

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 18TH NOVEMBER, 2008**

**PRESENT:** Councillor P Grahame in the Chair

Councillors A Blackburn, J Illingworth,  
G Kirkland, A Lamb, G Latty and  
A McKenna

### **35 Late Items**

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda a late report from the Head of Scrutiny and Member Development regarding Children's Hospital provision in Leeds.

### **36 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Atkinson, Chapman, Iqbal and Monaghan; and co-opted members – E Mack and S Saqfelhait.

### **37 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held 21 October 2008, be confirmed as a correct record.

### **38 Leeds Hospitals NHS Trust - The Payment of Clinical Negligence Claims**

The Head of Scrutiny and Member Development submitted a report which referred to recent media reports that between June 2005 and June 2008, Leeds Teaching Hospitals NHS Trust (LTHT) had made clinical negligence payments in the region of £13million.

The Chair welcomed Craig Brigg, Director of Quality, Leeds Teaching Hospitals NHS Trust (LTHT) to the meeting.

A briefing note from LTHT was presented to the Scrutiny Board, which highlighted the following points:

- Over £12M paid in compensation over the 3-year period (i.e. between June 2005 and June 2008);
- During the 3-year period, a total of 388 claims were received;
- 70% of costs associated with the payment of damages; 30% associated with the payment of legal fees (i.e. claimant solicitors and defence costs);

- Currently (i.e. November 2008) 342 clinical negligence claims remained unresolved;
- All claims are thoroughly investigated and discussed at the Risk Assessment Committee on a quarterly basis;
- Of the 8 Trusts presented for comparison, LTHT total payments ranked 6<sup>th</sup> (i.e. the 3<sup>rd</sup> lowest) over the 3-year period.

The following points were raised and discussed:

- Significant variance in the value of payments made in 06/07, when compared with the other years presented.
- Claims needed to be settled in a timely manner following appropriate investigations. Depending on the complexity of the associated issues, it was reported that the Trust aims to settle any claim within a 2 year period.
- All claims are investigated and the Trust receives expert medical advice on patient's claims, as appropriate. As a teaching hospital, the Trust also provides expert medical advice to other hospitals.
- The most complex claims generally relate to obstetric incidents.
- The payments of clinical negligence claims represent a significant health care resource and, as such, risk management approaches need to be robust.
- The payment of clinical negligence claims is covered by insurance, through the Clinical Negligence Scheme for Trusts (CNST). The insurance premium paid by the Trust varies, but was reported to be in the region of around £9M per year.
- The availability of national comparative figures. It was reported that such comparative information was not available and that the comparative information presented acted as a 'crude indicator' of LTHT's performance.
- The Trust was regularly assessed with regard to its approach to managing risk (i.e. in terms of the administrative procedures and processes in place). The most recent assessment was September 2008, where the Trust was assessed as having 'adequate' procedures and processes in place (i.e. level 1) and an action plan was in place to achieve level 2 within 18 months.
- The majority of Trusts in England had been assessed as 'level 2' – which indicated a more proactive approach. There were a small number of Trusts assessed as 'level 3'.

In concluding the discussion, the Scrutiny Board requested the following additional information for each year outlined in the report (i.e. 2005/06, 2006/07 and 2007/08):

- Confirmation of on the level of premiums paid by LTHT (The Board also requested details of the current year's premium.);
- Confirmation of the number of unsuccessful claims, as a net figure and also as a percentage of the total claims; and,

- Confirmation of the national average for the value compensation payments.

**RESOLVED** – That the report be noted and that the additional information requested by the Board be provided as soon as practicable.

### **39 GP-led Health Centre - Scrutiny Inquiry Update**

The Head of Scrutiny and Member Development submitted a report which provided the Board with an update into the inquiry into GP-led Health Centres across Leeds. Attached to the report were notes of the meetings of the Working Group and a submission from NHS Leeds.

The Board expressed disappointment that a representative from NHS Leeds was not present to address Members' questions. The following concerns were raised:

- That expectations of a 'walk-in' style centre had not been met;
- That the Burmantofts Health Centre building was not fit for purpose and did not have satisfactory facilities for the disabled;
- Some of the information provided by NHS Leeds appeared to be contradictory;
- Local people within the Burmantofts area deserve and have been led to expect a 21<sup>st</sup> Century health centre that will provide 21<sup>st</sup> Century health care services. The role of the Scrutiny Board is to help ensure that this is delivered.
- The health needs of local people within the Burmantofts area demand a long-term and sustainable solution..

**RESOLVED** – That a further report be brought to the next meeting of the Board that provides a perspective on behalf of Leeds City Council on the proposal emerging from the NHS Next Stage Review and that representatives of NHS Leeds, including the Chief Executive, be requested to attend.

### **40 Mental Capacity Act**

The Director of Adult Social Services submitted a report which informed Members of the main provisions of the Mental Capacity Act.

The Chair introduced the following to the meeting:

- Dennis Holmes, Chief Commissioning Officer, Social Services
- Dave Shields, Service Delivery Manager, Adult Services
- Dr Tim Branton, Leeds Partnership Foundation Trust

It was reported that the Mental Capacity Act 2005 focussed on decision making and would introduce safeguards and balances designed to protect the rights and interests of vulnerable people who may be deemed to lack capacity and who had no other appropriate people to act on their behalf. The strategic provisions of the Act would be in place by April 2009, but as the Act was so wide ranging it would take longer for full implementation of all the requirements of the Act. Members attention was also brought to a report of the Leeds Independent Mental Capacity Service (LIMCAs) which had been submitted with the agenda.

In response to Member comments and questions, the following issues were discussed:

- There would be extensive codes of practice which would ensure practices were safeguarded, particular with an individuals rights for liberty.
- Processes for determining a persons capacity to be able to take care of their personal affairs.
- The role of Adult Social Care and the plan to hold a Members' Seminar for all elected members.
- It was suggested that the Board may wish to speak to representatives from LIMCAs.
- Provision to prevent the exploitation of people lacking capacity, particularly the introduction of a new criminal code for financial abuse of individuals.

The Chair thanked those present for their attendance.

**RESOLVED** – That the report be noted.

#### **41 Joint Strategic Needs Assessment**

The joint report of the Director of Adult Social Services, Director of Children's Services and the Director of Public Health, informed the Board of the new statutory duty under Section 116 of the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA) for health and well being. It also informed of the work programme for the JSNA in Leeds and the progress made to date.

The Chair welcomed the following to the meeting:

- Dennis Holmes, Chief Commissioning Officer, Social Services
- Lucy Jackson, Public Health Consultant, NHS Leeds
- Jane Stageman, Senior Project Manager, Planning, Policy and Improvement

It was reported that a Programme Board led by an independent Programme Manager had been established for the JSNA. Data collection had taken place along with stakeholder consultation as part of the planning process to determine the future commissioning needs for the people of Leeds. Main

issues highlighted had coincided with those detailed in the Leeds Strategic Plan and target population groups had also been identified.

Issues highlighted and discussed by Members at the meeting included the following:

- Elderly people, particularly those over 75 and associated health issues;
- Fuel poverty;
- Childhood Obesity – provision for play areas for young people and related planning issues. It was reported that the planning process could be informed of concerns regarding the loss of play areas for new developments;
- Differences in life expectancy across Leeds and the impact of demographic movements;
- Locality profiling and the levels at which the JSNA provided and presented information – i.e. medium and lower level super output areas, ward level.
- Moving forward, the JSNA would provide an evidence base for outcomes within the Leeds Strategic Plan;

In response to Members comments and questions, it was reported that all data collected would be used to identify all targets and priorities across Leeds. Planning alignment would then take place to complement the requirements of the Leeds Strategic Plan, and would include all key stakeholders and partner organisations.

The Chair thanked those present for their attendance.

**RESOLVED** – That the report be noted and the Board receive an update at its February meeting.

#### **42 Children's Hospital**

The Chair welcomed Sylvia Craven, Director of Strategic Planning, Leeds Teaching Hospital NHS Trust to the meeting.

The Board was given an update on hospital provision for children in Leeds. It was reported that there had been ongoing consultation with staff and parents to develop proposals for children. Building work had commenced on the Children's Assessment Unit which was due for completion in January 2009. Further building would take place between April 2009 and June 2010 before all the new provision was complete. All children's provision would then be based at the Leeds General Infirmary site. Further issues for consideration included the transfer of staff and patients.

**RESOLVED** – That the Board receive an update report in January 2009.

#### **43 Work Programme**

The Head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme for the remainder of the 2008/09 Municipal Year.

In addition to issues discussed earlier in the meeting, Members suggested that the Board may wish to consider other health issues including Stroke and Cardiac services and interventions. The Board also agreed to consider how general Health and Well-being considerations are taken into account in the disposal/ re-assignment of Council assets. It was suggested that initially the Board invite relevant representatives to discuss these issues in more detail.

**RESOLVED** – That the work programme be agreed and amended as appropriate.

**44 Date and time of next meeting**

Friday, 12 December 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)