

Older People's Commissioner Report (March 2011)

OLDER PEOPLE'S COMMISSIONER FOR WALES
"DIGNIFIED CARE?" : THE EXPERIENCES OF OLDER PEOPLE IN HOSPITAL IN WALES

This Response to the 12 Recommendations should be read in conjunction with the covering letter from the Chief Executive detailing how we are ensuring compliance with the Equality Duty (2011).

Betsi Cadwaladr University Health Board Compliance / Proposed Compliance position at 7th June 2011	Lead Officers Responsible
<p>Recommendation 1: Stronger ward leadership is need to foster a culture of dignity and respect</p> <p>BCUHB has a programme of Ward Sister Development including 2 bespoke (for the Health Board) leadership and management modules. These University-based modules are mandatory for all Senior Ward Sisters and their Deputies. They comply with the recommendations in the All Wales: Free to Lead; Free to Care programme (2009) and provide credits towards a degree. Additional development will include targeted training for Ward Sisters in equality and human rights alongside coaching skills to improve the performance of their teams.</p> <p>The Director of Nursing (DoN) is a member of the All-Wales Free to Lead; Free to Care implementation steering group co-chaired by the Community Health Council (CHC) and the Chief Nursing Officer (CNO). Progress with Free to Lead; Free to Care is reported annually to the Health Board.</p> <p>All wards in BCUHB are part of some or all components of the Transforming Care at the Bedside initiative, and all Wards will be 'Transforming Wards' by July 2012.</p> <p>Plans are in place to introduce a Nursing & Midwifery Management and Leadership Centre – the aim of this is to encompass the leadership modules but also to teach the principles of ward management. Physical space is allocated to this in addition to a 'virtual' and 'pop up' Centre to enable senior nurses from across BCUHB to access training and development in Ward Management and Leadership.</p> <p>Work is completed on the concept of the 'Perfect Ward' and this will be augmented by Ward Sisters mapping out the optimal ward routine at a workshop on 5th July 2011. The product of this workshop will be used as a basis for training.</p> <p>Three short films have been made to cover Intentional Rounding and principles of 'Waste'; the films are</p>	<p>Director of Nursing, Midwifery & Patient Services (DoN)</p>

Older People's Commissioner Report (March 2011)

<p>available on the DoN web-page.</p> <p>BCUHB is a member of the Advisory Board for Nursing and as part of this programme there is a planned session on 19th September 2011 entitled: 'Frontline Accountability' for all Ward Sisters, Matrons and Lead Nurses. This programme will focus on responsibilities for promoting safe, competent and compassionate care through strong leadership and personal accountability.</p> <p>All Ward Sisters and their teams are going through a Dignity in Care Programme: 'Taking Inspiration from Patients' throughout the Health Board with further sessions planned in the Autumn. Dignity in care is a key focus of Ward Sister Meetings with the Director of Nursing and the lead nurses in the organisation.</p> <p>BCUHB will be working with the local authorities to develop a complimentary but unique to BCUHB 'Dignity Charter' during the remainder of 2011.</p> <p>BCUHB has completed the first part of its 'Big Conversation' work as part of the staff engagement strategy. This work has identified the values of BCUHB and respect is one of the top 10 values. A paper is being presented to the Board of Directors on the 23rd June. This will reinforce the values that have been strongly influenced by FREDA principles (Fairness, Respect; Equality; Dignity and Autonomy).</p> <p>As part of the re-organisation of BCUHB's Nursing and Midwifery structures, the post of 'Matron' has been agreed and will be introduced during 2011. The aim of this post is to support the Ward Sister in excellence in bedside, clinical care; to enhance the performance of the Ward Sister and to support the authority of the Ward Sister to enable consistent dignified and respectful care. All areas responsible for the care of older people will have a Matron.</p>	
<p>Recommendations 2 & 12:</p> <p>2. Better knowledge of the needs of older people with dementia is needed together with improved communication, training, support and standards of care.</p> <p><i>and</i></p> <p>12. All those working with older people in hospitals in Wales should have appropriate levels of skill and knowledge.</p> <p>Whilst there are pockets of training in the needs of older people and older people with disabilities and/or dementia across BCUHB, Glyndŵr University, and through funding allocated to Bangor University, this is not consistent or planned. In locality areas, training is provided by Older Persons Liaison Teams on request, but this</p>	<p>Director of Nursing, Midwifery and Patient Services alongside</p>

Older People's Commissioner Report (March 2011)

<p>is not formalised.</p> <p>The Older Persons Liaison Team/Maelor Hospital provide extensive in-reach training to general wards and community hospitals including dementia pathways, challenging behaviour, delirium in addition to one-to-one interventions with cognitively impaired patients.</p> <p>Building on existing good practice across BCUHB and formalising training and staff development is an area that BCUHB will comply with during 2011. The DoN will be the Executive Lead for Professional Nursing alongside the Director of Primary, Community and Mental Health, supported by the Chief of Staffs (Senior Doctors) for the Mental Health Clinical Programme Group (CPG) and Primary, Community & Specialised Medicine. This approach ensures that dementia care is a priority for all areas, and not focussed on Older People's Mental Health Services.</p> <p>Training will include a newly developed equalities and human rights e-learning package. This will be mandatory and The Equality and Human Rights Strategic Forum will receive regular reports on this training.</p> <p>A steering group is established to deliver on the Dementia Plan. This group is multi-disciplinary and multi-agency including expertise from Bangor University (Dementia Services Development Centre Wales, DSDCW), Betsi Cadwaladr Community Health Council (BCCHC), Alzheimer's Society, Patients and Carers and Local Authorities.</p> <p>BCUHB have a senior team including the DoN and Medical Director attending the Chief Nursing Officer's event: 'The Care of People with Dementia in General Hospitals Action Planning Day' on the 29th June 2011.</p> <p>BCUHB has a strong relationship with Bangor University who have expertise in this area. This relationship needs to focus on frontline delivery of high standard and competent care in a co-ordinated and systematic way.</p> <p>The Older People's Commissioner Report has acted as a catalyst to complete and submit a proposal for a Nurse Consultant in Dementia Care to Welsh Government. This post will be supported by 3 Nurse Specialists who will supervise and deliver training and development programmes as well as audit quality improvement outcomes for Older People and their Carers.</p> <p>In partnership with Bangor and Glyndŵr Universities, BCUHB held a curriculum planning day in preparation for a revitalised Adult General Nurse Curriculum commencing in 2012. The new curriculum will include academic preparation to nurse and manage the care of Older People through all conditions as well as developing competency and confidence to nurse Older People with disabilities and/or dementia and to assist and support their carers. This approach will be adapted for nurses who are caring for Older People and Older People with dementia now.</p>	<p>the Director of Primary, Community and Mental Health supported by the Chiefs of Staff for Mental Health and Learning Disabilities & Primary, Community and Specialist Medicine and a steering group</p>
--	--

Older People's Commissioner Report (March 2011)

<p>BCUHB will continue with its' Queen's Nursing Institute Award winning Memory Clinic work and spread this practice across North Wales.</p>	
<p>Recommendation 3: Lack of timely response to continence needs was widely reported and is unacceptable.</p> <p>BCUHB received the UK report on Continence Care from the Royal College of Physicians in September 2010. As a result of this, a paper and action plan was presented to BCUHB's Quality & Safety Committee; an up-date is due in October 2011. The Continence Nurse Specialists and Advisors are under the direction of the Director of Nursing and work closely with the Tissue Viability and Nutrition Nurse Specialists as these areas are inter-related and in doing so, BCUHB is able to focus expert nursing to support fundamental areas of patient care. Compliance with the Toilet needs component of the Fundamentals of Care Assessment (2010) was 95.1% and this will feature in the CNO Report on Fundamentals of Care. A repeat audit of patient view of continence care in April 2011 gave a result of 95.4%. Although these are good scores, anecdotal evidence exists relating to varied application of the All Wales Bowel and Bladder Pathway, the lack of knowledge of the correct products to use and observation of the inappropriate use of pads that indicates that there is still further progress to be made across BCUHB.</p> <p>BCUHB has commenced work to look at a new nurse call system that responds to voice as well as touch and incorporates a movement sensor.</p> <p>Education and training will be a focus for 2011 and BCUHB will be an active member of the All-Wales Group looking at Continence and products directed by the CNO as part of the Free to Lead; Free to Care strategy .</p>	<p>Director of Nursing, Midwifery & Patient Services; Medical Director and Executive Director of Therapies & Health Care Sciences</p>
<p>Recommendation 4: The sharing of patients' personal information in the hearing of others should cease wherever possible.</p> <p>This is a key area for improvement for BCUHB. Feedback from patients (Picker In-patient survey) indicates that answers to the question: 'Not always enough privacy when discussing condition or treatment' are a 'problem score' for BCUHB.</p> <p>Good practice exists in Older People's Mental Health services where patients are seen by the doctor in their bedroom or in a clinical room.</p>	<p>Medical Director supported by Director of Nursing, Midwifery and Patient Services and a Senior</p>

Older People's Commissioner Report (March 2011)

<p>The Executive Lead will be the Medical Director supported by the Director of Nursing for this challenging area. Improvement work is starting on June 14th 2011. A Senior Consultant Physician has been identified to review the conduct of Wards, supported by a team of Ward Sisters. They will develop proposals for improving the Ward Round and in particular, involve Older People in testing alternatives to traditional Bedside communication. Privacy, dignity, care and compassion alongside clear communication between clinicians, patients and their carers are key elements of this work.</p> <p>Plans for the development of Ysbyty Glan Clwyd include a majority of side rooms in the future. In the meantime, where Older People are cared for in bays, we will utilise the outcomes of the Ward Round review to improve care. Improvement will be tested through the repeat of the Picker Survey in September 2011 and through involvement of Older People and their carers in small tests of change at the bedside.</p>	<p>Physician</p>
<p>Recommendation 5: Too many older people are still not being discharged in an effective and timely manner and this needs urgent attention.</p> <p>BCUHB have embraced the Department of Health's 8 High Impact Changes for Nurses & Midwives, and 'Ready to Go' (being prepared for discharge) is one of these. Discharge Liaison Nurse Specialists are now allocated to specific wards for continuity and significant and successful work has been done on predicting the date of discharge and strategies for reducing the length of patient stay through 'Ticket Home' initiatives. There is work to be done however on <i>the process</i> of discharge for Older People, including Continuing Healthcare Assessments and teamwork with social services and the voluntary sector to ensure robust planning, support and to prevent delays. Effective and safe discharge feature in the Healthcare Inspectorate Wales (HIW) report following the Protection of Vulnerable Adults (POVA) inspection.</p> <p>BCUHB has developed and is testing, new nursing documentation and this contains a modernised discharge check-list. Senior nurses agreed on 6th June 2011 that the discharge checklist will be prioritised and ready for roll-out across BCUHB during the summer. The Care Programme Approach (CPA) is used in discharge planning for older people in mental health settings. Older People's Mental Health services also provide discharge questionnaires for their patients.</p> <p>The Picker Survey (2010) has a section entitled: 'Leaving Hospital'; performance in this area was varied for each component in the section; as this provides a patient view of our service, BCUHB are disaggregating the data to</p>	<p>Director of Nursing, Midwifery & Patient Services supported by the Medical Director & Director of Primary, Community and Mental Health</p>

Older People's Commissioner Report (March 2011)

<p>better understand the opinions of Older People. This will allow developments to meet their specific needs. The Older People's Commissioner Report response has necessitated BCUHB to work alongside the Local Authority Older People's Leads in sharing our responses. Partnership work on meeting the needs of older people needs to be strengthened at a senior level in BCUHB; discharge planning is a key area for this work during 2011. The North Wales Intermediate Care Group has developed a North Wales' definition, criteria and principles for Intermediate Care. This group will develop a single point of access and improve care for patients who have rehabilitation potential and to provide alternatives to hospital admission. Hospital Social Workers are actively involved in discharge planning and in the management of wider in-patient issues such as bed management and hospital re-design. In one of the District Hospitals, Hospital Social Workers are allocated to individual wards and are a key part of the multi-disciplinary team, providing consistency for staff and building relationships. Recommendation 5 has been shared with the 6 local authorities in North Wales and we have agreed to focus work on improving discharge planning together, and with the Voluntary Sector.</p>	
<p>Recommendation 6: The appropriate use of volunteers in hospitals needs further development, learning from successful initiatives.</p> <p>BCUHB has a high profile in Wales for developing, implementing and improving the Ward Volunteering Project known as 'The Robins' scheme. The scheme has been subject to an Impact Assessment in partnership with the Wales Council for Voluntary Action (WCVA) and recently won a national award. This successful model of supporting ward staff and patients is now the BCUHB Strategy for Hospital Volunteering. Robins are in place in 2 of 3 District General Hospitals (DGHs) and within the next 6 months they will be widely available in all District Generals on the wards. The Robins compliment the contribution to care and services of the Leagues of Friends and the Women's Royal Voluntary Services and other volunteers in the DGHs and community hospitals. As a result of the Older People's Commissioner report, the Board have agreed to develop volunteer roles to assist with meals and hydration, particularly for frail elderly patients and older people with disabilities and/or dementia. Carers are also being actively encouraged to attend at mealtimes as we have noted that Protected Mealtimes need to be flexible to accommodate carers and patients and not to unintentionally exclude them. BCUHB senior nurses have visited hospitals in England to benchmark approaches to using volunteers at mealtimes and this experience is being utilised to inform the BCUHB approach.</p>	<p>Director of Nursing, Midwifery and Patient Services</p>

Older People's Commissioner Report (March 2011)

Recommendation 7:

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

Following the publication of the Older People's Commissioner Report, a review of staffing levels was undertaken in the adult surgical and medical wards across BCUHB. This review augmented the findings of the Welsh Audit Office Ward Staffing Review (2009) and previous work undertaken in BCUHB to ensure that budgeted staffing matched actual staffing. The DoN has established a new group: 'Nursing and Midwifery Workload and Workforce Planning Group'. This group will provide the Director of Nursing with monthly information on actual staffing and areas of pressure. BCUHB has been proactive in reviewing the findings of the RCN Nurse Staffing Guidelines (2010) and the implications for the nursing workforce.

As part of the re-development of Ysbyty Glan Clwyd, 3 wards have been subject to a patient acuity and dependency review by a Consultant with expertise in this area. This approach has significant potential to inform the nursing requirements for North Wales, particularly for the Care of Older People in the context of an ageing population and complex care. Further development is required to understand the findings and decide whether this approach could be adopted across BCUHB and the mechanism to do this is through the Workforce Group.

Older people with complex care needs and/or dementia may need a higher ratio of staff, and BCUHB has systems in place to arrange 1:1 care if this is required.

Whilst numbers of registered nurses are important, they work as part of the skill-mix and Healthcare Support Workers (average 35% of a general ward skill-mix) are expected to work to their Code of Conduct and competencies supported by training and development. This approach is well-developed in BCUHB with partnership with local Further Education Colleges and the Open University. Care and compassion and responsibilities for dignity in care are part of their training.

Clinical Nurse Specialists make a significant contribution to the nursing care of older people and older people with disabilities and/or dementia through their expertise in specific areas of care and application of this expertise to the ageing process.

BCUHB has also invested time into looking at what nurses do when they are on duty. Each ward commencing the Transforming Care Initiative has an 'Activity follow' to observe and measure the time registered nurses spend at the bedside. Percentages vary greatly from 35% to 65% on the first follow through and the project aims for at least 70% of a registered nurses time to be spent in direct care. All wards will have gone through this analysis by July 2012. Improved patient satisfaction and staff satisfaction are also outcome measures for the

Director of Nursing,
Midwifery & Patient
Services as
professional lead;
Chiefs of Staff as
operational leads
supported by the
Associate Chiefs of
Staff for Nursing and
Midwifery

Older People's Commissioner Report (March 2011)

<p>initiative. In addition to numbers and what they do on duty, how the ward is organised is also important and therefore the workshop on the 'ward routine' scheduled for July 5th 2011 is significant to inform the work of the Nursing and Midwifery Leadership and Management Centre. All Acute Care Ward rotas are on an electronic system that enables close analysis of the nursing workforce to ensure appropriate use of staff resources and identify 'pressure points'. The DoN is leading on the topic of ward staffing at the next joint meeting with the LHB DoNs and the CNO to determine an All-Wales approach.</p>	
<p>Recommendation 8: Simple and responsive changes to the ward environment can make a big difference.</p> <p>All wards in BCUHB are part of some or all aspects of the Transforming Care at the Bedside initiative. All wards were subject to the 'Well-Organised Ward: WOW' component of the project following the formation of BCUHB in October 2009. There has been a marked improvement in those wards that have a Housekeeper, responsible to the Ward Sister. All Wards have plans in place to introduce this role during the remainder of 2011. During May 2011, the Dementia Services Development Centre Wales (DSDCW) were asked to advise on improving the suitability of a BCUHB's (Ysbyty Gwynedd) ward environment for people with dementia. The report responds directly to the Older People's Commissioner Report and lists both short-term inexpensive changes and Medium-term changes that involve some cost. The report is a template for good practice that all wards caring for Older People could adopt and this approach will link in with BCUHB's Dementia Action Plan. Ward Sisters will lead on this work through the Transforming Care at the Bedside initiative.</p>	<p>Director of Nursing, Midwifery & Patient Services; the Director of Planning; Chiefs of Staff.</p>
<p>Recommendation 9: Effective communication can raise patient expectation and involvement and can improve their hospital experience.</p> <p>Patient scores for communication in the Fundamentals of Care audits were 95.8% in 2010 and 96.3% in April 2011. These scores contrast with the findings of the Picker In-patient survey where 'problem scores' emerged</p>	<p>Medical Director; Director of Nursing,</p>

Older People's Commissioner Report (March 2011)

<p>relating to communication and information in general. Detailed work needs to focus on these very specific aspects of care during 2011 and this has already commenced and includes the implementation of a strategy to better meet the needs of patients with sensory loss.</p> <p>Doctors and nurses in BCUHB have identified ward rounds as an issue. BCUHB has agreed to reconsider the impact of visiting times to enable greater contact between clinicians, patients and their carers. Alongside this are targeted projects as part of the Transforming Care at the Bedside Project and introduction of care bundles that standardise care and ensure that care is explained to patients.</p> <p>The Ward Round project described in section 4 will address communication and these needs to include strategies to improve communication with older people with disabilities as well as dementia.</p> <p>The Ward routine work programme referred to in section 1 includes an expectation that Ward Sisters have a supervisory / supernummary role to enable them to oversee the ward and to be available to patients and carers. The new role of Matron will be highly visible to compliment the role of the ward sister. Ward sisters and the Matron are expected to see each patient in their area everyday and for the Ward Sister and/or Matron to be available at visiting times or by mutually agreed appointment. Posters are on display in BCUHB to show who is in charge and how they may be contacted. The Ward Sisters and Matrons assume role model status for their teams and to establish and meet training needs for staff in terms of communication.</p> <p>BCUHB have looked at the concept of 'This is me Boards', information boards that can be taken into hospital on admission so that nursing staff and teams have access to information about how people are when they are well, their interests, backgrounds and families and friends. We will discuss this with Older People's representatives in North Wales to agree if this could be tested.</p> <p>Pre-operative assessment care teams are picking up older people and those with dementia or disabilities who are undergoing elective surgical procedures to plan care with patients and carers so that expectations are met and communication prior to hospital is optimal. This service also leads on preparation for discharge as part of pre-operative assessment.</p>	<p>Midwifery and Patient Services; Director of Therapies and Health Sciences</p>
<p>Recommendation 10: The experience of older patients, their families and carers should be captured more effectively and used to drive improvements in care.</p> <p>The Picker In-patient survey reflects the priorities and concerns of patients and is based on what is most</p>	<p>Medical Director;</p>

Older People's Commissioner Report (March 2011)

<p>important from the patient's perspective. BCUHB are disaggregating the data (received in May) to re-present the data for people aged 60 and over. This information will be invaluable to inform future developments for Older People. The In-patient survey will be undertaken annually to ensure that care is improving to address priorities and concerns of Older People and their carers. The survey has limitations but provides an opportunity to benchmark against English hospitals and summarises improvements from the previous survey.</p> <p>CPGs are developing local patient satisfaction surveys and these will include age as a monitoring criteria. Through the Transforming Care at the Bedside Initiative, Ward Sisters are developing local satisfaction surveys alongside patient stories to capture the experience of older people, their families and carers.</p> <p>BCUHB is leading the development and implementation of a Carer's Strategy for North Wales in partnership with the 6 Local Authorities.</p> <p>Discussion is at a <u>very early</u> stage with Wirral Age Concern and Age Concern NEW (Wrexham & Flintshire) to investigate the possibility of an 'Older People's Parliament' for North Wales. This concept provides a different approach to working with Older People and gaining their views on our services and how we can improve, as well as one mechanism of meeting our duties to Older Carers. For example, the DoN (Wirral) is called to the 'Parliament' with Local Authority colleagues, to account for improvements and describe service developments and improvements. This could be a mechanism for keeping the Older People's Commissioner recommendations on everyone's agenda and instilling accountability for improvement outside the usual service and professional regulatory processes. BCUHB believes that this approach provides an opportunity for the public sector to engage with older people where individuals share one or more of the protected characteristics.</p> <p>Patient stories are a key part of BCUHB's patient experience agenda and are a regular feature of Board meetings and Improving Service User Experience sub-committees; stories are used to capture vital information for the Ward Sisters development programmes (Section 1) and BCUHB have a system to capture, store and retrieve patient stories with consent.</p> <p>Clinical Executives (Nurse, Doctor and Health Care Professionals) and their teams scrutinise all concerns and compliments each month. As part of our Equality duty, BCUHB is investigating ways of identifying older people in complaints and concerns to enable their experience to inform future developments.</p> <p>BCUHB have agreed to take the work on dignity in care to a different level by focusing on the attributes of Care and Compassion. There is particular expertise on these concepts within BCUHB and a facilitated workshop aimed at developing a driver diagram for Care and Compassion is planned on the 24th June 2011. Patients and carers will be involved in the work and it is intended that the driver diagram will enable BCUHB to develop a</p>	<p>Director of Nursing, Midwifery and Patient Services; Director of Therapies and Health Sciences</p>
--	---

Older People's Commissioner Report (March 2011)

<p>focussed approach to a professionally challenging area. Implementing Putting Things Right provides BCUHB with an improved way of dealing with concerns about health and gathering equality information is a key part of the new approach.</p>	
<p>Recommendation 11: Good practice should be better identified, evaluated and learnt from to bring about improvements in care.</p> <p>The Older People's Commissioner Report has acted as a catalyst to bring ideas for improvements in care forward from all areas within BCUHB. This response presents an overview to the recommendations in the report; Clinical Programme Groups (CPG) caring for adults have completed their specific and local responses at Board of Director level, CPG and at an individual responsibility level. These will be reported on a quarterly basis to the Board of Directors, a predominantly clinical senior leadership team who have pledged to deliver on all of The Older People's Commissioner Report recommendations. BCUHB will ensure that Equality Impact Assessments are carried out in a way that promotes human rights and is aligned to the equality duties as services develop. There is good evidence that the Older People's Commissioner Report has been picked up and acted on at all levels of the organisation.</p> <p>There is scope for BCUHB to host events in partnership with Older People's representatives, their carers, volunteers and local authority partners across North Wales to share good practice. BCUHB has developed an academic strategy to augment its' role as a University Health Board.</p> <p>BCUHB's University status also provides opportunities for research and development for all staff groups to evaluate interventions and disseminate good practice for improvement in both Older People's care and dementia care locally, nationally and internationally. Plans to develop a Faculty of Quality Improvement as part of the University status of BCUHB are developing and will provide an ideal opportunity to bring innovation and quality initiatives together.</p> <p>There is good evidence to demonstrate that an engaged workforce delivers improved patient care outcomes. The Workforce Engagement Strategy has components to engage and involve staff to improve their health and well-being at work and therefore improve their performance and enhance quality of care.</p> <p>The BCUHB Staff Achievement Awards 2010 represented the very best in care for patients and services; these will be developed each year to allow sharing of good practice. Nursing and Midwifery have set a date for their</p>	<p>Medical Director; Director of Nursing, Midwifery and Patient Services; Director of Therapies and Health Sciences; Director of Workforce & Organisational Development; Director of Communications & Governance</p>

Older People's Commissioner Report (March 2011)

<p>Awards on September 2nd 2011 to allow recognition of the 6500 nurses and healthcare support workers in BCUHB.</p>	
---	--

<p>Other mechanisms are in place to share excellence through BCUHB's Annual Report, Notice Boards (Intranet), BCUHB Facebook Site and 'Talk About' our staff news letter. These include reviews of staff who have received NHS Wales Awards and National Awards for their contributions to improving patient care.</p>	
--	--