



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:

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or

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Commissioner's Recommendations and legal requirements

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

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

The Regulations specify a response period of three months from the publication of the Review report. Therefore, these recommendations should be responded to by **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

Setting the Scene

Cardiff and Vale University Health Board (UHB) recognises the importance of developing and delivering services in a way that acknowledges and addresses any physical, psychological, social, cultural, linguistic and spiritual needs and preferences of individuals. Indeed, the Health Board Statement of Intent emphasises its commitment to improving patient experience and states that the organisation will ensure that patients:

- have faith and confidence that they are getting safe, high quality care that optimises patient outcomes;
- are involved meaningfully in their care and that their views are listened to;
- are treated with dignity and respect at all times;
- are confident that issues raised will be managed openly and responsively;
- are proud of their local health services

Delivery of care and services which uphold the standards and values set out by the UHB is everybody's responsibility and central to the business of the UHB. Whilst the recommendation specifically relates to Ward Sisters/Charge Nurses the same principals and ethos is being embedded with the working of the wider multi disciplinary team, including all Therapists and medical staff that work within the wide variety of all clinical areas across the UHB.

At Board level, the Executive Lead for Dignity and Respect has been identified as the Director of Nursing. The Director of Nursing is also the Executive lead for Safeguarding, an agenda which is integral to promoting and maintaining the dignity of vulnerable people. Working collaboratively with the Executive Director of Workforce and Organisational Development, the Director of Nursing is driving the development of a framework which is aimed at ensuring sustainable cultural change across the UHB.

The Independent Member Champion of the Board with responsibilities for driving dignity and respect agenda is Counsellor Dorothy Turner.

What is the Health Board doing to develop and empower staff?

In 2008, the Minister for Health and Social Services issued a report entitled 'Free to Lead Free to Care- Empowering Ward Sisters/Charges Nurses'. The report identified 35 recommendations aimed at clarifying and strengthening the role of the Ward Sister/Charge Nurse, so that the environment in which patient care is delivered is improved. The UHB has delivered a range of activities in response to the recommendations:

- Fundamentals of Care audits with annual reports to Board (twice yearly auditing takes place across the UHB).
- Development of the Ward Sister/Charge Nurse Empowerment Programme.
- Establishment of a Sister/Charge Nurse Forum led by the Executive Director of Nursing.
- Development of the Senior Nurse and Lead Nurse Role and establishment of a Senior/Lead Nurse Forum.

Education and training plays a key part in the way the UHB helps staff to understand the importance of customer care in their relationships at work. This theme is embedded in many of the leadership programmes that are delivered within the organisation for all staff.

Clinical leader development is recognised as critical in developing and embedding a culture which respects the individual. Divisional Nurses and Lead nurses, supported by the Senior Nurses, are central to embedding the culture desired within the UHB. Getting it right first time, every time is a fundamental principle which underpins the clinical development and leadership ethos.

Significant attention has, and continues to be, given to the development of the role of the Ward Sister/Charge Nurse and Community Team Leader, providing them with the knowledge and skills to feel empowered and to demonstrate this through their

leadership style. Sisters/Charge Nurses have access to, and attend, a number of training and development programmes within the UHB which are being delivered through the UHB Learning and Education Department (LED):

- Ward Sister/Charge Nurse development, in line with the requirements set out in 'Free to Lead Free to Care'. The aim of the programme is to provide educational opportunities and support in developing the knowledge and skills needed to undertake the role and responsibilities of this position. In addition it will ensure that those working at this level can evidence their competence to practice and be empowered to effectively carry out their role.

In line with the All-Wales approach the programme themes have been determined as:

Managing ward performance
Managing people and resources
Empowerment

Sisters/Charge Nurses are required to develop a portfolio of evidence to demonstrate compliance with the requirements of the programme. All Sisters/Charge Nurses are required to work towards completion of the portfolio of evidence by January 2012.

- The RCN Clinical Leadership Programme. This programme is aligned to the Fundamentals of Care agenda, making use of Patient Stories and Observations of Care as key components in capturing what it feels like to be a patient in the UHB and using the experience of patients to inform improvement in care delivery. An essential outcome of this programme is the completion of a project aimed at improving healthcare user experience. The projects undertaken reflect comments, concerns and queries raised by healthcare users: story boards, posters on patient property and a training DVD about use of patient stories. This programme has now also been opened up for Therapists further promoting the MDT approach to care.

These programmes are monitored via the Learning Education and Development department, with user feedback and evaluation shaping the programme for future cohorts.

Other programmes in place within the UHB to support staff in the delivery of dignified and respectful services include:

- the 'Communicating with Dignity and Respect' programme aimed at Healthcare Support Workers (this includes all support staff not just nursing staff).
- 'The Managing Difficult Conversations' programme aimed at professionals seeking to enhance their communication skills.
- Safeguarding/Protection of Vulnerable Adults (POVA), delivered to staff across the UHB, including primary care contractor professions.
- Divisional and Directorate Management Team leadership development to

support clinical leaders and managers in their development across a broad range of issues.

- The Achieving Excellence programme, commissioned by the UHB to improve the care of older people.
- Implementation of the Royal College of Nursing (RCN) Dignity Programme.
- Patient and Carer stories provided at the Sister/Charge Nurse Forum to improve awareness of the impact of care. Sessions have also been provided about the important role of the voluntary sector in supporting the delivery of care and support.
- Embedding the Welsh Government Health Care Support Worker Code of Conduct into Job descriptions and eKSF / PDR etc

Managing the Ward

A key role of the Ward Sister/Charge Nurse is to manage the ward: the environment in which care is delivered and the staff who provide care in that environment.

Understanding the resources available, both financial and human, is important for sisters/charge nurses to ensure that staff are deployed effectively to meet the needs of patients.

- **Staffing**

During the last year, all ward establishments have been reviewed in collaboration with Ward Sisters/Charge Nurses to ensure that core staffing establishments and skill mix reflect patient activity and acuity. In addition, an authorisation matrix is in place to ensure that requests for additional temporary staff, based upon identified clinical need, are appropriately assessed and authorised.

A 1:1- Specialising Risk Assessment tool- has also been developed and implemented at ward level to ensure that additional staffing requests to meet the needs of patients requiring higher levels of observation are met. Staffing levels are closely monitored at Ward, Directorate and Divisional level. The use of temporary staff is also monitored weekly by the Director of Nursing. Rosterpro is being implemented within all wards across the UHB, with currently over 4000 nursing staff rostered shifts through this electronic system. Introduction of this system has enabled Ward Sisters/Charge Nurses to be released from rostering activities, which previously took considerable time to complete, enabling them to concentrate on delivery of patient care and supervision of junior staff.

All Sisters/Charge Nurses are fully involved in recruitment processes: from review of each vacancy to selection and induction of new recruits. Sisters and Charge Nurses are also provided with the opportunity to participate in the selection of other staff such as pre-registration nursing and midwifery students applying for the School of Nursing and Midwifery Studies at Cardiff University and housekeeping staff.

Implementation of the Transforming Care programme has also equipped Sisters/Charge Nurses with the essential tools to improve ward management, utilising their leadership skills to eliminate waste and variation from day to day ward activities.

- **Budget Management**

The importance of understanding budgets and managing the resources available at ward/team level is reinforced through the various leadership programmes run for current and aspiring Ward Sisters/Charge Nurses. To further strengthen understanding and confidence in budget management, the UHB Finance Team is currently developing a training programme which can be rolled out to budget holders across the UHB.

Understanding the impact of these development approaches

- **Personal Appraisal and Development Review**

It is recognised that the use of the Personal Appraisal and Development Review (PADR) process will assist Sisters/Charge Nurses in identifying the relevant development needs of staff within their team, as well as identifying the improvements evident in practice. The PADR initiative within the organisation has been reviewed and streamlined and is currently being re-launched. A target of 100% PADR uptake by all staff by March 2012 has been set. Progress with both PADR and education and development is being monitored via the Senior Manager for Nurse Education, with reports provided to the Nursing and Midwifery Board.

Use of an annual Training Needs analysis also ensures that Ward Sisters/Charge Nurses have the opportunity to identify and plan the training requirements for all staff within the nursing team. This approach informs the Nurse/Midwife education commissioning process, ensuring that appropriate post-registration training and development programmes are secured.

- **Monitoring Performance**

A Team Dashboard is currently being developed and rolled out to all ward Sisters/Charge Nurses, which will enable access to staffing information related to establishments, skill mix, appraisal, training etc, as well as clinical information, complaints and compliments relevant to the specific clinical area. The dashboard will enable Ward Sisters/Charge Nurses to identify the impact of implementation of quality and safety initiatives and identify areas which require further attention.

The Fundamentals of Care are audited at least twice a year, with Sisters/Charge Nurses having direct access to the system which enables spot auditing of standards. Action plans are developed locally to improve outcomes, with support from the Corporate Nursing Team to address common themes.

Areas for Action

The UHB has identified a number of areas for action which are intended to improve the care and experiences of older people. A detailed action plan is being developed in collaboration with key partners (Local Authorities, Voluntary Sector, Higher Education Providers, Older People's Forum).

1. The development of a shared care approach to support the care and management of older patients with physical and mental health care needs. (Executive Lead: Director with Operational responsibility).
2. Development of a Frail Elderly Framework. This work will include identifying ways in which the MDT ensures engagement across the wider team of Nursing, Medical Staff (including GPs) Therapists and Social workers ensuring the delivery of an Holistic approach to care. (Executive Lead: Director of Therapies and Clinical Sciences).
3. Timely access to expert advice. The UHB does not currently have a Consultant Nurse for Dementia Care. However, the Consultant Nurse for Older People has a UHB-wide remit, working closely with staff within the Mental Health and Medicine Divisions. Likewise, the Lead for Continence Services also holds a UHB-wide remit providing education and training for staff aimed at improving awareness of bowel and bladder management. (Executive Lead: Director with Operational Responsibility).
4. Roll out Transforming Care Programme to all wards across the UHB in line with the project plan. (Executive Lead: Director of Nursing).
5. Develop and implement a framework which enables the UHB to promote and embed behaviours which demonstrate dignity and respect, placing the concept of "doing what is best for the patient" at the heart of the services we provide (Heart of Gold Campaign). A mechanism to evaluate the impact of such a framework will also be required. (Executive Leads: Director of Workforce and OD and Director of Nursing).

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

Setting the Scene

Responding positively to the needs of people with dementia, their families and carers, is recognised as a priority by the UHB. It has been identified that up to 70% of acute hospital beds are occupied by older people: this is a significant proportion of the patients who are in hospital at any given time. To ensure that patients with dementia receive responsive and effective care wherever they are being treated, it is important that patients with dementia are identified.

What is the UHB doing to improve care for patients with dementia?

Attention is being given to the approaches and initiatives adopted which ensure that staff within the UHB have improved awareness and skills which will enable them to deliver appropriate care, treatment and management for this vulnerable patient group. Activity currently being progressed includes:

- A Dementia care education programme available for all staff within the organisation.
- Liaison with the Alzheimer's Society, delivering training for staff and support for carers.
- Participation in the 1000 Lives Plus collaborative.
- Piloting the "butterfly" scheme – using the patient status at a glance boards to discreetly identify patients with cognitive impairment.
- Establishment of a Dementia Care Steering Group – to develop a dementia care pathway.
- The role and function of the Clinical Nurse Specialist and Nurse Practitioner

workforce is currently under review. The workforce will be mapped against the Post Registration Career Framework, the Community Nursing Strategy for Wales and the Advanced Practice Framework. The aim of the review is to ensure that staff are deployed effectively to support timely and skilled intervention. This approach will enable staff within wards caring for patients with dementia to access expert advice in a timely manner.

- Development of Dementia Care Liaison Nurses. These roles are currently being advertised.
- Collaborative working between the Mental Health Crisis Team and the Locality teams to support care of people with mental health problems in the community.
- A collaborative Dementia Care project (Cardiff localities) in residential settings aimed at improving awareness and care for people with dementia.
- A Dementia Care project worker (Vale locality) working collaboratively with the UHB providing input into residential care settings.
- Provision of training for safeguarding adults- POVA-
- Development of the role of the Designated Lead Manager for POVA within each Division to build capacity and expertise in supporting care for this vulnerable patient group.
- Provision of Deprivation of Liberty (DoLs) training through the joint UHB/Local Authority DoLs Team.
- Access to DoLs Best Interest Assessors through the join UHB/Local Authority team.
- Access to expert advice for staff within the acute hospital setting from senior staff within the Mental Health Division.
- Collaboration with Cardiff University School of Nursing and Midwifery Studies (SoNMS) on the development and delivery of a specific module "Achieving Excellence in the Care of Older People" at level 3 within the BSc Clinical Practice, which includes 4 NSF implementation workshops (one of which focuses on dementia care). These can be accessed as stand alone workshops or module or a module within the BSc Clinical Practice and is a multi-professional course.
- Participation in the National Audit of Dementia Care.
- A working group has been established to progress the Intelligent Targets for Dementia Care with lead representatives from Divisions.
- Implementation of Protected Mealtimes and the Red Tray system to support improved nutritional intake for all vulnerable patients, especially those who require assistance to eat.
- Implementation of the Nutritional Assistant role (e.g. West Wing) to support improved nutritional and fluid intake and engaging fully with the Dietetics/ SALT services at ward level for specific expert advice, training and guidance.
- 1:1 Specialising Risk assessment to support staff in identifying any additional staffing requirements to meet the needs of vulnerable patients and those assessed as requiring additional support to maintain safety due to challenging

behaviour.

- Implementation of the RCN Dignity Programme.
- Collaboration with SOLACE to deliver and support awareness and training for staff, carers and patients.

Areas for Action

1. Explore opportunities for Research and Development (R&D) activities aimed at improving the care and treatment of patients with dementia in the acute hospital setting. (Executive Lead: Medical Director with Director for R&D).
2. Develop links with the Academic Department for Mental Health Research to build upon current activity. (Executive Lead: Medical Director).
3. Aim to influence the new UA document being reviewed across Wales – to determine Domain for Cognitive impairment. This work will be progressed through the national programme group (Wales Government Lead).
4. Introduce the Dementia Care Liaison Nurse role within the UHB (Executive Lead: Director of Nursing).
5. Work with Wales Government to support approaches identified to improve the treatment and experiences of people with dementia in hospital. (Executive Lead: Director of Primary Community and Mental Health Care).
6. Implement and monitor progress against the National Dementia Plan for Wales. (Executive Lead: Director of Primary Community and Mental Health Care).

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

Setting the Scene

Cardiff and Vale UHB Continence Service is a clinically led service which provides an integrated approach to continence management across the organisation, offering care in both community and acute settings. Cardiff and Vale UHB has developed its continence service over the past 10 years in line with the Department of Health recommendations 'Good practice in continence services'. It appointed a Director of Continence Services to manage an integrated service and the Director leads a team of clinical specialist nurses.

The Continence service is involved in the following:

- 17 continence clinics located throughout UHB
- Home visits for house bound patients
- An advisory service for all health professionals / patients and carers
- Specialist investigations / interventions or appropriate referral
- Has forged links to urogynaecology, urology, colorectal team, care of the elderly, neurology and women's health physiotherapy departments
- Structured education programmes linked to the Open College network for all health professionals
- Management and supply of continence pad products with a home delivery service for community patients coordinated through the Joint equipment service and direct electronic ordering.
- Referrals are open but most are received from GPs, Nurses, Consultants and other healthcare professionals

What is the UHB doing to improve continence care?

- Continence management is monitored locally through the Fundamentals of Care audit process and comparatively through the recently published Royal College of Physicians audit (2010).
- Adopted the All Wales Bladder / Bowel Care Pathway as recommended in the NSF as its assessment documentation of choice. Adjustments have been made to this original document to make it more user friendly for acute settings. This document has been piloted and will now be distributed throughout UHB.
- Training in the management of continence is available to registered nursing and midwifery staff, students and independent nursing staff in: Continence Assessment and Promotion, Digital / Rectal examination and catheterisation. These courses are linked to Skills for health competencies and are accredited

by the Open College Network.

- Training is also made available for HCSWs: Continence promotion.
- Training in continence promotion is also available on BSc courses for Community nurses and Practice Nurses
- Training is also available when a new product contract is implemented to assist all staff and patients in the use of these.

(All courses are suitable for community and acute setting staff).

- Piloting of the Catheter bundle on C7 UHW – this has already reduced the number of urinary catheters utilised. Implementation plan being developed in line with 1000 Lives + approach.
- Links into recognised professional groups i.e. Association for Continence Advice, Bladder / Bowel Foundation, S Wales Incontinence Group and All Wales Continence Forum
- Implementation of the all Wales Food and Fluid charts.

Areas for Action

1. Explore any opportunities for research and development into continence care (Executive Lead: Director of Nursing) .
2. Implement and monitor National Guidelines with regards to continence care (Executive Lead: Director of Nursing).
3. Aim to forge links with Independent Sector with regards to continence management especially when product change is due (Executive Leads: Director of Nursing and Director of Primary, Community and Mental Health Services).
4. Disseminate and support implementation of the acute care pathway in line with All Wales Bladder / bowel pathway (Executive Lead: Director of Nursing).
5. Give consideration to the introduction of a Nurse Consultant post for Continence (Executive Lead: Director of Nursing).
6. Set up link nurses across UHB and independent sectors(Executive Leads: Director of Nursing and Director of Primary, Community and Mental Health Services).
7. Raise the profile of continence management by working with the Executive Director of Nursing who, as part of the Welsh Government Free to lead Free to Care Post Implementation Group, will lead the development of a national work plan. (Executive Lead: 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

Setting the Scene

Sharing sensitive information with patients and their relatives has been identified as an area for improvement through the Fundamentals of Care audit. Ensuring that information relating to care, treatment and management is managed in a way which promotes privacy, dignity and respect, in line with current legislation and good practice, is recognised as important within the UHB. In many areas across the UHB ward layout, such as communal areas and bays, proves challenging in the management of privacy when communicating with patients. The ward refurbishment programme is taking this into consideration, whilst new build is increasing the number of single rooms and facilities available, which enable the exchange of information with privacy.

The Medical Director is the Executive Lead for Information Governance and acts as the UHB Caldicott Guardian. Policies and procedures are in place to support staff compliance with relevant legislation.

What is the UHB doing to improve privacy and the sharing of information?

- A scoping exercise has been undertaken across the UHB to identify facilities which can be made available as quiet rooms. 20 quiet rooms have been identified to date to be used for private consultations/breaking bad news/bereavement. These areas are being refurbished utilising funding received via charitable funds committee. It is proposed that this approach will be developed and rolled out further across the UHB, subject to on going funding being identified and made available.
- In line with the Single Sex Hospital Accommodation Policy Guidance issued by the Welsh Government, the UHB has developed an action plan which is being progressed within Divisions. Whilst a significant proportion of the action required links directly with the ward refurbishment programme, there are specific day to day operational management responsibilities which sit with Ward Sisters/Charge Nurses, who, as directed within the Ministerial Report 'Free to Lead Free To Care', need to be empowered to manage the clinical

environment to protect healthcare users' dignity and privacy. This includes the allocation of beds within the clinical environment, as well as introduction of low cost/no cost initiatives such as curtain signs and deployment of office space for sensitive/confidential communication with healthcare users. This specific activity is being captured and monitored via the FOC audit process (Standards 1, 2&5).

- Confidentiality is addressed with all new registrants and HCSW through the induction programmes: the Nurse Foundation programme and "Committed to Caring."
- Private Therapy intervention areas available either at ward level and/or within departments to meet individual needs when appropriate / required.

Areas for Action

1. Review current ward round practice and identify ways in which privacy and confidentiality (communication of patient sensitive information) can be improved. (Executive Lead: Medical Director).
2. Roll out the Ward Refurbishment programme, ensuring that areas are provided for staff to provide patients and their relatives with information in privacy. (Executive Lead: Director of Planning).
3. Continue to implement Transforming Care to support the small steps of change process required to enable Ward Sisters/Charge Nurses and other team members to identify opportunities to improve patient privacy. (Executive Lead: Director of Nursing).
4. Monitor progress with local initiatives developed in each ward through the Fundamentals of Care audits. (Executive Lead: Director of Nursing).

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

Setting the scene

Cardiff Council, Vale of Glamorgan Council and Cardiff and the Vale UHB, are committed to the respect and dignity agenda and ensure that this forms the basis of our work with service users and carers. This means actually engaging with, listening and making every effort to take account of the wishes of service users and their carers.

The UHB works effectively with the Cardiff Council and the Vale Council to ensure that there are appropriate arrangements for the effective discharge of services users. Both Cardiff Council and the Vale Council deploy dedicated Social work teams in the major hospitals and has significantly improved the Delayed Transfers of care performance over the last 5 years. There has also been active collaboration in a number of initiatives to improve patient flow. These have included supporting the Transitional Care Unit, deploying additional Social Workers to assist new processes in wards, supporting intermediate care initiatives such as the CELT team and recently re modelling the home care service to provide a rapid access reablement service which supports effective hospital discharge. There are robust performance management arrangements in place between the organisations and there are agreed actions been taken to address the current Delayed Transfer of Care (DToC) issues which are around some transient delays such as Social Work capacity and more enduring issues in respect of the availability of Nursing home and EMI Residential beds at affordable rates prices.

How are partner agencies working together to improve discharge?

A range of activities have been put in place across the UHB, working collaboratively with partner agencies, such as Cardiff and the Vale of Glamorgan Local Authorities, to support improvements in the discharge process:

- Implementation of UHB discharge protocol and Predicted Date of Discharge (PDD) planning (1-20 day discharge protocol now includes strengthened section on involving carers in discharge planning processes).
- Improved compliance with use of clinical work station – complex/simple; fit/Not Medically Fit; Locality
- Role clarity in discharge process
- New nurse rosters and roles: nurse coordinator for early shift – discharge focus and early escalation

- Sister/Charge nurses – leading and driving MDT focus for safe, timely, efficient discharge
- Senior Nurses – daily ward rounds – escalation of complex discharges
- DLNs and SN/LN weekly reviews of complex discharges
- Census data – implementation of census tab for discharge constraints – generate live reports (from end June)
- Ward escalation tool developed (pilot C7,A7,C6 June 2011)
- Improving AM discharges and identification of constraints and agree corrective action (auditing June 2011)
- Patient Status at a Glance Boards (Transforming Care) – PDD
- Forecasting transfers with OPAIC – bed availability
- Improving multiagency working for patients with Learning Disabilities (joint session held May 2011)
- Engagement re effective discharge with Community therapy teams to maximise/ streamline discharge
- Joint working with Caerphilly locality discharge team (team presentation planned end June- fast track access)
- Weekend discharge planning and consultant ward rounds (NB bank holidays)
- Medical Discharge work stream reports into UHB Discharge Steering Group and Medical Division Operational Planning Board
- Super Tuesday – weekly multi agency review of complex discharges, identification of discharge constraints and actions, Quality Assurance of CHC cases pre Friday panel overseen by Nurse Director and Chief Executive.
- Provision of a Locality poster (defining services)
- Fast track protocol for last days of life pathway implemented
- Continuing Health Care (CHC) panel – weekly Friday panel
- Divisional Nurses & Chief Executive –weekly review of trends re discharge constraints
- Discharge planning education is made available to staff across the UHB.

Continuing Health Care education is also hosted within the organisation.

- Hospital based social work provision in UHW and University Hospital Llandough.
- Integrated management arrangements initiated in the Vale Locality (single line management across health and social care team).

Areas for Action

1. Implementation of the Choice Protocol developed in partnership with Cardiff and the Vale Local Authorities. (Executive Lead: Director of Nursing).
2. Monitor effectiveness of discharge arrangements in each ward through implementation of the Ward/Team Dashboard. (Executive Lead: Director with operational responsibility).
3. Identify opportunities for greater collaboration with agencies to support improve patient experience of the discharge process. (Executive Lead: Director with operational responsibility).
4. Contribute to and influence the revision of the Unified Assessment process and development of an All-Wales approach. (Executive Lead: Director of Nursing).
5. Progress the development of an integrated community resource service within the Vale (in partnership with the Vale of Glamorgan Council). (Executive Lead: Director with Operational responsibility).
6. Support the review of Social Work liaison arrangements at Barry Hospital. (Executive Lead: Director with Operational responsibility).
7. Implement the UHB Capacity Plan. (Executive Lead: Director with operational responsibility).
8. Establish and formalise locality based Community Resource Teams. (Executive Lead: Director with Operational responsibility).

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

Setting the scene

The value of a co-ordinated approach to volunteering is recognised within the UHB and, as such, work is being progressed to develop a UHB Volunteering Strategy. Steps have already been taken to enhance current volunteering activities and 'rebranding' of the volunteers already delivering support across the UHB has recently taken place.

The Executive Lead for Volunteering is the Director of Nursing who is supported in delivering this agenda by the Assistant Director of Patient Experience. A Volunteer Co-ordinator is also in post, responsible for the recruitment, training and co-ordination of volunteers.

What is the UHB doing to develop volunteering?

- A UHB Volunteering Strategy is being drafted. It is anticipated that this strategy will be presented for ratification at the Quality & Safety Committee meeting in June 2011.
- The strategy document is underpinned with robust recruitment and training processes to provide assurance to the organisation.
- 'Branding' for Volunteer services has been developed to highlight volunteers/volunteering in the UHB.
- Initial planning commenced for a UHB-wide stakeholder meeting involving third sector and staff side to consider broadening roles of volunteering in the organisation.
- All volunteers are CRB checked and inducted to the UHB. Consideration is being given to how the roles currently delivered via volunteering can be expanded and supported through accredited training.
- Befriending role undertaken in a number of wards by volunteers.

Areas for Action

1. Implement Strategy and Framework (Executive Lead Director of Nursing).
2. Organise stakeholder event incorporating internal and external stakeholders (including hard to reach groups and communities) (Executive Lead: Director of Nursing).
3. Continue to develop partnerships with Third Sector. (Executive Lead: Director of Nursing).
4. Continue to learn from volunteering in health initiatives in other parts of Wales. (Executive Lead: Director of Nursing).

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

Setting the scene

The importance of having staffing levels which reflect patient acuity and dependency, enabling the workforce to deliver care which is safe, effective and efficient, has been well documented over the years. This rationale has underpinned the work undertaken within the UHB.

Work being undertaken for Cardiff and Vale University Health Board and Cardiff and Vale Local Authorities, through the Health Needs Assessment process, is intended to help inform the planning of future health and social care services for older people in both counties. This work will help to inform the staffing requirements and implications for the future. It is supplementary to the Joint Integrated Needs Assessment which supports the ten-year strategy for Cardiff *What Matters*ⁱ and the Vale of Glamorgan Health Needs Assessment which supports their Community Strategy 2011-21. The health Needs Assessment is the first in a series of 3 reports which will examine the following issues:

1. **Trends in demography and morbidities leading to future health and social care needs**, focusing on older people from age 65, and especially those aged 75 and over when needs become more apparent. Trends will be projected in 5-year time bands to 2030.
2. **Trends in care services** from those that enable older people to stay in their own homes, through the range of supported housing schemes, to residential and nursing homes. The health and social care services for older people currently provided in both counties and those that will be required in the future, including sensitive end of life care. Older people's preferences for their care, and National and Welsh Government policy direction in relation to care services in the future.
3. **Identification of evidence-based, realistic opportunities for prevention**. This includes both primary prevention of morbidities leading to the need for care, and interventions such as self-care management and chronic conditions management, which may enable people to remain independent for longer and lessen the need for services even when chronic conditions have developed.

Overall the Health Needs Assessment aims to develop a vision of the future where much of the illness, disability and dependency in older age that can be prevented, is prevented. However alongside this there will also be a range of flexible and responsive services that are tailored to meet the needs of frail older people, enabling them to feel valued and to continue to enjoy life, to the end of their lives.

What is the UHB doing?

- **Nurse Staffing**

During 2010, a considerable amount of work was undertaken by Divisional Nurses, led by the Director of Nursing, to review and set nursing establishments which were considered professionally suitable to meet the core levels of activity and acuity in each clinical area. Now that establishment levels have been set for the nursing team in Medicine Division, Surgery Division (excluding Theatres), Children and Women Division and Specialist Services Division, work is progressing to ensure that the agreed staffing levels are implemented. Work is ongoing to achieve establishment sign off for the Mental Health Division and the Community, Primary Care Division. This work has provided a good foundation from which to implement staffing levels which support the implementation of the recently agreed UHB Capacity Plan.

Arrangements are in place to ensure that staff are recruited or, where appropriate, transferred between clinical areas and inducted according to individual and clinical need. Discussions have also taken place with the School of Nursing and Midwifery Studies (SoNMS), Cardiff University, to ensure that student nurses and midwives nearing the end of their training are made aware of the job opportunities available within the UHB.

Representatives from the UHB are also participating in curriculum planning and review activities with the SoNMS to ensure that nurses are trained,

educated and skilled to work flexibly across the organisation. An integrated approach to workforce planning is recognised as an enabler to achieving a modernised workforce, whilst joint training and education opportunities across professional groups, such as nursing and therapies, will promote shared values.

Staffing metrics are currently being developed for inclusion on the UHB Team dashboard. This will enable Sisters and Charge Nurses to have key staffing information available to them alongside clinical information, which will inform decision-making impacting upon patient outcomes and experience. It is anticipated that the staffing indicators will be available in the next release of the dashboard later this year.

Work associated with the development of a toolkit to inform nurse staffing levels has been commissioned by the Chief Nursing Officer and Director of Nursing Forum. This activity is being progressed by the Assistant Directors of Nursing from each Health Board and Trust in Wales, with the first update report due to be provided at June meeting of the Forum which commissioned the work.

- **Therapy Staffing**

The recently concluded Therapies Review has also included a review of staffing levels within that service. Through the benchmarking approach adopted within the review, it has been identified that any changes to both staffing levels and skill mix within the Therapies staffing arrangements are inextricably linked to length of patient stay in hospital. It is recognised that a whole system approach is needed to enable staffing levels and skill mix to be refined and, as such, further consideration is being given to the next steps to be taken.

Work has been undertaken to maximise the resources available through modernisation, skill mix reviews and this activity continues to take place. There are however opportunities to further develop this across the whole UHB workforce in extended roles, consultant roles, etc.

Staff rotation take place across all therapy services and departments as well as engaging with under and post graduate education.

A rich mix of Health Care Support Worker posts are in situ to support and enable therapists to deliver and maximise patients rehabilitation.

- **Medical Staffing**

From a medical workforce perspective, the Medical Director is leading a review which is currently focusing attention on four specific areas in order to ensure that there are appropriate numbers of medical practitioners with the right skills to meet the needs of the elderly population:

- Consultant job planning – to ensure that the Consultants are deployed

appropriately

- Increased surveillance of appraisal will ensure that training needs are identified and addressed.
- A review of medical staffing (including hospital based GPs) requirements, in line with service changes – with particular reference to the management of the elderly in both community, hospital and intermediate care settings.
- Close working with the deanery to optimise teaching, clinical placement and learning outcomes of junior medical staff.

The progress and outcome of this work is being reported to, and monitored by, the UHB Workforce and OD Committee.

- **Frontline Staff**

Non-clinical, frontline staff represent an important part of the overall UHB workforce. Frontline staff; porters, housekeepers and catering assistants, have a significant impact upon the overall experience and outcome of patient care. Staffing levels for operational, frontline staff are reviewed on a daily basis with monitoring taking place in line with national standards such as the national cleaning standards.

Areas for Action

1. Implementation of the agreed Nurse staffing establishments within each Division. (Executive Lead: Director with Operational Responsibilities).
2. Identify and implement establishments to support the finalised Capacity Plan. (Executive Lead: Director with Operational Responsibilities/Director of Nursing).
3. Increase capacity within the UHB Nurse Bank to enable responsive temporary staffing arrangements to be implemented as required. (Executive Lead: Director of Nursing).
4. Implement Rosterpro across all clinical areas in line with the project plan. Consider implementation of Rosterpro across other staff groups to promote more effective rostering (Executive Lead: Director of Workforce and OD).
5. Support the All-Wales Assistant Directors of Nursing work, commissioned by the Directors of Nurse/Chief Nursing Officer Forum, looking at the development of common approaches to nurse staffing: acuity tools, benchmarking. (Executive Lead: Director of Nursing).
6. Identify opportunities for workforce modernisation which are reflected within the UHB integrated Workforce Planning approach. (Executive Leads: Director

of Workforce and OD, Director of Nursing, Medical Director and Director of Therapies and Health Science).

7. Work with the SoNMS, Cardiff University to ensure that the pre-registration curriculum adequately reflects the care, treatment and management needs of older people. (The UHB currently has representatives on the various working groups developing the new Pre-Registration Nursing and Midwifery curriculum in line with the new NMC standards). (Executive Lead: Director of Nursing in collaboration with the Dean, SoNMS).

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

Setting the Scene

The environment in which care is delivered is made up of two components: the physical layout and fabric of the building and the culture which pervades within it.

What is the UHB doing?

- The UHB has developed an action plan in response to the WG policy guidance on Single Sex Hospital Accommodation. This plan is being implemented within the Divisions and progress is being monitored via the

Quality and Safety Committee. Some aspects of the plan require delivery by the Estates and Capital Asset team, notably the ward refurbishment programme which is facilitating upgrades of bathrooms, toilets and bed areas. The Ward Refurbishment Programme is taking place in both UHW and University Llandough Hospital (UHL). The intended outcome of the ward refurbishment programme is that environments of care will improve opportunities for care to be delivered in a dignified and respectful way.

- Implementation of the 'Single Sex Hospital Accommodation' policy guidance is ensuring that consideration is given to the placement of every patient in each clinical environment, so that patient privacy and dignity are promoted and maintained. A mechanism to monitor implementation of the policy guidance is currently being considered.
- The Transforming Care programme is being implemented across the UHB. This programme provides a systematic approach to improving delivery of care using the National Leadership and Innovation Agency for Healthcare (NLIAH) methodology. The programme empowers the Ward Sisters/Charge Nurses to make improvements within their working environment which reduces waste and promotes effective team working e.g. de-cluttering the environment, introducing a Patient Status at a Glance Board and establishing measurements for improvement specific to the ward. The 'Well Organised Ward' module within the Transforming Care programme brings the environment of care into sharp focus. The roll out and implementation of the Transforming Care programme is continuing in line with the project plan and celebration events are being held to evidence and share the learning and outcomes from individual areas. The aim is for all in-patient wards to have commenced the programme by the end of 2012. Progress of this initiative is being monitored against the agreed implementation plan, with reports being provided for Nursing and Midwifery Board. Links with the Improvement and Innovation team have also recently been established.
- With regard to patient involvement, the Patient Feedback Strategy outlines the processes in place within the Board to capture patient experience and determine levels of healthcare user satisfaction. The evidence gathered and presented as part of the recent review undertaken to inform the development of the Patient Feedback Strategy has helped to identify key themes and establish areas for action at Divisional and Corporate level for the next 12 months and subsequent years to come. The following broad themes identified through the patient experience work undertaken within the UHB to date reflect the strategic direction in relation to dignity and respect: Understanding and Involvement in Care, Provision of A Safe, Supportive Environment and First and Lasting Impressions.
- The UHB has a number of monitoring arrangements in place which include formal auditing processes such as the Hospital Patient Experience (HPE) audits, the Cleaning Standards audit as well as Patient Safety Friday walk-

rounds where the environments of care is usually a prominent feature of the visit. The Healthcare Standard self assessment process (Standards 7 and 12) is also used as a mechanism to monitor progress at both Divisional and Board level.

- Older persons represented at Healthcare Environment Steering Group and have a role as Volunteer auditors regarding the environment with Patient Environment Staff.

Areas for Action

1. Mechanism to enable carers to be represented at the Stakeholder Reference Group, which takes forward early engagement activity regarding service planning, to be developed and implemented. (Executive Lead: Director of Nursing).
2. Feedback from patients, their carers and relatives to be captured through the variety of mechanisms being put in place within the UHB (Realtime feedback, HIPO, Fundamentals of Care user feedback) and utilised to inform changes to clinical environments. (Executive Lead: Director of Nursing).
3. Opportunities to capture and utilise patient/carer stories to inform service change (both local ward based changes and larger service development changes) to be further developed and optimised. Development of a means of evaluating input from patients and carers to be progressed. (Executive Leads: Director of Nursing and Director of Planning).
4. Put in place a mechanism which supports the identification and dissemination of learning, across the UHB, from national reports (Healthcare Inspectorate Wales, Care Quality Commission, etc) (Executive Leads: Director of Nursing, Medical Director and Director of Therapies and Health Science).

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

Setting the Scene

The UHB recognises the importance of healthcare users being fully involved, as partners, in their care. For this to happen, it is acknowledged that healthcare users must be involved in decisions regarding treatment, as well as informing service developments based upon their feedback. This requires clear communication processes, the provision of robust, evidence-based information to enable informed decisions, arrangements being in place to support those who lack capacity and services which are responsive to individual needs.

What is the UHB Doing?

- A Communication Education framework has been developed and is made available for all staff to access. This is run in-house every month. The framework provides differing levels of development including HCSW 'Communicating with dignity and respect' to ensuring that qualified staff are able to develop skills to manage difficult communications.
- The MAGIC Project is being piloted within the UHB involving Paediatric ENT, Head & Neck services, Breast Care and 4 General Practices. This pilot is promoting shared decision-making.
- Recently, the project undertaken in collaboration with RNIB working on wards (via volunteers) has been successfully evaluated. This project involved volunteers providing a systematic education and training programme to nursing staff to support improvements in patient care and experience of their care. Discussions are now taking place to obtain the learning pack from RNIB for use in Learning Education and Development.
- Implementation of EIDO- the electronic, evidence-based information for healthcare users, to support informed decision-making, particularly in respect of surgical interventions. Use of this system is monitored via the Patient Experience Team. Informed decision-making is also captured for monitoring purposes through the Fundamentals of Care Audit (Standards 1, 2&5) and the self assessment process for Healthcare Standards (Standard 18).
- Development of an Information Centre in the concourse at University Hospital Wales (UHW) in collaboration with Macmillan. This initiative is at the planning stage at this time.

- Review and provision of interpreter services (WITS: the All-Wales Interpreter and Translation Services) with information regarding access to the service provided to all clinical areas/teams across the UHB. This service is monitored via the Patient Experience Team supported by the FOC audit process (Standards 1, 2&5), the Healthcare Standards self assessment process (Standard 18) and patient feedback processes, such as HIPO.
- Provision of Advocacy services for patients requiring support to contribute to care planning and treatment decision-making. This service is in line with DoLS and Mental Capacity Act requirements.
- It is recognised that, for some patients, Welsh is their first language. Many come from a Welsh-speaking background and have spoken it as part of their daily lives. The Board has a Welsh Language Scheme which sets out the level of Welsh Language services they will provide for patients in the Cardiff and the Vale area. The Board will ensure that bilingual leaflets, letters, and signs are available to show patients that they are welcome to use their preferred language with us. The Board also encourages staff who have Welsh speaking skills to wear 'iaith gwaith' badges to show patients and the public that they can speak Welsh with them. The new All Wales nursing and midwifery uniform has an embroidered 'tick' identifying staff wearing the uniform as a Welsh speaker.
- It is recognised that good communication is vital to the delivery of quality public services. The Board acknowledges that the barriers which prevent the two-way flow of information between the UHB and its patients, staff, volunteers and others must be addressed. Potential barriers to communication include the language and cultural differences associated with our communities that are becoming increasingly diverse, and the problems faced by people with sensory impairments and other forms of disability. With this in mind, the UHB has produced guidance called "Ensuring Equality through Effective Communication", which provides our workforce with information on communication issues, on the skills and arrangements which will improve communication. Importantly, this guidance sets standards to which we should aspire, and which the UHB will seek to promote across all its services.
- Provision of Equality and Diversity training which reinforces the importance of working effectively with patients, their families and carers.
- Posters and information resources available for staff to support care, treatment and management of patients in the acute hospital setting who have learning disabilities.
- Use of volunteers in ophthalmology to support patient care.
- Use of Dementia Care mapping to evaluate the care received by patients with dementia.

- Use of the 'Getting to Know You' Life books to promote understanding and awareness of the patient as an individual.
- Information leaflets for carers currently under development.
- Carer involvement in discharge is featured in the electronic discharge system and there is improving carer involvement in discharge in some wards. This good practice will be a focus of attention during the coming year.
- Carers support groups linked to Older People's Mental Health wards and Solace.

Areas for Action

1. Implementation of the guidance 'Ensuring Equality through Effective Communication'. (Executive Lead: Director of Workforce and OD).
2. Establishment of a mechanism for evaluating the impact of any training provided within the UHB aimed at improving communication (over and above the monitoring of concerns raised through informal and formal channels). (Executive Lead: Director of Workforce and OD).
3. Review current arrangements and identify opportunities to improve care and services for healthcare users (patients and relatives) with sensory impairment. (Executive Leads: Director of Nursing and Director of Therapies and Health Science).
4. Development of an implementation plan to support the introduction of the Macmillan Information Centre (UHW) (Executive Leads: Director of Nursing/Director of Planning).
5. The UHB has endorsed shared decision-making approach and will consider how the approach can be rolled out across the UHB following the end of the project in March 2012. (Executive Lead: Director of Nursing).
6. Develop an approach which promotes standardisation of carer involvement in key decisions. (Executive Lead: Director of Nursing).

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

Setting the Scene

The Health Board currently uses a range of methods to capture patient experience: formal surveys, patient stories, observation of care and analysis of patient complaints and concerns. These are reported at Board and at Divisional level through the Quality and Safety arrangements. The first carers report and a 'carers story' was taken to Board in June 2011. The Board is also piloting a specific dignity and respect survey 'Two minutes of your time', the content of which is based upon core findings and recommendations within recent dignity reports. Patient Safety Friday walk arounds have been in place within the UHB for over 18 months and provide an invaluable opportunity for Independent Members and Executives to meet and engage directly with frontline staff and patients, receiving views and feedback of what it is like to be a patient or member of staff within the UHB. A number of clinical areas have also established their own patient and carer forums which are contributing to informed decision-making about service change and development.

What is the UHB doing?

- Development of a customer care training and development programme.
- Integration between patient experience and patient safety activities.

- A scoping exercise has been undertaken to identify the many different mechanisms used to gain feedback across the UHB and the health board has agreed a strategy to bring these together to provide Board assurance.
- Utilisation of patient stories, observations of care use of real time patient feedback (SNAP) Health Improvement Patient Outcome Surveys (HIPO).
- Utilisation of Fundamentals of Care user feedback.

Areas for Action

1. Implementation of the Carers' Measures including the Information Strategy (partnership strategy) (Executive Lead: Director of Nursing).
2. Patient panel to be developed to include stakeholders. (Executive Lead: Director of Nursing).
3. Development of internet site to enable capture of patient/user feedback. (Executive Lead: Director of Nursing).

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

Setting the Scene

As a learning organisation, the UHB is committed to ensuring that healthcare users (patients, their families and carers) are at the centre of all that the UHB does: service planning and development, delivery of care and treatment and evaluation of service

provision. Learning lessons from incidents, complaints and patient stories is key and, as such, the mechanisms available for sharing such learning are being strengthened through the quality and safety arrangements in place across the UHB.

What is the UHB doing to support improvements in care?

- All Board and Quality and Safety Committee meetings commence with a patient, carer or staff story which enables the identification of areas of good practice as well as areas for improvement.
- Executive walkabouts and the UHB Patient Safety Friday initiative enable the identification of good practice which, in turn, is shared across the UHB but also identifies areas for improvement.
- Active participation, implementation and roll out of 1000 Lives Plus Programme.
- The UHB has an Innovation and Improvement Team, led by the Director of Innovation and Improvement.
- A Biennial Nursing and Midwifery Conference takes place to promote good practice and innovation in care.
- The 'Carefully Does it' Conference held in March 2011 is an example of the approaches used to demonstrate and share good practice working in partnership with other agencies and organisations.
- The 'Heart of Gold' campaign, being led by the Director of Workforce and OD&T, is an approach aimed at improving dignity and respect not just for patients, their families and carers but also all staff of the UHB. The campaign will build upon the various codes of practice specific to individual staff groups (General Medical Council, Nursing and Midwifery Council, Health Professions Council etc.) and the UHB Dignity and Respect Policy, which outlines the standards expected and the principles of putting patients first. Key pieces of work being progressed during the coming year to improve staff attitudes and communication skills when interacting with healthcare users include the following:
 - The development of a 'Heart of Gold' Education Framework
 - Introduction of the 'Fish programme'
 - Delivery of the 'Communicating with Dignity and Respect' competency based programme
 - Delivery of the 'Effective Communication' skills day
 - Delivery of the 'Managing Difficult Conversations' programme

- Launch of a Staff Recognition event- 'Rewarding Hearts of Gold'

The effectiveness of the above activities will be monitored through a variety of existing mechanisms including:

- The Fundamentals of Care audits
- 1000 Lives plus survey
- Concerns and compliments monitoring
- The Fundamentals of Care audit, undertaken across the UHB, provides a helpful snapshot of good practice initiatives which are being implemented in clinical areas aimed at improving ward environments and promoting dignity. This good practice is being captured centrally by the Corporate Nursing team and an approach to enable sharing across clinical areas is being developed which will be supported by the introduction of the Team Dashboard.
- A Fundamentals of Care group is also being established, led by the Assistant Director of Nursing. This group will be made up of lead representatives from each Division, together with representatives from relevant corporate teams. The group will focus on the consistent delivery of good practice and identify corporate actions which can be implemented to support improvements to practice: in turn these will lead to improved environments of care.
- Implementation of Transforming Care programme and associated celebration events provide an opportunity for the sharing of good practice across the UHB. This work will be showcased at the forthcoming UHB Nursing Conference.
- Establishment of a Matrons/Ward Sister Forum within the OPAIC Directorate to enable the sharing of good practice across the UHB and independent sector. This approach is promoting opportunities for matrons from nursing and residential homes by improving communication across sectors.
- Establishment of Quality and Safety Groups and professional staff forums within Divisions.
- The Nursing and Midwifery Board (NMB), chaired by the Director of Nursing, provides a forum for discussion and shared learning across Divisions. A representative from the SoMNS, Cardiff University attends this forum.
- A number of processes have been implemented to strengthen the review

of complaints, claims and incidents (to be known from April 2011 as concerns). These include the establishment of a shared central electronic file holding location for rapid exchange of 'concerns' related activity. The Chair and Chief Executive review around 10 concerns files weekly, to consider related trends, quality of investigations and responses and any other process related issues. Outcomes from this are fed back to areas as appropriate.

Areas for Action

1. Link audit activity within Divisions to the key priorities and themes emerging from concerns, complaints and litigation (as per NHS Redress). (Executive Leads: Director of Nursing, Medical Director and Director of Therapies and Health Science).
2. Implement the Ward/Team Dashboard in all clinical areas across the UHB. (Executive Leads: Director of Nursing and Director of Innovation and Improvement).
3. Further develop and utilise the feedback from the outcomes of the Fundamentals of Care audits to share good practice across the UHB. (Executive Lead: Director of Nursing).
4. Implement the Hearts of Gold Campaign and monitor effectiveness. (Executive Lead: Director of Workforce and OD).
5. Utilise the improvement methodology associated with 1000 Lives+ to develop and embed sustainable good practice (Executive Lead: Medical Director/Nurse Director).
6. Continue implementation of the various 1000 Lives+ Bundles/collaboratives: Skin Bundle, Urinary Catheter Care Bundle, Hospital Acquired Thrombosis, Peripheral Catheter Care Bundle, Central Catheter Care Bundle. (Executive Lead: Medical Director).
7. Develop and implement a Dignity Code of Practice which promotes core values and behaviours for all staff within the UHB. (Executive Lead: Director of Nursing).

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

Setting the Scene

In January 2010, the UHB endorsed and adopted an Organisational Development Strategy (OD Strategy), which was supported by an action plan. The strategy and action plan reflected the underpinning ethos of the UHB aspiration to be a 'flagship organisation'. The OD Strategy action plan has subsequently been updated and presented at Workforce and OD Committee in February 2011. The action plan is comprehensive, providing a detailed outline of the approach being adopted to deliver significant, sustainable organisational development and change.

What is the UHB doing to ensure that staff have the knowledge and skills to care for older people?

Education, training and development activities are recognised as key in supporting organisational and cultural change and, as such, a range of programmes have been developed and implemented to ensure that staff have the right skills to be able to deliver the right care, in the right place at the right time. The programmes and activities already in place include:

- Implementation of a 1000 Lives + survey for staff across the UHB. The findings of this survey have been presented at WOD Committee and will be used to inform other activities.
- A Training Needs Analysis is already undertaken on an annual basis for nursing and midwifery staff and this approach is being utilised for other staff groups.
- Review and relaunch of the Personal Appraisal and Development Review (PADR) process: delivery of a streamlined approach which promotes a meaningful dialogue and the identification of training and development needs.
- Delivery of learning sets to enable staff to acquire the knowledge and skills to implement the many bundles made available to improve patient care and

outcomes.

- Cardiff and Vale UHB has commissioned Cardiff University to develop the programme “Achieving Excellence with Older People.” This programme has demonstrable outcomes and is inter-professional in its audience and delivery. This has been running successfully since Sept 2009.
- Implementation of the RCN Dignity toolkit.
- Implementation and promotion of the Protected Mealtime Toolkit.
- Development and implementation of the Social Nail Care programme
- Provision of a resource pack for Wards/Teams to support the care, treatment and management of patients with learning disabilities in acute hospital settings.
- Delivery of the RCN Leadership development programme (for nurses and non nurses)
- Delivery of the Empowering Ward Sister/Charge Nurse programme with the introduction of the Portfolio of Evidence.
- Provision of Safeguarding Adults Training and the introduction of a new model for POVA (introduction of the Divisional Designated Lead Manager role).
- Provision of DoLS and Mental Capacity Act Training
- Delivery of the IMPACT Programme for Healthcare Support workers.
- Development of accredited skills based programmes through Agored Cymru for both registered and healthcare support staff.

Areas for Action

1. Monitor implementation of the revised Appraisal Process (Executive Lead: Director of Workforce and OD).
2. Monitor the impact of implementation of the various Fundamentals of Care programmes/initiatives – Protected mealtimes, Dignity toolkit, social nail care- using the FOC audit process. Provide reports to the Board at least annually. (Executive Lead: Director of Nursing).

ⁱCardiff Research Centre. *Cardiff What Matters: 2010-2020 The 10 Year Strategy, Headline Needs Assessment*. 2010.
http://www.cardiff.gov.uk/content.asp?nav=2872,3257,5423,6164&parent_directory_id=2865