



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

Dignified care?

The experiences of older people in hospital in Wales

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

RESPONSE FORM

Response required by 14 June 2011

Please send to:

ask@olderpeoplewales.com

or

Rebecca Stafford, Policy Officer, Older People's Commissioner for
Wales/Comisiyn Pobl Hyn Cymru, Cambrian Buildings, Mount Stuart
Square, Cardiff, CF10 5FL

Commissioner's Recommendations and legal requirements

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

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

The Regulations specify a response period of three months from the publication of the Review report. Therefore, these recommendations should be responded to by **14 June 2011**. If you have any questions regarding your response, please contact Rebecca Stafford on 08442 640 670.

Recommendations

Please refer to the Review report when responding.

Changing the culture of caring for older people in Welsh hospitals

1. Stronger ward leadership is needed to foster a culture of dignity and respect

Health Boards and the Trust should ensure that the ward managers on every ward in which older people are treated are empowered with the skills and authority to create a culture of dignity and respect. This must include the necessary clinical leadership skills; the support of specialist consultant nurses especially in dementia care and continence; knowledge of the correct staff numbers for their ward; the authority to select staff; authority to ensure that their training needs are met; and the responsibility for regular appraisal of the skills, knowledge and attitude of the ward staff.

Response

Through fostering strong ward leadership and promoting an ethos of dignity and respect, ward managers are able to play a key role in changing the culture of caring for older people in Welsh hospitals. However, professionals from partner organizations have an important role to play in influencing culture and practice also. For example, through their regular presence on hospital wards, as well as attendance at Multi-Disciplinary Team meetings, social workers, and in particular those working within the hospital setting and Intermediate Care Teams have an important role to play in promoting best practice, challenging undignified behaviours and helping affect a culture of dignity and respect.

Through working in partnership with Health colleagues, Wrexham Adult Social Care Department would welcome the opportunity to work alongside ward staff at the

Wrexham Maelor hospital promote a culture in which dignity and respect is seen as paramount in the care of older people.

Wrexham Adult Social Care Department, in partnership with BCUHB, Age Concern North East Wales, British Red Cross and the Association of Voluntary Organizations in Wrexham (AVOW) has recently launched its Dignity in Care Charter. Work to take forward a programme of activity to support the training and the recruitment of Dignity Champions is currently underway. It is our aspiration that Dignity Champions will be recruited from a range of areas, both public and professional, and will include staff from within the Wrexham Maelor Hospital. It may be particularly appropriate in this instance for ward managers to be actively engaged with this role. Mechanisms for sharing training material across organizations will need to be developed. Moreover, examples of best practice/ patient experience must also be shared in order to support the development of an effective action learning resource tool.

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

Understanding the needs of people who live with dementia is central to staff's ability to deliver person-centred, dignified care. Training must be central to the achievement of this, however, the ability to link in to other teams specialising in the care and support of older people with mental health needs is paramount, and promotes a shared responsibility for delivering high quality care. For example, Wrexham Psychiatric Liaison provide a crucial service, which provides information and support to hospital staff, as well as Social Services staff working within a hospital setting.

Training material developed as part of Wrexham's Dignity in Care programme will aim to be inclusive of the needs and experiences of older people with mental health needs, and should be shared across organizations, as should examples of best practice/ patient experience in order to support the development of an action learning resource tool.

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

Training material developed as part of Wrexham's Dignity in Care programme will need to be inclusive of continence issues and should be shared across

organizations, as should appropriate examples of best practice/ patient experience in order to support the development of an action learning resource tool.

Social Workers who interface with hospital wards should work alongside ward staff to encourage the use of commodes next to beds, as well as the removal of catheters 2-3 days prior to discharge, in order to enable the older person to become confident in toileting prior to returning home.

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

Whilst this is ostensibly a matter for BCUHB, it is important to recognize that Wrexham's Adult Social Care staff (e.g. Hospital and Community Social Workers, and Intermediate Care staff) have an important role to play in supporting the achievement of this outcome, both through their routine presence on wards, as well as through their attendance at MDTs.

Whilst it is recognized that there is often limited private space within hospital wards, the value of conducting 'consultations' with patients in private settings is acknowledged, especially where those conversations are of a personal or sensitive nature. In order to support BCUHB with the achievement of this outcome, the following processes will be expected to be followed by Social Work staff as a matter of best practice:

- First ascertain whether any private space (office/ day room etc) is available on the ward, or as close to it as possible prior to meeting with the individual
- Ask the individual if they would like the opportunity to talk away from their

hospital bed

- Support the person to be empowered to ask for conversations/ consultations to be undertaken away from the bed-side, where that is their preference
- Clearly explain to staff and patients the reasons why consultations are being held away from the bedside, in order to challenge existing practice, raise people's expectations relating to privacy and dignity, as well as establish this practice as the norm
- Through MDTs, Social Workers will work alongside ward staff to prioritize the creation of 'private spaces' and ensure that they are utilized in all appropriate instances as a matter of best practice.

5. Too many older people are still not being discharged in an effective and timely manner and this needs urgent attention

Health Boards, the Trust and Local Authorities should jointly develop more focused and effective commissioning of services and care for older people, including those with dementia, in order to reduce further the level of delayed discharges; and support this work through more robust embedding of Social Services staff in this process through ward level multi disciplinary teams.

Joint response

A number of successful initiatives have taken place in partnership over the last few years, that have provided important insights into what processes and procedures work well, as well as identified areas of improvement. Lessons learnt from initiatives such as the Perfect Fortnight (June 2009) should continue to be reflected upon and be incorporated in to daily service delivery across the locales of Health and Social Care.

Wrexham Adult Social Care Department, BCUHB and the Association of Voluntary Organizations in Wrexham (AVOW) have worked together in partnership since 2009 in order to deliver a comprehensive Intermediate Care service that supports the prevention of (inappropriate) hospital admissions, as well as safe early hospital discharge. The positive achievements made with Intermediate Care should continue to be built upon. However, recognition needs to be given to the fact that there has been a reduction in the overall funding made available from the Welsh Assembly Government to support this service. The Intermediate Care Service not only provides an invaluable service in terms of facilitating timely hospital discharges, but plays a positive role in helping to affect a cultural change, whereby discharges are planned in an effective and timely manner. In order to enable this important service to grow and continue to achieve positive outcomes for Wrexham citizens, an increased level of secure ongoing funding via base budgets and cash-releasing initiatives is imperative.

The Intermediate Care Service has successfully supported a number of Older People with identified mental health needs. Intermediate Care Service provision for this client group should be developed in the future, and efforts will need to be made to increase the resources and skills mix available within the service that would enable this client group to be supported to a greater extent. Links should also be made to the work currently being undertaken within Mental Health Services in relation to Home Treatment Teams for Older People.

We would support closer working relationships, even to the point of integration, being fostered between the Intermediate Care Service and the Discharge Liaison and Discharge Support Teams, with efforts to achieve synchronicity in working practices, and timely discharge planning being fully implemented within 2011/12. This should be supplemented with robust performance management systems being put in place to monitor discharge planning arrangements. The important role played by social workers within hospital discharge planning should also be noted here in supporting timely hospital discharge. Wrexham Adult Social Care Department and BCUHB

should endeavour to work together in partnership to ensure processes and procedures for effective care co-ordination are implemented and sustained across Health and Social Care interfaces. It is important here to draw upon recognized examples of best practice. 'Passing the Baton' is designed to provide Practitioners with the basic knowledge and information they need to play a greater role in managing patient discharge. Whilst this toolkit has been in use across health and social care since 2008, its wholesale adoption has never been fully achieved. Health and Social Care Managers must work in partnership to ensure that this toolkit is adopted in order to affect truly effective care co-ordination and discharge planning.

Through their role in MDTs, Social Workers will promote the older person being at the centre of the discussion regarding planning for discharge.

On a practical level, Adult Social Care and Health should work together in partnership to develop a 'Minimum Standards' for discharge planning which would start at the pre-admission meeting using Locality teams. This could take the form of a care pathway that would include information on the necessary procedures and processes that need to be in place prior to a person being discharged from hospital (e.g. whether an OT home visit has taken place; whether a home care package is required; whether a referral for appropriate Telecare equipment has been made; whether any social isolation issues have been identified). The purpose of this would be to ensure that those resources required to successfully support someone in the community and therefore avoid repeat hospital admissions and/ or failed hospital discharges are in place in a timely fashion. Following on from this, the Older People's Joint Commissioning Strategy outlines the commissioning intentions of Wrexham Adult Social Care and its Partner organizations. The supporting action plan is to be reviewed and updated for 2011-14. Attention should be given to identifying any continuing gaps in the provision of support services required to support the successful transition from hospital back to the community.

Finally, Wrexham Adult Social Care Department would welcome and support a whole systems review of key decisions and protocols, many of which have often

been implemented in response to crisis or serious incident, but which may in fact put up barriers to the facilitation of early supported discharge of older people, who could best be supported within their own homes/ community settings. Examples of such procedures include the decision not to allow Occupational Therapists to transport patients home in order to undertake home assessments.

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

Wrexham Adult Social Care Department and BCUHB jointly commission the British Red Cross to provide 'Home from Hospital' and 'Medical Loan' Schemes. In response to Wrexham's Dignity in Care programme, the commissioning team are currently seeking to ensure that the importance of ensuring dignified care is incorporated into all new service specifications and service level contracts. When the British Red Cross contracts are revised, these should include a statement of intent relating to the provision of dignified care. Similarly any contract with Third Sector providers, which relate to the provision of service for older people in hospital, should sign up to Wrexham's Dignity in Care Charter.

One way in which a positive culture of dignified care, achieved through the appropriate use of volunteers in hospitals could be promoted is through a review of the policy around protected meal times that exists within many hospitals. In particular, Wrexham Adult Social Care Department would support a review around allowing family members, carers or volunteers to attend to patients/ relatives at meal

times, where appropriate and where required. Such an initiative would reduce pressures on hospital staff, whilst simultaneously ensuring that those persons who are unable to self-feed are able to consume their meals in as dignified a way as possible.

The use of volunteers to befriend older people whilst in hospital as well as assist with tasks such as washing and dressing, should be explored, especially where that older person has no relatives or visitors. Links should be explored with the existing British Red Cross 'Home from Hospital' Service, in order to extend the scope of the service specification to include in-reaching in to hospitals to support older people who have no family/ close friends near by.

Through the review and update of the Joint Commissioning Strategy for Older People, Wrexham Adult Social Care Department and BCUHB should look to explore the merits of developing further services in support of the dignified care of Older People, including the development of advocacy services that in-reach into hospitals. Whilst this is not to negate the important work achieved by the Maelor's Patient Liaison Service or WCBC's Customer Services Department, it should be recognized that the majority of complaints or concerns are raised after an individual has stopped using our services. The value then in developing an advocacy service which in-reaches into hospitals is that issues can more often be dealt with in real-time. Advocates should also be encouraged to have a regular presence on hospital wards in order to gather feedback from older people as well as encourage changes to patient care, thereby avoiding the need for complaints post discharge. This work should be supported through Wrexham Adult Social Care Department's Dignity in Care programme.

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

Whilst this is ostensibly a matter for BCUHB, Wrexham Adult Social Care Department would be keen to establish links with appropriate persons in order to identify ways in which we may be able to support the achievement of this outcome.

8. Simple and responsive changes to the ward environment can make a big difference

The Health Boards and the Trust should, in collaboration with older people and their families and carers, make changes to ward layout which are most beneficial. This is to ensure all patients have satisfactory access to ward facilities.

The Health Boards and the Trust should work together to devise and adopt an inclusive consultation process with patients, their families and carers and a representative mix of staff of all grades and across all roles to takes account of the principles of good design when refurbishing or building hospital facilities. The needs of those with sensory loss or dementia should be central to this process.

Response

Whilst this is ostensibly a matter for BCUHB, Wrexham Adult Social Care Department would be keen to establish links with appropriate persons in order to identify ways in which we may be able to support the achievement of this outcome.

The important role that the Intermediate Care service as well as the Hospital and Community Social Work Teams are able to play in shaping and challenging the

environment of the hospital ward, in a positive and empowering way, through their daily interactions with staff and patients should be recognized.

Work is currently underway within Wrexham Adult Social Care to develop robust arrangements for engaging with service users and carers in order to effect processes for ensuring continual service development. A number of mechanisms already exist to support this, such as the Wrexham Over 50s Forum, which is currently jointly facilitated by WCBC and AVOW. We would be keen to work alongside BCUHB in developing and undertaking any customer engagement activity that would lead to the improved care and support that as partner organizations we provide to our older population.

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 provision of information to older people, their families and carers that clearly explains their right to receive good quality, dignified care is an important facet of the Dignity in Care agenda. Such an approach, if done well can help affect a cultural change by impacting not only on how staff deliver care, but also by empowering

older people and their families and carers to expect more from the care they receive.

There are a number of ways that Wrexham Adult Social Care Department would be keen to work with and support BCUHB to work towards the achievement of this outcome through the delivery of its Dignity in Care programme. In the first instance, Wrexham Adult Social Care Department would be keen to ensure that close working links are to be developed with the Director of Nursing, Midwifery and Patient Services, as well as Clinical Programme Group leads in order to ensure dovetailing of organizational approaches and joint working protocols.

It is recognized that BCUHB are considering the development of an organizational Dignity in Care Charter. It will be important to ensure that any such developments dovetail and compliment those Dignity in Care Charters already produced by Local Authorities across North Wales. Not only will this avoid duplication, but it will serve to reinforce a coherent and joint up message on Dignity in Care across the region. Dignity in Care Charters, posters and information leaflets should be actively promoted in all areas where Older People, their families and carers come into contact with Health and Social Care Services. Moreover, Social Workers and Intermediate Care staff are to include the Dignity in Care Charter and/ or any relevant supporting information, with other information passed to older people as they come into contact with services.

Communication is a recognized training need for all staff, whether employed by Health or Social Care. The development of a package of mandatory training, which includes information on communication will be implemented as part of the Dignity in Care programme. The opening up of effective means of communication between patient and staff member could be developed through the use of advocates in-reaching into hospitals should be considered. This resource will need to be developed through the Joint Commissioning Strategy for Older People.

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

BCUHB have received funding from the Welsh Assembly Government to provide training to staff, which draws upon the collection of, and learning from patient stories and experiences. Simultaneously, the programme of work being undertaken by Wrexham Adult Social Care Department in relation to Dignity in Care is seeking to collate stories and experiences of older people in respect of dignity (both positive and negative) and use them to inform best practice and challenge current practice. By working together to dovetail and integrate their approaches, Wrexham Adult Social Care Department, BCUHB will be able to capitalize upon the success and positive outcomes achieved within each initiative.

Both organizations should link into existing mechanisms, such as Patient Services (BCUHB) and Customer Services (ASC) in order to collect positive stories in respect of dignity in care, through the complaints and compliments process. By collating

these experiences, both organizations will be able to develop a comprehensive and valuable action learning resource to support the Dignity in Care agenda.

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

When looking to promote dignified care, and move the agenda forward, it is important that, rather than simply focusing on negative aspects of care and support, that opportunities are explored which allow for examples of best practice to be shared across staff and user groups. The Dignity in Care programme led by Wrexham Adult Social Care, in collaboration with BCUHB and the Third Sector should look to work together to explore the appropriateness of developing mechanisms for the sharing of and learning from older people's experiences of dignified and undignified care. The 'My Home Life' model (<http://myhomelifemovement.org/>) should be considered as a desirable approach for taking this forward. Systems will need to be in place to ensure that these experiences are used to inform continual service/ practice development – for example mandatory follow-up staff training and mechanisms for feeding into a wide staff audience.

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

An audit of training provided by Wrexham Adult Social Care Department, in respect of issues relating to Dignity in Care will be completed as part of the Dignity in Care programme, and gaps in training provision will be identified, with actions taken to ensure that all mandatory training includes dignity in care, as standard. Adult Social Care staff who interface with the hospital will be required to undertake mandatory training in respect of Dignity in Care.