



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Dignified care?

The experiences of older people in hospital in Wales

Response From Flintshire County Council to
Betsi Cadwaladr University Health Board
9.6.11

This Review was conducted under Section 3 of the Commissioner for
Older People (Wales) Act 2006

RESPONSE FORM

Response required by 14 June 2011

Please send to:

ask@olderpeoplewales.com

or

Rebecca Stafford, Policy Officer, Older People's Commissioner for
Wales/Comisiyn Pobl Hyn Cymru, Cambrian Buildings, Mount Stuart
Square, Cardiff, CF10 5FL

Commissioner's Recommendations and legal requirements

The Review has resulted in the Commissioner making recommendations. In accordance with The Commissioner for Older People in Wales Regulations 2007, r. 15(2), the Commissioner requests a written response to these recommendations by those bodies mentioned in them.

Body	Recommendations to be responded to in writing
Local Health Boards	Please respond to all the recommendations
Velindre NHS Trust	Please respond to all the recommendations
Local Authorities	Please respond to Recommendation 5 jointly with your Local Health Board
Welsh Assembly Government	Please respond to Recommendations 2, 7, 10, 11 and 12

The Regulations specify a response period of three months from the publication of the Review report. Therefore, these recommendations should be responded to by **14 June 2011**. If you have any questions regarding your response, please contact Rebecca Stafford on 08442 640 670.

Recommendations

Please refer to the Review report when responding.

Changing the culture of caring for older people in Welsh hospitals

1. Stronger ward leadership is needed to foster a culture of dignity and respect

Health Boards and the Trust should ensure that the ward managers on every ward in which older people are treated are empowered with the skills and authority to create a culture of dignity and respect. This must include the necessary clinical leadership skills; the support of specialist consultant nurses especially in dementia care and continence; knowledge of the correct staff numbers for their ward; the authority to select staff; authority to ensure that their training needs are met; and the responsibility for regular appraisal of the skills, knowledge and attitude of the ward staff.

Response

DRAFT

2. Better knowledge of the needs of older people with dementia is needed, together with improved communication, training, support and standards of care

Regular dementia awareness training and skills development should be a requirement for all staff caring for older people. Specialist and skilled multi-disciplinary input needs to be available to support staff to deal more effectively with people with dementia. This should include a Consultant Nurse/Clinical Nurse Specialist available to give both case specific advice and to assist with staff learning and development in this area more generally.

The Welsh Assembly Government should commission further work exploring the treatment of and experience of, people with dementia in hospital, and ways to improve, building on the National Dementia Action Plan for Wales and the associated 1000 Lives plus work programme. This should bring about better care for older people with dementia in hospitals in Wales.

Response

DRAFT

3. Lack of timely response to continence needs was widely reported and is unacceptable.

Health Boards and the Trust should prioritise the promotion of continence and management of incontinence. They should ensure that staff at all levels are empowered, trained and aware of the impact of both the ageing process and acute health conditions on continence. They should also devise an appropriate method for identifying older people's experience of continence care.

Response

DRAFT

DRAFT

4. The sharing of patients' personal information in the hearing of others should cease wherever possible.

Clinical staff should regard their routine review of patients as a series of individual consultations, and whenever possible these should take place in a ward facility which is accessible, appropriate, and offers privacy.

Response

DRAFT

DRAFT

5. Too many older people are still not being discharged in an effective and timely manner and this needs urgent attention

Health Boards, the Trust and Local Authorities should jointly develop more focused and effective commissioning of services and care for older people, including those with dementia, in order to reduce further the level of delayed discharges; and support this work through more robust embedding of Social Services staff in this process through ward level multi disciplinary teams.

Joint response

Flintshire element

There is no District General Hospital in Flintshire and we therefore work with Wrexham Maelor; Glan Clwyd and the Countess of Chester

Flintshire has a good record for very few delayed discharges. Hospital social workers attempt to attend the MDT meetings, and Wards are aware of who to contact if they need to speak directly to a SW.

Wrexham Maelor Hospital has a monthly Census on all delays, which is attended by a Team Manager from Flintshire. Close work between the hospital social work and Discharge Liaison Nurse takes place.

Countess of Chester and Glan Clwyd Hospitals do not have a formal delayed discharge meeting but joint work is in place with Discharge Liaison Nurses in both hospitals.

Continuing Health Care Funding (CHC) has caused some delays as nursing staff have not had the training needed to complete the lengthy document, also waiting for O/T and Physio assessments has in some cases caused delays in arranging care packages or Reablement.

The Living Well Dementia Service in Flintshire works closely with hospitals when people with dementia that they are working with are admitted. This can accelerate discharge as well as promoting better communication and faster treatment when in hospital. Case scenario A enclosed here highlights the detail of this as an example

For younger people aged under 65, with specialist needs in specialist hospitals there is evidence that some could be discharged sooner if health staff better understood CHC processes and invited SSD to become involved at an earlier stage. Current practice is that SSD staff are undertaking an assessment when the person is fit for

discharge and identifying CHC at that stage, whereas if health staff had a better understanding of CHC processes and were able to identify a possible CHC case, they could have arranged the appropriate meeting sooner and facilitated a speedier discharge.



L:\Good Health Good
Care\Judy\dignity\Ca

DRAFT

DRAFT

Resourcing the care of older people in Wales

6. The appropriate use of volunteers in hospitals needs further development, learning from successful initiatives.

Health Boards and the Trust should ensure that their hospitals further develop imaginative volunteer programmes to enhance patient experience, building on existing successful initiatives.

Response

DRAFT

DRAFT

7. Staffing levels have to reflect the needs of older people both now and in the future

The Welsh Assembly Government, building on existing tools as a guide for determining staffing levels, should develop and implement a tool for Wales to determine both appropriate staffing levels and how staff should be deployed. This work should encompass current and forecast levels of need in relation to the care of older people.

Response

DRAFT

DRAFT

8. Simple and responsive changes to the ward environment can make a big difference

The Health Boards and the Trust should, in collaboration with older people and their families and carers, make changes to ward layout which are most beneficial. This is to ensure all patients have satisfactory access to ward facilities.

The Health Boards and the Trust should work together to devise and adopt an inclusive consultation process with patients, their families and carers and a representative mix of staff of all grades and across all roles to takes account of the principles of good design when refurbishing or building hospital facilities. The needs of those with sensory loss or dementia should be central to this process.

Response

DRAFT

Creating the conditions for greater dignity and respect in hospital care

9. Effective communication can raise patient expectation and involvement and can improve their hospital experience

The Health Boards and the Trust should provide older people, their families and carers, with a clear explanation of their right to receive good quality, dignified care. This must take careful account of sensory loss or other barriers to effective communication. Staff should maintain standards of communication and involvement which reinforce dignified care.

Response

DRAFT

DRAFT

10. The experience of older patients, their families and carers should be captured more effectively and used to drive improvements in care.

The Welsh Assembly Government should lead on, develop and implement a clear, consistent mechanism through which Health Boards and the Trust will capture and act on the experiences of older patients, including those unable to speak for themselves. This mechanism would allow qualitative data about older people's experience to be captured, understood and used to drive organisational learning and positive change. Results should be made publicly available in a form allowing ease of understanding and comparisons over time, on a Wales wide and on a Health Board and Trust basis.

Health Boards and the Trust must demonstrate, for example, through Board meeting records, how they have taken account of and acted on, their patient experience results; Board members should also play a direct role in assessing the patient experience through means that include regular ward visits to both speak to patients and their families and observe care delivery.

Response

DRAFT

11. Good practice should be better identified, evaluated and learnt from to bring about improvements in care.

The Welsh Assembly Government should drive forward the evaluation and adoption of good practice across Wales, with an emphasis on securing positive, demonstrable changes in practice in the care of older people. The Welsh Assembly Government should hold the Health Boards and the Trust to account for their success in adopting good practice which enhances dignified care, or justifying why they have not done so.

Response

DRAFT

DRAFT

12. All those working with older people in hospitals in Wales should have appropriate levels of knowledge and skill.

The Welsh Assembly Government, Health Boards and the Trust should ensure that all staff caring for older patients acquire appropriate levels of knowledge and skill through continuing education and training.

The Welsh Assembly Government should ensure opportunities for those with high levels of training to specialise through a career framework appropriate for current and future need.

Response

DRAFT

DRAFT