

## DIGNITY ACTION PLAN

	Recommendation	Action	Lead Executive	Lead Officer	By When
1.	<p><b>1. Stronger ward leadership is needed to foster a culture of dignity and respect</b></p> <p>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</p>	<p>1.The Hywel Dda Health Board (HDHB) will develop its organisational culture, and provide leadership at every level and across all disciplines, so that respecting both its patients and its staff and treating them with dignity and respect, lies at the heart of its work: To achieve this</p> <ul style="list-style-type: none"> <li>• each Director has agreed a personal objective specific to promoting dignified care within their sphere of responsibility ;</li> <li>• A ten point 'Dignity Challenge' which has been used in parts of the HDHB previously will be reviewed and approved for use across the whole of the HDHB with the aim that it becomes a 'living mantra' that underpins the expectations of conduct and attitude that we have of staff in every part of our services and for the way in which we deliver all our care and our services;</li> <li>• The OPC report and, subsequently, that Committee or Groups contribution to achieving the recommendations within the report, will be expected to feature as a regular agenda item at all strategic and operational committee meetings to ensure that the contribution of every part of the service to improving dignity in care is maximised</li> <li>• We will ensure that the concept of 'dignified care as the only acceptable care' features explicitly in all HDHB policies and communications, both internal and external, so that the message of what is expected is constantly reinforced to staff and of what can be expected, is reinforced to patients.</li> </ul> <p>2.The Leadership development programmes of the HDHB will be reviewed and redesigned to ensure that the NLIAH led 'Leading for Quality and Improvement' and the Empowering Ward Sisters Development programme requirements are merged into one, academically credited programme that has the provision of dignified care as one of its central</p>	<p><b>All Executive Directors</b></p> <p><b>Directors of Nursing and Midwifery; Medicine and Therapies and Health Science</b></p> <p><b>All Executive Directors</b></p> <p><b>Directors of Corporate Services; Nursing and Midwifery; and Therapies and H; ealth Sciences</b></p> <p><b>Directors of Workforce and OD; Nursing and Midwifery and Therapies and Health Sciences</b></p>	<p>All Executive Directors</p> <p>Assistant Directors of Nursing (Practice) and Therapies and Health Science</p> <p>All Executive Directors</p> <p>Asst Directors of Communications; Nursing (Practice); and Therapies and Health Sciences</p> <p>Asst Directors of Workforce and OD; Nursing (Workforce and Modernisation); and Therapies and Health Sciences</p>	<p>June 31<sup>st</sup> 2011</p> <p>March 31<sup>st</sup> 2012</p> <p>August 1<sup>st</sup> 2011 and ongoing</p> <p>August 1<sup>st</sup> 2011 and ongoing</p> <p>October 1<sup>st</sup> 2011 and ongoing</p>

		<p>objectives; all ward sisters and indeed, all clinical and managerial leaders of whatever discipline will be required to undertake this programme; the outcome from every participant will be a development within their service that is in line with priority organisational objectives, one of which is the provision of dignity in care . This programme will be run on a multi-agency basis to facilitate cross-sector learning</p> <p>3. Specific 'Dignified Care?' workshops led by the Director of Nursing and Midwifery and County Heads of Nursing will be held during the autumn in each county and involving all clinical leaders at all levels across the HDHB. These workshops will explore and make explicit the responsibilities held by all nursing leaders for promoting safe, competent and compassionate care through strong leadership and personal accountability.</p>	<p><b>Directors of Nursing and Midwifery;</b> Therapies and Health Sciences;Medical Director</p>	<p>Asst Directors of Nursing (Practice);Therapies and Health Sciences;Associate Medical Director (Quality and Safety) and County Heads of Nursing</p>	<p>By December 31<sup>st</sup> 2011</p>
2.	<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.</p> <p>The Welsh Assembly Government should commission further work exploring the treatment of and experience of, people with dementia in hospital, and ways to improve,</p>	<p>1. The HDHB will use the All Wales Dementia Care Planning event on June 29<sup>th</sup> 2011 and an internal HDHB Engagement Workshop on July 1<sup>st</sup> to develop an integrated Dementia Care Plan that will aim to deliver</p> <ul style="list-style-type: none"> <li>• An adequate and appropriately skilled workforce at both a general and a specialist level to meet the care needs of people with dementia in our hospitals. This will include close scrutiny of needs for development of specialist or consultant practitioner roles.</li> <li>• An environment of care that is adapted to, and recognises the needs of, a significant number of our patients</li> <li>• Operational systems that readily facilitate the referral to/incorporating the advice of, specialists in dementia care in the care planning for people with dementia</li> <li>• Embedding of the 1000 lives plus dementia collaborative objectives and full compliance with the intelligent targets</li> <li>• Spread to all areas of the many excellent dementia care related initiatives already in place, in pockets, across the HDHB</li> <li>• An individualised approach to the care of patients with dementia using e.g. the 'This is Me' scheme approach proving successful elsewhere</li> </ul>	<p><b>Director of Therapies and Health Science</b> supported by Directors of Primary, Community and Mental Health; Nursing and Midwifery; Workforce and OD; and Medical Director</p>	<p>Asst Directors of Therapies and Health Science; Mental Health and Learning Disability; Workforce and OD and Nursing (Practice)</p>	<p>August 2011 and ongoing</p>

	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.	<ul style="list-style-type: none"> <li>• Development of a training and education strategy to address the skills deficits amongst both registered and support staff across all disciplines. This will range from access to specifically designed, specialist academic programmes to short, work- based training sessions.</li> <li>• Prioritisation of/ planning for all recommendations arising from the National Dementia Audit</li> </ul>			
3.	<p><b>Lack of timely response to continence needs was widely reported and is unacceptable.</b></p> <p>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</p>	1.The HDHB Continence services have recently been drawn together as a single service under one senior nurse manager and will now work together to provide leadership for addressing this recommendation through the development and implementation of a training strategy/programme/the use of continence care related patient stories/simple referral routes/high visibility/integration of their work with that of other related services e.g. Infection prevention and control, tissue viability etc . This work within the HDHB will reflect and fully integrate the work emerging from the Free to Lead Free to Care Post Implementation Steering Group in relation to continence care and will also include a review of the specialist Continence Care workforce within the HDHB to ensure it is fit for purpose to deliver against both Recommendations 1 and 3.	<b>Director of Nursing and Midwifery</b>	Asst Director of Nursing (Practice)/ Community and Primary Care Nurse Manager (Ceredigion)	July 2011 and ongoing
4.	<p><b>The sharing of patients' personal information in the hearing of others should cease wherever possible.</b></p> <p>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>1.The Facilitators of the Transforming Care initiative will ensure, in its reviews of ward environments that due regard to achieving this recommendation is paid in all areas by e.g. the re-designation of an area for private consultations .</p> <p>2.This will be a key recommendation in the paper relating to the principles to be met when creating a 'dignified environment of care' (see Recommendation 8)</p> <p>3.Once agreed by the Health Board, this will influence the future development of ward refurbishments and new builds</p> <p>4. A successful, localised campaign within the HDHB to raise awareness of the importance of this issue – known as the 'EARWIG' initiative (Everyone Always Remember Where Information Goes!) – will be spread across the HDHB during 2011/12</p>	<p><b>Medical Director (Caldicott Guardian)</b>, supported by Directors of Nursing and Midwifery; and Therapies and Health Science</p> <p><b>Director of Corporate Services</b></p>	<p>Asst Director of Nursing (Practice);Therapies and Health Sciences and County Heads of Nursing</p> <p>Asst Directors of Nursing (Practice), Strategic Planning and Development; and Estates and Capital Planning</p> <p>Asst Director of Communications</p>	<p>July 2011 and ongoing</p> <p>September 2011 and ongoing</p> <p>By March 31<sup>st</sup> 2012</p>
5	<b>Too many older people are still</b>	1.The HDHB will continue to work towards achieving	<b>Director of Planning</b>	County	Ongoing

	<p><b>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>fully integrated Health and Social Care teams to improve the prevention of admissions and then, where hospital admission has been unavoidable, seamlessness of discharges in which the patient and/or their carer is an equal partner. The forums to further develop the multi-disciplinary ward teams are in place in all areas and being used effectively to continue this work</p> <p>2. This work will ensure that consideration of the role, and needs, of carers is a key feature of the discharge planning processes. Similarly, closer collaborative working with third sector agencies will continue to be actively developed and extended, in particular in relation to discharge planning</p> <p>3. The availability of suitable care options to meet the needs of all patients on discharge remains a challenge but through the integrated working enabled by the merging health and social care teams, imaginative care options/service provision models are being tested and will continue to be evaluated (including through input from patients) and will be spread more widely if shown to be effective</p> <p>4.The spread of the 'Ticket Home' and 'Pyjamas not prescribed' approaches to facilitating discharge and promoting independence not dependency in hospital; the 'Passing the Baton' toolkit; and Expected Dates of Discharge needs to be hastened as does the coordination and drive at ward level to proactively manage the plans for discharge from the point of admission (or before). This is already underway in all areas but progress will be more actively monitored corporately</p> <p>5.Working with Swansea University, a specifically adapted, academically accredited, multi-agency learning module re effective discharge planning will be prioritised during 2011/12 in order to strengthen the knowledge and expertise within the multi-disciplinary workforce across the HDHB</p>	<p><b>Performance and Delivery</b></p> <p><b>Director of Strategic Partnerships</b></p> <p><b>Directors of Planning Performance and Delivery; and Therapies and Health Sciences</b></p> <p><b>Directors of Nursing and Midwifery;</b> Therapies and Health Sciences and Planning, Performance and Delivery</p> <p><b>Directors of Nursing and Midwifery;</b> Therapies and Health Sciences; and Planning, Performance and Delivery</p>	<p>Directors;Assistant Director of Therapies</p> <p>Head of Strategic Partnerships</p> <p>County Directors; Assistant Director of Therapies</p> <p>Asst Directors of Nursing (Workforce and Modernisation);Therapies and Health Sciences and County Heads of Nursing</p> <p>Asst Directors of Nursing (Workforce and Modernisation);The rapies and Health Sciences and County heads of Nursing</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Dec 2011</p> <p>Ongoing</p>
6	<p><b>The appropriate use of volunteers in hospitals needs further development, learning</b></p>	<p>1. The Big Lottery Fund scheme that the HDHB is coming to the end of its second year of has provided significant momentum to the strategy of the imaginative</p>	<p><b>Director of Corporate Services</b></p>	<p>Asst Director of Corporate Services</p>	<p>Ongoing</p>

	<p><b>from successful initiatives.</b></p> <p>Health Boards and the Trust should ensure that their hospitals further develop imaginative volunteer programmes to enhance patient experience, building on existing successful initiatives.</p>	<p>and effective use of volunteers across the HDHB services. Drawing on learning from elsewhere in Wales, this work will continue into its third year with an exit strategy being developed to ensure that the huge strides made in last 18 months are maintained and built upon. This will include extending the numbers of ward based volunteers (continuing to learn from the successes elsewhere in Wales); specific volunteers to support nutritional care activities; and volunteers to aid visitors to navigate the hospital environment</p>			
7	<p><b>Staffing levels have to reflect the needs of older people both now and in the future</b></p> <p>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.</p>	<p>1. A review of nurse staffing levels and skill mix is taking place in each county across hospital and community services, drawing on the Welsh Audit Office report of 2009 re Nurse Staffing levels and also recognising the importance of the Ward Sister/Manager fulfilling a key leadership/supervisory role for the patients and staff in their care. Each county is at a different stage in this work but all will complete their reviews by end of 2011.</p> <p>2. The nursing and therapy teams are working together across the HDHB in order to explore options to ensure provision of therapy services across 7 days a week thus promoting independence and rehabilitation.</p> <p>3. All teams will be asked to appoint a 'Dignity Champion' from amongst their team members who will have a key role in helping to keep the profile of the 'Dignified Care' agenda high within their work areas.</p>	<p><b>Directors of Nursing and Midwifery;</b> and Planning Performance and Delivery</p> <p><b>Directors of Therapies and Health Science;</b> and Nursing and Midwifery</p> <p><b>All Executive Directors</b></p>	<p>Asst Director of Nursing (Workforce and Modernisation) and County Heads of Nursing</p> <p>Asst Directors of Therapies and Health Science; and Nursing (Workforce and Modernisation)</p> <p>All Assistant Directors and County Directors</p>	<p>Dec 31<sup>st</sup> 2011</p> <p>March 31<sup>st</sup> 2012</p> <p>Sept 30<sup>th</sup> 2011</p>
8	<p><b>Simple and responsive changes to the ward environment can make a big difference</b></p> <p>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.</p> <p>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</p>	<p>1. As part of the Transforming Care initiative being rolled out across every in-patient ward by 2013, all care environments are being reviewed and adapted to enable dignified and efficient care delivery.</p> <p>2. Principle are to be drawn up and agreed at Board level to guide all refurbishment and capital schemes to ensure that the care environment always promotes dignity in care</p> <p>3. An agreed strategic approach to ensuring that the views of patients, including and especially those with sensory loss or dementia are both gathered and taken account of, in care environment planning work, will be developed and implemented in relation to HDHB planning work</p>	<p><b>Director of Nursing and Midwifery</b></p> <p><b>Directors of Planning Performance and Delivery;</b> and Nursing and Midwifery</p> <p><b>Directors of Corporate Services;</b> Nursing and Midwifery; Therapies and Health Sciences and Planning Performance and Delivery</p>	<p>Asst Director of Nursing (Practice) and County Heads of Nursing</p> <p>Asst Directors of Strategic Planning and Development; Estates and Capital Planning and Nursing (Practice)</p> <p>Assistant Directors of Corporate Services, Therapies and Health Sciences; Strategic Planning and Development</p>	<p>July 2011 and ongoing</p> <p>Sept 2011 and ongoing</p> <p>October 2011 and ongoing</p>

	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.			and Nursing (Practice)	
9	<p><b>Effective communication can raise patient expectation and involvement and can improve their hospital experience</b></p> <p>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.</p>	1. A review - and the development of a detailed plan to correct any deficits identified - is to be carried out of the communication support needs of our patients and the effectiveness of our current approaches to meeting them. This will include a review of how we support those requiring translations services; how we might use systems such as E-Rostering to ensure, in particular, that a welsh speaking member of staff is always available to our high numbers of welsh speaking patient; how we meet the needs of those who have sensory loss of any kind; or those who have learning disabilities or mental health or mental capacity impairment	<b>Directors of Corporate Services;</b> Nursing and Midwifery; Therapies and Health Sciences; and Planning Performance and Delivery	Asst Directors of Corporate Services; Nursing (Practice); Quality; Therapies and Health Sciences and County Heads of Nursing	December 31 <sup>st</sup> 2011
10	<p><b>The experience of older patients, their families and carers should be captured more effectively and used to drive improvements in care.</b></p> <p>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</p>	<p>1. Patient Stories will feature more prominently at Health Board committee level as a mechanism to demonstrate the impact of the work of the HDHB on those we are here to serve. The use of patient stories as a tool will also be formally required as a feature of county and clinical service level forums where any review of service/learning from events is part of the Terms of Reference of the forum</p> <p>2. A current county-wide pilot to embed the use of Patient Stories (whether captured via audio or digital means) as a norm underpinning the operational management of one counties clinical services, will be evaluated, refined and spread across the HDHB over the next year</p> <p>3. The Fundamentals of Care Audit findings, including the Patient Experience component, will continue to be presented to the Health Board on a regular basis and the implications of it discussed in detail and recommendations acted upon</p> <p>4. A programme of regular Executive Director patient safety walkabouts is well established in the HDHB and</p>	<p><b>Directors of Corporate Services</b> and Nursing and Midwifery</p> <p><b>Directors of Nursing and Midwifery;</b> and Planning, Performance and Delivery</p> <p><b>Director of Nursing and Midwifery</b></p> <p><b>Directors of Workforce and OD;</b> Nursing and</p>	<p>Asst Director of Corporate Services</p> <p>Asst Director of Nursing (Practice) and County Heads of Nursing</p> <p>Asst Director of Nursing (Practice)</p> <p>Asst Directors of Workforce and OD;</p>	<p>July 2011 and ongoing</p> <p>March 31<sup>st</sup> 2012</p> <p>Dec 31<sup>st</sup> 2011</p> <p>August 31<sup>st</sup> 2011 and ongoing</p>

	<p>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.</p>	<p>will be expanded to ensure that it addresses patient dignity issues specifically. In addition, the Independent member Dignity Champion and the Older Person's NSF Executive lead will undertake unannounced, semi-structured 'Dignity in care' walkabouts in all our hospitals during July and August 2011 to further inform our evolving action plan. 5. The HDHB will strengthen its policies and training and reinforce the development of a culture that enables patients and their advocates to raise their worries as soon as anything starts to cause them concern about the care they or their loved one is receiving and, should things continue to go wrong, we will ensure an ethos of openness and respect in responding to their concerns and that lessons are learnt and actions taken shared and spread across the organisation wherever appropriate</p>	<p>Midwifery; Strategic Partnerships and Independent Member with responsibility for Older People/Dignity Champion</p> <p><b>Directors of Corporate Services;</b> Nursing and Midwifery; and Therapies and Health Sciences; and Medical Director</p>	<p>Therapies and Health Sciences; and Nursing (Practice)</p> <p>Asst Directors of Corporate Services, Quality; and Therapies and Health Sciences; and County Heads of Nursing</p>	<p>March 31<sup>st</sup> 2012 and ongoing</p>
11	<p><b>Good practice should be better identified, evaluated and learnt from to bring about improvements in care.</b> 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.</p>	<p>1. In addition to the examples of good practices seen in the literature and/or picked up from colleagues/conferences/site visits etc, the numerous examples of good practice currently occurring in pockets across the HDHB and which were highlighted from the multi-disciplinary, HDHB-wide Dignity Workshop held in response to the publication of the OPC report, will be incorporated into a 'Spread the Good Practice' action plan that each county management team will be expected to implement during 2011. This will be monitored through the Quality and Safety Committee and through Performance Review mechanisms. To achieve this, where appropriate, we will demonstrate the patient benefit of the proposal and seek to use Charitable Funds where a cost might otherwise cause a delay 2. Communications (internal and external) regarding successful ideas and in particular, successful spread of these initially small initiatives, will be a vital part of the 'spread' plan and will be subject to the development of a specific plan of its own</p>	<p><b>Directors of Nursing and Midwifery;</b> Therapies and Health Science; Performance, Planning and Delivery; Finance; and Medical Director</p> <p><b>Directors of Corporate Services</b> and Nursing and Midwifery</p>	<p>Asst Directors of Quality; Nursing (Practice); Therapies and Health Science; County Heads of Nursing</p> <p>Asst Director of Communications</p>	<p>March 31<sup>st</sup> 2012 and ongoing</p> <p>September 30<sup>th</sup> 2011 and ongoing</p>
12	<p><b>All those working with older people in hospitals in Wales should have appropriate levels</b></p>	<p>1. The development of a specific training programme in relation to Equality and Diversity will be developed and implemented in the HDHB. This will complement the already referenced training priority being given to dementia and</p>	<p><b>Directors of Corporate Services;</b> and Workforce and OD</p>	<p>Asst Directors of Corporate Services and Workforce and OD</p>	<p>September 30<sup>th</sup> 2011 and ongoing</p>

