



SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

Meeting to be held in the Civic Hall on
Monday, 18th December, 2006 at 10.00 am
(pre-meeting at 09.30 a.m.)

MEMBERSHIP

Councillors

S Bentley	-	Weetwood
D Coupar	-	Middleton Park
Mrs R Feldman	-	Alwoodley
S Hamilton	-	Chapel Allerton
R Harington	-	Gipton and Harehills
J Illingworth	-	Kirkstall
G Kirkland	-	Otley and Yeadon
B Lancaster (Chair)	-	Moortown
J Lewis	-	Kippax and Methley
L Russell	-	Farnley and Wortley
A Shelbrooke	-	Harewood

Co-opted Members

J Fisher	-	Service Users and Carers Alliance Group
A Giles	-	Leeds PPI Forums City Wide Group
E Mack	-	Leeds Voice Health Forum Co-ordinating Group

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded)</p>	
2			<p>EXCLUSION OF THE PUBLIC</p> <p>To identify items where resolutions may be moved to exclude the public</p>	
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81(3) of the Local Government Act 2000 and paragraphs 8 to 13 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE</p>	
6			<p>MINUTES</p> <p>To approve as a correct record the minutes of the meeting held on 20th November 2006.</p>	1 - 10
7			<p>OVERVIEW AND SCRUTINY COMMITTEE MINUTES</p> <p>To note the minutes of the Overview and Scrutiny Committee held on 6th November 2006.</p>	11 - 16

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8			<p>EXECUTIVE BOARD MINUTES</p> <p>To note the minutes of the Executive Board meeting held on 15th November 2006.</p>	17 - 24
9			<p>RECONFIGURATION OF RENAL SERVICES IN LEEDS</p> <p>To consider a joint report from Leeds Primary Care Trust and Leeds Teaching Hospitals NHS Trust on the reconfiguration of renal services in Leeds.</p>	25 - 40
10			<p>FIRE SAFETY STANDARDS OF LEEDS MENTAL HEALTH TEACHING NHS TRUST</p> <p>To consider an update report from the Leeds Mental Health Teaching NHS Trust and Accent on the fire safety standards of the Trust's PFI buildings.</p>	41 - 94
11			<p>HOME CARE SERVICES IN LEEDS</p> <p>To consider an update report from the Director of Adult Social Services on the provision of Home Care Services in Leeds.</p>	95 - 106
12			<p>WORK PROGRAMME</p> <p>To receive a report from the Head of Scrutiny and Member Development on the Board's Work Programme for the forthcoming municipal year.</p>	107 - 116
13			<p>DATE AND TIME OF NEXT MEETING</p> <p>Monday, 22nd January 2006 at 10.00 a.m. (Pre-meeting at 09.30 a.m.)</p>	

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Agenda Item 6

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

MONDAY, 20TH NOVEMBER, 2006

PRESENT: Councillor B Lancaster in the Chair

Councillors S Bentley, D Coupar,
Mrs R Feldman, S Hamilton, R Harington,
J Illingworth, G Kirkland, J Lewis and L Russell

CO-OPTEES: J Fisher - Service Users and Carers
Alliance Group
E Mack - Leeds Voice Health Forum
Co-ordinating Group
B Smithson - Leeds PPI Forums City Wide
Group

49 Chair's Opening Remarks

The Chair opened the meeting by expressing the thanks of the Board to Councillor Jarosz for her previous commitment and work for the Board. Councillor Jarosz had recently been replaced on the Board by Councillor Harington who was given a warm welcome to the Board.

A warm welcome was also extended to the following colleagues from the City of Bradford Metropolitan District Council:

Councillor Elaine Byrom – Chair of the Health Improvement Committee
Councillor Michael Kelly – Deputy Chair of the Health Improvement Committee
Councillor John Godward – Labour spokesperson for Health
Peter Marshall – Scrutiny Officer

50 Declarations of Interest

Councillor Hamilton declared a personal interest in relation to agenda item 11 due to her employment with Leeds Teaching Hospitals NHS Trust. (Minute No 59 refers).

Mr E Mack declared personal interests in agenda item 8 and 10 due to his involvement on the Management Committee of Leeds Voice (Minute Nos 56 and 58 refer), and agenda item 9 due to his role as pharmaceutical consultant for Leeds PCT (Minute no 57 refers).

51 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted a late report regarding the Making Leeds Better – Pre Consultation Engagement Progress to the agenda. The report was not available at the time of the agenda despatch as information was still being collated from PPI Forums which was required to reflect updates in the Making Leeds Better programme.

52 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Shelbrooke.

53 Minutes

RESOLVED – That the minutes of the meeting held on 23rd October 2006 be approved as a correct record.

54 Matters arising from the Minutes

Home Care Services in Leeds – (Minute 47 refers)

Correspondence had been received regarding the Board's inquiry into Home Care Services. The correspondence raised questions into the commissioning of independent sector provision and the eligibility criteria for access to care. It was reported that the Board was due to receive a further report at its December meeting and Officers would be asked to comment in more detail on the tendering process for Home Care provision.

Reconfiguration of Renal Services in Leeds – (Minute 48 refers)

It was reported that there would be a further report on the Reconfiguration of Renal Services in Leeds at the Board's December meeting.

55 Overview and Scrutiny Committee Minutes

RESOLVED – That the minutes of the Overview and Scrutiny Committee held on 9th October 2006 be noted.

56 Executive Board Minutes

RESOLVED – That the minutes of the Executive Board held on 18th October 2006 be noted.

57 Making Leeds Better - Pre-consultation Engagement Process

The Head of Scrutiny and Member Development submitted a report which provided Members with an update on the Making Leeds Better pre consultation engagement process. A briefing paper from the Making Leeds Better Programme Team was appended to the report.

The Chair welcomed Jill Copeland, Making Leeds Better Programme Director and Ruth Mason, PPI & Communications Project Director to the meeting to give a presentation on the Making Leeds Better Programme.

The presentation aimed to update Members on the programme and engagement process, including stakeholder groups, emerging themes and next steps. The Board was reminded of the following main programme aims:

- The development of a new Children's and Maternity Hospital
- Investment in community based services, improving health and well-being, providing more localised care and reducing the reliance on hospital provision.
- Tackling inequalities in health across the city by improving access to health and social care services.
- Creating a main hospital site for Leeds at St James' which would enable a better use of resources and improve clinical safety and quality.

The Board was informed of the following four stages of the Making Leeds Better strategy:

- Stage 1 – Initiation – This involved the creation of the strategy, systems and processes.
- Stage 2 – Engagement – Staff and Stakeholder engagement through an awareness phase and a targeted phase
- Stage 3 – Consultation – final consultation period to include the general public – following advice of stakeholders
- Stage 4 – Consolidation – continuation of stakeholder engagement and feedback to those consulted

A total of 76 key stakeholders for the Making Leeds Better programme had been identified and these were divided into four groups; Democratic, Staff, Patients & Public and Outside Leeds. Examples of the stakeholders in each group and the methods of engagement were given:

- Democratic – Examples of Democratic Stakeholders included this Scrutiny Board, Leeds City Council Leadership, MPs, Community Forums and the District Partnerships. Engagement had taken place via reports to various Council Committees and political groups, personal briefings with MPs and LCC Leadership as well as the formal scrutiny process. Further representations would be made at Area Committees in December.
- Staff – This included staff from all the local health trusts, social care workers, GP's, university staff and independent contractors. Staff had been involved with redesigning care pathways for patients and received newsletters, held meetings and roadshows and taken part in other staff events regarding the Making Leeds Better programme.
- Patients & Public – Voluntary, Community and Faith Sector Organisations and Patient and Public Involvement Forums were

included in this stakeholder group. Care pathway workshops had been held and patient surveys and engagement questionnaires had been distributed. Information relating to Making Leeds Better had been displayed in public places such as GPs surgeries to raise awareness of the programme.

- Outside Leeds – Stakeholders included surrounding Local Authorities and Primary Care Trusts. Engagement had taken place by invite to events, progress reports and electronic updates.

The following themes had emerged during the engagement process:

- Carers – the role of Carers and the impact of a future system which emphasised care closer to patients' homes.
- Voluntary, Community & Faith Sector – could they provide some of the newly commissioned services?
- Transport & Access – A transport and access working group had been established.
- The need for new or improved services in the community to be in place before the shift in service from hospital sites.
- The impact of MLB on users of Users of Mental Health Services.
- The significance of the impact on social care services.

It was reported that the next steps would include building on these emerging themes and putting forward more specific, targeting questions to the stakeholder groups.

Responses were made to the following questions and comments:

- Would young people be involved in the programme? Yes, as a large part of Making Leeds Better will involve children's hospital provision. Young people going into Leeds General Infirmary had already been consulted regarding their stays in hospital. Further consultation would take place with children via schools and the Youth Service.
- People have difficulty getting transport to services, particularly St James' hospital – how would those whose services have transferred from elsewhere get there? It was reported that talks had been held with Metro and other transport providers and there had been discussions regarding the possibility of free transport from the city centre to St James' hospital.
- Would the maternity and children's hospitals be a Leeds facility or extended to patients on a regional basis – particularly neo-natal care? Services would be available to those from outside Leeds. Careful planning would be carried out to assess future needs.
- Concern was expressed regarding consultation with stakeholders who came from outside Leeds and also associated transport issues. It was reported that consultation had taken place with all the surrounding PCTs regarding the commissioning of services and provision of more community services should help solve some of the transport issues.

- A question was asked regarding the size of the budget for Making Leeds Better. It was reported that there was limited extra funding and there had not been the creation of many new posts. However, it was reported that the development of MLB was being incorporated into the work of existing health staff.
- Had there been any resistance to proposals, and if so would some things be negotiable at the point of consultation? – It was noted that most people had been supportive regarding the proposals to provide care closer to or in their homes. However, in respect to hospital provision, most are happy providing that issues such as transport arrangements are in place.

Further issues discussed included the following:

- The co-ordination of community health provision and patient and public involvement.
- The future use of current hospital sites and buildings.
- Patient support groups.
- Preventative medicine.
- The role of Social Services – concern was expressed that there had not been a Social Services presence at recent public events.

The Chair thanked Ruth Mason and Jill Copeland for their presentation and attendance.

RESOLVED – That the report and presentation be noted.

58 The Role of the new Leeds Primary Care Trust

The Head of Scrutiny and Member Development submitted a report regarding the role of the new Primary Care Trust (PCT) for Leeds. Appended to the report was a briefing paper from the PCT which gave an overview of the role of the PCT and proposed management arrangements.

The Chair welcomed Christine Outram, Chief Executive and Adrian Booth, Director of Policy and Planning of the Leeds PCT to the meeting.

It was reported that the PCT was currently undergoing a reorganisation following the merger of the previous 5 PCTs that covered the Leeds District. Over the next few months the PCT would be building on the existing achievements of the former PCTs and dealing with the appointment of its Executive Team. It was also reported that a single PCT would be able to streamline decision making.

The PCT had responsibility for the following three main functions:

- To engage with local people to improve health and wellbeing – Leeds has a diverse population and a large health agenda.

- To commission a comprehensive and equitable range of high quality, responsive and efficient services within allocated resources - transforming health care. Health Services in Leeds had huge potential and there were changes to the way health care was being provided nationally. Continued joint working was required with partners such as Leeds City Council and the Voluntary, Community and Faith sector.
- To directly provide high quality, responsive and efficient services where this gives best value – to provide a diverse range of services across the city.

Further issues discussed included the following:

- Health education – It was recognised that more health education would help to improve health. This was cited as an example of where health providers needed to work closely with others and in this case develop and strengthen links with education colleagues.
- Missed appointments – this was identified as a two way process and new technology was to be used in an attempt to address this problem.
- Preventative measures – what could be done to prevent poor health? Members questioned whether the PCT would make representations for licensing and planning applications in terms of presenting evidence on the health impact of such applications? It was reported that prevention was considered to be of importance and that the PCT and its predecessors had previously carried out preventative measures such as assisting people with quitting tobacco products.
- There was a need for the new PCT to keep local connectivity. It was a large PCT in terms of commissioning services and even for city wide issues such as moving the Making Leeds Better programme forwards there was still a need to retain local sensitivity.
- Reference was also made to the involvement of District Partnerships and Area Committees, Community Impact Assessments, Primary Care Development and how the PCT could make efficiency savings.

The Chair thanked Christine Outram and Adrian Booth for their attendance.

RESOLVED – That the report and briefing paper be noted.

59 Action Learning Project - Community Development in Health and Wellbeing

The Head of Scrutiny and Member Development submitted a report which provided the Board with an update on the Action Learning Project. Appended to the report were the findings of the Community Health Development Questionnaire carried out by the Healthy Leeds Partnership and from the Leeds PCT on how Community Development fits into their commissioning role.

The Chair introduced the following to the meeting:

- Rachel Swindells - Health Partnership Manager, Leeds Initiative

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to be held on Monday, 18th December, 2006

- Mary Green - Principal Lecturer, Leeds Metropolitan University
- John England - Deputy Director, Strategy and Performance
- Victoria Eaton – Head of Health Inequalities and Regeneration, Leeds PCT

Rachel Swindells informed the Board of some of the progress that had been made towards Community Development for Health in Leeds. Terms of reference for the Community Health Development Steering Group had been established which would steer the Community Health Development Network in Leeds. The Community Health Development Network was due to be launched in March 2007. The aim of the steering group was to promote Community Development and how it would support health and well-being. Community Health Development questionnaires had been returned from 59 organisations and had demonstrated the high level of need for a Community Health Development Network. Further progress included a small grants scheme for community based health activity and the production of a Community Health Development newsletter.

Victoria Eaton gave the Board a briefing on the role of the PCT in relation to Community Health Development activity. It was reported that the empowerment and engagement of local communities was central to the role of the PCT and examples of the community development approach used by the PCT were given. These included Health Needs Assessments and the commissioning of voluntary and community sector organisations. The PCT also worked closely with District Partnerships and was involved in a wide range of programmes and initiatives that demonstrated community development. These programmes had previously been developed by the previous Leeds PCTs in conjunction with various partners and focussed on local communities and their needs.

John England informed the Board of how Leeds City Council contributed to Community Health Development and reported on projects that were carried out in schools, with older people and BME groups. He stressed the importance of working with partners and sharing experience to enable a successful approach to Community Health Development.

Mary Green reported on how Community Health Development and health inequalities were drivers for health issues nationally and that health education issues needed to be directed to adults as well as children. There was also a need to involve groups and communities that would usually be less likely to be engaged in health issues.

Comments made from the Board included the growing number of ethnic communities across Leeds and the support that would be required and the need to raise literacy levels across some communities.

The Chair thanked Rachel Swindells, Victoria Eaton, John England and Mary Green for their attendance.

RESOLVED – That the report be noted.

Draft minutes to be approved at the meeting
to be held on Monday, 18th December, 2006

(Councillor Lewis left the meeting at 12.40 during discussion of this item).

60 Inquiry into Dignity in Care for Older People

The Head of Scrutiny and Member Development submitted a report regarding the Board's Inquiry into Dignity in Care for Older People. Terms of reference for the Board's Inquiry were attached to the report along with reports from the Director of Adult Social Services, Leeds Teaching Hospitals NHS Trust and Leeds Mental Health Teaching NHS Trust.

The Chair welcomed the following to the meeting:

- Mick Ward – Modernisation Manager
- Mike Evans – Chief Officer, Adult Services
- Tracey Cartmell – Employee Development Manager
- Gary Hostick – Associate Director, Mental Health Services for Older People, Leeds Mental Health Teaching NHS Trust
- Clare Linley – Deputy Chief Nurse – Operations, LTHT
- Sally Mansfield – Nurse Consultant, Older Peoples Services, LTHT
- James Woodhead – Project Manager (Older & Disabled People)

It was reported that there was a challenge facing the workforce due to changing demographics and the fact that people were living longer. Reference was made to the Department of Health Document 'A New Ambition for Old Age' and the 'dignity challenge' for healthcare providers and commissioners. Key issues relating to dignity in care included the following:

- To enable people to retain their independence
- Privacy in hospital
- Engaging family support
- Supporting confidence and self esteem
- Tackling loneliness and isolation

In response to questions regarding the skills of the workforce, it was reported that Social Services had various training initiatives in place. These included an induction pack, recognition of NVQ care qualifications, good working partnerships with the universities and further development through coaching and mentoring. Clare Linley reported that Leeds Teaching Hospital Trust considered raising staff awareness as a key issue and referred to government policy. A further question was asked regarding the financial implications of improving the workforce. It was reported that specific grants had not been made available.

Gary Hostick reported on issues facing the Leeds Mental Health Teaching NHS Trust. It was recognised that there was a need to update the skills of the workforce and appointments had been made for facilitators for Dignity and Mental Health. There was a need to improve access to services to BME communities and strengthening ways of working with service users and

carers. Further issues highlighted included safety, privacy and problems with mixed sex units.

Further issues discussed included the role of Dignity Champions, the promotion of good practice and regulation of independent providers. Visits to hospital wards within Leeds Teaching Hospitals NHS Trust and Leeds Mental Health Teaching NHS Trust were also arranged for Board Members during early December.

RESOLVED – That the report be noted.

61 Work Programme

The Head of Scrutiny and Member Development submitted a report which contained an updated copy of the Board's Work Programme for the 2006/07 Municipal Year. Appended to the report was an extract from the Forward Plan of Key Decisions which related to the Board's portfolio area.

In response to an issue raised about the Board achieving a balanced work programme in terms of health and social care issues, it was reported that following the meeting of the Overview and Scrutiny Committee on 6th November 2006, it had been agreed that Scrutiny Boards would receive quarterly performance management reports from relevant departments of the Council. This would provide the Board with performance updates on Adult Social Services.

RESOLVED – That the report be noted.

62 Date and Time of Next Meeting

Monday, 18th December 2006 at 10.00 a.m. in Civic Hall, Leeds. (pre-meeting at 9.30 a.m.)

The meeting concluded at 1.25 p.m.

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OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 6TH NOVEMBER, 2006

PRESENT: Councillor G Driver in the Chair

Councillors B Anderson, P Grahame,
B Lancaster and T Leadley

40 Declaration of Interests

Councillor Anderson declared a personal interest in Agenda Items 9 and 10 (Minute Nos.44 and 45 refer) – Scrutiny Inquiry – Narrowing the Gap (Lead Member on Narrowing the Gap).

41 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Bale, Cleasby and Pryke.

42 Minutes - 9th October 2006

The Chair reported that there had been an amendment to the version of the minutes that had been submitted to Council on 1st November 2006 in that the word 'casinos' had been replaced with 'gambling' in paragraph 6 of Minute No.37 – Council's Statement of Gambling Policy.

RESOLVED – That the minutes of the meeting held on 9th October be confirmed as a correct record.

43 Scrutiny Inquiry - Safety, Wellbeing and Attendance - IDeA Review

The Director of Corporate Services submitted a report regarding the Committee's inquiry into Safety, Well Being and Attendance. Attached to the report was an executive summary and headline recommendations of the Improvement and Development Agency's (IDeA) review of sickness absence within Leeds City Council.

The Chair welcomed Lorraine Hallam, Chief Officer, Human Resources and Chris Ingham, Human Resources Manager to the meeting.

It was reported that in addition to the scrutiny inquiry, the IDeA had been commissioned to carry out an independent review of attendance management. The review had been followed with a range of positive comments, however it was noted that there was still some room for improvement. The Council was commended for its holistic approach, innovative practice and the leadership from Corporate Human Resources.

Members attention was brought to the IDeA's recommendations and the Council's progress made. Issues highlighted included training, trade union involvement, occupational health provision and performance management.

In summary, it was explained that the IDeA review had complemented the work of the Overview and Scrutiny Committee and the recommendations had reflected the findings of the Committee's inquiry and the review. Levels of sickness were still reducing and it was hoped that these would be on target by the end of 2006.

In response to comments on how future arrangements would be monitored, it was reported that it would be a long term concern and there was a need to address cultural issues within the Council. There was also a need for accountability and strong leadership.

The Chair thanked Lorraine Hallam and Chris Ingham for their attendance and contributions, who in turn thanked the Committee for their work on the inquiry and gave a reassurance that the findings would be used to shape their work.

RESOLVED –

- (a) That the report be noted.
- (b) That the Scrutiny Inquiry for Safety, Wellbeing and Attendance be formally concluded.

44 Scrutiny Inquiry - Narrowing the Gap

The Head of Scrutiny and Member Development submitted a report regarding the Narrowing the Gap Scrutiny Inquiry. Attached to the report was a summary of the discussion held at the Committee's October meeting.

RESOLVED – That the summary of the discussion held at the Committee's October meeting be received and noted.

45 Scrutiny Inquiry - Narrowing the Gap - Leeds Local Area Agreement

The Director of Neighbourhoods and Housing submitted a report which provided Members with information about the Leeds Local Area Agreement and how it contributed to the Narrowing the Gap agenda. Members were reminded that Local Area Agreements were still a relatively new approach to relationships between local authorities, their key partners and Central Government.

The Chair welcomed Jane Stageman, Senior Project Manager and Maggie Gjessing, Neighbourhood Renewal Manager to the meeting.

A presentation of the contribution of the Local Area Agreement (LAA) to Narrowing the Gap was given. The presentation focussed on the following:-

- Key Areas

- Narrowing the Gap Measures
- Good practice Examples
- Added Value of LAA
- Local Government White Paper Considerations

- Narrowing the Gap Focus
 - The Vision for Leeds and the Regeneration Plan provided the consultation base for the 3 year LAA.
 - Local Enterprise Growth Initiative bids and how these could meet some of the Narrowing the Gap target priorities.
 - Delivery of key priorities and change programmes.
 - Super Output Areas

- Narrowing the Gap Measures
 - The Board was informed of a range of floor targets and performance indicators with a detailed mid year review on the LAA mandatory outcomes.

- Good Practice Examples
 - Children and Young People – project to improve attendance, reduce exclusion and improve standards.
 - Healthier Communities and Older People – Employability project – health and voluntary sector involvement.
 - Safe and Stronger Communities – Intensive Neighbourhood Management Programmes – a good example of multi-agency working
 - Economic Development and Enterprise – financial inclusion, reducing debt, providing financial advice and affordable credit.

- Employability Project – working with key partners such as Job Centre Plus, NHS and the voluntary sector this will assist people from targeted groups into employment and reduce the numbers of incapacity benefit claimants to meet a Narrowing the Gap objective.

- Local Government White Paper –
 - New duties for partners to co-operate – on consultation and achieving targets
 - A greater emphasis on community cohesion.
 - Wider role for scrutiny – a wider range of service providers could be called in, community able to call in items for scrutiny, more dialogue with Executive Board.

Further issues discussed included the establishment of working groups to investigate different parts of the inquiry, the suggestion of co-opted members to assist with the inquiry and contributions from the Voluntary, Community and Faith sector.

The Chair thanked Jane Stageman and Maggie Gjessing for their attendance.

RESOLVED – That the report be noted.

46 Performance Management and Financial Health Monitoring

The Head of Scrutiny and Member Development submitted a report regarding the performance management and scrutiny of the budget. The report outlined proposals to strengthen the existing performance management and financial health monitoring undertaken by Scrutiny Boards.

Members were reminded that under current arrangements the Overview and Scrutiny Committee received performance management information twice yearly and budgetary information once a year. It was proposed to increase this to quarterly reporting with departmental performance being made available to the relevant Scrutiny Boards.

RESOLVED –

- (a) That the report be noted.
- (b) That the Overview and Scrutiny Committee reaffirms its support for proposed arrangements for monitoring the performance and financial health of the Council.

47 Request for Scrutiny

The Head of Scrutiny and Member Development had prepared a report following a request for scrutiny from Councillor Illingworth regarding Council Policy on Access to Information.

The Chair welcomed Councillor Illingworth to the meeting to outline his request.

Councillor Illingworth informed the Committee about a request he had made for information that had been refused and subsequently overturned on appeal by the Independent Commissioner. He felt that Leeds City Council had not correctly implemented Freedom of Information (FOI) rules and that information had been held back without good reason. He also had a number of other cases that were due to be decided on appeal. He further mentioned that he had been refused access to information that had already been in the public domain although this had been through external bodies to the Council.

In summary, Councillor Illingworth wished the Committee to scrutinise the following :-

- Whether or not the Council is operating within the FOI Rules;
- Whether documents are held back without good cause;
- Whether there is a conflict between the FOI Rules and the Access to Information Rules;
- Whether or not the Council publishes records on its web pages.

The Chair thanked Councillor Illingworth for his attendance.

RESOLVED – That the Head of Scrutiny and Member Development prepares a report to address the key points raised by Councillor Illingworth.

48 Work Programme

The Head of Scrutiny and Member Development submitted a report which contained a copy of the Committee's current Work Programme, the Forward Plan of Key Decisions and minutes of the Executive Board held on 18th October 2006. In addition to the Work Programme, it was suggested that the Committee also consider the Local Government White Paper.

RESOLVED –

- (a) That the report be noted and the Work Programme accepted.
- (b) That the Forward Plan be noted.
- (c) That the minutes of the Executive Board held on 18th October be noted.

49 Dates and Times of Future Meetings

Monday 4th December 2006

Monday 8th January 2007

Monday 5th February 2007

Monday 5th March 2007

Monday 2nd April 2007

All at 10.00 a.m. (pre-meetings at 9.30 a.m.)

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EXECUTIVE BOARD

WEDNESDAY, 15TH NOVEMBER, 2006

PRESENT: Councillor M Harris in the Chair

Councillors A Carter, D Blackburn, R Brett,
J L Carter, R Harker, P Harrand, J Procter,
S Smith, K Wakefield and J Blake

Councillor J Blake – Non Voting Advisory Member

97 Exclusion of Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of the exempt information so designated as follows:

- (a) The appendix to the report referred to in minute 102 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information by reason of the fact that it contains commercially sensitive information which, if disclosed, could be prejudicial to contract negotiations.
- (b) The appendix to the report referred to in minute 107 under the terms of Access to Information Procedure Rule 10.4(3) on the grounds that the information on the Council's approach to commercial issues outweighs the public interest in disclosing the information.
- (c) Appendix 1 to the report referred to in minute 114 on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information by reason of the fact that the information is commercially sensitive and its release could jeopardise the current transaction under consideration.

98 Declaration of Interests

- (a) Councillor Brett declared a personal interest in the items relating to Local Employment and Training Initiatives relating to ALMO expenditure (minute 105) and a plan for delivering affordable housing in Leeds (minute 106) as a board member of South East Leeds ALMO.
- (b) Further interests declared during the course of the meeting are referred to in minute 105 (Councillor J L Carter) and minute 114 (Councillor A Carter).

99 Minutes

RESOLVED – That the minutes of the meeting held on 18th October 2006 be approved.

CENTRAL AND CORPORATE

100 Approval of a Statement of Gambling Policy

Further to minute 55 of the meeting held on 20th September 2006 the Director of Legal and Democratic Services submitted a report presenting an updated revised draft policy on the licensing of gambling premises under the Gambling Act 2005 following Scrutiny consideration and responses to consultation. The Chair of the Overview and Scrutiny Committee attended the meeting and presented the comments of the Committee.

RESOLVED –

- (a) That having considered the responses to the consultation carried out, including the comments of the Overview and Scrutiny Committee at Appendix 1 and the table of responses at Appendix 2, the proposed responses to the consultation exercise be endorsed, and that Council be recommended to approve them as the response to matters raised in consultation.
- (b) That the revised draft Statement of Gambling Policy as set out at Appendix 3 to the report be noted and that Council be recommended to approve it as the final Policy under the Gambling Act 2005.

(Under the provisions of Council Procedure Rule 16.5 Councillor Brett required it to be recorded that he voted against this decision).

DEVELOPMENT

101 Advertising Design Guide

The Director of Development submitted a report on progress on the preparation of an Advertising Design Guide proposed for adoption as a Supplementary Planning Document. An updated version of the guide, containing different illustrations from the version circulated with the agenda, had been provided to members of the Board and the Director of Development indicated that illustrations which offered best examples in relation to the guide would be sought up to the date of publication.

RESOLVED – That the Advertising Design Guide, as attached to the submitted report, be adopted as a Supplementary Planning Document.

CITY SERVICES

102 Advertising on Lamp Posts

The Director of City Services submitted a report on the lamp post advertising trial and its findings, reviewing other issues pertinent to advertising on lamp posts and presenting a proposed future strategy for such advertising as a means to generate income to support service provision.

An appendix to the report was designated exempt under Access to Information Procedure Rule 10.4(3).

Following consideration of the exempt appendix in private at the conclusion of the meeting it was

RESOLVED –

- (a) That the principle of advertising on lamp posts in Leeds be approved.
- (b) That the Director of City Services be authorised to vary the trial contract arrangement with the service provider to enable up to 10 trial sites to be installed in the city centre.
- (c) That the Director of City Services be authorised to commence procurement of an advertising contract to include supply, installation and maintenance of advertising panels.
- (d) That the content of the Advertising Content Guidance document be noted.

NEIGHBOURHOODS AND HOUSING

103 Housing (Market) Renewal Investment Programme

The Director of Neighbourhoods and Housing submitted a report on funding recently secured by Leeds City Council and its partners from a Single Regeneration Housing Pot and Housing Market Renewal Investment Fund to enable issues of low demand and poor quality housing in a number of inner city neighbourhoods to be addressed. The report described conditions attached to the two funding streams, how the money had been allocated to individual projects that comprise the overall programme, and what needed to be done to ensure that the projects were delivered to programme.

RESOLVED –

- (a) That the Director of Neighbourhoods and Housing be authorised to make changes to individual schemes which have been approved by this Board.
- (b) That the Director of Neighbourhoods and Housing and Director of Development be authorised to make and promote any necessary Compulsory Purchase Orders which may be required in the event that agreement cannot be reached with any property owner within the target area(s) of any approved scheme.

104 Empty Property Strategy 2006 - 2010

The Director of Neighbourhoods and Housing submitted a report on the proposed revised Corporate Empty Property Strategy and the updated targets set for the strategy for 2006-2010.

RESOLVED – That the Empty Property Strategy be approved.

105 Local Employment and Training Initiatives Relating to ALMO Expenditure

The Director of Neighbourhoods and Housing submitted a report on work with the construction industry in Leeds with regard to Local Employment and Training Initiatives since the launch of the Leeds Home Construction Partnership in November 2005 to deliver decent homes and on current

proposed future developments on responsive repairs and maintenance contracts.

RESOLVED – That the report be noted.

(Councillor J L Carter declared a personal interest during the discussion on this item as Chair of Re'new).

106 A Plan for Delivering Affordable Housing in Leeds

The Director of Neighbourhoods and Housing submitted a report describing the key components of the plan for the delivery of affordable housing in Leeds "Making the Housing Ladder Work" developed by the Corporate Affordable Housing Task Group.

RESOLVED –

- (a) That the report be noted and that the principles of the Plan for Deliverable Affordable Housing in Leeds and the key actions for delivery be supported.
- (b) That the proposed development of a 'Special Purpose Vehicle' in respect of cleared Council land be noted as one of the key mechanisms to deliver affordable housing solutions on the scale required.
- (c) That progress on the delivery of the Plan be reported back to this Board in early 2007.

107 Little London Housing PFI - Outline Business Case

The Director of Neighbourhoods and Housing submitted a report on progress in seeking approval to the outline business case for the Little London project and the likely timetable for its completion, on a proposed updated affordability position and management of scenarios which might impact on affordability.

Appendix 1 to the report was designated exempt under Access to Information Procedure Rule 10.4(3).

Following consideration of the exempt report in private at the conclusion of the meeting it was

RESOLVED –

- (a) That progress made in seeking approval for the Little London outline business case and the current timetable for completion be noted.
- (b) That the updated affordability position for the project as set out in paragraph 1 of the exempt Appendix to the report be approved.
- (c) That the Board notes the financial implications of a number of scenarios which might impact on the affordability of the project and confirms support for the way in which these might be managed as set out in paragraph 2 of the exempt Appendix.
- (d) That the commitment of the Council to the Little London PFI Project be reconfirmed.
- (e) That the increased Council contribution of £149,000 in year one, giving a total of £570,000 be approved and that the updated financial

summary table for the 20 year contract as set out in the appendix be noted.

- (f) That in view of the sensitivities outlined in the exempt appendix, a further contingency sum of £150,000 per annum be committed, such sum to be sought in the first instance from the Housing Revenue Account.
- (g) That, should any affordability gap arise beyond this level, the project be supported through other mechanisms including capital receipts from the area or through reviewing the project scope without impacting on value for money.

CENTRAL AND CORPORATE

108 Lord Mayors Earthquake Appeal

The Chief Officer (Executive Support) submitted a report on a proposal that the Council support the rebuilding of a hospital in Muzaffarabad.

RESOLVED –

- (a) That this Board endorses the proposal of the Elected Member Advisory Group to support the project to build and equip a hospital in Muzaffarabad.
- (b) That funding toward this capital scheme of £43,871.06 be approved and authority be given to spend the full £50,000 of grant payments from the capital programme to be funded from fund raising (£6,128.94) and an allocation of Leeds capital resources (£43,871.06).
- (c) That the Chief Officer (Executive Support) be authorised to agree the terms of, and to complete the grant agreement and the payment of funds.

109 Capital Programme - 2006/07 Mid Year Financial Update

The Director of Corporate Services submitted a report giving a summary of financial details of the 2006/07 month 6 Capital Programme position.

RESOLVED –

- (a) That the latest position of the Capital Programme 2006/07 and the projections for 2007/08 and 2008/09 be noted.
- (b) That the injection into the Capital Programme of £5.521m General Sure Start grant for children's centres and extended schools be approved.
- (c) That the injection of £500k of Leeds resources in 2007/08 into the Northern Ballet and Phoenix Dance Company scheme be approved.
- (d) That the approval for the injection of £44k of Leeds resources in 2006/07 in respect of the funding granted to the Pakistan Earthquake Appeal, as referred to in minute 108 above, be noted.
- (e) That the Board notes the pressures on the approved funding for the South Leeds Swimming and Diving Centre and the City Museum schemes and the intention of the Director of Learning and Leisure to report on these schemes to the December 2006 and January 2007 meetings of this Board respectively.

- (f) That the injection of £125k of Leeds resources in 2006/07, to enable the Director of Development to conclude the tenant compensation arrangements at the Otley Ashfield works site, be approved.
- (g) That the injection of £100k of Leeds resources in 2006/07, to enable the Director of City Services to conclude a negotiated settlement of the Council's refurbishment liability in respect of Belgrave House, be approved.
- (h) That the injection of £5.005m of funding, met from unsupported borrowing for the additional and replacement wheeled bin programme, be approved and that the approval of subsequent expenditure within this programme to be delegated to the Director of Corporate Services in line with the management of the equipment purchases scheme.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision).

110 Financial Health Monitoring - Half Year Report

The Director of Corporate Services submitted a report on the financial health of the authority after six months of the financial year, in respect of the revenue budget for general funds services, the housing revenue account and presenting the mid year update of the Annual Efficiency Statement.

RESOLVED – That the projected financial position of the Authority be noted, together with the decision of the Leader, Chief Executive and Director of Corporate Services to approve the Annual Efficiency Statement – Mid Year update 2006/07 for submission to the Department of Communities and Local Government by the 17th November 2006.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision).

111 Financial Plan Annual Review

The Director of Corporate Services submitted a report providing an update of the current approved Financial Plan covering the years 2005-2008.

RESOLVED –

- (a) That the update to the Council's Financial Plan 2005-2008 be approved and that departments be requested to prepare detailed budgets for 2007/08 in accordance with the principles included within the submitted report.
- (b) That the report be forwarded to the Council's Overview and Scrutiny Committee as part of their review of the Executive's initial budget proposals in accordance with the Council's Constitution.
- (c) That the Board notes the intention to produce a new financial plan once the details of the Comprehensive Spending Review 2007 have been announced and the expected move towards three year budgeting.

112 Treasury Management Strategy Update 2006/2007

The Director of Corporate Services submitted a report reviewing and updating the treasury management borrowing and investment strategy for 2006/07.

Draft minutes to be approved at the meeting
to be held on Wednesday, 13th December, 2006

RESOLVED – That the report be noted.

CHILDREN'S SERVICES

113 Children's Services Annual Performance Assessment

The Director of Children's Services submitted a report summarising the findings of the 2006 annual performance assessment process for Leeds and presenting the letter advising of the outcome of the assessment.

RESOLVED – That the report be noted.

DEVELOPMENT

114 Site 1, Quarry Hill - Northern Ballet Theatre Company and Phoenix Dance Theatre

The Director of Development submitted a report on proposed terms for the disposal of Site 1 Quarry Hill to Rushbond Plc, the making of a capital grant to the Northern Ballet Theatre Company and the Phoenix Dance Company Theatre for the construction of their dance headquarters on the site, and the use of the Council's prudential borrowing powers in order to assist the two companies in funding the scheme, the cost of which would be met by reducing the grants that the Council makes to them.

Appendix 1 to the report was designated exempt under Access to Information Procedure Rule 10.4(3). A revised version of this appendix was circulated at the meeting.

Following consideration of the exempt appendix 1 to the report in private at the conclusion of the meeting it was

RESOLVED –

- (a) That approval be given to the disposal of part of site 1 (site A), Quarry Hill to Rushbond plc on the terms reported to facilitate the construction of the new dance headquarters for Northern Ballet Theatre Company / Phoenix Dance Company, and that further decisions relating to the terms of the transaction be delegated to the Directors of Development and Learning and Leisure.
- (b) That approval be given to the disposal of part of site 1 (site B), Quarry Hill to Northern Ballet Theatre Company/Phoenix Dance Company on the terms reported in the confidential appendix to the report, and that any further decisions relating to the terms of the transaction be delegated to the Directors of Development and Learning and Leisure.
- (c) That approval be given to a fully funded injection into the Capital Programme of a sum equivalent to the premiums as reported in the confidential appendix to the report, representing the net site values of sites A and B Quarry Hill, towards the construction of the dance headquarters to grant fund Northern Ballet Theatre Company and Phoenix Dance Company for the construction of dance headquarters on Site B.

- (d) That approval be given to the incurring of expenditure up to the premiums representing the net site values of sites A and B Quarry Hill for the capital grants to Northern Ballet Theatre Company and Phoenix Dance Company to construct the dance headquarters.
- (e) That approval be given to capital grants of £750,000 to Northern Ballet Theatre Company and £200,000 to the Phoenix Dance Company to fund the gap to construct the dance headquarters, the borrowing costs of these grants to be funded by reductions in the annual grants that the Council currently makes to the two organisations in accordance with the arrangements set out in the report.
- (f) That approval be given to an injection into the Capital Programme of £500,000, this being the Yorkshire Forward grant monies the Council transferred to the City Museum project in 2005/06.

(Councillor A Carter declared a personal and prejudicial interest in this item as a director of a company which may tender for works in the construction project and left the meeting).

DATE OF PUBLICATION: 17TH NOVEMBER 2006
LAST DATE FOR CALL IN: 24TH NOVEMBER 2006 (5.00 PM)

(Scrutiny Support will notify relevant Directors of any items Called In by 12.00 noon on 27th November 2006)



Originator: A Brogden

Tel: 247 4553

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health and Adult Social Care)

Date: 18th December 2006

Subject: Reconfiguration of Renal Services in Leeds

Electoral Wards Affected:

Specific Implications For:

Ethnic minorities

Women

Disabled people

Narrowing the Gap

1. Introduction

- 1.1 In October 2006, the Board considered the consultation analysis document from Leeds North East Primary Trust following the renal services consultation process during the summer.
- 1.2 At this stage, the Board was advised that the new Leeds Primary Care Trust was yet to formally consider the consultation analysis document before reporting back to the Leeds Teaching Hospitals NHS Trust. The Leeds PCT considered this document at its Trust Board meeting on 16th November 2006.
- 1.3 The Leeds PCT and Leeds Teaching Hospitals NHS Trust have now produced a joint report for the Board on this matter. This is attached as Appendix A.
- 1.4 A further copy of the consultation analysis document is also attached as Appendix B.
- 1.5 Representatives from the Leeds PCT and Leeds Teaching Hospitals NHS Trust will be attending today's meeting to present the report. A representative from the LGI Kidney Patients Association will also be attending the meeting to contribute to the Board's discussions on this matter.

2. Recommendation

- 2.1 Members are asked to note the attached joint report from the Leeds PCT and Leeds Teaching Hospitals NHS Trust and to decide whether any further scrutiny on this matter is needed.

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RENAL HAEMODIALYSIS SERVICES PROVIDED BY LEEDS TEACHING HOSPITAL NHS TRUST

Report to Scrutiny Board (Health and Adult Social Care) 18th December 2006

Consultation

Public consultation about proposed changes to renal services provided by Leeds Teaching Hospitals NHS Trust (LTHT) was carried out between 31st May and 31st August 2006.

The consultation was led by the former Leeds North East PCT and a report by the PCT analysing responses was considered by:

- Leeds Teaching Hospitals NHS Trust Board on 5th October 2006; and
- Leeds Primary Care Trust on 16th November 2006.

Both organisations have already reported verbally to the Scrutiny Board (Health and Adult Social Care) and made a commitment to come to the meeting on 18th December.

LTHT and PCT responses to consultation

The recommendations agreed by LTHT Board were:

- i) Pursue further advice from the Board of the new Leeds PCT based on the analysis of consultation led by Leeds North East PCT;*
- ii) Develop a detailed formal Trust response in which we will address specific concerns raised during consultation; and seek endorsement from the Scrutiny Board for our approach;*
- iii) Undertake further discussions with partner organisations including patient and carer representative groups, Leeds PCT, Yorkshire Ambulance Service, especially on transport and the potential for a satellite unit at Wharfedale hospital.*

The recommendations agreed by the PCT Board were:

- 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.*

Next Steps

There is broad agreement between LTHT and Leeds PCT on the substantive issues arising from consultation and about the way forward. A number of key issues have been identified and both organisations have already met to agree the next steps in key areas.

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.

LTHT and the PCT are continuing discussions about a set of issues raised by patients over the ability of the unit at St James's to cope with increased demand, and any requirement to increase provision of the twilight service.

Responding to other concerns raised during the consultation, LTHT and Leeds PCT will continue joint discussions on how both organisations can work with patients,

carers and their representative groups to tackle them and to establish services that meet the needs of renal patients.

We will also continuously assess the potential to develop services closer to people's homes by the creation of new satellite units, in particular for patients in the West/North West of the city at Wharfedale Hospital or another location.

Interim facilities

LTHT will continue work on 'bedding in' interim services at Seacroft through discussion with patients. A number of operational changes have already been made to the environment in response to patients' views, including access, ambient temperature, and television facilities. These will continue to be happen as issues arise. Many of the matters raised during consultation will be addressed by the clinical management team through discussions with patients and their representatives at scheduled 6-weekly meetings.

The Scrutiny Board may be aware of a temporary disruption to the service at Seacroft on 27th November because of a failure of the water treatment unit. This was rectified by 11.00 am the same day but required the rescheduling of dialysis treatment for about 30 individuals. A report into the incident is being prepared and was due to be discussed with the Kidney Patients Association at a meeting on 12th December.

Leeds Teaching Hospitals NHS Trust
Leeds Primary Care Trust

December 2006

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Changes in Renal Services Provided by Leeds Teaching Hospitals NHS Trust

Consultation Analysis

Summary

The written consultation process received a total of 297 responses

156 (53%) supported the proposal
61 (21%) opposed it
80 (26%) were neutral.

Taking these responses in conjunction with issues raised at the open meetings the main areas of opposition are as follows:

Transport

An increase in travel time, transport problems and parking problems are the most frequently cited reasons for opposition. Patients travelling in to Leeds from elsewhere are slightly less opposed to the move which may reflect easier access to Seacroft from the motorway.

Trust Estate

Other comments were around the use and maintenance of the Trust estate with queries about why the problem has only just come to light, the fact that Wards 32 and 50 have recently been upgraded and the comment that upgrading the Wellcome wing should be the first option considered.

Some questions were raised about the facilities that will be available at Seacroft given the belief that the estate is old and the fact that the renal ward will be not be on the ground floor, there was also concern that there may be an asbestos problem. The issue about whether the LGI site is earmarked for sale was also raised.

Clinical Care

Comments about the standard of clinical care included concerns that the move will disrupt continuity of care, that there will be no doctor or A&E facilities available at Seacroft. Also that the St James twilight shift is almost full and will not be able to accommodate patients from the LGI. Furthermore expansion of the St James unit may make it too big to manage effectively.

Consultation Process

Some respondents complained about the consultation process itself, that the KPA proposals for accommodating renal services had been ignored, that letters written in opposition had not been taken into account and that the process itself will make no difference since a decision has already been made. Comments were made about the decision being made on financial grounds rather than for the benefit of patients.

Overall

In general, those who did not support the changes were more likely to record comments on their response. The tone of the public meetings suggested that those who attended did not support the changes. Therefore, inevitably the overall impression from the results of the written consultation and the issues raised at the consultation meeting is that some patients do not welcome the upheaval of moving sites and/or dialysis days and time since this will require them changing household arrangements and reorganizing social engagements. They feel that since they are living with a chronic condition that requires them to arrange their life around treatment that they should be given priority over patients with acute problems.

Consultation Respondents

Total Number of Consultation Responses	297
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Strongly Support	Support	Neutral	Oppose	Strongly Oppose
44	112	80	24	37
14.8%	37.7%	26.9%	8.1%	12.5%

	Haemodialysis main unit	Haemodialysis satellite unit	Peritoneal Dialysis	Transplant
Patient	52	66	36	138
	17.5%	22.2%	12.1%	46.5%
Carer	1			
	0.3%			
Community or patient representative	0			
	0.0%			
Other/Unspecified	6			
	2.0%			

Response by Patient Group**Dialysis**

Strongly Support	Support	Neutral	Oppose	Strongly Oppose
21	57	42	21	18
13.2%	36.1%	26.4%	13.2%	11.3%

Transplant

Strongly Support	Support	Neutral	Oppose	Strongly Oppose
23	55	38	3	19
16.6%	39.9%	27.5%	2.2%	13.8%

Patient Type by Response**Support**

	Haemodialysis main unit	Haemodialysis satellite unit	Peritoneal Dialysis	Transplant
Patient	20	36	17	78
	12.8%	23.1%	10.9%	50.0%
Carer	0			
	0.0%			
Community or patient representative	0			
	0.0%			
Other/Unspecified	5			
	3.2%			

Neutral

	Haemodialysis main unit	Haemodialysis satellite unit	Peritoneal Dialysis	Transplant
Patient	13 16.3%	20 25.0%	8 10.0%	38 47.5%
Carer	0 0.0%			
Community or patient representative	0 0.0%			
Other/Unspecified	1 1.3%			

In Opposition

	Haemodialysis main unit	Haemodialysis satellite unit	Peritoneal Dialysis	Transplant
Patient	19 30.2%	10 15.9%	11 17.5%	22 34.9%
Carer	1 1.6%			
Community or patient representative	0 0.0%			
Other/Unspecified	0 0.0%			

By Postcode Area**Dialysis**

Postcode Area	Support	Neutral	Oppose
East Leeds	8	5	4
	5.0%	3.1%	2.5%
North East Leeds	7	4	4
	4.4%	2.5%	2.5%
North West Leeds	4	6	8
	2.5%	3.8%	5.0%
South Leeds	5	2	1
	3.1%	1.3%	0.6%
West Leeds	7	3	3
	4.4%	1.9%	1.9%
Bradford	2		1
	1.3%	0.0%	0.6%
Wakefield	23	12	8
	14.5%	7.5%	5.0%
Huddersfield	12	9	5
	7.5%	5.7%	3.1%
Halifax	5		2
	3.1%	0.0%	1.3%
North Yorkshire			1
	0.0%	0.0%	0.6%
South Yorkshire	2		
	1.3%	0.0%	0.0%
Lincolnshire	1		
	0.6%	0.0%	0.0%
Lancashire	1		
	0.6%	0.0%	0.0%
Not Specified	1	1	2

	0.6%	0.6%	1.3%
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Transplant

Postcode Area	Support	Neutral	Oppose
East Leeds	10	2	
	7.2%	1.4%	0.0%
North East Leeds	3	5	1
	2.2%	3.6%	0.7%
North West Leeds	6	2	4
	4.3%	1.4%	2.9%
South Leeds	2		2
	1.4%	0.0%	1.4%
West Leeds	5	3	1
	3.6%	2.2%	0.7%
Bradford	1	1	
	0.7%	0.7%	0.0%
Wakefield	20	7	6
	14.5%	5.1%	4.3%
Huddersfield	13	5	
	9.4%	3.6%	0.0%
Halifax	3	3	2
	2.2%	2.2%	1.4%
Harrogate	6	3	2
	4.3%	2.2%	1.4%
Other North Yorkshire	1	2	2
	0.7%	1.4%	1.4%
South Yorkshire	3		
	2.2%	0.0%	0.0%
East Yorkshire		1	
	0.0%	0.7%	0.0%
Lancashire			
	0.0%	0.0%	0.0%
Not Specified	5	4	
	3.6%	2.9%	0.0%

Concerns on the Proposal

The concerns listed below are those from all patient groups in the order that they most frequently occurred on the consultation replies. The number of occurrences is given in brackets after each concern.

Increase in distance travelled/time taken. (x30)

Transport problems/costs. (x18)

Don't want to move from current location. (x16)

Parking problems at St James'. Will be made worse with more services moved there. (x6)

No continuity of care – will see a different doctor every time. (x6)

Don't want to change times/days of dialysis. (x5)

Worried that the patients come second and the money comes first. (x5)

Worried that the inpatient unit at St. James' will not be big enough. (x4)

Don't want to go to a satellite site away from A&E services. (x3)

No doctor available at satellite sites. (x3)

Don't close down B ward at Seacroft. (x3)

Both Ward 32 and 50 under went major building work not long ago to supposedly bring them up to the required standards. (x3)

St. James' twilight shift is almost full, there wouldn't be enough room to transfer all the LGI twilight patients. (x3)

Worried that the unit at St James' will grow too big to manage properly. (x2)

If there is any way that Wellcome wing can be repaired it should be rather than moving patients to other dialysis units. (x2)

The consultation will make no difference to the outcome. (x2)
If the trust had maintained it's buildings properly the situation would not have occurred.
Taking dialysis services away from North West and North Leeds.
Cost of transferring services to St. James' is same as changes to LGI, a ward is available and could be adapted. None of which is mentioned in the document.
Never heard of any problems with electrics or asbestos in 12 years as a patient at LGI.
Satellite unit at LGI will not be big enough for all patients from North/North West.
No mention of number of stations at the new unit at Seacroft, yet number of stations at LGI satellite are given despite the documentation stating there is no unallocated space at the LGI.
Renal patients admitted to non-renal beds at LGI, problems with transplant patients not receiving medication.
The size of the city requires both St. James' and the LGI at the fore front of renal services.
Patients at the LGI fear the good care and help they get from staff will disappear and that less qualified people will be employed as cost cutting will take place.
Long waiting periods for places at satellite sites.
Lack of an alternative unit if a major crisis occurs at the St. James' unit.

Other Questions, Suggestions or Comments on the Proposal

Transport

Would the transport arrangements remain the same as current? (x2)
Suggestion of a shuttle bus from Leeds Bus Station before each HD session.
Would like info about public transport to Seacroft.
Transport is already terrible and patients are spending up to 6 hours away from home.
Would like to see a more organised transport arrangement.
Hope that the renal transport is still present on the new proposal.

Trust Estate

If the service is being centralised then why will there still be two sites, Seacroft and St. James'?
Will there still be window blinds, air conditioning and TV etc in a large ward?
Will wards 32 and 50 be closed forever or are other wards going to be planned for them in the future?
What benefit is there to pulling down Wellcome Wing to the management and the LGI?
Would the new unit at Seacroft be larger than the one currently at LGI?
What will be the location of the satellite unit at LGI?
Why not centralise all renal requirements in a purpose built hospital wing?
What is going to happen to the Wellcome Wing at LGI once vacated?
How many new beds are there at Seacroft?
How many new dialysis stations are there at Seacroft?
Will facilities at Seacroft be ready on time?
If a satellite unit can be made at the LGI why not a main unit?
If the Renal service hadn't been in Wellcome Wing would it still be being moved to St. James'?
How is St. James' renal unit going to absorb all the extra patients? It seems to be full already. Will it expand?
There is no mention in the booklet of what is to become of Wellcome Wing. Presumably others are to benefit from the massive costs of improvement and refurbishment? Why can't it be done for renal patients?
The refurbishment of the LGI is perfectly feasible given the will and expertise.
Apart from the high value of ground space in Leeds the only reason to close the unit is political.
It is mentioned that LGI has non-functioning lifts, however the lifts at St. James' to renal services rarely work. The windows also allow draughts in the transplant ward.
Would like the satellite unit at Seacroft to stay as it is, rather than being incorporated into a larger unit.
Never felt that the Wellcome Wing was entirely suitable. Change that improves the facilities has to be for the better.

Clinical Care

Will A&E services still be available?
Will the number of inpatient beds decrease?
Who cares for multi problematic patients (e.g. dialysis, heart problems and diabetes)?
Will times and days for dialysis be changed with the changes?
How will this affect people on the transplant list?

Would like new shift times at Seacroft unit to accommodate a twilight shift or an alternative mid evening shift.

Happy to move to Seacroft if the same days can be kept.

A dedicated ambulance for the haemodialysis department especially for elderly, unwell and disabled patients with wheelchairs.

Keep patients who transfer from LGI to Seacroft on the same shift they currently dialyse on.

It is a great idea for all patients who need individual care.

Only the fittest patients should be in the nurse-led facility.

Consultation Process

If the response to this re-organisation is negative will it go ahead anyway?

The proposal is already decided. The consultations and meetings are just a cover.

The proposal is already a foregone conclusion. The meetings are a waste of time as opinions will be ignored.

Try to tell all Renal patients what is going on.

Various people involved have given out contradictory statements over the past 15 months.

The document was too long and contained too much information. A streamlined version would have been better.

When the proposal was received it was already too late for anything to be altered.

The proposals seem to have been well thought out.

Suggested Solutions

Open a satellite site at Wharfedale General Hospital. (x3)

Look at the possibility of finding alternative accommodation in the LGI. (x2)

Would prefer to transfer to Bradford as it is nearer and more accessible.

Keep a Peritoneal Dialysis clinic available to the LGI for NW patients without transport.

Keep the unit at the LGI and move another ward that people hopefully only have to once in their life to St. James'.

Develop a satellite unit for Huddersfield users in Huddersfield.

Increase the capacity of district satellite units so current LGI patients can be treated nearer their homes.

People would benefit from a satellite site on the west of Leeds as they would not have to travel as far.

Make Seacroft the centre and use LGI and St. James' as outposts.

All Bradford area patients to be dialysed at a nearby hospital e.g. Airedale Hospital.

All dialysis in Leeds catchment should be done at Seacroft – more parking.

Vacate Wellcome Wing, upgrade it, refurbish and then re-occupy.

Give full reconsideration to proposals where renovation and continued use of the LGI site would be possible.

Other

Could there be staff cuts at any of the renal units?

Is the re-organisation going to be properly funded?

Will the satellite units remain the same or will people be moved about?

Change will always be unwelcome to some but the benefits should outweigh the downsides.

Dr Brownjohn and all the staff are doing a very good job at the LGI.

Keep up the good work, any improvement can only benefit the patient.

Relocation of staff to new units must be high on the agenda.

Some staff are only interested in getting an office with a nicer view not the patients.

It is a cost cutting exercise to cut the Leeds Trust's deficit.

Centralising the majority of renal medicine to St. James' can't come soon enough, however, it will be a great challenge for some on an emotional level as well as practically.

The calming atmosphere of Seacroft will make all patients feel a little better.

An "open day" to familiarise patients with their new treatment centres.

Involvement in Making the Proposals a Reality

	Yes	No	No Response
Opposition - Dialysis	2	9	28
Opposition - Transplant	0	10	12
Neutral - Dialysis	0	13	29
Neutral - Transplant	0	12	26

Support - Dialysis	9	21	48
Support - Transplant	7	16	55
Total	18	81	198

Responses to LGI Kidney Patient's Association (KPA) Letter

In February 2006 the LGI KPA sent out a letter (see Appendix A) to LGI Renal Patients asking for their support against the closing of the LGI Haemodialysis unit. The total number of responses received against closing the LGI unit was 203.

Comments

If the LGI unit has to be closed then a unit at Wharfedale General Hospital would be preferable to Seacroft. (x2)

Would like to stay at the LGI but in better accommodation.

Ward 50 is very dirty and has had no heating for several years, it should have been closed down a long time ago.

Addendum

Two further consultation replies were received after the close of the consultation. They are not included in the above analysis but were both from transplant patients in support of the proposal. No further comments were made on the forms.

Appendix A - LGI Kidney Patients Association Letter

**LEEDS GENERAL INFIRMARY
KIDNEY PATIENTS' ASSOCIATION**

President: Dr. A. M. Brownjohn, M.B., B.S., M.R.C.S., F.R.C.P.

Aims of the Association: To promote the welfare of patients; purchase equipment and raise funds for holidays for patients and to support medical research

Charity No. 512887



February, 2006

LGI Renal Patient,
Dear Sir / Madam,

Are you aware that the LGI Renal Unit (Wards 32 and 50) have been proposed for closure by Leeds NHS Trust?

Are you also aware how much this closure will affect you and your dialysis treatment. This will mean you could be travelling to St. James's or Seacroft Hospitals for your continued treatment?

The LGI Kidney Patients' Association have put forward alternative suggestions to keep the unit open. We ask if you support the KPA in this effort.

Please sign this letter with a **legible** signature to say you **do** support the KPA and return in the stamped, addressed envelope provided.

Thankyou for your co-operation in this matter. Assuring you of our care and concern at all times.

Yours truly,

Albert Anthony (Tony) Duxbury
(on behalf of the LGI KPA committee)

I support the Kidney Patients' Association in keeping the LGI Dialysis Unit (ward 50) and in-patient ward (ward 32) open and do not want to transfer to St James's Hospital or Seacroft.

Signed

Date

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Originator: A Brogden

Tel: 247 4553

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health and Adult Social Care)

Date: 18th December 2006

Subject: Fire Safety Standards within Leeds Mental Health Teaching NHS Trust

Electoral Wards Affected:

Specific Implications For:

Ethnic minorities

Women

Disabled people

Narrowing the Gap

1. Introduction

- 1.1 In December 2005, the former Scrutiny Board (Health and Wellbeing) agreed its final report following its Inquiry into the Fire Safety Standards of the Leeds Mental Health Teaching NHS Trust's PFI Buildings.
- 1.2 During the Board's Inquiry, Members learned that a further independent review was to be carried out on the design, construction and management of the Trust's three PFI buildings in respect of fire safety. In view of this, the Board recommended that the findings of this review be brought back to the Scrutiny Board for consideration.
- 1.3 The independent review was carried out by Tenos and details of the review findings, and the subsequent joint Trust/Accent action plan resulting from the review, were considered by the Board in July 2006. The Board requested a further progress report on the Trust's action plan for today's meeting. This has now been provided and is attached as Appendix A. Representatives from the Trust and Accent will be attending today's meeting to present this report.
- 1.4 A further copy of the Tenos review report has been attached as Appendix B. Representatives from Tenos have been invited to today's meeting to help answer any questions from Members.
- 1.5 Also attached is a report from the Trust in relation to addressing unwanted fire signals within the PFI buildings (see Appendix C). An update report from the West Yorkshire Fire and Rescue Service is also attached for Members consideration (see Appendix D)

and a representative from the West Yorkshire Fire and Rescue Service will be attending today's meeting.

2.0 Recommendation

- 2.1 That the Board notes the attached reports from the Leeds Mental Health Teaching NHS Trust/Accent and West Yorkshire Fire and Rescue Service.

LEEDS MENTAL HEALTH TEACHING NHS TRUST

FIRE SAFETY DESIGN REVIEW REPORT

Report for

The Accent Group
15 Parkview Court
St Pauls Road
Shipley
West Yorkshire
BD18 3DZ

TS05159-R02-Issue 2a

Issue and amendment record

Issue	Date	Author	Checked by	Amendment details
I1	6 June 2006	S Morgan	J Bamfield	First issue
I2a	12 July 2006	S Morgan	J Bamfield	Second issue (updated to reflect latest information received and minor editorial changes)

Important information

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I Introduction

- 1.1 Tenos has been appointed by The Accent Group to undertake a strategic fire safety design review of three mental health units.
- 1.2 The three units (Becklin Centre, Newsam Centre and The Mount, Leeds) are part of seven Leeds Mental Health Facilities provided under a PFI project in partnership with The Accent Group and Leeds Mental Health Teaching NHS Trust.
- 1.3 The objective of the review is to establish whether the buildings and operational procedures meet the mandatory requirements of NHS Firecode and the requirements of applicable statutory legislation.
- 1.4 The review took place during March 2006 and included a desktop assessment of the as-built plans, interviews with key stakeholders and a visit to each site.
- 1.5 Detailed surveys of the buildings were not carried out or included in the brief as we understand that the quality of fire protection installations has been reviewed by others and works carried out to rectify any inadequacies identified.

2 Basic fire safety principles

- 2.1 This section is to provide a basic overview of fire safety principles and objectives.
- 2.2 The main risk to people in the event of a fire is from smoke. In a building, smoke will rise to the ceiling and spread in all directions forming a smoke layer of increasing depth throughout that room or space. The smoke will then pass through any openings or gaps in the walls and ceiling of the room and spread to affect other parts of the building beyond the room of origin.
- 2.3 A building design should therefore ensure that everyone can evacuate the building to a place of safety before being trapped by the effects of the fire.
- 2.4 The five key factors in fire safe building design are:
- Communication
 - Escape
 - Containment
 - Extinguishment
 - Management
- 2.5 It is essential that a fire is detected as quickly as possible and communicated to the occupants particularly where people may be unable to react quickly. Where buildings include areas which may be unoccupied and early warning of a fire is considered to be essential, an automatic fire detection and alarm system is likely to be most suitable. Such a system would include devices to automatically detect the products of a fire (usually smoke), a means to alert the building users of a fire (usually bells or electronic sounders) and a facility to sound this alarm manually ('break-glass' call points).
- 2.6 The building design should include measures that, when the fire alarm sounds, either facilitate escape from the area immediately affected by the fire to a temporary place of safety within the building (refuge) and/or escape to a place of safety outside of the building. The distance to a place of safety should be appropriate for the mobility of the occupants, the width of escape routes should be sufficient for the population and the escape routes should be adequately lit and signed.
- 2.7 To protect people from the smoke and heat effects of the fire additional measures to restrict fire spread and to protect parts of the escape route may also be provided. The control of ceiling and wall finish properties can significantly influence the rate of fire growth in a room. The provision of fire resisting walls will help to contain a fire to the room of origin and fire resisting floors to prevent rapid fire spread which could affect several floors simultaneously. The design and specification of joints in fire resisting construction will also contribute to restricting the spread of smoke and fire about the building.

- 2.8 Where a building contains people who may be asleep or large numbers of people who have significantly restricted mobility such as a hospital or nursing home then extensive fire resisting construction is provided to contain the fire and provide a longer period to escape before conditions become untenable. Extensive fire resisting subdivision to restrict fire spread is particularly important in mental health units where statistics demonstrate that there is a substantially increased potential for ignition.
- 2.9 Buildings should also be provided with facilities to assist the fire brigade in their fire fighting activities. In low rise buildings these would normally be limited to ensuring adequate access to the site and around the perimeter of the building to allow the fire brigade to locate equipment close to and access the building.
- 2.10 The above provisions would be provided as part of the building design but their effectiveness may be reduced during the life of the building through alterations and wear and tear. Therefore key to achieving an acceptable standard of safety in the use of the building is the ongoing management and maintenance of precautions throughout the life of the building.

3 Brief description of the buildings

Introduction

- 3.1 Design of the buildings commenced circa 1998 and financial close was achieved early in 2000. Construction was completed in 2002 (Newsam and Becklin Centres) and 2003 (The Mount).
- 3.2 The buildings are of traditional construction generally comprising masonry cavity external walls and masonry internal partitions, reinforced concrete floors, timber roof trusses and a slate style roof covering.
- 3.3 Concrete floors and masonry walls inherently provide a high intrinsic degree of resistance to the spread of fire and if adequately sealed will also restrict the spread of smoke.
- 3.4 The buildings are generally naturally ventilated. However, limited local mechanical ventilation is provided to a small number of rooms (e.g. smoking rooms) where higher standards of ventilation are required.

The Becklin Centre

- 3.5 The building comprises three (ground, first and second) storeys providing in-patient care for approximately 130 patients and further out-patient facilities. The total population of the building including staff and out-patients is approximately 250 people.
- 3.6 The ground floor has an area of approximately 3,300m². The first and second floors have an area of approximately 2,900m² and 2,100m² respectively.
- 3.7 Some roof slopes are covered in composite cladding materials.

The Newsam Centre

- 3.8 The building comprises three (ground, first and second) storeys providing in-patient care for approximately 120 patients and further out-patient facilities.
- 3.9 In-patient wards are provided on all three storeys with out-patient accommodation mainly provided at ground floor level.
- 3.10 The ground floor has an area of approximately 5,000m². The first and second floors have an area of approximately 3,500m² and 1,150m² respectively.

The Mount

- 3.11 The building comprises five storeys (lower ground, ground and first to third floor levels) and provides in-patient care for approximately 80 people. In-patient accommodation is provided on ground and upper floor levels.
- 3.12 The lower ground floor and third floor have an area of approximately 1,000m² and 1,200m² respectively. The other floors have an area of approximately 2,200m² each.

4 Mandatory and statutory controls

Firecode

- 4.1 The Department of Health (DH) Fire Safety Policy¹ requires that premises utilised for the treatment or care of National Health Service (NHS) patients should comply with prevailing statutory legislation and mandatory NHS requirements. Guidance on the implementation of this policy is contained in NHS Firecode.
- 4.2 Firecode is a suite of NHS documents which provide guidance on fire safety management within the NHS and technical guidance for the design of buildings in a series of Health Technical Memoranda (HTM) and Fire Practice Notes (FPN). Compliance with the relevant and appropriate parts of Firecode is mandatory within the NHS.
- 4.3 Technical guidance on the design of fire precautions for buildings is limited to a few types:
- New hospitals (HTM 81²);
 - Existing hospitals (HTM 85³ and 86⁴);
 - Patient hotels (Fire Practice Note 7⁵); and
 - Housing providing supported living in the community (HTM 88⁶).
- 4.4 The remaining technical guidance documents relate to specific fire precautions, facilities or features within a building (e.g. fire alarm systems and shops).
- 4.5 Firecode does not include any specific technical guidance on the design of mental health units.
- 4.6 The units provide in-patient accommodation for mental health patients in small relatively low-rise buildings and due to their size and the type of care being provided do not contain many of the facilities normally associated with an acute hospital. The clients are not confined to bed and their physical mobility is not generally affected by their mental illness. Therefore we do not consider the prescriptive guidance for new hospitals contained in HTM 81 to be appropriate.
- 4.7 We do not consider that the recommendations of documents such as FPN 7 (Patient hotels) and HTM 88 (Supported living) are appropriate for these buildings as they do not address the specific fire safety needs of mental health units.

- 4.8 The guidance in HTM 81 recognises that the range of NHS premises providing patient care is extensive, and that the guidance may not be appropriate for all types of building in order to achieve the correct balance between fire safety and requirements for treatment and nursing care.
- 4.9 In this event, HTM 81 recommends that an alternative approach taking into account the following factors can be adopted:
- The type of care being provided;
 - The mobility of the patients;
 - The planned staffing levels;
 - The age of the patients;
 - The size of the premises.
- 4.10 In the absence of specific guidance, the design of the buildings have therefore been reviewed using a performance based approach (i.e. do the buildings provide adequate levels of safety for clients, staff and visitors) and other guidance relevant to similar types of use i.e. HTM 84¹⁷ and the Home Office¹⁸ guidance for residential care homes.

The Building Regulations

- 4.11 The design of fire precautions in new buildings needs to meet the functional requirements of Part B of the Building Regulations⁷. Guidance on meeting the fire safety requirements is contained in Approved Document B⁸ (ADB).
- 4.12 The Building Regulations exist to ensure the health and safety of people in and around (e.g. patients, staff and visitors) all types of buildings but are only concerned with the design and construction of the buildings. The ongoing operation and management of occupied buildings falls under the fire precautions and workplace regulations covered later in this section.
- 4.13 Design of the units was commenced in 1998 and would have been subject to the Building Regulations (1991) and Approved Document B (1992).
- 4.14 However, for the building type (purpose group 2a – Institutional) there are no significant differences between the recommendations of the 1992 ADB⁹ and the current 2000 edition.
- 4.15 There is no obligation to follow the guidance in ADB if compliance with the relevant functional requirement of the Regulations can be demonstrated in some other way.
- 4.16 The guidance in ADB refers to the use of HTM 81 for hospitals and also draws attention to The Home Office guide¹⁸ for residential care homes.
- 4.17 The buildings were the subject of a Building Regulation application to Leeds City Council and this was subsequently approved and completion certificates confirming compliance with the Regulations were issued.

The Fire Precautions Act 1971

- 4.18 Parts of the buildings are used as offices and shops which are a designated use under the Fire Precautions Act 1971¹⁰.
- 4.19 A Fire Certificate is required from the local fire authority for the designated parts, and require that the building is provided with the following: -
- a) adequate means of escape in case of fire;
 - b) adequate means for fighting fire;
 - c) adequate means for giving warning of an outbreak of fire; and
 - d) means for ensuring that the means of escape can be safely and effectively used at all material times.
- 4.20 Compliance is usually achieved by adhering to the provisions recommended in the Home Office Guide for existing places of work¹¹ that require a certificate.
- 4.21 We understand that a fire certificate has been issued for each of the premises.
- 4.22 From the 1st October 2006 the Fire Precautions Act will no longer apply and the buildings will be subject to the Regulatory Reform (Fire Safety) Order¹².

The Fire Precautions (Workplace) Regulations 1997 (as amended)

- 4.23 The whole of the building is a workplace and is therefore subject to the provisions of the Workplace Regulations¹³.
- 4.24 This legislation covers similar matters to the Fire Precautions Act and is enforced by the local fire authority. The legislation requires that an employer ensures the safety of employees from fire, by making appropriate provision for:
- fire detection and warning;
 - emergency routes and exits;
 - fire fighting;
 - training of staff; and
 - maintenance of the workplace and fire safety equipment.
- 4.25 The employer must carry out a fire risk assessment to identify any significant risks and then provide adequate measures to control those risks. Guidance on the legislation has been issued by the Home Office: Fire Safety - An employer's guide¹⁴.
- 4.26 The legislation further requires that the risk assessment be reviewed in light of changes made to the workplace and/or the processes and procedures carried out within the workplace. To ensure compliance with the legislation the risk assessment should be kept under review whilst any alterations take place and upon completion of the works.
- 4.27 From the 1st October 2006 the Fire Precautions (Workplace) Regulations will no longer apply and the buildings will be subject to the Regulatory Reform (Fire Safety) Order.

- 4.28 The Trust has undertaken a number of fire safety audits in support of these regulations. A summary and review of these is contained in Annex A.1.

The Regulatory Reform (Fire Safety) Order

- 4.29 The Regulatory Reform (Fire Safety) Order (FSO) is due to come into force on 1st October 2006 and will replace the Fire Precautions Act and the Fire Precautions (Workplace) Regulations.
- 4.30 The Building Regulations will continue to apply to the design and construction of new buildings and extensions but virtually all buildings (except dwellings) will also be subject to the Reform Order when they are occupied. Although technical guidance is only available in draft form, we understand that the physical provisions of the FSO will be consistent with current Building Regulations but will place additional duties on the building operator.
- 4.31 The new regime will be based upon a risk assessment protocol. We anticipate that the risk assessment requirements will be similar to the current Fire Precautions (Workplace) Regulations.
- 4.32 From October 2006 the buildings will need to comply with the new FSO therefore this review has been based primarily on compliance with this forthcoming legislation.

5 Client profile

Introduction

- 5.1 The three units provide in-patient and out-patient accommodation for the care and treatment of people (clients or service users) with mental illness.
- 5.2 Whilst the client profile varies between units the following general profile has been established on the basis of discussions with senior staff in each centre:
- Client's physical mobility is not generally affected by their mental illness and the proportion of wheelchair users and other physical disabilities is consistent with the general population.
 - Clients are not generally sedated.
 - Client's will generally respond to a fire alarm and co-operate with the evacuation procedure but may require direction from staff.
 - Clients are generally able to use stairs (i.e. evacuate vertically).
 - The duration of stay can be short or long term.
 - A large proportion of clients smoke. Whilst smoking is restricted to designated rooms this has proved difficult to enforce.
- 5.3 From the discussions with staff we understand that this profile is unlikely to change in the foreseeable future.

The Becklin Centre

- 5.4 The Becklin Centre provides non-specialist in-patient accommodation for working age adults (i.e. between 18 and 65 years old).
- 5.5 The building accommodates six open wards of either 22 or 24 beds in each. One ward of 24 beds is now closed and the maximum number of beds will be approximately 110 however the target is that only 85% of these beds would normally be occupied.
- 5.6 The duration of stay is typically between 2 days and 3 months with an average of 7 weeks.

The Newsam Centre

- 5.7 The Newsam Centre is a specialist unit accommodating the City Wide Services Directorate for specialist services such as forensic, eating disorders and two low secure facilities, the psychiatric intensive care unit (PICU) and the forensic unit.
- 5.8 Occasionally, clients in PICU (located at ground floor level) are sedated. A small number of clients are also sedated when undergoing electroconvulsive therapy (ECT) but these are highly supervised by staff.

- 5.9 It is possible that some clients in the eating disorders ward will be less mobile due to physical weakness or their size (obesity).
- 5.10 Some of the wards (e.g. PICU) are required to be secure and key lock security is provided.

The Mount

- 5.11 The Mount provides in-patient accommodation for the treatment and care of older people (aged 65 years and over). Whilst it has been established that client's mobility is not generally affected by their mental illness, a larger proportion of clients have significantly reduced mobility compared to the other units due to their age.
- 5.12 Service users mobility is therefore comparable to nursing and residential care homes but is not consistent with an acute hospital where patients may be immobile or subject to invasive procedures.
- 5.13 The unit also accommodates a perenatal unit comprising residential accommodation (4-beds) and day and out-patient services.

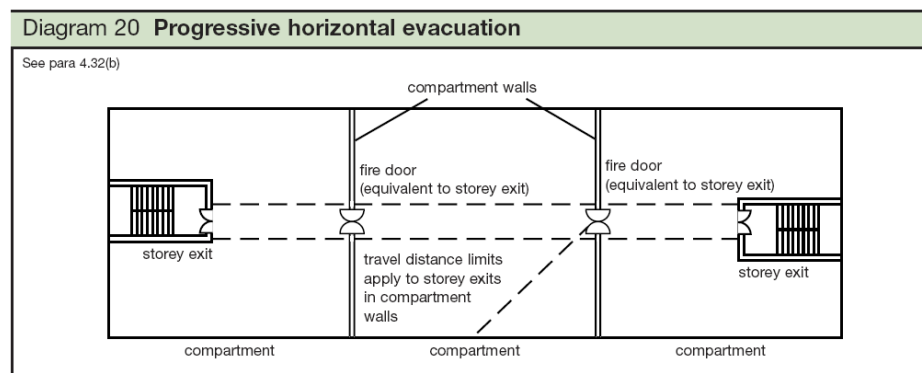
6 Design review

Introduction

- 6.1 In the absence of specific Firecode guidance for mental health buildings, the design of the buildings has been reviewed using available guidance and taking account of the specific requirements of the buildings.
- 6.2 The designs have also been compared against the guidance in various relevant documents (namely Approved Document B, HTM 84 and The Home Office Guide to care homes). A review of the relevance and applicability of these guides and a table summarising this comparative assessment is contained in Annex A.I.
- 6.3 The assessment demonstrates that the designs generally meet the most onerous recommendations of the above guides.

Evacuation strategy

- 6.4 Notwithstanding the service user's physical mobility, it is not operationally desirable to simultaneously evacuate a whole building and therefore a progressive horizontal evacuation strategy is adopted.
- 6.5 The principle of the progressive horizontal evacuation strategy is to move people from a fire affected area through a fire-resisting barrier to an adjoining fire protected area on the same floor level. Where this is not practical, due to the location of the fire, the fire affected area may be evacuated down a stair to a ward at a lower level or ultimately to a designated assembly point outside of the building.
- 6.6 The adjoining area should provide protection (refuge) from the immediate dangers of fire and smoke, until the fire is dealt with or further evacuation becomes necessary. Further details of actions in the event of a fire are described in section 7.
- 6.7 The design principle is illustrated in the diagram below which is taken from Approved Document B.



Alarm and detection

- 6.8 The buildings are fitted throughout with automatic smoke detection which provides full coverage and appears to be consistent with category LI in accordance with BS 5839: Part 1¹⁵. This is the highest standard of system and is considered appropriate for these buildings given the user profile and evacuation strategy operated.
- 6.9 Further comment on the design and in particular, the operation of the systems is contained in section 7 of this report.

Observation

- 6.10 The Trust fire safety officer's audit reports state that the internal design is not conducive to patient observation.
- 6.11 It is clearly impractical to maintain client privacy and also maintain clear observation of all areas. In fire safety terms, the automatic fire detection system has proven to be highly effective in responding to smoke and fires in areas out of the line of sight.
- 6.12 There are no recommendations in HTM 81 for specific standards of observation and the use of automatic detection as an alternative to observation is recognised in HTM 86.

Compartmentation (refuge)

- 6.13 The layouts of the buildings are cellular consisting of many small rooms. The concrete floors and masonry walls inherently provide a high intrinsic degree of resistance to the spread of fire and smoke. Virtually all room doors are fire resisting doors. Where walls are not specifically designated as fire resisting the junctions and penetrations may not be fire stopped but there are generally few such penetrations.
- 6.14 The architectural sections also indicate that with the exception of the top storey of each building, walls are generally taken up to the soffit of the structural floor above and the ceilings are 9.5mm plasterboard with a skim finish. A fire would not therefore be expected to spread beyond the room of origin (provided that the door is closed).
- 6.15 In addition to this, the drawings indicate that generally each floor of the buildings is subdivided into a number of 60-minute fire-resisting compartments and 30-minute fire-resisting sub-compartments. With the possible exception of the Mount, this arrangement provides for adequate escape routes and refuge areas.
- 6.16 On the second and third floors in The Mount subdivision is mainly achieved by the use of 30 minute fire resisting sub-compartment walls with no 60 minute compartment walls being provided.

- 6.17 Whilst we do not believe that the omission of any designated 60 minute compartment walls in The Mount presents an undue life risk we recommend that two 30 minute sub-compartment walls at 2nd floor level and four sub-compartment walls at 3rd floor level be upgraded to 60 minute compartment walls. This is particularly desirable given the potential mobility difficulties of the clients in this building.
- 6.18 The masonry walls inherently provide more than 60 minutes fire resistance therefore we anticipate that these improvement works would require six ½ hour doorsets to be replaced with 1 hour (FD60S) doorsets. This work should be considered as part of any future maintenance and improvement program but is not considered essential for statutory compliance.

Disabled people

- 6.19 Guidance on measures for the safety of disabled people is contained within BS 5588: Part 8¹⁶.
- 6.20 In the Becklin and Newsam Centres, the stairs are generally large enough to accommodate a wheelchair on the landings and BS 5588: part 8 also recognises that protected corridors can act as a refuge area.
- 6.21 The Mount also includes two lifts which can be used for the evacuation of people with a mobility disability. Further comment on the lifts is made in section 7.
- 6.22 The guidance in the BS also recommends that a two-way communication system be provided in the stairway to allow the refuge occupants to communicate with the building management during an incident. We do not consider this measure is essential in these buildings as management procedures should ensure that staff and patients are evacuated without the need for outside assistance (e.g. by the fire service).
- 6.23 On this basis, we do not consider that specific additional physical measures for the safe evacuation of disabled people are necessary. Comment on the management policies and procedures necessary to ensure disabled people are safely evacuated from the building are covered in paragraph 8.19.

Inner rooms

- 6.24 A limited number of (inner) rooms exist where escape is required through an adjoining (access) room. The automatic smoke detection provided throughout the buildings should provide adequate early warning of a fire to the occupants of inner rooms.

Travel distance

- 6.25 Travel distances within compartments are well within conventional limits for residential buildings of 18m in a single direction and 35m where escape is available in more than one direction, measured to a storey (stairway) exit or final exit.

6.26 In addition to this, the sub-division of each floor into several compartments to provide refuge areas further reduces the distance travelled to reach a place of temporary safety. This is a fundamental principle of progressive horizontal evacuation.

Escape route design

6.27 The width of corridors and escape routes is at least 1.8m in wards and generally at least 1.4m wide in other areas. This provides more than adequate escape capacity for the population of the buildings.

6.28 Bedroom corridors are all fire protected corridors with fire doors being provided to all openings onto the corridors. Corridors are also subdivided at regular intervals through the buildings as a result of the degree of compartmentation and sub-compartmentation.

6.29 In the event of a fire in a patient bedroom, the early warning afforded by the automatic smoke detection and the construction of the corridor enclosure should allow horizontal escape to an adjacent fire compartment from all bedrooms in the early stages of a fire in most circumstances.

6.30 If fire and smoke is not contained in the bedroom of origin, the only route of escape for a small number of patients may be via a stairway at the end of the corridor. In this scenario, staff will only be able to assist these service users via the stairway from a different floor level. Recommendations regarding the fastening of these doors are contained in paragraph 7.24 et seq.

6.31 A limited number of dead end escape routes exist and are shown on the drawings to be enclosed in 30 minute fire resisting construction. This is consistent with standard guidance and affords adequate protection to these escape routes.

6.32 The fire rated roller shutter to the first floor waiting room in The Mount should not compromise protection to the adjacent dead end escape route as it has been confirmed that it is actuated by smoke detection. However, we recommend that the adjacent corridor double doors should be upgraded/designated FD30S.

Fire doors

6.33 Our observations which are confirmed by Accent indicate that virtually all room doors are fire doors although not all are indicated as such on the fire strategy drawings.

6.34 The Trust fire officer's audit recommended that glazing in fire doors should be replaced with insulated glass.

6.35 Firecode does not make this recommendation and taking into account the fire precautions incorporated in the building we do not consider this is necessary for Building Regulation compliance.

6.36 Several instances were observed where lounge and other doors were propped open. Where doors are likely to be held open in daily use consideration should be given to the installation of automatic hold open devices linked to the fire alarm. The door release mechanism should comply with BS 5839: Part 3 and be fail-safe.

- 6.37 Bedroom fire doors are not fitted with self closing devices. This is consistent with the guidance in HTM 84 and should be acceptable subject to adequate staff training such that on discovery of a fire in a bedroom, the door should be closed as soon as the occupant has been evacuated from the room. It should also be policy that bedrooms doors are kept closed at night.

Stairways

- 6.38 The buildings are well served by a large number of escape stairs. The width and construction of these are more than adequate for a total building evacuation should this ever become necessary.

Lobbies

- 6.39 The Trust fire officer's audit recommends that all stairways should be lobbied.
- 6.40 Taking into account the number of escape stairs, compartmentation and that the protected corridors effectively act as lobbies; we do not consider that the creation of additional lobbies is necessary in this case.
- 6.41 The guidance in ADB and other guidance on nursing and residential care homes (e.g. HTM 84¹⁷ and the Home Office guide¹⁸) does not recommend protected lobbies.

Mattress evacuation

- 6.42 The Trust fire officer's audit reports state that staircase landings are not of sufficient width for mattress evacuation.
- 6.43 Mattress evacuation is not part of the Trust fire safety policy and procedures or part of the evacuation strategy for each building and based on the service user profile should not be necessary in the Becklin and Newsam Centres.
- 6.44 In The Mount many of the more infirm service users may not be able to descend stairs. However, two evacuation lifts are provided to enable people with mobility difficulties to be evacuated without use of the stairs. The Trust should however, consider whether mattress evacuation could be necessary in extreme conditions. Whilst the stairs in patient areas are marginally smaller (due to the projection of the handrail into the flight) than normally recommended for mattress evacuation, in practice they should be of sufficient size to enable mattress evacuation should this be considered necessary.

Emergency and escape lighting

- 6.45 All the escape routes appeared to have adequate artificial lighting. In addition to this, emergency escape lighting would be expected to be provided to all escape routes, and the operation and maintenance manuals/ lighting drawings confirm that this has been provided in accordance with BS 5266.

Escape signage

- 6.46 The design of the emergency exit signs complies with the national standard for escape signage, BS 5499: Part 1¹⁹. This is consistent with the most recent NHS Way finding document²⁰ published in 2005.

Structural fire resistance

- 6.47 Standard guidance (ADB) recommends that the elements of structure for these buildings should achieve 60 minutes fire resistance.
- 6.48 Details of structural fire resistance have not been provided but we would expect the form of construction to provide in excess of the recommended 60 minutes.

Compartmentation (containment)

- 6.49 The size of the buildings and the compartmentation provided to facilitate the progressive horizontal evacuation strategy (refuge) limits the maximum compartment size to well within conventional limits of 2000m².

Protected shafts

- 6.50 Stairs, lifts and risers are enclosed in masonry construction and are fitted with fire doors therefore can be considered to be protected shafts thus maintaining fire separation and compartmentation of different floor levels.

Fire hazard rooms

- 6.51 The risk of fires started by service users is significantly higher in mental health buildings and it is usual to treat individual bedrooms and designated smoking rooms as fire hazard rooms and enclose them in 30 minute fire resisting construction.
- 6.52 The fire plans for The Mount indicate that bedrooms, designated smoking rooms and other rooms (e.g. kitchens) within the building have been designated as fire hazard rooms and are enclosed in 30 minute fire resisting construction.
- 6.53 This contrasts with the Becklin and Newsam Centres where the plans do not indicate the enclosure of potential fire hazard rooms (i.e. bedrooms, designated smoking rooms and lounges) but that bedroom corridors are protected with 30 minute fire resisting construction which connects with the 60 minute compartment walls at the ends of the corridors. We do not consider it necessary for life safety to enclose other fire hazard rooms in Becklin and Newsam centres.
- 6.54 In any case, the architectural sections indicate that walls (except top storey) are taken up to the soffit of the floor above and that ceilings are 9.5mm plasterboard with a plaster skim finish. Subject to the firestopping of any services (e.g. light fittings) this construction should offer at least 30 minutes fire resistance.
- 6.55 The fire plans indicate that the walls enclosing bedrooms on the topmost floors of the buildings do not extend through the roof void. It should therefore be confirmed (by specification or inspection) that the ceilings in these rooms are 30 minute fire resisting construction.

6.56 We have received a letter from Faithful & Gould, who we understand were commissioned to undertake a survey of passive fire protection in the three units. This confirms that the ceiling construction to the topmost floors is 12.5mm plasterboard with a plaster skim finish. This should provide 30 minutes fire resistance. However, the fire performance of the ceilings may be compromised if service penetrations are not adequately fire stopped. The letter does not clarify this issue and we recommend that further clarification on this matter be obtained from Faithful & Gould or the situation be confirmed by inspection.

6.57 The Trust fire officer's audit recommends that all day rooms located in sleeping areas should be decommissioned.

6.58 Neither Firecode nor Building Regulations guidance makes this recommendation and we do not consider it necessary subject to the provision of automatic closers or procedures to ensure day room doors are closed at night.

Cavity barriers

6.59 The provision of compartmentation, sub-compartmentation and fire hazard rooms/bedroom corridor protection limits the dimensions of ceiling voids so as not to require additional cavity barriers.

6.60 We understand from the architectural sections that the compartment and sub-compartment walls in the top most floor of the buildings are taken up to subdivide the roof void and additional cavity barriers should not be required.

Fire stopping

6.61 We understand that the quality of fire stopping has been reviewed by others and works carried out to rectify any inadequacies identified.

Ceiling and wall linings

6.62 The ceiling and wall lining finishes are generally plasterboard with skim finishes and limited areas of metal suspended ceiling tiles. These finishes would be expected to achieve the highest standard (class 0) surface spread of flame rating and are therefore acceptable.

External fire spread

6.63 The external walls of the buildings are of masonry construction which should afford 60 minutes fire resistance. Taking into account the high degree of compartmentation provided in these buildings and the limited window openings we consider that the space separation requirements of the Building Regulations should be satisfied.

6.64 A full review of external fire spread has not been undertaken since the standard guidance is the same for all building types and should not therefore be affected by whether the building has been designed as a hospital, hotel or a performance based approach taken.

- 6.65 The Trust fire officer's audit report identifies that parts of the Becklin roof are covered with insulated cladding panels.
- 6.66 Neither Building Regulations guidance nor Firecode preclude the use of composite cladding panels in roof construction and the architects have confirmed (via Accent) that the panels incorporate Rockwool insulation. This is a non-combustible mineral wool and therefore does not constitute a fire hazard.

Access and facilities for the fire service

- 6.67 The Trust fire safety audit report recommends that existing staircases be converted to fire fighting stairs.
- 6.68 The top (third) floor of the tallest building (The Mount) is less than 18m above ground level for which the guidance in Firecode, ADB and BS 5588-5: 2004²¹ does not recommend fire fighting shafts unless perimeter access is inadequate.
- 6.69 West Yorkshire Fire Service has stated that they have no particular concerns regarding fire service access. As the access provisions are also consistent with standard guidance we do not consider it necessary to upgrade the stairs to firefighting standards.

Basements

- 6.70 The lower ground floor level of The Mount is classified a basement under the guidance in ADB for which ventilation is recommended to remove any build-up of smoke and heat.
- 6.71 However, three of the elevations are above ground level and contain external doors and windows and therefore no additional smoke ventilation is required to meet the recommendations of ADB.

First-aid fire-fighting equipment

- 6.72 Provision is based on portable fire extinguishers located at appropriate positions around the buildings. The number and location has not been checked in detail as this information is not shown on the fire plans. The location and type of this equipment should be marked on the fire plans and an assessment undertaken to confirm the correct provision.
- 6.73 The Trust fire officer's audit report recommends that either the water supply for fire fighting should be improved or high pressure hose reels should be provided in each ward.
- 6.74 From discussions with the fire service there is no indication that water supplies to the buildings are inadequate. They have been asked to check and let us know if any problems have been identified.
- 6.75 We would not normally recommend the installation of hose reels as the continuous water supply (compared to the limited capacity of a hand held extinguisher) may tempt staff to continue to fight a fire when it presents too great a risk.

6.76 We would therefore recommend that provision based on portable extinguishers should continue and this principle was supported by West Yorkshire Fire Service.

7 Systems and services

Escape lifts

- 7.1 The Mount includes two escape lifts which can be used to assist in evacuating people whose mobility is impaired.
- 7.2 The lift supplier has confirmed (via Accent) that the lifts are compliant with the recommendations in BS 5655-1 and BS 5655-2.
- 7.3 These lifts are considered an essential part of the evacuation strategy serving The Mount due to the potentially high number of people with restricted mobility.
- 7.4 Whilst some guidance on the use of these lifts is contained in the fire safety and evacuation strategy for The Mount, we recommend that a more comprehensive strategy be developed in accordance with the appropriate guidance in BS 5588: Part 12.
- 7.5 We recommend that this evacuation strategy should include the following:
- Confirmation of lift operation (e.g. do they ground on fire alarm)
 - Designation of staff trained in the operation of the lifts.
 - Provision of sufficient staff to load and unload the lift (thus optimising their capacity).
 - Maintenance and availability.
 - Identification that the lift lobbies can be used as a place of refuge whilst waiting for the lifts.
 - A pre-determined plan for the sequence of evacuating the building using the lifts.
 - Annual evacuation testing.

Detection and alarm

- 7.6 The buildings are fitted throughout with automatic smoke detection which provides full coverage and appears to be consistent with category LI in accordance with BS 5839: Part 1¹⁵. This is the highest standard of system and we consider this to be appropriate for these buildings given the user profile and evacuation strategy operated.
- 7.7 The electrical operation and maintenance manual for each building includes an ADT Fire Alarm System Installation Handover Certificate which confirms the systems are category LI in accordance with BS 5839. ADT, the fire alarm contractor, have verbally confirmed that the system is designed to the 1988 edition of the BS.
- 7.8 However, the certificate for The Mount states that the main roof void is not protected by smoke detection in each compartment due to restricted access. It is not clear whether the statement relates to all roof void compartments and whether any remedial action was planned/implemented to resolve this non-compliance.
- 7.9 The guidance in the BS for a category LI system recommends that voids more than 800mm deep should be fitted with automatic detection unless the fire risk within the void is considered to be low. We recommend that the extent of automatic detection in The Mount roof void be established and if full automatic detection has not been provided, a fire risk assessment should be provided to establish whether detection is required.
- 7.10 The guidance in the BS also recommends that pro-forma certificates should be issued confirming that the system has been commissioned in accordance with the requirements of the BS. This is not explicit on the Installation Handover Certificates and we recommend that written confirmation be obtained from ADT that the installation complies with the recommendations of BS 5839: Part 1¹⁵ and a statement of any deviations is provided.

Evacuation cause and effect

- 7.11 The general sequence of events is as follows:
- On activation of a device a continuous alarm will sound within that alarm zone and an intermittent alarm will sound in horizontally and vertically adjoining alarm zones.
 - An automatic signal is sent to the fire service.
 - A senior staff member in the zone of origin will go to the fire alarm repeater panel located at the nursing station to identify the location of the fire.
 - The senior member of staff will then attend the fire location to confirm the fire while other members will evacuate the zone, giving priority to those most affected.
 - The fire is confirmed to the fire service.
 - In the event that fire spreads beyond the zone of origin, the evacuation signal will also be given in the further affected compartments.

7.12 We understand that an investigation period is incorporated into the system but that this is not currently operated.

7.13 A cause and effect matrix for the fire alarm activation only was received on 10 July 2006. The information shows the connection with other building systems (e.g. electronic door security) but does not provide details regarding the effect on these other systems. It is recommended that this additional information be obtained so that a full review can be undertaken.

Unwanted fire signals

7.14 The units (particularly The Becklin Centre) experience a high rate of unwanted fire signals (UWFS) mainly as a result of smoking in bedrooms and improper activation of 'break-glass' manual call points.

Smoking

7.15 The Trust policy is that smoking is only permitted in designated rooms (usually specific smoking lounges) however in practice this is found to be difficult to enforce and UWFS due to smoking usually originate in service user bedrooms.

7.16 It is important that illicit smoking is identified by the system as early as possible. The existing detectors appear very effective in this regard. However, consideration should be given to a revised cause and effects strategy.

7.17 It has been suggested by the Trust fire officer that detectors in bedrooms should be replaced by multi criteria devices. It is not clear what benefit this would provide. Ideally the system should quickly identify illicit smoking but it may be appropriate to delay a full evacuation alarm which can be disturbing to clients.

7.18 There is some concern that the introduction of a full non-smoking policy may, increase the potential for illicit smoking and an increase in the number of UWFS.

7.19 The following measures should be discussed and explored to effect a reduction in the number of UWFS:

- introduction of an investigation period;
- two stage alarm;
- adjustment of detection threshold levels;
- Implementation of multi-level detection thresholds.

7.20 We suggest that a meeting with ADT, WYFRS, the Trust and Accent's Estates/FM team is arranged to establish the capability of the system to accommodate the above measures and to explore the options and agree which of the above measures will be most effective in reducing the UWFS.

Call points

- 7.21 The improper activation of break glass call points in some wards has been addressed by the replacement of the call points with covered or key-operated points and we understand that this strategy is being extended to other wards particularly at the Becklin Centre.
- 7.22 The Trust fire officers audit recommends that 'Break glass' call points in certain wards should be replaced with key operated manual call points.
- 7.23 We would also recommend that where high numbers of unwanted fire signals are experienced due to the improper operation of 'break glass' manual call points the call points should be replaced with key operated manual call points. All staff should then be issued with keys. It is essential that these keys are carried at all times and are clearly identifiable in the large bunches carried by many staff (e.g. the call point keys could be distinctly coloured red).

Security

- 7.24 Cause and effect information for fire safety related systems has not been provided but we understand that the doors providing access to the stairs are secured by magnetic locks which release on activation of the adjacent manual call point, activation of the fire alarm and pass keys carried by some (but apparently not all) staff.
- 7.25 In the event of a fire which blocks access to the corridor leading to the stair, staff are not be able to enter the accommodation from the stair to facilitate the evacuation of service users from other rooms off the corridor. We recommend that, subject to a review of the cause and effect of fire safety/ security related systems (information still awaited), provision should be made for remote release elsewhere in the ward (e.g. nurse station) to release the stair entrance doors.

Ductwork

- 7.26 The buildings are mostly ventilated by openable windows. Limited local mechanical ventilation is provided to internal rooms and rooms with a high ventilation demand (e.g. smoking rooms and kitchens).
- 7.27 The Trust fire safety officer's audit also recommends that fire dampers should be provided in air-handling ductwork penetrating compartment, sub-compartment and fire hazard room walls.
- 7.28 We understand from discussions and observation that the ventilation ducts:
- are fitted with fire dampers where they breach fire resisting construction;
 - do not provide routes for the spread of cool smoke between compartments or sub-compartments

- 7.29 We also understood that the fire dampers are only actuated by fusible link. Whereas BS 5588: Part 9²² recommends that dampers in compartment walls to sleeping accommodation should also be activated by the fire alarm system. The purpose of this recommendation is to avoid the spread of cool smoke.
- 7.30 The mechanical services engineer has confirmed by email that fusible link fire dampers are fitted where ductwork passes through compartment walls and floors, and sub-compartment walls. However, it has not yet been confirmed whether fire dampers have been fitted in other fire resisting construction (e.g. walls to hazard rooms).
- 7.31 A review of plans of the ventilation system ductwork provided on 3 July 2006 has revealed that fire dampers are not indicated at every location where ductwork penetrates fire resisting construction (as shown on the architectural fire strategy plans).
- 7.32 We therefore recommend that a survey be carried out to establish whether fire dampers have been installed at all penetrations through fire resisting construction and that the mode of operation is appropriate.

8 Management review

- 8.1 Ongoing management and operation of occupied buildings is currently covered by the Fire Precautions Act (FPA) and Fire Safety (Workplace) Regulations. Whilst only office and shop areas of these buildings are covered by the FPA, all parts of the building are a workplace and therefore will come under the control of the Workplace Regulations. From October 2006 these will be superseded by the implementation of the Regulatory Reform (Fire Safety) Order 2005 which will apply to all parts of the buildings.
- 8.2 Guidance on the management of fire safety within NHS premises is contained within Firecode in the Policy and principles and HTM 83 Fire safety in healthcare premises – General fire precautions²³.
- 8.3 The Workplace Regulations and Fire Safety Order were introduced after the publication of the above guidance and therefore the requirements of these regulations are not specifically referred to in the guidance.
- 8.4 The main requirements of the Workplace Regulations and Fire Safety Order are to:
- Undertake a risk assessment of the workplace;
 - Identify significant findings and people especially at risk;
 - Provide and maintain fire precautions to safeguard the workplace;
 - Provide information, instruction and training to employees about fire precautions in the workplace.

Risk assessment

- 8.5 The fire safety audit reports prepared by the Trust fire officer do not constitute fire risk assessments as required by the Fire Precautions (Workplace) Regulations or the forthcoming Fire Safety Order. The Trust will therefore need to carry out a fire risk assessment for each building to comply requirements of the Fire Safety Order.
- 8.6 The information in this review report will contribute to the Trust's obligations at a strategic level in this regard. However, this will need to be supplemented by a local area assessment to identify any specific operational requirements (e.g. evacuation of numbers of people who may have restricted mobility in the Mount) or local hazards in order to fully meet the statutory requirements.

Maintenance of fire precautions

- 8.7 Policies and procedures for the maintenance of fire precautions (including those to ensure building contractors work does not compromise precautions and fire stopping) should be developed.
- 8.8 The Trust fire safety officer's audit report recommended ill-fitting fire doors should be packed to ensure a good fit.
- 8.9 We understand that this has been actioned, and the condition and fit of fire doors inspected generally appeared to be good. However, we recommend that all fire doors should be subject to regular inspection and be maintained as necessary.

Information, instruction and training

- 8.10 The following issues were identified in respect of staff training:
- i. Not all staff have received training in the last 12 months;
 - ii. Records of training are not centralised;
 - iii. Some ward staff are unclear on their actions and duties in the event of a fire.
- 8.11 Measures should be implemented to resolve the above.
- 8.12 Some ward staff did not seem to be aware that stair doors would release on fire alarm or by operation of a local key switch. If they did carry the appropriate key it was not easily identified in a large bunch. Consideration should be given to the use of e.g. red coloured key fobs.
- 8.13 We recommend that a concise (single page) instruction sheet be prepared and issued to all staff (including agency and temporary staff) setting out clearly the actions to be taken in response to a fire alarm or fire.
- 8.14 It was also suggested by staff that an appropriate short and concise instruction sheet would be of benefit to service users.

Documentation

- 8.15 There does not appear to be a documented fire strategy for any of the buildings and the fire strategy drawings are inconsistent between buildings (e.g. in some cases bedrooms are shown as fully enclosed in fire resisting construction [The Mount] whereas on others [Becklin and Newsam] they are not). In carrying out this review we have found it difficult to locate information relating items such as fire alarm cause and effects, duct routes, fire dampers and ceiling construction etc.
- 8.16 In the absence of clear fire safety design and construction information it is difficult for Trust staff to carry out the required risk assessments, assess the impact of operational changes or to ensure that any physical changes to the building remain consistent with the fire safety requirements.
- 8.17 We would suggest that many of the concerns expressed regarding the safety of the buildings would not have arisen if the fire safety strategy for each of the buildings had been clearly documented.
- 8.18 We therefore recommend that the fire strategy for each building be retrospectively documented and consistent fire strategy drawings be prepared. This will provide a sound basis for the development of fire safety procedures and provide a basis for demonstrating compliance with the forthcoming implementation of the Regulatory Reform (Fire Safety) Order.

8.19 A review of the management documentation and interviews with key staff identified the following issues:

- Specific policies and procedures do not appear to exist for the evacuation of people with mobility difficulties (e.g. wheelchair users and those who are sedated). We recommend that appropriate procedures and training should be developed, documented and implemented.
- The fire action notices on general display are not consistent. We recommend that the action notices are reviewed and produced in a consistent form throughout the buildings.
- Some upholstered furniture (e.g. mattresses and chairs) does not meet the recommended ignition standards for high hazard areas (i.e. ignition source 7 when tested under section 4 of BS 5852). We recommend that the specification of all upholstered furniture be established and that a risk assessment be undertaken to establish that the standard is appropriate for the risk (i.e. does the potential for deliberate ignition warrant the specification of higher furniture standards in some areas e.g. PICU). The appropriate specification for furniture and bedding should be documented in the proposed fire safety strategy document.
- The number of fire alarm signals recorded in the WYFRS data is significantly higher than the Trust's fire signal data. The Trust and WYFS should compare the data sets to establish the cause of the discrepancy and if necessary, the Trust should amend its fire incident reporting procedures.

9 Conclusions

Basis of design

9.1 The profile of the people most at risk in the event of a fire (the elderly service users in The Mount) is more comparable to the occupants of a nursing or residential care home than an acute hospital. The specific recommendations of HTM 81 are not considered to be applicable to the three buildings under consideration. Therefore for the purposes of this review a performance based approach has been adopted taking account of guidance in the following documents:

- Approved Document B;
- HTM 84; and
- The Home Office guide to care homes.

9.2 Subject to confirmation of some outstanding constructional details and the implementation of minor physical modifications recommended in this report, it is our opinion that The Mount, Becklin and Newsam buildings provide for acceptable levels of fire safety.

Documentation

9.3 There are no consolidated fire safety strategy documents which set out the fire safety principles on which the buildings were designed. Information relating to some of the building fire protection features has proved difficult to obtain. This lack of a documented fire strategy appears to have contributed to many of the concerns and misconceptions that have arisen with regard to fire safety in these buildings.

Fire safety management

9.4 There are a number of fire safety management issues which do not appear to be adequately implemented and which, in our view, are not fully consistent with forthcoming statutory requirements. Some improvement to the written policies and procedures is required and it is essential that all staff are adequately informed and trained to become fully aware of their fire safety roles and responsibilities.

9.5 The following section presents our recommendations.

10 Recommendations

Physical measures

- 10.1 We recommend that the following improvements be made to the physical fire safety measures.

The Mount

- 10.2 We recommend that the extent of roof void detection should be established and if coverage is not in accordance the recommendations of BS 5839: Part 1, a risk assessment should be undertaken to establish the extent of any additional detection required (see paragraph 7.9).
- 10.3 We recommend that two 30 minute sub-compartment walls at 2nd floor level and four sub-compartment walls at 3rd floor level be upgraded to 60 minute compartment walls. The masonry walls inherently offer more than 60 minutes fire resistance therefore we anticipate that improvement works will require six ½ hour doorsets to be replaced with 1 hour doorsets (see paragraph 6.17).
- 10.4 The corridor double doors adjacent the fire rated roller shutter to the first floor waiting room in The Mount should be upgraded/designated FD30S (see paragraph 6.32).

General

- 10.5 We recommend that written confirmation be obtained from ADT that the installation complies with the recommendations of BS 5839: Part 1¹⁵ and a statement of any deviations is provided. (see paragraph 7.10).
- 10.6 We recommend that complete cause and effect information for the fire alarm and other related building systems be obtained and reviewed to determine that they operate as required (see paragraph 7.13).
- 10.7 We recommend that further clarification be sought from Faithful & Gould regarding the fire stopping of services penetrating the top-most floor ceiling or an inspection be undertaken to establish the same (see paragraph 6.55).
- 10.8 We recommend that where high numbers of unwanted fire signals are experienced due to the improper operation of 'break glass' manual call points that these should be replaced with key operated manual call points and staff issued with keys. It is essential that these keys are carried at all times and are clearly identifiable in a large bunch (e.g. are coloured red) (see paragraph 8.12).
- 10.9 Consideration should be given to an alternative cause and effects strategy to reduce the number of unwanted fire signals whilst still providing the earliest warning of fire or illicit smoking (see paragraph 7.19).
- 10.10 We recommend that, subject to a review of the cause and effect (information still be provided), remote provision should be made to allow door release from elsewhere in each ward (e.g. at the staff base) of the stair entrance doors (see paragraph 7.25).

10.11 Where fire doors are likely to be held open in daily use (e.g. lounge doors) consideration should be given to the installation of automatic hold open devices linked to the fire alarm. The door release mechanism should comply with BS 5839: Part 3 and be fail-safe (see paragraph 6.36). A policy regarding their use should also be developed.

10.12 The 'as-built' ventilation ductwork drawings do not appear consistent with 'as-built' fire strategy drawings. We therefore recommend that a survey be carried out to establish whether the fire damper installation in the ventilation ductwork system is adequate (see paragraph 7.26 et seq.).

Management

10.13 We recommend that the following improvements be made to the management procedures.

10.14 The Trust should consider whether in extreme circumstance mattress evacuation would be necessary in The Mount to supplement lift and stair evacuation. The stairs in patient areas are marginally smaller than recommended in HTM 81 but should still be suitable for this purpose (see paragraph 6.44).

10.15 A reduction in UWFS should be explored using a revised cause and effect strategy (see paragraphs 7.19 and 7.20 for further information).

10.16 This review constitutes a high level strategic risk assessment but a further risk assessment should be carried out for each building to identify any local operational issues and the significant findings should be recorded in a manner consistent with current guidance. This should then be reviewed on a regular basis and be updated as necessary (see paragraph 8.6).

10.17 The condition and fit of fire doors generally appeared to be good. However, we recommend that all fire doors should be subject to regular inspection and be maintained as necessary.

10.18 Measures should be implemented (see paragraph 8.11) to

- ensure that all staff attend annual training;
- centralise staff training records;
- ensure all staff are aware of their actions and duties in the event of a fire.

10.19 We recommend that a concise (single page) instruction sheet be prepared and issued to all staff (including agency and temporary staff) setting out clearly the actions to be taken in response to a fire alarm or fire (see paragraph 8.13).

10.20 We recommend that the fire strategy for each building be retrospectively documented and consistent fire strategy drawings are prepared (see paragraph 8.18). This will assist staff in carrying out local risk assessments and evaluating the impact of any future physical or operational changes on fire safety.

- 10.21 We recommend that appropriate policies, procedures and training for the safe evacuation of people with disabilities should be developed, documented and implemented. This is particularly relevant to the Mount (see paragraph 8.19).
- 10.22 A more detailed policy and procedure document for the safe use of the evacuation lifts in The Mount should be developed (see paragraph 7.4).
- 10.23 We recommend that the statutory fire action notices are reviewed and produced in a consistent form throughout the buildings.
- 10.24 Some upholstered furniture (e.g. mattresses and chairs) may not meet the ignition standards for high hazard areas (i.e. ignition source 7 when tested under section 4 of BS 5852). We recommend that the specification of all upholstered furniture be established and that a risk assessment be undertaken (i.e. to establish the potential for deliberate ignition) to establish that the standard provided is appropriate for the risk (see paragraph 8.19).
- 10.25 The number of fire alarm signals recorded in the WYFRS data is significantly higher than the Trust's fire signal data. The Trust and WYFRS should compare the data sets to establish the cause of the discrepancy and if necessary, the Trust should amend its fire incident reporting procedures (see paragraph 7.19).
- 10.26 We recommend that a policy be developed regarding the maintenance of fire precautions (see paragraph 8.7).

11 References

- 1 Department of Health Fire Safety Policy 2001 (NHS Estates)
- 2 Health Technical Memorandum 81- Firecode. Fire precautions in new hospitals (Including Amendment 1) 1996 edition, (NHS Estates)
- 3 Health Technical Memorandum 85 - Firecode. Fire precautions in existing hospitals 1994 edition, (NHS Estates)
- 4 Health Technical Memorandum 86 - Firecode. Fire risk assessment in hospitals 1994 edition, (NHS Estates)
- 5 Fire Practice Note 7 - Firecode. Fire precautions in patient hotels 1995 edition, (NHS Estates)
- 6 Health Technical Memorandum 88 - Fire precautions in housing providing NHS-supported living in the community (an update of HTM 88) 2001 edition (NHS Estates)
- 7 The Building Regulations 2000, (Office of the Deputy Prime Minister) HMSO
- 8 The Building Regulations 2000, Approved Document B - Fire Safety, 2000 edition consolidated with 2000 and 2002 amendments, (Office of the Deputy Prime Minister) HMSO
- 9 The Building Regulations 1991, Approved Document B - Fire Safety, 1992 edition, (Office of the Deputy Prime Minister) HMSO
- 10 Act 1971 Ch 40 - Fire precautions act 1971, (Legislation UK)
- 11 Home Office Guide for existing places of work Fire precautions act 1971. Guide to fire precautions in existing places of work that require a fire certificate. Factories, offices, shops and railway premises, 2001 edition (Home Office)
- 12 Regulatory Reform (Fire Safety) Order 2005, SI 2005 No 1541, the Stationery Office 2005
- 13 Statutory Instruments SI 1992/3004 - Workplace (health, safety and welfare) regulations 1992 (Legislation UK)
- 14 Fire safety - an employer's guide, 1999 edition, (HOMOFF)
- 15 BS 5839: Part 1: 1998. Fire detection and alarm systems for buildings, Code of practice for system design, installation, commissioning and maintenance
- 16 BS 5588: Part 8: 1999 - Fire precautions in the design, construction and use of buildings. Code of practice for means of escape for disabled people (AMD 14992)

- 17 Northern Ireland Firecode - Health Technical Memorandum 84 - Firecode. Fire safety in residential care premises, 1995 edition, DHSSPS
- 18 Draft guide to fire precautions in existing residential care premises, Home Office/ Scottish Home and Health Department, 1983
- 19 BS 5499: Part 1: 2002, Graphical symbols and signs, Safety signs including fire safety signs. Specification for shapes colours and layout
- 20 Wayfinding: effective wayfinding and signing systems - guidance for healthcare facilities. 2nd edition 2005 (NHS Estates)
- 21 BS 5588: Part 5: 2004, Fire precautions in the design construction and use of buildings, Access and facilities for firefighting
- 22 BS 5588: Part 9: 1999, Fire precautions in the design, construction and use of buildings. Code of practice for ventilation and air conditioning ductwork
- 23 Health Technical Memorandum 83 - , 1994 Edition, (NHS Estates)

A.1 Annex I – Comparative assessment

- A.1.1 The profile of the people most at risk in the event of a fire (the elderly service users in The Mount) is not consistent with an acute hospital but is more comparable to the occupants of a nursing or residential care home.
- A.1.2 A comparative assessment of each building design has been undertaken against the key recommendations of the following documents:
- Approved Document B;
 - Draft guide to fire precautions in existing residential care premises ; and
 - Northern Ireland Firecode - Health Technical Memorandum 84 - Firecode. Fire safety in residential care premises, 1995 edition.
- A.1.3 The Leeds Mental Health buildings are considered to fall more closely within the scope of the above guides rather than HTM 81. Whilst HTM 84 is a Northern Ireland specific document it is often used in England in the absence of other specific guidance.
- A.1.4 The purpose of the analysis is to demonstrate that the key elements of fire safety design of the buildings are broadly comparable and, in some cases, better than the recommendations of the most onerous relevant design codes.
- A.1.5 In relation to the treatment of fire hazard rooms and bedrooms the approach taken in the Becklin and Newsam Centres is not consistent with some guides. This issue is addressed in paragraph 6.51 et seq. in main body of report.
- A.1.6 A short summary of the scope of each guide is provided below.

Approved Document B

- A.1.7 ADB provides guidance on how to meet the fire safety requirements of the Building Regulations for some more common building situations and is relevant (with the exception of a few specific building types - e.g. shopping complexes, atria and hospitals) to all purpose groups including nursing and residential care homes.

HTM 84

- A.1.8 HTM 84 was published by the Health & Personal Social Services Management Executive to provide guidance on meeting Northern Ireland Building Regulations and residential care/nursing home regulations in new and existing residential care and nursing homes. These are defined in the guide as including residential health care buildings for people suffering mental illness.
- A.1.9 Guidance to the Northern Ireland Building Regulations is largely consistent with the Building Regulations in England and HTM 84 is therefore often used in England on that basis.

Draft guide to fire precautions in existing residential care premises

- A.1.10 The was published by the Home Office in 1983 to provide guidance on basic standards for means of escape and related fire precautions in existing residential care premises but is referred to in the current edition of ADB regarding nursing homes and homes for the elderly where there are people who are bedridden or have very restricted mobility.

Precaution	ADB ⁸	HTM 84 ¹⁷	Home Office guide ¹⁸	The Mount	Newsam Centre	Becklin Centre	Comments
Detection and Alarm category	L1	L1	Equivalent to L3	L1	L1	L1	Meets or better than the recommendations
Single direction travel distance in sub-compartment	Not applicable	10m	12m	7m in bedrooms 10m elsewhere	7m	7m	Significantly shorter than recommended
Travel distance where escape available in more than one direction in sub-compartment	Not applicable	20m	18m	Typically 13m	Typically 14m	Typically <15m	Significantly shorter than recommended
Single direction travel distance to a choice of routes or storey exit	18m	10m	N/a	Typically 7m	Typically 7m	Typically 7m	Significantly shorter than recommended

Precaution	ADB	HTM 84	Home Office guide	The Mount	Newsam Centre	Becklin Centre	Comments
Travel distance in more than one direction to a storey exit	35m	40m	30m	Typically 25m	Typically 28m	<32m	Generally consistent or better than recommended
Fire hazard rooms	No recommendation	Enclose in 30 minutes fire resistance	No recommendation	Yes	Not designated	Not designated	See paragraph 6.51 et seq. in main body of report
Maximum number of beds in a sub-compartment	No recommendation	9 beds	12 beds	8 beds	9 beds	7 beds	Meets or better than the recommendations
Structural fire resistance	60 minutes	60 minutes	60 minutes	60 minutes	60 minutes	60 minutes	Consistent
Finishes in small rooms <4m ²	Class 3	Class 3	Class 1	Class 0	Class 0	Class 0	Better than recommendations
Finishes in other rooms	Class 1	Class 1	Walls Class 0 Ceilings Class 1	Class 0	Class 0	Class 0	Meets or better than the recommendations

Precaution	ADB	HTM 84	Home Office guide	The Mount	Newsam Centre	Becklin Centre	Comments
Finishes in circulation spaces	Class 0	Class I	Class 0	Class 0	Class 0	Class 0	Meets the recommendations
Maximum number of storeys above ground	No recommendation	3 storeys	No recommendation	3 storeys	2 storeys	2 storeys	Meets or better than the recommendations
Compartment floors required	Yes	Yes	No	Provided	Provided	Provided	Compliant
Provide refuge for progressive horizontal evacuation	Yes	Yes	Yes	Compliant	Compliant	Compliant	Meets all three guides
Emergency lighting	All escape routes	All escape routes	All escape routes	To be confirmed	To be confirmed	To be confirmed	To be confirmed when details received
Enclose bedrooms in fire resisting construction	Not applicable	Yes	Yes	Yes	Not designated	Not designated	See paragraph 6.51 et seq. in main body of report
Fire brigade access	Perimeter access	Perimeter access	No requirement	Perimeter access	Perimeter access	Perimeter access	Compliant with ADB and HTM 84

A.2 Annex 2 – Summary of Trust audit

A.2.1 The Trust fire safety officer prepared “audit reports” for each of the three buildings and these have been reviewed and our comments summarised in the following table. Full comments are contained in the appropriate part of the design review in section 6

Audit report recommendation	Tenos comment
Access to all stairs should be via a lobby.	Taking into account the number of escape stairs, compartmentation and also that the protected bedroom corridors can act as protected lobbies, we do not consider the creation of additional lobbies is necessary in this case (see paragraph 6.39).
All day rooms located in sleeping areas should be decommissioned.	Neither HTM 81 nor Building Regulations guidance makes this recommendation and we do not consider it necessary subject to the provision of automatic closers or procedures to ensure day room doors are closed at night (see paragraph 6.57).
Detectors in patient bedrooms should be replaced with multi-point detectors.	It is important that illicit smoking is identified by the system as early as possible. The existing detectors appear very effective in this regard. However, consideration should be given to a revised cause and effects strategy (see paragraph 7.15). It is not clear what benefit would result from changing the type of detector head.
Fire dampers should be provided in air-handling ductwork penetrating compartment, sub-compartment and fire hazard room walls.	We understand that fusible link operated mechanical fire dampers are installed where all ductwork penetrates fire resisting walls. (This will need to be confirmed when full details of the ventilation systems have been made available) (See paragraph 7.26).
The existing staircases should be converted to fire fighting staircases.	Neither Firecode nor Building Regulations guidance makes this recommendation where adequate perimeter access is provided. Discussions with the fire service indicate that they are content with the access around the buildings (see paragraph 6.67).

Audit report recommendation	Tenos comment
Either the water supply for fire fighting should be improved or high pressure hose-reels should be provided in each ward.	From discussions with the fire service there is no indication that water supplies to the buildings are inadequate. The fire service has been asked to check and let us know if any problems have been identified. We would not normally recommend the installation of hose reels as the continuous water supply (compared to the limited capacity of a hand held extinguisher) may tempt staff to continue to fight a fire when it presents too great a risk. We recommend that provision based on portable extinguishers should continue and this is supported by West Yorkshire Fire Service (see paragraph 6.72).
Ill-fitting fire doors should be packed to ensure a good fit.	We understand that this has been actioned, and the condition and fit of fire doors inspected generally appeared to be good. However, we recommend that all fire doors should be subject to regular inspection and be maintained as necessary.
Glazing in fire doors should be replaced with insulated glass.	Firecode does not make this recommendation and taking into account the fire precautions incorporated in the building we do not consider this is necessary for Building Regulation compliance (see paragraph 6.33).
Disabled refuge should be created in all staircases.	The stairs are generally large enough to accommodate a wheelchair on the landings and BS 5588: part 8 also recognises that protected corridors can act as a refuge area (see paragraph 6.20).
Staircase landings are not of sufficient width for mattress evacuation.	Mattress evacuation is not part of the Trust fire safety policy and procedures or part of the evacuation strategy for each building and we would not consider it necessary in the Becklin and Newsam Centres. The Trust should however, consider whether mattress evacuation would be appropriate to supplement the use of lifts in The Mount. The stairs in patient areas are marginally smaller than recommended in HTM 81 but should still be suitable for mattress evacuation if necessary (see paragraph 6.42).
The audit identifies that parts of the Becklin roof are covered with composite insulated cladding panels which may be a high fire risk.	Neither Building Regulations guidance nor Firecode preclude the use of composite insulated cladding panels in roof construction. However, it has been confirmed that the insulated cladding has a non-combustible mineral fibre core and therefore does not present a hazard (see paragraph 6.65).

Audit report recommendation	Tenos comment
Internal design is not conducive to patient observation.	It is impractical to maintain client privacy and maintain clear observation of all areas. In fire safety terms the automatic fire detection system has proved to be effective in responding to fires in out of the line of sight (see paragraph 6.10).
'Break glass' call points in wards should be replaced with key operated manual call points and that the alarm system is not fit for purpose.	We recommend that where high numbers of unwanted fire signals are experienced due to the improper operation of 'break glass' manual call points that these should be replaced with key operated manual call points and staff issued with keys. It is essential that these keys are carried by all ward staff at all times and are clearly identifiable in a large bunch (e.g. are coloured red) (see paragraph 7.21).

Report to Scrutiny Board (Health & Adult Social Care)
on Unwanted Fire Signals (UFS)
in Newsam Centre, Becklin Centre and The Mount – November 2006.

Introduction

The Trust has continued to review the incidence of Unwanted Fire Signals (UFS) and to work together in partnership with West Yorkshire Fire & Rescue Service (WYFRS) to reduce UFS as much as possible at Newsam Centre, Becklin Centre and The Mount.

Causes of UFS

The two main causes of UFS within these three units are “malicious” operation of break-glass fire alarm call-points and smoking by service-users in non-designated areas.

Action Taken

Break-Glass Call-Points.

The review of the incidents clearly identified that the majority of these occurred in the Adult Services Wards at the Becklin Centre and on Ward 4 at the Newsam Centre. The previous high incidence of such UFS on Wards 1, 2 and 3 at Newsam Centre was reduced to virtually zero by changing the break-glass call-points to key-operated call-points. It was therefore agreed with WYFRS that the break-glass call-points on all five wards at the Becklin Centre and on Ward 4 on the Newsam Centre would be changed to key-operated.

This was completed at the Becklin Centre in July 2006 and on Ward 4 at the Newsam Centre at the end of November 2006. All ward staff were issued with call-point keys and amendments made to the fire evacuation procedures and training to reflect this change.

Examinations of the statistics has shown that UFS due to malicious operation of break-glass call-points has reduced by 54% across all three units since the key-operated call-points were fitted at the Becklin Centre and would have reduced by 77% if these had been fitted to Ward 4 at Newsam at the same time. This equates to a 33% and 45% decrease respectively of the total number of UFS due to all causes. The reduction actually achieved at the Becklin Centre itself is 82%.

The statistics clearly demonstrate that this action has proved highly successful in reducing UFS from this cause. Graphical representations of these are included at the end of this report.

Appendix C

Smoking by Service Users in Non-Designated Areas.

The other main source of UFS is smoking by service-users in non-designated areas, mainly in bedrooms.

A number of potential areas were considered to address this problem including:

Management

- Reinforcing to service-users the need to use the designated smoking rooms and not to smoke elsewhere.
- Explaining the consequences of their actions to service-users if they were to smoke elsewhere.

Technical

- Reducing the sensitivity of the smoke detectors in bedrooms.
- Changing smoke detectors to CO detectors in bedrooms.
- Changing smoke detectors to heat detectors in bedrooms.
- Use of voice warning systems linked to the fire alarm systems.
- Re-introduce the three minute delay on the auto-dialler.

Following detailed discussions with WYFRS, it was agreed that none of the technical solutions were acceptable and that emphasis would, for the time being, remain on the management measures.

The Trust will, along with all other NHS Trusts, become a smoke-free organisation by the end of December this year. Although there were initial concerns that the smoking related UFS would increase significantly, the experience of other organisations and Mental Health Trusts is that becoming entirely smoke-free has resulted in fewer problems than anticipated and has ultimately resulted in a reduction in smoking-related UFS. The Trust is therefore optimistic in this respect although it is anticipated that UFS will initially increase before falling off to a lower level than before. WYFRS are therefore prepared to monitor the situation along with the Trust.

Conclusions

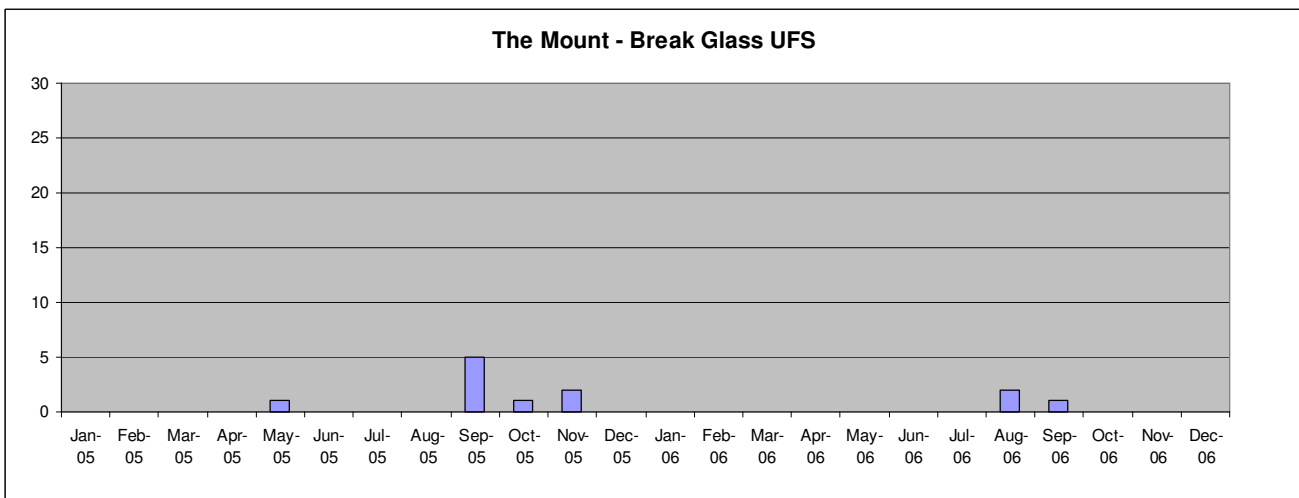
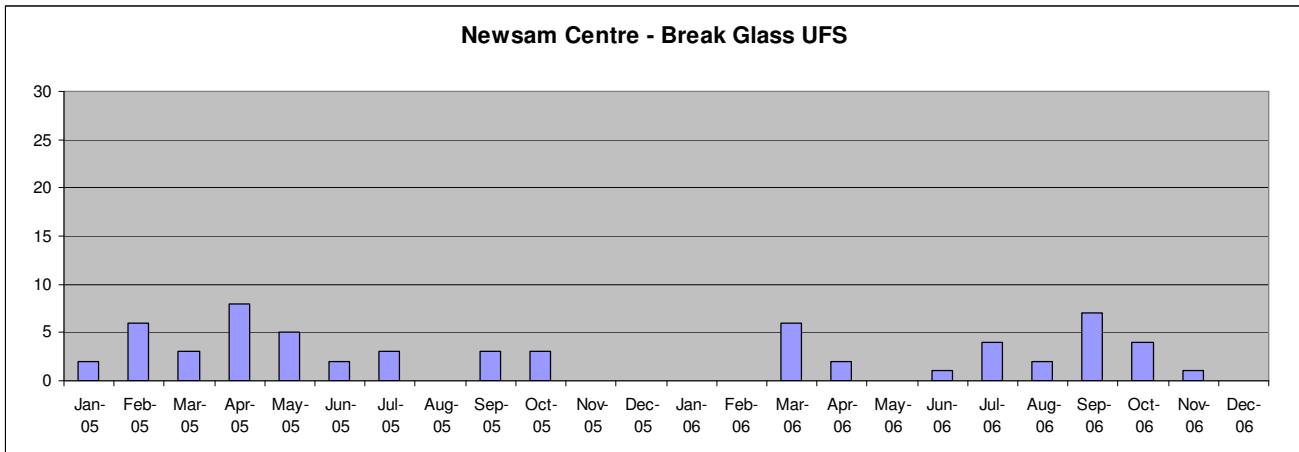
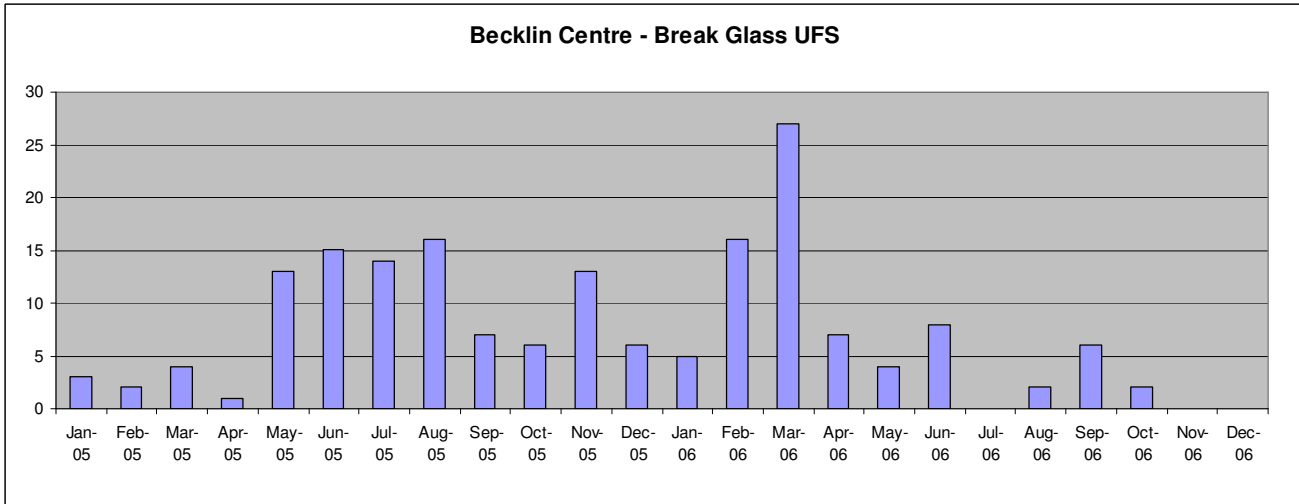
The changing of the break-glass call-points to key-operated call-points has clearly had a major effect and has significantly reduced UFS on these three units.

At this moment in time, there are no further technical measures that can be taken to reduce UFS due to smoking by service-users in non-designated areas.

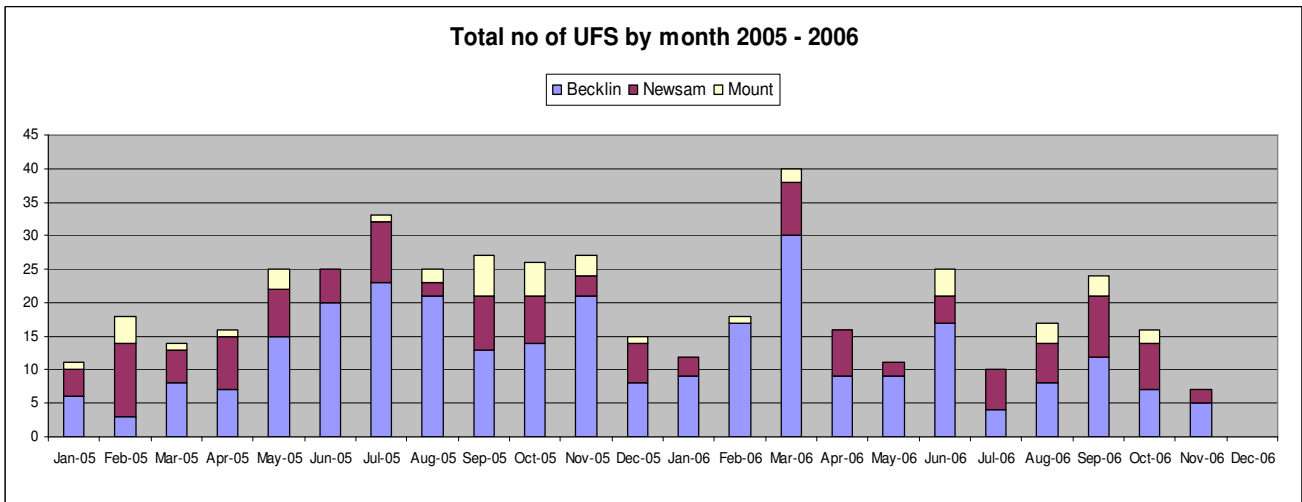
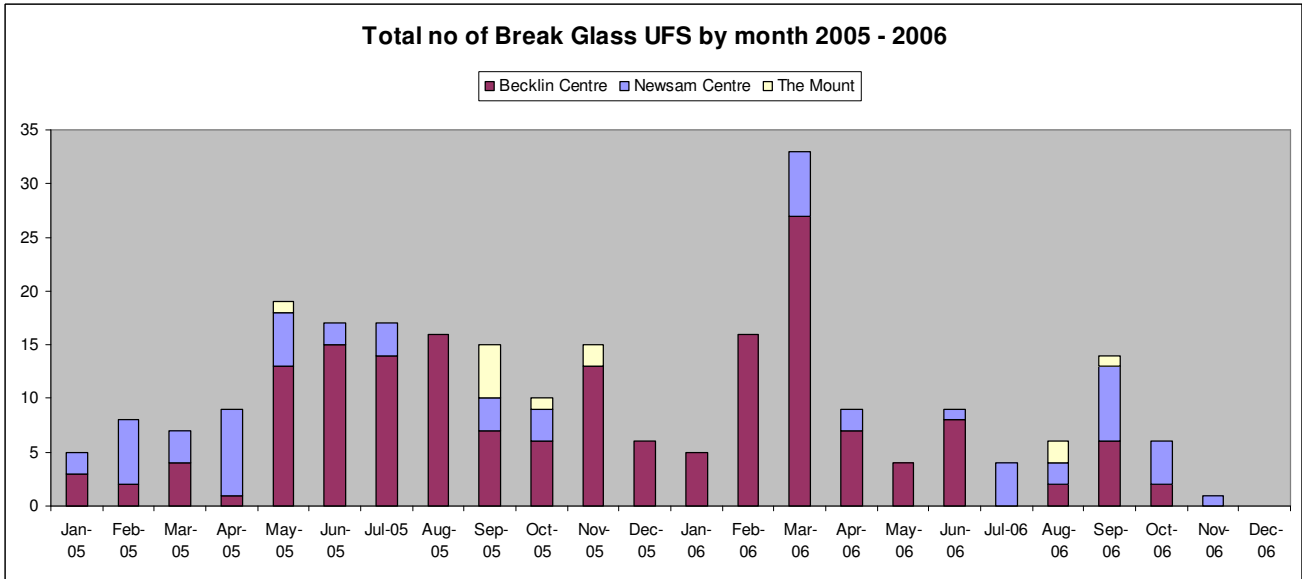
Following recent discussions with WYFRS, both they and the Trust are satisfied that the Trust has now gone as far as it can to reduce UFS at this time. However, the situation will continue to be monitored jointly and further measures taken should the need arise or should further technical solutions become available and acceptable.

D A Brown.
23.11.06

Appendix C



Appendix C



Appendix D

West Yorkshire Fire and Rescue Service

Fire Safety – Leeds Mental Health Trust – Scrutiny update December 2006

1.0 Introduction

Over the past twelve months we have had a series of six meetings with the Leeds Mental Health Trust with discussions centred around three issues raised by the original Scrutiny report with regard to The Mount, The Becklin Centre and The Newsome Centre

These being

Recommendation 5

That the Trust and Accent carry out an audit of staff training immediately and report the findings of this audit to the Trust's Health and Safety Committee for consideration and action.

Recommendation 7

That the matter of false alarms within the Trust's three PFI buildings is kept under constant review by the Trust's Health and Safety Committee

Recommendation 8

That an update on the matter of false alarms within the Trust's three PFI buildings is brought back to the Scrutiny Board (Health and Wellbeing) in 12 months.

The Trust has worked in partnership with the fire service to make progress on these issues, after initial difficulties it has now employed a Trust Fire Officer and in the last few months progress on early proposals have been actioned. I will now detail the opinion of the Fire Service with regard to the above, I have included comment on recommendation five as it has a bearing on recommendations seven and eight.

2.0 Report

2.1 Recommendation 5

We have identified problems with the reporting of fires and fire signals within the Trust, with some incidents not being reported to management. This has been linked to the fact that the fire training package provided to staff did not contain any references to this procedure.

It is understood that the Trust Fire Officer has now incorporated this element in to the staff training package, additionally we also understand that any

Appendix D

activations of the automatic fire alarm (AFD) systems in the buildings concerned are forwarded by Accent to the estates department

If all incidents are recorded correctly in line with Health Technical Memorandum – Fire Practice Note 11⁽¹⁾ the Trust will have correct data on which to act on.

2.2 Recommendation 7

I have attached in Appendix 1 a comparison table (table 1) unwanted fire signals (UWFS) data provided by WYF&RS and the Trust, and in table 2 a comparison of our previous years figures.

The Trust has taken measures to reduce the number of UWFS in a number of ways these are

- a. The fitting of key operated fire alarm call points in some ward areas. This is to stop malicious activation of these devices by patients.
- b. The Trust (estates office) is now notified of activations attended by WYF&RS to help identify locations and causes. Action can then be taken by the Trust to stop reoccurrence.
- c. The Trust is proposing to implement a no smoking policy for all its premises

The measures taken generally show a downward trend especially with regard to The Mount and the Newsam Centre.

The Becklin Centre has had specific problems with regard to the malicious activation of fire alarm call points by patients. Key operated (instead of break glass) devices were introduced by the end of June following a spate of activations by patients and this reduced calls. However the difficulty of managing patients in an open ward led to a further spate of calls as call points in public areas were then activated by patients

It is understood that the Trust is looking at further ways to restrict the ability of patients to activate break glass fire alarm call points.

If patient behaviour towards activation of fire alarm call points can be modified the downward trend should continue.

2.3 Recommendation 8

The measures taken by the Trust have been positive, if a little slow to action, with regard to installing changes to equipment and improving reporting procedures in line with FPN 11.

The importance of having a permanent Trust Fire Officer to oversee all aspects of the Trust fire policy and identify deficiencies (and act on them) has been highlighted. For a period of time a “state of limbo” appeared to exist on matters to do with fire within the Trust. This is not now the case and in the

Appendix D

short time the new fire officer has been appointed important improvements have being made, examples being staff fire training is now back in house, there is a definite point of contact for staff for fire related issues and more importantly he has primary responsibility for these issues only.

3.0 Conclusion

Progress on the issue of reducing UWFS has not been as dramatic as hoped for looking at overall figures, however taken individually over each of the three premises 50% reductions have been achieved at The Mount and The Newsam Centre.

The Becklin Centre has not achieved these results but many calls have been attributed to a few patients, if the measures already actioned and those proposed are continued it is hoped that here too a significant reduction in UWFS will be achieved in the future.

The Trust has worked in partnership with WYF&RS and we look forward to continuing this close working relationship in the future to ensure the safety of all persons who may visit the their premises.

References

- 1 Health Technical Memorandum – Fire Practice Note 11 Reducing Unwanted Fire Signals in Healthcare Premises issued by NHS estates

For information this document is to be re-branded is due out before the end of the year as **HTM 05-03 Part H - Reducing unwanted fire calls in healthcare premises**

Appendix D

Appendix 1

Table 1 Comparison table (table 1) of unwanted fire signals data provided by WYF&RS and the Trust from January 2006

	<i>Jan</i>		<i>Feb</i>		<i>March</i>		<i>April</i>		<i>May</i>		<i>June</i>	
Property	WY		Trust	WY	Trust	WY	Trust	WY	Trust	WY	Trust	WY
<i>The Mount</i>	0		1	1	2	3	0	0	1	0	4	4
<i>Newsam</i>	5		1	0	7	3	4	5	1	4	5	3
<i>Becklin</i>	10		0	17	11	31	6	9	2	12	22	17

Property	<i>July</i>		<i>Aug</i>		<i>Sept</i>		<i>Oct</i>		Totals	
	Trust	WY	Trust	WY	Trust	WY	Trust	WY	Trust*	WY
<i>The Mount</i>	0	0	1	4	1	3	2	0	12	15
<i>Newsam</i>	6	3	6	4	10	5	7	7	47	40
<i>Becklin</i>	6	3	8	7	14	16	7	7	76	124

* No Trust figures for January

Note figures for West Yorkshire include signals from apparatus and malicious activation of break glass call points

Table 2 Comparison table of unwanted fire signals 2004 –2006 (Jan – Oct) WYF&RS

Property	Jan – Oct 04	Jan – Oct 05	Jan – Oct 06
<i>The Mount</i>	36	30	15
<i>Newsam</i>	67	81	40
<i>Becklin</i>	75	136	124



Report of the Director of Adult Social Services

Scrutiny Board (Health & Adult Social Care)

Date: 18th December 2006

Subject: Homecare Commissioning 2006

Electoral Wards Affected: **All**

Specific Implications For:

Equality and Diversity /

Community Cohesion

Narrowing the Gap

Executive Summary

This report sets out in more detail the background to the 2005/06 tendering process for Independent sector home care services within the city. The report contains data showing previous expenditure trends in regard to independent sector care provision, data showing the current reducing trend of people awaiting the provision of home care services and a detailed description of the cost and quality tests applied to the current independent sector home care providers used during the tendering exercise concluded in December 2005.

The report also contains an account of the work undertaken early in 2005 in relation to adapting Homecare service delivery models in use elsewhere in the country to the Leeds context.

1.0 Purpose of this report

1.1 This report sets out more detailed information with regard to the commissioning process in relation to independent sector home care in 2005/06.

2.0 Background

Drivers for modernising home support services

2.2 Our wish to look at a range of service models was (and remains) strongly influenced by a range of national drivers, each emphasising the need for increasingly specialist care in the home services and a much closer alignment between that which is categorised as 'healthcare' and that which is categorised as 'social support'.

2.3 National Drivers behind these changes are:

- White paper : Our Health, Our Care , Our Say(DoH-2006)
- Independence, well-being and choice: our vision for the future of social care for adults in England(DoH-2005)
- Modernization Agenda & NSF Long term conditions (New ambition for Old Age (DoH2006)
- Flexible , person-centered home care for older people (SPRU research)

2.4 An ageing population will mean that the demand for support at home will increase over the next decade. It is likely that there will be more people with long term conditions. All policy papers emphasize the importance of developing services closer to people's home and to increase the flexibility of service delivery. There is renewed emphasis on preventative interventions which requires flexibility for the provision of home care and a focus on a desired range of outcomes to be achieved rather than hours and tasks to be completed.

2.5 One of the goals in the white paper is that older people will get the support to remain active and independent in their own home. Further emphasis is put on fitting services round people and not people round services.

2.6 The resources available to deliver this are limited and efficient and effective ways of working, including the use of assistive/ new technology, have to be developed. This requires rethinking about how best to deliver home care support within the level of resources available in an efficient and effective way. New models will need to be tested to fit the local situation.

2.7 More recent government guidance further emphasises the need for Authorities to develop home care re-enablement models which are designed to improve choice and quality of life for adults who need care through the use of timely and focused intensive interventions. This approach focuses on re-enabling people so that they achieve their potential in terms of a stable level of independence with the lowest appropriate level of ongoing support or care. Various examples are reported whereby focused timely bursts of therapy, intermediate care or homecare can prevent hospital admission or post hospital transfer to long-term care, or appropriately reduce the level of ongoing home care support required.

2.8 The benefits of reducing the long-term care needs of recipients to the lowest appropriate level are obvious:

- maximizing independence
- minimizing the whole life cost of care

2.9 "The need to ensure that best use is made of limited resources will always be present within health and social care. In addition, demographic projections indicate that an increasing demand will be placed on all modes of care and so an approach needs to be established to ensure that the lowest appropriate level of intervention is provided." (DoH-CSED2006)

- 2.10 This kind of national evidence base points to the need to develop and evolve a range of new models of care which can be delivered cost effectively between directly provided and independent sector home care providers and their health service counterparts.
- 2.11 The greater majority of Local Authorities in England have either developed or are in the process of developing broadly similar patterns of care delivery to those under development in Leeds for the reasons set out above, Nottinghamshire represents a relatively early (but not unique) example of the development of such services.

Nottinghamshire County Council Homecare – service model Feb 2005

- 2.12 In the light of the emerging national framework and mindful of emerging local pressures officers undertook an enquiry into other Councils with similar demographic profiles to this city and identified that Nottinghamshire County Council has a population of 748.503 people (national statistics), of which 123.079 are 65 and over (57.387 >75; 13.928 >85). They have split the County in 6 Districts or Area's. This population in terms of number and age profile is very close to that of Leeds.
- 2.13 The Nottinghamshire Fair Access to Care Services eligibility threshold was set between low and moderate (February '05) .Plans were established to raise the threshold to a level between moderate and substantial.
- 2.14 In terms of the local drivers for change a joint Audit Commission/ Social Services Inspectorate review took place in 1999 (reported 2000), on the basis of that review and it's recommendations a strategic outline was developed which set out the vision for the service and the shape, size, model and business direction for the Nottinghamshire directly provided service to develop. A Best Value review was used to identify the changes required
- 2.15 Key Drivers for change:
- to improve competitiveness
 - to increase contact time and reduce cost
 - departmental efficiency savings
 - sustain competitiveness and commitment of staff
 - sustain reputation of direct home care service
 - develop distinct role for home care providers
 - building on strength
 - meet challenges of Best value
- 2.16 At that time the balance between Direct Services and Independent provision was approximately 80-20%. There was a strong feeling about the need for retention of the directly provided service in the Council. To make the required changes a whole system approach was recommended, this included working at corporate level, with direct services and independent sector, training, IT support & systems and care management staff.

2.17 A number of approaches were used with directly provided service

- reduced overhead by reducing number of layers & structures
- get best out of IT & allocate IT person to Home care to develop electronic monitoring systems
- focus on training of managers to improve staff management (absence, attendance monitoring , support)
- training strategy for staff
- Recruitment and retention drive.
- Create one point of access to all Home Care activities.
- Emphasis on differences between Direct Services and Independent sector provision and building on each other's strengths.

2.18 At the culmination of that process the following service model was adopted.

The Nottinghamshire County Council Direct Service provides the following as opposed to different services which are provided by the Nottinghamshire Independent Sector:

- Initial Response Service to new requests for Home Care services for up to six weeks, during which time the Service User is supported in regaining skills and confidence.
- Dementia Service (long term)
- Palliative Care Service (long term)
- Last resort service (when others cannot provide)
- Rapid Response Service

2.19 A review of care needs takes place between 4 and 6 weeks after commencing and recommendations about the long-term support the service user will need. Recommendations are discussed in multi-disciplinary panel and decisions made as to the longer term support needs. The brokerage service is informed about the long-term support requirements and they will make arrangements for setting up a package of care with an independent provider.

2.20 Two Rapid Response Services are provided by the direct service, their sole focus is to prevent delayed discharges and unnecessary admissions.

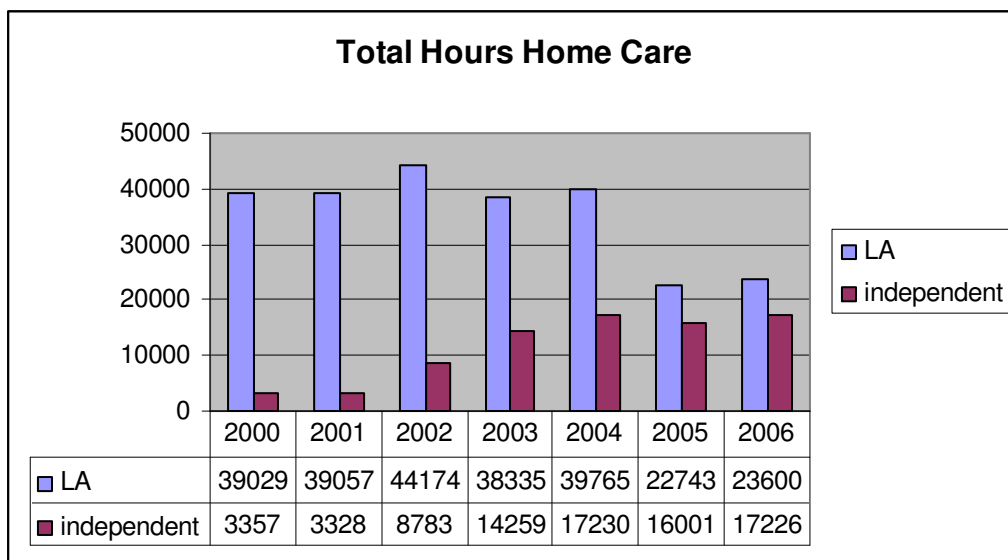
2.21 The service is provided between 7am and 10 PM.

2.22 The Independent sector was focussed through its contractual arrangements on longer term personal care tasks and other non-specialist care in each of the 6 districts of the Council.

- 2.23 Since 2000 there has been gradual change from 80-20 balance of provision towards 50-50 between the direct service provider and the independent sector. At the time, the contact hours achieved by the direct provider service were low and consequently exhibited high relative unit costs relative to the service provided.
- 2.24 Additional cost for the direct provided service needed to be aligned to the intensity and complexity of work undertaken and so the areas of service determined as having "Extra value" were identified to refocus the directly provided service. This enabled a different focus to be adopted for independent sector providers.
- 2.25 Nottinghamshire contracted 80% for "block" contracts and 20% for spot purchases. Every specific geographical area of the County has 4-6 Independent sector providers with a contract volume between 250 and 1000 hours per week (on average 365 hours per provider per area).
- 2.26 The reduction in the scale of the directly provided service has been achieved over time through the natural process of retirement and with other staff taking advantage of opportunities for redeployment into other social care functions. The change process was still going on in Feb'05 when LCC officers visited the Nottinghamshire team, clear progress in relation to the differentiated model of care had been made, but it was clear that there remained some way to go.
- 2.27 The manifest advantages of the model adopted were the differentiation and specialisation of the directly provided and independent sector to achieve much better value. The amplification of the training opportunities for care staff generally but specifically for the directly provided staff who were becoming much more closely aligned to fieldwork assessment teams. Finally, the adoption of electronic monitoring and support systems across both the directly provided and independent sector assisted the better management and control of this resource.
- 2.28 The direction adopted by Nottinghamshire had immediate and obvious resonance in relation to the position in Leeds.

3.0 Data in relation to the balance of Homecare provision

- 3.1 Every year the Council is obliged to submit to the Department of Health activity data in relation to both independent sector and directly provided home care services. Table 1 shows the relative activity patterns for the past number of years. The table displays the result of a one week census conducted in September each year and incorporates data relating to all adult service user groups. 80% of the hours provided by both the Local Authority and independent sector relate to homecare support to older people.



3.2 In the years prior to 2005 the Department reported on the basis of hours *assessed* to be provided and in the last two years has been reported on the **actual** number of hours of contact. It can be seen that although the total number of service recipients of home care services has reduced over the same period, the total number of hours of care provided has remained reasonably constant overall at around 40,000 hours a week. Clearly the intensity of the care provided continues to increase year on year.

3.3 **Table 2** (below) shows the expenditure on independent sector home care in the same period:

	£000
1992/93	0
1993/94	50
1994/95	452
1995/96	725
1996/97	924
1997/98	1423
1998/99	1578
1999/00	2534
2000/01	2377
2001/02	1999
2002/03	2631
2003/04	5675
2004/05	8015
2005/06	7650
2006/07 (Latest Estimate)	6530
2006/07 (Projection)	6950

- 3.4 It can be seen that on this basis the Council is achieving much better value from the independent sector now than was the case last year or the year before. Data of this kind provided significant impetus to the department's wish to introduce better financial management into the provision of independent sector care.
- 3.5 **Table 3** below, shows the how the unit cost calculations are worked out in relation to the Local Authority Community Support Service, this unit cost relates to the financial year ending 31 March 2006 and is likely to have increased in the first part of this financial year.

Community Support	Hours
Supervisors	124,800
Assistants	1,497,600
Total Hours	1,622,400

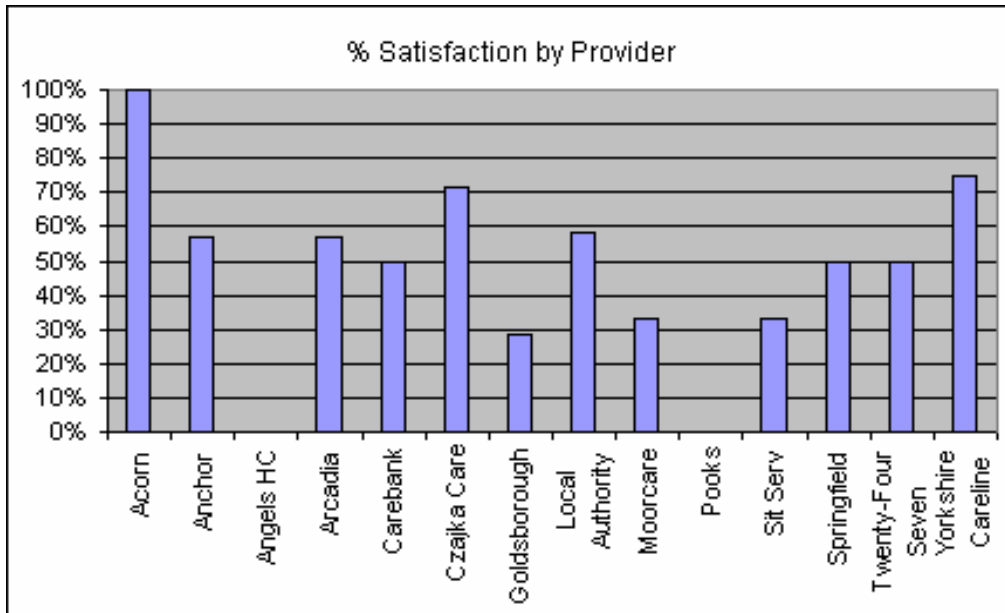
FTEs		843
Annual Leave	25 days	111,429
Bank Holidays	11 days	49,029
Bank Holiday Cover	*2	49,029
Saturdays	*1.5 3 days out of 42(7%)	56,784
Sundays	*2 3 days out of 42 (7%)	113,568
Nights (8-10pm)	180 staff * 2 hrs *5 days *1.20	360
Sickness	21 days per FTE	131,040
Travel	Nos * 234 days * 1hr	185,997
Meetings	Nos * 2hrs *12 mos	33,384
Contact Hours		891,781

Budgets		£ 16,792
Overheads		
Management	955	
Support	1,810	
	2,765	2,642
Total Costs		19,434

Unit Cost	21.79
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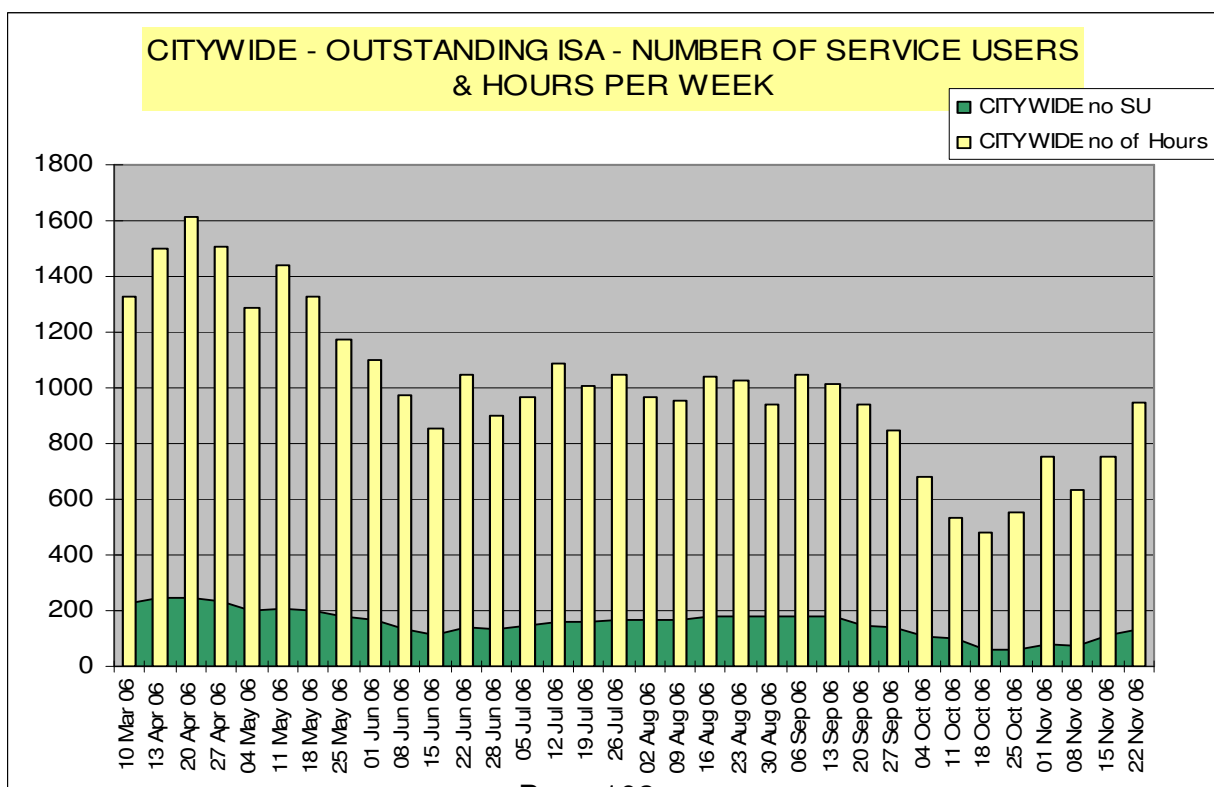
3.5 Quality – PSS Survey February 2006

3.6 **Table 4** (below) shows the percentage satisfaction rating in relation to home care providers operating in the City in February 2006, immediately before the introduction



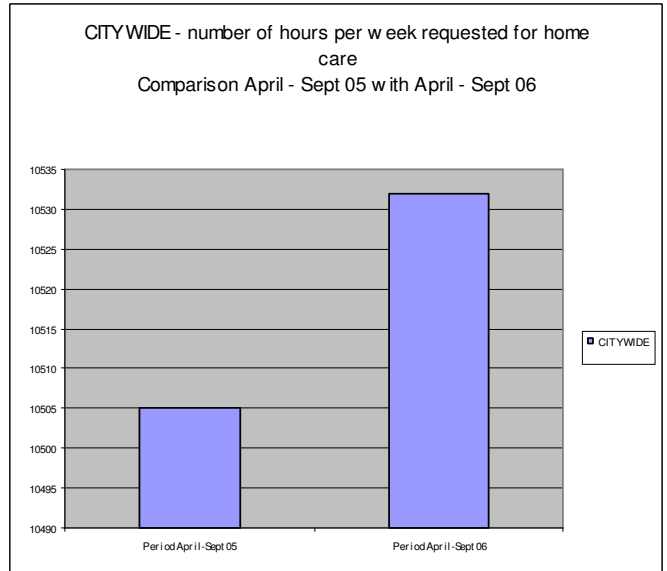
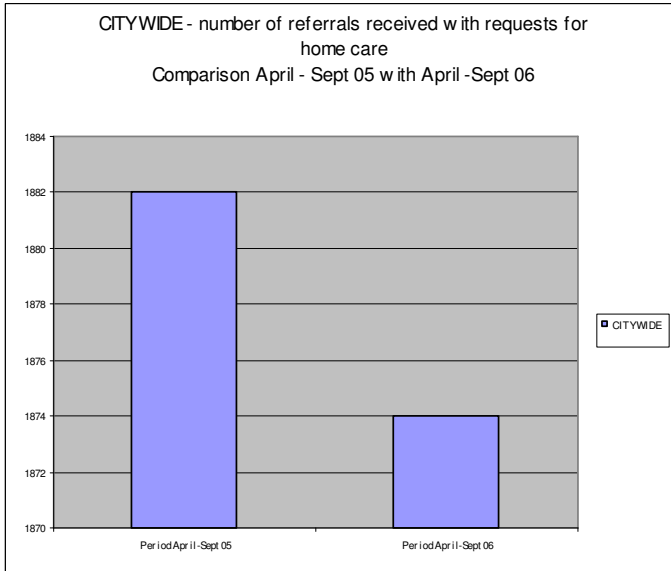
of the new contracts. The overall satisfaction result is 57.6% and has gone up from 51% (1*) since 2003, this puts Leeds in the 3* banding with 5* set at achieving an overall 63.21% rating.

3.7 **Table 5** (below) shows the way in which the numbers of people awaiting new packages of home care has fluctuated in the last 18 months. A discernable downward trend is apparent showing that people are waiting for shorter periods to be provided



with home care support.

Table 6 a 7 b (below) shows how the referral patterns for home care have shifted in a similar



period, in April to September 2005 many referrals were made for comparatively small packages of care whereas by September 2006 the position had been reversed with a much smaller number of referrals for much more intensive care packages.

The Tender Process

- 3.8 An invitation for tender was sought under the restricted procedure (EC Part B Service). This contract was initially advertised for expressions of interest in August 2003 in the Yorkshire Post, Yorkshire Evening Post and the Councils' tendering website. A further advertisement for expressions of interest was sought in June 2005 in the same media/publications stated above. Note – Companies who expressed an interest in August 2003 and met the Council's evaluation criteria were included on the Council's select tender list and notified not to re-submit their interest.
- 3.9 After the additional expressions of interest and short listing criteria, thirty four domiciliary care providers were invited to tender having been identified by using the restricted procedure.

Evaluation of Tenders

- 3.9 Each tender was scored against a tender evaluation model containing Quality and Price criteria with the total available points as follows:

Quality	400 points (40%)
Price	600 points (60%).
Total	1000 points (100%)

3.10 Quality criteria were measured against 6 scenarios:-

- Understanding the Social Model of Disability
- Service & staff monitoring and evaluation arrangements
- Arrangements to ensure customer satisfaction
- Staff recruitment, appraisal and training
- Approach to joint working with Leeds City Council staff
- Delivery of outcome focused Home Care

3.11 The evaluation process began on 11th November 2005 with twenty seven organisations returning their tender submission, however, one organisation later withdrew their offer. As part of that process two separate groups were established, one to evaluate the quality element of the tender submission (involving users and carers) worth 40% of the total score, a separate group involving financial specialists to evaluate the pricing element of the submission, worth 60%.

3.12 This decision was in direct response to the scale of financial difficulties facing the department in relation to budget overspends on independent sector home care in the financial year 2005/05.

3.13 Table 2 indicates that the final out-turn for expenditure in that financial year was £8.05 million, some £3.0 million more than had been budgeted for. It was clear to officers that cost efficiencies could be made in the way services were contracted and the scoring system for the award of contracts was formulated accordingly.

3.14 Each of the 27 tender submissions was scored on the basis of 1000 available points, a maximum of 600 being available for the tendered price of the cost element of the contract. Providers were advised that the Local Authority expected that they would wish to cover all their fixed costs in the cost element of the contract. Surveys conducted by the Authority in advance of the tender submissions revealed the range of prices paid by other neighbouring, core and comparable Authorities paid for one hour of independent sector home care. This was compared to the range of prices paid in Leeds at that time and a matrix devised.

3.15 At the upper end of the matrix a tendered price of £20.00 per hour would have attracted a score of 0 points. Proceeding through 10p increments to the point where a price submission of £10.00 would attract a maximum score of 600 points.

3.16 No provider scored 600 points, the highest scoring provider with 570 points was not selected, and the lowest scoring provider with 126 was not selected. Companies invited to further negotiation scored between 342 and 520 on price scores.

3.17 Quality was assessed on the basis of the tender submission where a series of questions relating to the provision of personal home care services (devised by service recipients, their carers and care managers) were marked by a panel consisting of service users, carers and care managers. Again the maximum mark was 400.

- 3.18 No provider scored 400 points. The highest scoring company with 360 points was not elected (failed financial assessment examination), selected providers scored in the range 224 – 335. The highest aggregate score was 818 and the lowest aggregate score was 689.
- 3.19 The threshold for shortlisting was set at 600 points combined from the two scores. Shortlisting was followed by interviews, the interviews were followed by assessment of financial viability, references from other Authorities, checks with the Commission for Social Care Inspection, background checks (due diligence), further interviews and final selection. The process was independently audited and approved by the Council auditors.
- 3.20 Complaints Case Studies. Providers have furnished us with details of various complaints which they have brought to resolution. However, all the accounts contain extensive amounts of personal information relating to the service user and or/carer. Officers are seeking ways to summarise these accounts in ways which preserve the anonymity of the individual service users concerned whilst preserving the interest of the case study. These will be tabled at the Board meeting.

Christmas Cover Arrangements

- 3.21 All the providers have been required to confirm that they have contingency arrangements in place for the Christmas period.
- 3.22 Goldsboro have confirmed that they have arrangements in place to provide cover over both Christmas and New Year holidays, they are in the process of confirming with their service users those who will require a service during this time as many people spend the festive seasons with family or friends and do not require a service for the whole period. This means that organisations are able to amend their rotas accordingly.
- 3.23 Care UK have restrictions in place for staff leave over the holiday period they too are in the process of contacting each of their service users to determine their exact requirements and will then staff their rota's accordingly with appropriate standby arrangements.
- 3.24 Springfield report that they have already commenced this process of matching care staff to service users who will require services over the holidays.
- 3.25 Jay's have also completed a similar process and, in addition have advised us of their standby and supervisory arrangements over the period.
- 3.26 Anchor Trust intend to cover rota's as normal over the holiday period and will employ two care teams to cover the Christmas and New Year holidays respectively. Their service users have been asked to give early indications of calls that they would wish to be cancelled.

3.27 Claimar have written to all staff and service users asking for them to confirm their wish to work/ need for care over the holiday period. Once they have this information they will match carers to service users, they report this is a system which has worked well for their organisation in previous years.

3.32 We are satisfied that at this stage (29th November) providers have taken/ are taking reasonable steps to ensure cover and are clearly implementing contingency planning. We will seek further assurance in early December to ensure that the matching process described has been finalised.

4.0 Implications for Council Policy and Governance

4.1 The policy direction was set out and agreed in the Executive Board reports previously referred to and there are no implications for Council governance arising in consequence.

5.0 Legal and Resource Implications

5.1 The legal implications of the tender process were considered by the Corporate Procurement Unit and the Council auditors, the process followed was deemed to be open, fair and transparent. The resource implications are set out at table 2 (above). (

6.0 Conclusions

6.1 The tender process undertaken in relation to the procurement of independent sector home care in 2005 was set in the context of national policy drivers, considerations of appropriate service delivery models and local best value considerations.

6.2 Care has been taken to research each element of the process and to engage and consult with current users of services, their carers and care providers to seek to determine the most appropriate means of addressing current and emerging needs in the city.

6.3 Among a number of Authorities, Nottinghamshire was identified as having the closest demography to Leeds and its service models were investigated in that context. Learning gained in that context and others has been applied to the Leeds approach.

6.4 The tendering exercise that followed in late 2005 sought to address the need to introduce differentiated models of care between directly provided and independent sector providers as well as ensuring that the spiralling costs of independent sector care were brought under control. The scoring system for selection being predicated on that basis.

7.0 Recommendations

7.1 Members of the Scrutiny Board, Adult Health & Social Care are asked to note the contents of this report.



Originator: A Brogden

Tel: 247 4553

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Health and Adult Social Care)

Date: 18th December 2006

Subject: Work Programme

Electoral Wards Affected:

Specific Implications For:

Ethnic minorities

Women

Disabled people

Narrowing the Gap

1.0 Introduction

1.1 A copy of the Board's current work programme is attached for Members' consideration. The programme reflects changes agreed at the last meeting of the Board.

1.2 Also attached to this report is the current Forward Plan of Key Decisions (appendix 2) which will give members an overview of current activity within the Board's portfolio area.

2.0 Recommendations

2.1 The Board is requested to agree the attached work programme subject to any decisions made at today's meeting.

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SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – LAST UPDATED 20TH NOVEMBER 2006

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Meeting date: 22nd January 2007 - The deadline for reports for this meeting is 10.00am on Friday 5th January 2007			
Action Learning Project – Community Development in Health and Wellbeing	To receive evidence in line with session four of the Board's action learning project.		
Challenging Age Discrimination Scrutiny Group	To receive a quarterly update report from the Challenging Age Discrimination Scrutiny Group.		
Dignity in Care for Older People	To receive evidence in line with session two of the Board's Inquiry		
Foods Standards Agency Audit – Update report	To receive an update report on the Council's action plan following the Food Standards Agency Audit in May 2006.		
Meeting date: 19th February 2007 - The deadline for reports for this meeting is 10.00am on Friday 2nd February 2007			
Food Law Enforcement Service Plan and Food Strategy	To consider the draft Plan in line with the Budget and Policy Framework		
Adult Day Services Review – Update	To receive an update report following the Board's earlier review of Adult Day Services.		

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – LAST UPDATED 20TH NOVEMBER 2006

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Inquiry into Childhood Obesity – Update from Children Leeds	To receive a report from Children Leeds on the progress made in delivering the new Leeds Childhood Obesity Strategy.		
Meeting date: 19th March 2007 - The deadline for reports for this meeting is 10.00am on Friday 2nd March 2007			
NHS Annual Health Check	To consider reports from each of the local NHS Trusts on the NHS Annual Health Check process.		
Making Leeds Better Pre-Consultation Engagement Process	To receive a further briefing from the Making Leeds Better Programme Team on the pre-consultation engagement process.		
Partnerships for Older People Projects (POPPs) – Update	To receive an update report on the delivery of the POPPs programme in Leeds.		
Dignity in Care for Older People	To consider the Board's draft final report.		
Meeting date: 23rd April 2007 - The deadline for reports for this meeting is 10.00am on Friday 6th April 2007			
Annual Report	To approve the Board's draft annual report		
NHS Annual Health Check – Draft Comments of the Board	To consider and agree the comments of the Board in line with the NHS Annual Health Check process.		

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE) – LAST UPDATED 20TH NOVEMBER 2006

ITEM	DESCRIPTION	NOTES	DATE ENTERED INTO WORK PROGRAMME
Action Learning Project – Community Development in Health and Wellbeing	To consider the Board's draft final report.		

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LEEDS CITY COUNCIL**FORWARD PLAN OF KEY DECISIONS****EXTRACT RELATING TO THE SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)**

For the period 1 December 2006 to 31 March 2007

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Review of Residential Childrens Homes To approve the suggested actions for improvements and to approve the closure of Holmfield Childrens Homes	Executive Board (Portfolio:Adult Health and Social Care)	13/12/06	Staff and Children	The report to be issued to the decision maker with the agenda for the meeting	Chief Social Services Officer
Making Leeds Better - Strategic Services Plan To approve the plan outlines and note the intention to proceed to public consultation	Executive Board (Portfolio: Adult Health and Social Care)	13/12/06	Outlining steps to be taken for consultation	The report to be issued to the decision maker with the agenda for the meeting	Chief Social Services Officer
Contract for the Supply of Door Production Materials to Roseville Enterprises To award a two year contract	Chief Social Services Officer	30/1/07	Door Production Unit, Roseville Enterprises	Award report and Tender Evaluation documentation	Chief Social Services Officer

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Day Services for Older People - Commissioning To approve recommendations arising from stakeholder consultation	Executive Board (Portfolio: Adult Health and Social Care)	9/2/07	Follows previous report submitted in February 2006	The report to be issued to the decision maker with the agenda for the meeting	Chief Social Services Officer

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £500,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios

Executive Member

Central and Corporate

Councillor Mark Harris

Development

Councillor Andrew Carter

City Services

Councillor Steve Smith

Neighbourhoods and Housing

Councillor John Leslie Carter

Leisure

Councillor John Procter

Children's Services (Lead)

Councillor Richard Brett

Children's Services (Support)

Councillor Richard Harker

Adult Health and Social Care

Councillor Peter Harrand

Customer Services

Councillor David Blackburn

Leader of the Labour Group

Councillor Keith Wakefield

Advisory Member

Councillor Judith Blake

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

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