Items 8 and 9 refer

# SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Wednesday, 21st March, 2012 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

#### **MEMBERSHIP**

#### Councillors

R Charlwood - Moortown;

C Fox - Adel and Wharfedale;

S Armitage - Cross Gates and Whinmoor;

K Bruce - Rothwell;

J Chapman - Weetwood;

A Hussain - Gipton and Harehills;

W Hyde - Temple Newsam;

J Illingworth - Kirkstall;

G Kirkland - Otley and Yeadon;

L Mulherin (Chair) - Ardsley and Robin Hood;

S Varley - Morley South;

Betty Smithson -

#### **Co-optees**

Joy Fisher Alliance of Service Users

Sally Morgan Equality Issues
Betty Smithson Leeds LINk
Paul Truswell Leeds LINk

Please note: Certain or all items on this agenda may be recorded

Agenda compiled by: Angela Bloor Governance Services Civic Hall LEEDS LS1 1UR

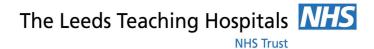
Tel: 24 74754

**Principal Scrutiny Adviser:** Steven Courtney

Tel: 24 74553

### AGENDA

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			LEEDS NHS PERFORMANCE REPORT	1 - 2
			LHS Action Plan	
			(report attached)	
9			HEALTH INEQUALITIES - LOOKED AFTER CHILDREN	3 - 4
			Looked After Children documentation	
			(report attached)	



### LTHT actions in response to Care Quality Commission Compliance Inspection December 2011

#### **Briefing note for Scrutiny Board (Health & Wellbeing and Adult Social Care)**

We recognise the importance of ensuring that patients' needs are responded to in a prompt and timely way and that patient dignity is maintained at all times. The Trust recognises that ensuring sufficient staff with the appropriate skills and knowledge are available is key to delivering safe, effective and compassionate care.

This report summarises i) recent improvements, and ii) specific further actions to maintain compliance with essential standards:

Ensuring the care and welfare of people who use services

Staffing (people are kept safe and their health and welfare needs are met because there are sufficient numbers of the right staff)

#### **Recent improvements**

- Audit and observation of nursing and medical documentation, delivery of the 'fundamentals' of care; surveys of patients and relatives
- Review of staffing levels for all in-patient wards and adjustment where the acuity and dependency of patients on specific wards is different due to organisational change
- Improvements to quality of rosters, attendance management and consistent availability of staff throughout the week
- Sustained recruitment to Registered Nurse and Clinical Support Worker posts with over 120 Registered Nurses recruited. A recruitment plan for 2012-13 has been developed to ensure that nursing vacancies are filled in a timely way
- Comprehensive programme of workforce modernisation including competence-based development and assessment for Clinical Support Workers.
- Strengthened nursing leadership at ward level where shortcomings had been identified to the CQC inspectors, through the long term placement of an experienced Senior Sister. Additional Matron support put in place for the older peoples' wards
- Established a 'pool ward' in November 2011 to improve our ability to cover gaps in wards which arise at short notice
- Ensure that staff health, well being, attendance and personal development and competence are all being managed effectively
- Commenced a phased introduction of 'board rounds' across all in-patient wards to improve multi-professional planning of care, to reduce delays for patients and improve discharge planning

# Actions to ensure there are sufficient numbers of the right staff and to improve the health and well being of staff

- Active recruitment to remaining vacancies in the older people's wards and implementation of recruitment plan for 2012-13
- Individual review of each member of staff in older peoples ward for management of their health, well being, attendance, personal development and competence
- All staff in the older peoples wards to have a current appraisal and personal development plan
- Complete implementation of e-rostering in older peoples ward and ensure local processes for the management of long term sickness are reviewed

#### Actions to ensure staffing levels are sufficient when gaps arise in staffing at short notice

- Review local processes for the management of short term sickness and reduce the risk of shortfalls in staffing that may not be filled
- Continue with and strengthen the pool ward and work with nurse bank provider to improve fill rates for short notice shifts

#### Action to improve understanding of staffing management

 Re-launch and brief all Matrons and Senior Sisters and Charge Nurses about effective planning of rosters and utilisation of bank staffing

#### Action to provide corporate assurance regarding staffing and standards of care

Chief Nurse to review nurse staffing indicators on a monthly basis

## Actions to ensure that patients needs are responded to in a prompt and timely way and that individual patient's dignity is maintained at all times

- Comprehensive use of established programme for improvements in care delivery especially ward organisation, helping patients to eat and drink, mealtimes and nutrition and discharge planning
- Consistent approach to visitors being present at mealtimes to assist patients eating and drinking

#### Action to avoid people waiting on a trolley for an inpatient bed

- Review the organisation of care delivery and patient flows for:
  - Improved turnaround time for cleaning and preparing bed spaces
  - Ensuring sufficient staff on ward 28
  - Reduced waiting times for discharge transport
  - Improved discharge planning and processes
- Number of people waiting on trolleys for a bed and the length of time they are waiting to be reported daily; performance to be reviewed by Senior Management Team on a weekly basis

#### Actions to ensure patients do not miss 'therapy appointments'

• Local clinical team to review on a multi-professional basis the organisation of care delivery and ward routine to ensure the availability of patients for therapy appointments

LTHT March 2012

### Agenda Item 9

#### **Item 9: Supplementary Information**

#### **Briefing for Health Scrutiny**

Date: 21<sup>st</sup> March 2012

Subject: Health and Looked After Children

NHS ABL has robust arrangements in place to address the health needs of Looked After Children (LAC).

Many of these children are experiencing mental health problems or have mental disability needs. Special arrangements are in place to ensure that Child and Adolescent Mental Health Services are available.

Leeds Community Health Care is commissioned to provide a LAC health team with designated doctors and nurses. Every LAC over the age of 5years has a medical assessment to identify their mental and physical health needs and children under 5 years are assessed every 6 months. Dental health checks and vaccination status are assessed and positive action is taken to ensure that children receive dental health care and are fully immunised. An annual health plan is developed and implemented to meet the needs of each child. Lead health professionals are identified as key workers to ensure that action is taken so that the health and wellbeing of each child is maximised.

All these interventions are monitored and Leeds has a higher level of performance than the national average for 2011:

- Number of LAC who had been looked after for at least 12 months: 1,105
- Number of LAC whose immunisations are up to date: 87%
- Number of LAC who have had their teeth checked by a dentist: 88%
- Number of LAC who have had their annual health check assessments: 92%

Brenda Fullard Consultant in Public Health NHS Airedale, Bradford and Leeds This page is intentionally left blank