

Summary of desired outcomes and recommendations: Bereavement – policies and practices

Desired Outcome – Ensure Leeds Teaching Hospital’s NHS Trust policy reviews are well planned, adequately resourced and managed, with appropriate progress monitoring and reporting

Recommendation 1:

- (a) That, when undertaking future policy reviews, Leeds Teaching Hospitals NHS Trust clearly sets out a proposed forward plan, with key milestones and timescales.
- (b) That, when establishing the forward plan (referred to in (a) above), that Leeds Teaching Hospitals NHS Trust keeps progress under review and reports any anticipated and/or unexpected delays.

Desired Outcome – Ensure matters of ‘best practice’ highlighted in this report are reflected in Leeds Teaching Hospital’s NHS Trust relevant policies and practices.

Recommendation 2:

- (a) That, by September 2016, Leeds Teaching Hospitals NHS Trust reviews and compares its current process and procedures for the timely release of the deceased, with those adopted and implemented by the Heart of England NHS Foundation Trust.
- (b) That, Leeds Teaching Hospitals NHS Trust reports the outcome of its review to the Scrutiny Board by November 2016.

Desired Outcome – Greater awareness and understanding of matters highlighted in this report across various stakeholder groups.

Recommendation 3: That, Leeds Teaching Hospitals NHS Trust considers extending invitations to its briefing sessions to key members of the wider community and outside the organisation, in order to help embed a shared understanding of the issues and processes associated with the timely release of deceased relatives.

Desired Outcome – Ensuring that the out of hours pathology service both reflects and meets the needs of Leeds’ diverse communities.

Recommendation 4:

- (a) That, by December 2016, Leeds Teaching Hospitals NHS Trust reviews its arrangements for providing out of hours pathology services and considers the potential for providing such services in partnership with neighbouring acute hospital trusts.
- (b) That, by December 2016, Leeds Teaching Hospitals NHS Trust explore the potential options for offering routine access to non-invasive post mortems to all families (where appropriate), and undertake an appropriate cost benefit analysis of such options.

Desired Outcome – Greater awareness and understanding of matters highlighted in this report across the membership of Leeds' Faiths Forum.

Recommendation 5: That by September 2016, the issues and matters highlighted in this report are brought to the attention and discussed through Leeds' Faiths Forum to share any learning and experiences in respect of the timely release of the deceased, for the purpose of burial.

Desired Outcome – Ensure that matters highlighted in this report are reflected in both the consultation response and implementation of any future Medical Examiners service, regardless of the geographic footprint.

Recommendation 6

- (a) That by 10 June 2016, when formally responding¹ to the Department of Health consultation on the implementation of Independent Medical Examiners, the responsible Director from Leeds City Council reflects relevant issues highlighted in this report;
- (b) That, at an appropriate time, the responsible Director from Leeds City Council reflects relevant issues highlighted in this report as part of the future implementation of the Medical Examiners service, regardless of the geographic footprint.
- (c) That, regardless of the geographic footprint, the responsible Director from Leeds City Council keeps the Scrutiny Board informed of any issues associated with the future implementation of the Medical Examiners service, and, as a minimum, from September 2016 provides a 6-monthly progress report for the Scrutiny Board.

¹The response might be an individual response on behalf of Leeds City Council, or part of joint response on behalf of two

Desired Outcome – Ensure that consideration is given to relevant matters highlighted in this inquiry that specifically relate to the provision of Out of Hours primary care services.

Recommendation 7: That during the course of the 2016/17 municipal year, the Scrutiny Board (Adult Social Services, Public Health, NHS) discuss current and future arrangements for the provision of Out of Hours primary care services, specifically as they relate to death certification.

Summary of desired outcomes and recommendations: Cancer Waiting Times in Leeds

Desired Outcome – The interests of patients and their families remain paramount in the commissioning and delivery of services.

Recommendation 1: That all organisations involved in the commissioning and delivery of services for the diagnosis and treatment of cancer, from across West Yorkshire, continue to work collaboratively for the benefit of patients and that organisational impacts are secondary considerations.

Desired Outcome – Ensuring cancer services remain a priority for the Scrutiny Board in 2016/17.

Recommendation 2: That commencing in the new municipal year (2016/17), the Scrutiny Board (Adult Social Services, Public Health, NHS) considers the format of future assurance on the progress associated with the early diagnosis and treatment of cancer, alongside the frequency it wishes to seek such assurance.

Desired Outcome – The work of the West Yorkshire Association of Acute Trusts achieves real patient benefits and remains open and transparent.

Recommendation 3: That by December 2016, the Chair of the West Yorkshire Association of Acute Trusts provides a further report on the achievements to date and future plans of the association.

Desired Outcome – Eradicating inequalities of access to cancer services across Leeds' health and social care economy, while tailoring services to meet local needs.

Recommendation 4: That in developing the Leeds Cancer Strategy, due consideration is given to ensuring there is a balance between providing a 'core offer' for all patients from across the City, while recognising and addressing the identified and known aspects of health inequalities across different parts of Leeds and its communities.

Desired Outcome – Greater collaboration across Leeds' health and social care economy in order to provide improved levels of patient experience data, specifically in relation to cancer services.

Recommendation 5: That by September 2016, HealthWatch Leeds, in consultation with the Director of Public Health, assesses the current level of patient experience data it holds specifically in relation to the prevention, early diagnosis and treatment of cancer, and considers its potential future role in collating such data on behalf of partners across the Leeds' health and social care economy landscape.

Desired Outcome – More effective planning and transparent decision-making, with improved and relevant patient and public involvement in the development of services.

Recommendation 6: That by December 2016, the Chair of the Leeds Cancer Strategy Group reviews its currently proposed membership to ensure this includes:

- (a) Appropriate patient and public representation; and,
- (b) Appropriate representation to reflect the diverse communities within Leeds, particularly in those areas where specific health inequalities are known to exist.

Recommendation 7: That by July 2016, the Chair of the Leeds Cancer Strategy Group reports back to the Scrutiny Board regarding the timescales associated with developing and agreeing an overall Leeds Cancer Strategy, improvement plan and associated key performance indicators, including details of where the strategy and improvement plan will be presented and agreed.

Recommendation 8: That by July 2016, and as part of the process for developing and agreeing an overall Leeds Cancer Strategy and improvement plan, the Chair of the Leeds Cancer Strategy Group:

- (a) Recognises the duty on NHS commissioners and providers to effectively involve and engage patients and the public, setting out plans for public and patient engagement and involvement.
- (b) Sets out proposals and timescales for engaging with the appropriate Overview and Scrutiny bodies.

Recommendation 9: That by September 2016, Leeds Clinical Commissioning Groups provide a joint report on the commissioning priorities and intentions for 2016/17, specifically identifying any proposed cancer prevention and early intervention initiatives, including associated timescales and budget allocations.