



# DIGNITY PLEDGE TO OUR PATIENTS

*We believe that staff should treat patients the way they would wish to be treated*

- ✓ We will greet patients and visitors in a welcoming and sincere manner.
- ✓ All interventions will be explained to patients while in our care and staff will offer opportunities for further questioning.
- ✓ Patients will be given privacy during treatments or when receiving personal care. 'Care in progress' signs will be used when interventions are being carried out.
- ✓ Patients/relatives will be given privacy during consultation/breaking bad news.
- ✓ We will ensure patients remain properly clothed/covered when in our care or when transferred to other areas.
- ✓ When patients are using toilets/wash facilities internal privacy curtains need to be closed. Care in Progress signs need to be displayed.
- ✓ Ensure toilet/wash facilities have nurse call systems in place to help maintain patient safety.
- ✓ Where possible, ensure ward has designated male and female toilets and wash facilities. Where possible designate wards to have male and female areas. This excludes assisted facilities.

- ✓ We will prevent patient information from being shared inappropriately e.g. stopping telephone conversations being overheard, computer screens being viewed and that white boards have non-identifiable patient information upon them.
- ✓ We will manage visiting times and visitor members to ensure patients are not unduly disturbed by their own or other patients' visitors.
- ✓ We will manage protected meal times ensuring the ward provides a calm environment and patients are not disturbed while eating their meals. Relatives/carers to assist with feeding are welcomed to the ward to support nutrition and hydration for complex or vulnerable patients.
- ✓ We will ensure patients are given the opportunity to cleanse their hands prior to eating their meal.
- ✓ We will ensure patients are in a comfortable position and their bed tables are within easy reach (access to drinks, meals).
- ✓ We will provide assistance to patients who require encouragement and support to eat their meals.
- ✓ We will appropriately and sensitively communicate with patients.
- ✓ We will ensure call bell is within easy reach and patients know how to use it.

## Cwm Taf Health Board - Response to Older People Commissioner's Report *Dignified Care?*

The delivery of this Action Plan will be overseen and monitored by the Older Peoples Champion.  
Progress to recommendations will be scrutinised quarterly by the Quality, Patient Safety and Public Health Committee.

Dignified Care Recommendations	Cross ref to:			Actions planned, by when	Responsible Person/ forum /Lead Executive
	OP NSF	SHS	FOC		
<p><b>1. Stronger ward leadership is needed to foster a culture of dignity and respect:</b> Health Boards 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:</p> <ul style="list-style-type: none"> <li>• necessary clinical leadership skills;</li> <li>• support of specialist consultant nurses especially in dementia care and continence;</li> <li>• knowledge of the correct staff numbers for their ward;</li> <li>• authority to select staff;</li> <li>• authority to ensure that their training needs are met; and</li> <li>• responsibility for regular appraisal of the skills, knowledge and attitude of the ward staff.</li> </ul>	<p>Rooting out Age Discrimination – principle of leadership (more at organisational level)</p> <p>Hospital Care – effective nurse leadership providing support &amp; development for ward managers</p> <p>Supporting Implementati</p>	<p>11</p> <p>2</p> <p>10</p> <p>8</p> <p>26</p>	<p>1,2, 5</p>	<p><b>We fully accept the recommendation and our main outcome is to enforce Older peoples right to dignity as the cultural 'norm'</b></p> <p>➤ <b>Zero tolerance- Staff who demonstrate poor attitude will be promptly and effectively managed.</b></p> <p>(i)All Ward sisters/Charge nurses to have specific guidelines for dealing with staff who have identified attitude problems with an escalation plan to ensure a zero tolerance approach. (ii) All Ward sisters/Charge nurses will be required to produce an action plan demonstrating how they will effectively manage poor attitude of staff working within their areas</p>	<p>Responsible: Free to Lead free to care local group October 2011</p> <p>Responsible: Senior Nurses / Heads of Nursing to agree action plan and review monthly</p>

	<p>on – refers to need for staff competence</p> <p>Person Centred Care – promotes dignity and respect through meeting Fundamentals of Care</p>		<p>(iii) A review of Staff process / procedures to enable prompt effective management of staff Ongoing</p> <p>➤ <b>Ward leadership – all staff must feel able to challenge poor practice</b></p> <p>(i) Action learning sets to assist ward sisters / charge nurses to learn and reflect on practice to ensure they are empowered to challenge and deal with poor attitude / skills of staff. (ii) To embed preceptorship programme and evaluate (iii) Deliver Dignity training days for LHB focus, patient perceptions of care and changing attitudes of staff – ensure zero tolerance. (iv) All Ward sisters/charge nurses are responsible for completing a fundamentals of care action plan in response to the annual audit; to escalate where issues are not resolved in a timely way. (v) All health care support workers to adhere to Code of Conduct for Health Care support workers in Wales. (vi) All staff to be reminded of their professional responsibility to report poor practice</p>	<p>Responsible: Director of Nursing / Director of Workforce and OD Monitored and overseen by Divisional Nurse, Workforce &amp; OD Manager, to discuss professional issues/attitude problems and actions taken at a monthly meeting with the Director of Nursing.</p> <p>Responsible: Heads of Nursing October 2011</p> <p>Responsible :Senior Nurse Education Research and Development. Dec 2011.</p> <p>Responsible: Senior Nurse Standards and fundamentals of care July 2011</p> <p>Responsible: Senior Nurses review monthly with ward teams</p> <p>Responsible: Heads of Nursing December 2011</p> <p>Monitored and overseen by Divisional Integrated Governance groups</p>
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			<p>➤ <b>Embedding the Dignity Pledge to our patients</b></p> <p>(i)The Dignity Pledge must be displayed within all wards and included within all nursing documentation at the bedside</p> <p>(ii)All Staff must adhere to Patient dignity pledge, this will be monitored via “Spot check Dignity Audits”</p> <p>(iii) Dignity “spot check” audits will be undertaken.</p> <p>(iv) Key performance indicators (KPI’s) will be identified specifically linked to dignity and respect.</p> <p>➤ <b>Ensure ward managers are fully conversant with their agreed establishments and skill mix for their cohort of patients</b></p> <p>(i)Rollout of Electronic rostering system across the organisation. The e rostering system provides an efficient solution to rostering and frees up nursing time. It enables the ward manager to plan the ward staffing in relation to the activity on the ward at any given time.</p> <p>(ii) Roll out of Nursing Dashboard Each ward sister/charge nurse will have access to an electronic suite of metrics which aid in the measuring and monitoring of quality of care within the ward area. The metrics will provide valuable information and add to the ability to measure acuity in the ward area on a daily basis which will assist the ward sister charge nurse in providing the optimum staffing levels to provide best care. Dashboard Complete December 2011</p>	<p>Responsible: ward sisters /Charge Nurse – ongoing</p> <p>Responsible: Senior nurses / Heads of Nursing/ Divisional nurses / Directors and Non Executive Directors.- ongoing</p> <p>Responsible: Divisional Nurses October 2011</p> <p>Monitored and overseen by Divisional integrated Governance groups</p> <p>Responsible: Senior Nurse Standards and Fundamentals of care; E-rostering complete December 2012</p>
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				<p>Monitored and overseen by E Rostering Project board</p> <p>➤ <b>“Back to the floor”</b> Senior Nursing staff, Heads of Nursing are participating in an initiative “back to the floor” whereby they work on a shift basis alongside the ward teams to ensure that patients are receiving care of the highest level. If discrepancies are identified these will then be rectified Immediately, sensitively and as close to the patient as possible.</p>	<p>Responsible: Heads of Nursing</p> <p>Monitored and overseen by Director of Nursing and Divisional Nurses</p> <p><b>Executive Lead: Director of Nursing</b></p>
<p><b>2. Better knowledge of the needs of older people with dementia is needed, together with improved communication, training, support and standards of care:</b></p> <p>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. WAG should commission further work exploring the treatment of and experience of people with dementia in hospital, and ways to</p>	<p>Hospital Care – addresses needs of older people with mental health needs, particularly dementia</p> <p>Mental Health in Older People – co-ordination of care between different service settings</p>	<p>18</p> <p>24</p> <p>8</p>	<p>Standard 1,2,3,5</p>	<p><b>We fully accept the recommendation and our main outcome is to educate our staff to be flexible and innovative in their approach to dignified dementia care</b></p> <p>➤ <b>Deliver the 1000 Lives plus Intelligent Targets for Dementia care</b></p> <p>(i) A group is being established to oversee implementation of all the Intelligent Targets and care bundles. (ii) Additional funding to support implementation of the WAG Dementia Strategy will be used for Dementia Care Co-ordinators, who can help with improving the co-ordination of care for people with dementia when they are admitted to hospital. This work will also link into implementation of an action plan to address the findings of a RCP National Dementia Audit. (iii) Dementia Champions will be selected</p>	<p>Responsible: - Divisional nurses – ongoing</p>

<p>improve, building on the National Dementia Action Plan for Wales and the associated 1000 Lives Plus work programme.</p>			<p>from ward staff to ensure ongoing awareness training and monitor standards within ward teams.  (iv) A joint Mental Health Strategy for the Cwm Taf health community is currently being developed and will incorporate older people's mental health.</p> <ul style="list-style-type: none"> <li>➤ <b>Cohort of patients dependant on needs, following success at St Tydfils Hospital</b></li> </ul> <p>(i) Staff in an area identified as operating best practice (St Tydfils hospital) will be working with colleagues in our other community hospital settings to spread the practice of cohort nursing to all community hospitals where patients will benefit.</p> <ul style="list-style-type: none"> <li>➤ <b>Education and awareness training package</b></li> </ul> <p>(i) The education and awareness training package - caring for patients with dementia which has been developed for the graduate foundation programme will be made available to all registered nurses caring for older patients.</p> <ul style="list-style-type: none"> <li>➤ <b>Dysphagia Friendly wards initiative</b></li> </ul> <p>(i) All wards to receive awareness / education training- to attain excellent skills to gain recognition as being "Dysphagia Friendly wards"  Responsible: Lead Speech &amp; Language therapist March 2012</p>	<p>Monitored and overseen by Assistant Medical Director.</p> <p>Responsible: Senior Nurse St Tydfils Hospital, October 2011</p> <p>Responsible: This will be managed and monitored by individual ward managers through annual Personal development review.</p> <p>Monitored and overseen by Senior Nurses Older Peoples Mental Health, October 2011  Senior Nurses Acute and Community Hospitals – Annual review of compliance</p> <p>Responsible: Senior Nurse Standards and Fundamentals of Care. December 2011  Monitored and overseen by Free to lead Free to care local group - ongoing</p>
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				<p>➤ <b>Roll out " This is me" booklet produced by Alzheimer's society</b></p> <p>(i)To be used by all wards to assist with the care of dementia patients, currently being tested on Transforming care wards, within community hospitals.</p>	<p>Responsible: Senior Nurse Standards and Fundamentals of Care. December 2011 Monitored and overseen by Free to lead Free to care local group - ongoing</p> <p><b>Executive Lead: Director of Nursing</b></p>
<p><b>3. Lack of timely response to continence needs was widely reported and is unacceptable:</b> Health Boards 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.</p>	<p>Challenging Dependency – written policy for continence care to ensure continence is promoted and incontinence diagnosed and treated wherever possible (in community).</p> <p>Hospital Care – incontinent patients to be offered assessment to identify the cause and access to specialist services, appropriate</p>	<p>7</p> <p>6</p>	<p>Standard 1,2, 5,11</p>	<p><b>We fully accept the recommendation and our main outcome is for patients to retain a sense of integrity privacy, self-worth and self-confidence irrespective of their continence needs.</b></p> <p>➤ <b>Consultation with Independent Older People's groups across RCT and Merthyr localities</b></p> <p>(i) Actively seek in a sensitive way the ideas and suggestions, the group may have to address continence care and develop services flexibly and appropriately (ii)Continenence services was one of the featured stands providing information and advice at the 50+ event.</p> <p>➤ <b>Zero tolerance to the use of continence products unless essential.</b></p> <p>(i)Steering group to respond to continence care, training, knowledge and skills – embed to patient care (ii) Continenence assessment measurement tool to be developed to assess patient continence needs on admission/ as</p>	<p>Responsible: Health, Social care &amp; Well Being team ongoing Monitored and overseen by Director of Public Health</p> <p>Responsible: Continenence CNS / Locality Head of Nursing</p> <p>Responsible: Nurse Documentation and continence steering group</p>

	treatment and care			<p>condition changes and on discharge to include patient / carer comments</p> <p>(iii) Promote Higher education certificate for Health care support workers- emphasis dignity and respect issues to monitoring fluid and nutritional balance; catheter care; stoma care, nutrition and hydration.</p> <p>(iv) Contribute to Chief Nursing Officer All Wales group “ Continance care for the older person”</p>	<p>Responsible: Health care support worker facilitator</p> <p>Responsible: Senior Nurse representative Monitored and overseen by Director of nursing / Divisional nurses</p> <p><b>Executive Lead: : Director of Primary Care, Community and Mental Health</b></p>
<p><b>4. The sharing of patients’ personal information in the hearing of others should cease wherever possible:</b></p> <p>There needs to be much more focus on the rights of patients, as provided for by the Human Rights Act. It is time to challenge existing practice and to raise people’s expectations of dignity and privacy during their hospital experience. 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.</p>	<p>Person Centred Care – promotes Fundamentals of Care</p>	<p>19</p> <p>2</p> <p>10</p> <p>18</p>	<p>1,2,5</p>	<p><b>We fully accept the recommendation and our main outcome is to have robust policies / guidelines which are adhered to by all staff and to promote innovative methods individual to each ward to ensure there are no breaches.</b></p> <p>➤ <b>Roll out of Patient status at a glance board to all wards as part of Transforming care programme.</b></p> <p>This Board reduces the number of conversations within hearing of others as the information on patient status is provided on the Board using standard / universal codes to prevent breach to patient confidentiality</p> <p>➤ <b>All Wards will be required to develop local guidance to detail how they will manage confidential discussions and the identification of private space</b></p>	<p>Responsible: Senior Nurse Standards and Fundamentals of care December 2011 Monitored and overseen by Free to lead free to care Local group and 1,000 lives work stream group</p> <p>Responsible: Senior Nurse/ Heads of Nursing Monitored and overseen by Free to Lead free to care local group October 2011</p>



				<p>➤ <b>Implementation of Confidential Codes of conduct</b> All staff must adhere to Health Board staff confidential Codes of Conduct</p>	<p>Responsible: Workforce and Organisational Development Department Monitored and overseen by Director of Workforce and Organisational Development</p> <p><b>Executive Lead: Medical Director</b></p>
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<p><b>5. Too many older people are still not being discharged in an effective and timely manner and this needs urgent attention:</b></p> <p>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.</p>	<p>Hospital Care – effective and co-ordinated discharge planning</p> <p>Mental Health in Older People - effective and co-ordinated discharge planning</p>	<p>7</p> <p>18</p>	<p>1,2,4,5</p>	<p><b>We fully accept the recommendation and our main outcome is to work within a culture of early discharge to facilitate maximum benefit and independence in a safe and supportive environment.</b></p> <ul style="list-style-type: none"> <li>➤ <b>Joint working between Health Board and Local Authorities to have robust, effective discharge services that respond to individual patients needs</b></li> </ul> <p>(i)The new Health, Social Care and Wellbeing Strategies for 2011-14 for RCT and MT have as a priority Theme “Improving Services and Joint Working.” Within this Theme, there is reference to the need to develop joint commissioning arrangements with the Local Authorities, building on the work already done in partnership with the Third Sector in RCT and MT to develop a Funding, Commissioning and Procurement Code of Practice for public and third sector organisation</p> <p>(ii) Local Authority continue to evaluate and develop successful initiatives, promote joint working with ward teams to facilitate discharge of patients in a safe and timely manner ensure spread across all localities;</p> <p>Weekly ward level multi-disciplinary discharge planning meetings  Monthly ward level multi-disciplinary meetings  Weekly multi-disciplinary Residential/Nursing placement meetings  A multi-disciplinary Dementia team  Re starting of packages of care for those</p>	<p>Responsible: Local authority locality managers/ Heads of Nursing – Dec 2011  Monitored and overseen by Divisional integrated Governance Groups</p>
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			<p>not requiring additional service without need for further assessment prior to discharge</p> <p>New pathways of care from Royal Glamorgan Hospital to access reablement services and speed up discharge processes</p> <p>Age concern hospital discharge schemes</p> <p>➤ <b>Avoid admitting patients to hospital and manage care within home and Locality services</b></p> <p>(i) Close working and communication with G.P practices to support patients to receive care from outreach services</p> <p>(ii) Implement 1,000 lives plus falls collaborative- prevention of falls in community and to develop / utilise existing services to provide support and treatment to patients who fall.</p> <p>➤ <b>Partnership working with third sector</b></p> <p>(i) Work with third voluntary agencies e.g. WRVS, Age Concern and Alzheimer’s society to expedite patient discharges and support” Hospital ward to Community Schemes” aim to explore using volunteers to support people in their own homes and communities avoiding admission</p>	<p>Responsible: Locality Managers- ongoing Monitored and overseen by Assistant Director of Primary care</p> <p>Responsible: HB falls prevention steering group -ongoing Monitored and overseen by Director of Public Health and 1,000 lives plus work stream group</p> <p>Responsible: Patient Experience Manager and Senior Nurse Fundamentals of care –ongoing. Monitored and overseen by HB volunteer steering group</p> <p><b>Executive lead : Director of Primary Care, Community and Mental Health</b></p>
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<p><b>6. The appropriate use of volunteers in hospitals needs further development, learning from successful initiatives:</b> Health Boards should ensure that their hospitals further develop imaginative volunteer programmes to enhance patient experience, building on existing successful initiatives.</p>	<p>Supporting Implementation – Workforce Planning, Training &amp; Development – promotes the use of volunteers</p>	<p>18</p>	<p>1,2,4,5</p>	<p><b>We fully accept the recommendation and our main outcome is to provide a flexible, innovative and varied approach to reflect the variety of opportunities for working with volunteers to assist with the dignity agenda.</b></p> <p>➤ <b>Development and expansion of volunteer service</b></p> <p>(i) Business case to be finalised for a volunteer co-ordinator Sept 2011  (ii) Aim to develop a volunteer service to include ward volunteers whose role will involve reading to patients, friendly face at the bedside, accompanying patients for x-ray, clinic appointment. Hospital to home support which will also help with discharge planning  (iii) Innovative roles have recently been introduced on Penderyn Ward, St Tydfils, to improve dementia patients experience. This role is to encourage dementia patients to eat/drink, participate in activities, reading to patients etc. This role has been funded by Alzheimer’s society, explore options to spread to other wards. The ward also employs a complementary therapist who supports dementia patients.  (iv) Expand the volunteer service to capture patient experiences of their time in hospital following discharge.</p>	<p>Responsible: Patient Experience Manager and Senior Nurse Fundamentals of care –ongoing. Monitored and overseen by HB volunteer steering group</p> <p><b>Executive Lead Director of nursing</b></p>
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<p><b>7. Staffing levels have to reflect the needs of older people both now and in the future:</b></p> <p>WAG, 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.</p> <p>(It is important to acknowledge that it is not just about staff numbers. Even on some very busy wards, the Panel saw how a positive ward culture can result in better outcomes despite limited staff resources).</p>	<p>Supporting Implementation –</p> <p>Workforce Planning, Training &amp; Development</p>	<p>25</p> <p>26</p> <p>8</p>	<p>1,3</p>	<p><b>We fully accept the recommendation and our main outcome is to ensure that staffing levels are appropriate and staff recognise they are personally responsible for dignity in care</b></p> <p>➤ <b>Staffing levels will be appropriate to meet patient acuity</b></p> <p>(i) Roll out of Transforming care (TC) to all wards -TC wards average improvement to direct patient care time is 19% this equates to 3.6 wte nursing hours per week based on 20 wte nursing hours, benefits to patient care are evidenced by days since results which show continued improvement to reductions to pressure areas developing, patient falls, medication errors, complaints, MRSA and C diff numbers.</p> <p>(ii) HB wide review of establishments to be carried out to determine areas where there may be shortfalls, ensuring correct skill mix to meet patient acuity.</p> <p>(iii) Rollout of Electronic rostering system across the organisation. The e rostering system provides an efficient solution to rostering and frees up nursing time. It enables the ward manager to plan the ward staffing in relation to the activity on the ward at any given time.</p>	<p>Responsible: Senior Nurse Fundamentals of care Dec 2011</p> <p>Monitored and overseen by Free to lead Free to Care local Group and 1,000 lives plus work stream group</p> <p>Responsible: Divisional Nurse</p> <p>Responsible: Senior Nurse Standards and Fundamentals of care; E-rostering complete December 2012  First wards go live August 2011  Monitored and overseen by E rostering project Board</p> <p><b>Executive Lead: Director of Nursing</b></p>
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<p><b>8. Simple and responsive changes to the ward environment can make a big difference:</b></p> <p>The Health Boards 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.</p> <p>The Health Boards 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 that takes account of the principles of good design when refurbishing building hospital facilities. The needs of those with sensory loss or dementia should be central to this process.</p>	<p>Hospital Care – importance of the hospital environment</p>	<p>12</p> <p>5</p>	<p>1,2,3,4,5</p>	<p><b>We fully accept the recommendation and our main outcome is to facilitate ward environments that are less clinical and are more patient friendly and conducive to emotional well being.</b></p> <ul style="list-style-type: none"> <li>➤ <b>All refurbished areas will be designed to support the delivery of dignified care</b></li> </ul> <p>(i)Ward layout has been redesigned with staff and patient involvement. Colour schemes, symbols and numbers are being used together to provide signage.</p> <p>(ii) The Health Board has an increasing number of new hospitals built to the latest design recommendations, Patient experience forums are consulted on designs of refurbished wards and new Hospital Builds.</p> <p>(iii)Prince Charles Hospital has a multi-million pound refurbishment programme to markedly improve the caring environments.</p> <ul style="list-style-type: none"> <li>➤ <b>Promote a culture among staff that is encouraging to patients having personal possessions</b></li> </ul> <p>(i)Enable patients to have personal possessions within ward environments at community hospitals.</p> <p>(ii) Empower staff to make decisions within acute wards to allow patients personal possessions when it is in the best interest of patients.</p>	<p>Responsible; Divisional Nurses/ Planning Monitored and overseen by Director of Planning</p> <p>Responsible: Senior Nurse Heads of Nursing October 2011</p>
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				<ul style="list-style-type: none"> <li>➤ <b>Raise awareness of the needs of the visually impaired within ward environments</b></li> <li>(i) Utilise patient story in training which describes important but simple guidance to caring for the visually impaired person and hard of hearing</li> <li>(ii) Dignity Pledge to be available in Braille</li> </ul>	<p>Responsible: Senior Nurse Fundamentals of care – October 2011 Monitored and overseen by Assistant Director of Nursing</p> <p><b>Executive lead Director of Nursing</b></p>
<p><b>9. Effective communication can raise patient expectation and involvement and can improve their hospital experience:</b></p> <p>The Health Boards 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.</p>	<p>Rooting out Age Discrimination – advocacy</p>	<p>18</p> <p>2</p> <p>10</p>	<p>Standard 1,2, 5</p>	<p><b>We fully accept the recommendation and our main outcome is to Improve ways of communicating with and listening to older people to improve their hospital experience</b></p> <ul style="list-style-type: none"> <li>➤ <b>Initiatives to promote a listening and responsive culture of care</b></li> <li>(i) Roll out " <b>relative rounding</b>" to all wards, relative rounding is when nursing staff approach relatives during visiting times to answer any questions or concerns they may have regarding their loved ones care. Currently being tested within acute Transforming care wards.</li> <li>(ii)The implementation of " <b>Bedside folders</b>" will enable patient and relatives to read in their own time information relevant to their hospital stay and encourage and invite them to ask questions relating to their care.</li> <li>(iii) <b>Nursing documentation</b> has been developed to ensure nursing care is provided in an individualised person centred approach which invites patients / relatives and carers to contribute to their care.</li> <li>(iv)<b>Implementation of WAG Spiritual care standards 1&amp; 2</b> - to all wards to</li> </ul>	<p>Responsible: Senior Nurse Fundamentals of care – Dec 2011 Monitored and overseen by Free to Lead Free to care Local Group.</p>

			<p>provide an opportunity for patient with spiritual, pastoral and religious care to have their needs assessed and addressed. Currently tested on 6 wards.</p> <p>➤ <b>Patient involvement is the fundamental way to listen to our patients</b></p> <p>(i) Plan to recruit more members to patient experience forum and invite members to participate in encouraging patients to comment on their experience of care by visiting wards or patients following discharge</p> <p>(ii) Closer working with Community Health Council members to speak with patients / groups to gain the experience of patients</p> <p>(iii) Promote involvement with community patient groups/ organisations e.g older persons local groups. Open discussion as to how we can do things better?</p> <p>(iv) review “ Have your say” patient comments and feedback to patients when improvements are made this will demonstrate HB is listening to patient concerns.</p> <p>(v) Implement a PPI / Citizen engagement training package offered by Participation Cymru in conjunction with NLIAH, this will assist in raising awareness around the importance and understanding of the citizen engagement process.</p>	<p>Responsible Patient Experience Manager and Senior Nurse Standards and Fundamentals of care July 2011 Monitored and overseen by Volunteer steering group</p> <p><b>Executive Lead: Director of Nursing</b></p>
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<p><b>10. The experience of older patients, their families and carers should be captured more effectively and used to drive improvements in care:</b></p> <p>WAG should lead on, develop and implement a clear, consistent mechanism through which Health Boards will capture and act on the experiences of older patients, including those unable to speak for themselves.</p> <p>This mechanism would allow qualitative data about older people's experience to be captured, understood and used to drive organisational learning and positive change.</p> <p>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.</p> <p>Health Boards 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.</p>	<p>Rooting out Age Discrimination – engagement of older people and using feedback to inform service improvements</p> <p>Person Centred Care – involving older people in their care planning</p>	<p>18</p> <p>5</p> <p>2</p> <p>8</p> <p>18</p> <p>5</p>	<p>1,2,5</p>	<p><b>We fully accept the recommendation and our main outcome is to be an organisation that listens in partnership drives improvements in care</b></p> <ul style="list-style-type: none"> <li>➤ <b>Promote use of patient stories to assist with staff learning.</b> <ul style="list-style-type: none"> <li>(i) Establish Digital patient stories team to assist staff and promote learning</li> <li>(ii) Participate 1,000 lives plus patient story WebEx? sessions</li> </ul> </li> <li>➤ <b>Partnership working with community groups and third sector to assist with obtaining patient feedback</b> <ul style="list-style-type: none"> <li>(i) consultation with community groups to understand how and when best to capture patient feedback?</li> <li>(ii) utilise volunteers / CHC members/ patient experience forums to gather patient feedback</li> </ul> </li> <li>➤ <b>Insist on learning from concerns and complaints</b> <ul style="list-style-type: none"> <li>(i) Complaints team to identify themes / areas of concern scrutiny panel to review and monitor corrective action. Independent Board Member to sit on panel. October 2011</li> <li>➤ <b>Work in progress</b> <ul style="list-style-type: none"> <li>(i) We have recently undertaken a 12 week formal consultation exercise as part of the development of the new Health, Social Care and Wellbeing Strategies. A significant number of responses were made by older people and many comments were made which are similar to</li> </ul> </li> </ul> </li> </ul>	<p>Responsible Patient experience manager and Senior Nurse Fundamentals of Care.- ongoing Monitored and overseen by Patient Experience and Citizen engagement steering group.</p> <p>Responsible Assistant Director for Patient Safety Monitored and overseen by scrutiny panel</p> <p>Responsible Health Social care and wellbeing Manager</p>
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			<p>the issues raised in this Report.</p> <p>(ii)We have embarked on a project, which is already supported by the NHS Centre for Equality &amp; Human Rights, UWIC, the RNID (Wales), and the Wales Council for the Deaf is entitled 'Personalising Healthcare', with a view to identifying, capturing, sharing and demonstrating the key issues for each <u>individual</u> patient, which will significantly improve their experience of healthcare provision. However, this is being progressed <u>in addition to</u> the traditional approaches/expectations, rather than instead of them, and is complying with Research Governance Principles.</p> <p>It is a major project which is initially concentrating on sensory loss issues, in order to subsequently learn from and refine the approach. Additionally, the principle of engagement with service users is in fact a key feature of the project, and consideration is being given by our Equality Forum as to whether the project's principles will become one of the organisation's formal equality objectives, which need to be fully established by April 2012.</p>	<p>Responsible Equality and Diversity Manager</p> <p><b>Executive Lead Director of Primary Care, Community and Mental Health</b></p>
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<p><b>11. Good practice should be better identified, evaluated and learnt from to bring about improvements in care:</b></p> <p>Health Boards, the Trust and staff at ward level need to take responsibility for identifying, sharing, assessing good practice and building their services based on what is shown to work.</p> <p>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. WAG should hold the Health Boards to account for their success in adopting good practice which enhances dignified care, or justifying why they have not done so.</p>	<p>6</p> <p>7</p> <p>6</p> <p>7</p>	<p>1,3</p>	<p><b>We fully accept the recommendation and our main outcome will be to share and spread good practice to ensure that wherever a patient is admitted to hospital they will receive excellent care</b></p> <p>➤ <b>Innovative ways to share good practice</b></p> <p>(i) The Nursing Portal will enable the Sharing of good practice with HB staff and colleagues across Wales  (ii) The HB will promote the 1,000 lives plus learning &amp; sharing improvements in care via road shows  (iii) 1,000 lives plus ambassadors will be appointed to facilitate the spread of learning within HB and across Wales  (iv) Turn around Team is a large scale strategic change programme to tackle improvements in care within a 60 day programme,. Good practice will promote a proactive culture of change and learning.</p> <p>➤ <b>Clinical Leadership will be a key focus area to identify and share good practice</b></p> <p>(i) Multi disciplinary clinical leadership programme will release talent and creativity to question and learn from others May 2011</p>	<p>Responsible Assistant Director Of Nursing June 2011</p> <p>Responsible: Assistant Medical Director July 2011</p> <p>Responsible Turn around Director June 2011 Monitored and overseen by Executive team</p> <p>Responsible Heads of Nursing Monitored and overseen by Free to lead Free to care Local group <b>Executive Lead Director of Nursing</b></p>
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<p><b>12. All those working with older people in hospitals in Wales should have appropriate levels of knowledge and skill:</b></p> <p>WAG, 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. WAG should ensure opportunities for those with high levels of training to specialise through a career framework appropriate for current and future need.</p>	<p>Rooting out Age Discrimination – staff must have the required skills, experience, knowledge and qualities</p> <p>Supporting Implementation – Workforce Planning, Training &amp; Development</p>	<p>24</p> <p>26</p>	<p>Standard 1,3</p>	<p><b>We fully accept the recommendation and our main outcome will be to ensure staff demonstrate compassion and have a knowledge and understanding of the needs of older people within their care.</b></p> <ul style="list-style-type: none"> <li>➤ <b>Staff will have the appropriate levels of knowledge and skills</b></li> </ul> <p>(i)The Graduate Foundation Programme will be further developed to ensure all Nursing staff have the confidence and competence to care for older patients in any care setting. (ii) Staff to identify gaps in knowledge via Knowledge skills framework- performance development plans Responsible Senior Nurses/ Heads of Nursing (iii) Provide information / direction to courses/ training days to gain set of skills and knowledge</p>	<p>Responsible: Senior Nurse Education &amp; Development. Monitored and overseen by; Assistant Director of Nursing Professional regulation Ongoing</p> <p><b>Executive Lead Director of Nursing</b></p>
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**Key:**

**OPNSF**      **Old Person National Service Framework**  
**SHS**        **Standard for Health Service**  
**FOC**        **Fundamentals of Care**