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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref SF/LG/05785/11

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Dear Ruth

Thank you for your letter of 12 July in which you request further specific information in relation to three of the recommendations in your report '*Dignified Care? The experiences of older people in hospital in Wales',* namely recommendations 7, 10 and 11.

I wish to reinforce my and the Welsh Government's commitment to improving the experience of older people in hospital and emphasise that driving up standards of care for all patients is a top priority for us.

Please find enclosed with this letter a document setting out the Welsh Government's response to your further questions.

Lesley Griffiths

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Welsh Government
Supplementary Information
for the Older People's Commissioner for Wales

Recommendation 7: Staffing levels

Q. Please provide further information to address whether the recommendations of the Expert Reference Group will be adopted in practice.

A. The following table sets out the recommendations made by the Independent Expert Advisory Group in respect of Recommendation 7 and the actions the Welsh Government is taking to adopt each item.

	Recommended Action	Response
1.	The Welsh Assembly Government should work with Local Health Boards (LHBs) to identify an appropriate tool to determine staffing levels, skill mix on wards in hospital settings where older people are cared for. This could be done in conjunction with the Royal Colleges re optimum staffing for older people's wards.	Chief Nursing Officer for Wales (CNO) and Health Board/Trust Nurse Directors have commissioned the All Wales Assistant Directors of Nursing Group to undertake a piece of work in identifying a Workload Measurement Tool that will be able to assist Health Boards/Trusts in Wales calculating nurse staffing numbers, skill mix, dependency or acuity. The group are to report back to the All Wales Nurse Directors Forum in October. Welsh Government is currently working with the medical deanery to review and ensure appropriate specialist medical training schemes in Wales.
2.	Compliance with the staffing establishment figures resulting from the national skill mix model should be regularly reported by Directors of Nursing to Local Health Boards and CNO	The All Wales Nursing Dashboard which is being implemented across Wales will capture staffing establishment compliance.
3.	LHBs workforce plans submitted to NLIAH must demonstrate consideration of the needs of Older People. This should include nursing and therapy staff, health care workers and medical workforce.	Health Boards/Trusts work closely with NLIAH in the production of their annual workforce plans and meeting the needs of older people is one of the variables that is considered. Welsh Government has oversight of this process through the Strategic Education Development Group.
4.	LHBs to apply active management of sickness absence to ensure sickness management is a high priority. This should include consideration of prioritising treatment for NHS staff so that minimal cost to the NHS in seeking to replace staff is achieved.	Each Health Board/Trust has robust sickness management systems in place and rates are monitored closely by Welsh Government. The Welsh Government has established a health and wellbeing programme to support NHS who are sick in order to provide them with support and enable them to return to work.
5.	Clinical lead nursing posts such as Consultant Nursing Posts for older people in managing patients with Dementia and Incontinence must be maintained and appointed to. Where such a post is approved but no appointment has been made training and education plans will be developed	CNO has commissioned NLIAH to review current arrangements for non medical consultant posts, advanced practitioners and non medical clinical academics. The findings of this work will inform future succession and workforce planning. In June 2011 the Consultant Practitioner Scrutiny Panel approved the submission from Betsi Cadwaladr uHB for a Consultant Nurse in

	to support potential applicants. Similarly succession planning to replace individuals who move on from a post will be put into place. Appropriate numbers posts sufficient to support ward managers must be determined. It is vitally important that these posts do not seek to replace Medical Consultant posts, but focus on the aspects of clinical nursing care of patients with Dementia and incontinence.	Dementia Care.
6.	The Welsh Assembly Government should work with LHBs to adopt a nationally consistent appropriate tool to determine therapy staffing levels in a hospital setting.	The Welsh Government Therapy Adviser is working with the NHS Directors of Therapies and Health Science on assessing the appropriate therapy staffing levels in hospitals in Wales. This work is at an early stage.
7.	Ward leaders to be involved in determining staffing levels based upon ward workload, especially related to patient acuity.	This will be dependent on the work undertaken by the All Wales Assistant Directors of Nursing Group

Recommendation 10: Patient Experience

Q 1. Please provide an assurance that the recommendations of the Expert Reference Group will be adopted in practice.

A. The following table sets out the recommendations made by the Independent Expert Advisory Group in respect of Recommendation 10 and the actions the Welsh Government is taking to adopt each item.

	Recommended Action	Response
1.	An All-Wales Older People's Hospital Experience tool will be developed. This will focus on the team and include all occupational groups. It will ensure a minimum data set which facilitates sharing of best practice and learning. The Annual audit cycle will include experiences of elderly patients and carers. Audit teams will support Consultant staff from relevant occupational group's staff in administering the tool and collating reports.	Rather than create a new Older People's Hospital Experience Tool, it has been decided to build on the existing programmes of work, ie all Wales Fundamentals of Care Audit Tool; all Wales Nursing Dashboard (launched 27 June), which will in future be supported by extensive ward based indicators of care that are recording daily/weekly to give a live picture of care (work is well underway across Wales and already exists in ABMU Health Board); and the inspection/spot checks conducted by HIW. The Welsh Government group steering the patient experience work is the Free to Lead, Free to Care Post Implementation Steering Group, co chaired by CNO and Director of the Community Health Councils (CHC). The work-plan is based on the findings from the All Wales Fundamentals of Care annual audits and the recommendations from the 'Dignified Care?' Report. This year specific work programmes with multiprofessional input have been established on: continence, oral health and hygiene, professional behaviour of staff, documentation of care and cleanliness standards. There are strong links between this work and the patient safety work being led by the 1000 Lives Plus programme.

		The Fundamentals of Care Audit Working Group is expanding the audit tool to encompass a wider variety of clinical areas and developing the user questionnaire to include questions in relation to depression and anxiety. Every Health Board/Velindre Trust conducts Fundamentals of Care audits at least annually (some do so every 6 months but report to Welsh Government annually). Welsh Government produces an annual report from all of the audits, which is shared and discussed at the Nurse Directors Forum. Audits are presented to Health/Trust Boards which provides an opportunity to highlight the multiprofessional dimension of care. There is a steering group leading the work on creating the ward indicators of care and all Wales nursing dashboard, which has strong links to the 1000 Lives Plus programme. The steering group reports to CNO. Healthcare Inspectorate Wales (HIW) has been instructed by the Minister to undertake further spot checks on dignity in hospital for older people. It is likely that the CHC will be invited to support this work and it will involve seeking the views of older people. Reports from these spot checks along with the other reviews undertaken by HIW are made public as a means of sharing best practice.
2.	Patient Experience will be reported to the Board. A framework for reporting stories will be developed so that appropriate levels of interrogation of the stories will result in learning which can be shared.	1000 Lives Campaign introduced Patient Stories as a means of learning and improving services – bringing 'ward to board'. All Health Boards/Trusts use patient stories in their Board meetings. This is supplemented by the observations Board officers have from their 'walkabouts' and 'Back to Floor' activities where they speak to staff and patients. The 1000 Lives Plus Programme website has extensive guidance for the NHS on how to undertake these activities effectively: http://www.wales.nhs.uk/sites3/home.cfm?orgid=781
3.	A virtual patient persona will be developed for use as a planning tool by those designing or reviewing services.	Consideration of a typical patient's pathway through care is used at a local level to inform service delivery. It is recognised as important that the patient and their needs/experiences remain at the heart of all planning. At a strategic level, each year the Welsh Government via NLIAH reviews how it undertakes national workforce planning with the NHS. NLIAH will consider how a virtual person persona approach, where the patient pathway is described, can help inform the process for the 2012/13 cycle.

Q2. Please provide an assurance that qualitative data will be captured and shared.

A. Qualitative data is captured by the Fundamentals of Care Audit Tool and is a key feature of the HIW inspections and dignity spot checks. See box 1 above. Some qualitative data will also be collected in the ward care indicators/metrics in future.

Q3. Please provide an assurance that the tool will capture and act upon the experiences of older patients who are unable to speak for themselves.

A. The Fundamentals of Care Audit Tool allows capture of data from relatives/carers or advocates if patients are unable to speak for themselves. The CHCs have an important advocacy role and engagement with them is increasingly being sought to ensure the views of vulnerable people are represented. As mentioned in box 1 above, HIW is planning to engage with CHC in its dignity spot checks. It also seeks a range of views about the care of vulnerable patients in all of its inspection processes.

Q4. Please provide information on the benefits of the 'virtual patient persona' to an in-patient setting.

A. Virtual patients are often used as the vehicle for teaching both in simulation laboratories and in the clinical area. This provides students with a safe environment to practise skills and other techniques. It ensures all students are exposed to certain situations and offers an opportunity to give critical feedback on their performance. It therefore enhances the development of the individual student and thus should improve the quality and safety of care they provide to patients. One of the best equipped health simulation laboratories in the UK can be found at the University of Glamorgan – see website for details: http://hesas.glam.ac.uk/simulation/simulators/cardio/

Another use of virtual patients is in developing patient pathways which assist in local planning of care where a typical patient interacts at multiply points with health and social care systems. See box 3 above. By using the virtual or typical patient's experience as the focal point to planning ensures their needs and not the needs of service are placed at the forefront.

Finally patient pathways and virtual patients are often used in research and development programmes to help model therapy, treatment or care regimes for specific conditions, eg Velindre cancer centre uses the approach in some of its R&D work. Findings from the work are then used to inform practice.

Recommendation 11: The sharing of good practice

Q1. Please provide further information to address how the Government will ensure robust, independent evaluation of good practice models so as to secure demonstrable changes in the care of older people.

A. There are a range of important data which Welsh Government draws on either as a benchmark to compare practice in Wales to thus inform where action needs to be taken, or specifically to drive improvements in performance in given areas.

The national benchmark data includes such things as the National Clinical Audit and Patient Outcomes Programme (NCAPOP) funded primarily by UK Governments including Wales. The NCAPOP is managed by the Healthcare Quality Improvement Partnership. For

example, the annual National Hip Fracture Database audit is undertaken by the British Orthopaedic Association and the British Geriatrics Society and compares data from across the UK and illustrates where care falls outside expected norms. The Health Boards and Trusts are required by Welsh Government to take notice of the findings in these reports and make improvements where needed. These audits cover a number of clinical areas which impact on an older population.

Welsh Government also gathers surveillance information in a number of areas, eg Healthcare Associated Infections. Much of this surveillance is carried out by Public Health Wales on behalf of Welsh Government. This information is shared and used to inform service where improvements need to be made. The information also informs policy development. The Chief Medical Officer's annual report on the health of Wales is a key source of information and signifies where there are differences in outcome across the country.

1000 Lives Plus Programme is the Government's flagship national programme focussing on improving patient care and reducing incidents of harm, waste and variation in care. Its work is driven by the Faculty of Healthcare. Its methodology is based on a robust framework which utilises best practice. It has three key areas of work:

1. *Knowledge*: Providing the leadership and clinical expertise for programme areas within 1000 Lives Plus, and endorsing new areas of work.

2. *Measures and metrics*: Driving the support for Medical Directors in the setting and delivery of local targets for the reduction of mortality and harm, and endorsing new measurement for improvement methods and approaches.

3. *Capability*: Contributing to the design and delivery of a Leadership and Quality Improvement Training Programme, creating reusable materials and training Faculty members to teach elements of the programme.

Every Health Board and Trust in Wales is engaged with this programme. Significant improvements in care have already been achieved, eg the introduction of the SKIN bundle of care has significantly reduced pressure ulcer formation. The 1000 Lives Plus website contains extensive support material for practitioners to access. Learning event and seminars are held regularly.

Q2. Please provide further information to address what the Government will do to ensure the adoption of good practice across Wales

A. The Medical Director, Nurse Director and Director of Therapies and Health Science meet with their respective LHB/Trust Directors on a regular basis throughout the year. Part of these meetings is given over to discussion on service improvements and the sharing of best practice. The Chief Medical Officer meets the LHB Directors of Public Health and Public Health Wales in order to discuss relevant policy areas. The Team Wales events, where the Boards of the NHS organisations and the Executive leads from Welsh Government come together several times per year are also opportunities to share good practice.

CNO is planning a conference for 15 March 2012 focussed on dignity and compassion in care. The purpose of the conference is to share best practice from across Wales.

Currently there is work underway to develop all Wales Food and Catering webpage which has a section on best practice. This website will link to the new all Wales Nursing and Midwifery Information Zone, launched on 27 June.

The NHS e-Governance Manual is another source of guidance for NHS organisations and acts as a resource to ensure good governance principles are applied across Wales. The Manual already includes a section on dignity in care as well as other related areas such as standards for providing spiritual care (compliance these standards is currently underway). There is provision for additional sources of information to be added to the site in order to promote the sharing of good practice. This site is regularly updated and its content reviewed.

See: http://www.nhswalesgovernance.com/display/Home.aspx?a=457&s=2&m=0&d=0&p=0

Q3. Please provide further information to address how the Government will hold Health Boards and Velindre NHS Trust to account for their success in adopting good practice which enhances dignified care, or justifying why they have not done so.

A. The HIW spot checks and ongoing cycle of inspection reviews is the main vehicle for determining performance in NHS Wales. Failures must be addressed and action plans put in place; these are then monitored.

In addition to this Welsh Government conducts 6 monthly Joint Executive Team (JET) meetings with individual health boards and trusts. Dignity in care is a major priority for Welsh Government and as such is now a feature of the discussions in the JET meetings.