



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 required by 15 August 2011

Please send to:

or

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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.

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 **15 August 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

Context

The Trust welcomes this recommendation and agree that clinical leadership skills are key in maintaining a culture of dignity and respect. Older people are recognised as the largest proportion of the Trusts patient population in the Specialist Cancer Services and established a multi professional Dignity Group in 2009 to support a culture of dignity and respect as central to everything we do, from front line staff to Board level.

Current Position

The Director of Nursing is Board lead for the Vulnerable Adults, Patient Experience and Dignity & Respect. An Independent Member has also been identified to Champion these areas.

Velindre Cancer Centre currently has three inpatient wards, with a total of 48 beds. Each ward has a ward sister. A structure is in place to support the role of the ward sister including a Ward Sister Forum led by the Head of Nursing in the Cancer

Centre who is accountable for professional standards of care. The ward sister is fundamental to maintaining the dignity and respect of the patient and the Board receives regular updates on compliance with the fundamentals in care audit as part of the Free to Lead, Free to Care recommendations (2008). These reports enable the Trust to monitor performance in “caring” and have patient feedback on their experience and provides the Board with assurance that high levels of care are maintained and improved where required. Each ward develops an action plan to address any deficits of care identified from the audit. The audits of care received are carried out by ward staff, members of the Patient Liaison Group (PLG) and local Community Health Council members, The Trust has been heavily involved in the all Wales Last Days of Life Pathway project and all Wales 7 day palliative nursing data submissions. Individual staff members are undertaking further education programmes in this service area. National Leadership and Innovation Agency for Healthcare (NLIAH) change facilitators involved with the ward sisters in service modernisation as part of transforming care which is spread to all wards.

Two of the 3 ward sisters are currently attending the Skills To Manage course for Empowering Ward Sisters, the course is provided by Cardiff and Vale University Health Board (UHB). The third ward sister will undertake the next programme. This will be rolled out to aspiring ward sisters. Fifteen qualified staff have completed the Royal College of Nursing (RCN) Clinical Leadership Programme so far and following their attendance a number of significant developments have been implemented; protected patient mealtimes, The Inspire to Care programme, a clinical supervision programme for nurses and a ‘Choose your Attitude’ programme in conjunction with Cardiff and Vale UHB. We have observed significant positive changes to nursing leadership in those who have attended the programme. For the first time we have enrolled a member of the Therapies team in the Leadership programme, the programme will be open to nursing and therapies in the future.

Ward Sisters are involved in reviewing the staff numbers for their own area strategically to take into consideration any change of service and operationally to manage changes in acuity and patient dependency. Each ward sister manages the

budget and the recruitment and selection process for their own staff and is actively involved in the support and supervision of housekeeping and catering staff allocated to their ward areas. Ward sisters are responsible for ensuring the training needs of their staff are met both in terms of mandatory and statutory training and development needs which are identified through the Knowledge & Skills Framework (KSF) appraisal process.

The Trust does not have Consultant Nurses for continence and dementia because of the specialism of the organisation and low numbers of beds, however Ward Nurses are able to access advice from the Clinical Nurse Specialist in urological cancers and the clinical nurse lead for dementia has been established in line with the 1000 lives plus care bundle. She is a member of the Cardiff & Vale UHB Dementia group who have developed a dementia and delirium pathway which the Trust has adopted and supported in line with 1000 lives requirements.

The Inspire programme which incorporates the work around 'Choose your Attitude' has been piloted within nursing. The leads for Inspire to Care are presenting to the Senior Management team in September 2011 to consider roll out across other departments.

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 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

Context

The requirement to develop dementia care knowledge and skills across the workforce is recognised as extremely important as cancer and dementia affects a greater proportion of the older generation.

Current Position

The Trust has identified a lead nurse to take forward the dementia agenda as part of the 1000 lives plus. She is a member of the Cardiff and Vale UHB Dementia group. The Trust has adopted the dementia and delirium pathway developed by the UHB and supported by the Trust. The lead clinical nurse is responsible for the provision of awareness training and skills development along with an identified Consultant Oncologist for all staff in the clinical/ward areas. This training is important for staff to be able to care for this vulnerable group of patients who require complex needs. Therapy staff will be fully engaged in this process using their expertise including the use of memory clinics.

The Trust currently has a mandatory education programme in place which covers Vulnerable Adults, Mental Capacity Act and Deprivation of Liberty Safeguards. This is a rolling programme and once staff have completed the initial training they are all then required to attend updates on an annual to two yearly basis, depending on topic area. The Trust Safeguarding Adults group (chaired by Director of Nursing) has representation from all service areas and the chair of the multi professional Dignity Group. The lead nurse for dementia has joined the group to ensure a more robust and inclusive membership.

We have developed close links with the Vulnerable adult leads for Cardiff and Vale UHB and we use this link for support and advice on individual case enquiries. We have a system in place for referral to Psychiatric services. A number of senior staff within Velindre are trained to level three for Vulnerable Adults and are the

Designated Lead Managers within the Trust.

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

Context

The Cancer Centre is a non surgical oncology centre with 48 inpatient beds and because of this we have a clinical Nurse Specialist in Urological Cancers who provides guidance/advice and training in continence needs.

Current Position

The Trust has adopted the All Wales Bowel and Bladder Pathway and training has been provided to all clinical staff.

Ward staff can obtain advice from the Specialist Urological Cancer Nurse who reports directly to the Head of Nursing in the Cancer Centre. A Service Level agreement has been agreed with Cardiff & Vale UHB to receive advice and support from their tissue viability team as required. The Therapies Team (Physio, Dietician, Occupational Therapist, and Complementary Therapist) work closely with the ward nurses in the management and promotion of incontinence/continence.

The Trust has developed and implemented the Cauti (Catheter Associated Urinary Tract Infection) Care bundle as part of the 1000 lives campaign.

Velindre NHS Trust complies with the annual requirement to audit the Fundamentals of Care and submits data to the Chief Nursing Officer which is included as part of an All Wales report. One of the 12 standards addresses toilet needs from a practical and dignity point of view. This audit was undertaken for the third time this year and we are pleased to report that we have achieved a positive increase in compliance year on year. For the 2010/2011 Fundamentals of Care audit undertaken in one of the three ward areas, toilet needs scored 94.1%, an increase of nearly 10% from the previous year's score. Audits carried out on the other ward areas are currently being analysed And will be submitted to the Trust board for approval in September 2011.

Velindre Cancer Centre (VCC) dignity group is evaluating practice relating to the management of soiled personal patient clothing, aiming to provide guidelines to ensure standardised dignified practice in all clinical areas.

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

Context

The Trust established a patient dignity group in 2009 following nurses attending an RCN study day promoting dignity issues. Following feedback from patient's to the Health Inspectorate Wales visit in 2009, the group addressed the issue raised in relation to staff identification and new badges were researched and ordered for nursing and therapy staff clearly identifying professional roles.

Current Position

The Trust Dignity Group has grown in membership and having been strengthened with Terms of reference, regular meetings, published minutes, and the VCC dignity code will be launched in September 2011 to raise awareness of the work of the dignity group and the Trusts commitment to patient dignity issues. Examples of the work of this group to date include a trial of the wearing of clinical gowns and how to preserve dignity and comfort whilst remaining practical, new identity badges, an electronic incident reporting mechanism to record and report any breaches or concerns relating to patient dignity. There has been a drive to ensure patient identifiable information is not left in places where it can be viewed such as signs in all ward areas which state 'no confidential information is to be left on this desk on each 'public' reception desk. We have also implemented a system at ward level where the clinical notes store is not taken around the ward by the medical staff during ward rounds; rather each set of individual notes is taken to the patient during consultation. There is a room in each ward area that can be used if a patient and or relative would prefer to speak privately with clinical staff alternatively curtains are pulled around each bed area. A paperless project has been commenced with the aim of using computer based patient records it is due to report to the Senior Management Team on 12th September 2011. We are currently recruiting a patient information manager with a remit to contribute to the improvement of signage, the paperless project and modernisation projects. The Trust Information Governance training gives a comprehensive view of management of patient information.

The launch of the Dignity Code in September will see the introduction of a 'stop and look and listen' symbol to be placed on doors and curtains when privacy is required. The printing of the materials and symbols for this launch have been funded by the Friends of Velindre Charity.

There is a private room for consultations with patients and or their families in each ward area and further rooms in the out patient department, radiotherapy review clinics and therapy rooms such as lymphoedema treatment area.

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

Context

The Trust's services covers South East Wales and beyond. There are established links in place to ensure timely and effective discharge arrangements

Current Position

The Trust was a key player in the development of 'Passing the Baton' and has utilised this concept into the discharge process which ensures a smooth and safe discharge for patients through a set of standards agreed on an All Wales basis.

It is not possible to have individual agreements with each local authority covering such a wide population area, however, the Discharge Liaison Nurse has developed strong links with continuing healthcare teams, discharge liaison nurses and community across South East Wales, where the current Cancer Services caseload is drawn from. She is also the clinical lead for dementia in the organisation.

The Trust submits monthly data to the Welsh Government for delayed transfers of care for 2011 we have had on average 4 delayed discharges a month. The reasons for this are mostly; waiting for a package of care or nursing home placement, this data is captured and reported by our Discharge Liaison Nurse.

The Discharge Liaison nurse is a member of the both Cardiff and the Vale

Continuing Healthcare forums and a member of the rapid discharge from hospital scheme in the Vale of Glamorgan, this is in partnership with Marie Curie Cancer Care, a voluntary sector provider in order to ensure that best practice is understood and opinions shared.

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

Context

Currently, Velindre Cancer Centre has around 48 volunteers, contributing more than 14,000 unpaid hours of work a year at Velindre Cancer Centre. The volunteers carry out their roles in around 15 different areas around the Cancer Centre, and significantly contribute to the patient experience. The Trust recognises the important contribution volunteers make to improve the patients experience during their stay in hospital.

Current Position

Examples of just some of the current roles undertaken by volunteers include; delivery of newspapers, hosting within departments such as radiotherapy and outpatients, assisting within the gift shop, volunteer drivers, assisting in the chemotherapy day unit and various administration tasks. Our volunteers really enjoy their experience at the Trust, and undertake those tasks that make an important and valuable difference to the patient/donor experience.

However, we recognise that there is more to be done to further improve volunteer contribution. Within the Cancer Centre, work is already underway to create a new 'brand' and a new uniform for the volunteers, firstly to make them more distinctive and recognisable to the patients, and secondly, to create a stronger and more recognisable identity. There is a need to increase volunteer presence within the hospital, and by rebranding our Velindre Volunteers, we hope the profile will be raised, and that an increased number of volunteers will be recruited.

A further project already underway is the introduction of a volunteer 'Meet and Greet' service in outpatients. This role will include befriending and reassuring patients waiting for their outpatient's appointment, informing patients if clinics are running late, and escorting patients around the hospital as necessary. Already, a few volunteers have taken on this role, and we hope to expand the presence further. Another exciting initiative is expanding the role of volunteers on the wards, taking the lead from best practice, such as the Red Robbins Ward Volunteer Scheme piloted at Betsi Cadwalader UHB.

In order to cope with an increasing demand for volunteers, and to measure our volunteering practice against best practice, the Cancer Centre are also aiming to achieve the Welsh Council for Voluntary Action- Investing in Volunteers Award. Following a self assessment, our practice measured up extremely well against the best practice indicators. There are areas we can improve on such as; risk assessing, more clarity around lines of supervision for volunteers, improving communication between management and volunteers, and advertising volunteer opportunities more widely to attract a more diverse compliment of volunteers. As part of the Investors in Volunteers process, solutions to address these areas for improvement have been scoped, and we have created an action plan to bring us up to the Investing in Volunteers Standard ready for the assessment, and subsequently, achievement of the award next year.

A Macmillan funded project developed at Velindre entailed training a selected group

of volunteers to provide first line cancer rehabilitation advice to groups of patients. The success of the project has resulted in funding for a second year and it has sparked the interest of the Welsh Government long term conditions department who are interested in rolling out the concept to other conditions. This is being led by the consultant practitioner in cancer rehabilitation.

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

Context

An All Wales Integrated Workforce planning framework has been in place in the Trust since 2009. The Trust brings together planning for services and workforce to ensure we are working towards a workforce that is designed to deliver the services to meet the population we serve. The Trust updates its Workforce action plan on an annual basis prior to submission to the Welsh Government. A national process is in place to use these plans to inform commissioning of training places for health professionals.

Current Position

A review of nursing establishment has been completed to ensure numbers and skill mix of staff is appropriate for each service area. Ward sisters lead the process. It is important that as part of this review the leadership and management aspects of the ward sisters role is considered to allow them 'supervisory' time. Transforming Care

has been rolled out fully to one ward, First Floor ward which was involved in the initial pilot phase supported by NLIAH. The Head of Nursing and Ward Sisters are working with NLIAH to expedite rollout in the remaining two ward areas. Outpatients manager meeting with NLIAH (August 2011) to discuss skill mix in the department, NLIAH have already made two independent visits to clinics to observe role and functions of qualified nurses in the department

12 hour shifts have been rolled out in each ward area which has been led in all three cases by the ward sister and as a result we have seen a reduction in staff sickness and an increase in training compliance.

We have yet to implement E-rostering, but when in place, this will support workforce planning and the efficient deployment of all staff groups in the Trust. We are actively participating in the all Wales nursing staffing group established by and reporting to the Directors of Nursing across Wales.

Staffing levels need to take into account the language skills of staff in order to meet demand of the increasing ageing population and their language needs. We have access to the Welsh Interpretation and Translation Service for interpretation purposes and have a number of Welsh speaking staff. Welsh speaking nurses are identified by the logo on the all Wales nursing uniform which we have been fully implemented.

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

Context

The Trust is committed to the involvement of patients, families and carers in the re-design/refurbishment of its services and ward environment including maximising the provision of dignified care. The Trust Board recently formally endorsed the National Principles for Public Engagement for adoption across the Trust which will see comprehensive engagement with service users and stakeholders in the design and planning of all Trust services.

The Trust utilises the Patient Liaison Group and Donor Forum in seeking views from patients and stakeholders in any planned developments.

Current Position

The Trust is proactive in involving a representative mix of all grades of staff and the patient liaison group when re-designing/improving the services it provides.

For example, the Active Support Unit (ASU) ward has been refurbished in the last three years and has equipment available for a hearing loop. Prior to the refurbishment a survey was undertaken with patients and their relatives and the final design and layout was influenced by this feedback. For specific requests such as information in Braille, we have an information centre and an information manager based at the Cancer Centre who has responsibility for specific informational requirements. Any new proposals for site developments will include the information manager, for example the signage project which is being established to ensure patients and their carers can clearly locate services.

Gender specific facilities and ward areas are in place. The most recent ward refurbishment included an increase in single rooms to accommodate patients who are in the last days of life. We endeavour to ensure that patients and their families in their last days of life are cared for in a private space whilst support from the staff is readily available we work with patients and families to allow them personal time and try to minimise interruptions. All bereaved families are offered the Trust's

bereavement pack which includes Bi-lingual information on support groups and all deceased patient's property is placed in closable bags specifically purchased for the dignified handling of deceased patient's property.

Areas of recent re-design/improvement involving patients/donors etc have included:

- Family Room (where patients can have a private time with their family including children).
- Outside garden facilities for patients.
- Active Support Unit (which provides high level of nurse to patient ratio for non ambulatory patients).

The Director of Nursing and Independent Member (Cleanliness Champion) conduct regular walkabouts with the Operational Manager and provide feedback to the Divisional Director on any issues which need to be addressed.

VCC Outpatients Department has recently established a multi-disciplinary "outpatient improvement group". This group currently meets monthly and one of the objectives of the group is to look at ways to improve the physical environment of the department

The Executive Team and Independent Members are involved in the 1000 Lives plus safety walk arounds with reports produced and addressed by the members of the 1000 Lives Plus Board which is chaired by the Chair of the VCC Patient Liaison Group.

Two of the three ward areas have a room available for family members who wish to or need to stay. The family/children's room is available to book when they wish to spend "private" time with young children (especially those who are receiving palliative care). The children's room is fully equipped with toys and media equipment. Examples of the work of the Dignity Group to date including

- (i) a trial of the wearing of clinical gowns and how to preserve dignity and comfort whilst remaining practical, access to hairdressing services for patients.

- (ii) The launch of the Dignity Code in September will see the introduction of a 'stop look and listen (and think)' symbol to be placed on doors and curtains when privacy is required.
- (iii) A trial of new bed linen will commence in September the trial will assess comfort and appearance of new bed linen, patients and staff will give their views and a decision will be made at the end of the pilot on the best option for patients whilst considering cost.
- (iv) Each bed area is equipped with a television/radio the Friends of Velindre has donated funds to purchase headphones to enable those patients in shared rooms who wish to listen to TV or radio to do so without disturbing others.
- (v) The newly refurbished ASU ward has had installed assisted bathing which includes a Jacuzzi bath for those patients who wish to use it. Infection control were closely involved in advising on the purchase and ongoing cleaning of this bath.

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

Context

The Trust is committed to ensuring that older people receive good quality care including taking into account barriers to effective communication. The Trust acknowledges that good information is based on a 2-way process. To this end, information provision has been recently reviewed to now include a bedside bilingual information pack for all admissions and a comprehensive patient information centre at the Velindre Cancer Centre.

Regular patient surveys are conducted to gain valuable feedback.

Current Position

The Ward Sister is key to driving forward a culture of dignity and respect, which includes the promotion of effective communication. These include providing interpreter services, chaplaincy service and advocacy services.

Customer Care Training (including dignity/respect/compassion) is provided and which is a mandatory requirement, with all members of staff required to attend the foundation training session, or an update, on a 2-yearly basis. Opportunities are offered to staff to attend on a regular basis each month, and the foundation training session is included in induction for both clinical and non-clinical staff.

The Head of Nursing and senior nurses have been set objectives around dignity as part of their annual KSF review, they have responsibility for supporting the dignity forum, implementing the dignity action and carrying out the Fundamentals of Care audit as part of their objectives.

Regular patient satisfaction surveys covering environment, cleanliness and catering provides the Trust with valuable information to enable to maintain and improve the services provided on an ongoing basis. Fundamental of Care Audits also provide information on the patient experience.

Examples of what's been addressed as a result of patient feedback have been described in the previous recommendation.

There is also a dedicated patient information area which includes internet access and information in a variety of formats (Braille, large print etc) and languages.

The Trust has improved its provision of Welsh Language substantially over the last two years. It is acknowledge that when very ill, patients often revert to their first language and we must be able to respond to this need. The language choice of patients is documented on their notes.

One new initiative developed this year at the Velindre Cancer Centre, the bilingual Bedside folder was written in order to provide bilingual information to patients without them having to specifically ask for it. Within this folder it describes the right of a patient to converse in the language of their choice and also gives specific information about the hospital and its services.

The Trust continues to provide bilingual information via its websites to those who can access the web. Velindre Cancer Centre and the Welsh Blood Service web sites are bilingual. Velindre Cancer centre website has recently been re-launched and it is encouraging to note that since September of 2010 the Welsh language pages of the internet site at the Cancer Centre have received approximately 5,000 hits. Document downloads from the Welsh language internet site in January to March 2011 came to over 1,153.

Information leaflets for patients are crucial in order for them to understand the treatments provided by the Velindre Cancer Centre. The Trust has been working towards providing equality of service over the last year and by March 2012 all patient relevant leaflets will be available bilingually.

Providing bilingual communication opportunities for patients is also crucial. The Trust has participated in the 'badging' of Nurses uniforms where a specific 'Welsh at work' badge is worn by bilingual staff members in order for the patients who may

need to converse in Welsh can do so without having to specifically ask for the service.

The Trust is also exploring the purchase of Welsh literature/novels for inpatients. .

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

Context

The Trust considers excellence in the patient experience a priority. This objective is

supported by Fundamentals of Care (2003), Standards for Health Services (2010), 1000 Lives Plus (2010), Transforming Care (2009) and the Annual Quality Framework (2011).

Current Position

It is vital for the Trust that we listen to the experiences of our patients/donors. Much of this is captured through the Patient Liaison Group and Donors Forum. There is also a wealth of information captured via the Patients Story heard at Service and Board Level, which enables the Trust to respond and ensure continued improvement of our services. These stories will continue to be spread at departmental/clinical level and form part of the agenda at a new Trust Learning Committee which is being set up.

The Executive Team are regular attendees at the CHC meetings and representatives of two local Community Health Council (CHC) sit on the Trust Board along with the Chair of the Patient Liaison Group.

There are several ways in which we capture this important patient/donor voice:

- Patient Stories (eg.g. through workshops for clinical staff, presentations at Board level and through 1000 Lives Plus forums).
- Satisfaction Surveys
- Fundamentals of Care audits
- Suggestion/complaints scheme.
- Transforming care at the bedside initiatives.
- Radiotherapy Open Days
- Patient Liaison Group members sit on several Cancer Centre groups including clinical audit, equality & diversity, dignity and Trust wide Infection Control Committee and Research & Development Committees.
- Donor forum

It is important to use all these fora to enable the Trust to continually improve its

services. The Trust is in the final stages of developing a Quality Performance Framework to ensure we can monitor and continually improve the patient experience.

Examples of using patient experience feedback include;

- Establishment of the Trust Multi professional Dignity Forum (with an Independent Member from the Board)
- Creation of Patient Information Packs (developed by the Patient Liaison group PLG)
- Changes to patient education for those who are undergoing chemotherapy.
- Implementation of the national chemotherapy helpline triage tool.
- 1000 lives depression audit pilot which is currently being analysed).
- Introduction of Protected Meal Times.
- Trial of dignity gowns.

1000 lives plus Board is chaired by the Chair of the PLG. The Trust considers this an important appointment and puts the patients voice at the centre of our patient safety agenda.

Regular visits are made to ward areas by members of the Board; this will now include a more focused approach on Dignity and Respect.

The launch of the Dignity Code in September provides a further platform for Board members to observe care delivery, the environment and speak to patients and their families. (Training will be provided for the Board members who are unable to attend the launch).

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

Context

The Trust is committed to a culture that puts the patient at the centre of its services and is proactive in identifying and and auctioning any lessons that are learnt from patient safety concerns and spreading examples of good practice to improve patient care.

The Trust welcomes any Welsh Government approach in these areas.

Current Position

The Trust has already taken forward issues mentioned earlier, through the dignity group and the 1000 Lives Plus Board. Fundamentals of Care provides a basis on which to continually improve and our results year on year have improved some examples of how we have changed practice are; implementation of an oral hygiene care plan, a change to nursing documentation to ensure that all 12 fundamentals of care are commented on in each patient record by the nurse responsible for their care during that shift.

The Trust is developing a Quality/Performance Framework based on its 5 year plan with 'Delivering Quality, Care & Excellence' as a driver. This will improve/develop our services in a measured/evidence based way and capturing the voice of the patients and its staff in the process. The dignity code to be launched in September 2011 will be a platform to continue to ensure and spread the culture of the

organisation will be patient focused.

Using the services of internal and external auditors/regulators is important in the improvement of services and we learn lessons from their work. Also the work influenced by the Standards in Health Service, 1000 Lives Plus, (Which is about imbedding and spreading/learning from good practice both internal & external to the Trust) and the Health & Safety Executive (Trust Health and Safety Intervention Plan) to improve care, environment and learn lessons. Some of this work is fundamental to basic care patients should expect to receive e.g. preventing falls, stopping pressure sores developing, zero tolerance of healthcare associated infections and appropriate/effective communication.

The training/education department has been key in developing programmes which can provide staff with not only clinical skills but also with effective and compassionate communication skills throughout all training programmes.

Pathways and programmes for cancer rehabilitation have been developed and include a skills for living well group session providing first line rehabilitation advice and which is run by specifically trained volunteers; a patient education programme (PEP) designed to build on the facts and advice provided in the skills session. The PEP uses as speakers the range of experts to be found at the cancer centre and provides information and advice to aid self management and the opportunity to request complex care from the professionals should this be necessary. 2 symptom management care pathways have been developed to help cope with breathlessness and fatigue. Both pathways encourage supported self management with signposting to specialist care as necessary. Workforce education programmes have been developed to ensure the necessary knowledge and skills are possessed by those delivering the interventions. Discussions are underway with the Welsh government to spread both the learning and the availability of first line rehabilitation advice to other long term conditions.

Velindre NHS Trust is committed to the use of the all Wales Last Days of Life

pathway. The Head of Nursing was actively involved in the latest review and the establishment of the new version and its implementation. We submit variance reports where deviations from standard practice have taken place. An example of this would be prescribing medicines which are outside of the standard end of life prescriptions to manage difficult symptoms. The project co-ordinators for the end of life pathway receive and collate all Wales variance reports and organise quarterly meetings to discuss clinical issues and scenarios in order for teams to learn from each other. These meetings are attended by a member of the Velindre palliative care team. We also participated in the all Wales audit commissioned by the Palliative Care Implementation Board our findings were very positive and were presented at the palliative care clinical process team meeting which is open to all members of staff. One of the Clinical Nurse Specialists from the palliative care team leads on the training, implementation and monitoring of the data generated by our use of the pathway.

A Trust Learning Committee is being set up to capture all learning activity across the Trust. This is in its early stages and a process of mapping has been commenced to inform the main requirement/responsibilities this new committee might have, and dignity and respect have already been identified as key to this agenda.

The ward sister is considered key to driving forward a culture of dignity and respect and the Board fully supports this.

An open forum providing education sessions by the Serious Clinical Incident Group for all staff, including the Board, are held three times a year. The group discusses recommendations from recent events which they have been asked to investigate. This forum is another way in which we can spread learning from mistakes and has been extremely beneficial for staff. This is in addition to feedback to individual staff at the time of the investigation and outcome.

Patient Story workshops are also held for staff which provides them with an insight to a cancer patient's life and journey through treatment and gives them an opportunity to discuss how they can improve the care they give.

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

Context

The Trust has an Organisational Development Strategy in place which provides a sustainable and developmental approach to staff educational requirements. A Service & Training needs analysis has been undertaken and the Education & Training department has an identified budget to provide the appropriate training required.

All staff are required to take part in annual appraisal with their line manager to demonstrate their competency for the role they are employed in. This also includes setting objectives and personal development plans for the year ahead.

In addition to this all Registered Professionals have a responsibility to maintain their continued Professional Registration which includes keeping their skills and knowledge up to date and therefore their competency and performance.

Current Position

All staff are required to attend 'Understanding Equality' as a mandatory training session every three years, this course covers all aspects of equality/diversity and includes reference to age-related factors and discrimination. The course is provided on a regular basis as a stand alone training opportunity, within new staff induction for both clinical and non-clinical staff, and the principles of equality are also cascaded

more widely through the core messages being integrated into a range of other training course material (e.g. Communication, Dignity, Welsh Language Awareness, Handling Violence & Aggression etc, along with appropriate content in the majority of management courses). Staff with senior responsibility for policy, strategy or other decisions which have an impact upon staff or service users are also advised of the process for undertaking an Equality Impact Assessment on their proposal, with training being made available on a group or 1-to-1 basis where necessary.

All staff are offered the opportunity to attend either 'Advanced' or 'Essential' communication skills training (as appropriate to their role, grade and level of responsibility'. These courses are offered on a regular basis. The advanced communication skills is a two day training course (based on the Cardiff six-point toolkit) and is run three times a year.

In addition to the regular requirement to attend training, all staff are performance managed via the KSF on the C6 dimension 'Equality & Diversity', which allows targeted discussion of how each member of staff meets their responsibilities in this area as appropriate to their role and level of responsibility. As part of the KSF Personal Development Review process staff are required to demonstrate their competence in this area via presentation, or description, of evidence of good practice.

The Trust is working closely with NLIAH on developing Advanced Nursing Practice roles, these roles are underpinned by advanced clinical assessment, consultation and diagnostic reasoning skills. We have recently organised training for Consent to treatment for a cohort of ANP's. A number of our clinical sisters/charge nurses have undertaken the RCN Leadership programme and on completion have been involved in the rollout of such programmes as Inspire to Care for nurses. There is an ongoing commitment to this programme for at least one Band 6 nurse/Allied Health Professionals (AHP) each year.

There is a system of core competency skills training for all newly appointed nurses and for all established nurses through their KSF reviews. An example of this is that all newly appointed chemotherapy nurses there is a foundation course in

chemotherapy, venepuncture and cannulation skills training, use of infusion pumps, giving of bolus chemotherapy before a newly appointed chemotherapy nurse can be signed off as competent to work unsupervised. This can take up to 3 months depending on the previous experience and confidence of the nurse and his/her mentor. Similar systems are in place for palliative care nurses.

We have developed very close links with Cardiff and Vale UHB this allows us to access all of their training programmes for our nursing staff, in return Velindre staff teach on many of the Cardiff and Vale UHB courses.