

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ¹	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ²	
FEB. 2006		<p><u>2 Feb. 2006</u></p> <p>Wellcome Wing at LGI</p> <p>The Board was briefed on the main themes of the business case concerning the future of Wellcome Wing. The following points were made:</p> <ul style="list-style-type: none"> • The Wing housed several different services, including the Renal Service. • Its structure dated from the early 1960s and the electrical infrastructure was in need of major remedial work • There were serious concerns about the presence of asbestos in the building. • Refurbishment costs of between £9m and £17m were anticipated. • A timescale of around two years was likely for the necessary work. <p>RESOLVED</p> <p>The Board endorsed the recommendation that Option 6 should be progressed, noting that further business cases would be received in due course for each element of the reprovision of services within Wellcome Wing</p>	<p><u>13 Feb. 2006</u></p> <p>The Board was advised that LTHT had approved in principle the vacation and closure of the Welcome Wing at the LGI, with all services based there, including renal services, being reconfigured and rehoused elsewhere in the Trust.</p> <p>Members were advised that the Trust believed that the best option for the disposition of renal services was to centralise inpatient beds and acute dialysis on the St James's site and to provide satellite dialysis units on the LGI and Seacroft Hospital sites</p> <p>The Board requested that further information on the proposed transfer be submitted to the March meeting of the Scrutiny Board</p>	<p>Option 6 included:</p> <ul style="list-style-type: none"> • Ward 32 (inpatients) would be reprovided into Lincoln Wing at St James adjacent to the current renal wards. (Capital cost £1.745m for the new ward.) • 18 dialysis stations would be created at Seacroft hospital with all supporting facilities. (Capital cost £1.697m for the Seacroft dialysis station.) • <u>A 10 dialysis station unit would be created at LGI.</u> (Capital cost £0.5m for the 10 station dialysis unit at LGI.) • Outpatient facilities at LGI would remain as would vascular access and on site renal support to LGI patients.

¹ Formally known as Leeds Primary Care Trust (PCT)

² Formally known as Scrutiny Board (Health and Wellbeing) and Scrutiny Board (Health and Adult Social Care)

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

INTENTIONALLY BLANK

OPTIONS PRESENTED TO LTHT BOARD – FEBRUARY 2006

A long list of 6 options for action were initially presented to the LTHT Board (2 February 2006), as follows:

- Option 1: Do nothing
(Discounted as the Trust has a responsibility to protect the safety of patients and staff and meet health and safety requirements: the criteria are therefore not met.)
- Option 2: Upgrade the Wing on a rolling programme, floor by floor, and fully refurbish it at a capital cost of approximately £17m.
(Discounted given the strategic direction of Making Leeds Better and a single acute hospital on the St James site as well as the significantly greater capital costs required: the criteria are therefore not met.)
- Option 3: Upgrade the Wing, having decanted all occupants on a temporary basis and then fully refurbish the Wing at a capital cost of approximately £17m.
(See option 2)
- Option 4: Upgrade the Wing on a rolling programme, floor by floor to a minimum standard to meet immediate health and safety requirements at a capital cost of approximately £9m. There will be 2 different approaches/sub options to this decant option.
- Option 5: Upgrade the Wing, having decanted all occupants on a temporary basis elsewhere to a minimum standard to meet immediate health and safety requirements at a capital cost of approximately £9m.
(Discounted as this was considered more disruptive than the other equivalent (Option 4).)
- Option 6: Reconfigure the services in the Wing and rehouse them elsewhere in the Trust at a capital cost of approximately £9m and then close the Wing.

Options four & six were the short listed options as they best met the criteria overall. A more detailed summary of these options is attached.

Other issues

The main contentious issue reported was around which option best fitted the needs of Renal patients across Leeds, whilst at the same time being consistent with the Trust's overall strategic direction.

It was reported that the majority of current LGI users wanted the service to be retained at LGI. In summary, the reasons for this were:

- a strong belief in the very high quality of the service currently provided and an anxiety that this might not be the case if the service moves
- anxiety about a change of site meaning a change of staff as users appreciate continuity of care
- current users are used to and familiar with the service and facilities at LGI
- anxiety about access to the dialysis service as LGI is the closest site for the North West and the West of the city and for Bradford patients.
- concern in case there are not appropriate support services at Seacroft and worry in case the twilight service is stopped.

**RENAL SERVICES – POTENTIAL SOLUTIONS RELATING TO
OPTION 4(A) and (B) AND OPTION 6**

Reported to the LTHT Board – 2 February 2006

<p>Renal – Ward 32 and Ward 50 This is the most complex and contentious of all the areas within the Wing. The current Leeds Service comprises the following: LGI</p> <ul style="list-style-type: none"> – 23 inpatient beds – 24 dialysis stations with 4 extra available through providing a night shift. – an outpatient department. – supporting clinical and non-clinical services. <p>SJUH</p> <ul style="list-style-type: none"> – 19 inpatient beds – 25 dialysis stations – 4 bed HDU – 10 bed transplantation unit – an outpatient department – clinical and non-clinical support areas <p>There are also a number of satellite units under the aegis of the Leeds service – including a 10 station satellite unit on the Seacroft site and a satellite unit in Beeston.</p>	<p align="center">Refurbishment Option 4(a) Decants for some areas with other areas temporarily not being re-provided.</p>	<p align="center">Refurbishment Option 4 (b) Decants for all areas with some areas remaining in their decanted position.</p>	<p align="center">Reconfiguration (Option 6)</p> <p>Ward 32 would be reprovided into Lincoln Wing at St James adjacent to the current renal wards. The outpatient department at St James would move up to ward 68 & 69 to allow the creation of both a ward and an ambulatory area within the wing specifically for renal patients. 18 dialysis stations would be created at Seacroft hospital with all supporting facilities. A 10 dialysis station unit would be created at LGI. Outpatient facilities at LGI would remain as would vascular access and on site renal support to LGI patients. Capital cost £1.745m for the new ward. Capital cost £1.697m for the Seacroft dialysis station. Capital cost £0.5m for the 10 station dialysis unit at LGI.</p>
--	---	---	--

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
MAR. 2006			<p><u>13 Mar. 2006</u></p> <p>Proposals on the Reconfiguration of Renal Services in Leeds</p> <p>The Board received an outlined of the proposals to reconfigure Renal Services in Leeds. It was reported to the Board that the proposals to close the Wellcome Wing at the LGI would include an expanded satellite service, which would be delivered from Seacroft Hospital, <u>in addition to a new 10 bed unit at the LGI for patients with chronic renal failure.</u></p> <p>RESOLVED</p> <p>(i) That the Chair writes to the Chief Executive of Leeds Teaching Hospitals NHS Trust to convey the views of the Board and recommend that further consultation is carried out with patients on the reconfiguration proposals in an open and transparent manner.</p> <p>(ii) That the Trust is asked to provide a written response to the Board's recommendation prior to the Board's meeting in April 2006.</p>	<p>The Board heard from a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Leeds Teaching Hospitals NHS Trust • The LGI Kidney Patients Association's • UNISON reps. from LTHT • RCN reps. <p>Members raised concerns that patients had not been reassured at any time throughout the process, and acknowledged that although consultation had occurred in 2000, on the whole the consultation process had been unsatisfactory.</p>

³ Formally known as Leeds Primary Care Trust (PCT)

⁴ Formally known as Scrutiny Board (Health and Wellbeing) and Scrutiny Board (Health and Adult Social Care)

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
APR. 2006		<p><u>6 Apr. 2006</u></p> <p>Matter arising: Wellcome Wing</p> <p>The Board was informed that the Council's Scrutiny Board had recommended a period of public consultation with regard to the Trust's proposals to relocate Wellcome Wing.</p> <p>It was explained that the PCTs would lead this process. The Board accepted the Scrutiny Board's recommendation.</p>	<p><u>10 Apr. 2006</u></p> <p>Matters arising</p> <p>It was reported that a formal response had been received from LTHT in relation to the Board's recommendation for further consultation and it was confirmed this had been approved at the Trust Board meeting held on 6th April 2006.</p> <p><u>Members were assured that the Board would be informed of any developments as they occurred.</u></p>	
JUN. 2006		<p><u>1 Jun. 2006</u></p> <p>Wellcome Wing Contingency Plan</p> <p>The Board received an update on the Wellcome Wing Contingency Plan.</p> <p>The Board was briefed on the need for urgency and the action being taken to communicate with external stakeholders and to identify temporary accommodation for the services that would need to move.</p> <p>It was agreed that any urgent action that became necessary would be pursued by way of Chairman's Action as opposed to extra-ordinary Board meetings.</p>	<p><u>19 Jun. 2006</u></p> <p>Presentation from Local Primary Care Trusts and Acute Trusts</p> <p>Under a general item, it was reported that consultation on the reconfiguration of renal services had commenced and would be completed in August 2006.</p> <p>The Board agreed to continue to keep a watching brief on this matter.</p>	

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
JUL. 2006		<p><u>6 Jul. 2006</u></p> <p>Wellcome Wing Exit Programme</p> <p>The Board noted the progress towards vacating Wellcome Wing by the end of October 2006.</p> <p>The Board was reminded that the arrangements were temporary and could need to change as a result of the consultation process currently in progress.</p>		
AUG. 2006		<p><u>3 Aug. 2006</u></p> <p>Interim Re-provision of Renal Services from Wellcome Wing</p> <p>The Board was presented with an interim solution for the reprovision of renal services, which highlighted the need for urgency as part of the process of vacating Wellcome Wing.</p> <p>The Board was advised that the consultation process concerning the future of renal services continued and was unaffected by the proposal.</p> <p>The business case received the Board's approval.</p>		

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
SEP. 2006			<p><u>18 Sep. 2006</u></p> <p>Consultation Update: Reconfiguration of Renal Services in Leeds</p> <p>The Board received a verbal update on the consultation process from LTHT and was advised that the analysis from the consultation was due to be submitted to the LTHT Board in October 2006.</p> <p>Members urged the Trust to maximise transportation links for patients and requested further details about the re-provision of renal services and the evaluation of the consultation process as soon as was practicable.</p> <p>RESOLVED –</p> <ul style="list-style-type: none"> (i) That the information detailed within the report be noted; (ii) That the Airedale consultation document be circulated to Members for their information; (iii) That an update on the information relating to the re-provision of renal services in Leeds in addition to the evaluation of the results from the consultation process be circulated to the Board as soon as is practicable; (iv) That a letter on behalf of the Board be forwarded to the Chief Executive of Leeds Teaching Hospitals NHS Trust which outlines the Board's comments about need to maximise transportation links for patients. 	<p>At the Scrutiny Board meeting, the LGI Kidney Patients Association, raised concerns over the way in which the whole consultation process had been conducted.</p>

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
OCT. 2006		<p><u>5 Oct. 2006</u></p> <p>Update on Wellcome Wing Exit Programme</p> <p>The Board was reminded of the exit programme and contingency plans associated with the closure of Wellcome Wing.</p> <p><u>It was confirmed that the Trust would be able to re-provide all of the services previously housed there.</u></p> <p>Renal Services Consultation</p> <p>The Board received the summarised outcome of the formal consultation, however a formal recommendation was awaited from the newly-formed Leeds PCT, which had now assumed responsibility for the process</p> <p>The Board accepted the outcome of the consultation process and, subject to the PCT's recommendation, confirmed its support for the proposals being taken forward as set out in the consultation document.</p> <p>The Board also agreed that the Trust should pursue the concerns raised during the consultation process.</p>	<p><u>23 Oct. 2006</u></p> <p>Reconfiguration of Renal Services in Leeds</p> <p>The Board received the Consultation Analysis document presented to the LTHT Board on 5 October 2006.</p> <p>RESOLVED –</p> <p>(i) That the report be noted.</p> <p>(ii) That further consideration be given to the Reconfiguration of Renal Services in Leeds following consideration of the consultation analysis by the Leeds Primary Care Trust.</p>	<p>PROPOSALS (as presented in the consultation document)</p> <ul style="list-style-type: none"> • Create a new haemodialysis unit at Seacroft Hospital • Centralise the renal inpatient bed base at St James's • Centralise the peritoneal service at St James's • <u>Create a 10 station dialysis unit at LGI as the local facility for dialysis patients in the West and Northwest of the city and for inpatients at the LGI suffering acute renal failure.</u> <p>The written consultation process received 297 responses. The analysis of responses showed:</p> <ul style="list-style-type: none"> • 53% (156) supported the proposal • 21% (61) opposed the proposal • 26% (80) were neutral

PROVISION OF RENAL SERVICES BY LTHT – TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ³	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁴	
NOV. 2006	<p><u>16 Nov. 2006</u></p> <p>Renal Services Consultation</p> <p>The Board received the summarised outcome of the formal consultation and resolved to:</p> <ul style="list-style-type: none"> (i) Note the findings of the consultation analysis; (ii) Support the Trust in working with partner organisations to address the specific concerns raised in the consultation; (iii) Strongly recommend that LTHT pursue a solution for dialysis patients from the west of the city in the short term and have discussions on a satellite unit at WGH; (iv) Consider pursuing alternative provision should an acceptable resolution not be reached to recommendation (iii) above. 		<p><u>20 Nov. 2006</u></p> <p>Matters arising</p> <p>It was reported that a further report on the Reconfiguration of Renal Services in Leeds at the December Board meeting.</p>	<p>There was broad agreement between LTHT and Leeds PCT on the substantive issues arising from consultation and about the way forward. A number of key issues were identified and both organisations met to agree the next steps in key areas. These are set out in the attached document.</p>

KEY ISSUES AGREED BY LEEDS PCT AND LTHT

November 2006

In-patient Services

Centralisation of in-patient services at St James's will proceed. The PCT report into consultation did not identify any major difficulties with this part of the proposal. The LTHT clinical management team for renal services, the Kidney Patients Associations (LGI and St James's) and the regional planning forum for renal services will address any outstanding matters or new issues as they arise.

Haemodialysis services for patients in West/North West Leeds

LTHT will now work towards a permanent dialysis facility at Seacroft, to replace the temporary facility which was commissioned at short notice and has a fixed lifespan.

LTHT will also respond to concerns about access to services for people in the West and North West of the city and will therefore prioritise work to identify a location then set up a project to deliver a 10-station haemodialysis unit at LGI. Three potential locations at LGI are under consideration, alongside the LTHT Acute Service Review and continuing estate rationalisation. LGI Brotherton Wing offers several potential sites and if agreement on the detail can be reached with the PCT and stakeholders a **10-station unit could be established within 18 months unless there are any delays in plans to vacate space or if there are unforeseen difficulties in making it fit for purpose.**

Transport

LTHT will shortly be considering bids for a dedicated transport service for renal patients intended to resolve many of the difficulties that have arisen historically both at Seacroft and elsewhere in the network of units and satellites, although these difficulties are not related to the interim or long term changes. A patient representative will be on the tender evaluation panel. The Trust is continuing discussions with the local authority, West Yorkshire Passenger Transport Executive (WYPTE), Metro and commercial providers about transport links and the infrastructure for St James's Hospital, as part of the *Making Leeds Better* programme.

INTENTIONALLY BLANK

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
DEC. 2006			<p><u>18 Dec. 2006</u></p> <p>Reconfiguration of Renal Services in Leeds</p> <p>The Board considered a joint report from Leeds PCT and Leeds Teaching Hospitals NHS Trust (LTHT) following the renal services consultation.</p> <p>Issues discussed included:</p> <ul style="list-style-type: none"> • Timescales associated with the provision of a 10-bed unit at the LGI for patients with chronic renal failure. • Using Wharfedale Hospital to provide a satellite unit to serve those in the North West of the City. • Transport issues. <p>RESOLVED –</p> <p>a) That the report be noted.</p> <p>b) That a further report be brought to the Board which specifically addressed the transport issues raised by renal patients.</p>	<p>At the Scrutiny Board meeting, the LGI Kidney Patients Association expressed concern regarding the consultation process and felt that it was flawed. Amongst concerns raised was that the consultation literature was not translated for ethnic groups which will have resulted in a lack of responses. It was also felt that the consultation process should have been carried out by an independent body rather than the PCT as the commissioning body. Further issues of concern included transport provision, access to Seacroft Hospital and the affect on the quality of life for patients.</p>

⁵ Formally known as Leeds Primary Care Trust (PCT)

⁶ Formally known as Scrutiny Board (Health and Wellbeing) and Scrutiny Board (Health and Adult Social Care)

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
JAN. 2007			<p><u>22 Jan. 2007</u></p> <p>Reconfiguration of Renal Services in Leeds - Patient Transport Issues</p> <p>The Board considered current transport provision, alongside additional information on the tendering process for transport.</p> <p>RESOLVED</p> <p>a) That the report be noted. b) That the Board receives a further report in March 2007 on the wider issues relating to the reconfiguration of renal services in Leeds.</p>	<p>It was reported that the tendering exercise was currently being evaluated and the results could be made available to the Board in due course.</p> <p>Following the last meeting of the Board where it was suggested that a member of the Kidney Patients Association participate in the tendering process, it was reported that this had happened successfully</p>
APR. 2007			<p><u>23 Apr. 2007</u></p> <p>Provision of Renal Services in Leeds</p> <p>The Board was informed that that only one viable bid had been received for the transport tender, however it was anticipated that the new arrangements would include a number of measures to strengthen transport provision, including stricter penalties and the provision of a dedicated transport contact desk within the Yorkshire Ambulance Service.</p> <p>RESOLVED</p> <p>That the report be noted</p>	<p>The Board was advised that proposals for the establishment of a permanent facility at Seacroft Hospital and <u>a 10 station satellite unit at Leeds General Infirmary (LGI)</u> were to be considered by the LTHT Management Board. Planned dates for completion of the new facilities were Autumn 2008 for Seacroft and <u>June/July 2008 for LGI.</u></p>

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
NOV. 2007		<p><u>29 Nov. 2007</u></p> <p>Business Case for creating a permanent renal haemodialysis unit at Seacroft Hospital</p> <p>Business Case for creating a renal haemodialysis unit <u>at Leeds General Infirmary</u></p> <p>The LTHT Board considered the two business cases in consequence of the closure of Wellcome Wing.</p> <p>The Board was reminded that both units had been agreed as part of the Wellcome Wing emergency closure process and <u>honoured commitments made to the KPA at an earlier Board meeting.</u></p> <p>The Board was advised that the precise location of the Unit had been discussed with the KPA and other users and Ward 46 was their preferred location.</p> <p><u>Both business cases received the Board's support.</u></p>		<p><u>14 Nov. 2007</u></p> <p>Letter from the Chair of the Scrutiny Board to LTHT <u>seeking clarification on timescales and location of the 10 station unit at LGI</u> and concerns raised by the KPA.</p> <p><u>29 Nov. 2007</u></p> <p>It was reported to the LTHT Board that, in relation to the LGI scheme:</p> <ul style="list-style-type: none"> • The scheme fits the overall direction of the Trust in its demonstration of responsiveness to patient demand for an accessible dialysis service on the LGI site; • £3M had been allocated in the capital programme across 07/08 and 08/09 for renal dialysis schemes. • The initial estimate for the LGI Unit was £1.7m. • There was no additional revenue expenditure; • The provision would deliver dialysis to inpatients at the LGI with acute renal failure and chronic renal patients receiving inpatient care in another specialty at the LGI.

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
MAR. 2008			<p><u>17 Mar. 2008</u></p> <p>Matters arising</p> <p>The Board considered an update on the long-term plans for Renal Services in Leeds. This included plans to provide <u>a 10 station satellite unit at Leeds General Infirmary (LGI)</u>. It was reported that:</p> <ul style="list-style-type: none"> • The new unit was planned to be sited in Ward 46 • Works would go out for tender on 25 April 2008 • It was expected that LTHT Board would agree the approved contractor on 26 June 2008, with a start on site date of 14 July 2008. • The works were anticipated to be completed on 12 December 2008, with commissioning taking place between December 2008 and January 2009. <p>RESOLVED</p> <p>a) That the report be noted.</p> <p>b) That WYMAS be contacted and requested to supply the Board with information regarding the transport of patients accessing Renal Services.</p>	<p>The KPA advised the Scrutiny Board that they still had some concerns, including:</p> <ul style="list-style-type: none"> • Facilities at Seacroft Hospital breaking down. • Demand for services at St James and the ability to meet this demand. • Transport – although the KPA had been actively involved in the tendering process, only one suitable bid had been received. Problems had been encountered with the transport of patients and examples of patients not being collected for treatment and the adverse knock on effects were given. • <u>The timescale to implement new provision at Leeds General Infirmary</u>

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
JUN. 2008			<p>Work Programme</p> <p>As part of the new Board's discussions around its work programme, Members were advised that the Scrutiny Board received regular reports regarding the long term plans for renal services in Leeds.</p> <p>Following a monitoring session held on 17 March 2008, it was highlighted that the Leeds Kidney Patients Associations (LGI and SJUH) had concerns regarding the transport provided by Yorkshire Ambulance Service (YAS) under contract to LTHT.</p> <p>RESOLVED</p> <p>a) To include renal services (particularly around transport) as part of the Board's work programme.</p>	LTHT, YAS and KPA invited to attend the Board in September 2008 to update Members, particularly in terms of any on-going renal transport issues.
JUL. 2008		<p>Award of Contract - Renal Dialysis Unit at the Leeds General Infirmary</p> <p>Considered as part of the non-public part of the agenda. (No public minutes available)</p>		

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
SEP. 2008			<p><u>16 Sep. 2008</u></p> <p>Renal Services</p> <p>The Board heard from NHS Leeds, LTHT, YAS and the KPA.</p> <p>The main issues centred around the operation of the renal services transport contract between LTHT and YAS.</p> <p>The KPA provided examples of problems experienced transporting patients to and from appointments, including late and missed collections of patients and patients having to travel on long unnecessary journeys whilst other patients were collected. The Board was reminded that during discussion around the reconfiguration of Renal services, the KPA had highlighted a number of areas of concern, particularly in terms of transport arrangements.</p> <p>RESOLVED</p> <p>That the report and information presented be noted.</p> <p>That a further report be presented to the Board, to include greater detail on current performance and trends in performance, particularly in the areas discussed at the meeting.</p>	<p>Following closure of Wellcome Wing, the report presented to the Board confirmed the following service changes:</p> <ul style="list-style-type: none"> • February 2008: Inpatient ward moved to ward 62 in Lincoln Wing at St James's in. • May 2008: Work started on 24-station unit at Seacroft Hospital. Completion: Jan. 2009. • Work due to start shortly at LGI to create a 10-station chronic unit, with 2 acute beds. Completion: Spring 2009. <p>LTHT and NHS Leeds stated their intention to continue to work in partnership with both the YAS and the Kidney Patients Association (KPA) in an attempt to resolve areas of concern.</p>

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
OCT. 2008		<u>23 Oct. 2008</u> Briefing note on renal dialysis services at LTHT issued to the Chair of the Scrutiny Board <ul style="list-style-type: none"> Confirmed the new renal dialysis satellite unit would open on Ward 44 in December 2009. Described the delay as a result of the Children's Hospital Services Reconfiguration. Confirmed the unit will meet the commitment made by the Trust to re-provide renal dialysis facilities at LGI Outlined that a new 6-station (previously stated as a 10-station) unit, costing over £1m would provide services for patients who prefer to dialyse in the City Centre. 	<u>21 Oct. 2008</u> Renal Services – Transport Update <p>The Board considered a report from YAS, which detailed statistical information in relation to transport provision. This also included benchmarking information against the Cheshire and Merseyside Action Learning Set.</p> <p>The Board was also informed of 3 main areas highlighted at the recent meeting between the YAS, LTHT and KPA which focussed on planning concerns, communication issues and how to reduce complaints. Reasons for missed appointments were also highlighted.</p> <p>RESOLVED</p> <p>That the report be noted and the Board be kept updated on the position regarding Renal Services transport.</p>	<p>At the Scrutiny Board meeting the KPA informed Members of outstanding concerns which included:</p> <ul style="list-style-type: none"> Responses to complaints; Times involved in transporting patients; and, The future provision of services at Leeds General Infirmary
JAN. 2009				<p>Report from KPA regarding ongoing renal patient transport, with particular concern regarding the Christmas period.</p> <p>Concern expressed regarding the delay to and the long-term plans for the LGI renal unit.</p>

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
FEB. 2009	<p><u>6 Feb. 2009</u></p> <p>Renal Services update report presented to the Trust Board. The report stated:</p> <ul style="list-style-type: none"> • No formal targets for delivery of renal services – but standards and markers for good practice. • Sufficient capacity within the city to provide dialysis to all patients who require it. • <u>The longer term agreed plan was to:</u> <ul style="list-style-type: none"> ○ <u>Provide 18 stations at Seacroft</u> ○ <u>Relocate 10 stations at LGI (due to open in Dec. 2009)</u> • Main, continuing issue for patients revolves around transport availability and response to individual needs. 		<p><u>6 Feb. 2009</u></p> <p>Letters to LTHT and YAS on behalf of the Scrutiny Board regarding the concerns of the Scrutiny Board regarding the ongoing problems associated with renal patient transport – particularly in relation to a <i>'number of quite severe difficulties'</i> over the Christmas period, highlighted by the KPA.</p> <p><u>26 Feb. 2009</u></p> <p>Response from LTHT (to letter dated 6 February 2009) and advised the following:</p> <ul style="list-style-type: none"> • Every effort being made to improve the renal patient experience in respect of transport and a Renal Patient Transport Steering Group had recently been established • Over the Christmas period, Renal Units closed on different days of the week and inconsistent information was given YAS. • For future Christmas periods, there will be a standard approach from all the Renal Units over communications with YAS • Other work being undertaken around: <ul style="list-style-type: none"> ○ Patient journey experience ○ Patient transport – eligibility criteria ○ Patient awareness, including patient responsibilities around transport ○ Communication to improve aborted inward journeys 	<p><u>6 Feb. 2009</u></p> <p>Letter sent to KPA advising of the approach to seek information from LTHT and YAS.</p>

MONTH	ACTIVITY:			NOTES
	NHS LEEDS ⁵	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH) ⁶	
MAR. 2009			<u>10 Mar. 2009</u> Response from YAS (to letter dated 6 February 2009) providing details of the service review undertaken (covering the Christmas period). YAS recognised that some patients experienced a disrupted service with their transport over the Christmas holiday period. Some of the outcomes of the review included: <ul style="list-style-type: none"> • No Patient failed to be transported as a result of YAS failings. • 54 patients (w/c 22/12/08) and 29 patients (w/c 29/12/08) experienced delays as a result of transport: • 27 patients had to reduce dialysis (as confirmed by LTHT) There were 100 'abortive' journeys over the period	
JUL. 2009		<u>30 Jul. 2009</u> Report to Trust Board. Content TBC.	<u>28 Jul. 2009</u> Consideration of current proposals regarding delivery of renal services at LGI Update on provision of renal patient transport	