



**Older People's Commissioner for Wales**  
**Comisiynydd Pobl Hŷn Cymru**

## **Dignified care?**

# **The experiences of older people in hospital in Wales**

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

### **RESPONSE FORM: Response of Powys teaching Health Board in conjunction with Powys County Council**

Version:

Initial response 14 June 2011

Follow-up response 15 August 2011 (note – these additions are marked by italics)

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## 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.

<b>Body</b>	<b>Recommendations to be responded to in writing</b>
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 <b>jointly</b> 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

Powys teaching Health Board (referred to thereafter as the tHB) fully endorses the need to ensure that strong ward leadership is in place to effect positive patient care that focuses on the needs and rights of the individual. All of the ward areas in the organisation care for older people and therefore it is highly relevant that the leadership required impacts significantly on the experience of the older person as an individual, as well as their relatives and carers.

A significant and ongoing focus for the tHB has been on the delivery of the key principles and actions outlined in the Free to Lead Free to Care

development. All ward sisters/charge nurses will be required to develop high levels of competence in **leadership**, supported to do so by a number of means including the Empowering Leaders Programme aimed at existing ward and team leaders and by those aspiring to such roles; mentorship and coaching; regular review and appraisal; and through the understanding and promotion of roles throughout the organisation. In addition, the tHB has particularly focused on developing clinical leadership and management at the very senior level to ensure that ward sisters/charge nurses and other leaders are empowered, given authority with accountability and supported to deliver successful services. The Ward Sisters Forum is well established and provides an opportunity for the Nurse Director and Assistant Directors to meet directly with ward sisters to discuss and agree actions regarding priority areas.

The tHB does not have Consultant Nurses, but does have in place **Specialist Nurses** who inreach into the community hospitals to provide expert advice, teaching, individual case management input and support practice. Each community hospital has a specialist continence nurse it links to; and the organisation with its partners is currently in the process of appointing dementia care specialist nurses.

The numbers and mix of **ward staff** for each ward is an area that as services change is kept under close review by the ward sister/charge nurse and the senior/very senior nurses. The tHB participates in All Wales professional groups to ensure that professional thinking and discussion regarding workforce/staffing levels includes the views of the rural health care setting. These views are influenced by and 'tested' upon ward sisters and charge nurses. The tHB is currently undertaking further work examining the whole of the staff available to support ward

functioning. The important roles of for example, ward clerks and housekeeping/hotel services staff cannot be underestimated in ensuring that nursing staff in particular are available and have the time to care for patients.

The ward sister/charge nurses role does include the **authority to select staff** and this is increasingly important moving forward. There are times however when a block recruitment takes place where a particular ward sister/charge nurse may not be directly involved. The organisation is committed to ensuring that the Ward Sister/Charge nurse (or their nominated deputy in periods of prolonged absence) takes an active role every time a post onto their ward is recruited to.

In line with the achievement and maintenance of high levels of leadership and management competence, the ward sister/charge nurse will have at least **an annual development plan** in place agreed between the ward sister/charge nurse and their professional line manager. The achievement of this plan will be monitored to ensure that the agreed development and training is fully supported by the organisation.

The ward sister/charge nurse and other senior ward nurses as nominated by the ward sister/charge nurse will undertake the **appraisal/review** of all ward staff. The achievement of this is the responsibility of the ward sister, fully supported by the professional line manager. It is essential that non-clinical time is given for this to be undertaken and the organisation commits to fully supporting this process as one of its key corporate objectives for 2011/12 and beyond.

Summary of actions to be taken:

1. Commitment to continue the development of nursing leadership and management within the organisation, as demonstrated through the Nurse Directors personal objectives.
2. Complete the appointment of the dementia care nurses; ensuring clarity of role in support of hospital wards within Powys.
3. Complete the review of ward staffing including key support staff such as ward clerks etc. Implement and then evaluate agreed changes.
4. Develop a system to ensure that the ward sister/charge nurse is actively involved in every recruitment process to their ward.
5. Review the monitoring arrangements that ensure ward sisters/charge nurses are supported to achieve their agreed personal development plan.
6. Improve, where necessary, each wards system for achieving 100% compliance with appraisal/review, ensuring a clear plan exists and that allocated time to complete the reviews is set aside.

**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**

The tHB is supportive of the drive to improve standards of care for those patients with dementia and their relatives/carers. The improvement in care for those with dementia is a key priority for the organisation within its Corporate Plan for 2011/12. This includes the implementation of the 1000 Lives Plus programme on Dementia care. The organisation unfortunately did not meet the inclusion criteria for the National Audit of Dementia Care in hospitals, however the audit tool is being adapted locally in order to gain benefit from the process.

The organisation , working with other partners, will shortly have in place Dementia Care specialist nurses. These roles are essential in supporting generalist staff in hospital wards to deliver improved care. The role includes training, advice and support and specific case management guidance and input as necessary. The provision of information both for practitioners and for patients/relatives and carers is also an important strand of the development work taking place. The full implementation of the Carers Measure will enhance further the support given to carers in

respect of caring for those with dementia.

Whilst training and development opportunities have been available to those staff working with patients with dementia, an increased focus on core competencies and a minimum level of knowledge and skill being required for hospital ward staff will take place. The specialist Dementia Care Nurses will support the identification of these core competencies and the associated knowledge and skill training and development required.

Using the PDSA improvement cycle in line with other 1000 Lives Plus Programmes, Brecon War Memorial Hospital is undertaking pilot work on the implementation of the Dementia care Programme. This includes the screening of patients for dementia and delirium on admission; improved care planning; and the implementation of a dementia or delirium care pathway.

The organisation has in place strong partnership arrangements which aim to ensure a joint approach to planning services and that the interests of those with dementia are given the highest regard. The implementation of the Mental Capacity Act and the Deprivation of Liberty for example supports the protection of patients with dementia with a good level of support from advocates.

A number of improvements to the ward environment specifically targeted at providing a more appropriate environment for those with dementia have already been implemented. This includes the placement of clocks and the painting of doors to signify their use. A more systematic approach to environmental improvements is being undertaken during 2011/12.



### Summary of actions:

1. Complete the appointment of the dementia care nurses; ensuring clarity of role in support of hospital wards within Powys.
2. The Dementia Care Specialist Nurses will, as a priority, develop core competencies for staff working with patients with dementia and ensure that appropriate training and development opportunities exist as a result.
3. In implementing the Carers Measure, ensure that carers looking after those with dementia are targeted for improved involvement in care and decisions, information and support.
4. The programme for improvements in environments specific to the needs of those with dementia will continue to be rolled out throughout 2011/12.
5. The learning from the 1000 Lives Plus Programme pilot site (Brecon Hospital) will be gathered and will inform the roll out of the programme to all other sites during 2011/12 and into 2012/13.
6. The adaptation of the audit tool on Dementia Care in Hospitals will be completed and used to understand the baseine position in each community hospital in Powys.

**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**

The tHB is fully supportive of this recommendation and is keen to continue to improve the care afforded to patients. *The tHB is committed to improving both the outcomes for patients and patient experience in relation to continence care and will clearly articulate expectations of a zero-tolerance approach to unacceptable practice through launching a focussed and proactive programme of Care for Continence, raising awareness of staff, patients and carers in relation to the standards expected. This will build on the work already undertaken by Continence nurses, but will extend the commitment of high quality care and experience to all patients from all clinical staff.* The organisation has already made a significant investment in Specialist Nurses leading on Continence Care issues across both the hospital and community care settings. The Specialist Nurses provide advice, support and case management expertise to general ward staff in the identification and subsequent management of continence related issues. In addition, regular audit of practice is undertaken by the Specialist Nurses to identify good practice and areas for improvement. The audit considers the Care Pathway for Bowel and Bladder as its core standard.

The continued focus on quality improvement through the 1000 Lives

Plus Programme has resulted in the organisation fully signing up to implementing the Transforming Care Programme across all its sites. An opportunity has been taken to use this Programme to implement improved skin care and improved continence care. This is already reaping benefits as increased levels of staff knowledge and compliance with care bundles (programmes of care) is positively impacting on patient outcomes. In addition, the implementation of intentional rounding (a frequent round of all patients that seeks to be proactive in identifying and meeting patients needs and requests) has also brought improved levels of responsiveness to patients needs in relation to continence care.

The organisation aims to improve the facilities for patients in each community hospital. During 2010/11 two hospitals underwent refurbishment to improve facilities and services available, and the numbers of single rooms with en-suite facilities has increased, supporting the aim to improve privacy and dignity in relation to toileting and continence.

Further work is required to fully understand in more detail the experiences of patients in relation to continence care. The Fundamentals of Care Audit tool is helpful in this regard and will form the basis upon which more detailed prompts/questions can be developed in order to gain feedback.

Summary of actions:

- 1. A Care for Continence Programme will be launched that clearly articulates the commitment of the tHB to a positive practice approach to improving patient outcomes and enhancing patient experience, with a zero-tolerance approach to poor practice.*

2. The audit results in relation to continence care will be reported widely and the development and implementation of an action plan will guide the further improvement to be made.
3. The Transforming Care Programme will continue to be rolled out across the organisation, including essentially the skin and continence care bundles; and intentional rounding.
4. As part of its capital programmes, the tHB will ensure that opportunities to improve the environment of care, specifically in relation to en-suite facilities, are taken.
5. A more detailed plan will be developed and implemented that seeks the views of patients in relation to the continence care they receive.

**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**

The tHB welcomes the recommendation. The focus on the provision of single room or dual room accommodation within the organisation has over the last year or so gathered pace and the work undertaken at Brecon War Memorial Hospital and at Newtown hospital during 2010/11 has enabled the development of a greater number of rooms that afford

more privacy to patients and their relatives/carers. This means that conversations of a private nature can remain private. In addition, the teaching Health Board aims to have an identified quiet room on each ward. This will provide an opportunity for patients and others to have somewhere for private discussions, as well as a place to access spiritual care etc.

The arrangements in place for the display of information and the management of handover have been reviewed over recent times and are felt to meet the standard expected. Handovers are structured and take place in closed rooms, and information on white boards follow the guidance laid out by the Caldicott Guardian.

*The tHB will set the standard and expectation that it should be normal practice to hold discussions involving personal information in private and shall undertake to monitor this through observations of care visits and feedback from patients, relatives, carers. Outcomes of such monitoring shall be reported to the Boards Information Governance Committee, which was established last year. This committee provides assurance to the Board in matters relating to information security etc. and this recommendation will be monitored within that committee, promoting the expectation of private consultations for patients in hospital wards.*

Summary of actions:

1. As part of its capital programmes, the tHB will ensure that opportunities to improve the environment of care, specifically in relation to single rooms, are taken.
2. The organisation will identify a quiet room on each ward designated for private discussion/conversations with patients and

relatives/carers.

3. *The tHB will set its expectation that all conversations involving personal information will be carried out in private 'as the norm'; and arrangements such as observations of care and feedback from patients, relatives and carers used to report compliance against this standard to the organisations Information Governance Committee.*
4. As part of its governance arrangements, the Board via its Information Governance Committee will be presented with a status report on the overarching issues relating to this recommendation; and any further action necessary will be agreed for implementation.

### **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**

The Local Authority and the teaching Health Board are committed to

effective hospital discharge and are proud of our recent track record of progress. Approximately 18 months ago both the teaching Health Board and Powys County Council recognised the significantly poor experience of patients whose transfer of care was being delayed, some for considerable lengths of time. A patient story was presented to the Board outlining the experience of one individual patient as an example of others. A summit of care professionals and patient representatives was held to seek understanding of the causes of the difficulties and the potential solutions/way forward. The process has enabled both organisations to work together in a positive relationship to improve care for patients.

The County Council has increased its budget by some £2 million to ensure speedy discharge into nursing and residential care. There has also been increased investment in domiciliary care. Additionally a number of new and revised services have been implemented in order to improve the range of services available in supporting positive patient outcomes and experience. The extension of the district nursing service until 10pm means that more patients can be cared for at home earlier in the care process, supporting earlier hospital discharge, and longer term care. The roll out of our joint reablement services which will be completed this year will help patients regain skills and confidence more quickly after hospital discharge and reduce readmission rates.

The organisation has developed and implemented Care Transfer Coordinator posts. As Powys works into five District General Hospitals and has none of its own, it has been essential to support patients (particularly older patients who have DGH care) to return to Powys as soon as possible. The Care Transfer Coordinator posts have helped patients return to their own home with enhanced support as necessary,

or return to a community hospital where appropriate. This has improved the quality of the care patients receive and enabled hospital beds to be used more effectively, thus reducing delays.

The role of the Third Sector has been pivotal in supporting improvements. The development and extension of Volunteer Bureaux promoting community support has been a priority as has the now well recognised PURCH schemes – Powys Urgent Care at Home Service – supporting patients and carers to remain at home. The Third Sector has also played an important role in highlighting issues where patient experience could be improved in the discharge process.

The successful partnership between the teaching Health Board and the County Council has resulted in a dramatic reduction in the numbers of patients enduring a delay in their transfer of care, and thus an improvement in patient experience. The numbers have reduced from approximately 60 patients per month in Sept 2009 to 15 patients in April 2011.

It is recognised, however, that there is more to do. Local Care Management teams are working more closely with neighbouring DGH's and community hospitals to ensure early resolution to issues. Community Hospital staff very much value the input from social services on their team and would like to explore ways of having a social worker attached to each ward. The documentation that supports patient assessment and ongoing care planning for discharge is at times lengthy and difficult to navigate, and this is currently subject to review. In addition, further work is required to understand the experience of patients and their carers.

Summary of action:



1. Evaluate the new services provided, e.g. PURCH and, extended District Nursing, to understand their impact on patient experience of discharge.
2. Complete the roll out of our reablement services across Powys.
3. Consider the efficacy of having named social workers attached to ward teams, with potential for being based within the hospitals.
4. Complete the review of documentation (Unified Assessment) and make improvements as a result.
5. Review the current mechanisms for gaining feedback on the patient experience of discharge, including discharge from DGHs.

## 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**

The tHB is supportive of this recommendation and seeks to make further progress in this area. The hospitals within Powys are reliant on the support of the voluntary sector, and organisations such as the League of Friends offer invaluable services to patients, their visitors and to staff. Whilst much of the focus on volunteers has been in terms of the League of Friends shop, newspaper and small items trolley service, the tHB has

been developing new innovative programmes to support patients.

The organisation has invested in community based volunteer bureaux aimed at increasing the level of support in communities. The volunteers within the Brecon Bureau are currently piloting a new initiative where they attend the hospital for one afternoon per week to meet patients due to leave the hospital the coming week. The aim of these visits is to support patients back into the community by providing befriending services, community contact and opportunities for social inclusion. This supports the work of Marmot Review 'Fair Society, Healthy Lives' (2010) in relation to promoting social involvement of older people as a means to promote wellbeing. In addition, the volunteers provide structured activities such as playing cards or undertaking simple crafts. These activities involve patients other than those with a discharge date, and has been well evaluated so far by both patients and staff. The roll out of this scheme requires consideration to other Powys hospitals.

Powys teaching Health Board is keen to consider other developments where volunteers have positively impacted on patient experience. Mechanisms will be developed that enable the Patient Involvement and Experience committee to engage with other organisations to understand how developments elsewhere have effected patient care.

Summary of action:

1. The Volunteer Bureau scheme in Brecon Hospital will be evaluated and considered for roll out to other Powys hospitals.
2. Mechanisms will be developed and implemented that enable the Patient Experience Committee to consider the use of volunteers in

schemes where positive impact has been achieved.

## **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**

The organisation is supportive of the recommendation regarding having sufficient staffing numbers, however also recognises the challenges that developing a single tool brings in relation to the difference between care settings (i.e. acute and community facilities). The important factor however is the deployment of staff at ward level. It is essential that staff are able to secure time for direct patient care and that those essential roles/tasks that do not involve direct care are carried out by those whose role is identified for that purpose and not, for example, front line nursing staff. There is a project underway within Powys teaching Health Board examining not only the nurse staffing levels but the work that is required to take place at ward level that can be supported by others. The role that ward clerks and housekeepers for example contribute to the running of the ward is important in supporting direct care giving staff. A consistent application of clear supporting roles will enable more effective use of staff time. Furthermore, the introduction of developments such as

Transforming Care as part of the 1000 Lives Plus Programme is already reaping benefits in the amount of time staff have on direct care as well as enabling staff to focus on the most helpful interventions (for example intentional rounding).

In relation to ward leadership, the pivotal role of the Ward Sister/Charge Nurse has already been discussed in the response to recommendation one. The tHB however seeks to enable these roles to have a minimum time within the working week as 'supervisory' time in order that the Ward Sister/Charge Nurse can fulfil the leadership and management aspects of the role more comprehensively. This non-rostered time will enable the Ward Sister to undertake staff performance reviews, plan training and development needs, undertake audit, meet with relatives and carers etc.

Summary of action:

1. The organisation will complete the ward staffing project that is currently underway.
2. The Transforming Care programme will continue to be rolled out across all ward areas in order that the early benefits that have been reaped can be afforded to patients in all areas.
3. The organisation will agree and move toward a minimum 'supervisory' time for Ward Sisters/Charge Nurses.

## **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 take 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**

Powys teaching Health Board fully supports the recommendation. Many of the ward environments within the organisation are aged and not of the design that would be preferred if built today. Nonetheless, there have been changes made to current environments already that aim to benefit both staff and patients. The refurbishment of the rehabilitation ward at Brecon War Memorial hospital as an example has resulted in an increased number of single and double bay rooms affording more choice for patients, as well as a focus on having dining areas and day rooms. Patients representatives through organisations such as the Community Health Council were invited to participate in the giving of views and ideas for the refurbished accommodation. This was a positive development and one which will be expanded to include the contribution of specific patient groups reflective of the types of patients who use the hospital accommodation most. *Furthermore, the tHBs work to improve the care provided to patients with dementia will be crucial in providing an*

*appropriate environment of care. Engagement with patients, carers and organisations which represent people with dementia will proactively take place to ensure every opportunity to make improvements to environments is taken. All wards within the teaching Health Board care for older people and all for people with sensory loss and dementia. The tHB however is committed to ensuring that all environments where patients access services are included in this work, including those non-ward areas such as outpatients.*

Furthermore, staff involvement in the refurbishment and generally in terms of improvements to the environment is crucial. Associated with the care processes, the ability of staff to influence the design has resulted in for example the moving of essential rooms (such as the clean treatment room) to the most convenient location for the staff to deliver care. This has supported both the empowerment of front line staff and the Transforming Care developments.

Summary of action:

1. The tHB will develop as part of its core ways of working an approach to environmental improvements that include representatives of patients and staff to guide the design of the ward area.
2. *Specifically, the tHB will directly and proactively engage with people with dementia, patients, carers, and representative organisations to aid improvements in the environment of care specific to their needs, and will also extend this approach to those with sensory loss. The tHB will not restrict its improvements to wards but will extend its environmental improvements to all areas*

*including outpatients.*

3. A programme of 'simple' improvement to ward environment, such as the coloured doors and special clocks will be rolled out across all hospitals within Powys to ensure consistency in approach; and that good practice and innovation is shared and becomes standard.

## **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**

The organisation endorses this recommendation. It is clear from the Fundamentals of Care audit results from 2010/11 that the majority of patients do feel involved in their care, however there is a significant minority of patient who do not feel so involved. Furthermore the informal feedback from others such as relatives and carers does highlight the

need to engage more fully with those groups. One of the key issues raised in moving forward is the concern regarding confidentiality and information sharing with those other than the patient. The organisation is currently revising its processes (including a permissions form) that will encourage an open discussion with patients regarding who they wish to be involved in their care and to receive information/discussion relating to their care. It is envisaged that this will be a positive step forward.

*Sensory loss has a significant impact on the involvement and engagement of patients in their care, and failure to address this results in poor care. Within the Fundamentals of Care improvement plan the need to make improvements had been identified and the tHB is committed to ensuring that these improvements are made. These include accessing help and support with hearing aids/boxes, ensuring other communication aids such as word/picture boards for patients with stroke for example are available.*

The United Nations Principles for Older People, should in the view of the teaching Health Board receive far greater prominence both in terms of amongst staff but also amongst patients and patient groups. The tHB will seek for identify ways in which this greater emphasis can be achieved. Furthermore, the standard against which the organisation measures its own performance will include the key principles.

The Carers Measure provides a new opportunity for the organisation to engage meaningfully both with patients and carers regarding their care. Engagement in areas such as care planning, care delivery, support for self-care or carers, and the evaluation of services will be a high priority when implementing the measure.



Discharge planning or transfer of care is an essential and pivotal time in the patient and the family/carers journey. The opportunities brought by the Continuing NHS Healthcare Framework (2010) has meant that more emphasis is placed upon the involvement of patients and families/carers in the process of discharge planning. A formal mechanism for evaluating this process is required and the organisation will take this forward this year in association with carers groups and patient representatives.

Furthermore, the development of effective multidisciplinary team working is a cornerstone to the patients experience, their involvement in care and communication. In association with the National Continuing NHS Healthcare Programme, the implementation of specific training for multidisciplinary teams will take place throughout Powys.

Care and compassion, dignity and respect are key to the patient and their family/carers experience in hospital. A number of relatively straightforward standards in this regard, including the preference of name, of language, and of communication methods are essential in supporting a culture where care and compassion is evident. The tHB will revisit its core standards in relation to these aspects and its ability to implement these standards consistently will be tested and as appropriate improved upon.

*The tHB is already working well with patient advocates particularly where mental capacity is impaired. The tHB is committed to undertaking further work to review advocacy arrangements it has in place, such as the arrangement with the Community Health Council, to ensure that staff, patients and carers are aware of the service and how to access it, and to evaluate its impact for patients. In terms of support for carers, the work outlined above will enable a firmer focus on support for carers to be*

*established.*

Summary of actions:

1. Complete the review of information sharing processes (including the permissions form) and implement the changes, supported by an awareness raising programme.
2. *The tHB will review its advocacy arrangements to ensure that it meets the patients needs and that staff, patients and carers are aware of its availability.*
3. The tHB will seek to identify ways in which greater emphasis on the UN Principles for Older People can be achieved. Furthermore, the standard against which the organisation measures its own performance will include the key principles.
4. *Within the Fundamentals of Care improvement plan the need to make improvements for patients with sensory loss had been identified and the tHB is committed to ensuring that these improvements are made consistently across the tHB area.*
5. The tHB will implement the Carers Measure seeking to prioritise the areas of care planning, care delivery, support for self-care or carers, and the evaluation of services.
6. A formal mechanism for evaluating the involvement of patients and families/carers in the discharge process will be developed and implemented in association with carers groups and patient representatives.
7. The implementation of specific training for multidisciplinary teams

will take place throughout Powys, in line with the training and development programme developed by the Continuing NHS Healthcare National Programme.

8. The tHB will revisit its core standards in relation to patient preferences of choice of name, language and communication method; and its ability to implement these standards consistently will be tested and appropriate action taken for improvement.

**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**

Powys teaching Health Board fully supports this recommendation. The Board as it became re-established in October 2009 committed to hearing a Patient Safety/Experience item at the beginning of each of its public meetings. This has proved highly effective in understanding both positive and less positive experiences and issues relating to patient care.

Examples of such stories include an Age Concern Powys presentation on the experiences of Older People being discharged from hospital. This reinforced the need of the important role of Care Transfer Coordinators linked into the DGHs that serve the Powys population to support patient and their families/carers back into Powys.

The Board has also established as part of its committee structures an Improving Patient Involvement and Experience Committee (IPIE). This includes members from Community Health Councils, Carers organisations and Powys Association of Voluntary Organisations as well as service directorates and localities. The main purpose of the IPIE Committee is to develop the robust mechanisms that ensure the organisation and staff within it are able to listen, hear and act upon the experience of all patients/clients/carers. The committee, led by the Nurse Director, has a clear work programme and reports directly to the Boards Quality & Safety Committee. Within the work programme is the development and implementation of mechanisms to deliver against the standards outlined in the Annual Quality Framework, whereby the Board must be appraised of the Patient Experience and be assured that positive action occurs as a result of feedback received. There is further

work required to establish more robust mechanisms for patients to be made aware of the changes made as a result of their experiences and feedback.

The Board, both Executive and Independent members, are committed to undertake Leadership Walkrounds and other type of visits to hospital and other areas. The Programme for Leadership Walkrounds is set in order to ensure sufficient time is allowed for discussion with staff, both direct care givers and those in other roles, and in some cases patients/carers. The Nurse Director undertakes regular hospital rounds, observing care, discussing key issues with staff and spending time talking with patients and relatives. This practice however has not been undertaken by other Board members thus far and *discussions are now actively taking place to enable Board members to engage more directly with patients, relatives and carers in our hospitals. The preparation and support for this development is currently being developed to enable the Board members to confidently fulfil this change to the approach to hospital visits/leadership walkrounds. The use of the 'Observations of Care' methodology may be useful in this regard. Evaluation of the revised approach will take place within the Boards Quality and Safety Committee.*

Summary of action:

1. An evaluation of the Board Patient Safety/Experience item will be undertaken.
2. The work programme and associated progress report of the Improving Patient Involvement and Experience Committee will be presented to the Board directly at least 6 monthly.

3. Work will be undertaken to explore, determine and establish mechanisms for ensuring patient/public are aware of the changes being made to services as a result of their experiences and feedback.

4. *Preparation and support for Board members will take place to enable them to fulfil their commitment to engage directly with patients, relatives and carers as part of their hospital visits/leadership walkrounds. Clear feedback mechanisms will enable issues raised to be dealt with in a timely manner.*

#### **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**

The teaching Health Board recognises that there is good work taking place within its own organisation, within other NHS Wales organisations and farther afield that should be shared and adopted. The Board is also supportive of the 'adopt' or 'justify' approach to developments where evidence indicates their efficacy and a positive impact on patient

experience.

The organisation is currently reviewing and revising its mechanisms for Learning, particularly from concerns, complaints, incidents etc. It is felt that this 'Learning' approach and associated methodology could be developed further to enhance the sharing of good practice and the adoption of practice where results are proven. The current vehicle for implementing sustainable change within some of the ward areas, rolling out to others, is the Transforming Care Programme. This has supported the adoption of the SKIN bundle that prevents pressure ulcers, and has proved a useful way to support general quality improvement knowledge and developments at ward level.

The 1000 Lives Plus Programme supports the systematisation of programmes of care and interventions proven to have positive results. Powys tHB is fully supportive and engaged in this programme and is proud to have developed and launched its Faculty for Quality Improvement. The Faculty, although starting small, is already gaining real momentum and the organisation is ambitious to develop a broad approach to membership to include social care and the Third Sector. Furthermore, there has been significant investment in tHB staff in undertaking training and development in quality improvement methodology. This cohort of staff will be further supported by the Faculty to continue the implementation of either new projects or projects proven effective elsewhere.

Summary of action:

1. Complete the review of learning mechanisms, develop and implement a revised approach to Learning in order that good

practice is both shared and adopted.

2. Continue the roll out of the Transforming Care Programme as a vehicle for adopting positive change.
3. Continue the growth of the Faculty for Quality Improvement, reporting on utilisation and the breath of participants.
4. Progress the 1000 Lives Plus Programme areas, ensuring that the results of these are communicated more widely with patients and the public.

**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**

The teaching Health Board supports this recommendation. The key demographic focus for the NHS in Powys in association with its partners, is the significant percentage increase in the older population. The population projection over the next 30 years will require the development of services including staff as a key priority in order to adequately



address the needs of older people. The workforce plan that is developed by the tHB supports the strategic development plans for the organisation and identifies the need to ensure that staff at all levels are well prepared for the changing shape of services. This includes the training and development preparation of staff. The Board has approved the organisations Corporate Plan for 2011/12 which includes the prioritisation of the individual performance review (appraisal) and the development of personal learning and development plans. These will be shaped upon the needs of the service. Indeed, whilst the Nurse Director undertook her hospital rounds it was evident that staff (*not only nursing staff*) feel that increased levels of knowledge and development regarding issues relating to older people (specifically dementia care) could enhance services. In line with the commitment stated earlier this includes raising awareness, and enabling debate and discussion regarding the Rights of Older People and how we as an organisation engender them in our daily work.

The priority given to dementia care as discussed earlier will result in a programme of staff education and development. *Whilst there will be specific focus on the care of people with dementia and delerium, other areas including continence, nutrition and hydration, the Rights of Older People, communication and involvement/engagement will form part of the education and training plan. As many different professions and staff groups are involved in the care of Older People, a decision will be taken by professional heads (and equivalent for other staff groups) on the practical approach to achieving higher standards of knowledge and awareness for improving outcomes and patient experience, some of which will include a 'mandatory approach' depending on staff group (for*

*example, the nursing profession is considering developing a mandatory Professional Practice day which would supplement and consolidate other forms of practice specific training).*

Summary of action:

1. The commitment of the organisation to ensure that *all* staff receive performance reviews and development plans will be delivered as part of the Corporate Plan to meet the needs of the population served.
2. *A training and development programme specifically aimed at supporting staff from across the tHB (including hospital ward staff, staff who visit wards to provide care/services and staff who work with older people in other departments such as outpatients) care for older people and their needs will be developed and implemented. Whilst there will be specific focus on the care of people with dementia, other areas including continence, nutrition, the Rights of Older People, communication and involvement/engagement will form part of the education and training plan. A decision will be taken by professional heads (and equivalent for other staff groups) on the practical approach to achieving higher standards of knowledge/practice for improving outcomes and patient experience.*