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 14 June 2011

Please send to:

ask@olderpeoplewales.com

or

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

Commissioner's Recommendations and legal requirements

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

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

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

Recommendations

Please refer to the Review report when responding.

Changing the culture of caring for older people in Welsh hospitals

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

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

Response

A culture of dignity and respect arises from having an appropriate system of care. ABMU recognises that the existing system of care of older people can be further improved. About 7 years ago an Early Response Service was developed in the Neath Port Talbot locality with. This has now been expanded and amalgamated with appropriate services to provide multi-disciplinary input in the community. Swansea and Bridgend now have similar services. This model of care for Older People is now being further developed, initially within the Swansea Locality. In this model the multi-disciplinary community team will act proactively to support the patient in their own home (with input for example from pharmacy, therapy, district nursing etc) with support from a Consultant Geriatrician. As need increased, individual patients may be managed on a 'virtual ward' basis. As need increased further, it might be necessary for the patient to attend a day hospital that had diagnostic facilities that would enable rapid accurate diagnoses to be performed without the need to admit as an inpatient. Where admission is required due to acute illness, this would be by referral from the geriatrician attached to the community network into a modern

version of a geriatric ward that would have access to specialist opinion. In this ward, patients will be 'known' to the staff, who would have expertise in care of the older people.

A virtual patient persona will be developed using the principles established in Jonkoping in Sweden. The persona will represent a frail older person with chronic illness and occasional acute exacerbations. This will help Healthcare staff and planners to understand how frail older people are supported by the system of care and how they move through the various pathways. The aim will be to make the stated values of ABMU clear to staff, to enable challenge where staff feel the dignity and respect of older people is not being upheld and to ensure that all staff at all times behave in a way consistent with the needs of older people always being most important where decisions are taken.

ABMU believes that patients, their families and carers should be given appropriate expectation of good quality care including attention paid to dignity and respect and supported in challenging Healthcare staff at all levels where appropriate expectation is not met. The Patient Experience Unit within ABMU will work with stakeholders including older people to develop material to provide a set of expectations that older people should have when entering our hospitals. This will be based on material available from the RCN and hpc codes of conduct, performance and ethics, the UNISON handbook and the patients association '10 tips' leaflet from their paper 'A Lottery of Care'.

The Empowering Ward Sisters programme has been implemented within the Health Board and the fifth cohort is currently in progress. And this will be rolled out across ABMU. The Sisters already undertake regular Fundamental of Care Audits and are required to collate the nursing metrics data as part of the Director of Nursing's Quality and Safety Framework. This enables them to identify specific issues relating to Dignity and Respect within their Ward area This also enables them to identify staff training needs and disseminating changes to practice and relevant information. It is intended that ward managers will develop their own professional and leadership skills by attending workshops, conferences and shadowing senior staff. As part of the Empowering Ward sister's programme, ward sisters have the opportunity of attending Leadership Courses and one of the key recommendations is that they will receive development to facilitate them in taking responsibility for selection and recruitment of their own ward staff. Whilst recognising that appraisal within ABMU is not currently performed for 100% of staff annually, this programme will address this gap. In particular, ward sisters/managers will ensure that annual appraisal of their nursing and Health Care Support Worker staff includes training in dignity at least every two years. Compliance with appraisal and training requirements will be reported regularly to the Director of Nursing as part of the Nursing Metrics and is reported to Quality and Safety Committee. Compliance with staff appraisal is reported by the Director of Workforce and OD to the Health Board. ABMU has commenced a 'pathfinder' project to enable Ward Sisters to concentrate on improving the fundamental standards of care and discharge planning arrangements in the Ward Areas. They will be encouraged to take active part in ward rounds to

facilitate improved communication. Giving the Ward Sisters this focus it is anticipated that they will work alongside colleagues observing, supporting, supervising and mentoring.

Within ABMU, Nursing, Workforce and Operational Development have programmes in place to develop leadership at all levels. Professionally qualified ward based staff including nurses and therapists already have access to high quality leadership programmes such RCN Leadership programme, the Health Boards 'Leading for Quality Improvement Programme' and there are a series of additional leadership programmes planned that will develop leadership at all levels of in the organisation As a result all existing, aspiring and new ward sisters/charge nurses are required to attend the all -Wales EWS Development Programme delivered in ABM. The sixth cohort of Ward Sisters is currently undertaking this programme. The EWS development programme has 'good communication' and 'adherence to the NMC Code' embedded throughout - therefore relates to the care and respect of older people. There are specific teaching sessions relating to Fundamentals of Care and Dignity and Respect in Care delivered as part of this programme.
In addition the EWS programme contains teaching on 'improving the patient experience' and a session on undertaking personal development reviews of staff and recording on e-ksf and reviewing workforce requirements. Within the RCN Clinical Leadership Programme, a key component training to use patient stories.

Compliance against Fundamentals of Care standards including dignity and respect are monitored as part of the Director of Nursing's Quality and Safety framework, and sisters have responsibility to ensure their Audits and Nursing Metric data is collated as required.

However, ABMU realises that there has been a gap in developing leadership and quality improvement programmes for Healthcare Support Workers and Assistant Practitioners. Hence, In the last six month period a Health Care Support Workers Competency based programme has been developed and implemented. Its key themes include the Fundamentals of Care, and Dignity and Respect in Care. It has been positively evaluated and will be continued to be rolled out.

As leadership development programmes are rolled out across the organisation and Ward Managers become supernumerary, ABMU recognises the challenge in releasing staff to attend leadership development and other training programmes. There is an obvious tension between releasing staff for development whilst maintaining staff numbers to provide excellent quality of care and ABMU is committed to finding the correct balance.

Whilst the majority of patients within ABMU hospitals use the English language as their first choice, it is acknowledged that some patients may prefer to communicate or need to use Welsh, sign language or other languages and that the Health Board needs to become more proactive in ascertaining the patient's language choice. ABMU is committed to ensuring that staff communicate effectively with its patients and is currently updating its database of staff language skills in order that staff with appropriate language skills can be deployed as necessary. Clinical managers will seek to deploy Welsh speaking staff to patients who are identified to have a

preference to communicate in Welsh wherever possible. ABMU will ensure that its Health care professionals are reminded of the importance of effective communication with patients by being mindful of their linguistic needs including offering patients the opportunity to receive healthcare in the Welsh language.

ABMU is also mindful that there can at times be negative language used around ageing and older people. As 'leaders of the language community', the leadership teams within ABMU are committed to spreading positive language around older people and their needs including celebrating the increasing numbers of older people within the population and developing systems of healthcare that support them in living healthy and fulfilled lives throughout.

The Executive Team within ABMU is committed to ensuring that the needs and appropriate expectations of older people are met, including dignity and respect. There is already a significant programme of Executive and non-officer Board Member walkrounds occurring around 30 times per month and material for these with respect to dignity and respect issues will be augmented.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Further development of New Models of Care for Older People

2. Roll out of the Pathfinder Project to enable ward sisters to concentrate on improving clinical leadership.

3. Rolling out Empowering Ward Sisters and RCN Leadership Training to improve the overall standards of care and discharge planning arrangements in the Ward Areas.

4. Delivering additional leadership training for Healthcare Support Workers.

5. Further Development of Specialist Nurses in Dementia and Continence management.

6. Reminding staff of the importance of effective communication with patients by being mindful of their linguistic needs including offering patients the opportunity to receive healthcare in the Welsh language.

7. Ensuring that the leadership teams within ABMU are committed to spreading positive language around older people and their needs.

8. The Patient Experience Unit within ABMU working with stakeholders including older people to develop material to provide a set of expectations that older people should have when entering our hospitals.

9. Executive and Board scrutiny of appraisal compliance.

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

Within ABMU Health Board, the Mental Health directorate provides training on the needs of people with dementia through the Dementia Care Training Team. The Residential Home Advisor Team (RHA) has been delivering a Dementia Care Training Package since April 2003. The Team consists of a Registered Mental Health Nurse and two Occupational Therapists job sharing a whole time equivalent post. The remit of the Team is to identify the training needs of care staff that work with people with dementia both throughout the Local Authority and Independent care home sector. Provision of suitable specialist training and education followed. The Team's mandate has recently widened to provide training for other staff groups including domiciliary care and day centre staff, social work staff, mental health and general ward staff (both registered and non-registered), informal carers and staff for the Alzheimer's Society and most recently for those working in the field of learning disabilities.

The vision is that irrespective of where a person with dementia is being supported and cared for, those working with them should be appropriately trained with the expectation that this will lead to enhanced levels of care. This is supported by Ballard et al (2001) who suggest that staff training is universally seen as a key feature in

implementing and maintaining a good standard of care in both nursing and residential care homes. Recent reports continue to highlight the vast need for staff training in dementia care. The All Party Parliamentary Group on dementia (2009) contends that: *"We need to move towards a situation where the workforce, as a whole, demonstrates effective knowledge and skills in caring for people with dementia".*

The ABMU dementia care training package is modular and delivered over a total of 30 hours covering the following aspects of care:

- An Overview of Dementia
- Communication
- Legal and Ethical Issues
- Physical Aspects
- Understanding Behaviours
- Positive Environments
- Meaningful Interactions
- Mental Health Issues
- Eating and Drinking

Professional advice and expert opinion have been sought when developing and redesigning the modules to ensure they are evidence based, relevant and contemporary. Modules are delivered both in the care home settings and central venues. Each module incorporates a wide variety of teaching and learning strategies that enable and facilitate care staff interaction. The module content and form is also influenced by evaluation responses. This Dementia Care Training has recently been accredited by Swansea University. This module is delivered to general nurses on the Princess of Wales Hospital but it is acknowledged that this training needs to be available across the Health Board. This would have a resource implication.

Evidence supports that this training is generally positively valued and influences person centred practice. New knowledge and concepts have been applied to care practice (e.g. respect and dignity, ethics, use of language). Active learning and learning from others are used and are highly valued and contribute significantly to an ethos of 'practice improvement' with demonstrable examples of high quality care practices and factors that impede practice improvement. This latter point is indicative of carers' awareness of what should be done (as advocated by their education) and also that on occasion the ideal thing to do is not possible, so compromise to practice is enacted. These types of compromise are not generally presented by staff as a lack of understanding or willingness to carry out good practice but rather as a resource or attitude issue, such as when people in or with authority insist on particular courses of action. Caring for people with dementia requires a thoughtful approach that takes account of the particular, the context and the individual, relevant circumstances and resources.

Dementia care specialists within ABMU Health Board believe that staff working in both hospital and community settings recognise the need and importance of receiving appropriate training in the needs of older people particularly people with dementia. There is a concern that as a consequence of the current requirement for statutory and mandatory training, there is a risk that formal dementia training/education has not in the past received appropriate priority. ABMU Health Board is mitigating against this risk by considering whether basic awareness training in Dementia could be delivered to staff as part of the Health Boards Induction programme.

ABMU Health Board is actively considering the use of Alzheimer's society "This is me" getting to know you documentation currently used in mental health services as part of standardised documentation for older people with mental health needs including dementia and delirium. If implemented, this would enable ward staff to understand older people's individual needs and highlight any difficulties with communication. As this document is completed with input from carers and relatives, this would ensure that they are fully involved in planning their relatives care.

In addition, ABMU recognises that training needs for older people with dementia should be cross referenced with The National Intelligent Targets for Dementia and Depression in a General Hospital setting, as part of the 1000 lives programme. ABMU are actively progressing work on the dementia intelligent targets, and have established a clinical lead, and operational leads and working groups for each of the 5 Drivers under the 1000 Lives + Campaign. This covers various aspects of dementia care in the community, acute and dementia unit settings.

Any training programme on the needs of older people must include enabling staff in A&E to improve their knowledge base to prevent older people from being admitted to hospital. We recognise that ABMU staff will require increased insight and training about the consequences of physical illness complicated with dementia. In particular this is in recognition that under the public sector equality duty act, older people should not receive different level of care according to their age or disability. Therefore ABMU Health Board will need to ensure that its staff receive appropriate level of training and education in meeting the needs of older people.

ABMU fully supports the recommendation that specialist and skilled multi-disciplinary input should be available to support staff to deal more effectively with people with dementia. At the Princess of Wales Hospital, ward 18 provides 12 "Shared Care" beds for people who have both physical and mental health needs. The ward provides the opportunity to share learning across all disciplines. Registered Mental Health Nurses are employed by medicine to work along side general nurses to provide holistic care for patients. The ward is supported by Older People Liaison Psychiatry team, which consists of Consultant Psychiatrist and Mental Health Liaison Nurses

The first round of the National Audit of Dementia has provided ABMU Health Board with a valuable set of local baseline information about the care of patients with dementia in hospital in medical, surgical and orthopaedic wards settings. Operationally, ABMU will need to respond to the issues identified in the Audit report. However strategically, and in order to make a lasting difference, any objectives set by ABM University Health Board will aim to reduce the demand and the need for

hospital care of this group of patients.

Several different initiatives will help ABMU achieve these objectives. All mental health services currently recognise challenges related to timely access to effective mental health advice, substantial issues of recruitment and retention within the psychiatric workforce and lack of knowledge within the population in relation to the identification, management and treatment of mental illness.

Within ABMU, similar to the rest of the United Kingdom, one in six people in the population will have a mental illness at any one time. Amongst older people, 5% over 65 and 20% over 80 years of age have dementia. This figure rises to 30% of over 65s in hospital. 40% of people in residential care suffer from depression while one third of people caring for someone with dementia will themselves suffer from depression which requires treatment. ABMU believes that its focus of effective strategic change in dementia care must be directed towards the community to reduce the demand and the need for hospital care. The strategic themes will include hospital admission prevention as well as improvement of care in hospital.

Access to effective timely mental health intervention would have a beneficial effect upon admission rates of patients with dementia to hospital. Although not universally successful, adequate community support and access to sufficient professional advice will reduce admission rates. ABMU believes that this can be achieved by a number of measures including ; improved access by using a single point of access referral coordinator to undertake telephone triage ; more effective treatment of carers to sustain their ability to care since one third of those caring for someone with dementia will themselves suffer from depression ; emphasise the role and purpose of the carer assessment by developing the role of the dementia care coordinators and providing targeted mental health training in primary care

There is an indication for prescription of antipsychotic medication in up to 40% of patients with dementia at some point during their illness. Without appropriate medication the burden of care and increased risk leads inevitably towards increased hospital admission. According to NICE-SCIE guidelines, use of antipsychotic medication in people with dementia, should be time limited, and used only for severe and distressing difficulties where other, non-pharmacological interventions have not been effective. Evidence shows that they have a relatively limited therapeutic effect in agitation and challenging behaviour in dementia, but can cause significant harm.

The Banerjee Report (November 2009) highlighted the cerebrovascular risks associated with the use of antipsychotics in dementia. Banerjee estimated that 180,000 people with dementia are treated with antipsychotic medication in the UK per year. Of these, up to 36,000 will derive some benefit from the treatment, but there could be 1,620 cerebrovascular adverse events, an additional 1,800 deaths per year on top of those that would be expected in this frail population One of the recommendations in the report was to ensure that people with dementia should only receive antipsychotic medication when they really need it. It also suggested that rate of use of antipsychotic medication could be reduced to a third of its current level. Within ABMU, this issue is being addressed as part of the 1000 Lives + campaign, and interventions to increase awareness and reduce prescribing will be explored.

Currently within ABMU, there is evidence that a proportion of patients with dementia

are prescribed antipsychotics for too long. Often these patients are in a care home setting and identifying a multi professional team to scrutinise the care home management including a pharmacist to identify poor use of medication will reduce this excess with a corresponding beneficial effect upon the hospital admission rate (especially in relation to falls).

Confident identification of end stage disease in dementia remains a challenge within ABMU. Patients in residential care are often admitted to hospital for care during their terminal episode. Additional preparation by primary care staff with families and carers would allow increased appropriate use of community Do Not Attempt Resuscitation (cDNAR) orders with a consequent decrease in demand for acute hospital admission, and allow these patients to remain in familiar surroundings as they approach the end of their life.

Individual patients receiving continuing health care (CHC) funding for mental illness in the community have all reached that point after earlier periods in care home settings and typically a hospital admission. ABMU believes that supportive management and regular routine supervision of care home setting residents with mental illness will be associated with a beneficial reduction in the transition to CHC funding. ABMU will examine the case for a dedicated multi profession mental health team to support and manage all local residents in care home settings with mental illness. In Bridgend this has been closely integrated with out of hours and weekend seven day CPN support with good effect.

An acute hospital admission of an older person represents a valuable opportunity to look for mental disorder including dementia. Case identification of other common mental disorders in a targeted manner is also valuable - addressing alcohol issues, identifying delirium, spotting depression in need of treatment and identifying the familiar hallmarks of early dementia. ABMU will seek to introduce an amended admission proforma to include screening / case identification for alcohol, delirium, depressive symptoms and cognitive impairment with a requirement to seek adequate informant histories.

Care home staff and family carers are often able to describe the usual level of ability of an individual patient. ABMU will seek to deploy a simple standardised visual summary of usual ability to improve communication between all members of staff, and also to confidently inform the assessment of response to treatment or rehabilitation efforts.

ABMU recognises that prompt and thorough mental health intervention for mental disorder in a hospital setting requires easy and timely access to authoritative psychiatric advice. We will examine the case for comprehensive telephone triage for referral coordination assisted by dementia care coordinators.

ABMU does not fully support the recommendation around Consultant Nurse role. This conclusion is considered overly narrow as there are other disciplines within Occupational Therapy and Clinical Psychology which have a high level of specialism that could support training and consultancy in dementia care.

ABMU will work to develop stronger links between medical and mental health wards based on hospital sites across the Health Board. In this way, wards could be linked

to provide advice and support to each other, to share knowledge on medical and complex mental health needs and to widen knowledge base of existing staff.

ABMU recognises that its four Acute General hospitals are currently challenging environments for people with memory and communication problems. Some of these have cluttered ward layouts, poor signage and other potential hazards. The transforming care project is currently being rolled out across ABMU to improve the environment of care. Occupational therapists in mental health services will be asked to provide practical advice on improving environments on general wards for older people who present with mental health needs.

ABMU provides a Mental Health Primary Care Educator role within Older Peoples Mental Health Services to improve knowledge and awareness of the mental health needs of older people primary care. A key aim of this role is to provide up to date information for GP`s on services available in the community to support people in their own home preventing admission to hospital which is widely acknowledged as the best outcome for people with dementia.

ABMU Health Board is aware of the National Research that has demonstrated that general nurses often perceive themselves as lacking in skills and expertise in caring for people who present with challenging behaviours. ABMU will work towards a joint approach to training and education in developing multi disciplinary general teams' knowledge and skills. The aim of this is to support earlier diagnoses, prompt treatment, effective rehabilitation, optimization of physical and mental health, person centred discharge planning and to prevent premature placement into more restrictive environments.

As part of setting local quality standards for the Annual Quality Framework, ABMU will monitor its Performance against the All Wales Dementia Plan.

ABMU realises the importance of developing the skills of staff who work with patients suffering with dementia. However, ABMU feels that it is also important to provide specialist assessment and treatment for some patients in an appropriate setting. Many patients who present with confusion will be diagnosed with an acute physical problem and the confusion will resolve following treatment. However, some patients present with a long history of psychiatric problems and have challenging behaviour that is distressing for fellow patients. This can disrupt the sleep of physically frail or dying patients and as a result, those who need rehabilitation can be too tired to engage in therapy. Cubicles may make little difference and irregular visits by Consultant Psychiatrists are not satisfactory to resolve these issues. ABMU is committed to providing appropriate care of patients with dementia whilst ensuring that the care of other patients is not compromised.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Appropriate staff training leading to enhanced levels of care

2. Earlier diagnoses, prompt treatment, effective rehabilitation, optimisation of physical and mental health, person centred discharge planning and

preventing premature placement into more restrictive environments.

3. Using the Transforming care project approach to change ward environments to take action on cluttered ward layouts, poor signage and other potential hazards.
4. Developing stronger links between medical and mental health wards linking these to provide advice and support to each other, to share knowledge on medical and complex mental health needs and to widen knowledge base of existing staff.
5. Monitoring Performance against the All Wales Dementia Plan

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

ABMU has an established Continence service delivered by specialist nurses. A Continence steering group was established two years ago with goal of integrating continence care and developing referral pathways. The Continence service is in the process of revamping the Policy on Continence Care including a written policy for continence care, which incorporates the provision of integrated continence services (as defined in DH Good Practice 2000) for assessment, diagnosis, specialist treatment and care. ABMU is committed to implementation of the All Wales Integrated Care Pathway for Continence Management and Continence Implementation Guide. To improve service quality and patient experience, a Short Term Catheter Care Bundle has been introduced. A Royal College of Physicians audit in 2010 concluded that our continence service performance was in the lower quartile, giving ABMU significant opportunity for improvement.

Home delivery of continence containment aids is operating across Neath Port Talbot and Bridgend and is in the process of being rolled out across Swansea. Roll out was planned as a staged process in order to manage the change efficiently. The assessment forms for the community across the organization are being updated in order to ensure continuity.

The Continence service is being hosted by Swansea locality and Acute services are using a shortened version of the All Wales Bladder And Bowel Care Pathway that will be delivered across all acute wards in ABMU's hospitals. Implementation is complete within Singleton, Morriston and Neath Port Talbot Hospital and is progressing in the community hospitals and Princess of Wales Hospital with training sessions set up for June and July 2011,

ABMU recognises that Continence services require a higher priority within our

hospitals. Currently the continence service consists of 6 WTE qualified nurses plus admin with a very small nursing resource for Princess of Wales Hospital, and Community Hospitals covered on an ad hoc basis. .As well as covering hospital wards, a significant proportion of continence advisors work is holding nurse led clinics and supporting investigation clinics eg urodynamics. In the hospital setting these nurse led clinics can amount to up to 60% of workload, include specialist children and neuropath clinics and they also support consultant led clinics.

ABMU does not currently have a designated lead for continence management. Continence training via link nurse meetings is not well attended, with a recognition that there is no incentive/mandatory requirement to attend meetings in hospitals. Ward based nurses often face challenges in securing time off wards to attend meetings and it is acknowledged that these are better attended in community.

The ABMU continence service considers that an improvement in the link nurse system would empower nursing staff, and provide a means to disseminate information and also educate staff. Catheterisation workshops are delivered 6 times a year and are well attended. The Continence service will need to audit the outcome of its training packages to evaluate patient benefit.

Health Care Support Workers are considered key to meeting continence needs of patients but training for ward based HCSW has not previously been successful although HCSW training is undertaken in community and is well attended. The continence service will need to determine the best way to meet HCSW training needs in continence.

ABMU Continence Advisors provide teaching on pre-registration nurse course, midwives/health visitors and school nurses, community nursing course all university linked. A postgraduate Diploma level promotion of continence course has previously been held through Swansea University and the demand for this course will be re examined.

Along with many health economies, ABMU hospitals face pressure on bed capacity, leading to quick turnover. Currently, decisions can be made about continence management as the patient is about to be discharged home, or have already been discharged home and the referral to the continence team is received afterwards. ABMU recognises that this request can be made for pad provision sometimes without attempt at continence assessment or management/treatment plan. The continence team find that there is difficulty in getting assessments relating to the All Wales Bladder and Bowel Care pathway completed. In view of this, the All Wales Bladder and Bowel short form for acute areas has recently been introduced across ABMU and initial evidence shows that staff are completing this in a more timely manner. This tool has red flags to alert staff of the need to refer for more specialist advice.

The ABMU continence service feels that the Unified Assessment includes improvement to include a pathway on elimination. Further work is required within ABMU to ensure that the discharge protocol in place for patients with indwelling catheters discharged from hospital into the community is consistently adhered to, to avoid any issues in provision of seamless care.

ABMU recognises that there may be a lack of awareness from all members of MDT of the adverse impact that incontinence can have on an older person and that we need to improve training and knowledge even in basic assessment. Continence management would be improved by some of our staff putting their training into practice.

Currently, incontinence assessments may be kept to the end of the patient's stay in hospital, with many patients referred for pad provision rather than trying to establish the cause of incontinence and trying to improve continence management. There is a concern that pads are sometimes seen as an easy fix to a problem that can be time consuming to sort out. Although the Continence specialist nurses do an excellent job, continence assessment and management remains a significant issue for service quality and patient experience.

ABMU recognises that discharging patients as soon as they are medically fit, while a positive action because patients are not kept in hospital longer than necessary, can also mean challenges in completing a thorough continence assessment. Community hospitals and rehabilitation wards have large numbers of frail older people with multiple challenging problems and continence management requires increased priority to ensure a return to independent living. For this is to be achieved, the process of rehabilitation should be maintained throughout the day, but this will put additional pressure on staffing levels.

Where an older person needs to use the toilet urgently but has problems walking and calls for help the call should be answered in a timely manner and the patient walked to the toilet as this is what the patient would need to do when discharged. Unfortunately ABMU recognises that this is not currently always done due to time constraints and it may happen that either the nurse cannot get to the patient in time, or a commode is brought to the bedside which is not dignified or private for the patient, and inconsistent with the purpose of rehabilitation.

In terms of recommendations relating to the placing of buzzers for access, a nurse call system is provided at each bed position and within all patient ward areas within the Health Board. Although not currently provided, the use of 'rumble strip buzzers' which get louder the longer they ring will be incorporated into future developments and refurbishments within ABMU. The Health Board follows the current guidance which suggests that signage with symbols should be provided.

ABMU recognises that there can be long walking distances to toilets from beds and

that the use of cot sides to prevent falls has an impact on patient's ability to get to the toilet in time.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Changing the attitude of MDT to the problem of incontinence so that this is not accepted as an inevitable consequence of growing old.

2. Providing older people and their families with better information about incontinence to increase their expectations around continence care and the management/treatment that should be routinely available to them.

3. Ensuring that Wards/Departments continue to routinely give out satisfaction questionnaires including asking about the patient's experience of continence care. Where key themes are identified, actions will be taken to address and spread this learning.

4. Improving knowledge and training in continence care of professionally qualified healthcare staff and Healthcare Support Workers.

5. Establishing an organised programme of mandatory training in continence care.

6. Improving the system of continence link nurse appointed to each ward and department improve their training and ensure their commitment to improving continence care.

7. Improving the provision of specialist nurses in continence care to provide more support to the existing nurses, particularly at the Princess of Wales Hospital.

8. Delivering improved training to HCSW to facilitate them to provide much of the basic fluid advice, toileting and bladder drill.

9. Ensuring that the use of cot sides to prevent falls is justified on the basis of falls assessment and not by default.

10. Where possible, reducing distance patients have to travel to access a toilet.

11. Ensuring that ward staff respond in a timely fashion to patient call systems to ensure that patients can access a toilet.

12. Ensuring that where patients do soil their bed or clothing, that this is addressed in a timely manner.

13. For the older people in the community setting, actively identifying the problem before it becomes a crisis.

14. Developing a system of active case finding should be carried out for incontinence and ensure that once detected and after initial assessment that referral pathways are developed with basic continence assessment undertaken as part of a comprehensive geriatric assessment and not in isolation.

15. Continence management including assessment, treatment and use of pads will be monitored through changes to ward metrics and Fundamentals of Care Audit.

16. The Patient Experience Unit will regularly survey patients on their experience of continence management.

17. Progress in achieving improvement in continence management will be regularly reported to the Health Board by the Director of Nursing.

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

When an older person is in an ABMU hospital, the traditional ward round may currently result in a situation where intimate personal information about their clinical condition and treatment may be heard by other patients and their visitors. Unfortunately, this is because of the ward environment. ABMU believes that there needs to be much more focus on the rights of patients and that it is time to challenge existing practice and to raise people's expectations of dignity and privacy during their hospital experience.

All Healthcare staff within ABMU accept that the current method of communication on the ward is not ideal and that drawing curtains around the bed of a patient is not enough to ensure privacy. ABMU is currently trialling the use of 'Dignity Pegs', a red coloured peg attached to curtains around beds to signal that patients are not to be disturbed. Equally, some older people prefer to be in a multi-bedded ward with ability to socialise with other patients rather than all being in single rooms that would facilitate private conversation.

All Healthcare staff within ABMU are committed to the principle of taking patients to a private area to give them "sensitive information" or if they had to discuss matters of a "grave nature". The room often used is the day room or the sister's office but the Sister's office often also doubles as a cloakroom, nursing office, breakfast common room resulting in constant interruptions. Few of the sites in ABMU currently have a room dedicated for talking to patients and relatives. In addition it is currently the health professional that makes a decision as to what is "grave" or "sensitive" but there will be many other issues a patient may wish to discuss in private if given the choice. For example, physicians have to routinely ask their patients about their bowel and bladder habits which may not come under the umbrella of "grave" or "sensitive" in the practise of most health professionals, while a patient may think differently. Currently, most health professionals do endeavour to find a private area when having to break bad news or discuss end of life issues as these are two areas that are unanimously considered Grave and Sensitive.

It is important that staff do not feel inhibited from discussing directly with the patient their wishes regarding their care. For example, it may be that proximity of beds,

small bed spaces, and lack of use of eg dayrooms and other smaller room due to staffing issues may contribute to a culture in which no-one asks the patient what they want, or expect.

In the first instance, ABMU will ask each clinical team to agree their own team rules for where and when discussions take place about patients and in particular what they consider to constitute grave or sensitive information. It is intended that these will be implemented through poster / sign up on wall etc empowering staff, patients and relatives alike to say if they feel staff are breaching these agreed rules.

A particular issue is in that improving communication within clinical teams by having bed handovers to improve patient safety, there can be 4/5 staff around the bed handing over and talking about a patients care, whilst others in the bay may be able to hear. There are obvious tensions here between ensuring good team communication, improving patient safety whilst not impacting on dignity.

Within ABMU, the design of new buildings includes discussion with health care professionals and patients. Consideration of the impact on privacy of the siting of nurses' stations is currently undertaken as part of the scheme development but the privacy issue is always balanced against the operational requirements of managing the ward In particular, ABMU will examine its existing facilities to determine how appropriate and accessible rooms can be made available for private discussion with Healthcare Staff.

In moving towards having a dedicated room with the patient being taken to the doctor then besides the need for a dedicated room there will be implications for the organisation of clinicians' time and possibly nursing staffing in order to move the patients into the examination area. It would not be sufficient for private conversations to happen during a weekly or at most twice weekly consultant ward round but this would have to happen almost on a daily basis as the SHO or Registrar during his or her ward round may also have sensitive news to impart. In fact for some patients this may happen a few times a day as therapists may wish to discuss the ability of a patient to manage his or own personal care and extend the discussion to the patient's home situation.

Another issue for ABMU to resolve is that in some areas, telephones are inappropriately placed and it is difficult for staff to ring a family member to discuss concerns about a patient without the risk of the conversation being heard by visitors.

ABMU recognises that currently, access to communicators for those with hearing impairment is very poor and most wards do not have any resulting in significant difficulty in communicating with deaf or hearing impaired patients. We will take advice from our Audiology departments in committing to provide communications equipment for these patients. ABMU will ensure that the identification of those who are hard of hearing is part of the nursing assessment that takes place on admission. This information will be passed on to the ward the patient moves to. If the patient is

hard of hearing a communicator will be provided to the patient (placed on the patient's bedside table) for their entire stay in hospital and a sign displayed to indicate that anyone communicating with the patients needs to use the communicator. Where patients have a hearing aid and if it is not working in spite of a change of battery then this will be taken to audiology for immediate repair or replacement. A patient who is hard of hearing and has never had an assessment will be referred to audiology after making sure that there is no obstructing cerumen. In partnership with voluntary organisations, the Audiology departments will provide regular 'deaf awareness sessions' to ward based staff.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Understanding that the traditional ward round almost inevitably ensures that intimate personal information about their clinical condition and treatment will be heard by other patients and their visitors

2. Challenging existing practice and raising people's expectations of dignity and privacy during their hospital experience.

3. Acceptance that the current method of communication on the ward is sub optimal and that drawing curtains around the bed of a patient is not enough to ensure privacy. Continuing the roll out of the 'Privacy Pegs'. Equally, some older people prefer to be in a multi-bedded ward with ability to socialise with other patients rather than all being in single rooms that would facilitate private conversation.

4. Commitment to taking patients to a private area to give them "sensitive information" or if discussing matters of a "grave nature".

5. Asking each clinical team to agree their own rules for where and when discussions take place and in particular what they consider to constitute grave or sensitive information. Implementing this through poster / sign up on wall etc empowering staff, patients and relatives alike to say if they feel staff are breaching these agreed rules

6. ABMU will examine its existing facilities to determine how appropriate and accessible rooms can be made available for private discussion with Healthcare Staff.

7. Improving communication with Hearing Impaired Patients

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 Health Board has Continuing Health Care Programme and Unscheduled Care Programme Boards whose membership is multidisciplinary and has Local Authority representation. Their terms of reference is to ensure the there are Health Board processes and services in place to ensure there is effective patient flow and robust discharge arrangements to support safe and effective discharge planning.

Trigger length of stay meetings are held weekly in each Locality, with social services in attendance. This facilitates proactive management of any potential complex discharge issues as any issues can be managed or escalated immediately within the Health Board or Local Authority.

Work has been ongoing at simplifying Discharge Pathways and Discharge Pathway has been developed. Recently, a Fast Track process has been developed which is currently out for consultation. Work on a DNAR [do not attempt to resuscitate] pathway is underway with an aim to launch September 2011.

Unified Assessment process and Documentation is currently being reviewed to ensure patients follow the pathway for simple/ complex Discharge. ABMU is working jointly with Social services to develop a consistent approach for patients to progress to Decision Support Tool only when required.

A 'Pathfinder project' is currently being implemented in a number of Ward areas in the Health Board to improve Patient Flow as part of the ABMU Unscheduled Care Improvement Programme. This has a focus on improving the quality and efficiency of "in patient" care for medical and care of older patients, as a key factor in determining the overall effectiveness of the unscheduled care pathway. There is a particular focus on implementing good practice associated with discharge planning and removing delays, waste and duplication from the pathway.

ABMU believes that its professional Healthcare staff require additional education and

training in planning discharge. In particular, it will work with Swansea University to develop discharge planning in the pre registration nursing curriculum. As part of continuous professional development, ABMU will develop post-registration training for its hospital nurses to provide specific knowledge and skills for discharge planning and care of patients with complex needs.

ABMU recognises the importance of partnership working in discharge planning and is committed to working with Local Authorities to plan the number of nursing and residential care places needed. We will continue to work with private providers to ensure delivery of nursing and residential care and where necessary will explore innovative models and ways of funding such as placements within residential or nursing care home for a temporary stay or commissioning a number of nursing or residential care placements on a long-term basis.

We understand that the discharge plan needs to acknowledge the social elements of adjusting to life post-discharge. For example, that could mean ensuring that older people have access to community transport and befriending services so they are not left isolated or lonely. ABMU will meet this challenge through partnership working with local authorities, other publically funded bodies and the voluntary sector.

Many of our patients will require funding from Social Services or Health for the provision of services at home or for residential or nursing placement. Where possible, we start these plans as soon as possible after admission and while rehabilitation is ongoing. In the past, there have been instances of delay for Social Services funding but ABMUHB has worked with its partner Local Authorities to resolve these. This has rarely been the case for residential nursing placements and there have been some temporary problems in the area of domiciliary care. Local Authorities currently have capacity issues within their re-ablement assessment service, rather than issues with funding availability. Local Authorities are looking to address this and have had discussions with ABMU on making improvements to the discharge planning process in particularly the outlying hospitals. Local Authorities and ABMU HB are actively working together to share access to information around patients held on electronic systems such as the PARIS database. Local Authorities are also engaged in partnership working by contributing financially to the Early Response service which undertakes proactive discharge work and are currently providing support from their in house care agencies to supplement this support. Local Authority partners are supporting convalescent beds in one of our local authority homes as an alternative to emergency admissions to residential care which often lead to admissions to hospitals.

There are a number of reasons why patient's discharges are delayed and these include, issues around, choice of accommodation, funding and discharge planning arrangements for the very complex needs of certain patients. It is worth noting that there have been occasions where relatives have been the cause of many delayed discharges when they have refused to engage or 'moved the goal-posts' as the

discharge date approaches. .

There are significant opportunities to improve and simplify objectives, admin, decision making and executive processes to ensure more effective use of hospital beds. There is currently considerable resource tied up in prolonged stays, in multiple meetings in multiple places, and especially in use of institutional care. The Health Board needs to consider a proposal to empower one clearly identified decision maker for every patient. This person could be informed by and work in a multiagency multidisciplinary team, and be responsible for the discharge decisions. These decision makers could robustly support the overwhelming wish of older people to return home. Being old and frail carries risks which for the most part cannot be avoided. There is good evidence that prolonging hospital stay and entry to institutional care can shorten lifespan, contrary to common belief. The term “safe discharge” may be a misnomer which requires challenge. There is a widespread misunderstanding of the facts about risk and an extant culture that has accepted that the risk to be minimised is of staff being criticised, or worse, after a failed discharge.

The Health Board will examine the wider use of the Trial Discharge, and other actions to encourage early discharge in the face of uncertainty.

ABMU currently faces a number of challenges in the discharge of frail older people. It takes just one phone call ie 999 and an ambulance to admit a sick older person into hospital which can all happen in 15 minutes. However, currently it can take up to ten different specialists/ agencies working for a number of weeks to discharge that same person who now has no need for an acute hospital bed. Agreement needs to be reached with all stakeholders including the patient (key player), family members, doctor, nurse, Occupational Therapist, Physiotherapist, Discharge liaison nurse, social worker, the Intermediate care team and voluntary sector. Any small process issues can result in long delays to discharge.

The first issue is for ABMU to determine if there are adequate resources in the community to managed frail older people at home rather than in an acute hospital. Intermediate care teams are well established in the community across the Health board but they do need to be appropriately resourced if they are to prevent unnecessary admissions.

When the patient is admitted there is an excellent opportunity to gather vital information from the patient, family, social worker, care agency, staff in residential home etc to start planning discharge from the day of admission. Currently this often does not happen within ABMU with often a less than comprehensive social history obtained which does not give the whole picture. In addition, the information gleaned on admission is not always passed on to the ward or not adequately disseminated to all those involved in the person’s discharge plan. Communication at a ward level can be patchy with some examples of maintaining good lines of communication while at times, inadequate information is passed on. ABMU needs to ensure that all staff write in a jointly held record rather than clinical staff writing in different notes When social workers, doctors OTs and physiotherapist write in the notes there needs to be a plan documented at the end of the entry. ABMU working with its Local Authority partners needs to ensure that there is an identified social worker within all multidisciplinary teams. When a social worker rings a ward and speaks to a nurse

about a patient this needs to be documented in the medical notes.

In addition to ABMU and its partners working to improve quality of care, we contend that change in societal attitudes and expectations are necessary. There is a perception in the community that a NHS hospital is more than just a place to get over an acute illness. Family members can have the expectation that their relative should be kept in hospital till the kitchen is refurbished or the electrics rewired or the house painted or wait months to be rehoused and in one case wait in hospital till the hedge was cut! In addition to providing patients, their relatives and carers with expectations of the Health Service, ABMU will work to ensure that there are appropriate expectations within citizens and our partners of acute hospital care.

ABMU recognises the importance of the nurse's handover and that important information must be passed on. We will work to ensure that there is adequate time allocated for handover and that this is structured so information such as the goals that a person needs to achieve to progress with rehabilitation are not missed. On both acute and rehabilitation wards our nurses need to be aware of the goals each patient needs to achieve and work with the patient at every opportunity. This should hasten the discharge process and thereby reduce the delay in discharge. [This is currently a challenge and staffing levels may prevent this from occurring to the desired extent.

ABMU recognise that medical and nursing staff can be risk averse in the discharge of frail older people. In part, this may arise because it can be challenging to assess the ability of a person to cope at home while doing all the assessments in a hospital environment which is naturally strange for the patient. ABMU will work towards promoting flexibility among the OT, Physio and Social services so that in some cases the patient can be discharged home with support and have an early assessment in their own environment.

Currently, our Community Resource Teams are focussed on preventing admissions and expediting discharges, but at times their limited capacity can give rise to a considerable delay for the team to take a patient out of hospital. ABMU recognises that the weekly delayed transfer of care meetings need to evolve from considering immediate operational issues towards resolving system issues.

ABMU contends that appropriate Welsh Government policy that allows for local solutions has the potential to improve discharge planning. For example, the recent policy around Continuing care assessment has led to an expectation that every person who needs a nursing home or continuing care has to undergo a decision support tool (DST) meeting. This has added to the considerable burden of work to the Discharge liaison nurses and ward staff. Such assessments and meetings are appropriate and valuable in some situations but not in others leading to delay in the discharge process, frustration among staff and more importantly is not in the best interests of patients where this process is unnecessary. However, the CHC Programme has ensured that processes have now been standardised in ABMU and significant Training has been undertaken to ensure staff are confident and competent in the new process.

Across ABMU, Social Services have a number of Hospital based Social Work Staff

who provide an assessment and care planning service for all adults with disabilities and chronic health conditions most of whom are older people. In addition, there are Older Persons Mental Health Teams who provide service to GP's and specialist clinics. For patients already known to the Community Teams there is a well established referral system to Social Services in place providing an infrastructure to support multi-disciplinary working and discharge planning. There is an agreed Joint Discharge Policy between ABMU and the 3 coterminous Local Authorities (NPT CBC, Bridgend CBC and City & County of Swansea which includes standards and time scales for assessments and service delivery.

Good progress on integration has been made in recent years, particularly in Bridgend where there is a joint appointment of Locality Director for ABMU and Director of Social Services for the Local Authority. This has resulted in improved infrastructure with on site staff, some very good examples of multi-disciplinary working, and the older Persons Mental Health Team working in partnership to progress integration model. There is good response and follow up from Community Teams when their Service Users admitted to hospital. Joint training has been undertaken across both organisations including Discharge Planning, Protection of Vulnerable Adults and Continuing Health Care. Recently, a contracting model for home care services starting to reduce incidents of localised capacity problems. There is ABMU representation on Social Services resources panel and Social Services representation on HB resources panel. Exploration of joint working and sharing resources is underway where there are known difficulties and the appointment of a Joint Health & Social Services Principal Officer post is being considered by Neath Port Talbot.

As part of the Integrating Health and Social Care Programme for Older and Physically Disabled People in Bridgend County Borough, ABMU HB and Bridgend County Borough Council have commissioned a project to review the interface between secondary and community based care, which will review the processes and place of assessment and the arrangements for rehabilitative and transitional care for frail people, as well as those with complex conditions; in addition another project within the programme will look at an integrated approach to Long-Term Care, which will include the commissioning arrangements for support at home, care in other settings, and end of life care. Through this programme of integration, it is envisaged that many of the issues highlighted in *Dignified Care* will be jointly addressed by the Health Board and Local Authority; so that the process of assessment and discharge can be managed effectively and in the best interests of older people; and that patients, their family and carers will be at the centre of these processes which will avoid unnecessarily prolonged hospital stays, especially for older people. In addition the programme of integration is focusing on developing 'Community Network' health and social care services that promote independence and choice, through an enabling and a rehabilitative approach.

In reviewing the interface between secondary and community-based care we intend to develop an integrated team based within the Princess of Wales Hospital which will be comprised of hospital and community nursing, social work, therapies and an interface nurse with our integrated intermediate care services; the focus of this team's work will be on maximising people's ability and minimising their risks to independence; this integrated approach will embed social services staff with

discharge planning systems. This *Home Ward Bound* service will focus on identifying people at risk of unnecessary admission, and identifying those ready for discharge and fast tracking them from acute settings into the integrated Community Resource Team, where depending on the risks to their independence, people will be offered intermediate care based programmes of enabling homecare, re-ablement, or rehabilitation.

We are keen through this work to review the processes of the Unified Assessment and improve communication and discharge planning at all levels. In the longer term we are ambitious to develop a *step-up step-down* facility, so that we can move the place of assessment from acute hospital settings for people with complex needs, and prevent avoidable admissions; as well as mitigate the risks of older people becoming institutionalised, de-skilled and dependent, through prolonged hospital stays. In the interim we intend to build on our already low delays in transfers of care, to develop discreet areas designated for the assessment of people with complex needs, undertaken by a multidisciplinary team skilled in complex assessments; this will reduce the length of time taken to complete assessment and hopefully improve the quality of assessments and outcomes for older people. In reviewing our discharge systems we will also work collaboratively with other local authorities and health boards to develop systems for people in hospital who live outside Bridgend Locality area, in order to ensure their timely repatriation to their own homes and families, supported by their local health and social care community

The Long Term Care project will develop an integrated approach to commissioning and delivery care, as well as integrated approaches to assessment, placement and the review of people requiring placements in nursing care settings. In addition it will review current third sector service level agreements to support hospital discharge and will shape them around the needs of people leaving hospital, to deliver a seamless and integrated approach over a longer period of the day. It is envisaged that this will deliver a complementary “see me home” type of support for people not requiring admission to hospital or the intervention of statutory services; as well as for those who can wait safely for the delivery of more timely interventions at home.

We are mindful that the delivery of services for people with dementia is sitting outside the locality management arrangements, and therefore the scope of the current integration programme. ABMU HB’s Mental Health Directorate will work with BCBC to develop enhanced services for people with dementia in the community, to avoid preventable admissions to hospital and long term care, in order to support people, their families and carers to remain at home for as long as is possible. We want to develop enabling approaches to respite and support for people with dementia to prevent exacerbation and deterioration where it is avoidable. Furthermore we will work on a Health Board basis to deliver on The Welsh Assembly Government *Highly Impact Service Changes Delivering High Quality Cost-Effective Care in the Community*. ABMU HB will develop and deliver high quality and timely specialist care in hospital and effective discharge planning for chronic complex conditions, end of life care as well as targeting “falls” in older people. The focus will be on length of stay and re-admissions following unscheduled admissions and to provide ongoing support at home utilising the skills of experience clinical teams.

The development of integrated approaches to joint commissioning, and by learning from best practice, we are able to deliver smarter outcomes for people using services and avoid duplication in the health and social care services being delivered in Bridgend County Borough to older people.

In the past, ABMU has faced challenge in gaining rapid response to funding support from its Local Authority partners for patients going into placement (residential or nursing homes) or needing a package of care. Maintaining a good relationship between social services and health is key to successful discharge and ABMU will work hard to resolve the underlying tensions in this relationship that may arise due to different ethos, way of working and attitudes are different between the two agencies despite both working together to provide what is best for the patient. There may be differences in the concept of "time" between health and social services with Health thinking in hours or days while Social Services think in weeks or months, leading to frustration in receiving timely responses.

It has been difficult at times for clinicians to contact a social worker and there have been communication issues caused by different IT systems. However, there are now processes in place to stop this happening such as every two weeks Discharge improvement meetings chaired by Director of Nursing, monthly CHC and Unscheduled Care meetings, and also weekly TLOS meetings. ABMU will seek to work cooperatively with Social Services in facilitating access to each others IT records systems and improving electronic and other communication between the agencies. Currently, case files may not be handed over to colleagues in case of holidays and delays can occur because of this. ABMU has noted long delay in allocating a social worker or reallocating a social worker in case of long term illness or change in situation of the patient ie patient has developed dementia and needs a social worker from a different team. In a complex discharge process each small delay has a cumulative effect on the next delay.

ABMU has appointed a number of discharge liaison nurses (DLN) who have markedly improved the discharge process and have done a lot of work to improve communication between various agencies. They have an excellent knowledge base and use it effectively for the benefit of the patient and play a vital role in liaising with families, carers and district nurses etc. Most of the burden of extra work that has been brought on by recent change in policy (DST meetings) has been undertaken by DLNs and it is because of their commitment that the delays are kept to a minimum.

ABMU has promoted awareness among health care staff about the discharge process and increasingly, staff start planning discharge at an early stage in the patient's stay in hospital. In particular, the Occupational therapists respond quickly and effectively to a ward referral and have recently documenting a brief report and a plan in the medical notes which has helped improve the lines of communication. There is a recognition that the low numbers of therapy staff and consequent slower rehabilitation across ABMU can result in delays to patient discharge.

Increasingly within ABMU acute wards are holding regular (weekly) Multidisciplinary meetings (MDM) led by the Discharge liaison nurse, attended by a Social Worker and this good practice needs to be spread. These meetings and discharge planning are increasingly informed by white boards on the wall with the patients' names and

where they are in terms of the discharge process on 'patient at a glance boards'. This helps as it is possible at a glance to get a rough idea the potential delays that can occur and also highlights those patients where the discharge is imminent. This is good practice which ABMU recognises needs to be fully implemented and spread, with patients given a date for discharge as early as possible during their stay, the hospital teams working towards this so that patients, relatives, carers, social workers can actively plan in advance for discharge.

The Intermediate care teams within ABMU work closely with the Emergency Departments and the Local accident centres and a member of the team joins the post take ward round on Medical admissions unit (MAU). They are able to identify patients who can be discharged early from these units and provide additional support for them in the community. They work closely with the Day units and therefore can get an urgent medical assessment or review when needed.

Substantial delays in discharge from hospital often relate to a lack of appropriate alternatives in terms of supported accommodation. An adequately resourced housing strategy is essential, with an obvious need for increased choice of supported accommodation. Reliance upon the care home choice policy may be inadequate, particularly for patients with dementia or mental illness.

At times, it is evident that patients may wait many hours for ambulance transport to get them home, once formally discharged. ABMU has worked with WAST to improve both availability of transport for both discharge and transfer between hospitals, but this needs to be further improved.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Improving communication links between specialities and agencies especially documenting results of assessments and the plan in a shared set of notes.

2. Asking for a commitment from the social workers to inform the ward (preferably by email) on a weekly basis on any update they have.

3. Asking Local Authorities that allocation and reallocation of social workers should take place within 24 hours and it should be the responsibility of the social worker to inform the ward when this happens.

4. Asking Local Authorities that annual leave and long term sick should mean that the case is handed over to another social worker on a case by case basis including discussion with the relevant team manager.

5. Improving e mail access to social workers. There needs to be a commitment from social workers about returning telephone calls in a timely fashion.

6. Asking for a social worker to attend Multidisciplinary meetings on a regular basis. ABMU will engage in discussion with its Local Authority partners about the format content and delivery of MDTs to maximise their effectiveness and

relevance for staff.

7. Examining whether additional DLN staff or support for the existing DLNs is required, especially admin support to give them more time to work with partners in streamlining the discharge process.

8. Ensuring that staffing levels on rehabilitation wards take into account the nurse's role in rehabilitation as the quicker a person achieves their goals the quicker they will be discharged.

9. Examining further integration to provide a single funding stream and congruence of aim between health and social services. There needs to be an agreed mechanism to prevent delays occurring due to the lack of local authority funding and these discussions may consider pooling budgets.

10. Examining the alternatives for a patient who cannot return home to move to, once they have completed the rehabilitation process. Currently, patients can wait several months for rehousing, having their house cleaned or waiting for large care packages. Beds In residential and nursing homes that are ring fenced for these eventualities is one alternative. There are ongoing discussions between ABMU and its Local Authority partners around providing a rehab step down model.

11. Developing increasing flexibility in the Intermediate care team to ensure that if a patient in hospital is appropriate to be discharged under their care then this should happen within 2 working days to prevent patients "waiting in hospital" for an early discharge. ABMU will examine the case for additional resources for the team to increasingly expedite the discharge of patients arriving within unscheduled care to prevent frail older people moving onto an acute ward where they can have a considerable delay in their discharge.

12. Working with partners to change the perception the public have of acute NHS hospital care to ensure that this facility is only used for acute medical care rather than social housing for patients with complex issues. In this context, ABMU will support its professional staff in dealing with families or carers who are delaying discharge due to inappropriate choice or expectation.

13. Working with WAST to reduce the amount of time that older people spend waiting for transport to take them home once discharged.

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 Welsh Assembly Government in its 2008 publication ***Designed to Add Value – a third dimension for One Wales*** describes its vision of Volunteering, or the Third Sector, in supporting health and social care as "*a dynamic, innovative, responsive and sustainable third sector working in partnership with health communities ensuring the improvement of health, well being and independence for people and communities across Wales"*

This statement is linked to three guiding principles:

- stronger partnership and collaborative working in planning, delivering and monitoring national and local services and support
- mobilising all resources and skills to ensure improved care and support for those in need in communities
- valuing and supporting the skills and expertise of the third sector in complimenting health and social care professionals

ABMU Health Board has a wide range of experience of working with individual members of the public who want to volunteer, groups of volunteers/supporters and volunteering organisations both formally and informally. The three localities have commissioned/funded voluntary schemes that impact on health and well being, examples include the Expert Patient and Long Terms Conditions Programmes as well as supporting established national and local organisations. Localities also have a close working relationship with organisations that support volunteering such as Neath Port Talbot and Swansea Councils for Voluntary Service and the Bridgend Association of Voluntary Organisations.

In secondary care there has been a long tradition of working with individuals, national organisations like WRVS and Red Cross and local volunteering and support organisations like the various League of Friends and Friends of the Hospital organisations who have provided volunteers, Hospital Radio and financial support.

In house schemes continue to develop to compliment other activity and support patients, staff and the public in ward and clinic settings as well as manning the majority of main reception desks.

Bridgend & Neath Port Talbot Locality

Previously a Lottery Funded project and now a service, the volunteer coordinator at Glanrhyd Hospital manages the volunteer centre with 180+ volunteers of all ages from the Bridgend and Neath Port Talbot area supporting and befriending patients, carers and the public alongside staff at the Princess of Wales, Neath Port Talbot, Maesteg and Glanrhyd Hospital on wards, clinics, day hospitals, endoscopy and emergency departments as well as manning main reception/information desks, including the Primary Care Resource Centre in Baglan, as well as supporting chaplaincy and hospital radio volunteers who are not included in the figure above. Recruitment is underway to provide volunteers for Cimla Hospital and the Angelton Clinic at Glanrhyd and to develop capacity within existing schemes. (as identified as good practice in the commissioners report)

Swansea Locality

Managed by the volunteer manager based at Morriston Hospital there are presently some 175+ volunteers of all ages at Morriston, Singleton and Hill House Hospitals, manning reception / information desks, provide library services, supporting and befriending staff and patients on wards, meeting and greeting, as well as supporting chaplaincy volunteers. Areas including A & E at Morriston and Cancer Services at Singleton have expressed an interest in developing volunteering opportunities.

The other area with significant in house volunteer support is palliative care where 125+ volunteers support patients and their families in Y Bwythyn Newydd in the Princess of Wales Hospital in Bridgend, Y Rhosin in Neath Port Talbot Hospital and at Ty Olwen at Morriston Hospital.

Training and Accreditation of Volunteers

The National Leadership and Innovations Agency for Health (NLIAH) supported research by the ABMU Patient Experience Unit to look into the options for the development of an accredited training scheme for volunteers who are giving their time through in house volunteering schemes.

This work focussed on 3 distinct groups:

1. Young people at school and college and others who undertake volunteering as a part of their preparation for Medical, Nursing and Allied Professional College and University Courses – this will build on the excellent relationship the volunteer leads have with schools and colleges.

2. People who are volunteering whilst still employed or unemployed and seeking employment – this also relates to disabled/previously ill people who volunteer to develop confidence and skills prior to entering the jobs market.

3. Retired people who wish to continue acquiring skills and be recognised for their contribution.

Following this initial work, discussions are ongoing with local colleges for the introduction of vocational linked opportunities.

Significant Achievements in volunteering within ABMU Health Board include :

- Development of successful, award winning, in house schemes that focus on areas where a friendly face will make a difference.
- Support of individuals to return to work through volunteers – close work with local authorities. e.g. The ARC Centre in Bridgend has worked with individuals and their carers to build confidence through hospital volunteering – several individuals have either gone on to employment or to college/university.
- Palliative care volunteers help patients, carers and families as well as providing volunteer gardening and driving opportunities.
- Close working with local schools has young volunteers working with ward staff to support patients – feedback confirms this works very well in care of the older.
- Partnership working with voluntary agencies e.g. Swansea Council for Voluntary Action have a key worker supporting volunteers in Mental Health services at Cefn Coed Hospital in Swansea.

Areas for Improvement

Whilst the above is well established, there is room for further development, which is ongoing. To assist with this process there is a need for a consistent policy and common standards in place for the Health Board to manage its relationship with the third sector, staff bodies (Royal College of Nursing, UNISON etc) and with individual and organisational volunteers.

To facilitate continual improvement and common standards the Head of Patient Experience has been researching what will be required to achieve the prestigious Investing in Volunteers Award (IVA). This standards based approach will facilitate the development of common standards and processes and will link to an all Wales approach for the NHS in due course.

The Health Board's Head of Patient Experience is currently the chair of the All Wales NHS Volunteer Network – this is a national strategic group which is developing strategy, policy and guidance in conjunction with a range of partner organisations. It is supported by a recently established all Wales volunteer manager network.

Developing specific support to assist patients with feeding at mealtimes is an area that clinicians are keen to see introduced in appropriate areas. In the past bedside support at meal times has had to focus on general encouragement and support, but not feeding, because of concerns about the risks to patients. However developments in volunteer training in other parts of the UK may help to inform how this can be introduced in the future.

The development of volunteer transport is an area being looked at by the Welsh Assembly and the Health Board will welcome its findings in due course.

Although there are already many volunteering opportunities available across the

Health Board providing support to patients and staff there is more that can be undertaken.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Developing a Health Board volunteer policy to facilitate the further development of volunteering in a consistent manner.

2. Developing a volunteering strategy to work towards consistency of volunteering provision and meeting current unmet volunteering gaps (provision across all Hospitals and A&E at Morriston).

3. Identification of the required budget to achieve the Investing in Volunteers Award in the phases outlined above

4. Actively contributing to the development of all Wales Volunteers strategy direction and policy development

5. Piloting accredited training with identified interested organisations.

6. Patient Experience Unit providing hospital wards with information boards and leaflet stands for information about volunteers and volunteering and to provide talks for ward staff, relatives and patients.

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

ABMU Health Board submits workforce plans annually to NLIAH. Our Integrated Workforce Plan is aligned to our 5 year Quality, Service, Workforce & Financial Framework, 'Changing for the Better'. Our plans recognise that our services and our workforce needs to change to introduce new integrated models of care which take full account of the communities we serve and our ageing population. In particular, emphasis is placed on how we improve our service for patients with or at risk of long term conditions through the development of community networks and specialist resource teams and how we ensure patients and carers receive high quality care and support in an environment which best suits their needs. The need to remodel our workforce to respond to these changes has already started via the workforce planning process. This will be further developed and enhanced during the 2011/12 workforce planning cycle.

Whereas there are a number of different staffing tools and recommendations for Nursing, Therapy and HCSW, there is not an agreed methodology in Wales for determining appropriate staffing levels that take account of patient acuity. ABMU Health Board would commit to working with the Welsh Government and Health Boards across Wales to devise a nationally consistent methodology to determine staffing levels, skill mix on wards in hospital settings. ABMU considers that compliance with the staffing establishment figures resulting from the national skill mix model should be regularly reported by Directors of Nursing and Directors of Therapy and Health Science to Health Boards and the Welsh Government.

In respect of advance practice in Dementia and Incontinence within ABMU, Nurse Practitioners and Nurse Specialists fulfil this role within the All Wales Framework for Advanced Practice. ABMU commits to ensuring that existing posts are maintained and appointed to and where such posts are approved a suitable candidate cannot be appointed, training and education plans will be developed to support potential

applicants. ABMU does not support the need for Consultant Nurses in these roles.

ABMU currently has staff sickness absence running at over 5 % resulting in service disruption, increased risk and financial pressure. We are currently considering the options available to actively support staff to maintain healthy lives, reduce sickness absence to less than 3% using the resources and expertise available via the Conditions Management Programme and our Occupational Health Departments.

ABMU recognises that older people want and need staff to attend to their needs promptly. Any delay may result in incontinence or possibly a fall. When they are being attended to they want the nurse to spend time with them and not rush off to see to another patient. They want to talk about themselves and their families, to feel valued, not invisible. If the nurse is rushing they feel that they are a burden. Older people, especially those with dementia require significant and increasing staff input. The challenge is to ensure that this fluctuating demand is met in a financially constrained environment without requiring costly and complex assessments to determine what support is needed. ABMU needs to respond flexibly and sympathetically to ward sisters when they identify short term staffing pressures.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Ensuring that our Integrated Workforce Plan recognises that our services and workforce needs to change to introduce new integrated models of care which take full account of the communities we serve and our ageing population.
2. Ensuring that appropriate emphasis is placed on how we improve our service for patients with or at risk of long term conditions through the development of community networks and specialist resource teams and how we ensure patients and carers receive high quality care and support in an environment which best suits their needs.
3. Working with the Welsh Government and other Health Boards to devise a methodology to determine staffing levels, skill mix on hospital wards
4. Ensuring compliance with the staffing establishment figures resulting from the national skill mix model regularly reported by Directors of Nursing and Directors of Therapy and Health Science to Health Board and the Welsh Government
5. Recognising that older people want and need staff to attend to their needs promptly. Any delay may result in incontinence or possibly a fall.
6. Ensuring that fluctuating demand is met in a financially constrained environment without requiring costly and complex assessments.
7. Responding flexibly and sympathetically to ward sisters/managers when they identify short term staffing pressures.

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

ABMU Health Board ensures that all Health related guidance, HBN's, HTM's, British Standards and other associated documents are used on all refurbishment and new projects. On refurbishment projects, due to the limitation of space not all of the requirements can be included when balanced against the operational need of the ward. On new build projects it is far easier to accommodate the latest guidance. On all projects ward staff are involved as part of the briefing process and on larger new build schemes patient and focus groups such as the Equality and Human Rights forum, and Disability Reference Group are consulted.

The ABMU estates department tries to respond in a timely way to requests from ward leaders for low cost equipment such as signage, slippers, pans, pads, feeding aids or maintenance for buzzers or hearing loops. Maintenance is carried out in-house and is reliant on faults being reported via the central Help Desk in the Health Board. ABMU recognises that some improvements could be made at a small cost and putting right things like broken towel rails or the lack of a socket or flaking paint, can make a big difference to the environment. Unfortunately, cost pressures have often resulted in significant time delay in resolving these issues. ABMU is grateful for the generosity of The Hospital League of Friends and other local charities but the work is done by our Estates Dept. ABMU will further examine improvements in response time to requests for small changes in ward environments.

ABMU realises that older people on acute hospital wards would benefit from being able to use ward facilities to make themselves hot drinks. We recognise that those individuals with dementia are not stimulated by the use of white china and red coloured crockery and coloured hand rails toilet seats etc should be provided.

Following on from Recommendation 11 of the Free to Lead Free to Care Report there are central storage facilities for equipment and mattresses on many of the Health Board sites. On ward refurbishment projects with a defined building foot print, storage is generally assessed against the other clinical needs of the ward. New build projects allow greater flexibility to include central storage facilities

The Welsh Government is committed to abolishing mixed sex wards accommodation and ensuring the safety, privacy and dignity for patients. As a consequence they advocate that all new developments will be built to ensure single sex accommodation is available. In addition they recommend that there are gender specific bathroom and toilet facilities, and that there are separate communal areas for both sexes. This policy is underpinned by the recommendation in the report 'free to Lead Free to Care'. Last year ABMU were asked to assess the extent to which they are meeting the requirements of The Welsh Assembly Government's Policy on single sex hospital accommodation. In the main overnight hospital accommodation is provided, primarily in single sex bay accommodation within ward areas. However the self assessment highlighted that further work needs to be undertaken to meet policy requirements, specifically in relation to providing single sex washing and bathing facilities and toilets, as the provision varies across ABMU Health Board. As a consequence, an Action Plan was submitted to WAG in September 2010 outlining how ABMU will meet the full requirements.

Whilst we recognize, we do not currently meet the full requirements, ABMU Health Board is committed to providing privacy and dignity for its patients whilst in hospital. Therefore, in order to understand patients' experiences in our hospitals we have undertaken quarterly patient surveys which include views on privacy, dignity and respect in care. In addition to this, all in patient areas have performed a Fundamentals of Care Audit, as previously indicated. The Audit measures compliance against each standard from both an operational and patient perspective. Standards two, five and eight relate to Dignity, Privacy and Respect, and there are specific questions which consider the issues of bathroom, toilet, and bedroom facilities. The compliance from the patients' perspective against standard two and five was 91% and against standard eight 94%.

Where consistent with good infection control, health and safety and operational efficiency, ABMU recognises the need to provide patients and visitors with a homely environment that promotes wellness. In particular, ABMU recognises the need to ensure that patients and visitors have access to day rooms and outside spaces

wherever this is possible.

ABMU is also pleased to report that a major capital scheme for people with dementia is currently being built at Cefn Coed Hospital in Swansea. The three new wards are designed in line with best practice for dementia patients, and consist of a 'wandering loop' design to allow patients to walk safely around their environment. The 60-bed unit also has secure courtyard gardens where patients will be able to potter and garden if they wish, or just sit safely outside. Most of the rooms are single bedrooms and they are ensuite. (Double rooms are also available for patients who prefer sharing). The scheme also incorporates specially-designed kitchen areas to allow patients to do some supervised baking and feel at home. This new facility is due to open in 2012.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Responding to requests from ward leaders for low cost equipment such as signage, slippers, pans, pads, feeding aids or maintenance for buzzers or hearing loops.
2. Quickly putting right things like broken towel rails or the lack of a socket or flaking paint.
3. Facilitating older people to make themselves hot drinks whilst in hospital. We recognise that those individuals with dementia are not stimulated by the use of white china and red coloured crockery and coloured hand rails toilet seats etc should be provided.
4. Providing central storage facilities for equipment and mattresses. Assessing storage against the other clinical needs of the ward. Including central storage facilities in new builds
5. Working to provide patients and visitors with a homely environment that promotes wellness. In particular, ABMU recognises the need to ensure that patients and visitors have access to day rooms and outside spaces.
6. Working towards abolishing mixed sex wards accommodation, complying with Welsh Government Policy and ensuring the safety, privacy and dignity for patients.

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

ABMU believes that patients, their families and carers should be given appropriate expectation of good quality care including attention paid to dignity and respect and supported in challenging Healthcare staff at all levels where appropriate expectation is not met. The Patient Experience Unit within ABMU will work with stakeholders including older people to develop material to provide a set of expectations that older people should have when entering our hospitals. This will be based on material available from the RCN and hpc codes of conduct, performance and ethics, the UNISON handbook and the patients association '10 tips' leaflet from their paper 'A Lottery of Care'.

ABMU believes that where appropriate, older people should have access to an advocate to assist them communicate around issues relating to their care. This matter will be taken forward by the Patient Experience Unit.

It is good practice for patients, their carers and relatives to be welcomed on admission to the ward and asked how they would like to be addressed. Relatives should be provided with relevant information within the limits of confidentiality and offered meetings with relevant staff such as Consultant, physiotherapist or social worker. Ward managers/sisters will ensure that all ward staff understand what information may be communicated to relatives and how to provide information and arrange for the ward to have a member of staff who can provide such information available.

Patients will be encouraged to use a 'storyboard' mounted next to their bed on which they can display personal information about their lives to 'humanise' their presence

on the ward. This might contain details about their family, pets or details of their lives.

ABMU recognises that currently, access to communicators for those with hearing impairment is very poor and most wards do not have any resulting in significant difficulty in communicating with deaf or hearing impaired patients. We will take advice from our Audiology departments in committing to provide communications equipment for these patients. ABMU will ensure that the identification of those who are hard of hearing is part of the nursing assessment that takes place on admission. This information will be passed on to the ward the patient moves to. If the patient is hard of hearing a communicator will be provided to the patient (placed on the patient's bedside table) for their entire stay in hospital and a sign displayed to indicate that anyone communicating with the patients needs to use the communicator. Where patients have a hearing aid and if it is not working in spite of a change of battery then this will be taken to audiology for immediate repair or replacement. A patient who is hard of hearing and has never had an assessment will be referred to audiology after making sure that there is no obstructing cerumen. In partnership with voluntary organisations, the Audiology departments will provide regular 'deaf awareness sessions' to ward based staff.

The importance of recording a patient's language choice is acknowledged to be a key component of good communication between staff and patients. Where possible this is recorded at the point of referral and checked as part of the clerking process for inpatients. Where the preferred (or only language) is Welsh, clinical managers strive to ensure that Welsh speaking staff are deployed to such patients where skills sets permit. The Health Board is also hoping to set in place Welsh Language classes for staff to brush up on existing skills and learn basic Welsh. There are also a number of patient that may wish/have to communicate or via sign language or languages other than Welsh or English. ABMU is committed to ensuring that its staff communicate effectively with its patients using Language Line or a suitable alternative. To this end, ABMU will ensure that its Health care professionals are reminded of the importance of effective communication with patients by being mindful of individual linguistic needs and therefore providing a service on this basis. The majority of patient information leaflets are already produced in a bilingual form and the Health Board is seeking to build upon this library to ensure information needs are met.

Although the overwhelming majority of patients within ABMU hospitals use the Since May, 2011, each of ABMU's eight Older Persons Community Mental Health Teams have had a Dementia Service Coordinator who provides immediate contact with patients and relatives as soon as the diagnosis is made, and continues to support them throughout their illness. They offer information and advice; help them find out about local services and offer advice on how to access them

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Giving patients, their families and carers appropriate expectation of good quality care including attention paid to dignity and respect and supported in challenging Healthcare staff where appropriate expectation is not met.

2. The Patient Experience Unit working with stakeholders to develop material to provide a set of expectations that older people should have when entering our hospitals. This will be based on material available from the RCN and hpc codes of conduct, performance and ethics, the UNISON handbook and the patients association '10 tips' leaflet from their paper 'A Lottery of Care'.

3. Where appropriate, giving older people access to an advocate to assist them communicate around issues relating to their care.

4. Spreading good practice such as patients, their carers and relatives to be welcomed on admission and asked how they would like to be addressed.

5. Providing Relatives with relevant information within the limits of confidentiality and offered meetings with relevant staff such as Consultant, physiotherapist or social worker.

6. Ensuring that all ward staff understand what information may be communicated to relatives and how to provide information and arrange for the ward to have a member of staff who can provide such information available.

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

ABMU Health Board recognises the value and importance of listening in many different ways to the voices of patients, carers and the public. Being a large organisation not all of this activity is currently captured and reported. To improve this, ABMU Health Board has a patient experience unit, through which a facilitation approach promotes and supports staff to capture the voice of patients and the public.

This work includes the analysis of individual issues and trends and the development of appropriate actions and feedback mechanisms, to demonstrate how feedback is driving continual improvement. In addition regular presentations and reports are made to the Health Boards Quality and Safety Committee.

The Head of Patient Experience also sits on the Community Health Councils Patient Experience Group and works closely with the ABMU Health Boards planning and

governance teams.

To ensure that this approach is understood by the organisation the public have supported the Health Board to develop and introduce a strategy for Patient Experience and Patient, Public Connections titled “A Positive Experience”.

ABMU Health Board is keen to listen to patients of all ages and in all settings. Recent activity to listen to patients, carers and the public has included:

- Structured directorate, locality, departmental and service experiential surveys including regular ward surveys under metrics and transforming care initiatives
- Patient stories
- Suggestions and comments schemes
- Contact from patients by telephone, e-mail, face to face contact and vie the Health Board’s Web Site.
- Face to face visits to patients the public and staff
- Regular contacts with community groups including proactive talks at meetings and Conferences
- Multi agency “have your say” days
- Established Health Board patient experience involvement groups and local public and patient involvement groups e.g. Professional Development Group in Cardiac services at Morriston Hospital and Patient Experience Group in Palliative care which operates across the Health Board. A new group to oversee patient experience activity, linked to carer issues and dignity and respect is being formed under the chair on a non officer board member will assist in further developing this work.
- In addition complaints and compliments add to the picture that informs continual improvement

Significant achievements recently include :

- 4700+ patients, members of the public and staff shared their experience through survey activity. These have led to the development of appropriate action plans in response to issues raised and feedback techniques developed to demonstrate change and to encourage further comment

  A significant area has been the development of ward metrics surveys to listen to patients and staff and this will be further developed to produce a quarterly cycle of all areas in due course

- 500+ patients, members of the public and staff shared their experience through making a suggestion

- 50+ patients and/or carers shared their stories which were recorded and played at Board and Quality and Safety Committee meetings
- Introduction of a robust monthly reporting model

The HB has established a Stakeholder Reference group with two key appointments to the group – these are representatives for Older People and Carers. The reps feedback key issues to the group and a report is prepared for the Board

Each Locality has a TOPS programme, supported by the Older Persons Consultation Forum and feeds in issues which have been identified Older People and their carers

In seeking to further understand the experience of older people, their families and carers, ABMU Health Board is evaluating the following:

- The linking of experiential survey activity to clinical outcomes through the use of a specialist survey organisation – this also will also increase capacity so larger sample sizes of patient activity can be looked and analysed
- Development of new technology approaches to make it easier for patients of all ages and abilities to be able to share their experience without having to fill in paper forms
- More robust action planning with scrutiny from public groups
- Development of pilot activity to improve reporting of outcomes and improvements to patients and the public. This will follow a similar model to the English “Quality Accounts” model

Challenges to capturing the experience of older people include financial constraints and need to build capacity to develop systems and approaches.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. The linking of experiential survey activity to clinical outcomes through the use of a specialist survey organisation – this also will also increase capacity so larger sample sizes of patient activity can be looked and analysed
2. Development of new technology approaches to make it easier for patients of all ages and abilities to be able to share their experience without having to fill in paper forms
3. More robust action planning with scrutiny from public groups
4. Development of pilot activity to improve reporting of outcomes and improvements to patients and the public. This will follow a similar model to the English “Quality Accounts” model
5. Continuing the programme of Walkrounds involving non-executive officers, with an emphasis on ensuring dignity and care of older people.

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

ABMU Health Board realises that in care of older people, good and poor practice exists as in other services. The Health Board needs to ensure that 'Good Practice' is celebrated rather than being taken for granted. For example, ABMU publishes the results of the Fundamentals of Care Audit and celebrates these at both a Health Board level and also Welsh Government level Where there are wards that have no complaints, low levels of Healthcare Acquired Infections, low sickness absence rates, and good staff retention figures these must be recognised and lessons learned from the good practice implemented across the Health Board.

The Health Board identifies good and emerging practice in a number of ways including :

- National Guidelines/Reviews/Alerts
- Royal College Guidelines/Reviews
- Research and Development
- Clinical and Personal Development
-

The Health Board currently receives information on the quality and safety of the services it delivers in a number of ways. These can be broadly split into :

- Internal Sources, including:
    - Complaints
    - Incidents
    - Claims
    - Compliments
    - Local Audits
    - Patient Satisfaction Surveys
    - Staff Surveys
    - Internal Audits

- External Sources, including:
    - External Audits/ Reviews
    - National Audits

The Health Board has developed a systematic programme aimed at improving the effectiveness, safety and experience of care through the implementation of tried and tested improvement methodologies.

Examples of significant improvements that have been achieved through the implementation of good practice include:

- Reductions in healthcare associated infections
- Reductions in health care acquired pressure ulcers
- Reductions in falls in hospital premises
- Improved outcomes for patients who have suffered strokes
- Improved outcomes for older patients who suffer from a fractured neck of femur
- Improved recovery from surgical operations
- Shorter lengths of stay and quicker discharge of patient to their usual place of residence
- Improved medicines management, particularly around antibiotic prescriptions
- Enhanced community care to allow appropriate patients with certain mental conditions to live in community rather than clinical settings

In order to identify and learn from good practice to bring about improvements in care, the following areas have been identified for further development:

Developing the Will

- Raise awareness of shortfalls
- Develop champions
- Encourage through personal development plans

Developing the Ideas

- Make access to examples of good practice easier
- Further develop links with users and user groups to plan and develop services
- Provide regular feedback on examples of good practice and their effects

Developing the Execution

- Focus on outcomes and measurement
- Develop change management skills
- Promote 1000 Lives improvement methodology

Challenges to implementation include developing the will, where there are competing priorities, inertia, service pressures and financial constraints. ABMU Health Board

realises that we need to utilise available technology effectively and resolve capacity issues.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Raising awareness of where we have failed to deliver high quality care
2. Developing improvement champions
3. Encouraging good practice through personal development plans
4. Making access to examples of good practice easier
5. Further engaging with our staff to emphasise the importance of dignified care.
6. Further developing links with older people and voluntary groups to plan and develop services
7. Providing regular feedback on examples of good practice and their effects
8. Focusing on patient experience, clinical outcomes and measurement
9. Developing change management skills
10. Promoting the 1000 Lives improvement methodology

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

ABMU believes that all staff working with older people should feel valued by the organisation and should have appropriate education, training, skill and time to deliver high quality care. In particular, every ward in which older people are cared for must have staff available with skills to deliver care of patients with dementia and to appropriately assess and manage continence needs.

ABMU considers that there is a need to support staff to achieve higher level qualifications and specialist skills in care of older people and that on every ward there are sufficient numbers of nursing a therapy staff with these specific skills.

The mechanism for ensuring that staff have appropriate skills in dementia care and continence is the Personal Development Review (PDR). The PDR is underpinned by a KSF Post Outline which determines the knowledge and skills required of individuals in their post and results in a Personal Development Plan (PDP). From the data collated, a ward/hospital/organisation training needs analysis will be collated in order to identify the need and to ensure that appropriate steps are taken to address this need via training, development, coaching interventions etc.

To date, engagement in PDRs has been variable across the organisation despite significant training. However, in 2011/12, a key corporate priority will be to ensure that all staff have a PDR with clear objectives and a targeted PDP. With Executive Board commitment and support, PDRs will have a renewed focus with clear standards established to ensure development is focused and aligned to the needs of our organisation, resulting in improved quality & patient care.

Mandatory training compliance is recorded at Directorate and Locality Level and

forms part of the Performance Review Process. In relation to specific training in dignity, dementia and continence care, a Training Needs Analysis for ward staff will be undertaken. ABMU acknowledges its challenge in releasing staff from clinical duties to attend mandatory training.

Within ABMU, dignity and respect as a way of working is already embedded into existing development interventions. As examples, all new staff (clinical and non clinical) receive dignity training as part of our corporate induction programme, the Fundamentals of Care audit tool allows critical analysis of the performance of clinical areas, including dignity in care, the BTEC accredited Principles & Practice in Health Care Delivery Programme for Health Care Support Workers has dignity and respect as a core module, care of the older people is embedded throughout pre and post registration education programmes.

As part of the Director of Nursing's Quality and Safety Framework, compliance against Mandatory Training and Key Standards are already reported on a monthly basis. To augment this, compliance with appraisal, mandatory training and specific training in dementia and continence will be reported to the Director of Nursing and Director of Therapies and Health Science to the Health Board.

ABMU intends to deliver compliance with the recommendations through the following actions :

1. Ensuring that all staff working with older people feel valued by the organisation and have appropriate education, training, skill and time to deliver high quality care.
2. Ensuring that every ward in which older people are cared for has adequate numbers of therapy and nursing staff available with specialist skills in care of older people including care of patients with dementia and to appropriately assess and manage continence needs
3. Ensuring that staff have appropriate skills in dementia care and continence through 100% compliance with the Personal Development Review (PDR).
4. Ensuring that a Training Needs Analysis for ward staff is undertaken to identify the level of training required and how this is best delivered.
5. Ensuring that wherever possible, staff are released from clinical duties to attend mandatory training.
6. Compliance with appraisal, mandatory training and specific training in dementia and continence will be reported by the Director of Nursing and Director of Therapies and Health Science to the Health Board.