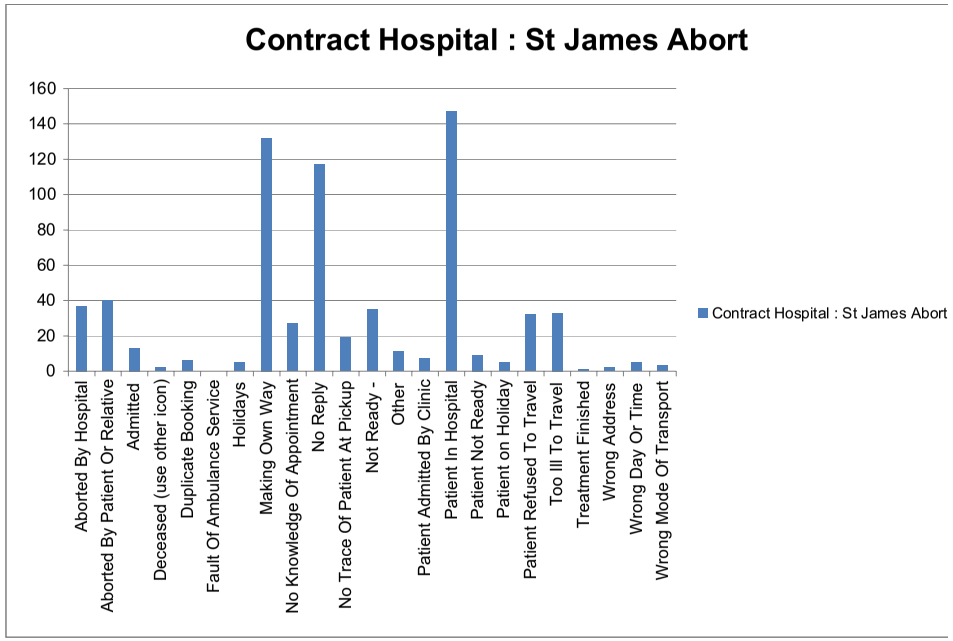


Yorkshire Ambulance Service NHS Trust

Contract : Leeds Teaching Hospitals Renals Report Title :abortives all contracts - Abortives by reason/by Unit

Contract Hospital : St James	
Abort reason	**Abort**
Aborted By Hospital	37
Aborted By Patient Or Relative	40
Admitted	13
Deceased (use other icon)	2
Duplicate Booking	6
Fault Of Ambulance Service	0
Holidays	5
Making Own Way	132
No Knowledge Of Appointment	27
No Reply	117
No Trace Of Patient At Pickup	19
Not Ready -	35
Other	11
Patient Admitted By Clinic	7
Patient In Hospital	147
Patient Not Ready	9
Patient on Holiday	5
Patient Refused To Travel	32
Too Ill To Travel	33
Treatment Finished	1
Wrong Address	2
Wrong Day Or Time	5
Wrong Mode Of Transport	3
St James Total	**688**

Overall Totals	**1780**



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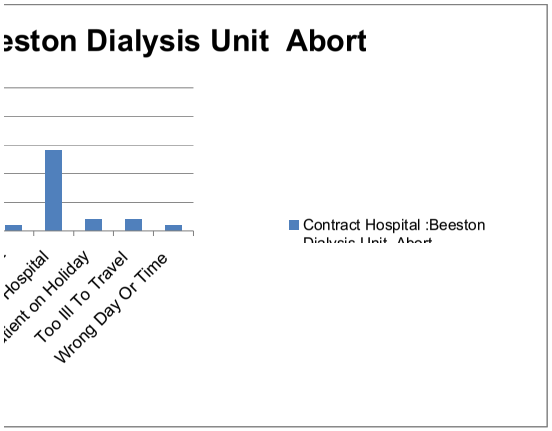

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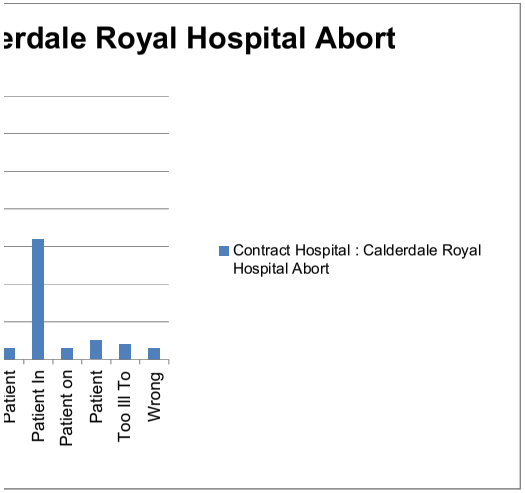

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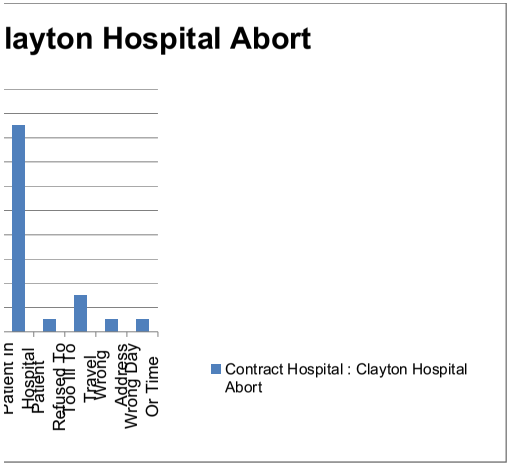


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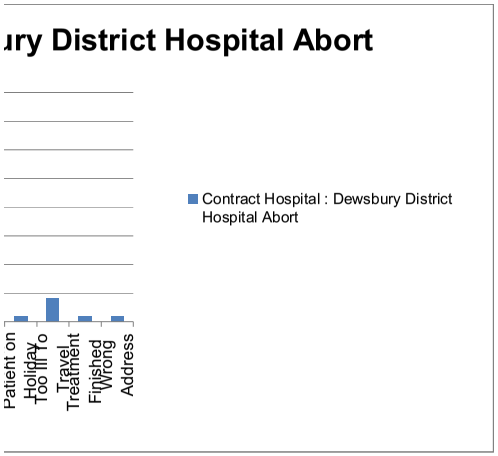
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Patieht on Holiday
Too Ill To Travel
Treatment Finished
Wrong Address
Contract Hospital : Dewsbury District Hospital Abort

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NHS Trust

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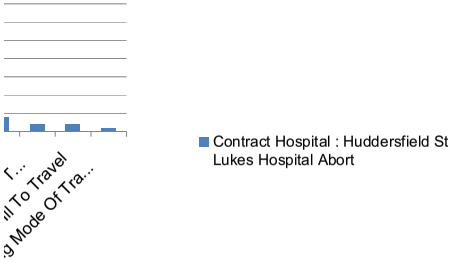

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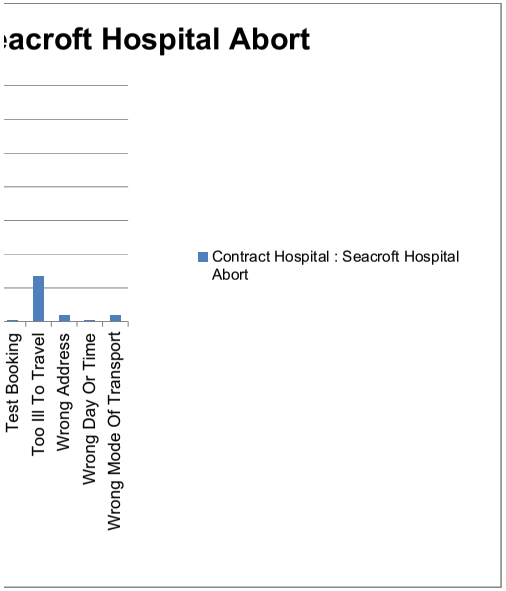
NHS Trust



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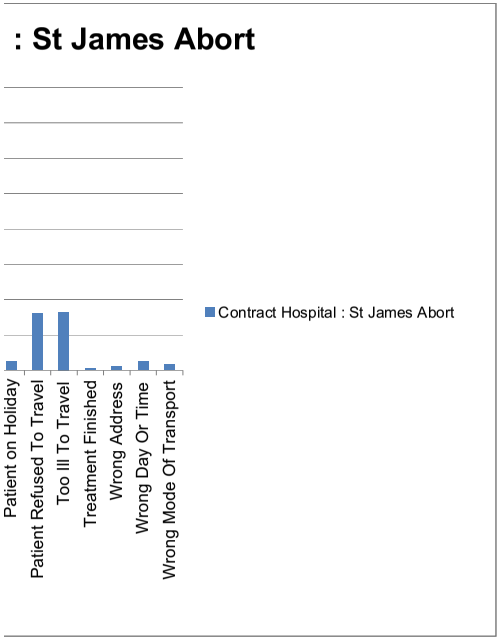
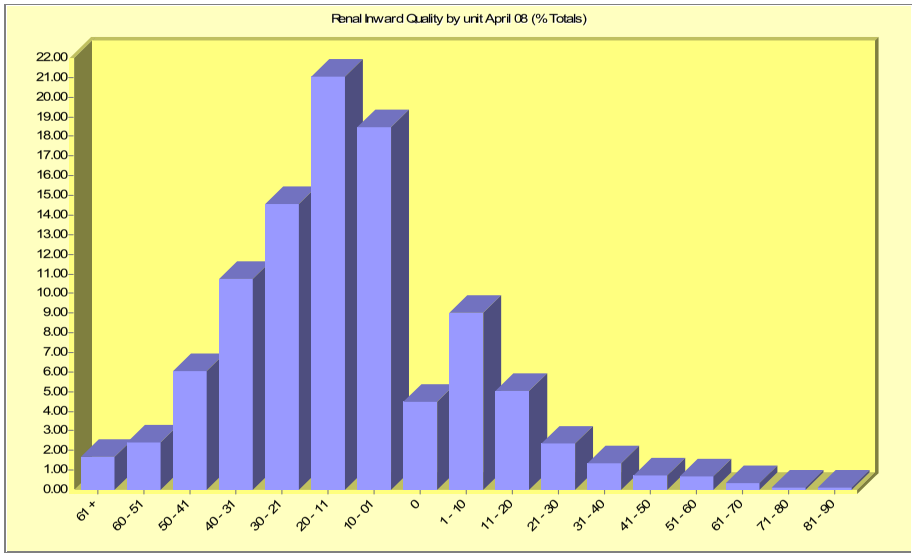
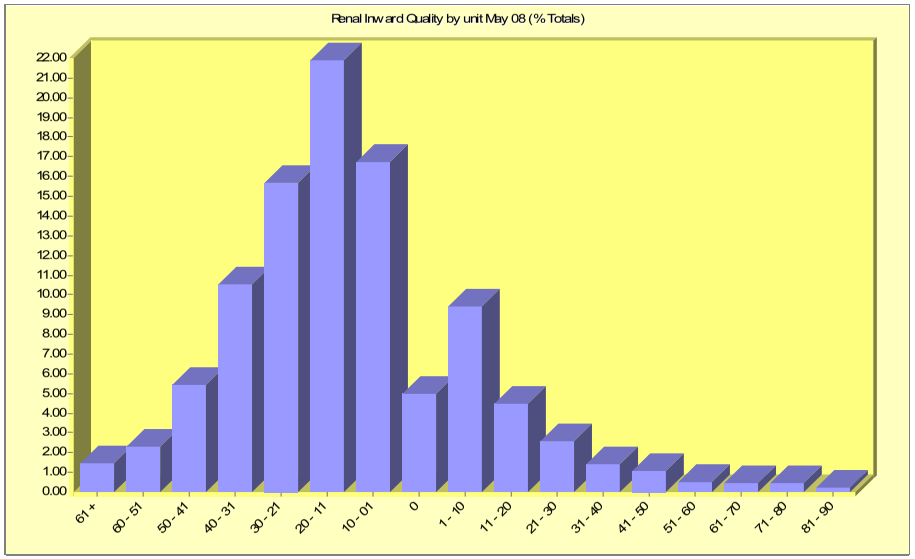
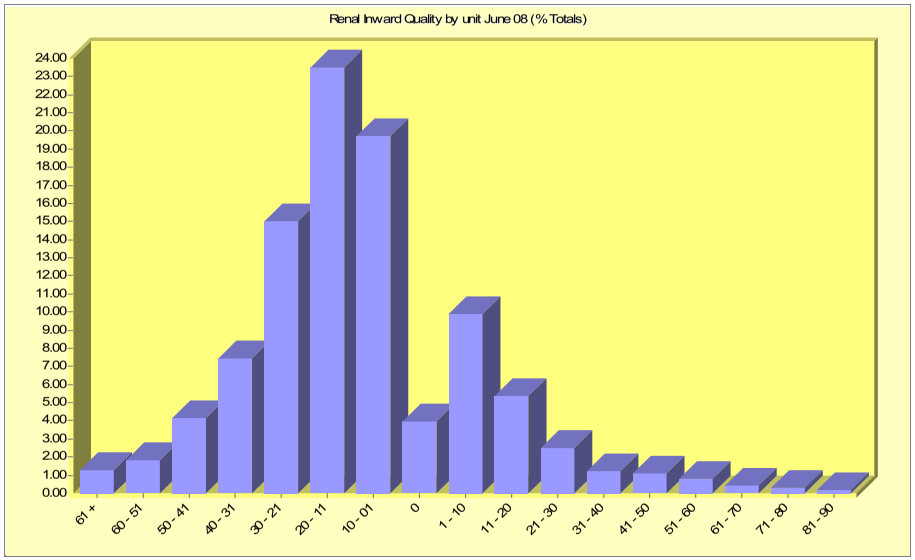
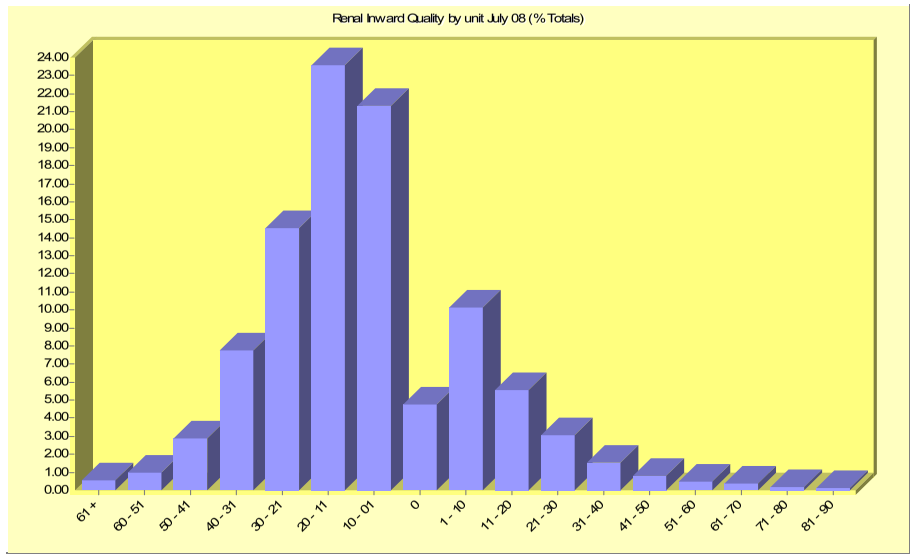



Yorkshire Ambulance Service
NHS
NHS Trust


Renal Inward Quality by unit April 08 (% Totals)
22.00
21.00
20.00
19.00
18.00
17.00
16.00
15.00
14.00
13.00
12.00
11.00
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
61 +
60 - 51
50 - 41
40 - 31
30 - 21
20 - 11
10 - 01
0
1 - 10
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
81 - 90


Renal Inward Quality by unit May 08 (% Totals)
22.00
21.00
20.00
19.00
18.00
17.00
16.00
15.00
14.00
13.00
12.00
11.00
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
61 +
60 - 51
50 - 41
40 - 31
30 - 21
20 - 11
10 - 01
0
1 - 10
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
81 - 90


Renal Inward Quality by unit June 08 (% Totals)
24.00
23.00
22.00
21.00
20.00
19.00
18.00
17.00
16.00
15.00
14.00
13.00
12.00
11.00
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
61 +
60 - 51
50 - 41
40 - 31
30 - 21
20 - 11
10 - 01
0
1 - 10
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
81 - 90


Renal Inward Quality by unit July 08 (% Totals)
24.00
23.00
22.00
21.00
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19.00
18.00
17.00
16.00
15.00
14.00
13.00
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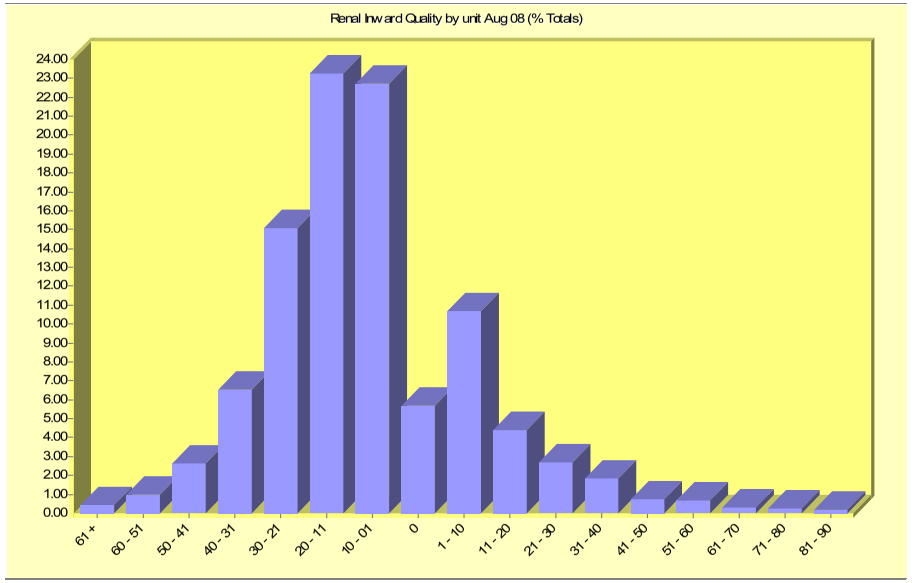
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
61 +
60 - 51
50 - 41
40 - 31
30 - 21
20 - 11
10 - 01
0
1 - 10
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
81 - 90


Yorkshire Ambulance Service
NHS
NHS Trust


Renal Inward Quality by unit Aug 08 (% Totals)
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21.00
20.00
19.00
18.00
17.00
16.00
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14.00
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40-31
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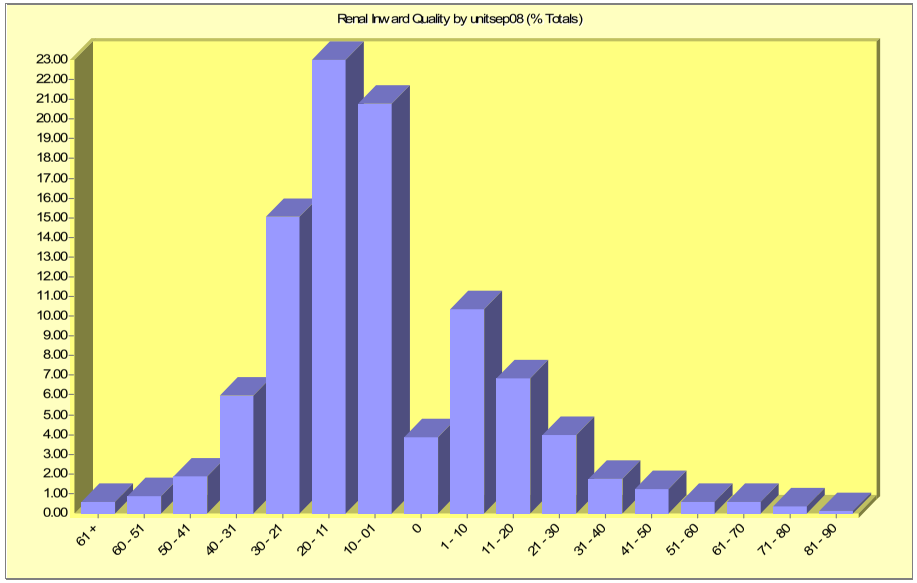
21-30
31-40
41-50
51-60
61-70
71-80
81-90


Renal Inward Quality by unitsep08 (% Totals)
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22.00
21.00
20.00
19.00
18.00
17.00
16.00
15.00
14.00
13.00
12.00
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7.00
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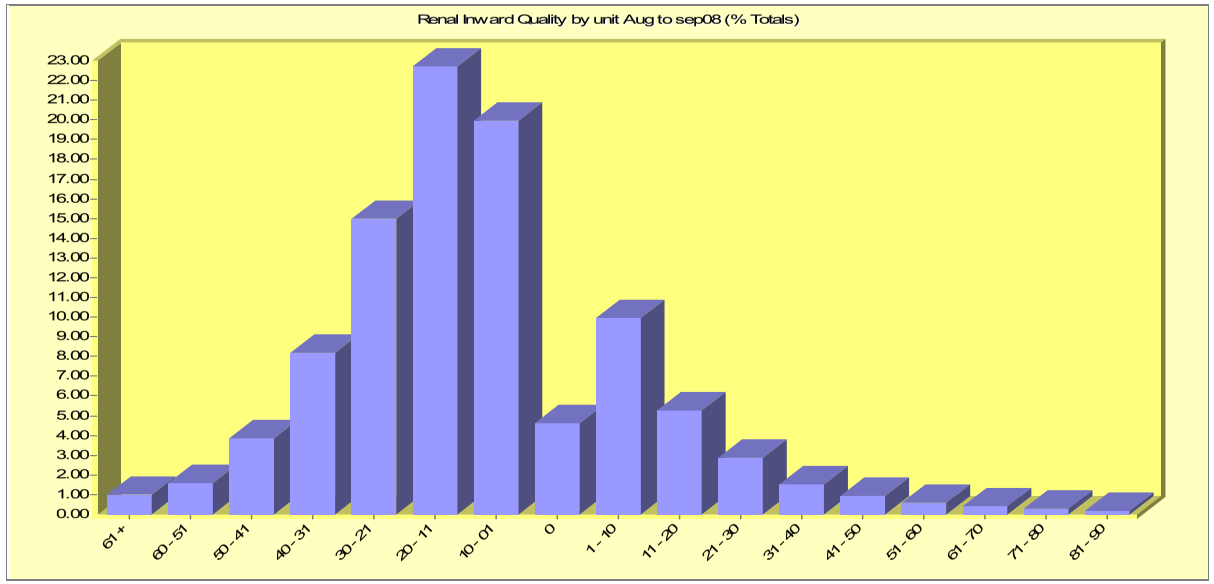
4.00
3.00
2.00
1.00
0.00
61+
60-51
50-41
40-31
30-21
20-11
10-01
0
1-10
11-20
21-30
31-40
41-50
51-60
61-70
71-80
81-90


Renal Inward Quality by unit Aug to sep08 (% Totals)
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21.00
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16.00
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14.00
13.00
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11.00
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61+
60-51
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40-31
30-21
20-11
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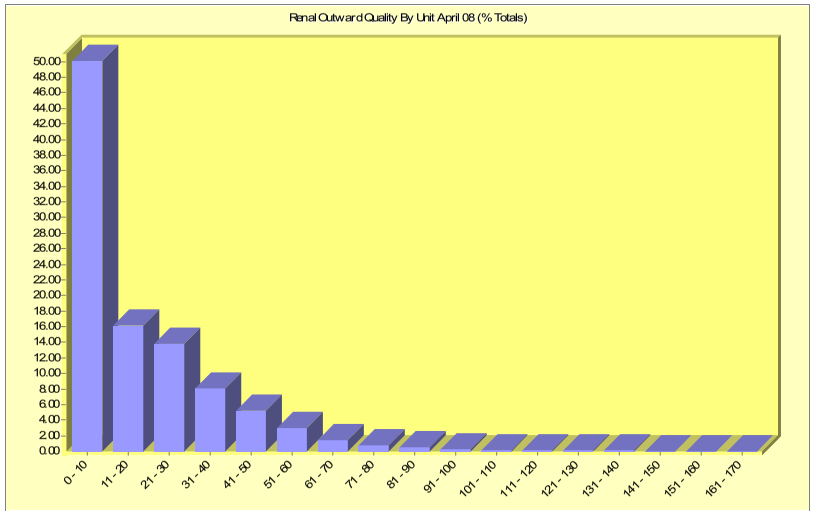
31-40
41-50
51-60
61-70
71-80
81-90


Yorkshire Ambulance Service
NHS
NHS Trust


Renal Outward Quality By Unit April 08 (% Totals)
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44.00
42.00
40.00
38.00
36.00
34.00
32.00
30.00
28.00
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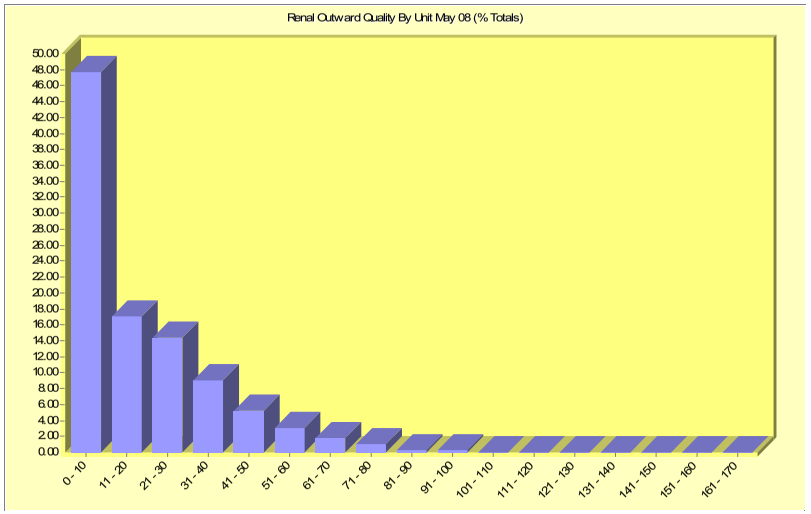
161 - 170


Renal Outward Quality By Unit May 08 (% Totals)
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31 - 40
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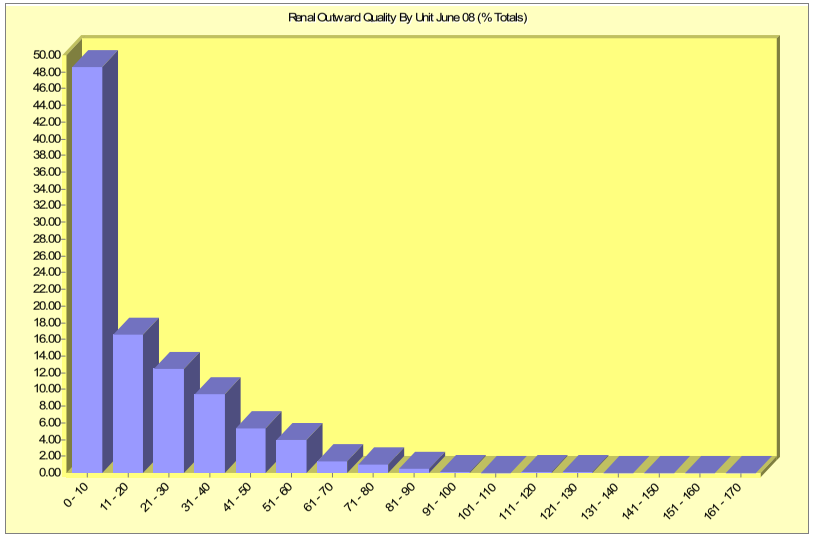
161 - 170


Renal Outward Quality By Unit June 08 (% Totals)
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42.00
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30.00
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21 - 30
31 - 40
41 - 50
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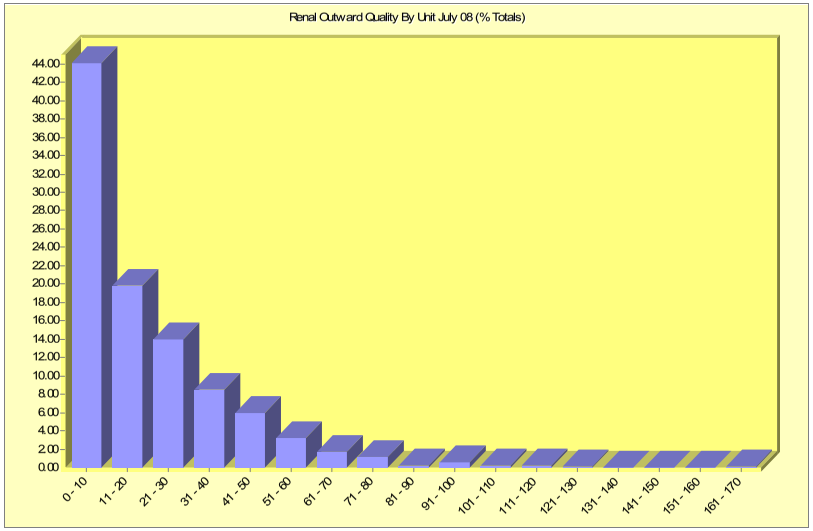
161 - 170


Renal Outward Quality By Unit July 08 (% Totals)
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42.00
40.00
38.00
36.00
34.00
32.00
30.00
28.00
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20.00
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11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
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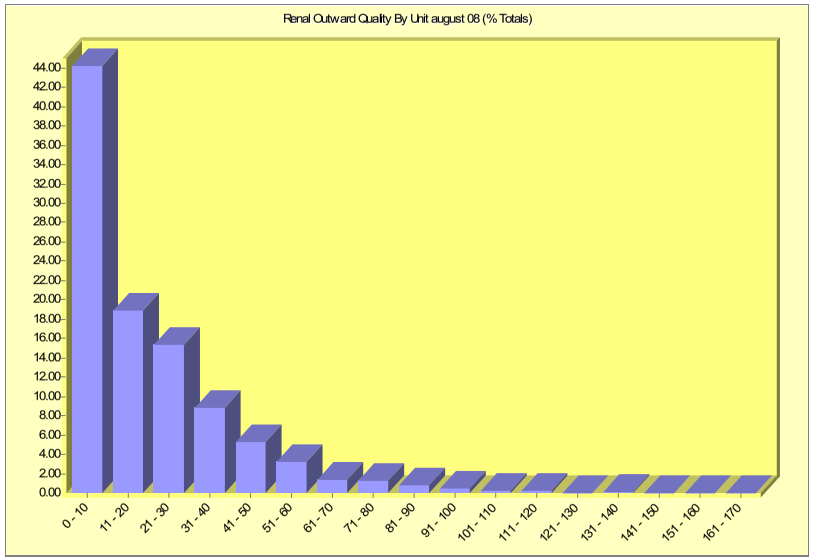
161 - 170


Yorkshire Ambulance Service
NHS
NHS Trust


Renal Outward Quality By Unit august 08 (% Totals)
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38.00
36.00
34.00
32.00
30.00
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26.00
24.00
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20.00
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41 - 50
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71 - 80
81 - 90
91 - 100
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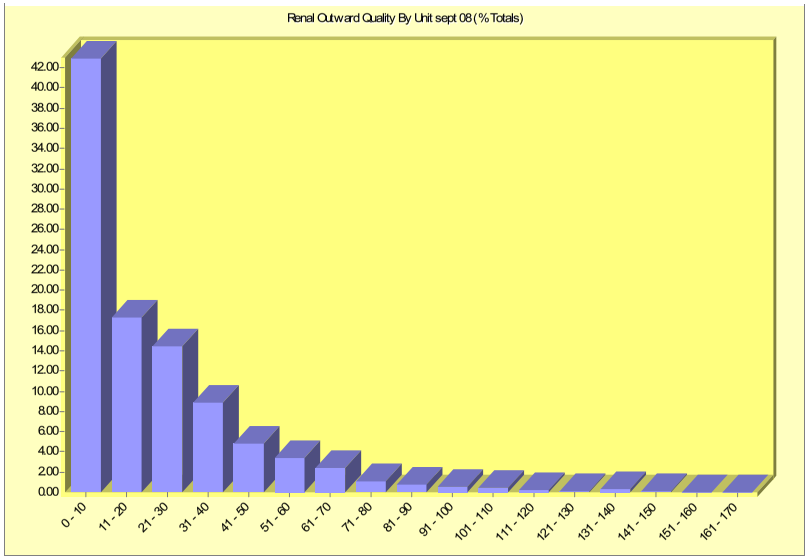
161 - 170


Renal Outward Quality By Unit sept 08 (% Totals)
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38.00
36.00
34.00
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28.00
26.00
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20.00
18.00
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11 - 20
21 - 30
31 - 40
41 - 50
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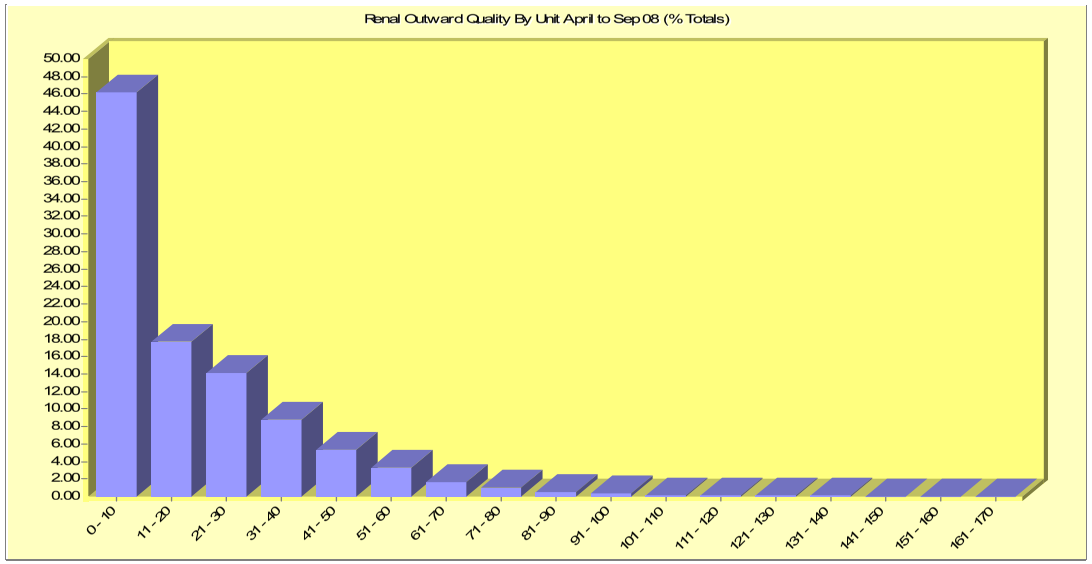
161 - 170


Renal Outward Quality By Unit April to Sep 08 (% Totals)
50.00
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42.00
40.00
38.00
36.00
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32.00
30.00
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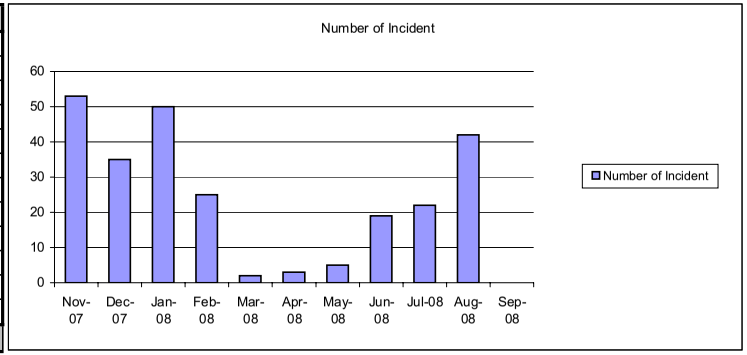
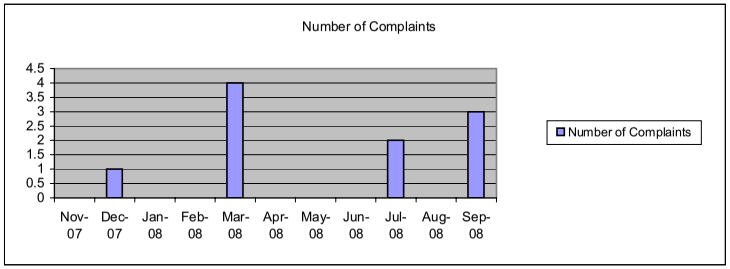
11 - 20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
71 - 80
81 - 90
91 - 100
101 - 110
111 - 120
121 - 130
131 - 140
141 - 150
151 - 160
161 - 170

Reason	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08
Lack of Care											
Treatment affected	13	4	13	8	1	1		3	3	2	
Communication Upheld	6	6	8						1	3	
Communication Not upheld	2									4	
Service Delay Upheld	26	15	20	13	1	0	5	10	7	14	
Service Delay Not Upheld	5	7	6	4	0	2	0	2	1	2	
Too early upheld								3	9	9	
Too early no upheld										6	
Booking Error Not upheld								1			
Inclement weather			1								
Unforeseen	1		2						1	2	
System Error		3									
Number of Incident	53	35	50	25	2	3	5	19	22	42	0



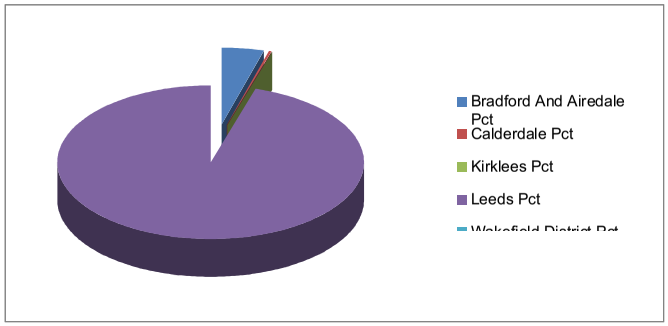
Reason	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08
Failure to repond											
Service Delay					4				1		1
Poor Coomunication											
Attitude/Behaviour of Staff											
Lack of Patient Care											
Dangerous Driving											
Vehicle breakdown											
Other		1							1		2
Number of Complaints	0	1	0	0	4	0	0	0	2	0	3



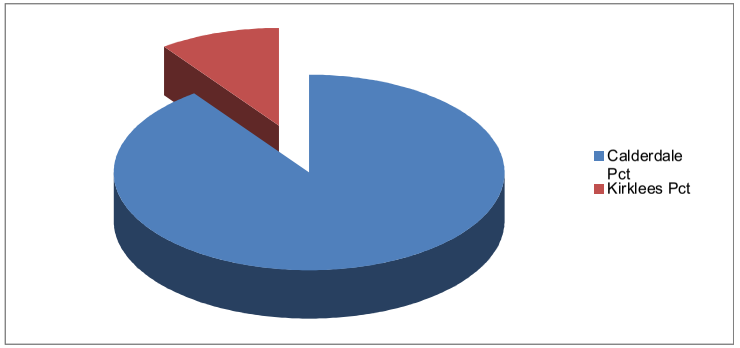
	Number of seats required
Saloon Car	1
Tail Lift 1	1
Tail Lift 2	2
Wheelchair 1	4
Wheelchair 2	4
Ambulance 1	1
Ambulance 2	2
Stretcher	4
Escorts	1

Contract : Leeds Teaching Hospitals Renals Report Title :Mobility - Contract by Clinc - Renal - (by Patient Postcode PCT) Clinic Report - Excluding ECR

Contract Hospital : Beeston Dialysis Unit	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Bradford And Airedale Pct	155	0	0	0	0	0	0	0	0	0	0	0	0	0	0	155
Calderdale Pct	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Kirklees Pct	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Leeds Pct	2693	0	0	458	65	0	0	0	0	0	0	22	0	0	0	3238
Wakefield District Pct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Beeston Dialysis Unit Total	**2856**	**0**	**0**	**458**	**65**	**0**	**0**	**0**	**0**	**0**	**0**	**22**	**0**	**0**	**0**	**3401**

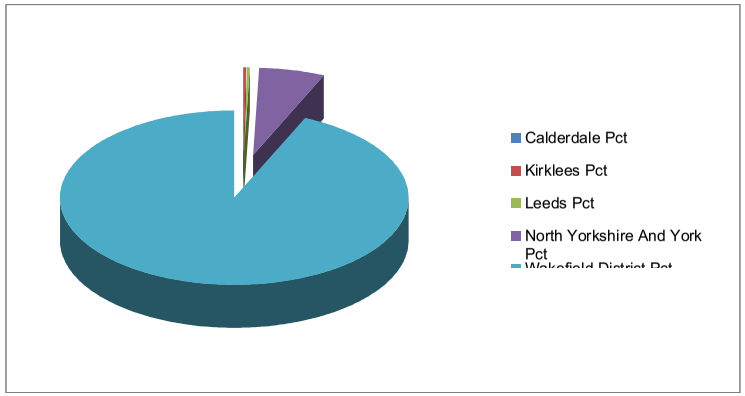


Contract Hospital : Calderdale Royal Hospital	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Calderdale Pct	3116	0	0	275	12	56	1	0	2	0	0	0	0	0	0	3462
Kirklees Pct	373	0	0	0	0	12	0	0	0	0	0	0	0	0	0	385
Calderdale Royal Hospital Total	**3489**	**0**	**0**	**275**	**12**	**68**	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**3847**

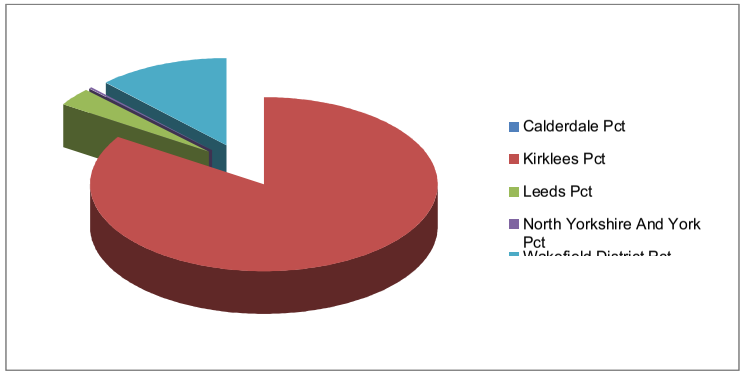


Contract : Leeds Teaching Hospitals Renals Report Title :Mobility - Contract by Clinc - Renal - (by Patient Postcode PCT) Clinic Report - Excluding ECR

Contract Hospital : Clayton Hospital	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Calderdale Pct	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Kirklees Pct	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
Leeds Pct	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
North Yorkshire And York Pct	0	0	0	0	0	279	0	0	0	0	0	0	0	0	0	279
Wakefield District Pct	3788	0	0	139	0	356	0	0	1	0	0	0	0	0	0	4284
Clayton Hospital Total	**3810**	**0**	**0**	**139**	**0**	**635**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**4585**

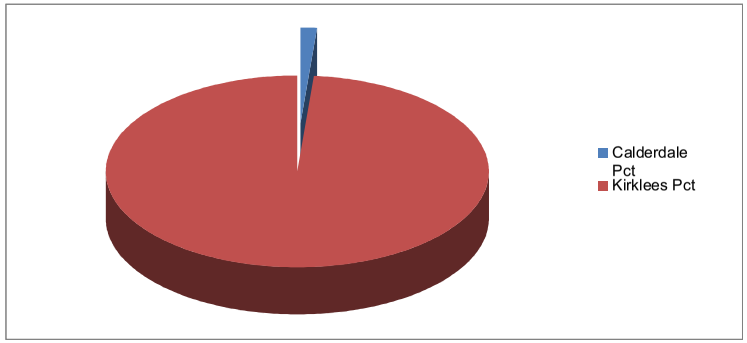


Contract Hospital : Dewsbury District Hospital	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Calderdale Pct	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Kirklees Pct	3776	0	0	0	0	22	160	0	0	0	0	134	0	0	0	4092
Leeds Pct	160	0	0	0	0	0	0	0	0	0	0	0	0	0	0	160
North Yorkshire And York Pct	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	6
Wakefield District Pct	591	0	0	4	0	6	0	0	0	0	0	0	0	0	0	601
Dewsbury District Hospital Total	**4531**	**0**	**0**	**4**	**0**	**34**	**160**	**0**	**0**	**0**	**0**	**134**	**0**	**0**	**0**	**4863**

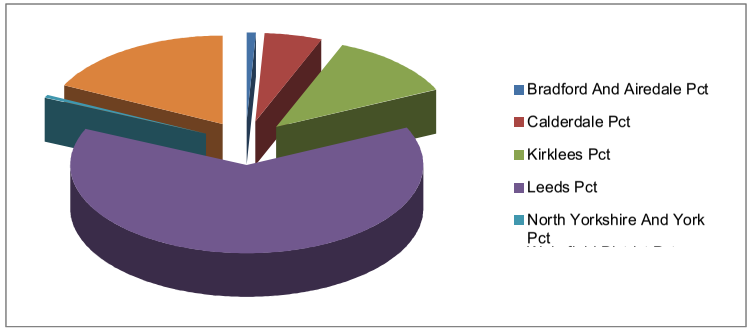


Contract : Leeds Teaching Hospitals Renals Report Title :Mobility - Contract by Clinc - Renal - (by Patient Postcode PCT) Clinic Report - Excluding ECR

Contract Hospital : Huddersfield St Lukes Hospital	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Calderdale Pct	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56
Kirklees Pct	3317	0	0	160	86	416	88	7	0	0	0	0	0	0	0	4074
Huddersfield St Lukes Hospital Total	**3373**	**0**	**0**	**160**	**86**	**416**	**88**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4130**

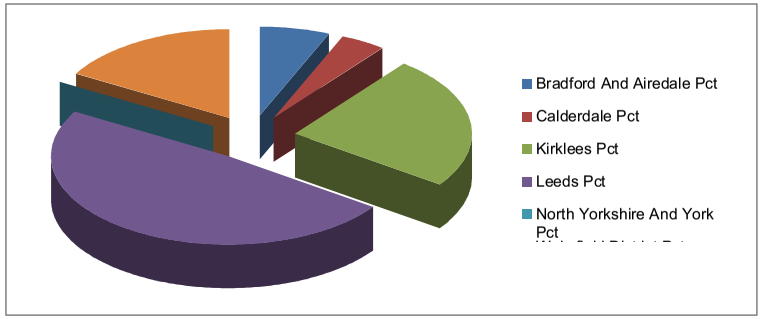


Contract Hospital : Seacroft Hospital	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Bradford And Airedale Pct	136	0	0	0	0	12	0	0	0	0	0	0	0	0	0	148
Calderdale Pct	661	0	0	272	0	0	0	0	0	0	0	0	0	0	0	933
Kirklees Pct	1870	0	0	100	0	156	0	0	43	0	0	0	0	0	0	2169
Leeds Pct	9807	0	0	684	66	278	514	1	2	0	0	1	0	0	0	11353
North Yorkshire And York Pct	81	0	0	0	0	0	0	0	0	0	0	0	0	0	0	81
Wakefield District Pct	2619	0	0	320	0	100	6	0	1	0	0	158	0	0	0	3204
Seacroft Hospital Total	**15174**	**0**	**0**	**1376**	**66**	**546**	**520**	**1**	**46**	**0**	**0**	**159**	**0**	**0**	**0**	**17888**



Contract : Leeds Teaching Hospitals Renals Report Title :Mobility - Contract by Clinc - Renal - (by Patient Postcode PCT) Clinic Report - Excluding ECR

Contract Hospital : St James	**SC**	**A1**	**A2**	**W1**	**W2**	**T1**	**T2**	**ST**	**C1**	**CH**	**A4**	**FS**	**TA1**	**TA2**	**3ML**	**Total**
Bradford And Airedale Pct	116	0	0	2	152	100	1	0	0	0	0	0	0	0	0	371
Calderdale Pct	157	0	0	28	0	4	0	2	52	0	0	0	0	0	0	243
Kirklees Pct	993	0	0	289	0	91	34	0	0	0	0	0	0	0	0	1407
Leeds Pct	2038	0	60	323	154	224	31	0	7	0	0	0	0	0	0	2837
North Yorkshire And York Pct	2	0	0	0	0	8	0	0	0	0	0	0	0	0	0	10
Wakefield District Pct	689	0	0	246	0	27	2	0	2	0	0	0	0	0	0	966
St James Total	**3995**	**0**	**60**	**888**	**306**	**454**	**68**	**2**	**61**	**0**	**0**	**0**	**0**	**0**	**0**	**5834**



Leeds
CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 21 October 2008

Subject: Renal Services – Transport Update

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
☐ Ward Members consulted (referred to in report)	Narrowing the Gap ☐

1.0 Introduction

1.1 At its meeting on 16 September 2008, the Scrutiny Board (Health) received an update on the provision of renal services and associated patient transport arrangements. At that meeting, the Board heard from NHS Leeds (formerly Leeds Primary Care Trust (PCT)), Leeds Teaching Hospitals NHS Trust (LTHT), Yorkshire Ambulance Service (YAS) and the Kidney Patients Association (KPA) for both the Leeds General Infirmary (LGI) and St. James' hospitals. The Board also considered a written submission from the National Kidney Federation.

1.2 Following discussion at the previous Board meeting, Members requested that a further report be presented to the Board, to include greater detail on current performance and trends in performance. Attached this report is a further submission from LTHT (Appendix 1) and YAS (Appendix 2).

1.3 Members should also be aware that a meeting of all the key stakeholders, including both KPAs is scheduled for 14 October 2008. The purpose of this meeting is to discuss many of the issues identified at the previous scrutiny board meeting and seek to agree a way forward. A verbal update will be presented to the Board meeting.

2.0 Recommendations

2.1 The Board is requested to consider the information provided in the attached report and determine any matters that require any further scrutiny.

3.0 Background Papers

Scrutiny Board (Health) report: Renal Services – 16 September 2008
Scrutiny Board (Health) minutes: 16 September 2008

REPORT TO THE LEEDS SCRUTINY BOARD - 21 OCTOBER 2008

LTHT RENAL SERVICE - FURTHER INFORMATION

The Scrutiny Board at its meeting on 16 September 2008, requested further information of the Leeds Teaching Hospitals Trust.

The following is a brief update. A further verbal report will be made at the Scrutiny Board meeting on 21 October after the meeting with the Kidney Patients Associations (KPAs) on 14 October.

1. Transport Contract for Renal Services

1.1 The Contract

A 3-year contract was awarded from 1st April 2007. This followed a competitive tendering process which identified Yorkshire Ambulance Service as the preferred supplier. LTHT Supplies and Renal colleagues and representatives of the KPAs were actively involved in the preparation of the contract service specification and also sat on the adjudication panel. Key features of the new contract were the establishment, within YAS, of a 'Renal Hub' to deal with all renal patient transport issues; the appointment of a dedicated Renal Transport Customer Relations Manager; and extended hours of service.

1.2 Pre-Contract

Prior to this contract, Renal Patient Transport was embedded within the whole LTHT Patient Transport Contract but it was felt that the creation of a "Dedicated Renal Transport Service Contract" would significantly improve the standard of service provided to patients by the introduction of revised quality standards and dedicated service arrangements.

1.3 Contract Review Meetings

The new contract specifies that monthly Contract Review Meetings (alternating venues and chair – LTHT and YAS) are held, which are attended by LTHT Representatives, YAS and representatives of the KPAs. Comprehensive reports on the Renal Transport Service are provided by YAS at these meetings and any issues arising are discussed.

1.4 Contract Standards

The contract standards are that **90%** of patients arrive within **30 minutes** of appointment time and that **90%** of patients depart within **45 minutes** of being marked ready. (Based on but not identical to, the standards contained in the Cheshire and Merseyside Renal Transport Action Learning Set).

1.5 Contract Penalties : Section 16

"The Trust reserves the right to withhold payment for the difference in % terms between the quality standard and the actual standard where standards are not met."

These were accepted by YAS where YAS "*fails to **consistently** meet the agreed quality standards within their influence*"

1.6 Standards Achieved to date:

YAS average 07/08 = 96.4% (inward): 99.1% (outward)

YAS average 08/09 = 94.25% (Inward): 98.85% (outward) April - August)

2. Information provided to patients

A new, 60-page "Haemodialysis Information Pack" has been produced by LTHT and nearly 500 copies have been distributed to patients since its launch in July 2008. Prior to printing, YAS received draft copies for comment. Patients are now being contacted to amend the YAS contact telephone number.

3. Transport Related Incidents

3.1 Number of incidents

317 incidents relating to renal transport were formally reported by LTHT staff, from April 2007 to September 2008. The LTHT data system does not allow further sub categorisation of the incident. A manual check of the 317 reports identified 43 instances when a patient(s) received less than the prescribed period of dialysis. Of the 317 reports, 231 emanated from the Parsons' Unit at Seacroft. There is likely to be under-reporting of transport related incidents but not of the instances when dialysis was reduced.

3.2 Treatments delivered

During the same 18 month period, approximately 113,724 haemodialysis treatments were delivered, across the 8 renal dialysis units - the number derived from an average of 486 patients, receiving 3 treatments per week, over 78 weeks.

3.3 Journeys undertaken

In that same timeframe, the patients will have made approximately 227,448 journeys to and from home and their dialysis unit. YAS undertook approximately 140,000 of those patient journeys.

4. Procedure when a patient fails to keep their appointment

On the day of treatment, the dialysis unit staff will endeavour to contact the patient, escalating to their relatives, escalating to the Police. An incident report form is completed for all instances of non attendance.

The reasons for non attendance are numerous, ranging from patients failing to advise the renal or YAS services that they are extending a holiday, to the common and deep psychological impact of end stage renal disease (25-30% prevalence of depression).

No sanction is placed on the patient. However, persistent non attendees (but there are no hard and fast 'rules' about persistent non attendance) will ultimately receive a letter from their consultant explaining the clinical consequences.

The reported instances of non attendance indicate an increasing prevalence. With immediate effect, this data is being collected more easily and effectively on the patient's electronic dialysis record, for further analysis.

5. Audit of Performance

As reported to the last Scrutiny Board meeting, an audit of performance was conducted jointly by LTHT and YAS at the Parsons' Unit at Seacroft during the week commencing 15 September.
The key findings were that the punctuality of patient treatment and transport is affected by 3 factors:-

- The performance of YAS
- The non attendance of patients
- The efficacy of the nursing team

These factors will be explored in more detail at the meeting on 14 October at which the Leeds PCT, LTHT, YAS and the Kidney Patients' Associations will be present.

Leeds Teaching Hospitals NHS Trust
October 2008

Yorkshire Ambulance Service NHS
NHS Trust

Renal Transport Service

Prepared for
Leeds City Council
Health Scrutiny Board

Prepared By
Diane Williams
Assistant Director
Business Development
Yorkshire Ambulance Service
08 October 2008

CONTENT

EXECUTIVE SUMMARY

Please see enclosed a comprehensive report outlining the issues that were raised as part of the scrutiny committee meeting 16 September 2008**.** Yorkshire Ambulance Trust has been working closely with its acute commissioner, Leeds Teaching NHS Trust to improve the experience of patients using our transport service.

We have included information on the national working groups for renal transport and given a first assessment of where we are performing against the national recommendations. We would like to note that our own performance requirements as part of our agreed contact with Leeds Teaching NHS Trust exceed the requirements from the national work in our joint plan to improve patient's experience and compliance with treatment.

We have undertaken local audit work with Leeds Teaching NHS trust to look at very closely the reasons for concerns and incidents (mainly time on vehicle and time of arrival and collection). We have also started a major programme of improvement within PTS services which will plan to automate many on our current processes and increase our efficiency and journey management, key themes raised at the committee. We are extremely concerned if patients feel that the transport part of their treatment is creating problems for treatment compliance and will be meeting with the KPA in October to formally address specific KPA issues and are keen to work closer together from here onwards to influence our improvement plan and allow patients who we transport to see a real impact on their collection and delivery times.

We wish to assure the committee that we take our responsibilities extremely seriously for this patient group and other high risk areas of care that require critical transport. We have already started addressing the issues raised and very much hope that this comprehensive package of information included here today gives the committee the assurance it needs that the issues raised have been tackled and are being resolved.

Our current performance against our contractual target for year to date is 76.70% for the inward performance and 91.95% for outward performance and we would of course be happy to answer any further queries relating to this or any other matter either in advance of the committee or at the date of the next session.

Kind regards

Sarah Fatchett
Director of Operations Patient Transport Service
7 October 2008

OVERVIEW

This report is a submission from Yorkshire Ambulance Service NHS Trust (YAS). The purpose of the report is to provide information regarding the Renal Transport Service Commissioned by Leeds Teaching Hospitals NHS Trust (LTHT) requested by Leeds City Council, Health Scrutiny Board.

The report provides information regarding recommendations from the Cheshire and Merseyside Renal Action Learning Set and benchmarks the service provided by Yorkshire Ambulance Services against the proposals and recommendations made.

Also included in the report are the performance standards as outlined in the renal contract. The appendices graphs and tables included in this report measure performance achieved by YAS against the renal contract performance standards.

In the report is information regarding a recent service audit that took place at the Parson Unit at Seacroft Hospital. The audit outlines issues that have arisen and how they have been dealt with by the LTHT and YAS.

Finally To assist the readers of this report brief explanations of each appendices provided with this report has been given along with explanations for transport categories and weighted seat journeys.

Cheshire and Merseyside Learning Set Recommendations & Proposals

In order to assist the Leeds Scrutiny Board Health Committee with their review of the transport element of the Renal Service commissioned by Leeds Teaching Hospitals NHS Trust, Yorkshire Ambulance Service (YAS) has benchmarked the service against the recommendations and proposed areas for monitoring put forward by the Cheshire & Merseyside Action Learning Set.

This section of the report benchmarks the service provision provided by YAS against the recommendations and proposed areas for monitor made by the Cheshire and Merseyside Learning Set. A traffic light system has been used to demonstrate progress against each element

Red represents non compliance against the recommendation

Amber represents a system is in place but more work needed to develop this area

Green represents full compliance against the recommendation

Blue represents recommendations relating to the Trust or PCT in relation to transport

Grey represents areas that nationally driven rather than locally

At the end of this section are the quality standards proposed by the learning and again YAS has benchmarked them self against these standards

Extract from the Foreword

'Recommendations for the provision of a patient centred renal transport service'

It is known that the provision of streamlined renal transport services presents significant difficulties. This is not just a local concern but is also highlighted at a national level and across a number of patient groups who rely upon Patient Transport Services (PTS).The Department of Health wanted to address these concerns and established two national action learning sets to explore the issues in renal transport as part of implementing the National Service Framework for Renal Services. These sets were in Cheshire and Merseyside and County Durham and Tees Valley. This report of the Cheshire and Merseyside Renal Transport Action Learning Set summarises the work that has been undertaken to highlight the issues facing all renal patients but with a particular emphasis on haemodialysis patients. The Learning Set was established to learn from other areas where transport either works well or is facing significant pressure and to propose key recommendations to be considered both locally and nationally. It is however recognised that within these national recommendations, there is a need for local flexibility and it is expected that each area would need to develop their own local response within a nationally consistent framework.

(Report of the Cheshire and Merseyside Renal Transport Action Learning Set, September 2006)

Recommendations

National consistency

1. The recommendations contained within the work of the 2 Renal Transport Learning Sets are adopted as a national framework for renal transport, recognising the need for local flexibility in their implementation.

Strengthened commissioning

1. A single lead commissioner for renal transport should be identified within each area, linked to the lead commissioner for renal services.

2. Renal transport should be removed from general PTS contracts with identified funding.

3. Renal transport should be kept separate from any national tariffs for renal services in order to maximise flexibility in commissioning this service.

4. A renal specific service specification with quality standards and eligibility criteria for transport should be produced using measures of success for performance management.

5. Value for money and service responsiveness in transport contracts should be sought. This may include increasing the range of service providers offering renal transport including the independent sector.

6. The views of patients and carers should be listened to through stakeholder events, review of formal and informal complaints and focus groups. New ways of capturing non formalised complaints including use of comments cards and suggestions boards should be considered.

Comments: Point 6, at present YAS meet with patient representatives at contract review meetings. YAS has requested to join the Leeds Teaching Hospital regular bi monthly meeting with the Kidney Patients Association and the first meeting was due on the 21 September 08, but was cancelled due to the Scrutiny Board Meeting and is rescheduled for 14 October 08. We are confident that this additional measure will allow us to properly engage with the patient group.

Eligibility criteria and transport needs assessment

1. All renal patients should be assessed at least every 3-6 months or more frequently if clinical needs change and their transport needs reviewed for their medical and mobility requirements and appropriate transport options offered.

2. A national eligibility criteria scoring approach should be developed to ensure a consistent approach.

Improved communication

1. A single point of contact for renal transport such as a transport coordinator / bureau function should be established locally.

2. Use of information technology and equipment to improve communication should be explored.

Partnership working

1. Links between renal service planning and transport provision should be strengthened by having named representatives on local renal strategy groups or by establishing a transport subgroup of local renal strategy groups.

2. Transport providers should be involved in strategic planning discussions for renal services on an ongoing basis not just at the final stage.

Comments: Points 1 & 2, at present YAS do not sit on any strategy groups for renal transport.

Patient and carer charges and benefits

1. No renal patient who is assessed as being eligible for transport should be charged for transport.

2. All renal dialysis patients and carers should have access to free, secure and accessible car parking and all new units should be designed with these requirements in mind in accordance with HBN53.

3. Patients should be given clear and up to date information regarding their benefit rights under the Hospital Travel Costs Scheme and support in completing their applications.

4. A local policy on the reimbursement of travel costs for patients/carers should be developed to address the recommendation that all reasonable carer expenses incurred as a result of driving the patient should be reimbursed.

Promoting choice

1. A menu of transport options which can be tailored to individual patient needs should be developed. This would need to be sufficiently flexible to respond to changing needs.

Making roles and responsibilities explicit

1. A local Transport Charter setting out responsibilities and expectations should be developed and shared widely.

Comments: This is in development for renal & PTS in general

Enhancing non ambulance transport provision

1. All transport providers should be offered training and information regarding renal services and should be regularly assessed.

1. All transport providers should provide evidence that their vehicle meets safety and all legal requirements and they can demonstrate an awareness of patient needs.

2. All reasonable volunteer driver expenses incurred as a result of driving the patient should be fully reimbursed.

3. All transport providers should be able to communicate with the renal service provider and / or patient regarding any difficulties.

Emergency patient transfers

1. Each local hospital should have an agreed protocol with their renal centre regarding transfer of renal patients.

2. Each local hospital should have an agreed protocol with their ambulance trust regarding transfer of renal patients.

Proposed areas for monitoring

Journey times

Suggested method of Audit: Contract monitoring data from transport provider and renal service audit data

1. Percentage of single journey times to dialysis unit over 30 minutes.
2. Percentage of single journey times to patient's home over 30 minutes.
3. Time difference between stated and actual pick up time.
4. Number of patients picked up per single journey
5. Percentage of patients arriving on the **dialysis unit** no earlier than 30 minutes before their planned dialysis start time.
6. Percentage of patients leaving the **hospital** within 30 minutes of their actual dialysis finishing time. Postcode of patients experiencing delays.
7. Postcode of patients experiencing delays.

Comments: Points 1, 2, 3, 5 & 6are areas currently measured under the contract.

Journey distance

Suggested method of Audit: Renal service audit data and transport provider data

1. Postcode of patient's home address and dialysis unit address to determine distance travelled and whether they accessed most local dialysis unit.

Comments: Point 1 is not an area currently measured under the renal contract. Due to the number of postcodes, it would be difficult to provide this information at this stage but to give an indication of the distances patients travel to each unit, appendix 11 provides a breakdown of patients at each unit by their home PCT area.

Eligibility criteria and mode of transport

Suggested method of Audit: Transport provider data, Patient survey

1. Existence of eligibility criteria and a process of regular assessment of need in place for transport.
2. Percentage of patients travelling by different modes of transport (ambulance/taxi/volunteer driver/carer/community transport etc).
3. Percentage of patients using their preferred mode of transport.

State of vehicles

Suggested method of Audit: Patient survey, Transport provider contract

1. Vehicles are clean, roadworthy and have appropriate equipment.
2. Vehicles have communication systems installed.

Patient / Carer reimbursement

Suggested method of Audit: Patient survey

1. Patients are kept fully informed of the Hospital Travel Costs Scheme.
2. Carers receive reimbursement for travelling expenses.

Car parking arrangements

Suggested method of Audit: Patient survey

1. There are dedicated car park spaces in close proximity to the renal unit and these are free to renal patients and carers

Aborted journeys

Suggested method of Audit: Transport provider contract data.

1. Number of aborted journeys.
2. Postcode of these aborted journeys
3. Reason for the aborted journeys.

Communication and coordination

Suggested method of Audit: Transport provider contract information.

1. The transport provider has access to satellite navigation or other technology
2. There a single Renal Transport Coordinator / bureau
3. The transport provider rings the dialysis unit and the patient to notify of delay.

Complaints

Suggested method of Audit: Transport and Renal Service provider information

1. Number of formal written complaints received
2. Identification of the main reasons for these complaints.
3. Identification of the process for dealing with these complaints and how the outcome is used to improve organisational effectiveness.
4. Recording and actioning of verbal and informal complaints.

Patient satisfaction

Suggested method of Audit: Patient survey

1. Renal patient satisfaction surveys are regularly carried out and evidence of actions taken to address findings. Service improvements as a result of actions to be identified.

Dialysis Unit Operational Function

Suggested method of Audit: Renal Service data

1. Shift systems run by the dialysis unit.
2. Staggered shift times
3. Identification of the shift where most delays occur.

Contract management

Suggested method of Audit: Commissioning information

1. A separate contract is in place for renal transport.
2. A detailed specification to support the contract is in place.
3. Funding for renal transport is clearly identified with an analysis of each transport mode
4. Regular contract monitoring meetings are held with the transport provider.
5. Identification of the lead negotiator of taxi contracts and volunteer drivers.

Training requirements

Suggested method of Audit: Transport provider information

1. Taxi and volunteer drivers receive formal training to act in an emergency and demonstrate an awareness of patient needs.
2. Taxi and volunteer driver service is regularly reviewed and monitored.

Comments: We have undertaken a policy review for this area and is part of the overall Trust improvement programme as part of our requirements for the Risk Management Scheme for Trusts. Drivers have been written to and subcontractor's quality monitoring process is being developed further to build on governance processes already in place

Proposed minimum quality standards

The Cheshire and Merseyside Learning Set, which is currently the pilot area for national benchmarking for renal services, reviewed a number of different areas of good practice in proposing these 4 minimum quality standards. These would form part of the contract monitoring schedule and would need to be audited by both the transport provider and the receiving renal unit. Once these minimum standards have been met locally, these could be revised within local contracts to set more challenging standards.

Proposed Standards

1. A minimum of 75% of patients should access their renal dialysis unit within 30 minutes travelling time of their home.

Benchmarked against this standard YAS is achieving 40.45%. Further information is provided in appendices 5 & 6

2. A minimum of 85% of patients should arrive on the dialysis unit no earlier than 30 minutes before their dialysis start time.

Benchmarked against this standard YAS is achieving 76.7% The Standard for the Leeds Renal Contract is 90%

3. A minimum of 75% of patients should leave the hospital no later than 30 minutes after their dialysis completion time.

Benchmarked against this standard YAS is achieving 77.78%. The Standard for the Leeds Renal Contract is 90% after 45 minutes and against this standard YAS is achieving 91.95%

4. 100% of patients/carers should receive free car parking at the dialysis unit.

There are parking spaces available at each unit.

Performance Standards
Leeds Renal Contract

Outlined below are the performance standards within the renal contract:

ARRIVAL	Patients arriving on time for their appointment	**90%**
DEPARTURE	Patients departing within 45 minutes of their treatment being completed	**90%**

Quality Definition

ARRIVAL

Early	The patient arrives at hospital earlier than 30 minutes before their specified appointment time.
On Time	The patient arrives at hospital for their appointment time within 30 minutes of their appointment time.
Late	The patient arrives at hospital at any time following their appointment time.

DEPARTURE

Immediate	Patients departing within 30 minutes of their recorded ready time for departure.
Prompt	Patients departing between 31 minutes and 45 minutes of their recorded ready time for departure.
Late	Patients departing after 45 minutes of their recorded ready time for departure.

Non-Emergency Ambulance Transport Mobility's

The table below outlines the different types of transport mobility's conveyed by YAS and the number of seats required by each mobility. The second table describes the different seating configuration by vehicle type to ensure that YAS complies with health and safety, patient safety and the manufacturer guidance on seating capacity.

Mobility	Description	Number of seats required
Saloon Car	Patient is able to get into and travel in an ambulance saloon car with the assistance of a Driver only for walking.	1
Tail Lift 1/ Ambulance 1	Patient needs to travel in an Ambulance with tail lift/ramp, and YAS wheelchair to board vehicle, with the assistance of a Driver only.	1
Tail Lift 2/ Ambulance 2	Patient needs to travel in an ambulance with, either a tail lift/ramp, or a YAS wheelchair to board vehicle, and with the assistance of a Driver and Attendant, e.g. for lifting a patient over steps in a YAS carrying chair.	2
Wheelchair 1	Patient needs to travel in an ambulance with tail lift/ramp to board vehicle, with the assistance of a Driver only, **travelling in own wheelchair.**	4
Wheelchair 2	Patient needs to travel in an ambulance with tail lift/ramp to board vehicle, with the assistance of a Driver and Attendant**, travelling in own wheelchair**.	4
Stretcher	Patient needs to lie down or sit with legs straight on a stretcher with the assistance of a Driver and Attendant.	4
Child	A child (12 years and under or under a height of 4ft 5ins) requiring child or booster seat; all children under 16 must travel with an escort.	1
Escorts	Escort travelling with patient, i.e. relative, nurse.	1

Type of Vehicle	Seating configuration
Saloon Car	This type of vehicle can convey three walking patients
Tail Lift Ambulance	This type of vehicle can convey a wheelchair patient and four walking patients
	An alternative configuration for this type of vehicle is two wheelchair patients and two walking patients
People Carrier	This type of vehicle can convey a wheelchair patient and three walking patients
	An alternative configuration for this type of vehicle is four walking patients
Stretcher vehicle	This type of vehicle can convey a stretcher patient and two other patients not in wheelchairs
	An alternative configuration for this type of vehicle is a wheelchair patient and two walking patients

Renal Review for Transport and Clinical Treatment
Parsons Dialysis Unit

The aim of the audit was to review the patient experience at Parsons Dialysis Unit, at Seacroft Hospital. The audit was a joint venture between Leeds Teaching Hospitals and Yorkshire Ambulance Service, to establish if changes in working practices are needed to improve the quality of service for patients, in both patient care and transport, following the implementation of staggered appointment times.

Staggered appointment times were originally implemented from the 3 August 2008 with a review planned in for early September 08. The purpose of this was to give each patient dedicated treatment times, and formulate nursing teams to deliver the care.

However due to the number of Incident Report Forms (IR1's) completed for late arrival and departure of patients, at the time, it was clear that the model implemented required modification, as patients were not always arriving for their specified appointments on time. The model was refined and an audit was planned for the 16 to the 19 September 08

Prior to the audit, on the 9 September 2008, a group consisting of representatives from Leeds Teaching Hospitals and Yorkshire Ambulance Service worked jointly, to identify what changes could be made to improve the patient experience, whilst maintaining the service.

The Senior Renal Sister from Clayton Satellite Unit, who had previously implemented a staggered appointments system at the Clayton Satellite Unit, expressed that the appointment times being used did not allow staff adequate time to put Patients onto the Dialysis Machines, without patients experiencing delays.

It was also highlighted that the appointment times Yorkshire Ambulance Service were using did not mirror that of the actual Patient appointment times, and this did contribute to a selection of the IR1's that had been completed. The appointment times were then changed in consultation with the patients and this was confirmed in a letter sent out to each patient affected. Further conversation was held surrounding the hand over meeting at Parsons, and changes to this were recommended, and implemented by the nursing staff.

Recommendations:

- To ensure that the review is of benefit to patients invite the KPA to join the audit team and work in partnership on the audit
- On-going review of quality standards achieved by YAS on a daily basis for inward patients.
- Feedback is to be provided on a weekly basis to the Unit Sisters.

- YAS Customer Relations Manager, will also be working with the Unit to monitor positive and negative feedback, which is now recorded on patient files.

	Service Issues	Changes implemented by the Parsons Unit
1.	Hand Over time is too long, must be completed by 07:30 hrs.	The hand over will be called at 07:15 hrs, any staff not attending will be briefed by their colleagues
2.	Delay in starting dialysis	The first allocation of patients are to commence their treatment by 07:45 hrs
3.	Patients not aware of their appointment times	Letters to be given to patients advising of their designated appointment time. The patients will have a personal copy, and have a copy of their files.
4.	YAS had different appointment times to the units	Confirmed appointment times are 07:45 hrs, 08:15 hrs, and 08:45 hrs for morning patients, and 12:45 hrs, 13:15 hrs, and 13:45 hrs for afternoon patients
5.	Appointment times	The appointment time is the time patients should commence their treatment by means of blood pressure being taken, weight etc

	Service Issues	Changes Implemented by Yorkshire Ambulance Service
1.	Different appointment times to the unit	Ensure that the new agreed appointment times mirror that of the actual patient appointment times.
2.	Delays on arrivals and departures	Work towards the quality standards of Patients to be in for their treatment up to 30 minutes prior to their appointment time, and Patients to be collected no later then 45 minutes after treatment has ceased, this is including Patient observations being taken. Where required re-educate Drivers and Communication staff of our objectives.
3.	Appointment times	Audit template to be amended to ensure this is in-line with new appointment times.

PATIENT COMMUNICATIONS

Following the Scrutiny meeting where it was highlighted that communications had been sent out to patients with incorrect contact numbers, a letter was sent to all service users by the Assistant Director, outlining how to contact YAS by telephone, email and was distributed by the main site renal units and satellite units.

Posters are also on the walls of the waiting areas in each of the units with contact details for Yorkshire Ambulance Service and the YAS Renal Hub.

The error in the information booklet given to all new renal patients has been rectified and existing patients are now aware of the correct number.

CONTRACT MANAGEMENT

To ensure that the service is monitored, Leeds Teaching Hospitals hold a formal contract review meeting each month. Present at the meetings are representatives from LTHT contracting team, the Renal Business Manager and the Renal Matron. Also present at the meeting are YAS representatives, the Renal Customer Relations Manager, a Locality Manager and the Assistant Director for the Leeds area and a patient representative.

At the meeting the group review the contract looking at activity, performance, complaints and incidents, service developments and general updates

Appendices Explanations

Appendix 1 – sheet 1

This appendix is a comparison of activity for the financial years 07/08 and 08/09 (year to date). The table shows total activity by mobility and the number of seats required to convey the patients. This sheet demonstrates the increase in activity year on year.

Sheet 2
The table on this sheet is a comparison of activity for the period April to August 2008 against the same period for 2007. The significance of this sheet is that it shows how the activity has increased by 2516 journeys against the same period last year, and the number of seats required to convey patients has also increased by 4967 against the same period in 2007 due to the increase in the wheelchair activity in particular.

Appendix 2 Sheet 1
This sheet shows a breakdown of activity, month by month from the start of the renal contract in April 2007 to the end of August 2008. The pie charts represent activity and seats required respectively. (Chart 1 activity & chart 2 seats required)

Sheet 2
Is a graphical breakdown of the activity by mobility from April 07 to August 08. This sheet show how each mobility has either increased or decreased month on month since the start of the contract.

Appendix 3 Sheet 1
This sheet is a breakdown of time on vehicle by number of patients and is shown in half hour time bands. The figures show the totals in numbers as well as the cumulative percentage in each time band.

NB The banding showing patients travelling over 3 hours highlighted times that the vehicle journey was completed rather than the time the patient spent on the vehicle but this will be investigated further.

Sheet 2
Is a graphical breakdown of time on vehicle by time band.

Appendix 4 This sheet is a breakdown of time on vehicle by renal unit and number of patients.

Appendix 5 This sheet is a table and graph showing breakdown of mileages for all renal patients by mileage bands. The period covered for the abortive report is August 07 to July 08. This information represents the distances travelled by patients to the various renal units.

Appendix 6 This sheet is a breakdown of distance travelled by patients to each renal unit and gives the number of patients in each band at each unit.

Appendix 7 Is a breakdown of abortive journeys by each renal unit and the reasons why the journey was aborted. The period covered for the abortive report is April to August 08

Appendix 8 Is a breakdown of inward quality by month from April 08 to 26 September 08. The definitions for quality can be found on page 2. For the inward target the measurement is taken from 30 to 21 minutes to 0 minutes. Any journeys before or after those timings are outside the performance target.

Appendix 9 Is a breakdown of outward quality by month from April 08 to 26 September 08. The definitions for quality can be found on page 2. For the outward target the measurement is taken from 0 to, 41 to 50 minutes. Any journeys after those timings are outside the performance target.

Appendix 10 Is a breakdown of incidents and complaints by reason for the period November 07 to September 08.

Appendix 11 Is a breakdown of PCT patients who attend the various units from their home PCT area. These graphs and tables will give an indication of how far patients are travelling to the various renal units.