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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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Jan Williams OBE
Chief Executive

15 August 2011

Ruth Marks
Older People's Commissioner for Wales
Cambrian Buildings
Mount Stuart Square
Cardiff CF10 5FL

Dear Ms Marks

Re: Dignified Care Hospital Review: Cardiff and Vale University Health Board - Additional Information

Thank you for your letter dated 12th July 2011 in which you have requested additional information associated with 4 recommendations within your report 'Dignified Care?'

Careful consideration has been given to the issues you have raised and I am now in a position to offer you the following response.

Recommendation 3: Continence Needs

I can confirm that Cardiff and Vale UHB expects patients to receive care which is in line with recognised standards of practice in all aspects of service delivery. The management of continence care is no different and as such the Health Board has adopted a zero tolerance approach to unacceptable practice. Standards of practice are monitored through a variety of mechanisms but in particular the Fundamentals of Care auditing process (Standards 4 and 11). I can confirm that both the operational and user questions are completed for all standards enabling the Health Board to engage with patients, their families and carers and gain feedback on their perception of the standard of care received. Other mechanisms for engaging patient views and feedback are in place and work is currently taking place to improve a newly introduced feedback mechanism called 'Two Minutes of Your Time'. The UHB will use this new mechanism as a means of gathering patient views on the standard of service they receive in relation to continence management.

I would advise that patient focus groups have been in place in relation to this sensitive subject but unfortunately, with little success as patients/service users were reluctant to participate.

Work is currently underway to explore the use of patient stories to ensure that service users (patients and their families) feel able to express their personal experiences in a way which promotes dignity and respect for their contribution. In other areas, within the UHB, where patient stories have been used, staff have found their use very powerful and have been a catalyst for change. At present, patients attending a Continence Clinic are given the opportunity to participate in the completion of Quality of Life questionnaires at the point of initial referral and at the end of treatment. This helps to inform the team about the standard of service received from a patient's perspective.

Patient engagement has and will continue to be at the centre of service change within the continence service. During the recent exploration of new continence products, patients were actively involved in trialling the full range of products being considered. All patient feedback from this procurement exercise was shared with Welsh Health Supplies, the organisation charged with co-ordinating the procurement process on behalf of the Health Boards.

Another example of service change generated through patient feedback is the establishment of community based clinics on five different sites across Cardiff and the Vale.

The Continence service offers a direct referral process for patients and telephone confidential advice is offered to people who seek advice and assistance from the service. The team also provide health promotion sessions relating to male health prior to surgery, something that was initiated based upon feedback from patients.

Action that will be progressed to improve Patient Experience

- The UHB will review the current arrangements for access to specialist continence advice for patients in hospital settings. This review will be added to the UHB Action Plan for action during 2011/2012.
Executive Lead: Executive Nurse Director
Operational Lead: Continence Service Lead.
- The use of patient stories will be fully explored and piloted for this patient group during 2011/2012. Consideration will also be given to other patient feedback and engagement mechanisms.
Executive Lead: Executive Nurse Director
Operational Lead: Continence Service Lead

Recommendation 4: Privacy of Information

The Board recognises that this is an area for improvement. Whilst all staff working in the Health Board are reminded of their responsibilities regarding confidentiality of personal information the current configuration of the care environments does present challenges in how sensitive, personal information is communicated between patients and staff on a daily basis. Whilst there is work taking place to improve the care environments, as part of the ward refurbishment programme and the development of 'quiet rooms', it is recognised that the environment in which discussions take place with patients may be determined by their clinical condition. For example, it would not be feasible for very sick or critically ill patients to be taken to a 'quiet room'. The current refurbishment programme will increase the number of single rooms available within ward areas which will enable clinical, personal conversations to take place in privacy. This area of improvement will be led collaboratively by the Executive Medical Director, the Executive Nurse Director and the Chief Operating Officer. Until such time that the refurbishment programme is complete all staff will be reminded of their responsibilities to maintain patient confidentiality at all times.

The ward round and ward round practice is recognised by the Board as an area which does require further attention. As indicated, within the original UHB Action Plan, the Medical Director will lead a review of ward round practice during the coming year. Based upon the findings of the review, changes will be implemented to minimise the risk of personal, sensitive information being discussed in a manner which does not promote patient privacy.

Action that will be progressed to improve Patient Experience

- The Medical Director, in collaboration with the Nurse Director, will instigate a review of ward round practice across the UHB and utilise the findings to inform a detailed

action plan to enable the necessary change to practice to be implemented. This review will be completed in 2012.

Executive Lead: Executive Medical Director

Operational Lead: Assistant Medical Director Quality & Safety

Recommendation 8: Ward Environment

I can advise that there is a considerable amount of work taking place within the Health Board to improve the care of frail, older people, including those with sensory deficits. The UHB is currently taking steps to implement the Dementia pathway in line with the 1000 Lives Plus 'How to Improve Dementia Care' guidance. As part of this programme a focus is being given to how staff can work effectively with patients with dementia and cognitive impairment as well as those that have sensory impairment. For example, use of clear signage, use of picture menus, increased awareness of non-verbal communication during interventions are all essential elements of the approach being adopted to support patients not only with dementia but also sensory impairment. The UHB has also introduced a 'Getting to Know You' form and 'This is Me' booklet to help staff be more aware of the person behind the illness.

In addition to this work attention is being given to the fundamental aspects of care which impact upon patient participation because of sensory impairment such as the use of hearing aids, the wearing of clean spectacles. This work is being progressed through the UHB Fundamentals of Care Steering Group so that good practice can be shared.

The level of background noise in clinical areas has been highlighted through both a research study and patient feedback through the Fundamentals of Care audit. As a consequence of the work that has been undertaken to date, the UHB has introduced quiet closing bins and in some clinical areas the use of 'quiet' times.

The UHB does employ a Deaf Advisor who works with staff on deaf awareness issues and also engages with the relevant deaf communities. The Deaf Advisor also provides interpretation support for patients to interact effectively within the care process.

It is acknowledged that this is an area for further improvement and as such a scoping exercise will be undertaken to identify the baseline level of service provision and opportunities for improvement.

Action that will be progressed to improve Patient Experience

- A scoping exercise will be undertaken to establish the baseline level of provision for patients with sensory deficits and opportunities for improvement identified. This work is aligned with the Frail Elderly Programme being developed and implemented within the health Board. The outcome of the scoping exercise will be available in 2012.

Executive Lead: Executive Director of Therapies and Clinical Science

Operational Lead: Assistant Director of Therapies

Recommendation 12: Knowledge and Skills

The UHB believes that all staff regardless of their role should treat patients, their families and fellow colleagues with dignity and respect. To support all staff within the UHB, doctors, nurses, support staff and others, to understand the standard expected of them a variety of training and development opportunities are in place. Whilst there are a number of programmes aimed at professional/clinical staff, as referenced in the original response, I can confirm that programmes such as 'Communicating with Dignity and Respect', is available to the healthcare support workforce. Over 350 support staff have undertaken this programme since 2009.

Discussions have taken place with the University to ensure that the curriculum for pre-registration professionals incorporates communication skills.

Whilst all staff within the UHB need to be aware of their responsibilities regarding dignity and respect it is acknowledged that further consideration needs to be given to determining which programmes of training and/or development are appropriate to include within the UHB mandatory training schedule. This will require further scoping during the coming year as the UHB develops and implements a Dignity Code of Practice. Based upon the scoping exercise appropriate steps can be taken to ensure that the relevant programmes are in place and that identified staff groups attend.

Action that will be progressed to improve Patient Experience

- A mapping exercise will be undertaken to ensure that there is clarity regarding the programmes available to staff to support recognition of roles and responsibilities in relation to dignity and respect. The skills required to deliver dignified care will be articulated as part of this process.
- The mandatory training schedule is being reviewed and consideration given to which programmes need to be identified and made available as mandatory training.
Executive Lead: Executive Director of Workforce and OD
Operational Lead: Assistant Director of OD

I can confirm that the actions outlined within this response will be added to the UHB Action Plan for discussion at the inaugural meeting of the UHB Task and Finish Group which has been established to drive forward and monitor the Implementation Action Plan.

I do hope that this additional information provides you with the level of detail you require.

Yours sincerely

Jan Williams
Chief Executive