

SCRUTINY BOARD (HEALTH)

TUESDAY, 24TH NOVEMBER, 2009

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman,
D Hollingsworth, J Illingworth, M Iqbal,
G Kirkland, A Lamb and P Wadsworth

40 Late Items

There were no late items, however the Chair admitted to the agenda additional information provided since the agenda's publication. This information was relevant to agenda items 7 and 8 ('Provision of Renal Services' and 'Provision of Dermatology Services') and had been circulated to Members.

41 Declarations of Interest

In respect of Agenda Item 7 'Provision of Renal Services' (Minute No. 44 refers), Councillor Chapman declared a personal interest as her daughter-in-law worked for the health care provider and was about to start work on one of the renal wards.

42 Apologies for Absence

Apologies for absence were submitted on behalf of Mr E Mack (Co-opted Member), and Councillors Yeadon and Congreve.

43 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 20th October 2009 be confirmed as a correct record.

44 Provision of Renal Services

The Head of Scrutiny and Member Development submitted a report providing Members with additional information to assist in the consideration of current proposals associated with the provision of renal services (dialysis) across the Trust, particularly in terms of provision at Leeds General Infirmary (LGI).

The report also presented the draft Yorkshire and The Humber Renal Strategy (2009 – 2014) for consideration and comment.

Appended to the report was the following information:

- Position Statement: Proposed Renal Services Provision at Leeds General Infirmary – 29 July 2009 (Appendix 1)
- Renal Services: Provision at LGI – Follow-up Questions – (Appendix 2)

- Leeds Teaching Hospitals NHS Trust (LTHT) Response to Scrutiny Board Health follow-up questions on Renal Services provision at LGI (Appendix 3)
- Draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014 (Appendix 4)

Previously accepted as additional information under Agenda Item 3 (Minute No.40 refers) was a written submission from the Kidney Patients Association (LGI).

The Chair welcomed to the meeting, Frank Griffiths from the Kidney Patients Association (LGI), to outline the patients' position on the proposed changes to renal provision at LGI. Gloria Black, a kidney dialysis patient since 1996, was also invited to address the Board on her first hand experiences of undergoing dialysis at Seacroft.

Mr Griffiths submitted an apology from Paul Taylor of the Kidney Patients Association (St. James') and read out a letter from Mr Taylor which endorsed everything that the KPA (LGI) were saying and supported their campaign to get renal services at the LGI fully reinstated.

Mr Griffiths then summarised the written submission from the KPA (LGI). At issue was the way the LTHT had planned and provided care for patients with Chronic Kidney Disease. He referred to a paper dated 29th April 2009 from the National Kidney Federation (NKF) which provided a definition of a 'patient centred service', advice on how a site should be chosen and the other hospital services and departments that should be easily accessible to kidney patients. The KPA was concerned that these recommendations were not being followed in Leeds.

Mr Griffith raised particular concerns about the Seacroft unit being described as a 'Main Dialysis Unit' by the Trust, although it did not have the service standards required by a main unit as defined in the aforementioned NKF paper. Mr Griffiths later went on to expand on this issue and explained about co-morbidities, that is when a patient had more than one complaint for which they needed treatment, such as cardiology, neurology, eurology and diabetes – questioning how these services could be accessed at the main dialysis unit at Seacroft.

The NKF paper also defined holistic care and there was concern that the guidance on treating kidney patients holistically was not being met in Leeds. The Seacroft unit had not been built for that purpose, doctors were not available on a regular basis there and neither was psychological support, faith observance support, nor the services of a dietician provided.

Mr Griffiths went on to express concern regarding the reliance on 'clinical need' to inform the planning and delivery of dialysis services: stating that clinical need was disease defined and not patient orientated.

Mr Griffith then went through the individual follow up questions that had been asked of the Chief Executive of LTHT by the Scrutiny Board (Appendix 3 to the report refers) and outlined the KPA's views. Of particular concern were:

- That the patients felt they had been misled to believe that a unit would ever be delivered at LGI and they felt seriously let down.
- That the March 2009 patient survey had now been acknowledged by the Trust as of no help in the discussions on the location of haemodialysis.
- That the information on inward and outward journey times to and from Seacroft Hospital, as supplied by the LTHT in tables at Appendix 3 to the report (pages 45 and 47 of the agenda refer), should be withdrawn, as the journey times were obviously impossible to achieve and the data should be investigated.
- That the impression given by the responses of the LTHT was that the LGI was not a popular location.

Mr Griffiths concluded that kidney patients deserved a better deal and that a promise had been made in 2007 by the Trust to re-establish a facility at the LGI and that promise should be honoured.

The Chair thanked Mr Griffiths and Ms Black for their address to the Board and invited comments from Members. These were in brief summary:

- That significant changes to previously agreed plans should have been referred back to Scrutiny, and they had not been.
- Issues around the water plant at LGI and capital planning and maintenance schedules.
- The impossible travel times to and from Seacroft Hospital, as supplied by the LTHT and the Yorkshire Ambulance Service (YAS).

The Chair then welcomed the following officers to the meeting to address the Board and respond to any specific questions identified by the Members:

- Philip Norman, Divisional General Manager for Medicine – LTHT
- Nigel Gray, Director of Commissioning & Development (Adult Services) – NHS Leeds
- Jackie Parr, Senior Commissioning Manager – Specialised Commissioning Group (Yorkshire and the Humber)
- Sarah Fatchett, Director of Operations (Patient Transport Service) – Yorkshire Ambulance Service (YAS), and
- Diane Williams, Assistant Director (Patient Transport Service – Communications) – Yorkshire Ambulance Service (YAS)

The issues discussed between Members of the Board and officers included in summary:

- **Communication** - *The Director of Commissioning and Development (Adult Services) acknowledged that communication between NHS Leeds, the patient groups and the Scrutiny Board had been poor and advised that new procedures would be put in place to ensure communication was improved.*
- **Transport Data** – *The Director of Operations (Patient Transport Service) shared concerns raised regarding the data presented on travel times and*

acknowledged that it was flawed and personally apologised. She explained that the technology was new and they were experiencing bugs with the operating software. She agreed to rerun the data and provide the correct figures to the Board and the patient groups when it was available. Members were given assurances by the Divisional General Manager for Medicine that the flawed transport data would not go to the LTHT Board.

- **March 2009 Patient's Survey** - *The Divisional General Manager for Medicine acknowledged that the information regarding the Leeds' patients from the March 2009 patient survey was incorrect and would also be withdrawn from information presented to the LTHT Board.*
- **Paper on Renal Services Provision to the LTHT Board** - *The Divisional General Manager for Medicine advised that a formal paper on the provision of renal services in the region would not be going to the December LTHT Board as they had to be certain that all the data was correct and that all the facts were present in order for the Board to make an informed decision. It was not known when the paper would go to the Trust Board, but it would probably be considered before March. The paper would be on the provision of the entire service across the whole of West Yorkshire. Members were assured that any decision by the Trust Board would be based on clinical need.*
- **Capital Replacement Timetable** – *In response to a question from the Chair asking what had changed since a clear commitment had been given in February 2009 to relocate 10 stations to a renovated area within LGI, the Divisional General Manager for Medicine advised that this was due to there being competing priorities in terms of the capital programme, for which there were scarce resources. He advised that there was a clear capital replacement timetable, that no formal decision not to proceed with the LGI dialysis unit had been made and that the LGI dialysis unit had not disappeared from the capital programme.*
- **SJUH Water Treatment Plant** – *The Divisional General Manager for Medicine advised that the proposal not to proceed with the planned dialysis unit at LGI was not based on an 'either or' discussion around the water treatment plant at SJUH.*

The Chair summarised that the Board was not satisfied with the rationale presented for revisiting the decision to establish a renal dialysis unit at LGI; nor how the prioritising of the water treatment works against other competing priorities had been explained.

The Chair thanked all the officers for their contributions and for attending the meeting and concluded that:

- The case of current facilities being able to meet current and future demand had failed to be substantiated to the satisfaction of the Scrutiny Board;
- The Scrutiny Board had been presented with misleading, inaccurate and conflicting information. As such, the arguments presented to the Scrutiny Board around patient transport and the outcome of patient surveys had clearly been unravelled.
- The Board would like to see the original LTHT commitment for this unit at the LGI to be reaffirmed and delivered.

The Chair also suggested that, as there were clearly regional implications, as demonstrated in the draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014, the Board needed to alert the other Health Overview and Scrutiny Committees across the region to this issue and consider any joint activity.

Taking all the above into account, the Chair stated that he would like to convey the Board's concerns and observations to the Secretary of State for Health and this was agreed and supported by the other Members of the Board.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Board's concerns and observations regarding this matter, including LTHT's rationale for revisiting the decision to establish a renal dialysis unit at LGI, be conveyed to the Secretary of State.
- (c) That other Health Overview and Scrutiny Committees across the region be alerted to the regional implications, as presented in the draft Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2014, and consideration be given to any further joint scrutiny activity around this matter.

(Note: Councillor Lamb joined the meeting at the beginning of this item at 9.35am. Councillors Iqbal and Illingworth joined the meeting during the consideration of this item at 9.55pm and Councillor Hollingworth joined the meeting during the consideration of this item at 10.05am.)

(The meeting was adjourned for a break at this point at 11.50am and reconvened at 11.55am.)

45 Provision of Dermatology Services

The Head of Scrutiny and Member Development submitted a report providing Members with a range of information to assist in the consideration of current developments associated with the provision of dermatology services, particularly in terms of inpatient provision on ward 43 at Leeds General Infirmary (LGI).

Appended to the report was the following information:

- The response from Leeds Teaching Hospitals NHS Trust (LTHT) to the letter sent by the Chair of the Scrutiny Board (Health) requesting information and seeking clarification on various matters (Appendix 1).
- Examples of communications sent by a range of stakeholders to LTHT (Appendices 2 and 3).

The Chair advised that the Scrutiny Board only became aware of potential changes in the provision of dermatology services, particularly in terms of inpatient provision on ward 43 at LGI, in early October when two separate

requests for the proposals to be examined in more detail had been received from patients and the British Association of Dermatologists (BAD).

The Chair welcomed to the meeting:

- Tania von Hospenthal, Business Manager (Clinical Advisory Unit) – British Association of Dermatologists (BAD)
- Victor Boughton – Dermatology Patient Representative, and
- Mohammed Patel – Dermatology Patient

Apologies had also been received from Andrew Langford, Chief Executive, Skin Care Campaign, who had provided a written submission and from Mark Goodfield, President of the British Association of Dermatologists.

The Board heard that one of the main concerns of BAD was the consultation process; that staff and patients should be consulted before any decision to move ward 43 was made. BAD had written to the Chief Executive but had not yet received a response. They were also concerned that if the ward was to be moved, that it should remain as a dedicated unit and not be part of a larger ward.

The Dermatology Patient Representative summarised the comments received from patients and which had been accepted by the Board as additional information. He outlined the anxieties of the patients if the ward became part of a larger ward; that the patients' conditions would become worse due to stress unless the correct level of privacy and highly skilled nursing care was provided. There were concerns about:

- Contracting infections on open wards;
- The availability of baths or showers – which were a necessary part of the daily treatment;
- The potential need for having to travel between different hospital sites for associated treatments, and the increased stress for patients this may cause;
- The level of consultation with staff and patients.

Mr Patel, a dermatology patient on ward 43, then addressed the Board from a sufferer's perspective and explained the effect on himself if ward 43 was to be moved and became part of another ward. One of his main concerns was that the current high level of service would not be maintained outside of a dedicated ward for skin patients.

The Chair thanked the previous speakers for their views and then welcomed the following officers to the meeting to present the report and respond to any specific questions identified by the Board:

- Philip Norman, Divisional General Manager for Medicine – LTHT
- Graham Johnson, Divisional Medical Manager for Medicine – LTHT
- Judith Lund, Directorate Manager for Specialty Medicine – LTHT, and
- Ruth Middleton, Head of Commissioning (Planned Care) – NHS Leeds

The officers explained to the Board that at present ward 43 had 14 beds, four of which were for rheumatology patients. It had always been proposed to move the four rheumatology beds to St James'. It was considered that the ward was unsustainable as a ten bed unit and this, along with the fact that, in the future, the ward would be isolated with no out of hours medical cover, was the reason for having to look at where the dermatology service could be provided elsewhere. An options appraisal was currently being carried out to this end.

The Divisional General Manager for Medicine also advised that it had been the LTHT's intention to engage and consult, however first informal conversations with consultants and nurses regarding the provision of broader clinical services had spiralled to include discussion about the dermatology ward.

The Directorate Manager for Specialty Medicine outlined the list of criteria that had been drawn up by the consultants for suitable alternative locations for ward 43 which would be used in the options appraisal paper. They were also keen to work with Professor Cunliffe (a former consultant and now a patient in the dermatology department) to form a patient panel.

The Chair sought assurances that full consultation should take place on the future of dermatology services. The Board were assured by the Directorate Manager for Specialty Medicine that the consultation would be an open and transparent process.

With regard to concerns that some correspondence had indicated a move of only six inpatient dermatology beds and that other communication had indicated the provision of dedicated dermatology beds within a larger 22/24 bedded ward, the Divisional General Manager for Medicine assured the Board that at present their criteria was to provide ten dermatology beds on a dedicated ward.

Members made the following comments and raised the following questions:

- That the Board was not averse to change but it was concerned again about the lack of consultation by LTHT with the stakeholders.
- That the changes represented a substantial variation in service and as such there should be a 12 week period of consultation, in which the Scrutiny Board should be included. Substantial variations also could not be looked at in terms of money but on the basis of clinical need.
- That the LTHT did not seem to have a strategy or procedure for consultation.
- Concern that the Chief Executive LTHT had indicated that ward 43 was not suitable as a ward and would be turned into office space.
- Despite the assurances given at the meeting, it seemed that a decision had already been taken to move services from Ward 43.

The Chair stated it should be made clear that the Scrutiny Board was not averse to change, but an emerging theme for the year to date, seemed to be around how changes were proposed and progressed.

The Chair summed up that this issue should come back to the Scrutiny Board to ensure that the commitments given by LTHT regarding the consultation process were taking place. He also advised that the Board would write to the Chief Executive of LTHT seeking clarification on some of the issues raised at the meeting and to seek assurance that no decision would be made on the future of ward 43 until full consultation had been carried out.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the provision of dermatology services be added to the Scrutiny Board (Health)'s work programme for future consideration.
- (c) That the Chair write to the Chief Executive of LTHT on behalf of the Board to seek clarification on some of the issues raised at the meeting and to seek assurance that no decision would be made on the future of ward 43 until full consultation had been carried out.

(Councillor Iqbal left the meeting at 12.20pm during the consideration of this item, and Councillor Kirkland left the room at 1.20pm at the conclusion of this item for the remainder of the meeting. Councillor Bentley left the room at 1.45pm but returned later in the meeting.)

(The Board adjourned for lunch at 1.20pm and the meeting reconvened at 1.45 pm.)

46 Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation

The Head of Scrutiny and Member Development submitted a report providing the Board with a range of information on the consultation being undertaken by Leeds Teaching Hospitals NHS Trust (LTHT) about its application to become an NHS Foundation Trust and seeking Members' views on the consultation plan presented and on the application itself.

Appended to the report was the following information:

- The consultation document (Appendix 1)
- The Trust's consultation plan (Appendix 2)
- A list of more detailed information relating to specific consultation events (Appendix 3)

The Chair welcomed Ruth Holt, Chief Nurse, Leeds Teaching Hospitals NHS Trust, to the meeting to present the report and respond to any specific questions identified by the Board.

In summary, Members made the following comments and raised the following questions:

- Clarification of the geographical boundaries and whether the LTHT would be reconsidering the proposed boundaries, perhaps to coincide with the Council's well established Area Committee structure.
- Clarification on the proposed arrangements for recruiting members and appointing governors for a Foundation Trust .

- Based on recent events, the Scrutiny Board was concerned that LTHT was not demonstrating an appropriate level of patient involvement and engagement. It was felt that this did not complement LTHT's desire for achieving Foundation Trust status.
- Clarification as to how residents living in outer areas would feel motivated to become members of the new Leeds Foundation Trust, if they currently accessed healthcare services in other areas, eg Harrogate and York hospitals.
- Clarification of how much it would cost to operate the new arrangements for Foundation Trust status.
- The need to raise the profile and continue to emphasise the importance of the governor role to motivate members of the public to become fully engaged with the Foundation Trust process, in both the short and longer-term.
- Clarification of the day to day operations of the new Foundation Trust and future relationship with Monitor, the Strategic Health Authority and the Secretary of State for Health.
- Clarification as to whether establishing Foundation Trust status was appropriate, at this present time: particularly when considering the current challenges facing the Trust around reconfiguring services etc.
- Clarification of how the LTHT would potentially change their specialisms and the need for the Board to be kept up to date with any subsequent developments.
- Clarification as to whom was the ultimate decision maker within this process.
- The need for the Board to recognise the importance of this issue and to play a major part in the democratic process, as a 'critical friend', and for LTHT to listen to the Board's views.

The Chief Nurse responded to the issues raised, further outlining the work being undertaken by the Trust in this regard, and agreed to explore a number of the issues raised by the Board.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Principal Scrutiny Adviser be requested to prepare a draft consultation response, summarising the comments made by the Scrutiny Board, for submission to the Leeds Teaching Hospitals NHS Trust as part of the consultation process.

(Note: Councillor Bentley joined the meeting at 2.00pm during the consideration of the above item and Councillor Illingworth left the meeting at 2.10pm during the consideration of the above item.)

47 Joint Health Scrutiny Protocol - Yorkshire and the Humber

The Head of Scrutiny and Member Development submitted a report on the joint health scrutiny protocol for the Yorkshire and the Humber region. The draft protocol was attached to the report for Members' consideration and agreement.

Draft minutes to be approved at the meeting
to be held on Tuesday, 15th December, 2009

Steven Courtney, Principal Scrutiny Adviser, presented the report and advised the meeting that, to date 9 local authorities out of a possible 15, had now signed up to the protocol for the Yorkshire and the Humber Councils Joint Health Scrutiny Committee.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the draft attached protocol be agreed in accordance with the report now submitted.

48 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report presenting an outline work programme for the Board to consider, amend and agree as appropriate.

Attached to the report was the following information:

- Scrutiny Board (Health) Work Programme 2009/10 – updated November 2009 (Appendix 1)
- Minutes of the Executive Board meetings held on 14th October and 4th November 2009 (Appendix 2)

Steven Courtney, Principal Scrutiny Adviser, presented the report and stated that a provisional meeting of the Health Proposals Working Group had been arranged for Wednesday 3rd December 2009 at 3.30pm. This was an open invitation for all Board Members.

Specific discussion ensued on the Leeds Teaching Hospitals Trust's presentation on their application to become an NHS Foundation Trust.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the Work Programme be agreed.
- (c) That in view of the importance and public interest in this matter, a Working Group be established to discuss and propose the Board's consultation submission in relation to Leeds Teaching Hospitals NHS Trust proposals for achieving Foundation Trust status.

49 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 15th December 2009 at 10.00am with a pre-meeting for Board Members at 9.30am.

The meeting concluded at 2:40 pm.