



SCRUTINY BOARD (HEALTH)

Meeting to be held in Civic Hall, Leeds on
Tuesday, 25th May, 2010 at 10.00 am

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

MEMBERSHIP

Councillors

S Bentley - Weetwood;
J Chapman - Weetwood;
B Chastney - Weetwood
D Congreve - Beeston and Holbeck;
M Dobson (Chair) - Garforth and Swillington;
J Illingworth - Kirkstall;
M Iqbal - City and Hunslet;
G Kirkland - Otley and Yeadon;
A Lamb - Wetherby;
G Latty - Guiseley and Rawdon
L Yeadon - Kirkstall;

Co-opted Members (Non-Voting)

Arthur Giles - Leeds LINK
Razwanah Alam - Leeds Voice

Please note: Certain or all items on this agenda may be recorded on tape

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>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).</p> <p>(* 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).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>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:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>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.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES - 16TH MARCH 2010</p> <p>To confirm as a correct record the minutes of the meeting held on 16th March 2010.</p>	1 - 12
7			<p>QUALITY ACCOUNTS 2009/10</p> <p>To consider the draft quality account submissions for LTHT and LPFT. Including assurance statements from NHS Leeds.</p>	13 - 84
8			<p>LEEDS TEACHING HOSPITALS NHS TRUST - FOUNDATION TRUST STATUS - UPDATE REPORT</p> <p>To consider the outcome of the consultation exercise (including key messages and any emerging issues), the next steps, associated timescales and anticipated costs of administering any new arrangements.</p>	85 - 96

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>RENAL SERVICES IN LEEDS</p> <p>Further to the Board's previous consideration of this issue, to consider the outcome of the LTHT Board Meeting scheduled to take place on 20th May 2010 and any subsequent actions of the Board.</p>	97 - 106
10			<p>SCRUTINY INQUIRY REPORT: PROMOTING GOOD PUBLIC HEALTH</p> <p>To agree the Board's final Inquiry Report and recommendations.</p>	107 - 108
11			<p>ANNUAL REPORT</p> <p>To agree the Board's contribution to the composite Annual Scrutiny Report.</p>	109 - 118

Agenda Item 6

SCRUTINY BOARD (HEALTH)

TUESDAY, 16TH MARCH, 2010

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, D Congreve,
D Hollingsworth, M Iqbal, G Kirkland,
A Lamb, P Wadsworth and L Yeadon

CO-OPTEEs A Giles (Leeds Local Involvement Network)

76 Chair's Opening Remarks

The Chair welcomed everyone to the March meeting of the Scrutiny Board (Health).

The Chair informed the Board that Councillor J Chapman had recently been unwell, but was making good progress. Members noted and welcomed that, on behalf of the Board, the Chair had sent a letter to Councillor Chapman wishing her a speedy recovery.

77 Declarations of Interest

There were no declarations made at the meeting.

78 Late Items

The Chair agreed to accept copies of the following documents as Supplementary Information:-

- Provision of Dermatology Services – Update: Submission from the Leeds Dermatology Patients Panel (LDPP) (Agenda Item 9) (Minute 83 refers)
- Provision of Dermatology Services – Update: Submission from Leeds Teaching Hospitals NHS Trust (Agenda Item 9) (Minute 83 refers)
- Provision of Dermatology Services – Update: Submission from the British Association of Dermatologists (BAD) (Agenda Item 9) (Minute 83 refers)
- Renal Services in Leeds: Response to the Scrutiny Board's Statement and Recommendations – Yorkshire and Humber Regional Network Strategy for Renal Services (2009 -10) (Agenda Item 10) (Minute 85 refers)

The documents were not available at the time of the agenda despatch.

79 Apologies for Absence

Apologies for absence was received on behalf of Councillors J Chapman, J Illingworth and Razwanah Alam, Leeds Voice.

80 Minutes of the Previous Meeting

It was noted that there were no matters arising from the minutes of the meeting held on 15 February 2010.

RESOLVED- That the minutes of the previous meeting held on 15th February 2010 be approved as a correct record.

81 The Local Health Economy - Priorities for NHS Leeds

The Head of Scrutiny and Member Development submitted a report on the local health economy – priorities for NHS Leeds.

The meeting noted that the new Chief Executive of NHS Leeds, Mr John Lawlor, formally came into post in January 2010. This meeting provided the first opportunity for the Scrutiny Board to discuss progress against the previously identified priorities and future issues likely to face the local health economy.

John Lawlor, Chief Executive, NHS Leeds was in attendance to provide a verbal overview of the local health economy and to address any associated observations and/or questions identified by the Board.

By way of introduction, Mr Lawlor outlined that, as part of the World Class Commissioning Programme, NHS Leeds was required to keep its strategic objectives under review and update its five-year strategy accordingly. This process had commenced, resulting with the following draft objectives being identified:

- Keeping People Healthy
- Supporting Children and Families
- Supporting People with Long-term Conditions
- Commissioning Sustainable Services

Specific reference was also made to the following issues:

- The downward pressure on public sector finances, including the NHS.
- The need for continued focus on the reduction of health inequalities.
- Greater collaboration between NHS Leeds and Leeds City Council in terms of joint commissioning and joint provision of services.
- Designing and delivering services differently (intermediate care and dementia care services were identified as examples).
- Ensuring the delivery of high quality services.
- Ensuring that NHS Leeds was 'fit for purpose' (which will require management costs to be reduced by 30%).

A question and answer session followed, with Board Members making reference to a number of issues, including:-

- **Greater collaboration between NHS Leeds and Leeds City Council and the possible pooling of resources**

The Chief Executive responded and confirmed the need to consider arrangements for the joint management of services and joint use of resources, including accommodation and other physical assets. It was highlighted that the collective budget of the Council and NHS Leeds was in the region of £3B (Council £1.7B and NHS Leeds £1.3B). Therefore, wherever possible it was important to remove duplication across the respective organisations.

- **Disabled access to dental facilities across the City**

The Chief Executive advised Members that he was not in a position to advise the Scrutiny Board of any disabled access issues affect dental premises. It was agreed that a written response would be provided in this regard.

- **General health and well-being issues for mental health service users**

The Chief Executive NHS Leeds confirmed there was a need for all NHS staff to consider the wider health needs of people that suffered mental ill-health, and the co-ordination of services was a key issue in this regard. However, it was also confirmed that this continued to be a significant challenge for the NHS.

- **The implications for partnership working arising from the Council's recent experiences in relation to the Joint Service Centre in Kirkstall**

The Chief Executive NHS Leeds acknowledged there were improvements to be made and lessons learned from the various processes associated with the Joint Service Centre in Kirkstall. It was confirmed that a report focusing on the lessons learned had recently been presented to the Scrutiny Board (City and Regional Partnerships).

- **Clarification around the provision of community health care services**

The Chief Executive NHS Leeds confirmed that consideration was being given to range of hospital based services that could be delivered in the community. Key to this process was the involvement and engagement of clinicians to:

- *Promote and facilitate local solutions*
- *Provide managerial / public assurances about the safety and quality of alternative services*

Reference was made to the recently introduced Clinical Commissioning Executive, which would advise the Primary Care Trust Board prior to implementing any potential changes

- **Clarification of how NHS Leeds would achieve a 30% reduction in management costs and any impact this may have on services**

The Chief Executive NHS Leeds responded by making reference to a recent restructuring process which involved every vacancy being reviewed. It was outlined that working with and involving all staff would be a key element and it was hoped that efficiencies could be made

without the need for compulsory redundancies. The importance of protecting front line services was highlighted and re-emphasised as a key aim during this process.

It was noted that, of NHS Leeds' £1.3B budget (previously outlined), around £20M was allocated to the operational or running costs of the PCT – representing 1.5% (approx.) of the total budget.

- **Clarification of the arrangements for the Out of Hours service in Leeds**

The Chief Executive NHS Leeds responded by outlining that the PCT was responsible for ensuring access to appropriate care on a 24/7 basis. This included ensuring:

- 1. robust processes are in place to guarantee health care providers are fit to practice;*
- 2. robust arrangements for the commissioning of quality Out of Hours services;*
- 3. resources are targeted to help provide suitable access to Out of Hours services*

RESOLVED-

- a) That the contents of the report, together with the verbal update provided at the meeting, be noted.
- b) That the Chief Executive (NHS Leeds) be invited to a future meeting of the Board to provide further updates, as appropriate.

(Councillor M Iqbal joined the meeting at 10.00am during consideration of this item)

82 Joint Performance Report: Quarter 3 2009/10

The Head of Scrutiny and Member Development submitted a report presenting the joint performance report from NHS Leeds and Leeds City Council which provided an overview of progress against key improvement priorities and performance indicators relevant to the Board at Quarter 3, 2009/10.

Appended to the report was a copy of a document entitled 'Leeds City Council/NHS Leeds – Health Scrutiny Board Joint Performance Report – Quarter 3 2009/10 March 2010' for the information/comment of the meeting.

The following officers from NHS Leeds and Leeds City Council were in attendance to present the key issues highlighted in the report and to address any specific questions identified by the Scrutiny Board:-

John Lawlor, Chief Executive – NHS Leeds

Nigel Gray, Director of Commissioning and Development (Adult Services) – NHS Leeds

John England (Deputy Director – Adult Social Services) – Leeds City Council

NHS Leeds' Director of Commissioning and Development (Adult Services) and Leeds City Council's Deputy Director (Adult Social Services) offered the following matters as positive and improving aspects of performance:

- Achievement of the 18-weeks referral to treatment target generally and across the majority of speciality areas (with the exception of 'Plastics')
- Access to Cancer Services – improving for Leeds' patients.
- Good improvements in the number of MRSA incidents
- Overall achievement of the standard for A&E waiting times

Concerns were raised in relation to the following matters:

- Levels of obesity among primary school aged children
- The level of teenage conception rates
- The level of 'all cause mortality' and the continued level of health inequalities within deprived areas across the City.

Significant discussion followed, primarily focused around the level of teenage conceptions across the City. In summary, members of the Board identified the following points:

- Concerns that limited progress had been made around teenage conceptions over the last fifteen years and this indicated the need for a radical change in the approach to address the issue – including examining approaches in other countries;
- The need for a clear lead agency on Leeds' approach to addressing the levels of teenage conceptions, and to ensure the approach was not fragmented;
- The need for a clear and consistent approach to the delivery of Sex and Relationship Education (SRE) within schools;
- The need to focus on alternative opportunities for young people and raise levels of aspiration

In response, it was highlighted that:

- The level of teenage conceptions was a national issue of concern and there was no easy solution;
- The issue represented a significant challenge for all concerned, with a significant amount of work still to be undertaken;
- Comparative information was being sought and shared with other core cities, with the aim of identifying and sharing areas of good practice
- The need to make best use of resources, including better partnership working and service integration, focusing work on localities
- There was some evidence that investment in services was having the desired impact in some areas of the City, but there was a need for both the NHS and the Council to be more flexible around the allocation and use of resources;
- Currently, there was no national framework for the delivery of clear and consistent Sex and Relationship Education (SRE) within schools;

- The Director of Children's Services was the lead officer for teenage pregnancy in Leeds

RESOLVED- That the contents of the report and appendices be noted.

83 Provision of Dermatology Services - Update

Referring to Minute No. 45 of the meeting held on 24 November 2009, the Head of Scrutiny and Member Development submitted a report presenting the meeting with an updated position regarding the development of dermatology services with Leeds Teaching Hospitals NHS Trust (LTHT).

The following representatives from the Leeds Teaching Hospitals NHS Trust, and the newly established patient panel (Leeds Dermatology Patients Panel (LDPP)) were in attendance to provide an update to the Board:-

Philip Norman, Divisional General Manager for Medicine – LTHT
 Judith Lund, Directorate Manager (Speciality Medicine) - LTHT
 Victor Boughton – Leeds Dermatology Patient Panel (LDPP)

Copies of the following Supplementary Information was circulated for the information/comment of the meeting:-

- Provision of Dermatology Services – Update: Submission from the Leeds Dermatology Patients Panel (LDPP)
- Provision of Dermatology Services – Update: Submission from Leeds Teaching Hospitals NHS Trust
- Provision of Dermatology Services – Update: Submission from the British Association of Dermatologists (BAD)

Leeds Teaching Hospitals NHS Trust's Directorate Manager (Speciality Medicine) advised the Board that:

- LTHT intended to continue to provide dedicated Dermatology inpatient beds;
- The continued need for dedicated inpatient beds and the need for skilled nursing staff was recognised and there was no proposal to change the level of service or support provided;
- LTHT was seeking to reprovide the inpatient beds to another ward location within the Trust;
- There had been on-going discussions with patients, consultants and the nursing team about the proposed re-provision of dermatology beds from Ward 43 LGI to another ward location within LTHT;
- A lead Matron had been dedicated to the project and, in close liaison with patients, consultants and the nursing team, a draft options paper had been produced for further comments by key stakeholders before completion.

The Leeds Dermatology Patient Panel (LDPP) representative addressed the Board and advised that:

- As the panel was newly formed and still evolving, its main aim was to contribute to the planned re-provision of Ward 43 dermatology services and to ensure a focus on maintaining current levels of high quality patient;
- The panel had established links with a number of representative groups within LTHT and were continuing to receive support from a range of national dermatology groups and organisation, such as The Skin Care Campaign and The British Association of Dermatologist;
- The panel also included a committee member of the Leeds Local Involvement Network (LINKs);
- The panel had been very active with input into the completion of the option appraisal work, including compiling a comparison list between Ward 43 at LGI and a proposed Ward 2 at Chapel Allerton Hospital (CAH);
- During the last three months, LTHT had been very helpful, open and transparent at the panel's meetings.
- The next stage would be around the more formal consultation processes.

The Chair stated that, from the outset, the main aim of the Board had been to help ensure the retention of high quality, dedicated medical and nursing care for the benefit of patients.

As such, the Chair thanked those attending for updating the Scrutiny Board on progress, stating he wished to place on record his appreciation for the contributions received from all interested parties. The Chair also stated that it was heartening to hear how patients were being actively involved in the planned re-provision of dermatology services, noting the Board's pivotal role in this regard.

RESOLVED-

- a) That the contents of the report, together with the supplementary information circulated, be noted and welcomed.
- b) That further updates on this issue be submitted to future meetings of the Board.

(Councillor D Hollingsworth joined the meeting at 11.05am during consideration of this item)

84 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report providing Members with a copy of the Board's current Work Programme. The Executive Board Minutes of 12 February 2010 were also attached to the report.

In addition to the report provided, the Board's Principal Scrutiny Adviser sought Board Members' views in relation to the following specific issues:-

- confirmation of Board Members availability for a meeting of the Promoting Good Public Health Working Group to be held on 19 March 2010

Draft minutes to be approved at the meeting
to be held on Tuesday, 25th May, 2010

- whether Board Members wished to cancel the next Board meeting on 27 April 2010 and to convene a final meeting of the Board between 6 May and the date of the Annual Meeting on 27 May 2010

RESOLVED –

- a) That the contents of the report and appendices, including the Executive Board minutes of 12 February 2010, be noted.
- c) That the outline work programme as presented in Appendix 1 of the report be approved.
- d) That the Board's Principal Scrutiny Adviser be requested to investigate the possibility of cancelling the next Board meeting (scheduled for 27 April 2009) and to convene a final meeting of the Board between 6 May 2010 and the Annual Council Meeting on 27 May 2010.

85 Renal Services in Leeds - Response to the Scrutiny Board's statement and recommendations

Referring to Minute 55 of the meeting held on 15 December 2009, the Head of Scrutiny and Member Support submitted a report presenting the responses to the statement and recommendations of the Scrutiny Board (Health) as agreed in December 2009. The statement and recommendations were associated with the provision of renal services (dialysis) in Leeds, particularly in terms of provision at Leeds General Infirmary (LGI).

Appended to the report was a copy of a document entitled 'Scrutiny Statement: Renal Services in Leeds (December 2009)'. As agreed earlier in the meeting (minute 78 refers), copies of the following documents were circulated at the meeting as supplementary information:-

- Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014 Enclosure S2 – Draft Version – 19th February 2010
- Yorkshire and the Humber Renal Network map

The following representatives were in attendance:-

Rosamond Roughton, Director of Strategy and System Reform – NHS Yorkshire and the Humber

Cathy Edwards, Director – Specialised Commissioning Group (Yorkshire and the Humber)

Nigel Gray, Director of Commissioning & Development (Adult Services) – NHS Leeds

Martin Ford, Head of Commissioning (Long-term Conditions, Cancer and End-of-Life Care) – NHS Leeds

Philip Norman, Divisional General Manager for Medicine – LTHT

Judith Lund, Directorate Manager (Speciality Medicine) – LTHT

Dr Mark Wright, Clinical Director and Renal Consultant – LTHT

The Chair then allowed a brief verbal presentation from each of the following representatives regarding the provision of renal services (dialysis) and the issues highlighted in the Board's statement and recommendations:-

Cathy Edwards, Director – Specialised Commissioning Group (Yorkshire and the Humber)

In summary, specific reference was made to the following key issues:-

- an update on progress in relation to producing a regional strategy for Renal Services, with an outline of the overall aims and core themes within the strategy, together with key actions and arrangements for monitoring delivery;
- the decision-making processes, including key responsibilities of the Specialised Commissioning Group Board and Primary Care Trusts across the region, including NHS Leeds;
- an outline of service priorities, including West Yorkshire's position with reference to ongoing discussions around renal dialysis provision in Huddersfield and Wakefield;
- the shortage of NHS capital to fund further capital projects.

Nigel Gray, Director of Commissioning and Development (Adult Services) – NHS Leeds

In summary, specific reference as made to the following key issues:-

- An acknowledgement that collectively, the local NHS had failed to fully engage with the Scrutiny Board and other interested parties early enough in the process – for which NHS Leeds wished to convey its apologies;
- A range of important lessons to be learned, including the need for:
 1. better communication and closer working with all relevant NHS bodies, including the Specialised Commissioning Group and Leeds Teaching Hospitals NHS Trust;
 2. improvements to the processes for collecting and using patient transport data from Yorkshire Ambulance Service (YAS);
 3. more robust processes for gathering and using patient survey information;
 4. continued engagement with patients and patient group representatives, such as the local Kidney Patients Associations.
- Recent concerns expressed by the KPA about the level and quality of medical and nursing care provided to renal patients at Seacroft Hospital. The Scrutiny Board was advised that a review of current arrangements had been jointly undertaken by senior representatives from NHS Leeds and the Specialised Commissioning Group (Yorkshire and the Humber). As a result, service commissioners were assured that significant improvements had been made in relation to the concerns raised, and monitoring of the quality of care and services provided would continue.

Philip Norman, Divisional General Manager for Medicine – LTHT

In summary, specific reference was made to the following key issues:-

- An acknowledgement that LTHT had failed to fully engage with the Scrutiny Board and other interested parties in a timely manner – for which the Trust wished to convey its apologies;
- Reiteration of the lessons learned previously identified by NHS Leeds (above) and a firm commitment for an improved approach in the future;
- That Recommendation 1 of the Scrutiny Board's statement (i.e. in relation to the dialysis facility at the LGI) would be discussed at a future meeting of the Trust Board – likely to be 20 May 2010;
- Levels of available capital investment and the need for the Trust to consider the needs of all patients;
- Current levels of capacity for renal dialysis across Leeds, and in particular at Seacroft Hospital.

Rosamond Roughton, Director of Strategy and System Reform – NHS Yorkshire and the Humber

The Director of Strategy and System Reform opened her address by stating she had read the Scrutiny Board's statement with increasing dismay and acknowledged that the events and processes had damaged the reputation of the local NHS. In summary, specific reference was made to the following key issues:-

- Assurance that the issues highlighted by the Scrutiny Board's statement would be considered by NHS Yorkshire and the Humber as part of appropriate accountability processes for both NHS Leeds and LTHT, including:
 - Foundation Trust assurance (in particular the Public Engagement and Financial Management domains);
 - The World Class Commissioning Programme and associated assurance processes.
- Support for the areas of improvement outlined by NHS Leeds and LTHT and a commitment for NHS Yorkshire and the Humber to contribute to making the process work.

The Chair thanked all those attending for their presentations to the Board. The Chair went on to state that it was clear that the Scrutiny Board had significantly raised its profile since June 2009, having raised a number of concerns on behalf of the patient population of Leeds. The Chair recognised that the Scrutiny Board's statement had raised a number of concerns and highlighted a number of areas for improvement. As such, the Chair welcomed the collective view and acknowledgement of the local NHS that significant improvements had to be made – particularly around engagement with the Scrutiny Board and, more importantly, patients and their representatives.

The Chair then invited comments and questions from other members of the Board. In summary, specific reference was made to the following issues:-

- The need to acknowledge that this had been and continued to be a major issue for the Board;

- Appreciation that there had been admissions made at the Board that processes in some areas had failed;
- Acknowledgement that the local Kidney Patient Associations had played a key and important role in the Board's review;
- The need for the local NHS to acknowledge that there was a moral obligation to reprovide renal dialysis provision at the LGI, with clarification sought around the recommendations likely to be made to the LTHT Board
(The Director of Commissioning and Development (Adult Services) NHS Leeds responded and advised that the NHS had a moral obligation to make the most appropriate decision – particularly in the context of the changing financial environment. The Divisional General Manager for Medicine responded and confirmed that the report for the LTHT Board had not yet been written)
- The continued need to ensure that people living in areas situated to the North and North West of Leeds City Centre were not disadvantaged by the location of dialysis provision across the City, acknowledging that there was a major issue around the geographical location of Seacroft Hospital;
(The Director–Specialised Commissioning Group responded and confirmed the need to consider access issues with a view to making improvements, which could include an expansion of home dialysis)
- Clarification of the long term plans around proposed changes to home dialysis, how such changes will be funded, how such changes may affect patients in the North and North–West of the City, and reasons why such arrangements had not been undertaken in the past.
(The Clinical Director and Renal Consultant responded and agreed to provide the relevant data for Board Members in this respect)
- The need for the Scrutiny Board's Statement and Recommendations and the outcome of this discussion to be given due and proper consideration at the NHS Trust Board on 20 May 2010

RESOLVED-

- a) That the content of the report, appendices and information provided at the meeting be noted.
- b) To review the decision of the LTHT Board (expected on 20 May 2010) and consider any available options for the Scrutiny Board (Health) as soon as practicable at a future meeting of the Board .

(Councillor D Congreve left the meeting at 12.15pm during discussions of the above item)

86 Date and Time of Next Meeting

Confirmation that the meeting scheduled to take place on Tuesday 27 April 2010 would be cancelled, with an alternative meeting to be held sometime after 6 May 2010 and before 27 May 2010.

It was agreed that Members of the Scrutiny Board would be consulted and advised of the arrangements as soon as practicable.

(The meeting concluded at 12.30pm)



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Quality Accounts (2008/09)

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

1.1 The purpose of this report is to present, for comment, the draft Quality Accounts (2009/10) for Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Partnerships Foundation Trust (LPFT).

2.0 Background

2.1 At its meeting in January 2010, the Scrutiny Board was advised of the new Quality Framework for all providers of NHS services¹ and the requirement for all providers of NHS services to publish Quality Accounts. Quality Accounts are a key component of the new quality framework, and are intended to be an annual public report on the quality of health care services delivered.

2.2 A key requirement when producing and publishing Quality Accounts is to provide the relevant Overview and Scrutiny Committee for Health the opportunity to review and supply a statement, for inclusion in a provider's Quality Account. It should be noted that there is no requirement for the Scrutiny Board (Health) to produce a statement, and any such undertaking is done purely on a voluntary basis.

3.0 Draft Quality Accounts (2009/10)

3.1 Both LTHT and LPFT have produced draft Quality Accounts, which are now presented to the Scrutiny Board for consideration and, if appropriate, comment.

¹ Set out in the publication of the outcome of Lord Darzi's next stage review of the NHS (*High Quality Care for All*), June 2008

- 3.2 The draft Quality Account produced by LPFT is presented at Appendix 1. A statement from Leeds LINK is included within the current draft and an accompanying assurance statement, produced by NHS Leeds (as service commissioners), is presented as Appendix 2.
- 3.3 The draft Quality Account produced by LTHT is presented at Appendix 3. At the time of writing this report, a statement from Leeds LINK had not yet been received and NHS Leeds (as service commissioners) is currently producing its assurance statement. It is anticipated that the assurance statement from NHS Leeds will be available at the meeting.
- 3.4 Representatives from NHS Leeds, LTHT and LPFT have been invited to attend the meeting to outline the main themes within the draft Quality Accounts and address any specific questions identified by the Scrutiny Board.

4.0 Recommendation

- 4.1 Members of the Scrutiny Board are asked to:
- 4.1.1 Consider the information presented in this report and the associated draft Quality Accounts;
 - 4.1.2 Identify and agree any specific comments for inclusion in a statement on the draft Quality Accounts produced by LTHT and LPFT, respectively.
 - 4.1.3 respective any areas that merit further scrutiny.

5.0 Background Papers

Scrutiny Board (Health): *Update Work Programme 2009/10* (26 January 2010)



Leeds Partnerships NHS Foundation Trust

Quality Accounts 2009-10

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7	Priority 2: People experience safe care
8	Priority 3: People have a positive experience of their care and support
9	1.4 Information on the review of services 1.5 Participation in clinical audits and national confidential enquiries
14	1.6 Participation in clinical research 1.7 Commissioning for Quality and Innovation framework (CQUIN)
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17	2.1 Review of quality performance
20	2.2 Statements from NHS Leeds, Local Involvement Networks and Overview and Scrutiny Committees.

Chief Executive's Statement

Specialist mental health and learning disability services operate in a complex environment. Our task is to help those who use our services to achieve their life aspirations. These aspirations are not just confined to health but also often encompass social care, the need for connectedness to family, friends and the wider community, and also all kinds of meaningful activity either at work or in the vocational sphere. These needs are played out in the context of the stigmatisation often experienced by people with mental health problems and learning disabilities and those who care for them.

It follows from this that for us in the Leeds Partnerships NHS Foundation Trust (LPFT), quality has a number of different dimensions. The most obvious are those obligations arising from the law and our regulators. Another aspect are those quality initiatives arising from what we learn ourselves about the lived experience of service users and carers who are being supported by our Trust. We use information drawn from data, such as our reports to the National Patient Safety Agency. As influential is what we learn from listening and responding to "patient stories". Also, as a Public Benefit Corporation, with our Governors, we are expanding our role in positively representing the issues of people with mental health problems and learning disabilities through media work and actively campaigning against discrimination.

The Trust Board of Governors and Trust Board of Directors have also recently agreed a new ambition statement for the Trust, this is:

Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.

The ambition statement is underpinned by three strategic goals that describe our commitment to excellent quality care in terms of outcomes for the people who use our services:

- People achieve their agreed goals for improving health and improving lives
- People experience safe care
- People have a positive experience of their care and support

Achieving our ambition means putting quality at the heart of everything we do. We will demonstrate our commitment to quality and to the people who use our services, their families and their carers, by behaving according to the NHS values:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together
- Everyone counts

Put simply, we aim to extend our national reputation for safe care into the other areas of quality: service user outcomes and experience. Our challenge is to achieve this ambition by driving up productivity and reducing cost. Our success will be reported annually in our Quality Accounts.

In summary, we aspire to be the best that we can be at what we do. We provide services to over 2,000 people every day through the work of approximately 2,800 staff. We operate from 48 sites across the metropolitan district of Leeds and further afield spending over £114m of taxpayer's money. We are active in teaching, research and development. We continually change and improve, always striving to be better today than we were yesterday. We are never complacent and we know that there is always more we can do to improve the experience of service users and carers and our own staff.

This report illustrates only some key points on our journey of being the best we can be. I also want to take a moment to thank all of the staff of LPFT for their commitment. We only do what we do through the work of our people and everybody, either directly or indirectly, contributes to creating a better future for service users and carers.

I am happy to state that to the best of my knowledge the information included in our Quality Account is accurate.

Chris Butler, Chief Executive
Leeds Partnerships NHS Foundation Trust
April 2010

1.1 Overview of Organisational Effectiveness Initiatives

The following achievements and initiatives are examples of the Trust's dedication to increasing and improving quality.

National Patient Safety Award.

In the last year we have worked hard to continue delivering improvements in the safety and reliability of all our services. In February 2010 we were delighted when this was recognized in the National Patient Safety awards organised by the Health Service Journal and the Nursing Times. We won the mental health category outright and were highly commended runners-up in the Board leadership category. In making the award the judges described our programme for improving patient safety as "truly ground breaking". We are not complacent, however, and know there is much more we can do in this area. Equally, we are using this achievement as a platform to continue building the overall quality of our clinical services.

Trust Strategy.

The work to refresh and update our overall Trust Strategy has been organised exclusively around the three components of quality described in the "Darzi" review (Safety, Effectiveness and patient experience) and this will drive specific programmes of work to achieve improvements in all those areas.

Clinical Outcomes.

We have continued to improve our understanding of the clinical outcomes for our service users, for instance reaching agreement on a standard questionnaire that will be used throughout the Trust in order to gauge people's experience of and opinion of our services.

Access to Services.

We have moved forward with initiatives to improve access to our services, for instance investing in resources needed to improve the speed of access to psychological therapies in our adult services. We have also continued to modernise the way we deliver services to make them more user focussed, as in our redesign of services for older people with mental health needs.

Research and Development.

We have maintained and developed our profile in learning, teaching and research. With the dissolution of the former West Yorkshire Mental Health Research and Development Consortium, we have formed a new partnership with South West Yorkshire Partnership NHS Foundation Trust to work together on promoting high quality research in the field of mental health and learning disabilities. On behalf of the West Yorkshire Clinical Local Research Network we have hosted two posts which have been successful in facilitating people in the Trust to recruit into prestigious research studies overseen by the national Mental Health Research Network. We have continued to engage service users in research design and identifying priorities.

Essence of Care Benchmarks:

During the past 12 months the Trust has been actively implementing Essence of Care, with the main focus being on in-patient services. The benchmarking process on which 'Essence of Care' is implemented, helps practitioners to take a structured approach to sharing and comparing practice, enabling the identification of levels of excellence in care and developing action plans to improve practice which falls below the expected levels of excellence. Within the Trust an audit tool has been developed to enable each clinical area to be measured against the desired benchmark standard and in January 2010 a full audit of the Trusts 25 inpatient facilities was undertaken. A planned re-audit is scheduled for July 2010, which will include all clinical service areas within the Trust.

High Impact Actions:

The Trust has actively reviewed staffing skill mix and focussed on developing and strengthening leadership, particularly in inpatient units. This work has resulted in a reduction of staff sickness absences and a reduction in the amount of money spent on the use of agency staff. Direct clinical benefits have been seen in an overall reduction of the occurrence of errors and in the number of service users going absent without leave. The clear benefits for the Trust in terms of quality of care and integrity were recognised by this work being included as a good practice example in the Institute for Innovation and Improvement's *High Impact Actions for Nursing and Midwifery*.

1.2. How have we prioritised our quality improvement initiatives

The Trust priorities set out in the 2008-2009 Quality Report were as follows:

- To further reduce the incidence of severe violence and aggression
- Continue to take steps to ensure we are supporting our staff to work with the best clinical evidence available in the treatment and care of our patients
- Maintaining, and where possible improving upon, the high level of patients who report that they have been treated with dignity and respect.

Measures for these were identified and performance against these measures was reported to the Trust Board of Directors on a quarterly basis, through the Performance report to the Trust Board.

These above priorities have been reviewed to ensure that they are consistent with the Trusts strategic direction, both of which are central to the Quality, Innovation, Productivity and Prevention (QUIPP) strategy.

Our Trust strategy is currently being reviewed and will run from 2010 to 2015. A new ambition statement has been developed, which is underpinned by three strategic end goals that describe our commitment to excellent quality care in terms of outcomes for the people who use our services. The development of our three strategic end goals were led by our Trust Board of Governors.

On the 25th March 2010 the Trust Board of Directors agreed that the Trusts' top three priorities for quality improvement would be consistent with our three strategic end goals.

Our top three priorities for quality improvement are therefore:

Priority 1: People achieve their agreed goals for improving health and improving lives

Priority 2: People experience safe care

Priority 3: People have a positive experience of their care and support

The Trust envisages that these three priorities will remain our Quality Accounts priorities until 2015, in line with our Trust Strategy. Each of the priorities, with our proposed initiatives for 2010-2011 are set out on the following pages.

1.3 Our selected measures

A wide consultation took place with Trust staff and key stakeholders over the period December 2009 to February 2010 to develop the measures for the 2009 - 2010 Trust Quality Accounts. The consultation process included the Trust Board of Governors, service users and carers, clinical and non clinical staff and the voluntary sector. An extended Trust performance group meeting was held on the 1st March 2010 to review, refine and rank the measures for inclusion. These were agreed by the Trusts Executive Team and are set out on the following pages under each priority.

Progress against these measures will be reported to the Trust Board of Directors on a quarterly basis through the Trust performance report. The measures will also form part of our six monthly Directorate Performance Reviews and our annual Corporate Directorate Performance Reviews.

Benchmarking data with similar Trusts is also included, where available.

Priority 1.

People achieve their agreed goals for improving health and improving lives

Initiatives in 2009-2010:

- A Leeds wide programme of training to refocus the Care Programme Approach has been developed and completed by staff from the Trust and partner organisations such as the Local Authority and Voluntary Sector.
- The Citywide Care Programme Approach policy was developed and ratified for use following thorough consultation
- A physical health improvement procedure is now in place and a standardised healthy living tool has been developed for use throughout Adult services.
- A citywide multi-agency steering group was established by the Trust to implement the requirements of the Green Light Framework. This sets standards for the provision of mental health services for service users with mild to moderate learning disabilities.

New Initiatives to be implemented in 2010-2011:

- The new National Institute for Clinical Excellence (NICE) assurance process will highlight/quantify areas where NICE evidence – based interventions can be further implemented.
- Integrated Care Pathway (ICP) development will specify the interventions that are recommended for specific presentations
- Our electronic health care record (PARIS) will be developed to support Integrated Care Pathways
- A 'language block' will be included on all public documents produced by the Trust, which makes clear that the document is available in other formats and other languages to ensure accessibility for all.
- The development of a Care Programme Approach information booklet in consultation with service users and partner agencies. Once finalised and agreed this will be available for service users, disseminated by care co-ordinators.
- A systemic understanding of outcome measurement will be developed along with systems for implementing this across the organisation

Priority 1:

People achieve their agreed goals for improving health and improving lives

Performance of Trust against selected measures:

Measure	Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
1 Carers offered an assessment of their needs as carers. Although we have valuable data from audit, we are developing our electronic systems to be able to provide real time data on our performance against this measure. Plans are in place to measure this indicator via electronic systems by end of May 2010	Annual Trust CPA audit	37% reported from CPA audit (1 st September - 31 st December 2008)	CPA audit data collection will commence in October 2010	
2 People have accessible information to support their care People reporting they received advice when receiving medication	Random audit of annual increase in inclusion of the language block on all service directorate information. Pharmacy Department User satisfaction survey	100 respondents 84% answered yes (Survey held Sept 2008-Oct 2008)	Baseline Year 17 respondents 75% answered yes (survey held Sept 2009 – December 2009)	
3 Number of long-term inpatients over 12 months length of stay that have received an annual health review Although we have valuable data from clinical audit, we are developing our electronic systems to be able to provide real time data on our performance against this measure.	Annual Physical Health Audit		2010-2011 will be a Baseline Year for data reporting from our electronic systems Data collection will take place in May 2010.	
4 Number of patients admitted and remaining for more than 48 hours who were screened using an appropriate nutritional screening tool and recorded on PARIS A Trust wide nutritional screening toll	PARIS		2010 -2011 will be a Baseline Year	

Measure	Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
5 Re-admissions to inpatient care within 28 days of discharge.	PARIS	2008/09 1426 patients discharged 89 readmissions Readmission rate = 6.2%	2009/10 1146 patients discharged 69 Readmissions Readmission rate = 6.0%	
6 Number of patients on new CPA offered a copy of their care plan	PARIS Trust Annual CPA Audit	85.89% Data taken as a snapshot in December from both standard and enhanced data 51/247 (61%) Reported from CPA audit (1 st September -30 th December 2008)	81.39% Data taken as a snapshot in December from both standard and enhanced data Data collection will commence in October 2010	
7 People who use our services report 'yes definitely' to involvement in deciding what's in their care plan	Annual Community Service User Survey	42% (2009)	51% (2010)	Average response 53% (2010)
8 Within two years of publication we can demonstrate adherence against each NICE and other guideline for clinical care and treatment relevant to our Trust. The Trust is working with a revised process for implementation of NICE Guidance established in 2009. This process is intended to enable the Trust to demonstrate adherence to NICE Guidance within two years of publication, with adherence being demonstrated through clinical audit. Clinical audit takes place after the implementation phase of the process. All guidelines applicable to the Trust are scheduled for audit throughout 2010.	Clinical Audit Annual Programme		Baseline year	

Priority 2.

People experience safe care

Initiatives in 2009-2010:

- Appointment of Trust wide Patient Safety Manager in August 2009. This is a pivotal role in promoting a proactive safety culture, where safe, quality patient care flourishes.
- The Trust signed up to the national campaign 'Patient Safety First' which highlights the importance of patient safety within every aspect of care delivery and assists local and national initiatives by building on existing networks and creating new networks. The Trust signed up to this campaign as we are committed to patient safety, implementing safety projects, monitoring improvement of practice and sharing of ideas.
- Identification of further high impact initiatives to improve patient experience in this area which has included current scoping for trust wide specific clinical risk training.
- Trust Patient Safety week in September 2009 which focused on raising awareness and celebrating the success of active involvement in creating measurable reductions in avoidable harm
- Executive Safety Walk Around which encouraged interaction between staff to discuss their thoughts and experiences on issues relating to Patient Safety.
- The Trust was approached by the Patient Safety First Team to produce a national podcast featuring local, regional and national activities around the UK. The Medical Director, Chief Pharmacist and Dispensary Manager took part and outlined current Patient safety work in medicines management at LPFT.
- Implementation of video conferencing in each pharmacy dispensary in order to facilitate remote clinical checking and approval of prescriptions.

New Initiatives to be implemented in 2010-2011:

- Continuation of the local use of tools from the National Audit of Violence (run by the Royal College of Psychiatrists), in order to continue monitoring and implementing effective service improvement
- Rolling out of Phase two mandatory specific Clinical Risk Management Training for all qualified staff which includes enhancing skills in recognising possible triggers and methods to de-escalate high risk situations
- Benchmarking for Patient Safety with other similar mental health trusts within Yorkshire and the Humber
- Institute for HealthCare Improvements (IHI) data collection and input to enable evidence of practice and improvement.
- Development of Executive Safety Walk Arouns into "Quality Walk Arouns"
- Appointment of Trainee Doctors as "Safety Champions".

Priority 2:
People experience safe care

Performance of Trust against selected measures:

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
1.	<p>Service users report they always felt they experienced safe care.</p> <p>During 2010 – 2011 the Trust will re-run areas of the National Audit of Violence on a local level which will include service user experience.</p>	<p>National inpatient service user survey</p> <p>National Audit of Violence: Making it local</p>	48% (2009)	2010 Survey currently underway	Average response 44% (2009)
2.	Staff believing that the Trust takes action to ensure errors, near misses and incidents do not happen again	National Staff Survey	61% (2008)	57% (2009)	Average response 55% (2009)
3.	<p>Number of incidents reported to the National Patient Safety Agency (NPSA) per 1000 bed days (all categories)</p> <p>A high level of reporting is indicative of a good culture of safety. This measure was included in our Quality Report and remains in our Quality Accounts to ensure we retain our focus on maintaining a good culture of safety</p>	<p>Risk Management Team (as reported to the National Patient Safety Agency)</p> <p>The black bar represents the Trust position</p>	<p>April 2008 – Sept 2008: Incident rate per thousand bed days</p>	<p>April 2009 – Sept 2009: Incident rate per thousand bed days</p>	<p>The graphs demonstrate that the Trust has remained in the top quartile for being a high reporter of incidents across all similar providers nation wide. Research has shown that an organisation with a high rate of reporting indicates a mature safety culture where reporting incidents is encouraged and treated fairly.</p>

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
4.	Number of incidents scoring NPSA level 1 and 2 severity Having established a high level of reporting it is important to ensure that the vast majority of incidents result in no or low harm which are rated by the National Patient Safety Association (NPSA) as severity 1 and 2. We also aim to continue reporting proportionately more zero harm incidents and fewer serious incidents to other Trusts	Risk Management Team	Level 1 - 4454 Level 2 - 1168	Level 1 - 3861 Level 2 - 1274 (As at 31 st March – please note these figures may change due to further incidents being reported)	The NPSA cautions against direct comparison with other Trusts on the specific number of reports as even organisations in the same cluster can vary considerably in size and activity.
5.	Number scoring NPSA level 3 or above This is the number of incidents resulting in moderate harm. In last year's Quality Report a focus was placed on violence and aggression, slips trips and falls, medication errors and unauthorised absence from inpatients unit. Although these areas are vitally important, as a Trust we are committed to reducing the number of any incidents causing moderate or greater harm	Risk Management Team	Level 3 - 151 Level 4 - 17 Level 5 - 30	Level 3 - 84 Level 4 - 5 Level 5 - 7	
6.	Number of Serious Untoward Incidents and type	Risk Management Team	Total of SUI for year =19	Total SUI until 25/03/10 = 18	

Measure	Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
7	Evidence of learning from incidents: Percentage of completed incidents to Trust Incident Review Group (TIRG) which have action plans that have been implemented.	Quarterly random audit of TIRG action plans.	1 Random Audit completed showing full implementation. 2010/2011 Benchmarking Year- Audits planned quarterly	

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Priority 3.

People have a positive experience of their care and support

Initiatives in 2009-2010:

- Leeds Partnerships NHS Foundation Trust established two new regular events to engage with key stakeholders on strategic Trust wide issues.
 - Building your Trust is a quarterly half-day event at the City Museum where service users, carers and public members of the Trust meet to debate relevant issues. Most recently approximately thirty participants had a useful debate about the Trust values that will inform our refreshed strategy.
 - The Diversity and Social Inclusion Forum is a quarterly event bringing together service users, carers, staff and partner organisations to debate and action plan in relation to our Single Equality Scheme and Recovery and Social Inclusion Strategy. Most recently the group developed an action plan to increase the representation of diverse communities in our staffing groups.
- Participation in the Patient Opinion website to allow direct feedback from service users and carers.
- Trust wide implementation of the Essence of Care approach across in-patient areas
- Dissemination of the Trust's Dignity Strategy as well as the Nursing and Allied Health Professions Strategies
- High visibility poster campaign provided via electronic computer 'wallpaper' highlighting dignity on all Trust computers
- Single sex accommodation priority improvements completed to schedule and ensuring 100% compliance with providing single sex accommodation

New Initiatives to be implemented in 2010 -2011

- A systematic approach to gathering service user and carer experience is planned as part of wider Trust work on outcome measures.
 - A standardised approach for capturing service user experience that can be reported across the Trust is currently in the piloting phase.
 - A similar approach for gathering carer experience outcomes in relation to the Carers Charter is under development. This is currently being piloted in Learning Disability services with a further Trust-wide pilot taking place in the summer.
- Regular member engagement events are being planned which will provide an opportunity for members to come together and learn about topics related to mental health and learning disabilities.
- Continued development of the LPFT intranet site hosting educational literature about dignity and respect
- Continuation of Essence of Care Benchmark implementation with the aim of all areas meeting the minimum A-B criteria
- Updating and dissemination of LPFT Dignity Strategy
- Maintaining Privacy and Dignity awareness via training, education and campaign initiatives

Priority 3:

People have a positive experience of their care and support

Performance of Trust against selected measures:

Measure	Source	2008-2009	Current status (2009-2010)	Benchmarking with other mental health providers (where available)
1 Percentage of people who report definitely being treated with respect and dignity by the professional providing care. Percentage of Older people who report 'yes all the time' to being treated as a human being with thoughts and feelings	National Community Service User Survey Older peoples Dignity questionnaire	<i>Psychiatrist</i> 90% (2009) <i>CPN</i> 90% (2009) <i>Other Health Professional</i> 87% (2009) 91% (survey undertaken between 14th – 23 rd May 2008)	91% (2010) Results are due in May 2010	Average response 87% (2010)
2 People who use our services report overall rating of care in last 12 months very good/ excellent.	National Community service user survey	60% (2009)	64% (2010)	Average response 58% (2010)
3 Expanding our ability to measure the experience of Service users In year progress against milestones in implementing the standardised local service user questionnaire will be reported on.	Progress against milestones in implementation and roll out of standardised local Service user questionnaire.		This is currently being piloted in Older Peoples Services with full Trust roll-out planned for October 2010	

Measure	Source	2008-2009	Current status (2009-2010)	Benchmarking with other mental health providers (where available)
<p>4 Developing the workforce to improve the experience of BME Service Users</p> <p>In year progress against milestones in implementing the training programme will be reported on</p> <p>The Trust is not required to undertake the Count me in Census in future years. The trust will scope out the future potential for undertaking this locally and amending it for our own purposes</p>	<p>Progress against milestones in implementation and roll out of Training Programme</p>		<p>Milestones: Training pilot across 4 inpatient wards May 2010 Evaluation of training pilot June 2010 Roll-out training from July 2010</p>	
<p>5 Expanding our ability to measure the experience of carers</p> <p>In year progress against milestones in implementing the standardised local carer questionnaire will be reported on</p>	<p>Progress against milestones in implementation and roll out of standardised local Carers questionnaire.</p>		<p>This is currently being piloted in Learning Disability Services, with a further Trust –wide pilot planned for the summer 2010. Review of process will take place in January 2011</p>	
<p>6 Percentage of Carers who rate the support they receive from our Carers Team as 7/10 or better.</p>	<p>Ongoing Carers Team Satisfaction Questionnaire</p>		<p>Baseline Year</p> <p>63 responses were received between July2009 and February 2010. 90.5% rated support as 7/10 or better</p>	
<p>7 Staff agreeing that they are satisfied with the quality of care they give to patients / service users.</p> <p>During 2010 – 2011 the Trust will re-run areas of the National Audit of Violence on a local level which will include Staff experience.</p>	<p>National Staff Survey</p> <p>National Audit of Violence ;making it local</p>	<p>LPFT 82 % (2008)</p>	<p>LPFT 87% (2009)</p>	<p>Average response 87% (2009)</p>

1.4. Information on the review of services

During 2009/2010 Leeds Partnerships NHS Foundation Trust provided 4 NHS services which were;

- Learning Disabilities
- Adult Mental Illness
- Forensic Psychiatry
- Old age Psychiatry

Leeds Partnerships NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2009/2010 represents 100% of the total income generated from the provision of NHS services by Leeds Partnerships NHS Foundation Trust for 2009/2010.

1.5. Participation in clinical audits and national confidential enquiries

During 2009/2010 3 national clinical audits and 1 national confidential enquiry covered NHS services that Leeds Partnerships NHS Foundation Trust provides.

During 2009/2010 Leeds Partnerships NHS Foundation Trust participated in 50% of the national clinical audits (agreed by the Trust as appropriate based on information provided by the national audit project leads) and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leeds Partnerships NHS Foundation Trust was eligible to participate in during 2009/2010 are as follows:

National Clinical Audits:

- **National Clinical Audit of Access to Psychological Therapies** – Did not participate – Participation was considered not appropriate based on the fact that the project was gathering pilot data only during the Quality Account reporting period.
- **Prescribing Observatory for Mental Health (POMH-UK): Prescribing topics in mental health services** - Participated
- **Royal College of Physicians : National Audit of Continence Care** – Did not participate – Participation was considered appropriate but the Trust did not participate in this audit as a consequence of the lack of clarity of information regarding the project timetable, ie the project was on the 2010 timetable but data collection was scheduled for 2009. However it should be noted that the Trust participated in the 2006 audit of this topic.

National Confidential Enquiry:

- **National Confidential Enquiry into Suicide and Homicide by People with Mental Illness** - Participated

The national clinical audit and national confidential enquiry that Leeds Partnerships NHS Foundation Trust participated in during 2009/2010, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits:

- **POMH-UK: Prescribing topics in mental health services**

May 2009 – Topic 8: Medicines Reconciliation
Cases -47 (100% of those meeting the inclusion criteria)

October 2009 – Topic 6b: Assessment of side effects of depot antipsychotics (re-audit data collection)

Cases – 91 (100% of those meeting the inclusion criteria)

January 2010 – Topic 1e: High dose and combined antipsychotics in acute adult inpatient settings (supplementary data collection)
Cases – 90 (100% of those meeting the inclusion criteria)

March 2010 – Topic 2e: Screening for the metabolic syndrome in community patients receiving antipsychotics (supplementary data collection)
Cases – 50 (33% representative sample of those meeting the inclusion criteria)

March 2010 – Topic 5c: Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and PICU wards
Cases – 90 (100% of those meeting the inclusion criteria)

National Confidential Enquiry

- **National Confidential Enquiry into Suicide and Homicide by People with Mental Illness**

Suicide Cases – 7/7 (100%)
Homicide Cases – 8/9 (89%)

National Clinical Audits:

The reports of 1 national clinical audit were reviewed by the provider in 2009/2010 and Leeds Partnerships NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- January 2010 – Topic 5c: Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and PICU wards (quarterly report)

Actions:

- Managers to monitor side effects monitoring as part of supervision
- Provide training to target areas on the use of Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERs) and Abnormal Involuntary Movement Scale (AIMS) and stress the relevance of scales.
- Amend the Trust's Physical Health Policy
- Disseminate the audit findings via journal clubs, clinical governance councils.
- Disseminate the action plan to clinical governance councils

- February 2010 – Topic 6b: Assessment of side effects of depot antipsychotics (re-audit report)

Actions:

- Side effects monitoring to become part of culture and monitored by managers as part of supervision
- Target areas where gains can be most easily made – Depot Clinic (training on use of LUNSERs, AIMS. Stress clinical relevance of scales)
- Target areas where gains can be most easily made – Older Adult community teams (training on use of LUNSERs, AIMS. Stress clinical relevance of scales)
- Target areas where gains can be most easily made – Newsam wards (training on use of LUNSERs, AIMS. Stress clinical relevance of scales)
- Include in physical health policy
- Disseminate report at journal clubs
- Disseminate audit and action plan to clinical governance councils
- Disseminate to pharmacy
- Disseminate to all involved in audit

- March 2010 – Topic 1e: High dose and combined antipsychotics in acute adult inpatient settings (supplementary report)

Actions:

- Action not agreed at the time of reporting

Local Clinical Audits:

The reports of 27 local clinical audits were reviewed by the provider in 2009/2010. Seven of these reports contained details of neither recommendations nor proposed actions (2 of these being projects carried out by Leeds University 4th year medical students). Leeds Partnerships NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided

➤ **No. 1 – Project 0305 NICE Guidelines (Bipolar)**

- To discuss with Bipolar Guidelines Implementation Task Group
- To present in a journal club
- To consider publication for wider dissemination of findings

➤ **No.2 – Project 0267 Record Keeping (Specialist Services Directorate)**

- Introduce new documentation to better meet the needs of record keeping requirements
- Share findings with ward team and Liaison Psychiatry Clinical Governance Council
- Continue use of laminated checklist on office wall
- Issues around documentation picked up by senior staff and raised with individuals concerned
- Hold each other accountable all of the time

➤ **No.3 – Project 0325 Prescription Chart audit (Specialist Services Directorate)**

- Audit in 2010 – use Leeds Teaching Hospital Trust audit tool for next prescription chart audit. Clinicians to choose audit sample and timescale to reflect previous audits
- Review methodology and frequency
- Liaise with Audit Office LPFT
- Documentation – prescription and administration errors addressed locally. All omissions and errors highlighted to team
- Presentation of audit to Staff Team (Staff Meetings). Formal training session in February 2010
- Laminated instructions – 'prescribing' and 'administering' – common errors – in prescription chart folder and on notice-board in office.
- Check all IR1 forms related to prescription and administration of medicines. Highlight poor clinical practice (i.e. Administration interruptions) and address locally. Check LHT/LPFT training packages- and implement in 2010 for administration of medicines
- Address prescribing through medical team

- **No.4 – Project 0045 Dementia Diagnosis and NICE Guidance**
 - Continue with the good standard set by the team using NICE guidelines in dementia diagnosis process
 - Improve on the record keeping regarding the information indicating the consent to offer diagnosis and the outcome. Only 6% (2 assessments) sought or document consent of diagnosis disclosure (1.4.1.2)
 - To go through Dementia NICE Guidelines in supervision with Senior House Officers (SHOs) and Staff Grades to achieve 100%.

- **No. 5 – Project 0169 NICE Guidance for Eating Disorders**
 - Design new proforma for initial assessments
 - Information leaflets for patients to be given at time of assessment – to be put together in a pack for doctors to take to initial assessments
 - Improve patient choice for treatment options (some staff currently being trained / accredited in Cognitive Analytic Therapy and Individual Person Centred Therapy)
 - Leaflets from pharmacy to be used for explanation of medication side effects
 - Contact GPs to get blood results (shared care) and document this for cases where there are concerns
 - Use of a stamp for Alerts

- **No. 6 – Project 0316 Use of Patient Group Directives**
 - Re-audit every 2 years
 - During ad hoc supervision/review of assessments physical health and allergy status to be checked
 - Pharmacy policy to be updated in terms of use of Patient Group Directives by medical staff

- **No. 7 – Project 0231 Record Keeping (Older People's Directorate)**
 - Look at existing care plans and introduce a prompt section – raise this in the next team meeting
 - Put up poster regarding standards for record keeping in communal staff area
 - Continue weekly monitoring practices
 - Raise at CTM meeting to compare practice across Directorate
 - To re-audit using new minimum data set (incorporating PARIS)

- **No.8 – Project 0066 Record Keeping (Specialist Services Directorate)**
 - Raising staff awareness of minimum and supplementary data set requirements
 - Develop plan in relation to the next audit
 - Re-audit

- **No.9 – Project 0161 (NICE Guidance and Psychological Therapies)**
 - Produce summary report comparing these different data sources.
 - Distribute report and comparative data to relevant bodies
 - Discuss findings in relevant fora (e.g. Quality and Effectiveness Standards Forum, Executive Team)
 - Directorate Clinical Governance Councils draw up action plans
 - Clinical Audit Support Team to repeat audit

- **No.10 – Project 0053 Record Keeping (Adult Directorate)**
 - All new cases should have an assessment letter sent to the referrer within 3 months of first appointment – Caseload document could be amended to have checklist for assessment letters
 - Outcome measures and process to be reviewed at away day – More appropriate checking and recording system in place
 - Copying of correspondence to service users – Staff reminded of importance of this, and better means of recording it may be helpful
 - Timeliness of case notes – Review to be had as to whether targets should be set for timeliness of notes to be typed

- **No. 11 – Project 0368 Anti-Depressant Medication and Electroconvulsive Therapy (ECT)**
 - Review antidepressant medications when patient prescribed ECT
 - Antidepressant medication to be changed when patient administered ECT or post-ECT treatment
 - Re-audit with change in clinical practice

- **No.12 – Project 0383 Communication of Medication Changes**
 - Increase the sample size to get a better picture of the audit and for comparing it with the previous audit
 - Include duration of prescription as part of the audit questionnaire
 - Discussion of audit findings at journal club with emphasis on change and improvement in communication
 - Discussion of audit findings to the Multi Disciplinary Team with emphasis on change and improvement in communication
 - To continue to educate new medical staff on importance of communication at local induction
 - Re-audit in 12 months

➤ **No.13 – Project 0326 Ward-Based Therapeutic Group Programme**

- Discuss whether recording the outcome data scores in detail in the discharge letters is necessary for all closed groups – Discuss within the Service Governance Council
- Consider whether the relaxation open group requires screening prior to beginning group – Discuss within the Service Governance Council

➤ **No.14 – Project 0342 Section 58 (Form 38/39)**

- Responsible Clinician and junior Doctors to ensure T3 request forms for Second Opinion Appointed Doctors (SOAD) are adequately completed and treatment plan in medical notes for SAOD.
- Consultees to be made aware Code of Practice and clinical teams to ensure they are given sufficient notice about request for SOAD
- Protocol/checklist for nursing staff about whole process for completion of T2/T3 for proper coordination to reduce errors
- Redesign data collection form for improved clarity of questions.

➤ **No.15 – Project 0360 Management of Service Users with Opiate and Alcohol Addiction**

- There should be clear and concise procedures for staff to follow with a suitable chart for documenting withdrawal symptoms and prescribed medication
- To use standardised, evidence based assessment scales for measuring symptoms of withdrawal
- Refer to Trust guidelines for the prevention and treatment of Wernicke-Korsakoffs syndrome
- Medicines Reconciliation Policy to be followed at all times
- To improve education and training for staff who are likely to deal with this client group.
- Link nurses on the acute adult wards to be involved in the Leeds 'dual diagnosis network keeping up to date with current issues and attending workshops etc
- Link nurses to educate other ward staff about procedures to follow/ reference sources available etc
- Re-audit after 1 year

➤ **No. 16 – Project 0392 Verbal Orders of Medication**

- Email or fax copy of prescription authorization can also be considered as evidence of the authorization as an alternative to the doctor's signature. The nurses should then ask for written confirmation (via IT or fax) before administering the medications.

- A copy of the drug card can be faxed to the authorizing doctor to reduce prescribing errors (such as medication interactions)
- Failing to provide authorization via IT or fax, verbal order requests can still take place. However, there should be documented clear communication between the authorizing doctor and the doctor who signs the prescription who can then act as the 'deputy by arrangement'
- The time frame for the verbal order prescriptions to be signed should be set within 72 hours (and not within 24 hours)
- To highlight the verbal orders procedure according to the medicine code to all training doctors and staff nurses at induction and through e-learning process. The authorizing doctors should be reminded that the final responsibility in authenticating the prescription lies with the prescriber.
- Nurses to check for management plan formulated by the managing team in the patient's medical notes before requesting the verbal order.
- To compare the practice of verbal orders on the acute wards and other community in-patient units (e.g. Old age wards)

➤ **No. 17 – Project 0401 Routine Community Mental Health Team Referrals**

- Clarify the standard for assessing routine referrals at managerial level i.e. Should routine referrals be seen within 30 calendar days or 30 working days
- Shorten time of response suggested in routine referral "opt-in" letters – change to "opt in" letter template
- Increase staff awareness of standards and record attempts to contact patients / assessments offered
- Consider ways of increasing awareness, e.g. posters in CMHT offices / reminders in any paperwork / discussion at CMHT meetings etc
- Decrease waiting time for medical outpatient appointments. Consider how to shorten waiting times, e.g. specific assessment clinic , SHO/Registrar assessment clinic etc
- Re-audit needed after changes. Re-audit in 2010

➤ **No.18 – Project 0405 Discharge Summaries**

- All doctors should be aware of the trust guidelines at the start of the post
- There should be at least one complete discharge summary in each volume of case notes
- Add certain headings to existing guidelines so important information is not missed – Smoking / alcohol / illicit drug use history, Forensic history (Guidelines exist for general Adult Psychiatry which include these headings – Old age Psychiatry guidelines should incorporate these headings)

- If doctors decide not to include information regarding the patients history that is documented elsewhere, then they should explicitly mention the date of the previous discharge summary to refer to and the doctor who dictated it
- The term key worker should be changed to care coordinator and should be included in the patient information section
- Certain information can be added by the clerk by looking into the PARIS notes if not dictated
- Legal status should be recorded in the patient information section – this is important for future reference (severity of the condition at the time of admission)

➤ **No. 19 – Project 0047 Behavioural Techniques**

- Devote more time needs to devising, producing and reviewing behaviour programmes. This may require increased capacity within all professional groups in the multi disciplinary team to enable people the time needed to complete clinical assessments in a reasonable time frame, and produce Behaviour Programmes
- Ensure that Behaviour Plans are devise in collaboration with all staff specified in the Behavioural Techniques Policy and reviewed 6 monthly. In order to achieve this, this process could be made to coincide with the service user's Care Programme Approach.
- Clinical Team Manager of the Severe Challenging Behaviour Team to maintain a register of all people known to Leeds Partnerships NHS Foundation Trust who have aversive techniques as part of their programme, and to maintain a record of when Behaviour Programmes are reviewed. Professionals involved with service users to ensure that the Clinical Team Manager receives updated information about individuals.
- Continuing commitment to the training of all staff within the Learning Disability Directorate on the subjects of the management of challenging behaviour, and implementation of the Behavioural Techniques Policy. Relevant knowledge is clearly important and records show 20 out of 24 qualified members of staff have already attended the Trust's challenging behaviour training. The recent drive to encourage all staff to attend should improve the quality of the plans.
- Circulate electronically to all staff a template for the behavioural plan to encourage adherence to the layout specified in the behavioural techniques policy
- This audit should be repeated in April 2010

➤ **No. 20 - Project 0287 Clinical Supervision**

- Supervision should be used as a way of supporting the progress of an individual's Personal Development Plan
- Agree standards for clinical supervision and all staff have access to competent supervisors
- Implement a process to measure the quality of supervision.
- Establish clear lines of communication to disseminate and feedback findings of the supervision audit
- Develop and implement standards for preceptorship developed across the directorate, and incorporate the specific supervision needs of preceptees
- Ensure availability of a number of evidence based models of supervision fit for the needs of clinicians and other front line staff
- Create a directorate wide map of current clinical supervision structures, and update on a regular basis, ensuring uptake of supervision is consistent across all professions and grades of staff
 - All clinical supervision is documented in line with trust policy
 - Supervisors are prepared for their role through both adequate training of supervision skills and knowledge of agreed Directorate and Trust standards
 - All clinical staff to have access to the clinical supervision policy
 - All clinical staff to prioritise monthly clinical supervision
 - Ensure appropriate record keeping
 - Clinical Supervision training
 - Clarify clinical supervision arrangements for all Learning Disability Allied Health Professionals
 - Ensure all members of staff have a clinical supervision supervisor for monthly sessions
 - Identify individual supervisor as stated above. Group supervision to be accessed on top of this if required
 - Supervision activity to be recorded by Clinical Team Managers / Band 6
 - All staff to be given supervision booklets
 - Confirmation of receipt of booklets to be evidenced by signatures
 - Encourage supervisee / supervisor to complete supervision booklets.

1.6. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Leeds Partnerships NHS Foundation Trust (LPFT) in April 2009 to March 2010, that were recruited during that period to participate in research approved by a NHS Research Ethics Committee was 155.

In 2009/2010 LPFT was involved in conducting 37 clinical research studies, including 9 National Institute for Health Research adopted studies. This compares favourably with the 29 clinical studies, including 10 National Institute for Health Research studies conducted during 2008/2009, representing an increase in total study activity of 28%. This increasing number of clinical research studies demonstrates LPFT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

One member of staff has been awarded a National Institute for Health Research Fellowship hosted by the University of Leeds. The Trust hosts the West Yorkshire Comprehensive Local Research Network funded posts of Lead Clinician and Clinical Studies Officer working on Mental Health Research Network projects. These posts have facilitated an important link with the Mental Health Research Network hub in Newcastle, and provided access and support to Trust staff wishing to engage with Mental Health Research Network supported studies. Whilst in its infancy, this development provides a significant opportunity to increase the level of National Institute for Health Research portfolio activity within the Trust, previously outside this network's activity.

As we move into a more challenging financial climate, research and innovation will become even more important in identifying the new ways of understanding, preventing, diagnosing and treating disease that are essential if we are to increase the quality and productivity of services in the future.

1.7. Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Leeds Partnerships NHS Foundation Trust income in 2009/2010 was conditional upon achieving quality improvement and innovation goals agreed between Leeds Partnerships NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from the Performance Team who can be contacted on 0113 305 5000.

For Leeds Partnerships NHS Foundation Trust the monetary total for the amount of income in 2009/2010 conditional upon achieving quality improvement and innovation goals was £480, 145. The monetary total for the associated payment in 2009/2010 was £480,145.

In 2009/2010 Leeds Partnerships NHS Foundation Trust was part of NHS Yorkshire and the Humber regional Commissioning for Quality and Innovation scheme. Payment against the indicators for 2009/2010 was based on all data being provided by specified deadlines for all indicators applicable to the Trust. For 2009/2010 the Trust provided all data within the timescales.

For 2009/2010 CQUIN data was reported to the Trust Board of Directors on a quarterly basis through the monthly Performance Report.

In 2010/2011 Leeds Partnerships NHS Foundation Trust will be required to report performance against regional CQUINs, local CQUINs and Forensic CQUINs. Progress against 2010/2011 CQUINs will be monitored by the Trust on a monthly basis. Plans are in place to ensure that the Trust meets their CQUINs throughout 2010/2011.

1.8. Care Quality Commission

Registration Status:

Leeds Partnerships NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered without conditions. A robust internal review process for assessing Trust compliance with each registration requirement was developed and implemented. Improvement plans have been developed for each regulation in order to further strengthen and maintain the Trust's position of compliance. These improvement plans are monitored by the Executive Team on a monthly basis. The Trust will continue to ensure that compliance against each registration requirement is monitored and maintained.

The Care Quality Commission has not taken enforcement action against Leeds Partnerships NHS Foundation Trust during 2009/2010.

Periodic Review:

Leeds Partnerships NHS Foundation Trust is subject to periodic review by the Care Quality Commission and the last review was for 2008/2009. The Care Quality Commission's assessment of Leeds Partnerships NHS Foundation Trust following that review was 'Good'.

For 2008/2009 the Trust received a rating of 'good' against the national priorities. The Trust was assessed against 10 indicators. A score of 'achieved' was received for 7 indicators, a score of 'underachieved' for 2 indicators (Delayed transfers of Care and Green Light Toolkit) and a score of 'failed' for one indicator (Access to Crisis Resolution).

Performance against the 'Access to Crisis Resolution' indicator is reported to the Trust Board of Directors on a monthly basis through the Performance Report to the Trust Board. Figures have increased in-year in light of a review of the service model in July 09. Using the CQC definition April 2009 – March 2010 figures show a percentage of 92.8% of admissions assessed by Crisis Resolution. For 2009/2010 the Care Quality Commission has published a threshold of 90% to fully achieve this priority. Using this threshold we have moved from a position of 'failed' in 2008/2009 to a position of 'achieved' in 2009-2010.

Performance against the 'Best Practice in Mental Health Services for people with a learning disability' indicator is reported to the Trust Board of Directors on a monthly basis through the Performance Report to the Trust Board. A Green Light inter-agency Steering group, chaired by the Associate Director of Adult Services, was established by the Trust in May 2009.

This group includes membership from each service directorate to ensure a Trust wide commitment to work on the Green Light Framework, as well as representation from NHS Leeds, Adult Social Care and Volition to ensure that work is undertaken on a Leeds wide basis. The group has developed action plans to achieve a 'green' rating for all 39 requirements of the toolkit. Extensive work has been carried out on the original 12 'key' requirements and the Trust has reported a 'green' status on all of these as at the 31st March 2010.

The Trust has maintained a focus on delayed transfers of care over the last year and internal performance thresholds of 5% were set to mitigate the risk of the Trust under-achieving this target in 2009/2010. Performance against this indicator is reported to the Trust Board of Directors on a monthly basis through the performance report to the Trust Board. For 2009/2010 the CQC will be using data from the period April 2009– August 2009 to assess performance against this indicator. For this period our cumulative delays are 3.7%. If the CQC maintain the same threshold of 7.5% applied in 2008/2009 then the Trust will fully meet this national priority.

For 2009/2010 the Trust will receive their performance rating against the Care Quality Commission national priorities in the Autumn of 2010.

Special Reviews:

In March 2009 Leeds Partnerships NHS Foundation Trust participated in the national Care Quality Commission review of Safeguarding Children. This review looked at Board assurance around child protection systems, including staff training and partnership working. The national report, outlining the findings, was published by the Care Quality Commission in July 2009. A key finding of the report was that nationally only 54% of NHS staff had completed safeguarding children training to level 1.

The Trust put an action plan in place to address the national findings of the Care Quality Commission with regard to safeguarding children training. Actions undertaken by the Trust included, continuing to advertise and encourage the completion of level 1a training on-line, the development of classroom based teaching sessions throughout Trust sites to enable staff to attend the training with ease and partnership working to enable staff to attend training sessions organised by NHS Leeds.

By the 31st December 2009 the Trust had demonstrated significant improvement in the numbers of staff completing level 1 safeguarding training and was able to declare 93.49% compliance. By February 2010 figures had increased further to 98.25% of Trust staff having received level 1 safeguarding children training.

1.9. Information on the Quality of Data

➤ Statement on Data Quality

LPFT submitted records during Quarter 1- Quarter 3 2009/2010 (Quarter 4 to be received by the Trust on the 31st May) to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patients valid NHS number was 98.2% for admitted patient care and 99.3% for outpatient care
- Which included the patient's valid General Medical Practice Code was 100% for admitted patient care and 100% for outpatient care

➤ Information Governance Attainment Levels:

Leeds Partnerships NHS Foundation Trust's score for 2009 – 2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 63%.

This is based on 18 of the 21 toolkit indicators for a theoretical maximum of 54, not 63. Omitted standards are:

407: A standard opt-out for Mental Health Trusts – we do not operate an A&E department

505: Leeds Partnerships NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009-2010 by the Audit Commission

511: This also relates to Payment by Results – This was not relevant to the Trust at this time

➤ Clinical Coding Error Rate

Leeds Partnerships NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009-2010 by the Audit Commission

2.1. Review of Quality Performance

Care Quality Commission Core Standards

The Healthcare Commission (HCC) was the independent watchdog for healthcare in England until the 1st April 2009. The Care Quality Commission then came into being and assumed the role of independent regulator of all health and adult social care in England.

In October 2009 the Trust received the results of the Care Quality Commission's Annual Healthcheck performance assessment for 2008/09. We received a score of 'good' for quality of services and 'good' for use of resources.

As a Foundation Trust the Trust's quality of financial management score is based on the annual financial risk rating awarded by Monitor. A rating of 'good' assesses the Trust as having a good financial performance, with a low to medium level of financial risk.

Prior to the 1st April 2010 every NHS Trust in England was responsible for ensuring it was complying with the Government's Standards for Better Health. As part of the annual health check, trusts were required to self-assess their performance against all 44 of these standards. For 2008/2009 the Trust received a rating of 'fully met' against core standards. A Trust can only achieve a score of 'fully met' if it declares no more than 4 failings to meet a standard during the year. These failings must have been corrected by the end of the year.

For 2008/2009 the Trust declared a gap in year with one core standard, C24: Emergency Preparedness. This gap related specifically to the frequency of communications cascade testing, which should be undertaken every 6 months. A test was undertaken in August 2008 and a further test in February 2009. The Trust therefore reported compliance with this standard by the 29th August 2008.

For 2009/2010 the Care Quality Commission will for the last time, be assessing all NHS organisations against the Government Standards for Better Health. In 2010 all English NHS trusts, NHS Foundation trusts and primary care trust providers will be required to register against new regulations.

As part of the Trusts Integrated Performance Framework, a robust internal review process for assessing compliance with each of the core standards is in place. Following this robust process the Trust's core standards declaration for 2009/2010 is that we are fully compliant with all core standards.

Registering with the Care Quality Commission in relation to Healthcare Associated Infections

From April 2010, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission. In 2009/10 trusts were registered on the basis of their performance in infection control. To register as a provider of health services with the Care Quality Commission we comprehensively assessed our measures to control healthcare associated infections.

In providing services we will not compromise on having the highest standards. We also believe it to be critical that we are transparent with those who commission our services and the public, about our own levels of performance. Consequently in our declaration to the Care Quality Commission we specifically drew attention to our concern about the timeliness of our receiving pathology reports. We purchase this service from another NHS Trust.

On the 1st April 2009 the Care Quality Commission granted our application for registration subject to one condition specifically related to resolving this single issue. Whilst there was no evidence that this has had an adverse impact on patient care, we took immediate action to resolve the problem. We applied to the Care Quality Commission on the 8th May for the removal of the condition and were pleased to receive confirmation on the 26th May that our application had been successful and the condition had been removed with immediate effect.

The safety of people who use our services is our top priority and we will continue to openly develop and strengthen our systems to ensure the safety of patients and the quality of our services.

For 2009/2010 the Trust target for new Clostridium Difficile infections is no more than nine cases a year. April 2009 – March 2010 figures demonstrate 5 new cases of Clostridium Difficile infections. The Trust has therefore met its target.

Healthcare Associated Infections:	2008/2009	2009/2010
Number of cases of MRSA Bacteraemia	0	0
Number of cases of Clostridium Difficile	11	5

National Priorities:

Progress on performance against Monitor requirements, Care Quality Commission national priorities and our contractual performance requirements with NHS Leeds are presented on a monthly basis to the Trust Board of Directors, through the monthly Performance report to the Board. This report is routinely shared with our main commissioners and can be found at the following website

http://www.leedspft.nhs.uk/about_us/performance

Performance is also reported on at twice yearly Service Directorate Performance reviews, which are led by a panel of Executive and Non Executive Directors.

Monitor Assessments

Monitor is the independent regulator of Foundation Trusts.

Using its assessment framework the Trust's overall 2009/2010 performance is shown below in comparison with the Trusts 2008/2009 performance.

Risk ratings	Annual plan 2008/2009	Q1 2008/2009	Q2 2008/2009	Q3 2008/2009	Q4 2008/2009
Financial	3	3	3	3	3
Governance	Green	Green	Green	Green	Amber
Mandatory services	Green	Green	Green	Green	Green

Risk ratings	Annual plan 2009/2010	Q1 2009/2010	Q2 2009/2010	Q3 2009/2010	Q4 2009/2010
Financial	4	4	4	4	4
Governance	Green	Green	Green	Green	Green
Mandatory services	Green	Green	Green	Green	Green

The Governance rating for 2008/2009 dropped from green to amber as a result of underachievement of the delayed transfers of care target during that period. The Trust had previously declared that it would meet this target but when Monitor confirmed the construction it became apparent that across the whole year the threshold had not been met. Action plans in all relevant service areas resulted in significant improvements, with the Trust returning to a position of compliance in Q1 2009-2010 and maintaining this position throughout the year.

National Standards and Priorities

Monitor Targets:

Monitor requires quarterly reporting on the following targets:

Monitor Target	2009-10	Threshold
7 day follow up achieved: The Trust must achieve 95% follow up of all discharges under adult mental illness specialities on CPA (by phone or face to face contact) within seven days of discharge from psychiatric inpatient care	The Trust has maintained a position of compliance throughout 2009/2010. Quarter 4 figures demonstrated a 98.7% follow up rate. Compliance against this indicator continues to be monitored on a daily basis	95%
Access to Crisis Resolution: The Trust must achieve 90% of adult hospital admissions where the service user has had a gate keeping assessment from Crisis Resolution Home Treatment services. Monitor allows for self declaration where face to face contact is not the most clinically appropriate action	The Trust has maintained a position of compliance throughout 2009/2010 Quarter 4 figures demonstrated a 97.7% compliance rate.	90%
Minimising delayed transfers of care: The Trust must achieve no more than 7.5% of delays across the year. Monitor does not exclude delays attributable to social care	The Trust has maintained a position of compliance throughout 2009/2010 Quarter 4 figures demonstrated a cumulative compliance average of 3.4%	No more than 7.5%
Maintain level of crisis resolution teams (CRHT) set in 03/06 planning round	The Trust is fully compliant with this requirement having had previous confirmation from the Department of Health and the Healthcare Commission that we may include Acute Community Services (ACS) as Crisis Services. The Trusts requirement for six teams is therefore met by having one CRHT and five ACS.	-

Care Quality Commission standards and priorities

The following table shows the Trusts performance against the Care Quality Commissions core standards and national priorities.

Care Quality Commission standards and priorities	2007-08	2008-09	2009-2010
To comply with the CQC core standards	40/41	43/44	44/44
To comply with the CQC national priorities	Excellent	Good	To be confirmed by the CQC in October 2010

2.2. Statements from NHS Leeds, Local Involvement Networks and Overview and Scrutiny Committees

Leeds LINK comments on the Leeds Partnerships Foundation Trust's Quality Accounts:

Leeds LINK would like to thank you for the opportunity to comment on the Leeds Partnership Foundation Trust's Quality Accounts for 2009/10. We welcome the report and agree with the 3 priorities set out in the accounts.

We are pleased to see that the Trust will be taking a standardised approach to local engagement, which we trust will take account of individuals' access and communication needs, and will not rely on written formats only (as the National Service User Surveys currently do). A range of methods will be needed to meet the needs of a diverse range of service users, including accessible formats and face-to-face engagement.

We welcome the emphasis in the document on meeting goals and achieving outcomes, both for people who use services and carers.

We feel overall that the Quality Accounts 2009/2010 are clear with little use of jargon. As a result, we aim to distribute the document to LINK members who are interested in mental health services and have requested the document on audiotape to meet the needs of some of those members.

Drafts of our Quality Accounts have been disseminated and comments have been requested by the 12th May 2010 for inclusion in our final Quality Accounts which is being presented to the Trust Board of Directors at its May meeting.

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NHS Leeds Assurance Statement on LPFT's draft Quality Account

NHS Leeds is Leeds Partnerships Foundation Trust's largest commissioner of services. We are pleased to be able to review and comment on the 2009/2010 Quality Account.

We have reviewed the Quality Account of Leeds Partnerships Foundation Trust and believe that it is an accurate reflection of the quality of services provided in the year being reported upon. We also believe that the information published in this Quality Account, that is also provided to the PCT as part of the contractual agreement, is accurate.

We are pleased to note LPFT's performance over the last year and its commitment to patient safety and experience, and we congratulate the Trust on winning the prestigious National Patient Safety Award for Mental Health. NHS Leeds is also pleased to acknowledge improvements and developments in areas such as delayed transfers of care, the reduction in number of reported incidents resulting in moderate harm or above, and the implementation of the Essence of Care approach in in-patient areas. We also commend their activity in engaging users and commitment to improve their experience of care.

In support of this, the drive to improve patient privacy and dignity and eliminate mixed-sex accommodation is welcomed and we are pleased that following a successful bid to the Department of Health's Privacy and Dignity Challenge Fund which was supported by NHS Leeds, the Trust made improvements to in-patient facilities to enable them to be able to declare that they had eliminated all mixed-sex accommodation.

For the forthcoming year, NHS Leeds has worked with Leeds Partnerships Foundation Trust in developing a range of quality initiatives as part of the national CQUIN (Commissioning for Quality and Innovation) scheme. We expect that the Trust will work hard to implement these initiatives and have confidence in their ability to meet the standards that we expect as commissioners of high quality care. In support of safety and effectiveness, for instance, we have asked that the Trust undertake work to ensure that patients who have drug dependency issues receive additional support and advice, and that the Trust reviews its arrangements and policies to ensure that patients do not have access to drugs whilst undergoing inpatient treatment.

Over the past year NHS Leeds and Leeds Partnerships Foundation Trust have worked positively together as commissioner and provider to ensure that the people of Leeds and surrounding areas receive high quality, safe and effective care, and we fully support the proposals outlined in this Quality Account.

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Leeds Teaching Hospitals NHS Trust

Quality Account Report

2009 - 2010

11 May 2010

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DRAFT

Part 1 Chief Executive's Statement from the Board

1.1 Introducing the Trust

The Leeds Teaching Hospitals NHS Trust is one of the largest acute hospital trusts in the United Kingdom, seeing well over a million NHS patients every year across six main sites. The Trust provides a comprehensive range of hospital services to the Leeds population of approximately 770,000 and also provides more specialist tertiary services to patients across the region.

1.2 Development of the Quality Account

This, our first Quality Account has been developed in conjunction with stakeholders and partner organisations, including our commissioners at NHS Leeds, Local Involvement Network and Local Authority Scrutiny Board for Health. The Quality Account has been developed by clinicians and senior managers who lead on these programmes within the Trust and it has been approved by the Trust Board.

1.3 Chief Executive's Statement on Quality

I am very pleased to welcome you to our first annual Quality Account report, a summary account of our performance against selected quality improvements for 2009/10 and our priorities going forward in 2010/11. This represents, in our view, an open and honest account of the quality of services for which the Board is accountable.

In High Quality Care for All, the final report of the NHS Next Stage Review published in June 2008, Lord Darzi set out ambitious commitments for making quality improvement the organising principle of the NHS. His vision was that all NHS staff will measure what they do as a basis for transforming quality and this will be published in an annual 'Quality Account' alongside the organisations' financial accounts. These will be reports to members of the public who use our services on the quality of services provided looking at the three domains of quality:

- Safety
- Effectiveness
- Patient Experience

The Trust Board is committed to ensuring that we provide a locally, nationally and internationally renowned centre of excellence for patient care, education and research. We will deliver this vision by ensuring we attract the best possible staff and invest in their development. The Trust has three aims which are applied to every activity taking place in our hospitals to provide quality services to patients:

- Achieving excellent clinical outcomes
- Improving the way we manage our business
- Becoming the hospital of choice for patients and staff

Our priority is to improve the quality of services in terms of clinical outcomes, patient safety and patient experience and we are able to report some very positive achievements in the last year in areas such as reducing hospital associated infections, improving safety with medicines, reducing waiting times for elective procedures and cancer treatments, reducing the incidence of cancelled operations and ensuring that patients who attend our emergency department are seen and discharged or admitted to hospital within 4 hours.

The Trust Board is committed to making further improvements to the quality of services delivered to patients. The Trust launched its patient safety strategy in September 2008 and signed up to the National Patient Safety First campaign at this time, working with other hospitals within the region to share practice and learning to improve safety and care to our patients. We have focused our efforts initially on improving safety in surgery, further reducing healthcare associated infection, improving nutrition, reducing the risk of venous thromboembolism (VTE) and care of the deteriorating adult. The Trust has also further developed its Releasing Time to Care programme, helping ward staff to make direct improvements in their clinical environment to improve the patient experience.

To demonstrate our commitment to improving safety, the Trust Board has undertaken weekly patient safety walkrounds, providing opportunity for Board members to meet with staff, patients and their families to talk to them about the care we provide and discuss any concerns they may have and agree priorities for improvement.

During the last year the Trust has revised and improved its clinical governance arrangements following implementation of the divisional management structure in 2008/9. Further improvements have been made based on an independent inquiry that was published in January 2010.

The Trust has delivered an ambitious programme to reconfigure clinical services in 2009/10, including the centralisation of acute medical and elderly services at the St James's site and the centralisation of children's services at Leeds General Infirmary in order to further improve the services we provide in these areas. We will continue to work with our main commissioners at NHS Leeds and our partners to make further quality improvements, focussing initially on our approach to caring for older people, urgent care, tertiary care, clinical thresholds and how we manage the associated changes. This is supported by the development of a Clinical Services and Estates Strategy that was approved by the Board in 2009/10, providing a clear vision of the services we will provide going forward and where these will be delivered within the Trust and by partner organisations.

The Board recognises the challenges going forward into 2010/11 and beyond. The worldwide economic climate makes it imperative that we continue to explore and implement more effective and efficient ways to support care delivery and improve quality and we recognise the opportunities this brings. The Trust is committed to delivering the Quality, Innovation, Productivity and Prevention initiative (QIPP) and has launched its Managing for Success programme as a framework for achieving the required improvements over the

next five years. I am confident that we will rise to this challenge and achieve our vision of delivering high quality care for our patients.

I am therefore pleased to have this opportunity to publish our first Quality Account and to confirm my personal commitment to it.

Maggie Boyle
Chief Executive

DRAFT

Part 2 Improving our Quality of Service

2.1 Our Priority Improvement Areas for 2010 - 2011

We will continue to with our progress in a number of areas to improve the quality of care we provide for our patients. Following internal consultation and communication with stakeholders, the following priorities have been identified for particular focus in 2010/11:

- | | |
|-------------------------------|---|
| Patient Safety | - Prevention of Healthcare-associated infections (HCAIs) |
| Clinical Effectiveness | - Reduction in readmissions |
| Patient Experience | - Reduction in waiting times for cancer treatments
- Reduction in number of Cancelled operations |

These areas have been selected in discussion with senior managers and stakeholders and we have also liaised with patients and user groups, including the Scrutiny Board (for health) and Local Involvement Networks (LINKs). These relate to key quality improvement and performance areas where progress has been made in 2009/10 and the need for further improvements have been identified. We have made significant improvements in the prevention of hospital associated infections in the last year to reduce harm to our patients and we have agreed a plan with commissioners to make further reductions in infection rates.

We have also made significant progress in reducing the time patients wait for cancer treatments and the number of patients who have their operations cancelled for non clinical reasons and we know we need to do more to improve patient's experience in this area. During the last year we have worked with our partners in primary care to reduce the number of patients re-admitted to hospital and we intend to continue this work in 2010/11.

Our progress to achieve these priorities will be monitored and measured through a weekly performance report to our Senior Management Team and monthly integrated performance report to the Board. This will also be monitored in conjunction with our commissioners through the Quality Monitoring Group and Board, agreeing actions with partner organisations to make the required improvements and progress in these priority areas.

2.1.1 Patient Safety

Reducing rates of hospital associated infections (HCAI)

Description of Issues and rationale for prioritising

Our patients tell us that the one of the most important things to them is the prevention of infection when they visit our hospitals. This is a key factor influencing confidence in the care our patients expect to receive prior to admission.

The prevention and control of infection remains a top priority for our organisation. We have made significant progress in 2009/10, building on the work we have done with the Department of Health Improvement Team that has been sustained within our divisions and clinical teams and monitored by our Infection Control Committee.

The progress we have made is reflected in our performance in 2009/10 in terms of the reducing the number of infections, which has improved considerably. From April 2009 to March 2010 we have reduced the numbers of patients who acquired an MRSA bacteraemia (blood stream infection) whilst in our care by 67% and Clostridium Difficile Infection (CDI) by 61%. We know we can go further to protect our patients and reduce infections and we are committed to doing this.

The reduction in infections was achieved through the work of staff of all clinical disciplines in the Trust and was based on the setting of clear standards for care, communication of the message, education and training to support these and performance management of the outcome. We also started to screen all elective patients for MRSA .

Our Aim

To eliminate all avoidable hospital acquired infections. We have set ourselves internal targets for reduction of CDI for 2010/2011 which, if achieved, will take us to the top quartile in the country.

Achievements in 2009/10

Significantly reduced the incidence of MRSA and C Difficile.

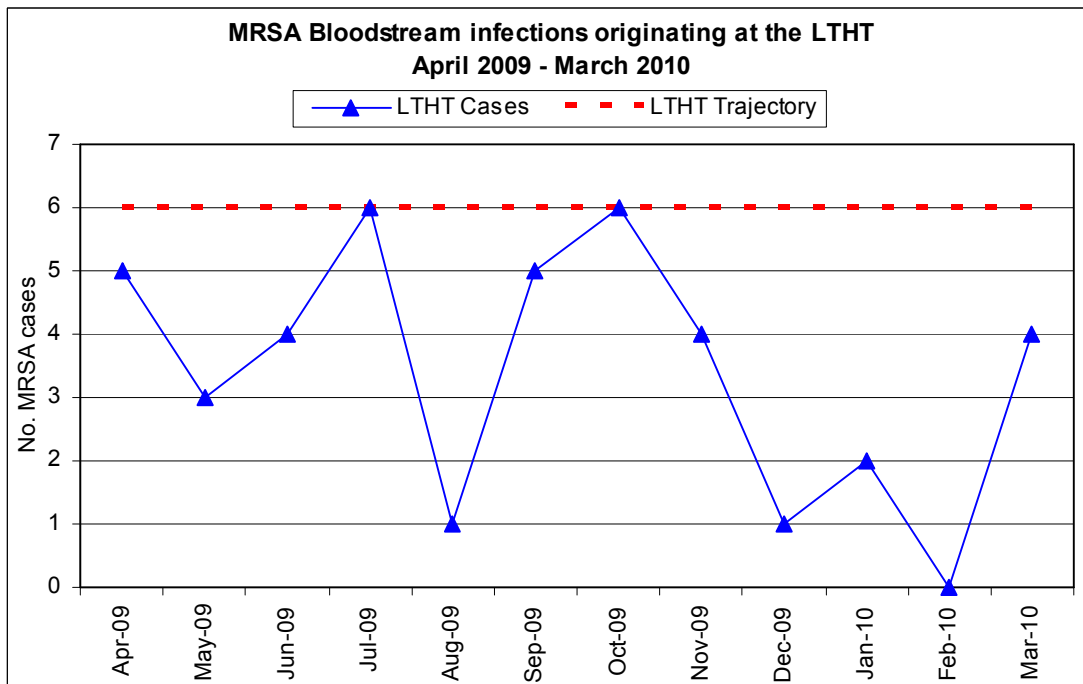


Figure 1

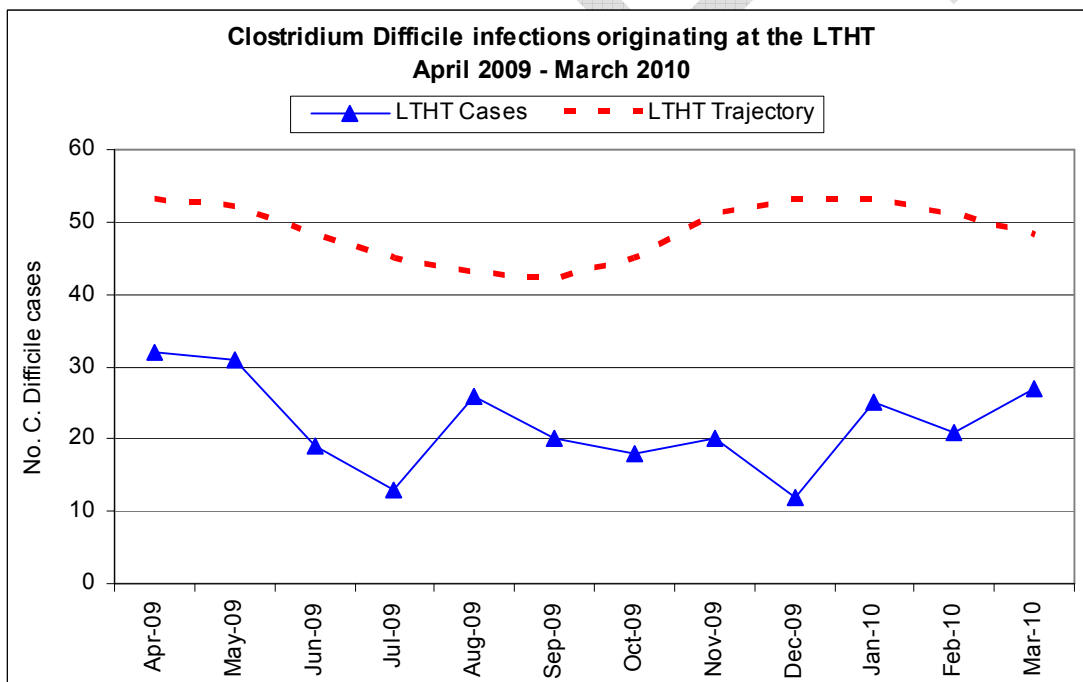


Figure 2

Key objectives for 2010/11:

- Set internal targets to reduce the rates of MRSA to the national average and CDI to the top quartile for the country
- Introduce MRSA testing for all patients (elective and non-elective) by December 2010

- Reduce other infections particularly focussing on preventing infections in wounds and urine.

We will work with our colleagues in other organisations to ensure the benefits to patients are widespread.

2.1.2 Clinical Effectiveness

Reduction in readmissions

Description of issues and rationale for prioritising

We aim to treat our patients effectively and discharge them home safely, arranging continuing care where required and reduce the risk of readmission to hospital. It is important for us to monitor and understand the reasons why patients sometimes return to hospital as an emergency readmission following a previous discharge. Some readmissions may be potentially avoidable whilst other readmissions are related to chronic conditions and are therefore dependent on community provision.

Aim

Our aim is to avoid or reduce to a minimum the number of unnecessary readmissions to the Trust. This will improve the patient experience as well as make best use of the resources we have available.

Current Status 2009 - 2010

National comparative data shows that the Trust's readmission rate is generally higher than the national average.

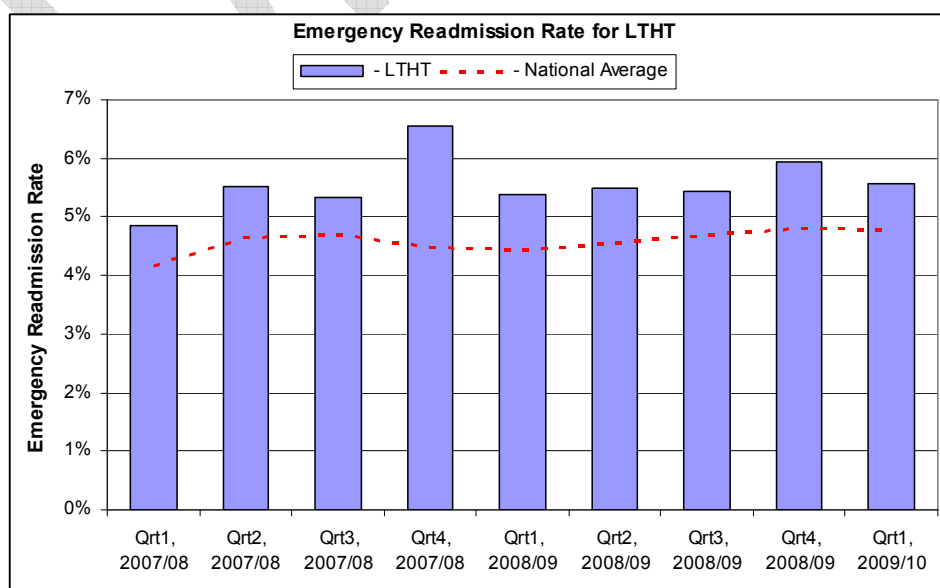


Figure 3 Emergency Readmission Rate for LTHT (07/08 to 09/10).

Key improvement initiatives to deliver in 2010 - 2011

These include:

- An analysis of data quality to ensure that patients who return to hospital as part of a planned sequence of care are correctly registered as such on the system.
- Improved reporting of rates at Divisional and specialty level will enable detailed investigations of the relevant services.

Monitoring, measuring & reporting

Monitoring readmission rates will help distinguish between those readmissions which are potentially avoidable from those which would have occurred irrespective of the quality of care. Therefore, readmission rates will be reported:

- In the Trust Board report at aggregate level
- In the bimonthly Divisional Performance report at specialty and service area level.

2.1.3 Patient Experience

Reduction in waiting times for cancer treatments

We have continued to work with partner organisations both locally and across the Yorkshire and Humber region to improve our patient's experience in relation to reducing waiting times for cancer treatments. This is a priority area for us to address and is reflected in the local quality indicators for 2010/11 we have agreed with commissioners, linked to the CQUIN payment scheme, and also the Operating Framework for 2010/11. Through the local scheme we aim to reduce the time our patient's wait for diagnostic test results to a maximum of 2 weeks and reduce the time from referral to treatment to 54 days.

Achievement of the Cancer Waiting Time standards remains a challenge for Leeds Teaching Hospitals NHS Trust in two key areas:

- Urgent GP referral to Treatment (62 day target)
- Breast Symptomatic 2 week wait target

Additionally, the standard for subsequent treatment with radiotherapy to be given within 31 days came into force on 31 December 2010.

Aim

To ensure all standards are met for 2010/11, further reducing waiting times for cancer treatments and improving the patient experience. We aim to achieve this by continuing our approach which has led to improved performance with

the urgent 2 week wait referral and 31 day standard for first definitive treatment.

Current Status 2009 - 2010

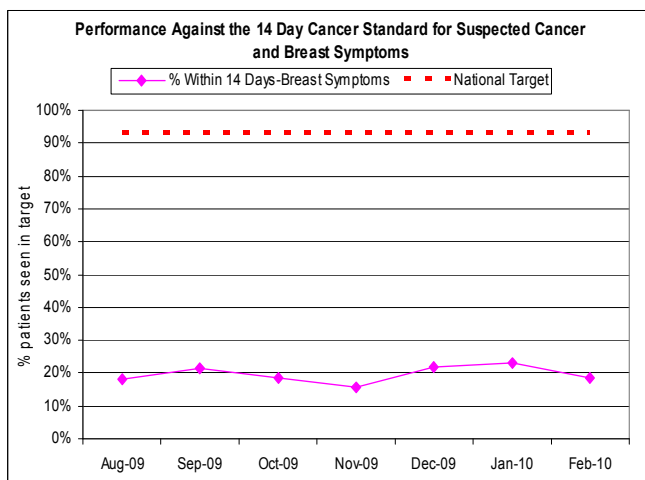


Figure 4

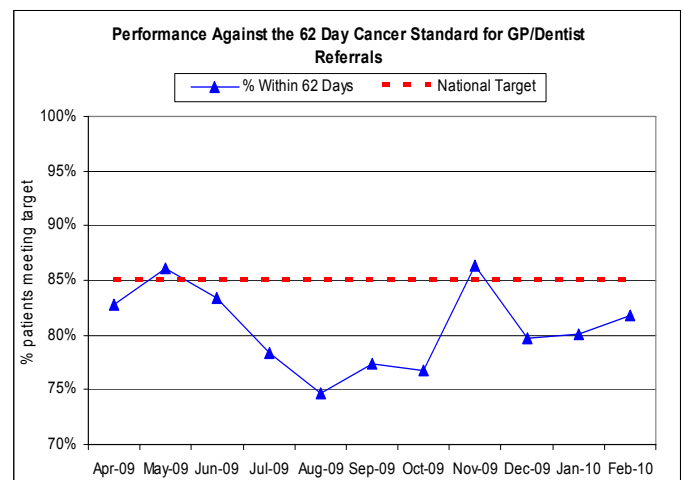


Figure 5

Key achievements over the previous year include:

- Met and sustained above average performance relating to the 2 week wait standard for referral (suspected cancer)
- met and sustained our performance against the 31 day standard for first definitive treatment
- Improved performance against 31 day subsequent surgery target to standard is delivered in 2010/11

Identified Areas for Improvement / Key improvement initiatives to deliver in 2010 – 2011

- Improve performance against the 2 week wait standard for referral for suspected breast cancer in the first quarter and sustain this in 2010/11, working with partner organisations to respond to the 20% rise in referrals using the 2 week suspected cancer proforma
- Improve our performance against the 62 day standard from urgent referral to first definitive treatment and sustain this throughout 2010/11. This will be achieved through implementing 54 day referral to treatment pathways, audit of clinical pathways and investigating all breaches of the standard using root cause analysis to identify actions required to achieve further improvements.
- Work with partner organisations to improve referral pathways and reduce delays in the referral process from other health care organisations to ensure our patients are treated in line with the national standard. Specific work will continue to be undertaken with Mid Yorkshire NHS Trust (lung and upper GI cancer pathways), Bradford

Teaching Hospitals NHS Trust (Head and Neck, gynaecology pathways) and York and Harrogate Trusts (urology)

2.1.4 Reduction in number of Cancelled operations

Description of issues and rationale for prioritising

We recognise that the last minute cancellation of operations is both distressing and inconvenient for patients and this represents a poor experience for them. When a patient's operation is cancelled, we are required to ensure that this is re-arranged and the patient is treated within 28 days of the cancellation. We have made good progress in reducing the number of cancelled operations and breaches of the 28-day readmission for treatment standard in 2009/10 and we are committed to making further improvements in 2010/11.

Aim

To reduce the volumes of last minute cancellations and to ensure that breaches of the 28 day standard is kept to a minimum.

Total number of cancelled operations and breaches of the 28 day readmission for treatment standard 2008/9 compared to 2009/10

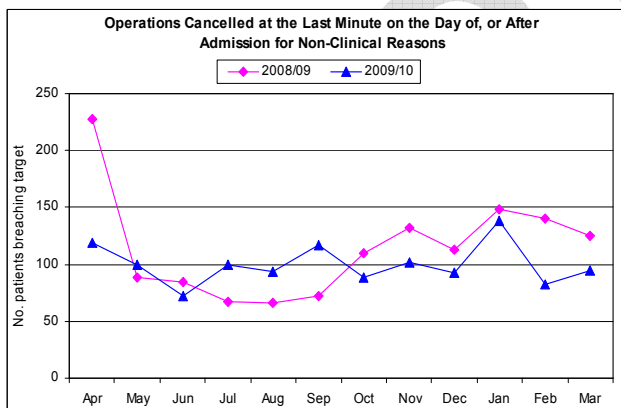


Figure 6

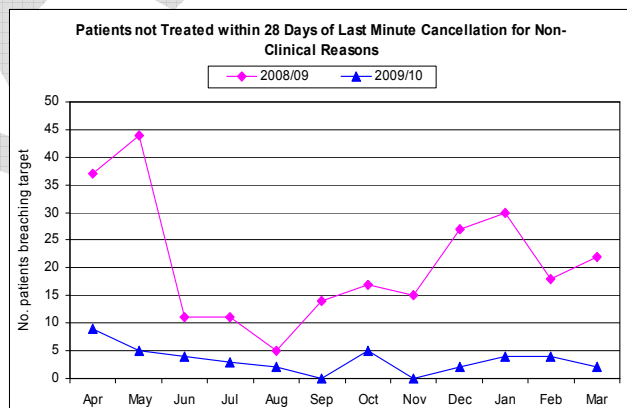


Figure 7 Source: Department Health

Key achievements over the previous year include:

- A significant reduction in the number of patients who were not subsequently treated within 28 days of having their operation cancelled; this fell from 251 in 2008/09 to 40 in 2009/10.
- Between October 2009 and March 2010, the monthly volumes of cancelled operations are lower than those reported for the same period the previous year.

Key improvement initiatives to deliver in 2010 - 2011

- Only the Directorate Manager can authorise a last minute cancellation for non-clinical reasons
- The implementation of a Root Cause Analysis process will support improvement through understanding and learning.
- Specific Divisional trajectories, set for 2010/11, will ensure a focus in this area and will be monitored through the Trust's Performance Management Process

2.2 Statements of Assurance from LTHT board

2.2.1 Review of services

During 2009/10 the Leeds Teaching Hospital NHS Trust provided and/or sub-contracted NHS services across 43 nationally identifies specialties. The Leeds Teaching Hospital NHS Trust has reviewed data available to them on the quality of care in across these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents a significant percentage of the total income generated from the provision of NHS services by the Leeds Teaching Hospital NHS Trust for 2009/10.

2.2.2 Participation in Clinical Audits

Introduction

The Leeds Teaching Hospitals Trust has an active clinical audit programme, which takes account of both national and local priorities. The Trust is committed to service improvement and acknowledges that systematic clinical audit plays a crucial role in delivering the clinical quality agenda and providing assurance of quality improvement.

The delivery of the Trust's clinical audit programme, and the resulting service improvements, is managed within the five divisions; led by the Clinical Director and Matron within each directorate, and supported by the Clinical Audit Leads in each specialty.

The Leeds Teaching Hospitals has an excellent history of participation in both national audits and NCEPOD studies, throughout the organisation, with a strong culture of using the data gathered as evidence in the drive for improvements in patient care.

During 2009/10, a total of 60 national clinical audits and 6 national confidential enquires covered NHS services that the Leeds Teaching Hospitals NHS Trust provides. During that period, the Leeds Teaching Hospitals NHS Trust participated in 95% of national clinical audits and 100% national confidential

enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Leeds Teaching Hospital NHS Trust was

- a) eligible to participate in,
- b) did participate in,
- c) and with the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry, during 2009/10 is given in Table 1:

National Confidential Enquiry Title	Participation Rate
National Confidential Enquiry into Parenteral Nutrition	23%
National Confidential Enquiry into Elective and Emergency Surgery in the Elderly	41%
National Confidential Enquiry into Surgery in Children	Data collection underway
National Confidential Enquiry into Perioperative Care	Data collection underway
CMACE-Perinatal Mortality	100%
CMACE- Obesity Study	100%
National Audit Title	Participation Rate
National Bowel Cancer Audit (NBOCAP)	100%
Inflammatory Bowel Disease (IBD)	Sample as requested
Mastectomy and Breast Reconstruction Audit	86%
National Vascular Database	60%
Patient Reported Outcome Measures - Varicose Veins	100%
Patient Reported Outcome Measures - Hernia	100%
Oesophago-gastric (stomach) cancer audit	100% of requested
Potential Donor Audit	Data collection underway
Intensive Care (ICNARC) on Severity of Illness and patient outcome	100%
National Hip Fracture Database	100%
National Joint Registry	Sample as requested
Patient Reported Outcome Measures - Hip Replacements and Knee Replacements	100%
Adult Cardiac Surgery Audit	100%
Trauma Audit & Research Network (TARN)	100%
Fractured Neck of Femur	100%
Asthma (ED)	20 patients (c. 1% sample)
National Diabetes Audit	Sample as requested
Childhood Diabetes Audit	To be confirmed
Sentinel Stroke Audit	Sample as requested
National Audit for the organisation of services for falls and bone health	Sample as requested

APPENDIX 3

National Audit of Continence Care	0%
Dementia	Data collection is still underway
UK Renal Registry Annual Audit	100%
National Kidney Care Audit	0%
National Audit of Paediatric Anaemia	100%
Lung Cancer (NLCA)	100%
Adult Asthma	0%
Adult Community Acquired Pneumonia audit (BTS)	Data collection underway
Congenital heart disease (children and adults)	100%
Cardiac Interventions Audit	100%
Pacing and Implantable Heart Failure Audit	100%
Heart failure	100%
Myocardial Infarction National Audit programme (MINAP)	100%
NIAP - National Infarct Angioplasty Programme	100%
Pain in Children	Sample as requested
Paediatric Cardiac Surgery	100%
National Neonatal Audit Programme	100%
Paediatric intensive care audit network (PICANet)	100%
Head and Neck Cancer (DAHNO)	100%
UK STARR Registry	80%
Endoscopy Global Rating Scale	99%
National Audit of Paracetamol Overdose	100%
National Audit on Topical Negative Pressure Therapy (TNP/VAC)	100%
National Audit project for major complications of airway management in the UK	100%
DU Registry for patients with digital ulcers associated with systemic sclerosis	To be confirmed
British Society for Rheumatology national Audit Osteoarthritis	To be confirmed
Bsr National DMARD Audit	To be confirmed
National Audit of Familial Hypercholesterolaemia	Sample as requested
UK Transplant National Audit	100%
SOPHID Surveillance of Prevalent Infection Disease	100%
BASHH audit of asymptomatic screening in GUM clinics	Sample as requested
National Health Service Breast Screening Programme	To be confirmed
National Comparative Audit of bedside transfusion administration 2009	100% of sample as requested
National Comparative Audit of Blood Collection	100% of sample requested
Massive Haemorrhage in Trauma	100%
NCA Blood use in Paediatrics/Neonates	100%
Blood use in Primary CABG (cardiac pulmonary bypass graft) surgery	100%

Table 1 National clinical audits and national confidential enquiries participation rate.

The Leeds Teaching Hospitals NHS Trust did not participate in the following audits, for the reasons given:

Audit	Reason for Non Participation	Anticipated participation Date
National Audit of Kidney Care	The Vascular Access portion, for which there was data collection in 2009/10, required a complex series of data. Trust systems could not be adapted to collect this data by the May 2009 deadline.	June 2010
Adult Asthma	Clinical Lead absence has meant we were unable to participate in 2009/10	2010/11
National Audit of Continence Care	Unable to upload our data due to technical difficulties, however local data has been reviewed within the Trust, and an action plan drawn up	2010

Table 2 Leeds Teaching Hospitals NHS Trust non participation audits.

The reports of 14 **(to be confirmed)** national clinical audits were reviewed by the Leeds Teaching Hospitals NHS Trust in 2009/10 through the Audit and Clinical Governance Forums across the Trust. A report on the timeliness of the review, where the reports were reviewed, and the status of the actions following that review, is considered by the Clinical Governance Steering Group, chaired by the Chief Executive, on a quarterly basis. Table 2 gives some examples of the actions taken resulting from national audits.

Audit	Actions	Completion Date
Sentinel Stroke Audit	Audit highlighted delays in admission to Acute Stroke Unit. Changes to clinical pathways in February 2010 have routed all patients with possible stroke to Leeds General Infirmary where an Acute Stroke Unit is in place with partial access to stroke thrombolysis.	February 2010 Further work ongoing
National Comparative Audit of Blood Collection	To reduce the risk of the wrong blood being transfused - look into ways in which the Blood Track kiosk at blood fridges could be used to remind staff to check patient identifiers are correct New blood collection module on elearning being developed	June 2010 Completed March 2010

Table 3 Reviewed national clinical audits

The reports of 465 local clinical audits, conducted within 2009/10 have been reviewed by the provider through Audit and Clinical Governance Forums. Table 3 gives examples of actions which the Leeds Teaching Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

Audit	Action	Completion Date
Access to equipment for aseptic IV cannulation	Provision of designated cannulation trolleys containing equipment required for aseptic cannulation	Completed. For Re-audit
Completeness of Histopathology reporting	<ol style="list-style-type: none"> 1. A checklist will be developed to ensure histopathology reports will be checked for compliance against standards prior to being signed out of the department 2. The core data items to be included in the histopathology reports 3. Re audit of 25 reports in Spring 2011 	<p>1 and 2 completed</p> <p>To re-audit in Spring 2011</p>

Table 4 Reviewed local clinical audits

2.2.3 Participation in Clinical Research

The Leeds Teaching Hospitals Trust aims to achieve excellent clinical outcomes by increasing the level of participation in clinical research and thereby demonstrates commitment to improving the quality of care we offer and contributing to wider health improvements.

The Trust's Research and Development (R&D) strategy has been developed in collaboration with the University of Leeds, and underpins a series of significant initiatives which are designed to develop a strong and selective portfolio of high quality clinical and health research that will drive improvements in clinical outcomes, in partnership with patients and service users

A key approach embodied in the research strategy is to focus support on the five core clinical research strengths which have been selected on the basis of relevant research metrics, including performance in various major national bids to high-quality research funders. These are:

- Oncology
- Applied Health Research
- Dentistry
- Musculoskeletal Disease
- Cardiovascular Disease

There is now strong evidence that this partnership approach is beginning to bear fruit, including receipt of 5 major research awards totalling £25m in 2008 and £15.1m in 2009.

The number of patients receiving NHS services provided or sub-contracted by the Leeds Teaching Hospitals Trust in 2009/10 that were recruited during this period to participate in research approved by a research ethics committee

was 15,348 of which 9,669 were recruited to NIHR Portfolio research projects (with an estimated 5,679 into Non Portfolio research projects).

Leeds Teaching Hospitals Trust was involved in conducting 272 clinical research studies (those approved in 2009/10) using national systems to manage the studies in proportion to risk. Of the 272 studies approved in 2009/10, 97% were given permission by an authorised person less than 30 days from receipt of a valid complete application. Of the 272 research projects 20% were established and managed under national model agreements. In 2009/10 the National Institute for Health Research (NIHR) supported 241 of these studies through its research networks, of which 136 started before 2009/10.

In the last three years, approximately 3,092 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

Leeds Teaching Hospitals Trust participated in more NIHR portfolio research projects than any other trust in England in 2009/10. LTHT also recruited the highest number of patients into NIHR portfolio studies than any other trust in England, in 2009/10.

2.2.4 Goal Agreed with Commissioners

The Commissioning for Quality and Innovation (CQUIN) payment framework was introduced last year to embed quality at the heart of commissioner and provider discussions by making a small proportion of provider payment conditional on achieving locally agreed goals around quality improvement and innovation. This is in line with the national drive to help make quality the organising principle of the NHS.

A proportion of Leeds Teaching Hospitals Trust contract income in 2009/10 was conditional on achieving specific quality improvement and innovation goals agreed between the provider and its commissioners through the CQUIN payment framework. This was overseen by the Yorkshire and Humber Strategic Health Authority who agreed 9 priority areas for improvement for last year. These were as follows:

- Indicator A** Movement towards consultant obstetrician presence on labour ward at levels recommended in 'Safer Childbirth'.
- Indicator B** Movement towards midwife delivery staffing ratios recommended in 'Safer Childbirth'.
- Indicator C** Increase in the percentage of mothers breastfeeding on discharge home.
- Indicator D** Improving the care of children and young people with diabetes mellitus.

Indicator E	Implementation of NICE Clinical Guideline 68 (stroke and TIA).
Indicator F	Improving end of life care.
Indicator G	Implementing hip and knee replacement best practice bundle.
Indicator H	Implementing acute myocardial infarction best practice bundle.
Indicator I	Care and compassion (nutrition and prevention of pressure ulcers).

Table 5

The Trust performance against these 9 indicators was measured on a quarterly basis in 2009/10 and this was compared against the data submitted by all other organisations in the region. For this period, payment was based on the provision of specific data sets to provide a baseline for further quality improvements in 2010/11. This equated to 0.5% of contract value for 2009/10. Leeds Teaching Hospitals provided the required level and quality of data for each of these standards during this period, providing a baseline for the forthcoming year.

The CQUIN payment framework has been extended in 2010/11 in its second year of the scheme to include a total 1.5% of the contract value for both local and regional quality indicators and also 1.5% of the contract value agreed by the Specialist Commissioning Group (SCG). This builds on the foundations of the 2009/10 scheme and now includes specific stretch targets for quality improvements in a range of areas. This equates in total for Leeds Teaching Hospitals to approximately £10m contract income.

Details of the agreed goals for 2010/11 can be seen in Appendix A

2.2.5 What Others Say About Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals Trust is required to register with the Care Quality Commission (CQC) and its current registration status is “registered with the CQC with no conditions attached to registration”.

Leeds Teaching Hospitals applied to the Care Quality Commission (CQC) for registration relating to safeguarding patients and the public from healthcare associated infections under Section 19 of The Health and Social Care Act 2008 in March 2009, in line with the new legislation that was introduced at this time. The Trust was given a condition on its licence, which required an audit to be undertaken against the Department of Health Saving Lives programme using the audit tool specific to high impact interventions relevant to Clostridium difficile and MRSA. This audit was undertaken and the Trust applied to have this condition removed successfully in June 2009. This

reflects the significant improvements that have been made to reduce hospital associated infection throughout the Trust during this period.

The Trust declared full compliance against the Core Standards for Better Health that were introduced by the Healthcare Commission in 2006, which forms part of the Trust's annual declaration and health check. These have now been superseded by the Essential Standards of Quality and Safety, published by the CQC in December 2008.

All provider organisations are now required to register against the new regulations in order to comply with the Section 20 Regulations of The Health and Social Care Act 2008. Leeds Teaching Hospitals submitted its application for registration in January 2010 and received confirmation that it is registered without improvement conditions in March 2010, taking effect from April in line with the new legislation.

To assist our application for registration the Trust was issued with a Quality and Risk profile by the CQC, which outlined those areas of concern based on external evidence, such as results of staff and patient surveys and performance against national standards and priority indicators. We provided the CQC with a detailed plan of the improvements that have been made against the specific areas identified, including reducing cancer waiting times, cancelled operations and improving staff appraisal rates. We also provided a detailed response to the recommendations in an independent inquiry report that examined our clinical governance arrangements. The CQC was satisfied with the progress that the Trust has made in each of these areas and this is reflected in our full registration without improvement conditions.

The CQC has not taken any enforcement action against us since the start of the reporting year in 2009/10.

Leeds Teaching Hospital NHS Trust is subject to periodic reviews by the Care Quality Commission and the most recent review took place in September 2009. This involved an unannounced inspection visit to review the Trust's practice and processes in place relating to the prevention and control of infection. The review team noted significant improvements in this area across the organisation and commented on the positive and active engagement of clinicians in helping to reduce infections and harm to patients. On inspection, the review team found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection. Of the 15 measures inspected, they found no areas for concern about 13 and found areas for improvement in the remaining 2. These 2 measures were as follows:

- Having an adequate provision of suitable hand washing facilities, including all sluice areas
- The Trust should ensure it uses effective arrangements for the decontamination of mattresses and these should be detailed in appropriate policies.

These actions have been put in place and a progress report provided to the CQC in January 2010 to provide assurance regarding the actions that have been implemented following their inspection visit.

The Trust was assessed and retained its level 1 accreditation under the NHSLA Risk Management Standards for Acute Trusts in November 2009 and a plan is being developed to achieve accreditation at level 2 when we are assessed in December 2011.

The National Patient Safety Agency (NPSA) has reported on its website that Leeds Teaching Hospitals is a leading organisation in relation to incident reporting and implementation of national patient safety alerts, describing the Trust's positive reporting culture and willingness to learn from incidents and safety alerts.

DRAFT

2.2.6 Information Governance and Data Quality

Leeds Teaching Hospitals Trust submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

— which included the patient's [valid NHS number](#) was:

99.4% for admitted patient care

99.8% for outpatient care

92.8% for accident and emergency care

— which included the patient's [valid General Medical Practice Code](#) was:

100% for admitted patient care;

100% for outpatient care; and

100% for accident and emergency care.

Leeds Teaching Hospital NHS Trust was subject to the [Payment by Results](#) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were **11.7%**.

Leeds Teaching Hospital NHS Trust score for 2009/10 for [Information Quality and Records Management](#), assessed using the Information Governance Toolkit was 76%.

The toolkit for 2009/10 consisted of six initiatives containing 62 standards. Five of the six areas are Green, the other being Amber; with an overall Trust score of 76% compliance. This is an improvement of 7% from baseline submission made in July last year. The following table illustrates progress to date;

INITIATIVE DESCRIPTION	Total Standards	Maximum Score Available	Score Achieved	Final % Score	Final Rating
IG Management	15	45	34	75%	Green
Confidentiality & Data Protection Assurance	10	30	24	80%	Green
Information Security Assurance	14	42	30	71%	Green
Clinical Information Assurance	8	24	20	83%	Green
Secondary Use Assurance	11	33	27	81%	Green
Corporate Information Assurance	4	12	8	66%	Amber
TOTALS	62	186	143	76%	Green

Table 6

Of the 62 factors within the Information Governance Toolkit, 4 requirements relate directly to Information Quality and Records Management. Level 2 compliance was achieved on all 4 factors;

104	How would you assess your Trust's ability to access expertise across the Information Quality and Records Management Agenda?	Guidance
601	Does the Trust have documented and implemented procedures for the creation and filing of electronic corporate records to enable efficient retrieval and effective records management?	Guidance
602	Does the Trust have documented and implemented procedures for the creation, filing and tracking/tracing of paper corporate records to enable efficient retrieval and effective records management?	Guidance
604	Has the Trust carried out an audit of its corporate records and information as part of the information lifecycle management strategy?	Guidance

Table 7

A sub-set of the Information Governance Toolkit scores is also used to monitor compliance with standards required for the NHS Operating Framework, the NHS Care Records Guarantee and the Statement of Compliance. The Trust is compliant for these standards.

This table illustrates the number of standards that are at levels 0 to 3 for each initiative.

Score 2009/10					
		Scores			
Initiative	Number of Standards	0	Level 1	Level 2	Level 3
Information Governance Management	15	0	0	11	4
Confidentiality & Data Protection Assurance	10	0	0	6	4
Information Security Assurance	14	0	0	12	2
Clinical Information Assurance	8	0	0	4	4
Secondary Use Assurance	11	0	0	6	5
Corporate Information Assurance	4	0	0	4	0
TOTALS	62	0	0	43	19

Table 8

PART 3 Review of Quality Performance for 2009/10

3.1 Review of Indicators Patient Safety

In September 2008 the Trust approved a Patient Safety Strategy with two aims:

- To have a culture where patient safety comes first
- To have no avoidable deaths or harm in our hospitals

At the same time we signed up to the national Patient Safety First campaign and these work streams were selected to help us to deliver our overall aim

- Leadership for patient safety
- Preventing healthcare associated infections
- Safer surgery
- Improving the care of acutely ill patients
- Reducing harm from venous thromboembolism (VTE)
- Improving nutritional care
- Reducing harm from outlying

Leadership

The Board wanted to visibly demonstrate their commitment to leading this agenda and commenced Patient Safety Walkrounds in September 2008. In 2009/10 the Board did 50 walkrounds and identified 194 actions to improve patient safety.

The Chief Nurse commenced a programme of Patient Care and Safety days for ward sisters/charge nurses and matrons. These are designed to improve the delivery of key patient safety messages to nurse and midwifery leaders and to provide protected time where issues can be debated and agreement on further action reached. Actions have included the development of tools, such as a transfer checklist and the MRSA risk assessment tool. As a result of these days we commenced a programme of assessing the clinical practice of over 4,000 staff. Each day is led by a member of the Chief Nurses team supported by clinical experts from all disciplines. We had 20 of these in 2009/10.

Preventing Healthcare Associated Infections

We have made significant progress in reducing our rates of MRSA and CDI, this has been achieved through improved surveillance, investigation, leadership and clinical practice. We focussed on the basics such as hand hygiene, wound care, care of intravenous cannula and good prescribing practice. The whole organisation contributed to this achievement and it demonstrated our real commitment to our patient safety aims.

Safer surgery

In order to ensure basic precautions are taken before, during and after every operation the National Patient Safety Agency's (NPSA) five point checklist was successfully implemented across the Trust. Surgical teams now make additional checks before and after procedures which is resulting in a reduction of errors and possible harm.

Acutely ill patients- recognising and responding

There is a wealth of evidence nationally, supported by local data, that patients who's condition deteriorates do not always receive timely, effective intervention. In order to improve our care of acutely ill patients we have;

- Implemented a new policy on Recording and acting on physiological observations, we will measure the effectiveness of this during the next year.
- Introduced a communication tool that supports clinical staff to succinctly and systematically communicate to other team members the needs of patients in order to initiate prompt care

Reducing harm from venous thromboembolism (VTE)

Reducing harm associated with VTE is important to us and this is included as one of the two national quality indicators linked to the CQUINs payment scheme for 2010/11; NICE has also published its guidance on VTE prevention and treatment in January 2010, this has been reviewed and we will implement the guidance in 2010/11. We have made good progress in this area throughout 2009/10 where we introduced

- a new medicines chart
- a risk assessment tool
- a 'Patient Information and Advice' leaflet
- An e-learning support pack linking users to current Trust guidelines.

Reducing harm by ensuring adequate nutrition

On many wards we introduced a range of measures to improve the nutritional care of patients; these have included protected meal times and a nutritional assessment tool. This was also included in the regional CQUIN scheme in 2009/10, requiring nutritional screening and risk assessment to be undertaken, this has been carried forward in the 2010/11 scheme where further improvement targets have been agreed.

Reducing harm from outlying

Evidence shows that patients are at greater risk from harm when they are managed on outlying wards, ie outside the specialty area for which they have been admitted for treatment. We introduced an electronic system for

identifying the location of all patients in 'real time'. This allows clinical teams to more easily monitor where their patients are in the hospital in order to ensure they receive prompt review, treatment and continuing care prior to discharge.

Patient Safety First Week (September 2010)



Figure 8

Every day during Patient Safety First week both the Executive and management teams walked the wards and departments and talked to staff about what they were doing to improve patient safety. The particular focus for this week was on medicines safety, undertaking a “take 5” audit in all clinical areas to understand where further improvements need to be made relating to the prescribing and administration of medicines. We were also presented with a certificate of achievement from the Patient Safety First campaign for sharing our work on delivering improvements in patient safety.

Plans for the future

In addition to ensuring that the changes we have already made are embedded and sustainable we will focus on delivering a database and Patient Care and Safety Dashboard that will give staff timely information on a variety of clinical quality indicators for their area to enable them to better plan and manage patient care. It will also show how the care and the environment are perceived by patients through complaints and patient experience feedback.

We will also have a significant programme of work to deliver reductions in harm associated with pressure ulcers and patient falls.

Measurement

The Dr Foster Hospital Guide published in November 2009 awarded each trust an overall score for patient safety. (This score was derived from a number of different measures). The Trust was awarded the second highest banding principally due to the Trust's overall Hospital Standardised Mortality Rate (HSMR) as well as the emergency admissions HSMR. For the other measures within the patients safety scorecard the Trust was rated amber.

Patient Safety Results - LTHT

	Overall Patient Safety Results
Overall Patient Safety Score	83.56
Overall Patient Safety Banding	4

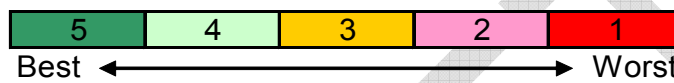
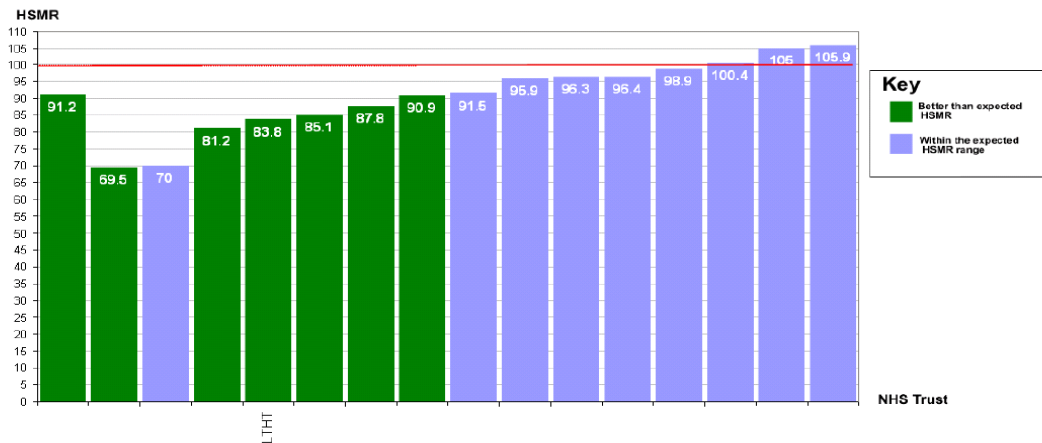


Table 9

Based on more recent data the Trust's HSMR for April to September 2009 is still better than expected taking into account the type of patients treated.

Hospital Standardised Mortality Ratio (HSMR) for Yorkshire and Humber Providers April to September 2009



Source:

Figure 9

Incident Reporting

The National Patient Safety Agency (NPSA) has reported on its website that Leeds Teaching Hospitals is a leading organisation in relation to incident reporting and implementation of national patient safety alerts, describing the Trust's positive reporting culture and willingness to learn from incidents and safety alerts.

Indicator	Data Source	08/09	09/10	Benchmark	Comments
Incident Reporting	National Reporting & Learning Service	4.8	6.4	5.8	A high reporting rate indicates a more effective safety culture. The Trust rate improved in 2009.

Table 10

Responding to Patient Safety Alerts

The Trust receives National Patient Safety Alerts from the Department of Health (DoH), National Patient Safety Agency and Medicines Healthcare Regulations Authority which we act on and provide confirmation to the DoH within a specified time.

Indicator	Data Source	08/09	09/10	Benchmark	Comments
Percentage of Patient Safety Alerts responded to within DoH timescale	DoH website	100%	96%	Not known	

Table 11

3.1.2 Clinical Effectiveness

Medicines Management

Almost every patient in every age group who attends Leeds Teaching Hospitals for any form of care is taking medicines. Whilst the effectiveness of our medicines has greatly increased, modern medicines are not without risks and we work hard to reduce these risks through careful prescribing, supply and administration of medicines.

Achievements in improving the way we manage our medicines

- We have implemented all the guidance from the National Institute for Clinical Excellence (NICE) to ensure that our patients can have access to all medicines approved for use
- We carefully assess how new medicines are planned to be used to ensure that they are used effectively before making them available for routine prescribing. During 2009, 41 submissions for licensed medicines and 36 for unlicensed medicines were reviewed by Trust Drugs and Therapeutics Committee: of these, 55 were supported on initial consideration and a further 6 supported following clarification.
- We have implemented all the actions needed in Safety Alerts which concern the safe use of medicines from the National Patient Safety Agency.
- We audit the prescribing of antimicrobial medicines (such as antibiotics) once per month in all clinical areas and the results from the audits are discussed with clinical teams to improve safe use of these medicines. The aim of this work is to use antibiotics carefully to avoid adverse effects and to only use injectable products when necessary.
- Over the past year the amount of antibiotics prescribed has been reduced and those especially associated with causing infections have been switched to lower risk products (for example ciprofloxacin and cefuroxime use has decreased particularly).
- New prescribing charts have been introduced for inpatients and at discharge to reduce the risks from poor prescribing which can lead to errors in supply or administration of medicines
- All anti-cancer medicines used for adults and children with cancers are prescribed using an electronic system. This means that each patient's care is carefully tailored to a pathway and errors in choice of medicine or dose or duration of treatment are reduced.

Aims for improvement in 2010/11

- Reducing errors associated with the use of medicines, particularly focussing on strong pain killers (called opioids), insulin (where there are many very similar products available which can get mixed up) and anticoagulant medicines (where getting the correct dose can be difficult because of patient's variable requirements). Our progress in this work will be monitored by monthly checks on prescriptions on each ward.
- Assessment of all patients on admission to determine whether they need either medicines or stockings to reduce risks from getting a blood clot (called a venous thromboembolism) whilst in hospital. For those patients who are at risk of this event we are auditing each month to make sure that the correct treatments are given to reduce the risks.

- Introducing systems to reduce the risks of prescribing or administering the wrong medicine by starting to use electronic prescribing in some areas and in increasing the amount of education and training we provide to doctors, nurses and pharmacy staff.

Our progress in this work will be reported through the Medicines Risk Management Steering Group, the Clinical Governance Steering Group and executive team in the Trust, and the commissioner of services through the Commissioning for Quality and Improvement framework.

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3.1.3 Patient experience

Improving the experience of patients is at the heart of care and service delivery within the Trust and an integral part of one of the Trust's three strategic goals. During 2009-10, listening to and hearing the experiences of patients and carers have been a key focus to ensure patient experience and satisfaction of our clinical services continues to improve.

What our patients say

Results from the national inpatient and outpatient surveys and ongoing local surveys of inpatients during 2009/10 have told us where patients experience has been positive and those areas where further improvement is needed. 93% of outpatients and 90% of inpatients rated the care they received as good, very good or excellent.

The results of the national surveys have been backed up by local surveys of inpatients undertaken throughout the year. Over 1700 patients returned surveys handed to them by ward staff at their discharge with 96% rating their care as good, very good or excellent.

The national inpatient survey has identified that our patients reported the Trust has made significant improvements in the cleanliness of ward rooms and toilets and significant improvements in eliminating mixed sex sleeping and bathroom accommodation since 2008/09. The national outpatient survey also identified significant improvements in cleanliness of toilets and the proportion of patients receiving copies of letters sent to their general practitioners.

These surveys are important in helping the Trust identify priorities for improvement and action going forward. The national surveys have helped the Trust identify that further improvements are needed to ensure patients are able to practice their religious beliefs and that there are sufficient opportunities for families to talk to doctors.

Privacy and Dignity

We know from listening to the experiences of our patients and carers that being treated with dignity and having your privacy maintained is hugely important.. This is why during 2009/10 the Trust has made a significant investment in improvements to wards and departments to deliver single sex accommodation and put measures in place to survey the experience of our patients every month to ensure these high standards are maintained. The Department of Health has invested £2.4 million in this initiative in 2009/10

During 2009/10 thirty wards have changed to wholly single sex providing accommodation for ladies or men only bring the total of wholly single sex wards in the trust to 41. All other wards provide single sex sleeping, bathroom and toilet accommodation for patients. This has been achieved in part through an extensive programme of improvement which has included the installation of 32 new toilets and bathrooms, the installation of doors on 100 bed bays in wards and the purchase of 2776 new longer length curtains for around beds

and windows. The new curtains are embroidered with a sign, visible when closed stating 'care in progress- stop think- do not enter'

Length of Time Patients Had to Wait

Over the 2009/10 year considerable improvements were made in the length of time patients had to wait before accessing the various Trust services. In terms of waiting for either an outpatient appointment or an admission to a hospital bed, the following graphs show the number of patients breaching the standards.

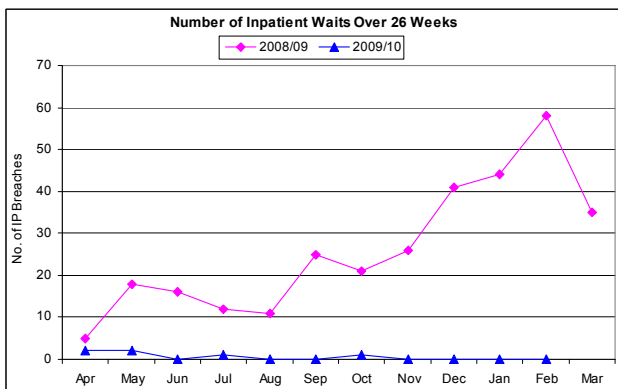


Figure 10

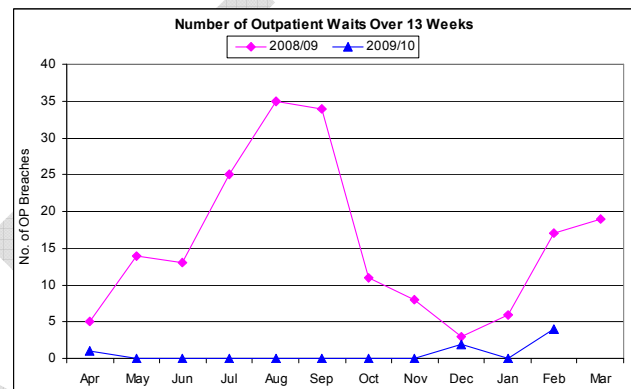


Figure 11

Regarding the 18 week referral to treatment commitment, not enough progress was made in ensuring that all specialties treated patients within the national standards. For certain services, particularly those that are highly specialised, some patients had to wait longer than 18 weeks before being treated.

Indicators	March 2009 Results	March 2010 Results
	%	%
18 week referral to treatment waiting times (RTT) - Admitted (%)	91.5%	88.9%
18 week referral to treatment waiting times (RTT) - Non-admitted (including Direct Access Audiology from 09/10) (%)	96.5%	96.2%

Table 12

Cancelled Operations

For those patients whose operation was cancelled, far fewer had to wait beyond 28 days before being treated; this represents significant progress from the previous year

Indicators	Year to March 2009 Results		Year to Mar 2010 Results	
	%	No. Breaches	%	No. Breaches
Cancelled operations (%)	1.51%	1373	1.31%	1,199
Cancelled operations not admitted within 28 days (%)	18.3%	251	3.34%	40

Table 13

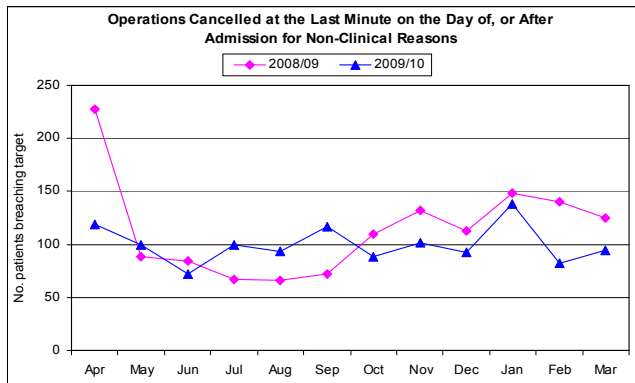


Figure 12

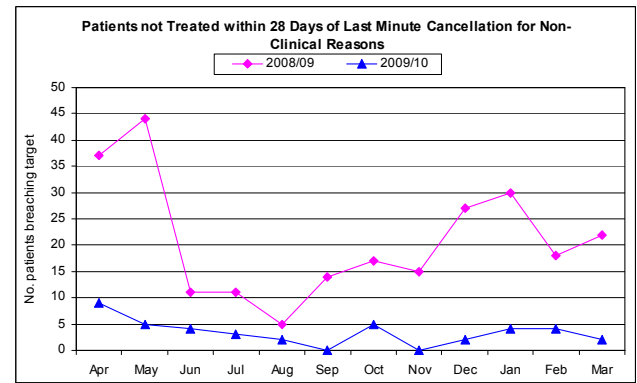


Figure 13

Medicines Management

We are treating large numbers of patients with medicines supplied directly to their homes (called homecare) to improve the service for patients and to reduce overall costs. Many patients are treated in this way and examples include those with HIV, kidney conditions and those requiring long term intravenous feeding. We have involved these patients in the choice of homecare medicine supplier and we regularly involve patients in service review.

We have changed the way we handle patient's own medicines when they come into hospital. We used to throw all medicines away on admission and issue new ones at discharge. Now we use the medicines that are suitable during hospital stay and supply further quantities at discharge from LTHT when needed.

When patients are admitted to hospital we make sure that their regular medicines prescribed before hospital stay are re-prescribed correctly (this is called medicines reconciliation) and we achieve this for 78% of patients within 24 hours of admission.

We have re-organised the supply of medicines at discharge to reduce the amount of time that patients are required to wait once they are ready to go home. Most discharge medicines are supplied from the ward, those that come from the central pharmacy are supplied within 2 hours.

The Inpatient Survey 2008 reported that we provide more information to patients to enable taking medicines safely than the average of other hospitals, however we will strive to improve this further and ensure that patients who want more information know how to obtain this.

Overall Priorities for 2010-2011

Moving forward priorities for 2010-11 include:

- Making it easier for patients to tell us about their experience of care
- Encouraging and helping more patients, carers and the users of our services from diverse background to be involved with us to improve care and services

Annual Health Check Summary - 2009/10

Existing Commitments		
Indicator	2008/09 Result	2009/10 Forecast
Access to GUM clinics	3	3
Ethnic coding data quality (April to December 2009)	3	3
Reperfusion waiting times: Primary Angioplasty	3	3
Delayed transfers of care (April to December 2009)	3	3
A&E Waiting Times (LTHT)	3	3
Inpatients waiting longer than the 26 week standard	0	3
Outpatients waiting longer than the 13 week standard	0	3
Revascularisation waiting times	3	3
RACPC waiting times	3	3
Cancelled operations	0	2
Cancelled operations not admitted within 28 days	0	2

Table 14

National Priorities			
Indicator	2008/09 Result	2009/10 Forecast	
		Best Case Scenario	Worst Case Scenario
Maternity: breastfeeding initiation	3	3	3
Maternity: smoking at time of delivery	3	3	3
Participation in heart disease audits	3	3	3
Engagement in clinical audits	2	3	3
Quality of stroke care	2	2	2
Maternity data quality (April to December 2009)	3	3	2
MRSA Bacteraemias - LTHT	0	3	3
MRSA Bacteraemias - Leeds Health Economy	0	3	3
C-Difficile infections - LTHT	3	3	3
18 week RTT waiting times - Admitted	3	3	2
18 week RTT waiting times - Non-admitted, including Direct Access Audiology	3	3	2
18 week RTT waiting times - Number of treatment functions achieving the standards	-	3	2
14 day cancer, GP referral to 1st outpatient - suspected cancer*	3	2	2
14 day cancer, GP referral to 1st outpatient - breast symptoms* (January to March 2010)	-	2	2
31 day cancer, diagnosis to treatment for all cancers (first treatments)*	3	2	0
31 day cancer, second or subsequent treatments - surgery*	-	2	0
31 day cancer, second or subsequent treatments - drug*	-	2	0
31 day cancer, second or subsequent treatments - radiotherapy*	-	2	0
62 day cancer, referral to treatment from GP/Dentist*	2	2	2
62 day cancer, referral to treatment from screening service*	-	2	2
62 day cancer, referral to treatment from consultants (upgrades)*	-	2	2
Patient experience	3	3	2
Staff satisfaction	3	2	0

Table 15

3.2 Managing for Success

The Trust has embarked on a major improvement programme called Managing for Success, drawing on staff's experience and expertise to help us become a more efficient and effective organisation, renowned for delivering high quality care.

In Lord Darzi's report 'High Quality Care for All' which outlined the future vision of the NHS he spoke about the link between quality, innovation and productivity and importantly about change being led by frontline staff. Managing for Success will engage everyone in the pursuit of these aims. Our aim is for all our improvement and development activities to be integrated, focussed on a common goal and underpinned by a powerful set of organisational values which will define the 'way we work' in this organisation.

Over the last 12 months we have made some good progress, and this has been highlighted in both the Dr Foster and Care Quality Commission reports. Managing for Success will help us to improve and sustain the high levels of performance we need going forward. It will link together and support existing programmes of work including Releasing Time to Care, work to rationalise the Trust's estate and workforce planning and will be the vehicle for the launch of new improvement projects.

In 2009 the senior management and divisional teams generated over 60 change proposals. Those same teams then identified three proposals which would have the most positive impact on the performance of our organisation. They chose:

- • Improved theatre utilisation and safer surgery;
- • Patient Administration (Medical Records, Referral Booking Service, Outpatients);
- • Reducing our Lengths of Stay (same-day admission, criteria-led admission, discharge planning).

We have merged the improvement of theatre utilisation and safer surgery with the reducing length of stay challenge to create the '**Improving Safe Surgical Flow**' (ISSF) project. The availability of health records is currently the main focus of the '**Improving Health Records Flow**' (IHRF) project.

In 2010/11 progress on these projects will be reported on in our Quality Account

3.3 Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts.

Copies of this Quality Account have been sent to our Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and NHS Leeds (our lead commissioning primary care trust (PCT)), for comment prior to publication. The comments received can be seen in Annex A

3.4 Providing feedback

The Leeds Teaching Hospital Trust welcomes comments from patients, visitors and the wider community on our Quality Accounts Report. A response helps us to continuously improve our performance across the Leeds Teaching Hospital NHS Trust.

If you have a comment, we want to know about it, and we look upon positive and negative comments with equal value.

Email: public.relations@leedsth.nhs.uk

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Appendix A

Quality Indicators for 2010/11

National Indicators

There are 2 national indicators that have been agreed for 2010/11:

- i) Reduce avoidable death, disability and chronic ill-health from venous thrombo-embolism (VTE). The CQUIN payment is achieved through undertaking a VTE risk assessment of all adult patients on admission to hospital using the national tool, which has recently been agreed. Payment is triggered by achieving 90% or more of VTE risk assessments.
- ii) Improve responsiveness to the personal needs of patients. This involves a single composite measure made up of 5 patient survey questions. Payment will be triggered through agreed improvements with commissioners.

Regional Indicators

The regional indicators for 2010/11 have been agreed through a sub-group facilitated by the Yorkshire and Humber Strategic Health Authority, consulting with wide a range of clinical networks to agree improvement incentives for this year. There are 6 indicators in total that have been agreed regionally, as follows:

- | | |
|--------------------|---|
| Indicator A | Improvement in the delivery of maternity services. |
| Indicator B | End of life care. |
| Indicator C | Implementing hip and knee best practice bundle. |
| Indicator D | Implementing acute myocardial infarction best practice bundle |
| Indicator E | Improving nutrition. |
| Indicator F | Reducing pressure ulcers. |

These indicators build on the work that began in 2009/10 and involve agreeing specific improvement plans for each of these with commissioners and trajectories for further improvements during 2010/11.

Local Indicators

The local quality indicators have been agreed directly with commissioners, as follows:

- i) Improving medicines management.

- ii) Reducing sickness and absence in the nursing and midwifery workforce.
- iii) Improvement in patient experience and rating of hospital food.
- iv) Ensuring the sufficient appointment slots are made available on the Choose and Book system.
- v) Reduction in the number patients falling in hospital.
- vi) Improvement in provision of results for key cancer diagnostic tests.
- vii) Improving care of acutely ill patients.
- viii) Improving the time to see patients in A&E minor injuries units to ensure they are seen and treated promptly.
- ix) Improvements in the time taken by a clinician to see patients in A&E within 60 minutes.
- x) Further reductions in the time patients wait for cancer treatment following referral.

Specialist Commissioning Group Indicators

The Yorkshire and Humber Specialist Commission Group (YHSCG) has agreed 7 quality indicators for improvement in conjunction with clinical networks within the region. These are described as follows:

- i) Increasing survival of patients with lung cancer.
- ii) Increasing survival following bone marrow transplantation.
- iii) Maximising survival and quality of life for children admitted to neonatal units.
- iv) Maximising survival and quality of life for children admitted to paediatric intensive care units.
- v) Improving the care of patients needing cardiac surgery.
- vi) Improving the care of people with HIV and aids.
- vii) Improving the care of people requiring renal replacement therapy (dialysis).

Progress and performance relating to each of these quality indicators identified in the CQUINs scheme will be monitored through the Trust's Senior Management Team and reported to the Board on a quarterly basis to provide assurance that these are being delivered and the required quality improvements are being made.

Annex. 1

Copies of the statements referred to in 3.3 from LINKs and OSC (not more than 500 characters each), will be appended here.

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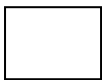
Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Leeds Teaching Hospitals NHS Trust – Foundation Trust Status: Progress Update

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

1.1 The purpose of the report is to provide an updated position regarding Leeds Teaching Hospitals NHS Trust (LTHT) proposals to become an NHS Foundation Trust.

2.0 Background

2.1 NHS Foundation Trusts are a new type of organisation, they are not-for-profit, public benefit corporations: They remain part of the NHS and must meet national healthcare standards, and continue to provide services to patients on the basis of need and not ability to pay.

2.2 At its meeting in November 2009, the Scrutiny Board was formally advised that LTHT was in the process of developing its application for this important change. The Scrutiny Board was also informed that, under section 35(5) of the National Health Service Act 2006, LTHT was required by to undertake formal consultation with the staff, patients, the public and stakeholder bodies.

2.3 The Scrutiny Board was presented with a copy of LTHT's consultation document that set out the full range of issues involved in the Trust's application and was provided with an indicative timetable. Details of the Trust's consultation plan were also presented.

- 2.4 Following a lengthy and detailed discussion a draft consultation response was prepared, summarising the comments made by the Scrutiny Board. This was subsequently submitted to LTHT on 8 January 2010, and formally endorsed by the Scrutiny Board at its meeting on 26 January 2010. for submission to the Leeds Teaching Hospitals NHS Trust as part of the consultation process.
- 2.5 At its meeting on 26 January 2010, the Scrutiny Board also made a request for LTHT to attend a future meeting to report on the outcome of the consultation process and provide an outline of the next steps. The Scrutiny Board also requested details of the expected running costs associated with future arrangements.

3.0 Foundation Trust – consultation outcome

3.1 At its meeting on 18 March 2010, LTHT Board received a report that summarised the Trust's formal public consultation activity and the responses it generated. As a result of the consultation responses received, that report also set out:

- suggested changes to the original proposals; and,
- Identified next steps and some further actions required around public, staff and stakeholder engagement.

3.2 The report presented to the LTHT Board is attached at Appendix 1. The proposed changes (as set out in Appendix 1) were agreed by the LTHT Board at its meeting on 18 March 2010.

4.0 Recommendation

4.1 Members of the Scrutiny Board are asked to consider the information presented in the report and identify any areas that merit further scrutiny.

5.0 Background Papers

Your Hospitals, Yours Say: LTHT Consultation Document – October 2009
Scrutiny Board (Health): *Leeds Teaching Hospitals NHS Trust – Foundation Trust Consultation* (24 November 2009)
Scrutiny Board (Health): *Leeds Teaching Hospitals NHS Trust – Foundation Trust Consultation: Scrutiny Board Response* (26 January 2010)

**THE LEEDS TEACHING HOSPITALS NHS TRUST
BOARD MEETING - 18 MARCH 2010**

FOUNDATION TRUST CONSULTATION

Public section paper

1. PURPOSE OF THE PAPER

The paper summarises our formal public consultation activity and the responses it generated. It proposes changes to the arrangements we set out on as part of our Foundation Trust (FT) consultation. Finally it identifies next steps and some further actions required to complete Appendix 6 of the DH/Monitor template report on public, staff and stakeholder engagement.

2. BACKGROUND

The public consultation ran from October 1 to December 24 (a statutory period of 2 weeks). A public consultation document called *Your Hospitals Your Say* formed the basis of the information published to explain our FT proposals. The document was sent to 2000 organisations, stakeholders and key individuals. It was also available in GP surgeries and public libraries across the city as well as all Trust reception areas.

The document was available as a PDF on the Trust website, key sections were made available using Braille and it was explained using audio / visual presentations and via a palantypist at public meetings. Induction loops were also used at selected meetings or where we were made aware that hearing impaired attendees would require one. The document was offered in translation but no requests for translated versions were received.

The table at Appendix 1 shows our activity mapped against requirements:

3. SUMMARY OF FEEDBACK

Around 500 people and the majority of local councillors attending more than 40 community and public meetings heard presentations of the key points of consultation. Tables showing the pattern of responses and the key issues reflected at public meetings are shown at Appendix 2.

Responses were received from a number of key stakeholders. NHS Leeds and Leeds Partnerships Foundation Trust have advised that a formal response will be sent and it is understood they will support our application and comment on the arrangements set out in the consultation document where appropriate. Leeds University and Leeds Metropolitan University are also both supportive and have not raised any issues in relation to the

arrangements we proposed. Leeds City Council offered qualified support, seeking a stronger contribution to vision and strategy in the city addressed through slightly increased appointed Governor representation and a wider aspiration for city-wide partnership working. The Scrutiny Board (Health) were positive about the principles but cited 'grave reservations' about our capability of matching the aspirations in the document because of poor engagement structures and processes. Scrutiny Board feedback is almost certainly conditioned by their concerns around what they regard as poor local involvement over specific changes in renal and dermatology services. In our formal consultation response document we will make it clear that we intend to use the resource provided by public membership and the structures and processes supporting members and Governors to strengthen our capacity and capability to engage the community.

4. SUMMARY OF KEY ISSUES

Over the course of the public consultation some areas of public and local city councillors' concern became clear:

- i) the cost of FT status and any new bureaucracy
- ii) a lack of clarity about direct benefits to patients
- iii) the cost of the consultation and whether it was perceived as real

Additionally, based on feedback from public meetings and from formal correspondence there are two areas where there seems clear direction for amendments to the arrangements set out in the Trust consultation document *Your Hospitals Your Say*:

- i) to align LTHT FT member constituency boundaries with local authority area committee boundaries; and
- ii) to agree some additional appointed Governors (local authority and third sector)

The table below shows our proposals; changes suggested are highlighted using bold type:

Table 1

Elected Governors	Appointed Governors
21 (23) public governors elected by public members in 9 (10) constituencies of Leeds (aligned with local authority area committees) , for 3 years*	1 NHS Leeds (PCT) - appointed by law
	1 Leeds City Council - appointed by law* (response from Leeds City Council suggests at least two including one from Leeds Initiative, the local strategic partnership)
	1 Leeds University (medical and dental school) - appointed by law
	We propose to appoint governors from: 1 Leeds Metropolitan University

Elected Governors	Appointed Governors
<p>* Some elected governors will only have a 2 year term of office at the first elections</p>	<p>1 Leeds Partnerships Foundation Trust 1 Leeds Chamber of Commerce 1 Voluntary Sector* (responses suggest this may not adequately represent the entire 'third sector') 1 Regional Development Agency 1 Staff Council (chair)</p>
<p>5 staff Governors - elected by staff Members for 3 years*</p>	
<p>TOTAL 27 (29)</p>	<p>TOTAL 9 (11)</p>

The summary of responses in this paper provides much of the information required by the *DH and Monitor Guide for Applicants for NHS Foundation Trust Appendix A6: Public consultation response and evidence of staff engagement and involvement template*. However, there are some significant areas covered by Appendix 6 that fall outside the formal public consultation. The FT steering group will consider how best to provide substantive information in the following areas (taken from Appendix 6):

- i) Staff engagement, including future plans for staff involvement and participation in shaping culture change and service development / delivery and social partnership;
- ii) Clinical engagement, including cost/benefit and assimilation into IBP;
- iii) Development of new and existing relationships in health and wider community;
- iv) Integration of HR practice;
- v) Staff and organisational development.

Clearly, our FT application is not taking place separately from other pieces of work happening across the Trust. As Trust Board members will be aware, we are developing significant pieces of work that will involve staff development and participation, e.g. *Managing for Success*. Clinical engagement is also a key priority being taken forward by the Medical Director through the clinical management team, e.g. the CD development programme. We will inevitably develop new and existing relationships in the health and wider community as part of our work to become an FT, especially as we build a shadow membership and move towards election of shadow governors.

5. NEXT STEPS

Our strategy of taking consultation to existing groups and meetings was adopted because advice from aspirant and established Foundation Trusts was that single-issue meetings about FT status would attract only small numbers of people. As a result we undoubtedly

put our proposals in front of a very large number of people, far more than we could have hoped to attract to public meetings devoted specifically to this topic.

We can be confident that the pattern of responses is in line with the geography of the area because we based our meetings on a comprehensive set of local authority area committee and subsidiary local neighbourhood meetings. However, it is not clear how far the pattern of public responses is in line with demography. As we develop our membership group we will analyse the database and take appropriate steps to ensure that we have a representative membership and that minority groups have an opportunity to get involved as we build our Trust strategy.

It is suggested that a substantial initiative is worked up to kick-start community and stakeholder engagement as a demonstration of our commitment to the aspiration set out in our FT application. This can be designed in a way that helps us shape the future of local engagement and involvement. It is also an opportunity to involve stakeholders in helping us define a new 'brand' that LTHT will have as a Foundation Trust.

Having concluded the formal consultation phase we will publish a summary of responses to fulfil our obligations to those we consulted.

In discussion with the Strategic Health Authority we will assess whether our activity and the responses it has generated meet Monitor's requirements. Should this identify any supplementary consultation activity be required we will advise the Board.

In the meantime the FT steering group will develop outline programmes for three key areas:

- i) Membership Development Strategy;
- ii) Governor recruitment and training; and
- iii) Elections.

6. RECOMMENDATIONS

Trust Board members are asked to note the responses received and commission a short public document that sets out the consultation activity undertaken and identifies the key response themes. Publication of such a document is an opportunity to clarify what we believe are the benefits of FT status and show the scale of costs already incurred for consultation and those we believe will be incurred for FT administration, although at this stage it will not be possible to be precise.

The document should also include details of any changes to our proposals that we make as a result of responses received.

Board members are therefore asked to approve the changes set out in Table 1:

- i) to increase the number of elected public Governors from 21 to 23, adopting 10 constituencies in the city of Leeds coterminous with local authority area committee boundaries;

- ii) to increase the number of Appointed Governors from 9 to 11 to allow for an additional local authority Governor and an additional Governor from the third sector

The total number of Governors will therefore, including the proposed staff Governors, amount to 40.

Ruth Holt
March 2010

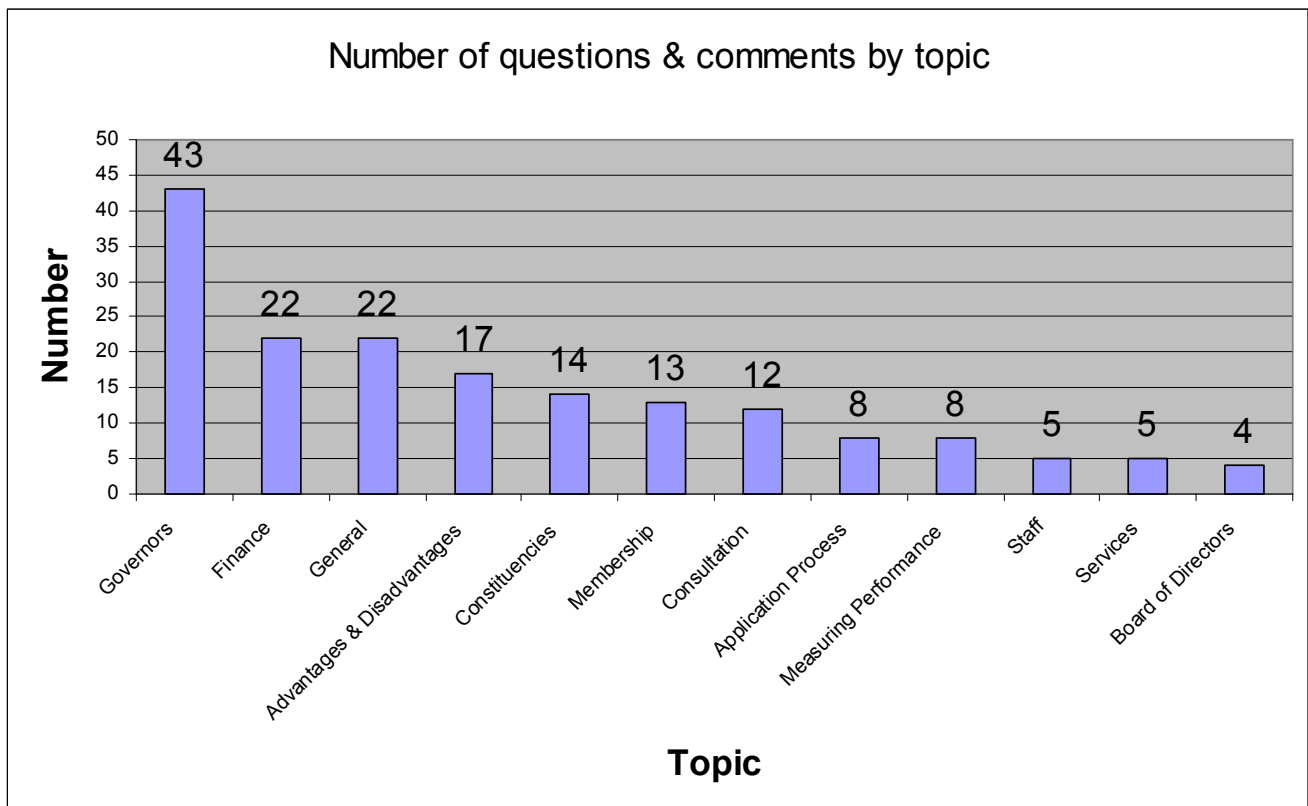
Appendix 1

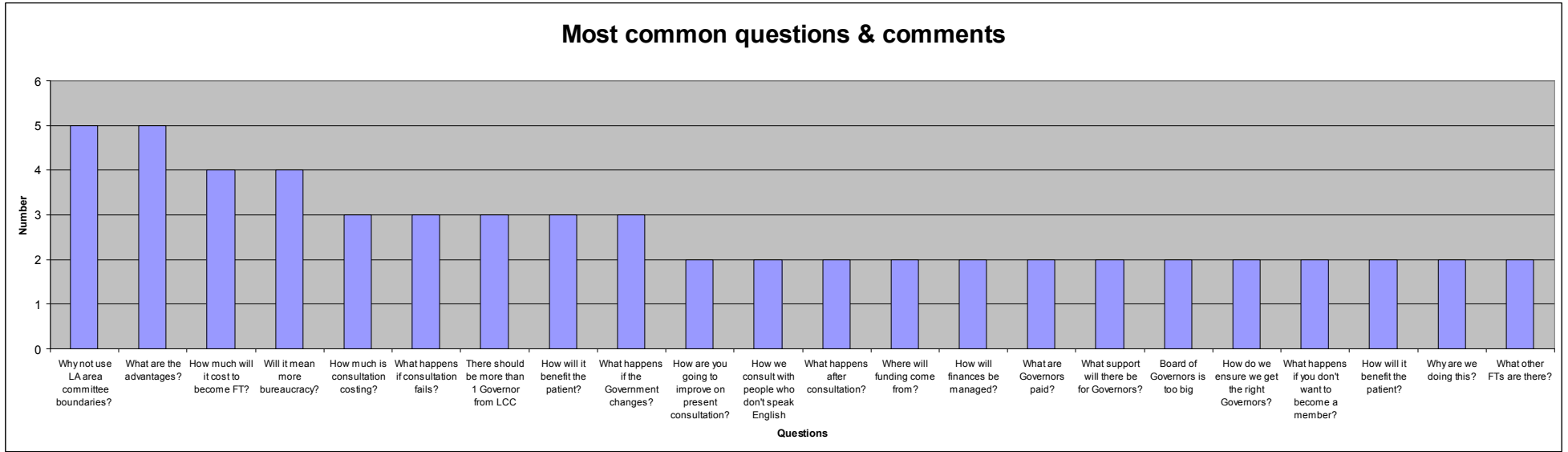
	CURRENT STATUS	TARGET / REQUIREMENT
PUBLIC CONSULTATION	<ul style="list-style-type: none"> • Full consultation document published, summary document also available • Launch meeting and Health Fair 30.9.09 • 41 public meetings (neighbourhood forum meetings) attended in total by around 500 members of public • Consultation documents sent to all Leeds GP surgeries and public libraries 	<ul style="list-style-type: none"> • Robust public consultation • Continued commitment to FT culture change
STAFF CONSULTATION	<ul style="list-style-type: none"> • Full consultation document published, summary document also available widely within Trust and on intranet and public website, notified to staff through eBulletin and Team Brief • 7 staff meetings held - approx 200 staff • 9 stakeholder / public open consultation workshops, low interest/attendance • Discussion with staff side and senior consultant representatives at the Trust Consultation and Negotiation Committee and Senior Medical Staff Committee 	<ul style="list-style-type: none"> • Opportunity to play an active part in the dialogue and deliberations around FT application • Staff and stakeholder involvement in developing IBP • Continued commitment to FT culture change
STAKEHOLDER CONSULTATION	<ul style="list-style-type: none"> • 2000 letter to stakeholder groups notifying consultation • Further 2000 letters sent to stakeholder groups enclosing consultation document • Letters to 150 GP practices notifying consultation • Further letter to 150 GP practices enclosing consultation documents • Appointed Governor organisations notified • Briefing meetings for Scrutiny Board (Health), local authority leadership management team, Leeds MPs 	<ul style="list-style-type: none"> • Requirement to be able to list and describe the key areas of interest of stakeholder organisations • Staff and stakeholder involvement in developing IBP • Continued commitment to FT culture change

	CURRENT STATUS	TARGET / REQUIREMENT
MEMBERSHIP	<ul style="list-style-type: none"> • 900 letters sent to volunteers enclosing consultation document and inviting membership applications • 2 face to face meetings with volunteers to discuss membership, particularly the issue about whether volunteers wished to be regarded as members of the public or staff • Around 3500 applications for public membership to date • Membership letters included in patient letters between November and early February - to recommence when mailing equipment is available 	<ul style="list-style-type: none"> • Representative Membership developed • Trust aims to have 11,000 public members and intends to offer all staff the opportunity to opt out if they do not wish to be members

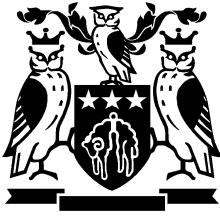
Appendix 2

Analysis of responses





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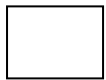
Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Renal Services in Leeds: Update

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of this Report

- 1.1 Following the Leeds Teaching Hospitals NHS Trust Board meeting, scheduled for 20 May 2010, the purpose of the report is to present the Scrutiny Board (Health) with an updated position regarding the provision of renal services in Leeds

2.0 Background

- 2.1 Issues associated with the provision of renal services in Leeds have been a significant consideration over the course of the current municipal year, which resulted in the production of a formal Scrutiny Board statement in December 2009.
- 2.2 At its meeting on 16 March 2010, the Scrutiny Board (Health) considered the formal response to its statement and recommendations on renal services, and were advised that the Trust Board was due to reconsider its position regarding the proposed dialysis unit at Leeds General Infirmary (LGI).
- 2.3 At that meeting, the Scrutiny Board (Health) agreed to review the Trust's Board final decision and consider any available and appropriate actions.

3.0 Renal Services in Leeds – LGI dialysis unit

- 3.1 It has now been confirmed that, at its meeting scheduled for 20 May 2010, the Trust Board will reconsider the decision to provide a renal dialysis unit at the LGI site. The report due to be discussed at that meeting is attached at Appendix 1.

3.2 The outcome of the Trust Board meeting and any subsequent decision will be provided at the meeting; along with any available and appropriate actions for the Scrutiny Board to consider.

4.0 Recommendation

4.1 Members of Scrutiny Board are asked to consider the attached report, alongside the outcome of the Trust Board meeting (as reported at the Scrutiny Board meeting) and determine any appropriate action.

5.0 Background Papers

- Scrutiny Board (Health) – Renal Services report – 28 July 2009
- Scrutiny Board (Health) – Renal Services report – 24 November 2009
- Scrutiny Board (Health) – Renal Services report – 15 December 2009
- Renal Services in Leeds – Scrutiny Board statement (December 2009)
- Scrutiny Board (Health) – Renal Services in Leeds – Response to the Scrutiny Board’s statement and recommendations – 16 March 2010

TRUST BOARD**20th May 2010****Public section paper**

Report of	Maggie Boyle, Chief Executive
Paper prepared by	Ross Langford, Head of Communications & Philip Norman, Divisional General Manager
Subject/Title	Renal Haemodialysis Service
Background papers	<p>A number of Trust Board papers between 2006 and 2010 concerning the closure of Wellcome Wing, public consultation about renal services and recent papers concerning capital budget</p> <p>Scrutiny Board (Health) Statement on Renal Services in Leeds (December 2009)</p> <p>Trust response to Scrutiny Board (Health) Statement on Renal Services in Leeds (February 2010)</p> <p>Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2010 (February 2010)</p>
Purpose of Paper	To advise the Trust Board of a proposal not to proceed with the development of a renal haemodialysis satellite unit at Leeds General Infirmary
Action/Decision required	The Trust Board is asked to support the recommendation not to proceed with the development of a renal haemodialysis satellite unit at Leeds General Infirmary
Link to: ➤ NHS strategies and policy	<ul style="list-style-type: none"> • High Quality Care for All • Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2010
Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives	<ul style="list-style-type: none"> • Achieving excellent clinical outcomes • Improving the way we manage our business
Resource impact	If the recommendation is not supported there would be a £1.4m capital spend consequence which is not currently prioritised in the capital programme
Consideration of legal issues	None
Acronyms and abbreviations	Full titles used on first reference

THE LEEDS TEACHING HOSPITALS NHS TRUST

TRUST BOARD - 20th May 2010

RENAL HAEMODIALYSIS SERVICE

1. PURPOSE

This paper sets out a number of key issues for Board members to help inform their decision as to whether to proceed with the development of a Satellite haemodialysis unit at Leeds General Infirmary (LGI) or not.

2. BACKGROUND

Haemodialysis is a treatment for kidney failure. The patient's blood is pumped through special tubing to a haemodialysis machine. The machine acts like a kidney, filtering waste products from the blood before returning it to the patient. Patients may experience acute renal injury or chronic kidney disease.

Acute kidney injury (AKI), also known as acute renal failure is a sudden and usually temporary loss of kidney function. In this condition, acute inpatient therapy is required and the patient receives haemodialysis within an acute hospital setting until kidney function returns.

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss of renal function over a period of months or years often resulting in end-stage renal disease. Life long haemodialysis or a kidney transplant (where clinically appropriate) is required to maintain life.

For patients with chronic kidney disease, haemodialysis treatment can be provided in their own homes (where clinically appropriate) or from a hospital or community based haemodialysis unit. When provided from hospital the units will generally be termed as either a 'main unit' or 'satellite unit'. A main unit would be based on a hospital site with medical staff cover. Main units provide dialysis for inpatients, patients with acute kidney injury and those patients with chronic kidney disease who are considered not well enough to be treated in a satellite unit. A satellite unit is a nurse led unit and does not usually have, or require, on site medical staff. These units may be connected to an acute hospital service or be based in community settings.

Prior to February 2006 renal dialysis facilities in the city were provided from both St James's University Hospital and the LGI as well as at Seacroft Hospital and a number of sites across West Yorkshire. In February 2006 the Trust Board agreed that Wellcome Wing at LGI (which housed the LGI haemodialysis unit) should be closed as a matter of urgency due to the poor electrical condition of the building. A plan was agreed which transferred all clinical and non clinical services from the Wellcome Wing to other parts of the Trust. Wellcome Wing closed in October 2006.

Following the closure of Wellcome Wing an additional renal haemodialysis satellite unit was established at Seacroft Hospital.

As part of the consultation about the closure of Wellcome Wing a strong opinion was expressed by the LGI Kidney Patients Association (KPA) that they would like a satellite unit to be reprovided at LGI. This was mainly (but not exclusively) connected to ease of access. As a consequence of this representation the Trust agreed to reprovide a haemodialysis satellite unit at the LGI. This decision was made in recognition of the strength of feeling from some renal patients and in recognition of the preference expressed by the LGI KPA for that location rather than a specific clinical need. The agreement to provide a dialysis unit at LGI was further confirmed, in good faith, in October 2008.

In 2009, during work to establish the LGI renal haemodialysis satellite unit, it became clear that much had changed since 2006. This included the national economic situation, a new regional strategy for renal services led by the Yorkshire and the Humber Specialised Commissioning Group which included a demand and capacity model and the constraints on the Trusts scope for capital investment.

Particularly against the background of limited availability of capital monies and the need to prioritise capital bids, a number of schemes were reviewed and not supported as part of this years capital programme. As part of that exercise the Senior Management Team concluded that it did not seem sensible to proceed with the provision of a renal haemodialysis satellite unit at LGI. Such a unit would cost in the region of £1.4m.

3. CURRENT POSITION

It is the view of the clinical and managerial team within the Renal Service that there is no clinical requirement for a haemodialysis satellite facility at LGI. Access to haemodialysis services exists within Leeds (at St James's University Hospital, Seacroft Hospital and Beeston, South Leeds) and within a further 4 satellite units across West Yorkshire (Dewsbury, Halifax, Huddersfield and Wakefield).

In considering the re-prioritisation of capital investment during 2009 the Senior Management Team also established a view that it did not feel additional capacity for dialysis was required within Leeds and recommended to Trust Board in July 2009 that the dialysis unit at LGI should not be re-provided. The Trust was contacted by a representative of the LGI KPA who expressed concern that the Trust was reneging on a previous commitment that had been made and not taking account of the adverse impact this decision would have on some patients who were dialysing at Seacroft and who had continued to express a preference to have a unit at LGI.

The matter was also raised with the Scrutiny Committee (Health) who wrote to the Trust on a number of occasions in the subsequent months raising a number of issues – many of which overlapped with the issues raised by the LGI KPA representative.

During the period following the July 2009 Board meeting the Specialised Commissioning Group as part of their development of a Strategy for Renal Services confirmed they would be undertaking a capacity and demand modelling which would help to determine whether there was a need for more dialysis provision in Leeds. It was agreed that it would be sensible for the Trust to await the outcome of this work before making a final decision about the need, or otherwise, for a satellite unit at LGI.

This modelling work is now complete and whilst it shows there is increased prevalence of kidney disease across the Region and a shortage of dialysis facilities in Wakefield and Huddersfield, it confirms that there is **no** requirement for additional capacity for haemodialysis in Leeds.

The renal strategy also aims to further increase the provision of home based therapies for patients, for example home haemodialysis. The Yorkshire & Humber Renal Network has recently appointed a clinical lead to drive forward the development of home based therapies. This will further increase the choice options for patients in the future.

The headlines from the modelling include:-

- Demand for haemodialysis is predicted to grow over the next 10 years.
- This increase can be accommodated by a combination of:-
 - increasing the number of shifts on sites where this is possible
 - re-providing and marginally increasing the number of stations in Huddersfield
 - providing a satellite service in the centre of Wakefield
- When comparing the location of dialysis stations with the areas of population, the Leeds population is already well provided for with dialysis services based in Leeds. There is under provision of local access for the populations of Calderdale, Kirklees and Wakefield Primary Care Trusts (PCTs) – particularly Wakefield PCT.

The strategy concludes therefore that the priority for investment in renal services needs to be improving local access **outside** the Leeds area.

The issue of Renal Services within Leeds has been the subject of a number of recent discussions at Scrutiny Board (Health) meetings. Along with representation from the Trust, representatives from the Specialised Commissioning Group, NHS Leeds, Yorkshire Ambulance Service and the Strategic Health Authority have attended. The Kidney Patient Association has also been represented at the Scrutiny Board (Health) meetings.

Board members will recall that the Scrutiny Board (Health) issued a Statement on Renal Services in Leeds in December 2009. A total of 7 recommendations were made. One recommendation specifically related to the Trust, this being that the Trust should:

- i) Immediately re-affirm its commitment to re-provide dialysis facilities at Leeds General Infirmary.
- ii) Finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.

The Scrutiny Board (Health) statement was fully considered within the Trust at both the Clinical Governance Committee and at Trust Board. A response to the Statement was issued to the Scrutiny Board (Health) following the February 2010 Trust Board meeting. The Trust response to the above recommendation was as follows:

The regional Specialised Commissioning Group (SCG) is currently modelling demand and the provision of services as part of its work on an overarching strategy for renal services. This work is expected to be available by the end of January 2010.

As the Trust, commissioners and patients are awaiting the outcome of the modelling work we believe it is proper to consider the information provided through that exercise prior to making any final decision about the future provision of dialysis stations in Leeds. Further consideration of this by the Trust Board is therefore necessarily deferred until such time as a proper response to the outcome of the strategy debate is possible.

The Trust regrets further delay to a decision about a satellite unit at LGI but we will keep Scrutiny and interested parties advised as the situation develops.

4. PATIENT SAFETY

An issue raised by a representative of the LGI KPA is the risk of providing dialysis away from a main hospital site when there is no immediate medical cover. The renal clinical team have addressed concerns by ensuring that there is always appropriate nursing expertise within the haemodialysis satellite units. Registered nurses in these units are also trained in intermediate life support which enables them to defibrillate a patient in the event of an emergency situation, for example a cardiac arrest. The renal clinical team has a clinical governance structure in place which ensures any adverse incident or event is investigated and where necessary action taken to avoid re-occurrence. There have been no serious untoward incidents reported within any of the renal haemodialysis satellite units for the past 5 years. The renal clinical team continue to assess patients for their suitability to dialyse in a satellite unit and the clinical team will keep this issue under review to ensure patients are undergoing dialysis in a unit appropriate to the patient's clinical need.

This issue has also been raised with NHS Leeds, Specialised Commissioning Group (SCG) and the Strategic Health Authority. On being advised of this particular concern NHS Leeds and SCG responded as a matter of urgency and arranged to visit Seacroft to see the facilities for themselves and took the opportunity to speak to patients dialysing at the time of the visit. A letter was subsequently received from Philomena Corrigan, Director of Commissioning and Kevin Smith Medical Director of SCG advising "They were satisfied that the current nursing staffing establishment and medical support is safe for the delivery of patient care and is comparable to other units. They were satisfied with the clinical environment where care is delivered and with the clinical governance arrangements that are in place"

5. TRANSPORT

A key issue for renal patients is travelling times and fatigue leading up to and following dialysis. The majority of patients need to undergo dialysis 3 times a week and a significant proportion of haemodialysis patients are unable to transport themselves to and from dialysis. Transport remains a major concern for patients requiring haemodialysis as does the geographical location of haemodialysis units.

It is the strong view of the LGI Kidney Patient Association that a unit at LGI would reduce travelling time for some patients. It is acknowledged that the travelling time for some patients is too long and a forum already exists to enable transport issues to be discussed with patients and to enable actions to be agreed to further improve the travelling time and patient experience. This issue has been subject to specific discussion at Scrutiny Board (Health) who acknowledged that a great deal of progress has been made and that there is an effective process for managing this to ensure that individual and specific issues are addressed.

It should be noted that approximately 25% of patients make their own way to the haemodialysis unit. Of the remaining 75%, patients travel in saloon cars or ambulances with typically 2 or 3 patients sharing a vehicle.

One specific issue which has been raised in support of the argument for re-provision of a unit at LGI is the added time taken to get to Seacroft rather than LGI – particularly from the North West of Leeds (e.g LS21).

A piece of work by Yorkshire Ambulance Service (YAS) using some randomly selected patients travelling from the Leeds 21 postcode (North West Leeds) has established that the difference in the direct route journey time from a LS 21 postcode to Leeds General Infirmary rather than to Seacroft Hospital is 2 minutes. For journeys which include 'pick ups' and 'drop offs' of other patients the difference in the journey time to Leeds General Infirmary rather than Seacroft Hospital is 4 minutes.

The sample travelling times, whilst demonstrating that some patients experience prolonged travelling times which need to be improved, indicate the provision of a renal haemodialysis satellite unit at LGI would not significantly alter the travelling times for those patients who currently travel to Seacroft Hospital for their dialysis. Therefore the need to improve the travelling time for renal patients is an action that needs to be taken forward regardless of a decision regarding the provision of a renal haemodialysis satellite unit at LGI.

Commissioning responsibility for patient transport services moved from providers to commissioners in April 2010. The Trust will continue to work with the Yorkshire Ambulance Service, NHS Leeds and kidney patient representatives to further improve travel arrangements for all patients.

The South Yorkshire / North Trent Local Implementation Group is currently involved in a pilot to assess the potential for the use of Personal Health Budgets for renal transport and will make recommendations for developments across the region. The Trust recognises that the current concern for some patients is as much about the location of services as it is about capacity and therefore these recommendations will be considered in any future changes that further improve travelling times for patients in Leeds.

There has been a query raised by a member of Scrutiny Board (Health) that facilities for children's dialysis at LGI could be made available for adult use. This is not a viable option. It is not appropriate to share dedicated children's facilities with adults simultaneously and there is no capacity to share the resource at other times as it will be fully utilised by children.

6. SUMMARY

In conclusion,

- There are sufficient dialysis stations available in Leeds to meet the needs of patients requiring hospital haemodialysis
- There are no issues related to patient safety that have been identified by staff, NHS Leeds or SCG
- A number of patients would find a unit at LGI more convenient.
- The difference in the direct route journey time from a LS21 postcode to LGI rather than to Seacroft Hospital is 2 minutes. For journeys which include 'pick ups' and 'drop offs' of other patients the difference in the journey time to LGI rather than Seacroft Hospital is 4 minutes.
- Patient transport has improved but still requires further work
- The cost of re-providing a unit at LGI would be £1.4 million. This scheme has not been prioritised in this years capital programme
- It is acknowledged that the Scrutiny Board (Health) has recommended that the Trust should re-affirm its commitment to provide a haemodialysis satellite unit at LGI.
- Should a unit at LGI not go ahead, some patients are likely to feel let down given the previous commitment made in good faith to provide a haemodialysis satellite unit at LGI and this would need to be acknowledged

7. RECOMMENDATION

Based on the information outlined in this paper, The Trust Board is asked to:

Support and approve the proposal not to proceed with the development of a renal haemodialysis satellite unit at LGI.

Should the decision be taken not to proceed with the development of a renal haemodialysis satellite unit at LGI, to appoint the Chairman and Chief Executive to act on behalf of the Trust Board in offering a formal apology to the renal patients and Kidney Patient Association who will be affected by such a decision.

Maggie Boyle
Chief Executive
May 2010



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Draft final report)

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose

1.1 The purpose of this report is to present the draft report and recommendations arising from the Scrutiny Board's inquiry – *The role of the Council and its partners in promoting good public health*.

2.0 Background

2.1 At its meeting on 22 September 2009, the Scrutiny Board (Health) agreed terms of reference for the above inquiry. The Board subsequently held a number of evidence gathering sessions and considered a wide range of information around the following areas of public health:

- Improving sexual health and reducing the level of teenage pregnancies;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity; and,
- Promoting responsible alcohol consumption.

3.0 Scrutiny Inquiry: The role of the Council and its partners in promoting good public health

3.1 This inquiry has now concluded and the Board is in a position to report on the findings and recommendations arising from the evidence gathered. The Board's draft inquiry report will follow and be made available prior to the meeting for the Board's consideration.

- 3.2 Scrutiny Board Procedure Rule 16.3 states that "where a Scrutiny Board is considering making specific recommendations it shall invite advice from the appropriate Director(s) prior to finalising its recommendations. The Director shall consult with the appropriate Executive Member before providing any such advice. The detail of that advice shall be reported to the Scrutiny Board and considered before the Statement is finalised."
- 3.3 Any advice received will be reported at the Board's meeting for consideration, before the Board finalises its inquiry report.
- 3.4 Once the final inquiry report has been agreed and published, the appropriate Director(s) and NHS organisations will be asked to provide a formal response to the recommendations contained in the report. Such responses will be presented to the Scrutiny Board as soon as practicable.

4.0 Recommendations

- 4.1 Following the inquiry into '*The role of the Council and its partners in promoting good public health*', Members of the Scrutiny Board are asked to consider and agree the draft report.

5.0 Background Documents

None



Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health)

Date: 25 May 2010

Subject: Annual Report 2009/2010

Electoral Wards Affected: All

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose of the report

- 1.1 The purpose of this report is to present the draft of the Board's contribution to the Scrutiny Boards' Annual Report.

2.0 Introduction

- 2.1 Members will be aware that the operating protocols for Scrutiny Boards require the publication of an Annual Report to Council.
- 2.2 This is the Board's opportunity to contribute to that Annual Report.

3.0 Draft Annual Report

- 3.1 Attached is a draft of this Board's proposed submission, which includes an introduction from the Chair and details of the work undertaken by the Board during the current municipal year.
- 3.2 Members of the Board should note that this year attention will be given to ensuring that each of the Scrutiny Board's submissions follow the same order and layout. As such, it should be noted that whilst the agreed content will not change there may be some changes necessary when the final document is published.

4.0 Recommendation

4.1 Members are asked to approve the Board's contribution to the composite Annual Report.

5.0 Background Papers

None

Scrutiny Board (Health)



Councillor Mark Dobson
Chair of Scrutiny Board
(Health)

Membership of the Board:

Councillor Mark Dobson (Chair)
Councillor Sue Bentley
Councillor Judith Chapman
Councillor David Congreve
Councillor David Hollingsworth (part year)
Councillor John Illingworth
Councillor Mohammed Iqbal
Councillor Graham Kirkland
Councillor Alan Lamb
Councillor Graham Latty (part year)
Councillor Linda Rhodes-Clayton (part year)
Councillor Paul Wadsworth (part year)
Councillor Lucinda Yeadon

Co-opted Members:

Mr Eddie Mack (part year)
Mr Arthur Giles (part year)

The Chair's summary

To be confirmed

Cllr Mark Dobson, Chair of Scrutiny Board (Health)

DRAFT

The Role of the Council and its Partners in Promoting Good Public Health

Summary

The overall aim of our inquiry was to make an assessment of the role of the council and its partners in developing, supporting and delivering improvements to public health. In this regard, the specific targets set out in the Leeds Health and Wellbeing Plan (2009-2012) and its associated strategies were used and considered to inform our discussions. For practical reasons we focused on the following specific areas of public health:

- Improving sexual health and reducing the level of teenage pregnancies;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity; and,
- Promoting responsible alcohol consumption.

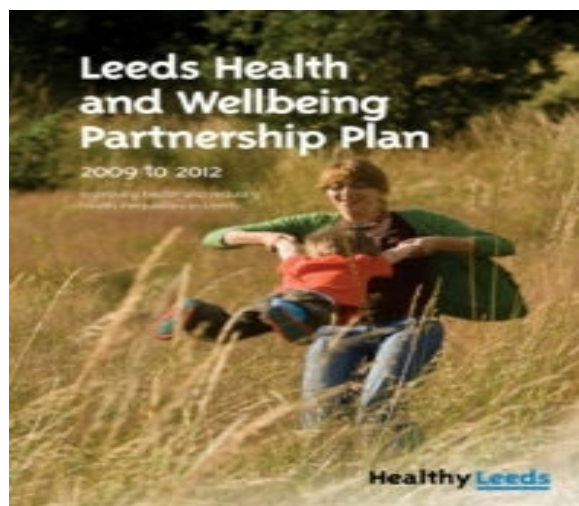
Anticipated service benefits

The outcome of this inquiry adds to the existing body of evidence aimed at delivering improvements to public health. It also serves to further raise the profile of the importance of public health matters – publicly, professionally and politically.

Our main recommendations

Subject to confirmation / final agreement

Subject to confirmation / final agreement



Statement on Renal Services in Leeds

Summary

In June 2009, we were extremely concerned to hear about proposals to abandon plans to re-provide the dialysis facilities at Leeds General Infirmary (LGI). The delivery of a 10-station renal dialysis unit at (LGI) has been a long awaited development for Leeds' kidney patients and had been a long-standing commitment of Leeds Teaching Hospitals NHS Trust (LTHT) since 2006. Despite receiving a range of information from key stakeholders, including regional and local service commissioners, LTHT and transport providers, we were not satisfied with the rationale presented and strongly opposed the approach adopted by LTHT.

Anticipated service benefits

In the case of renal services, the needs of patients were seemingly a secondary issue and largely ignored. By acting swiftly we sent a clear message that these cannot be ignored when planning changes to services

Our main recommendations

Leeds Teaching Hospitals NHS Trust immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary and finalises plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.

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

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

That by June 2010, the Secretary of State for Health commissions and publishes an independent review that:

- (a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;**
- (b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;**
- (c) Considers the circumstances which resulted in an increase in renal dialysis capacity at Seacroft Hospital, without the engagement of the Scrutiny Board (Health) and, seemingly, NHS Leeds;**
- (d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;**
- (e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.**

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

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

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

"... there is a need for a city centre dialysis unit. I applaud the council for all their work with regard to scrutiny and I stand ready to meet with whoever in order to take this forward. Our patients and carers are of paramount concern to us."

Lilian Black, from the Leeds General Infirmary Kidney Patients' Association

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

Extract from LTHT Business Case November 2007

"We believe that kidney patients have waited long enough for the promised re-provision of dialysis facilities at Leeds General Infirmary: Leeds Teaching Hospitals Trust should cease its prevarication and deliver what has been agreed and promised".

Councillor Mark Dobson
Chair Scrutiny Board Health



Entrance to Lincoln Wing at St. James's University Hospital

Other work of the Board

Local NHS Priorities

We received and discussed in some detail a number of briefing papers which identified key issues and priorities for NHS Leeds, Leeds Partnerships NHS Foundation Trust, and Leeds Teaching Hospitals NHS Trust. Initially helping us to develop our own work programme, we have also focused on local priorities through the established quarterly monitoring arrangements.



Leeds General Infirmary –
Brotherton Wing

Dermatology Patients

In October 2009, we were faced with a number of dermatology patients fearing for the future of the dedicated ward at Leeds General Infirmary. Significant concern about the impact of proposed changes or closure of the service was also expressed by the British Association of Dermatologists (BAD). Our intervention was pivotal in LTHT re-thinking proposals and subsequently engaging patients and carers in the redesign of the service. While final plans are still to be confirmed, we are pleased that our involvement has had a positive impact.

Foundation Trust Proposals

We considered LTHT's initial proposals as part of its plans to achieve Foundation Trust status and submitted a formal consultation response. Based on our experiences around renal services and dermatology we had grave concerns about the Trust's capacity around patient and public involvement. We were also concerned about the Trust's proposed constituencies and felt these should match the Council's already established Area Committee boundaries. The Trust accepted this point and revised its proposals.

The Leeds Teaching Hospitals

NHS Trust



Proposed constituencies

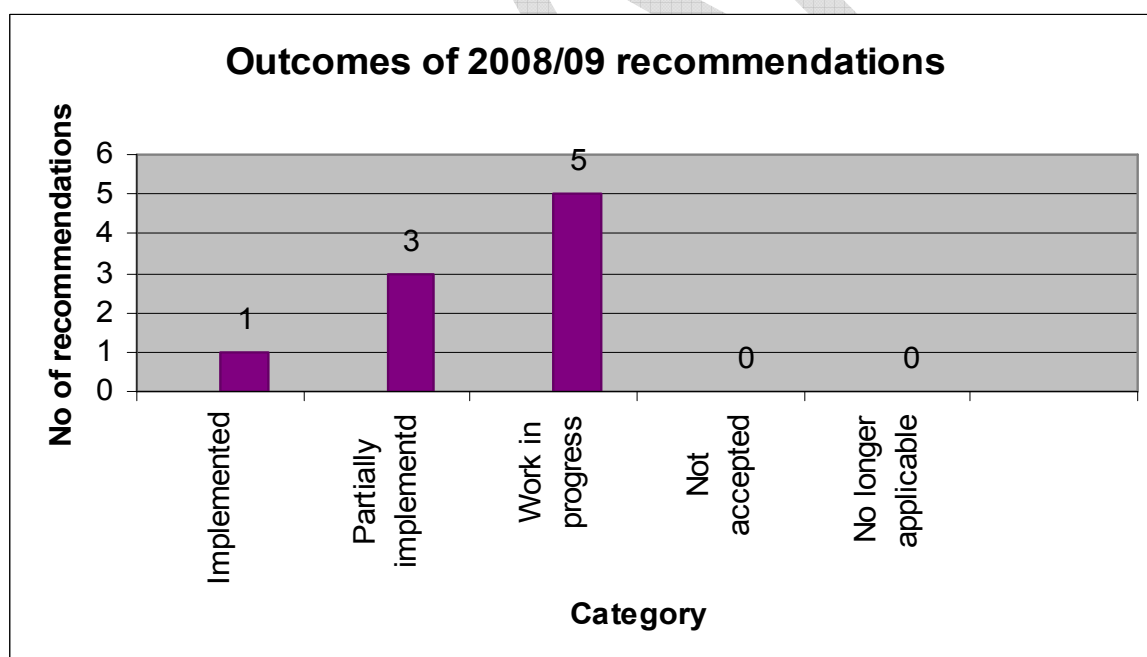
Outcome of recommendations made in 2008/09

The previous Scrutiny Board (Health) carried out an inquiry in 2008/09 on improving sexual health among young people. The Board identified 9 recommendations and this section highlights some examples of where these recommendations have resulted in service benefits, or otherwise added value.

We recommended that NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.

This has resulted in an Information Sharing Agreement between all relevant partners being established. Work has commenced on establishing a local data set, identifying data leads within each partner agency and agreeing timescales to ensure the data is shared and made widely available. Partners are using the nationally recommended local dataset and ensuring all service level agreements have identified data to collect with associated performance measures to ensure the effectiveness of schemes in place. The Leeds local data set is being used to identify local teenage conception hotspots and trends to help target existing resources. NHS Leeds is providing public health information to support service planning.

The relevant departments and partner organisations have made a commitment to fully implement all 9 recommendations in the future and satisfactory progress has been made to date. We are continuing to monitor those recommendations which remain outstanding.



In addition in 2009/10 we continued to monitor a number of recommendations from inquiries held in 2007/08 which were outstanding in relation to the NHS Dental contract, Localisation and Community Development. We were pleased that 10 out of a total of 17 recommendations had been fully implemented and progress was continuing to be made with the others.

The Board's full work programme 2009/10

A summary of the Board's full work programme is presented below.

Requests for scrutiny

- Provision of Dermatology Services
- Renal Services - Provision at Leeds General Infirmary

Review of existing policy

- Renal Services - Patient Transport Service
- Renal Services - Statement
- Role of the Council and its partners in promoting good public health
- Scrutiny Board response to the Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation
- Health Proposals Working Group to examine likely service change proposals

Development of new policy

- Joint Health Scrutiny Protocol - Yorkshire and the Humber

Monitoring scrutiny recommendations

- Scrutiny inquiry report – improving sexual health among young people
- Scrutiny inquiry report - community development and localisation
- Scrutiny Board Statement – renal services in Leeds

Performance management

- Joint performance quarterly reports

Briefings

- Appointment of co-opted Members
- Legislation & constitutional changes
- Leeds Local Involvement Network (LINK) - Annual Report
- KPMG Audit Report on scrutiny
- KPMG Health Inequalities report
- Update on local NHS priorities
- Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation
- The local health economy – Priorities for NHS Leeds

Presentations

- Leeds Partnerships NHS Foundation Trust
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust