

SCRUTINY BOARD (HEALTH)

TUESDAY, 24TH MARCH, 2009

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,
D Congreve, J Illingworth, G Kirkland,
A Lamb, G Latty, A McKenna, J Monaghan
L Rhodes-Clayton and Yeadon

81 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair consented to the submission of the following late item of business:

- Item 8 - Annual Health Check – Appendices submitted by NHS Leeds and Leeds Partnerships Foundation Trust

These documents were issued late as the Trust's deadlines for producing the information fell after the date of Agenda despatch.

82 Minutes of the Meetings held on 13 and 17 February 2009

RESOLVED – That the minutes of the meetings held on 13 and 17 February 2009, be confirmed as correct records.

83 Performance Management

Further to the Board's request to receive a joint performance report from NHS Leeds and Leeds City Council, the first such report was submitted. The Board was asked to consider the information provided in the report and determine any matters that may require further scrutiny.

The Chair welcomed Marilyn Summers, Senior Performance Manager and Graham Brown, NHS Leeds to the meeting for this item.

The Board's attention was brought to areas of performance where there had been some cause for concern noted. These included the following:

- Health Care Associated Infections (HCAIs)
- Childhood Immunisation Programme – issues of poor uptake on immunisation and difficulty in accurately recording figures.
- Early Intervention Service
- 13 and 26 Week waiting times for inpatient and outpatient appointments following GP referrals.
- Delayed Discharges – further clarification of definition of delayed discharges had been sought.

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

- With reference to the use of the Choose & Book system, it was reported that more recent performance data than detailed in the report had shown that recent targets had been met.
- Urgent care standards and the 4 hour A&E standard from arrival to admission, transfer or discharge. It was reported that those who had already missed the deadline were not kept waiting longer than those who had arrived later in order to prevent further breaches of the standard. Figures would be provided to illustrate average wait times.
- Cause for concern regarding the maximum of 62 days from urgent GP referral to treatment for all cancers – although it was acknowledged that their had been poor performance, it was reported that there had been year on year improvement with this and it was hoped to meet the target in future and aim for 100% of all referrals to initial treatment within the allotted time.
- Ambulance response times.
- Screening for MRSA – it was reported that all in-patients were screened, but it would not be possible to screen visitors as well. Figures were requested for performance on HCAs in Leeds as compared to the rest of Yorkshire and nationally.
- Further concerns surrounding dental treatment, teenage pregnancies and mental health care.

The Chair thanked Marilyn Summers and Graham Brown for their attendance.

RESOLVED –

- (1) That the report be noted
- (2) That additional information requested be supplied to the Board.

84 Annual Health Check

The report of the Head of Scrutiny and Member Development reminded the Board of the NHS performance assessment process, 'Annual Health Check' which had been introduced by the Healthcare Commission in 2005/06. As part of the health check, NHS Trusts had to submit their self assessment declarations by 1 May 2009.

A copy of the Healthcare Commission's step by step guidelines regarding the health check was appended to the report along with the Department of Health's Standards of Better Health. Submissions were made by Leeds Partnership Foundation Trust (LPFT), Leeds Teaching Hospitals Trust (LTHT) and NHS Leeds regarding their health checks.

The Chair welcomed the following to the meeting:

- Craig Brigg, Leeds Teaching Hospitals Trust

- Chris Outram, Chief Executive, NHS Leeds
- Melanie Hird, Leeds Partnership Foundation Trust
- Guy Musson, Leeds Partnership Foundation Trust
- Richard Gibson, Risk Manager, Leeds Partnership Foundation Trust

It was reported that the Healthcare Commission carried out random checks on health bodies and their health check assessments and other bodies such as the Strategic Health Authority (SHA) and the Council, through its scrutiny obligations, also considered the assessments.

It was reported that Leeds Partnership Foundation Trust took a zero tolerance approach to their reporting methods and the identification of how standards should be met and had not met compliance with two standards in 2008/09. These had been Core Standards C5a – ensuring conforming to NICE technology and nationally agreed guidance when planning and delivering treatment and care, and C7e – challenging discrimination, promoting equality and respecting human rights. In relation to C5a it was reported that this would be compliant by the end of the year and C7e was also expected to meet full compliance once further work had been carried out to publish the trust's equality impact assessments. It was noted that some of the standards had been introduced since the trust's own internal inspections had been performed.

It was reported that Leeds Teaching Hospitals trust had failed to meet compliance with the following standards:

- C4a – the risk of healthcare infection is reduced
- C4c – decontamination of reusable medical devices
- C9 – record management

With regard to standard C4c, it was reported that LTHT had been meeting national guidelines, but complex issues surrounding the decontamination of different equipment from different sites coupled with the involvement of partner organisations had not enabled compliance with the standard at present. LTHT had met with the Healthcare Commission to discuss this and it was felt that full compliance would be met in future.

It was reported that NHS Leeds had to follow a slightly different process to the hospital trusts due to their commissioning role and to ensure partner organisations were compliant. Full compliance had been met with the exception of standard C4c and this was felt to be low risk and had complexities due to EU directives.

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

- LPFT's non compliance with Standard C7e was felt to be a minor issue and would be addressed with the publication of the equality impact assessment on their website.
- The role of the LINK in assisting with performance information.

- Costs of carrying out the annual health checks – it was reported that it was difficult to quantify related cost due to factors such as efficiency savings created by related performance measures.
- Reduction of health inequalities.
- Care for vulnerable and elderly patients.

The Chair thanked those present for this item for their attendance.

RESOLVED –

- (1) That the progress made by the Trusts in complying with core standards be noted.
- (2) That the Board be informed when compliance is made with outstanding core standards.

(Councillors Kirkland and Monaghan joined the meeting during the discussion of this item at 10.45 a.m. and 11.20 a.m. respectively)

85 Inquiry into Hospital Discharges

The report of the Director of Adult Social Services referred to the terms of reference for this Inquiry and provided a joint response from NHS Leeds and Leeds Teaching Hospitals Trust into Hospital Discharges.

The Chair welcomed the following to the meeting:

- John Lennon, Chief Officer – Access & Inclusion, Adult Social Services
- Emma Day, Leeds Teaching Hospitals Trust
- Andrea North, Leeds Teaching Hospitals Trust

Members attention was brought to the Joint Protocol for the Transfer of Care under the Community Care (Delayed Discharge) Act 2003 as agreed between Leeds City Council, LTHT, NHS Leeds and other local Hospital Trusts which was appended to the report.

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

- It was not possible to provide accurate figures of patients who had been discharged without a care plan. Cases of where patients who had been discharged when care plans should have been implemented, could only be measured through the complaints process. Details of complaints received had been outlined in the report. Instances of patients who opted to discharge themselves had also prevented appropriate care plans being put into place.
- Assisting those who used Direct Payments.
- There would be a combined complaints process between Social Services and the Hospital Trusts from 2009 which would be able to give clearer information on the number of complaints surrounding discharges.

- Processes for informing GPs of patient discharges.
- Discharge Pathways – these were detailed in the report.

The Chair thanked those present for this item for their attendance.

RESOLVED –

- (1) That the report be noted.

(Councillor Illingworth left the meeting at 12.05 p.m. during the discussion on this item).

86 Recommendation Tracking

The report of the Head of Scrutiny and Member Development reminded Members of the previously agreed system for tracking recommendations of Scrutiny Boards. A list of the Board's outstanding recommendations and the progress to date was appended to the report.

RESOLVED – That the report be considered at the next Board meeting, when members will determine whether progress is considered acceptable and assign a category for each recommendation.

87 Work Programme

The Head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme. Also appended to the report was a copy of the Executive Board minutes from 4 March 2009.

Issues discussed in relation the Work Programme included the following:

- Leeds Partnership Foundation Trust and Mental Health Issues
- Improving Young People's Sexual Health – final report
- Update on the GP led Health Centre
- Hospital Discharges
- Presentation of the Board's Annual Report

RESOLVED –

- (1) That the report be noted.
- (2) That the Work Programme be amended in line with discussion.

88 Date and Time of Next Meeting

Tuesday, 28 April 2009. (pre-meeting for all Members at 09.30 a.m.)