



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Dignified care?

The experiences of older people in hospital in Wales

This Review was conducted under Section 3 of the Commissioner for
Older People (Wales) Act 2006

RESPONSE FORM

Response required by 14 June 2011

Please send to:

ask@olderpeoplewales.com

or

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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

Staff in Social Services and BCU have undertaken joint training:

Eg Locality Working, CHC Funding/process, Multi disciplinary working.

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2. Better knowledge of the needs of older people with dementia is needed, together with improved communication, training, support and standards of care

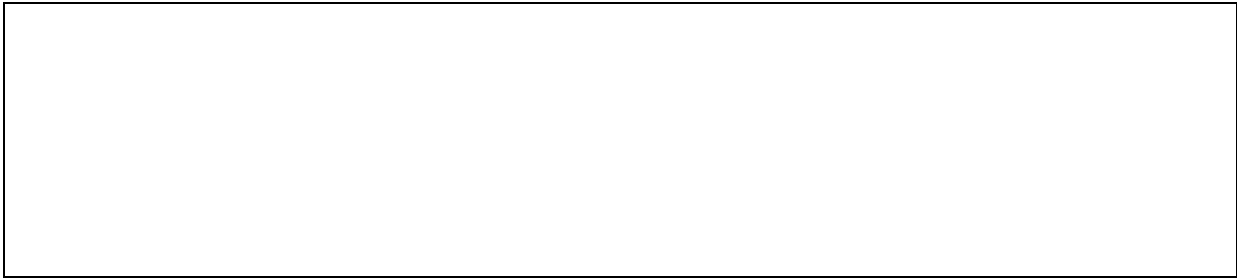
Regular dementia awareness training and skills development should be a requirement for all staff caring for older people. Specialist and skilled multi-disciplinary input needs to be available to support staff to deal more effectively with people with dementia. This should include a Consultant Nurse/Clinical 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

Joint training had been undertaken between staff in BCUHB and Social Services regarding working with people with dementia. Staff attended a 6 day training course, with a number of staff following on with a certificate in Dementia validated by Open College Network

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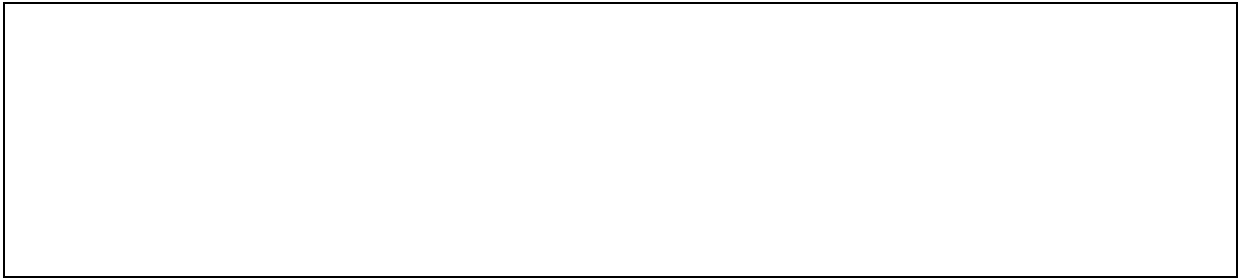


3. Lack of timely response to continence needs was widely reported and is unacceptable.

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

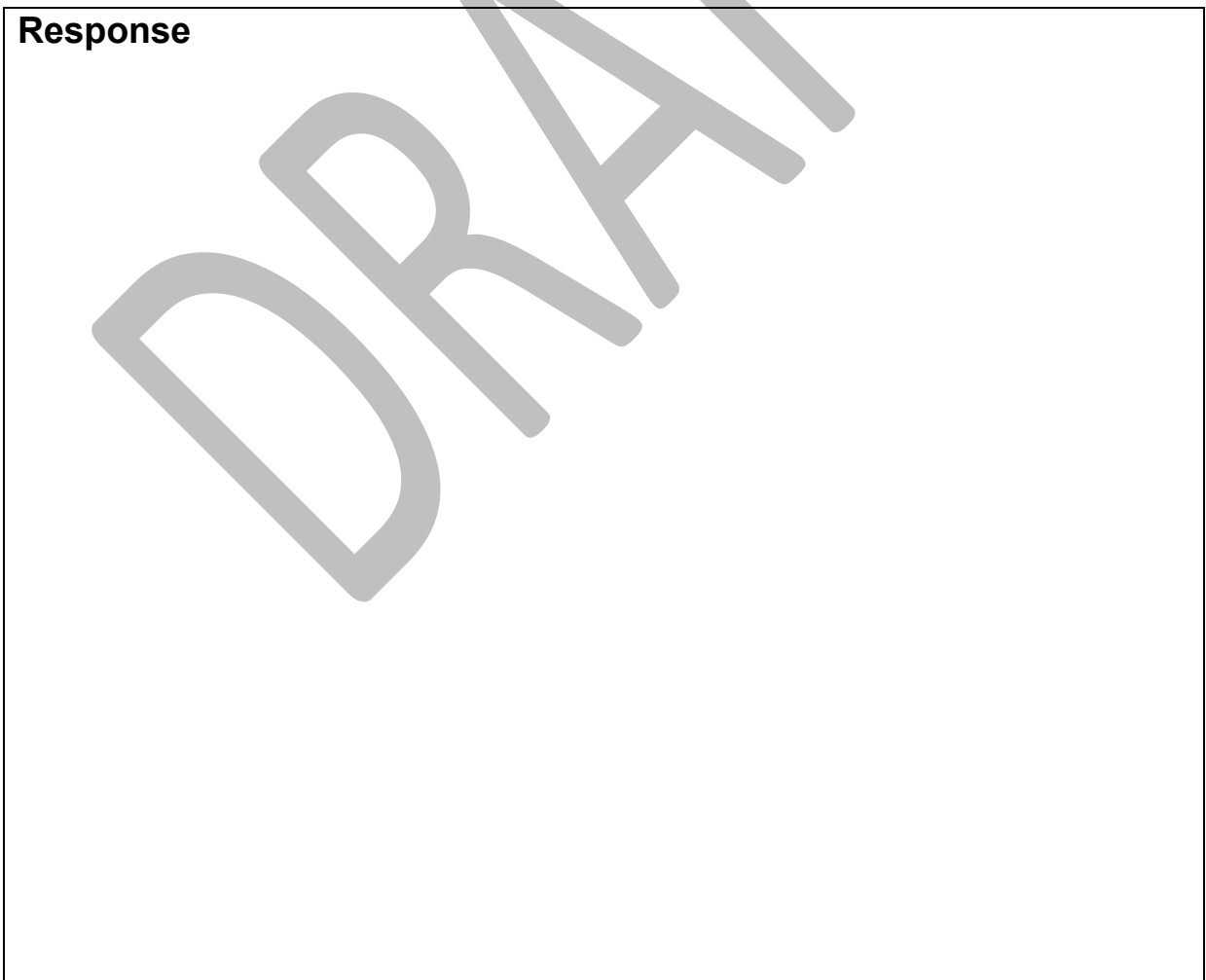
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4. The sharing of patients' personal information in the hearing of others should cease wherever possible.

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



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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

Preventing inappropriate and unnecessary admission into hospital is a priority for Conwy County Borough Council and BCUHB and to this end we have a long established and robust Intermediate Care Team in Conwy whose focus is on preventing admissions and facilitating timely discharge from hospital whilst maintaining/restoring the clients independence.

In Conwy Social Services we are also currently re-modelling our own in-house care provision to focus on reablement and independence.

The Assessment and Discharge Team based at YGC is also focusing on preventing unnecessary admissions. It operates 7 days a week and the Social Worker is an integral part of that MDT and assists the

residents of Conwy Denbighshire and Flintshire.

Two apartments funded by CHC monies have been established jointly between Health and Social Care at one of our newly built Extra Care Housing Schemes in the County. These apartments are available and utilised equally by Health and Social Care staff as a means of ensuring timely discharge from hospital when deemed appropriate and also to avoid unnecessary admission.

Dedicated Hospital Social Workers are based at every main hospital site in the County and their close working relationship with the Discharge Liaison Nurses at those hospitals has been crucial in avoiding DTOC's and ensuring our elderly population are discharged from hospital as quickly and as safely as possible. This is particularly evident at YGC and YG.

The arranging of care package and/or placements on discharge from hospital is not currently an issue in Conwy as we have ample care providers in the Independent Sector in the area and we have never operated a waiting list. Specialist care for dementia clients is also readily available.

We have as a result consistently maintained one of the lowest DTOC numbers in Wales for many years.

The Hospital Social Worker is seen as an integral part of the MDT setting at most of the hospitals and their role in the discharge planning process is recognised. Hospital Social Workers are actively promoting themselves and their role in the discharge process wherever this is not routinely happening.

Social Work staff also participate in weekly "virtual" DTOC meetings with Health colleagues where potential delays are highlighted and immediate actions taken to avoid any unnecessary delays. More formal meetings

also take place between BCUHB and LA staff specifically around DTOC issues.

In two local hospitals daily MDT meetings have been set up on what was perceived to be problematic wards where discharge issues/problems were highlighted. These meetings are proving to be very successful and may now be rolled-out across other wards.

Social Workers are also now attending daily bed meetings with Health colleagues at YGC and YG and their intervention seen as crucial to ensure the smooth and efficient flow of patients out of the acute hospital setting.

The Hospital Social Work Teams in Conwy try when possible to allocate a particular member of staff a particular ward at the hospital. This allows a relationship of trust and understanding to develop in the MDT setting and also provides consistency for ward staff.

The Pre Operative Assessment Clinic (POAC) is a new pilot Project currently underway between Conwy SSD and BCUHB at YGC where planned admissions to a particular ward where potential problems at the discharge stage are highlighted and the Social Worker meet with and discuss their discharge pre-operatively with the client.

To date most of the clients/patients who have taken part have been Older People and the feed-back has been very positive. There is potential to expand this further .

Hospital Social Workers have been actively involved with and have participated in the re-build/design phase of the planned changes at YGC and have suggested a need for specific MDT meeting rooms to be built on every ward to ensure adequate and private meeting spaces and to emphasise the importance of the MDT approach to the patients discharge planning.

The Third Sector's contribution is greatly valued and services such as that provided by the British Red Cross Home from Hospital Scheme assists us all to enable clients with relatively low needs to return home safely. The BRC discharge from hospital service is jointly commissioned by BCU and Conwy Social Services as are other preventative services which help to discharge people quickly and safely from hospital, e.g. Telecare Services. The CIC Start project also goes in to people on completion of the 6 weeks intervention by CICs to ensure people remain at home and do not need re-admission to hospitals.

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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

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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

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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

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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

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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

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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

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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

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