Scrutiny Board (Health) – 26 April 2011

ITEM 7 – Dermatology Services in Leeds

Submission from Leeds Teaching Hospitals NHS Trust (LTHT)

Further to the report and associated appendices previously distributed, the following information provided by Leeds Teaching Hospitals NHS Trust (LTHT) has now been received and is attached for information.

The information provided consists of:

- A **briefing paper** on the Trust's plans for the Dermatology Outpatient Service, including the associated timescales, and in response to concerns highlighted by the Leeds Dermatology Patient Panel (LDPP) – pages 2–6;

- Details of **patient and public involvement** (detailed at Appendix 1) – pages 7–13;

- Response to the **inpatient** concerns raised by Leeds Dermatology Patients Panel – pages 14–17;

- Response to the **outpatient** concerns raised by Leeds Dermatology Patients Panel – pages 18–26.

To present the information provided, representatives from LTHT will be in attendance at the meeting, as follows:

- Graham Johnson - Divisional Medical Manager, Medicine Division
- Judith Lund - Directorate Manager, Specialty Medicine
- Philip Norman, Divisional General Manager, Medicine Division
- Alan Sheward - Divisional Nurse Manager, Medicine Division

The Leeds Teaching Hospitals NHS
NHS Trust

Briefing Paper on the Relocation of the Dermatology Outpatient Service from Leeds General Infirmary to Chapel Allerton Hospital

The purpose of this paper is to brief the Scrutiny Board (Health) on the Trust's plans for the Dermatology Outpatient Service, the timescales associated with the plans and to respond to the concerns highlighted by the Leeds Dermatology Patient Panel (LDPP) to the Scrutiny Board (Health).

1. Background

Leeds Teaching Hospitals NHS Trust (LTHT) plans to relocate the Dermatology outpatient service from Brotherton Wing, Leeds General Infirmary (LGI) to Chapel Allerton Hospital. This transfer will provide a co-located inpatient and outpatient Dermatology service. Since the transfer of the inpatient ward from LGI to Chapel Allerton Hospital in October 2010, the Dermatology service is split across 2 hospital sites. At the time of the transfer of the Dermatology inpatient ward, both patients and clinical staff sought an undertaking that the Dermatology outpatient service at the LGI would transfer as soon as possible to Chapel Allerton Hospital to ensure an integrated outpatient and inpatient service for Dermatology. LTHT aims to fulfil this undertaking through the approval of the business case to locate the Dermatology outpatient service to Chapel Allerton Hospital.

Planning for the outpatient service relocation started in earnest in October 2010 following the move of the Dermatology inpatient ward. The plan is for the outpatient service to transfer in early 2012 (please refer to high level timetable on page 4).

Current Location of the Dermatology Outpatient Service

The Dermatology Outpatient Department is located over 3 floors in Brotherton Wing, LGI and the quality of some of this accommodation is not to the standard we aim for.

- The ventilation is poor in treatment areas and there are risks associated to laser plume in the air. The poor ventilation limits the number of patients we are able to treat.
- Laser treatment rooms are small, and there is very little space to manoeuvre the laser equipment causing manual handling difficulties.
- The waiting area for laser treatment is small and privacy and dignity for patients is not to the standard we aspire to deliver.
- There is inadequate storage for consumable items used in the procedure rooms which can be an infection risk.
- There are no piped medical gases in the procedure rooms which undertake paediatric laser treatment under general anaesthetic which is a potential patient safety issue.
- Regulation of room temperature on the 3rd floor of the department is problematic; rooms are very warm and make working uncomfortable particularly in the warmer months.

- Patients and staff are required to travel up and down stairs in order to access clinics, treatments and the laboratory area.
- Skin cancer treatment using micrographic surgery requires on site access to laboratory testing. The surgical technique is tissue sparing and the patient waits post procedure whilst samples are examined to ensure that the cancer has been removed. Should the cancer not be fully removed in the first instance, more tissue is then taken away and examined. The laboratory area used for the micrographic surgery is located away from the theatre area and its previous use as a clinical research area means the layout has been constrained.

Dermatology Outpatient Services at Chapel Allerton Hospital

The relocation of the Dermatology Outpatient Department to Chapel Allerton Hospital will deliver a centralised Dermatology service. The refurbished space at Chapel Allerton Hospital will provide enhanced levels of accommodation to ensure quality of care is of the highest level.

- There will be additional, larger laser rooms which meet safety requirements, procedure rooms (used for surgery and biopsies) will have piped medical gases and compliant levels of ventilation/ extract.
- Existing shared small treatment cubicles divided only by curtains will be replaced by individual rooms to enhance levels of patient privacy and dignity.
- These improvements will facilitate the Dermatology services in moving towards the Trust's strategic aim of becoming the hospital of choice for patients and staff.
- Co-located inpatient and outpatient dermatology services provide opportunities for further improved ways of working and improved patient flow.
- Dermatology outpatient clinics already taking place at Chapel Allerton Hospital will be integrated into the new accommodation.

The impact on the existing Chapel Allerton Hospital site and services has also been addressed as part of the planning work, with a number of smaller enabling schemes. Chapel Allerton Hospital currently has several vacant/ underutilised areas and the relocation of the Dermatology outpatient service will ensure a more efficient use of the Trust estate. There will still be one vacant ward area at Chapel Allerton Hospital for future development. Transport and car parking in particular have been assessed, with a revised strategy being developed. Part of the strategy includes creating additional spaces at Chapel Allerton Hospital, re-designating some of the existing staff parking to patient parking and also the possibility of creating additional staff parking in other areas of the hospital site.

The plans for the outpatient service were balanced between the current service requirement and future strategic developments both in terms of clinical practice and demand. The current service delivers 55,000 patient appointments per annum. The outpatient area at Chapel Allerton Hospital will be able to accommodate the same level of commissioned activity as the current LGI facility.

Dermatology at LTHT provides the following specialised services:

- Genital Disorders
- Laser Therapy
- Medical Dermatology
- Nail Disease
- Paediatric Dermatology
- Photobiology

- Skin Allergy
- Skin Cancer Service
- Skin surgery including Mohs micrographic surgery

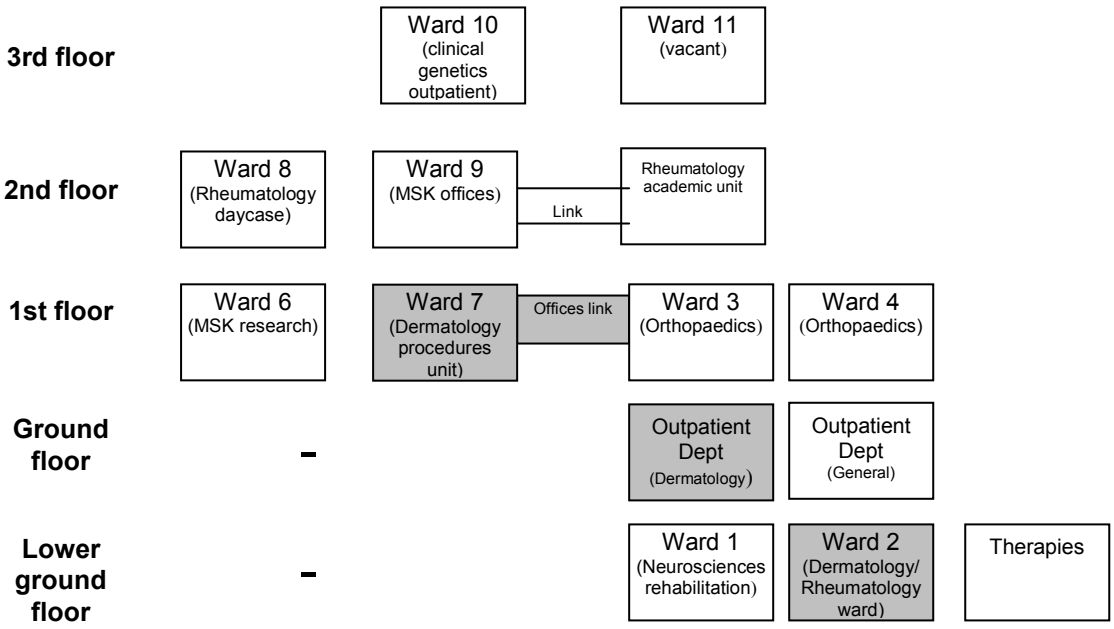
These services are provided for the population of Leeds, with some specialised services provided as a tertiary service for the region or beyond.

The predicted growth for the Dermatology service over the next 5 years is around 8%. This predicted growth is due to an ageing population and a continued increase in the number of skin cancer cases. The service at Chapel Allerton Hospital will be able to accommodate this change.

Planned Location of the Dermatology Outpatients at Chapel Allerton

The proposed plan is to locate the outpatient service on two floors.

The plan below highlights the planned location of the Dermatology Outpatient Service:



Ground Floor

The location of the Dermatology Outpatient Department on the ground floor is adjacent to the existing outpatient department which already serves Orthopaedics and Rheumatology, with adjacent clinical support services including Phlebotomy and Pharmacy. There will be a number of adjoining consulting and examination rooms which offer flexible space for patient review and treatment whilst respecting the privacy and dignity of our patients.

The Phlebotomy service at Chapel Allerton Hospital will be able to serve patients attending all outpatient departments and additional space has been identified on the ground floor to facilitate this.

Also located in this ground floor accommodation will be the Phototherapy Service. This service uses highly specialised equipment to treat a range of conditions (including early skin cancer) in both adults and children. It will have a dedicated bathroom, testing area and consulting room. Allergy testing will be co-located with Phototherapy to maximise the use of consulting rooms and waiting area. There is also space to accommodate a preparation area and necessary refrigerated storage.

The co-location of general outpatients and phototherapy offers some flexibility in staffing, which is not achievable in the current outpatient facility.

Ward 7

The surgical and laser elements of the Dermatology Service will be located on the 1st Floor (Ward 7). This accommodation will provide:

- Procedure rooms for skin surgery, including micrographic surgery
- Patient recovery area
- Laboratory
- Laser treatment rooms
- Consulting rooms

Its proximity to the ground floor outpatient area will maximise efficiencies, facilitate team working and provide opportunity for the expansion of 'one stop' patient pathways.

Specialised Dermatology

The Melanoma Service will continue to be provided in the Bexley Wing at St James's University Hospital, maximising the links with Oncology.

Paediatric laser treatment performed under general anaesthetic will be undertaken in the Leeds Children's Hospital thus enabling patients and their carers to benefit from facilities tailored to their needs.

2. Timetable for the Relocation

End of May 2011	Business case approved
June 2011	Detailed design drawings produced
End of June 2011	Trust goes to out to tender for the required building work
End of July 2011	Tenders returned
End of August 2011	Works start on site
February 2012	Completion of work
March 2012	Commissioning and transfer of the Dermatology Outpatient Service from LGI to Chapel Allerton Hospital.

3. Public and Patient Involvement

The Leeds Dermatology Patient Panel (LDPP) has represented Dermatology patients in the planning of the inpatient and outpatient service moves. LTHT is committed to patient and service user involvement and engagement. Patient representation has also been included as part of the core membership for the planning meetings and the Chair of the LDPP has attended these meetings in this capacity.

The LDPP hold regular meetings with its members at which the service plans for Dermatology have been raised. Consultant Dermatologists, Senior Managers and Matrons have all been invited and attended these meetings and shared information on the progress of the service plans.

LTHT has sought the views of patients in the planning of the relocation of the Dermatology Outpatient Service not only through scheduled and extraordinary meetings with the Chair and Secretary of the LDPP but also by visiting patients in their homes. In particular we have addressed with the LDPP the proximity of the clinical areas, paediatric waiting areas and also improving the privacy and dignity in the clinic rooms.

In respect of the patient and public involvement a record is made of communications, which has been shared and agreed with the LDPP Chair in planning meetings (the detail of which is in Appendix 1).

4. Summary

LTHT is committed to the continued delivery of the commissioned Dermatology Service and plans to relocate the Dermatology Outpatient Service from LGI to Chapel Allerton Hospital as agreed with patients and staff in October 2010 when the Dermatology inpatient ward transferred to Chapel Allerton Hospital.

LTHT believes the accommodation at Chapel Allerton Hospital will provide an improved environment for patients and staff.

LTHT remains committed to working with patients, carers and service users in its plans to relocate the Dermatology Service.

Judith Lund
Directorate Manager
Specialty Medicine
April 2011

LEEDS TEACHING HOSPITALS NHS TRUST – QUERIES/ COMMENTS FROM LEEDS DERMATOLOGY PATIENT PANEL (LDPP)

As at 19th April 2011

Date received	Query/ Comment	Response
1st August 2010	Confirmation that Victor Boughton (LDPP Chair) would be the Primary Planning Group (PPG) patient representative	
4th August 2010		Patient panel visit wards 2,7,11 at Chapel Allerton Hospital (CAH)
4th August 2010	Request for Victor Boughton to visit a paediatric ward to confirm Julie McFarlane's (Planning Manager) response that not all rooms were single rooms	Visit took place 11th August
16th Sept 2010	LDPP patient panel	Judith Lund, Directorate Manager, LTHT representative attended
6th Oct 2010	Confirmation that Victor Boughton would attend patient catering panel at CAH	
14th Oct 2010	LDPP patient panel	Philip Norman, Divisional General Manager, Al Sheward, Divisional Nurse Manager, Judith Lund, Directorate Manager, and Julie McFarlane, Planning Manager LTHT representative attended
18th Oct 2010	Victor Boughton viewed several different types of curtains at CAH to address the concern re privacy on Ward 2 CAH	
22nd Oct 2010	Request from LTHT for amendments to the LDPP patient questionnaire - to include request for patient comments on the coffee shop, and the dining room	Specific comments on coffee shop etc not agreed by the LDPP.
5th Nov 2010	Meeting with LDPP to agree alterations to ward 2.	
29th Nov 2010	Email received from the LDPP requesting: - precise dates for ward 2 alterations and curtains - information to be circulated to LDPP, outpatient administrative staff, medical & nursing staff as to who is planning new department, what their roles are. - Adequate minutes be taken of all meetings and circulated to appropriate individuals including LDPP - to include car parking, catering etc - To formally inform Scrutiny Board of outpatient move - Circulation of workflow diagram with timescales for availability of plans etc, final plans, completion date - Comment on space / location for outpatients - Comment on funding	17th December Primary Planning Group agenda included terms of reference, process and dates for outpatient planning Minutes of Primary Planning Group circulated to LDPP

Date received	Query/ Comment	Response
	- Comment that a patient is involved in building hospitals and requests min and max cost per square metre	
13th Dec 2010	Letter from LDPP on: • Reasons for considerable delay to works on ward 2 • Request to improve situation • Reassurance that work on inpatients does not take second place to work on outpatients	15th December 2010 - Response sent by Julie McFarlane including background work and dates for ward 2 alterations
22nd Dec 2010		Julie McFarlane sent update to the LDPP on dates for treatment rooms works and the new curtains for ward 2 Chapel Allerton.
10th Jan 2011	Email from Bill Cunliffe (LDPP Secretary) to Julie McFarlane. The email was a request for information on - Ward 2 - dates for completion - Outpatients - list of queries including: * Rumours as to visits/ space/ size of rooms * Site matron has concerns * Dermatology patient panel were told wards 7 and 11 would be used why has this changed * Have we taken into account the space for training * Have we taken into account the space for clinical trials * Chief Executive assured that there would be no loss of quality - can we discuss * Concerns about car parking	Julie McFarlane sent response 13th Jan 2011 Ward 2 update Outpatients - no comments on rumours Currently consulting with key staff - when we are able we will then circulate plans more widely Areas we are planning for Outpatients are ward 11 and ground floor area. Refute that the claim by the LDPP that they were told both ward 7 and 11 at Chapel Allerton were available Quality of service is key to plans Car parking is being reviewed
13th Jan 2011	LDPP meeting	Judith Lund, LTHT representative attends
17th Jan 2011	Bill Cunliffe contacts Chief Executive, Maggie Boyle	Visit to CAH to be arranged
19th Jan 2011	Email from Bill Cunliffe to Julie McFarlane Reference LTHT internal meeting with Consultants - Questionnaires indicate patient satisfaction likely to be reduced at CAH - link to assurance from Chief Executive about quality of service - Request for information on planning process/appointment of design consultants - Request for clarification of involvement of patient panel in agreeing plans - with timescales. Will take 2/3 weeks to set up meeting - Concern about postponement of Friday PPG meeting	To be discussed at LDPP meeting on 24.1.11
22nd Jan 2011	Email from Bill Cunliffe to Julie McFarlane - concerns about fitting quart into pint pot	24th January Philip Norman response - LTHT is committed to working with patient representatives and staff to ensure new unit

Date received	Query/ Comment	Response
		at CAH is fit for purpose but also includes new ways of working efficiently. Capital will be a priority bid Service model to be worked up
31st Jan 2011	Victor Boughton has a tour of ward 2 with Maggie Boyle, Chief Executive and Philip Norman, Divisional General Manager.	
10th Feb 2011	LDPP meeting at Chapel Allerton Hospital	Plans displayed on wall for patient panel to view - description given on adjacencies, locations Patient views sought on location of reception - general view that there were pros and cons - and best left to clinical team Request by Bill Cunliffe that drawings were left - LDPP agreed this not necessary as drawings were changing. Julie McFarlane & Judith Lund agreed to visit any key members of the LDPP who would be unable to attend the patient panel meetings
15th Feb 2011	Email from Bill Cunliffe to Judith Lund & Julie McFarlane saying discussions have taken place outside the main meeting and following these discussions the patients now definitely consider that it would be not at all unreasonable for the patients to have access to the plans We appreciate that the plans almost change weekly However we ask the question “how can we really comment on the plans if we cannot see them” As was mentioned in the introduction to this topic last week we commented that laypeople are not used to looking at plans. Therefore in order to make reasonable comments we do need to see them so that we can discuss them with fellow patient members on the panel. We therefore, as patients, cannot see any reason whatsoever why we cannot be sent each set of plans as they develop. We expect they are in an electronic form Could you also please put in writing the timescales whereby the patients would have their last opportunity of looking at the plans in order to allow our input.	21st February Judith Lund responds and states drawings will be available the following week - with a warning that they are likely to change

Date received	Query/ Comment	Response
	Patients experience in the clinic arena is far greater than that of management. Some patients have made over 100 visits to the outpatients.	
16th Feb 2011	Further Email from Bill Cunliffe to Judith Lund / Julie McFarlane. Email requested information on: 1. How many seats are there in the main reception area, contact dermatitis area, phototherapy area. 2. Patients require easily accessible information about their illnesses and support groups etc. We would therefore like space upon which to put a relevant board in the main reception area - A 1 size (unless we can have a flat screen at the site - which we hope is possible), phototherapy area, contact dermatitis, phototherapy area, surgical/laser area – all A 2 size 3. Rheumatology have excellent facilities for displaying patient disease-related leaflets. These are also fixed on the wall; you are presumably aware of these in the rheumatology/orthopaedic departments. We would also wish to have this facility. 3. How many consultation rooms are available and how many of these have separate examinations. When this joint facility is available does this allow the doctor to examine another patient? 4. What are the sizes of the likely consultation rooms plus or minus the examination facilities?	Judith Lund will send copies of the plans to the LDPP for comment. Offer made by Judith to meet with patients to comment on the plans in addition to the regular LDPP meetings if this would be helpful.
17th Feb 2011	Julie McFarlane advised LDPP that ward 2 treatment rooms were completed on programme	Bill Cunliffe/ Victor Boughton send their thanks
17th Feb 2011	LDPP contact Head of Medical Illustration to check whether the department has been involved in planning work	
22nd Feb 2011	LDPP send report to LINKS group stating Massive influx of 60,000 patients (4 x existing) will likely overwhelm the current car spaces, disabled parking, portering, catering Most patients (67%) significantly preferred to have dermatological medical advice at LGI 'We have not been allowed to see the plans' - many comments follow on the drawings Trust not copied into the above report	Neither of these activity levels in terms of Dermatology and the existing activity at Chapel Allerton are correct Judith Lund attends LINKs meeting. LINKS representative confirms that the plans were displayed to the LDPP

Date received	Query/ Comment	Response
3rd March 2011	Questionnaire results sent through to Trust	
4th March 2011	Victor Boughton attends Dermatology Primary Planning Group meeting	
4th March 2011		Trust send through latest plans to Victor Boughton/ Bill Cunliffe - in accordance with timescales given in Judith Lund's response of 21st Feb 2011
9th March 2011		Amanda Dean - Matron met with Victor Boughton and Bill Cunliffe to discuss nursing issues
9th March 2011	Informal meeting with Victor Boughton / Bill Cunliffe/ Judith Lund / Catherine Bange (Service Manager)/ Amanda Dean / Julie McFarlane to discuss patient panel issues of concern	
10th March 2011	Regular patient panel meeting. Revised set of patient panel comments tabled. Request that patient panel meet with senior staff of Trust	Judith Lund, Julie McFarlane, Bev Mousa (Sister). Dr Graeme Stables (Consultant), Amanda Dean attend from Trust
11th March 2011		Amanda Dean - Matron met Victor Boughton re pharmacy/ inpatient issue
11th March 2011		Amanda Dean, Matron visits Marie Wright, member of LDPP at her home to discuss the outpatient plans
14th March 2011	Minutes received from patient panel and 2 further documents of comments/ queries. Minutes state 'The current dermatology department and its future, is under significant threat at becoming a second-rate department compared to other teaching hospitals in the North resulting in a reduction in the healthcare of dermatology patients'. One document is 3 page schedule of comments on ward 2 - no mention of lack of dispensers One document is 6 page schedule of new comments on outpatients plan	Sylvia Craven (Head of Planning) responds on 17th March requesting a meeting
20th March 2011	Email from Bill Cunliffe to Julie McFarlane requesting updated plans	23rd March - Sylvia Craven responds asking for frank and open meeting and saying updated plans will be circulated
21st March 2011	Email from Bill Cunliffe to Trust Board Secretary Enclosing a letter which the LDPP would like to be sent to members of the Trust Board. Letter states several points of concern, including the fact that 'the LDPP have not yet seen up to date plans'	21st March - response sent back confirming receipt

Date received	Query/ Comment	Response
21st March 2011	Email from Bill Cunliffe to Julie McFarlane requesting room sizes. room layouts	Room sizes included in information pack circulated on 25th March
22nd March 2011	Email from Bill Cunliffe to Trust Board secretary - acknowledgement	
23rd March 2011	Email from Bill Cunliffe to Julie McFarlane requesting updated plans	Plans as updated that day sent through by Julie McFarlane on 23rd March
23rd March 2011	Email from Bill Cunliffe to Trust Board Secretary requesting comments are sent to Trust Board members	23rd March - response from Trust Board secretary - Philip Norman will review
25th March 2011	Sylvia Craven (Head of Planning) meets with representatives of the patient panel, dermatology consultants & dermatology staff. Many requests made by LDPP for changes/ additions to the Outpatients scheme, Concerns raised about location, access, parking, number of outpatient suites, location of offices & academic areas including library, loss of academic reputation, paediatric impact and overall lack of time to comment. Meeting confirms timescales - business case seeks approval to capital expenditure from May Trust Board. Meeting clarifies the areas which the Trust does not expect the LDPP to comment on (eg location of offices).Communications routes are agreed	Information pack circulated - this includes general background context to NHS & LTHT, outline process for capital schemes, LTHT clinical services strategy, Current physical provision of LGI outpatient department & what will be provided at CAH - giving the increased areas. Full comparison of areas showing how clinical areas will be increased in size, timetable, floor plans.
27th March 2011	Bill Cunliffe emails those present at the meeting of 25th March - agreeing that a majority of comments have been addressed. Outstanding concerns are waiting areas, possibility of conservatory, a number of comments on offices	28th March - Bev Mousa, dermatology sister responds by stating that she feels the number, size and location of waiting areas are adequate and far in excess of existing.
31st March 2011		Amanda Dean Matron meets with Victor Boughton re infection prevention
31st March 2011	LTHT send out minutes of meeting held 25th March and clear description of the changes made as a result of the meeting & comments of LDPP - major change is that part of outpatients will now be in ward 7 giving better adjacencies	
4th April 2011	Response from LDPP - they feel there has been insufficient time to comment on plans. Plans have not been updated. Request for copy of patient engagement charter. Main detailed comments are: Still concerns about numbers and sizes of consult / exam rooms, lack of facility for daily bathroom, concerns about the location of the consultants offices, and the location of specialist Registrar offices, request that existing occupants on ground floor of CAH be moved.	

Date received	Query/ Comment	Response
	Major waiting areas are 2 corridors - not as good as existing, again a request for a conservatory, request that windows in waiting area be changed CAH location - some people will not attend for treatment, query about extending bus routes, concerns about parking for staff and LTHT proposals Academic reputation - need infrastructure Concerns about paediatric phlebotomy, access from A&E, request to be involved in nurse staffing discussions, clinical trials, adequacy of support services, availability of sufficient finance	
6th April 2011	LDPP meeting	Judith Lund, Bev Mousa attend. Different schedule of comments tabled
13th April 2011	LDPP minutes received and schedules of comments/ concerns about different areas - inpatient concerns, and outpatient concerns with a note that these will be the documents going to Scrutiny Board	
14th April 2011		Letter received by LTHT from Chair of Scrutiny Board (Health).
15th April 2011	Telephone Call from Bill Cunliffe requesting a meeting with Judith Lund later today.	Judith Lund could not meet that day but offered the following alternatives: • The opportunity to meet again on Monday if Bill's home commitments changed • A telephone conversation with Philip Norman • Another alternative was if Bill could let Judith have his availability next week she would try and arrange a meeting or telephone call. Julie McFarlane issued copies of the Ward 7 floor plan to Victor Boughton and Bill Cunliffe
19th April 2011	Philip Norman requests Dr Peter Belfield (Medical Director) contacts Bill Cunliffe to discuss concerns.	Telephone call arranged for 21st April 2011

URGENT INPATIENT CONCERNS 13 / 04 / 2011 – LTHT RESPONSE

ISSUE/CONCERNS	COMMENTS BY LDPP.	HOW THIS ISSUE EFFECTS WARD 2 PATIENTS	REQUESTED/ACTION BY THE LDPP FROM THE TRUST	PERSON RESPONDING ON BEHALF OF THE TRUST	TRUST RESPONSE
RISK ASSESSMENT	Concerns over whether a full risk assessment was performed prior to Dermatology moving from the Infirmary	If not done then this could have contributed to circumstances on the ward which has put patients at risk	Was a risk assessment done? If so we request a copy of that assessment If not, why wasn't this done despite the LDPP suggesting it should be	Judith Lund	A risk assessment was undertaken as part of the planning work. Patients have not been placed at risk on Ward 2.
LACK of INFECTION CONTROL	Infection control on the ward is inadequate	This lack of appropriate infection control has put patients at risk and has had a demoralizing effect on some patients on the ward	That appropriate policies and procedures are put in place	Amanda Dean and Penny McSorley	Infection prevention and control is taken extremely seriously within the Trust. A number of policies and procedures exist for infection prevention and control, including, but not exhaustive; Source Isolation, Asepsis, Clostridium Difficile Infection Control, MRSA and Control of Outbreak of Infection in Hospital and Hand Hygiene. LTHT appreciates the concern raised and the Matron for Ward 2 is ensuring that all staff comply with infection prevention and control policies. There is no evidence to support an increase in infection on Ward 2; there have been no reported cases of MRSA

URGENT INPATIENT CONCERNS 13 / 04 / 2011 – LTHT RESPONSE

					from October 2010 to March 2011 on this ward.
RELATIVE LACK of TRAINING OF RHEUMATOLOGY NURSES & VISA VERSA		Has affected patients care	What plans are there to provide adequate training and supervision to ensure that nurses are skilled enough to give good care?	Amanda Dean and Penny McSorley	There have been no reported incidents of patient care being affected. Competency packages and protocols, developed by Dermatology have been shared with the Ward and the Matron has initiated a structured educational programme which will take place over a 6-8 weeks period. Matron will clearly keep this under review and take all complaints for patients very seriously.
REDUCED NURSES MORALE	Number of staff per shift is not consistent	Does affect patients care and when they receive treatment.	What is being done to improve staff morale?	Amanda Dean and Penny McSorley	Nurse staffing levels are at the Trust agreed levels. These staffing levels take into account the complexity/acuity of the patients on the Ward. LTHT acknowledge that the ward sister has been absent for a period but is now back on the ward and as such will strengthen leadership and team working.
INADEQUATE LABELING of THE WARD & PATIENTS (male and female) TOILETS and BAYS	Could have been done 6 months ago ;it is a requirement on mixed sex wards	Does affect patients as different sexes are using same sanitary facilities(not dignated)	What is the Trust policy for Ward 2 with reference to DSSA Principles 2010.03.02 Ver 2.0 (item 1-18)	Judith Lund	All wards are required to comply with single sex guidance. The issue of signage has been noted and this is being corrected.

URGENT INPATIENT CONCERNS 13 / 04 / 2011 – LTHT RESPONSE

DECISION as to which PATIENTS receives PREVENTATIVE anticoagulant treatment	Clearly this is essential	Maybe some patients have received it inappropriately?		Amanda Dean	It is unclear the issue raised by the LDPP. LTHT has a policy for the assessment of patients in respect of Venous Thromboembolism (VTE). Compliance is audited on a monthly basis and performance monitored and managed at a Directorate Level.
APPROPRIATENESS OF ADMISSION & ADMISSION TO SINGLE ROOMS		If inappropriate would be dangerous to patients		Amanda Dean	LTHT are unclear about the concern made. There are policies in place for the isolation of patients and the use of single rooms. The use of single rooms is based on clinical need and prioritised accordingly. There have been no reports of patients who have undergone a delay in accessing source isolation.
FAILURE TO COMPLETE NEW WARD CHANGES	Current facilities are inadequate for even good basic care to be possible eg: gel, soap, towel and glove dispenser are still not attached to the treatment room walls and there are at times no waste bins.	We consider that there has been more than enough time to have got this right and failure to provide proper facilities does increase risk to patients	For a lot of reasons – infection control, poor lighting, lack of adequate cleaning, lack of nursing expertise etc patients are being put at risk – what risk assessment has been done by the trust to try to prevent this? (see request above)	Julie McFarlane / Judith Lund	LTHT note the LDPP concern and this has been addressed.

URGENT INPATIENT CONCERNS 13 / 04 / 2011 – LTHT RESPONSE

BETTER PATIENT BED SIDE LIGHTING for PATIENTS & STAFF	Current lighting is inadequate	Inadequate lighting will impair proper examination and some treatments increasing risk to patients Once again the LDPP consider that the trust has had more than enough time to get this right	To install upgraded lighting to suit patient and clinical requirements.	Julie McFarlane/Judith Lund	This has not been an issue for the patients on the ward prior to the changes to the curtains. Changes to curtains were made at the request of the LDPP. LTHT is assessing the lighting levels on the ward. There is no clinical evidence to support that the patients have not received a thorough examination.
RISK OF PATIENTS OR STAFF SLIPPING IN SHOWER OR BATHROOM RESULTING IN INJURY	This has already occurred	Creams and emollients on floor making it slippery. Patients at risk of falling (fracture to limbs)	A proper policy and procedure needs to ne developed before more patients and staff are put at risk	Amanda Dean and Penny McSorley	This is noted and is being addressed by the Matron and the Facilities Department. Cleaning policies and procedures are in place and will reflect clinical practice.
PATIENT WARD LEAFLET	Needs better coordination	Patients not fully informed about their inpatient stay	To organise a coordinated meeting	Amanda Dean /Penny McSorley	LTHT aims to ensure that patient information is clear and useful. We would be grateful of the input from the LDPP and Rheumatology patients in improving our patient leaflets about Ward 2.

URGENT OUTPATIENT CONCERNS 13 / 04 / 2011 – LTHT RESPONSE

ISSUE/ CONCERNS	COMMENTS BY LDPP.	HOW THIS ISSUE EFFECTS DERMATOLOGY PATIENTS	REQUESTED/ACTION BY THE LDPP FROM THE TRUST	PERSON RESPONDING ON BEHALF OF THE TRUST	TRUST RESPONSE
GENERAL ISSUES ***Failure of the Trust to abide by (in England) section 242 of the consolidated NHS act 2006***	We have asked the trust on at least 3 occasions if they have signed up to this legal requirement. Most, if not all of the trust staff with whom we have had discussions do not know of this act	There should be a two-month period of public consultation for any major move. Patients and the scrutiny board might request public consultation if it seems that the dermatology outpatient will not be fit for our purpose	Please confirm whether or not middle-management are familiar with this act and are procedures and engagement documents available. If available then forward them to us so that we can see how public consultation is implemented by the Trust.	Judith Lund	The Trust follows the working protocol established with the Scrutiny Board (Health) to establish the appropriate level of engagement.
Failure of the Trust to be signed up to the patient engagement charter	This is a legal requirement and all patients should have access to it	The charter should be on the trust website. We cannot find it	Please confirm if the trust has produced a "Patient Engagement Charter" and that it is on their website.	Judith Lund	The document that sets out rights and responsibilities, principles and values is the NHS Constitution. The Trust is committed to those principles and values. It is published on the Trust website.
Patients have not seen any plans since March 25	Thus we cannot adequately comment on the current plans	Lack of such knowledge will reduce our patient experience and medical care	Could we see the latest plans, including the office accommodation for medical and nursing staff	Julie McFarlane	It is correct at the time this paper was sent to the Trust, the LDPP has not seen the updated plans. However the Trust has now shared these plans and made amendments

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					to clinical accommodation following the meeting with the LDPP on the 25th March and as of 15th April has shared the revised plans of the ward 7 accommodation confirming the points made on 31st March. LTHT does not believe the office plans are a matter for LDPP involvement as these do not relate to patient or clinical accommodation.
SIZE OF CONSULTING ROOMS	Some of the rooms especially for paediatric patients are likely to be too small if patient comes with 3/4 relatives + buggy		Request to see plans with chairs etc. in place	Julie McFarlane	There is a large consulting and exam suite available at 40sqm. This is more than adequate for paediatric patients, their carers and equipment.
SPLIT LOCATIONS: If consultant offices are not close to the clinic		This will impair our medical experiences and could put patients at risk	Confirmation as to where the consultant offices are to be positioned	Judith Lund	Clinicians are required to be based in the clinical area when they are timetabled to hold clinics etc. LTHT does not agree with the LDPP comment.

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SPLIT LOCATIONS: If registrars offices are not adjacent to the clinic	To have registrars close to the clinic would be great for patients	Likely to affect the treatment and care of some patients ie when registrar called to see patient in clinic ie patient with leg ulcer, phototherapy, acute skin rash, patient in nurse led clinic. Patients would also like registrars to see as many relevant "interesting" patients as possible to enhance their training and expertise.	We still do not understand why the 4 offices near reception cannot be used for the specialist registrars. Yes, it would mean moving up to? 4 non-Dermatology staff. **The outpatient move to chapel A involves 55,000 patients. This is a sizable number of patients compared to 4 individuals**	Judith Lund	The location of registrar accommodation should not be a concern for the LDPP and rests with the Trust. Registrars are required to be based in the clinical area when they are timetabled to hold clinics etc.
SPLIT LOCATIONS: Is sisters office is not within the outpatients	We frequently see sister being needed by other members of the MDT in order to help us	No sister within the clinic will impair our overall experience and put patients at risk	Has sister Mousa got such a room in the clinic arena?	Amanda Dean	The role of the outpatient sister is to work clinically - caring and treating patients and as such the sister will use the facilities in the outpatient department. An office for sister will be provided at CAH.

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PATIENT WAITING	We are told that in no way could a waiting area be built by reception in the courtyard We are told that drainage access prohibits any such building in the courtyard	We have not seen in writing that there will be a nursing / admin desk in the largest waiting area Patients waiting will effectively be along 2 corridors This area is relatively windowless, with very little natural light	In the long term could some of the courtyard (a large area) be used for additional Dermatology facilities To make the largest waiting area much more pleasant for patients could reasonable sized windows be placed to overlook the courtyard	Julie McFarlane	Patient waiting areas will not be along 2 corridors and the LDPP was advised of this on 25th March. There is sufficient waiting space without the need for additional works in the courtyard.
ACCESSIBILITY/CAR PARKING	The move to CAH will result in an extra 140 cars per day	Car parking will be an issue for all patients. Hospital car parking will also affect people who live around CAH	We are told that staff would use the Sikh temple area. Is this correct? Does the trust have a long-term contract with the Sikh & Polish centers? Has the Trust consulted with the local authorities as access changes may be required etc.	Robert Bilton (Senior Facilities Manager)	The ratio of staff:patient car parking on site is being addressed. Additional patient parking spaces will be provided on site. This is not deemed to be required at this time.

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	A significantly large number of patients will find it more difficult(**about 15,000 patients visits pa**) & costly, as well as having greater difficulty in getting time off work when they need multiple treatments over several weeks	This will impact on safety of certain treatments. There is really however nothing can be done about this. The move to CAH is set in stone		Judith Lund	This is not a significant issue for other services but will remain under review
PAEDIATRIC PROBLEMS	We have to accept that in contrast to the current service the paediatric service will operate as a split site service; the doctors / nurses /other therapists working at both sites	The doctors dealing with paediatric issues may not be in the right place at the right time and so a child will have to be given an alternative appointment On the admittedly infrequent	Has Dr. Clark got any further information How will transport be arranged for inpatient treatment to be carried out at CAH?	Dr. Wilkinson	Children's inpatient/General Anaesthetic Laser Treatment will be provided in the Leeds Children's Hospital. Thus enabling children to benefit from facilities tailored to their needs. Infrequent attendances to CAH will be handled through our internal patient transport services. Within the Children's Hospital.

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	We were pleased to hear from sister Mousa that bloodletting for children is available at chapel A Children's general anaesthetic Laser treatment is still at the LGI	occasions a paediatric dermatology inpatient may have to visit chapel A for treatment Transport waiting can be very stressful	Whereabouts in the LGI?	Judith Lund	
NURSING CONCERNS	We are told that at the time of the move 1 nurse will retire & 1 nurse may opt not to move to CAH	Certain treatments are not currently available to us because of nurse shortage.	If effectively 3 nurses are lost would they be replaced and if so will this reflect their knowledge and expertise? If not replaced then services will be cut?	Amanda Dean/ Penny McSorley	There is not a shortage of nurses on Ward 2. The appropriate management and use of resource needs to rest with the Trust.
ADEQUACY OF SUPPORT SERVICES *PHOTOGRAPHY*	We are told that 600 of us are photographed each year Dr. Stables	Currently all patients are photographed at the LGI If 600+ patients	We get different answers from different staff members about this issue Could we please have an answer	Judith Lund/ Julie McFarlane	Appropriate facilities for photographing patients will be provided at Chapel Allerton as stated at the meeting on the 25th March.

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	reported that ideally each patient with skin cancer should be photographed. This we think will	have to go to the LGI to be photographed this would definitely reduce our hospital experience and certainly not be a one-stop visit			
PHARMACY	considerably increase the number of patients to be photographed		What is the trusts plan to expand pharmacy facilities	Judith Lund	Support services will be assessed to ensure they meet the needs of Dermatology outpatients at Chapel Allerton.
PORTERING	Skin patients frequently receive 3+ items on a prescription This is currently excellent at chapel A	For a one stop visit we would like to receive our outpatient treatment at CAH and not have to wait for it to come from the LGI **55,000 patient visits** is bound to require more porters	What is the trusts plan about ensuring that portering is maintained at the service level provided now?	Judith Lund	As above

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FUTURE CARE OF DERMATOLOGY PATIENTS IN LEEDS	Patients in Leeds deserve an excellent Dermatology service	If the system and facilities are not as good as other teaching hospitals such as Newcastle and Manchester then Leeds will not be able to attract the best doctors. This would reduce patients access to new treatments as they are being developed Prof. Emery has an excellent rheumatology setup with a massive infrastructure at chapel A (&University)	Is the trust willing to provide/support/infrastructure for clinical Dermatology research	Graham Johnson (Divisional Medical Manager)	The systems and facilities at Chapel Allerton are good and we believe the Dermatology service will continue to attract Doctors of a high calibre. The Trust has a Research & Innovation Strategy which applies to all specialties.

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RISK ASSESSMENT	After the very disappointing patient experiences with the Ward move we have concerns over the outpatient move	A full risk assessment, including infection control, should be carried out on the outpatient move so that patient safety is not at risk	Could you trust confirm that risk assessment has been done for the outpatients If not when will it be done	Judith Lund	A risk assessment will be carried out as part of the planned move and this will be discussed in the Primary Planning Group
WHAT WILL HAPPEN TO THE 55,000 PATIENTS IF MONEY IS NOT AVAILABLE FOR WHAT WE CONSIDER IS OUR MINIMUM REQUIREMENT		This would reduce patients experience and quality of care	The LDPP would request a public inquiry (as per the NHS Act 2006 and seek MPs advice re: the possibility of a parliamentary adjournment)debate	Judith Lund	It is not entirely clear what the LDPP mean by this comment. LTHT is committed to providing the commissioned Dermatology service.