



**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**

### **Welsh Government Response**

**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.

<b>Body</b>	<b>Recommendations to be responded to in writing</b>
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 <b>jointly</b> 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

Empowering Ward Sisters/Charge Nurse to have a greater authority to manage their wards has been a key feature of work in the last 2 years to drive up standards of care at ward level. The Free to Lead, Free to Care programme, which completed its work in March 2011, has worked with all Health Boards across Wales to implement the 35 recommendations of the original 2008 review. A key driver is to provide the individual Ward Sister/Charge Nurse with the necessary clinical leadership and managerial skills required to manage their ward/staff effectively.

A new Free to Lead, Free to Care Post Implementation Steering Group was established in May to continue overseeing the implementation of the original recommendations and take forward new areas of work, such as the recommendations set out in the Commissioner's report.

One of the recommendation from the original work was that Ward Sister/Charge Nurses were actively involved in the recruitment and selection of their individual ward teams, a recent report indicated that all the Health Board now involve ward sisters/charge nurses in the recruitment of ward staff.

Every ward in Wales now has access to the All Wales Fundamentals of Care Audit tool. This tool enables the ward sister/charge nurse to look at performance and work out action plans where improvements are needed.

All Wales Ward Sister/Charge Nurse development programme is in place. All LHB/Trusts have begun sending people on the programme. Chief Nursing Officer (CNO) will monitor uptake of this programme for existing and aspiring staff.

An all Wales Clinical Leadership Framework is being developed to support improvements in NHS Wales. This has 3 tiers – Directors & Senior Clinical Leaders; Multidisciplinary Teams; and for all staff. This will be issued later this year.

## **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

National Dementia Vision for Wales is in place. It includes provision for the development of training packages and learning resources for staff and carers. The Dementia Service Development Centres in Bangor University and Cardiff are undertaking this work for Welsh Government and will be working across health and social care services. This training is to be provided to the following groups:

- Staff in care homes;
- Staff working with people with dementia and their families in the community, including Telecare staff;
- Staff working with people with dementia in mental health service settings;
- Primary care staff, including General Practitioners;
- Staff encountering people with dementia in a general hospital context;
- Family care-givers

The Welsh Government Book Prescription Wales Scheme has been expanded to include 4 books on dementia, which will provide information on prescription, and this was launched on 2<sup>nd</sup> December. Officials are currently considering, in conjunction with Alzheimer's Society, the development of dementia information packs for issue to patients diagnosed with dementia.

The Welsh Government has recently accepted a grant proposal from the Alzheimer's Society to develop information for distribution to patients in secondary care diagnosed with dementia.

A high level multiprofessional workshop to plan specific actions in each LHB to deliver on care needs of dementia sufferers in medical and surgical wards being held on 29 June 2011. The Older People's Commissioner has been invited to speak at this event.

### **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**

There is in place an All Wales Bladder and Bowel Care Pathway, which was launched in 2006, that staff can use to guide their practice.

A national work programme on improving continence care was agreed in May 2011. This group is chaired by Ruth Walker, Nurse Director Cardiff & Vale UHB, under the auspices of the Free to Lead, Free to Care Post Implementation Steering Group. Work will be supported by the All Wales Continence Advisers Group.

There is continued roll out of Transforming Care to all in-patient settings in Wales – particularly the use of ‘intentional rounding’ to be established as good practice.

There is continued monitoring by Chief Nursing Officer of toileting and continence management via the all Wales Fundamentals of Care Audits.

## **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**

Policy guidance on single sex hospital accommodation requirements was issued to the NHS in August 2010. The policy guidance also reinforces the importance of effective ward management in delivering single-sex accommodation. NHS organisations have provided actions plans setting out how they meet the requirements of this policy.

The guidance requires patient confidentiality to be protected. The guidance recognises that in some cases, curtains are used between beds in single-sex bay accommodation and that the use of curtains alone between beds in single-sex bay accommodation offers limited privacy and does not protect the confidentiality of conversations between patients and staff or visitors. The guidance sets out that in these circumstances, the patient should be asked if they prefer to have discussions about their care in the privacy of a separate room.

The Free to Lead, Free to Care Post Implementation Steering Group will consider what else needs to be done as part of its wider work programme for 2011/12.

## **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.

### **Chronic Conditions Management**

Three Chronic Conditions Management National Demonstrators have been set up to try out and test approaches supporting the CCM Model and Framework, working across organisational and professional boundaries and sharing their ongoing learning with others across Wales. The Three sites, in North Wales, Carmarthenshire and Cardiff have been testing and implementing the core CCM model. Significant learning has been seen around improved care coordination, locality working and better discharge planning and LHBs are responsible for adopting this across the continuum of care.

### **Discharge planning**

Good practice guidance 'Pass the Baton' has been produced by NLIAH and disseminated to NHS Organisations. NLIAH is currently leading a programme of work with service to improve patient flow through services and includes discharge.

'Pass the Baton' is to be included in the pre-registration nursing curriculum in future.

Performance is routinely monitored by Welsh Government and discussed at Executive Board level.

## **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**

*Building Strong Bridges* (2004) research report, commissioned by Welsh Government, supported the evaluation of four volunteering initiatives (Red Cross 'Home from Hospital Scheme', Age Concern's 'Hospital Discharge Scheme', Wales Council for the Blind's volunteer support project at hospital eye clinics and a mental health befriending scheme established by Gofal Cymru). The findings demonstrated evidence that volunteering for health & social care can help address the strategic agenda including delayed transfers of care and readmissions.

In addition, the Welsh Government has supported research by WCVA and Bangor University: *Part of the Team: An impact assessment of the Ward Volunteers (Robins) scheme for the North Wales NHS Trust (Central) now Betsi Cadwaladr University Health Board.*

The Welsh Government launched the *All Wales NHS Volunteering Network* in 2008 and continues to support it. As well as being a forum for sharing information, a work plan is being developed which will support the strategic agenda around volunteering within the NHS.

## **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**

The WG welcomes this recommendation and supports the intent to determine staffing levels based upon the needs of the patients and not on numbers of beds. It is essential that there is the right skill mix to meet both the clinical and social needs of older people. Providing more care closer to home



and greater integration of services will achieve better integration of the workforce that work at the interface between health and social care. The Workforce Modernisation Programme Board continues to promote the spread of good practice in relation to creating positive environments for patients and staff that contribute to the quality and experience of care.

Staffing levels are routinely discussed at Executive level in NHS Boards by Welsh Government Directors. Welsh Government has monitoring arrangements already in place.

## **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 take 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**

Policy guidance on single sex hospital accommodation requirements was issued to the NHS in August 2010. The guidance requires patients staying overnight in hospital to have access to separate male and female toilet and bathing facilities.

The guidance recognises that where separate male and female toilet and bathing facilities cannot be made available without major structural alterations or without a reduction in ward capacity, as an interim measure, it will be acceptable for toilets and bathing/ washing facilities to be clearly designated "Male or Female" through the use of flip signs according to the gender mix on bay

accommodation and for “In Use “signs to be used, that they can accommodate only one patient at a time and can be locked by the patient ( with an external override for emergency use only ). The guidance also sets out that where gender specific toilet and bathing facilities cannot be located near the bay or room without major structural alteration or without a reduction in ward capacity, it is acceptable for signs to be used to point to an acceptable route to ensure that patients do not need to go through sleeping areas or toilets and washing facilities used by the opposite sex to access their own toilets and washing facilities

The guidance also sets out the need for day rooms / communal space to be available.

## **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**

The ‘Ten Top Tips’ for patients set out in the Patients Association Report ‘Lottery of Dignified care’ will be reviewed by the Free to Lead, Free to Care Post Implementation Steering Group and consideration will be given to developing an advice leaflet.

### **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**

The All Wales Fundamentals of Care Audit tool is used in every ward in Wales. It is based on the Welsh Government document 'Fundamentals of Care' (2003) which is a Health and Social Care document aimed at improving the quality of fundamental aspects of care for users who are acutely or chronically ill, frail or disabled regardless of where or why they need their care.

During the development of the audit tool the Community Health Council (CHC) staff were engaged to support the development of the user component of the audit tool. It was felt that the involvement of the CHC's supported an important element of impartiality from a patient's perspective. Each ward will randomly select 5 Patients, Carers, Relatives per standard and audit their experience. They are asked a number of questions relating to the particular standard and nursing care received, the User Experience is then matched against the Operational/Practice element of the tool.

The electronic system underpinning the audit tool can analyse and generate reports from the data entered at ward level. It also enables each ward to develop Action Plans to address identified issues causing concern as well as building on areas of good practice. Data are filtered by standard, ward, speciality and site.

NHS organisation are required to undertake a full audit of all their hospital wards/dept on an annual basis and submit the results to the Chief Nursing Officer/Nurse Director for Wales, where an All Wales summary is produced.

This tool is now being expanded to apply to community settings. It is also being used as a platform to develop more extensive data collection about delivery of care. This will in future be fed into the All Wales Nursing Dashboard which Nurse Directors will use to manage and monitor performance at an organisation level and national NHS Wales level.

Arising from the 1000 Lives Campaign all Health Boards now undertake 'back to the floor' walkabouts by their executive teams. This enables them to see how care is being delivered and provide opportunity to speak with patients and staff.

Similarly following the campaign every Board now uses patients' stories. This gives an authentic voice to the experiences of patients passing through their services.

This issue will be considered as part of the development of quality outcome measurements associated with the Annual Quality Framework (2011/12) and the 1000 Lives Plus programmes

The **Carers Strategies (Wales) Measure** was passed by the Assembly on 22nd September 2010 and received Royal Assent on 10th November 2010. It will place a duty on the NHS and Local Authorities in Wales (the 'relevant authorities') to work jointly to prepare, publish and implement a strategy for Carers. It is very much a 'made in Wales' piece of legislation designed to support carers in ways that matter to them the most: the strategy will focus on:

- the provision of information and guidance for carers and
- support constructive engagement with carers in decision making about the provision of services for them and the person(s) they care for.

The consultation commenced in late March 2011 for a period of 12 weeks. The Regulations and Guidance will come into force in early 2012.

The kinds of issues raised in this recommendation such as those around continence care, assistance with eating and drinking, communication and arrangements for discharge are among those that are intended to be dealt with under both main aspects of the Measure.

## **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**

Since being launched in 2006, the National Service Framework for Older People has made steady progress each year. It has brought together health and social care partnerships across Wales and this has been crucial in underpinning the progress that has been made. The health and social care partnership have undertaken joint working on a number of initiatives, including service planning and development. Furthermore, the progress that has been made by the partnerships has been across a wide range of standards within the Framework. More work is needed to continue to make progress on the Framework and there are plans to issue a contemporary 'Supplementary Guidance' document, based on the latest evidence and expertise.

The NSF for Older People offers an important mechanism to progress this recommendation. The NSF includes two directly relevant standards, namely hospital care and workforce development. In addition, the Dignity in Care Programme (2008-2011) was delivered as part of the NSF and dignity is one the key underpinning themes. A re-focussed NSF, progressed through the contemporary 'Supplementary Guidance', will offer an opportunity to take forward this recommendation between 2011 – 2016. Furthermore, learning from the 2010-2011 Dignity in Care programme small grants initiative is being disseminated.

### **Chronic Conditions Management**

Since their inception, the three CCM Demonstrators have carried out advanced testing of a number of elements of the CCM Model and Framework with partners across health, social care and the voluntary sector. To date 22 learning papers, 7 evaluation papers and 11 development papers have been produced and shared across Wales to help industrialise the learning and best practice.

### **1000 Lives Plus Programme**

Sharing good practice is part of the 1000 Lives Plus methodology which emphasises the importance of sharing developments to bring about improvements. There is a detailed website and regular newsletter describing activities and learning : <http://www.wales.nhs.uk/sites3/home.cfm?orgid=781> The team also hold regular national learning events and presentations.

### **Fundamentals of Care**

Evidence of good practice is included in the all Wales Fundamentals of Care Audit report and shared with LHBs/Trust.

**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**

Welsh Government agrees that it is essential that all health and social care staff have the appropriate knowledge, skills and competencies to meet the needs of patients and service users. The Workforce Modernisation agenda is focussed on ensuring that service providers have the right staff in the right place at the right time to deliver safe, high quality care.

The responsibility for ongoing continuing education is the responsibility of the service provider. Within the NHS staff should be enabled to develop their skills and competencies around the knowledge and skills framework (KSF).

The Welsh Government funds pre registration programmes of education to secure the future workforce to meet the projected service demands. Higher level training to meet local needs is the responsibility of LHBs and Trusts.

Welsh Government has recently launched all Wales guidance on the development of advanced practitioners. A post registration framework has been implemented to support career progression within the nursing profession. Development of a similar framework for allied health professionals has also begun.