



Older People's Commissioner
for Wales
Comisiynydd Pobl Hŷn Cymru

DIGNIFIED CARE:

ONE YEAR ON



'Dignified Care?'

The experiences of
older people in hospital
in Wales

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Contents

1. Introduction and statement on progress
2. Overview of action underway
3. Improving the evidence base, future monitoring and reporting

Appendix

- i. Supporting evidence – Welsh Government
- ii. Supporting evidence – Local Health Boards

1. Introduction

Background

The work of the Older People's Commissioner for Wales is driven by the issues raised with her by older people and those that care for, and support them. Whilst many people experience a good level of care, one of the most consistently raised issues is the undignified, degrading treatment received by some people whilst in hospital.

A stay in hospital can often be stressful in itself, but to be treated with a lack of dignity and respect causes real distress. It can undermine the effectiveness of clinical treatment, and have an impact on recovery and length of stay.

As a result of the issues brought to her, in 2010 the Commissioner announced the launch of the *Dignified Care?* Review. Between September and November 2010 the Commission, along with a panel of experts in the field of Health and Social Care (chaired by Dame Deidre Hine, a former Chief Medical Officer for Wales) visited sixteen hospitals and spoke directly with older people, patients, relatives and staff.

In March 2011 the Commission published its findings in *Dignified Care?* Since its publication many older people have referred to the report when raising their concerns with us on matters relating to healthcare.

The report contained twelve recommendations aimed at improving hospital care for older people across Wales. The Local Health Boards, Velindre Trust, local authorities and the Welsh Government were required to respond to the recommendations and publish detailed action plans designed to improve dignity in care.

These action plans were approved and published in full on the Commission's website in October 2011 www.olderpeoplewales.com

It is the Commissioner's expectation that these plans will lead to an evidenced and significant improvement in the delivery of care and subsequent patient experience across the twelve areas listed in the recommendations.

Follow-up

During March 2012, the Commission undertook follow up visits to assess progress within all bodies required to deliver improvement.

We also asked other organisations who have a particular responsibility in respect of monitoring and delivering health and social care to share their evidence and their views on what was happening at ward level. Healthcare Inspectorate Wales, Community Health Councils, the Wales Audit Office, the National Leadership and Innovation Agency for Healthcare, the Royal College of Nursing, and the British Medical Association all contributed, as did the third sector, and older people's groups.

One year on from the finalising of the action plans, this report sets out the Commissioner's assessment of progress made over the past twelve months and outlines how further review will be undertaken.

What difference is *Dignified Care?* making across Wales?

In making this twelve month assessment the Commissioner focussed on three questions:

- 1) Is dignity and respect now being taken seriously?
- 2) Is there evidence of work underway that clearly relates to the twelve recommendations in the report?
- 3) Is there substantive evidence that the experience of older people in hospitals has improved?

The Commissioner is satisfied that dignity and respect is now being accorded the priority that it should have. Dignity and respect is now a Tier One priority for the NHS. All Health Boards and the Trust in Wales have told the Commission that the report has brought a renewed focus on the issue, galvanised them to action, and has been a welcome reality check in respect of the quality of care delivered and experienced by patients.

There is evidence of significant activity being undertaken by Health Boards, the Trust and Welsh Government, as outlined by the progress

reports provided to the Commissioner. These are available in full on our website and more information in relation to specific action being taken by the NHS in Wales and Welsh Government is in the Appendix of this report.

Some Health Boards report more progress than others, with all reporting that work has begun across the twelve recommendations. No bodies indicated that they had failed to begin any aspects of the work outlined in the published action plans approved by the Commissioner.

However, it is not yet possible to judge the extent to which a tangible improvement in the hospital experience of patients is being delivered at a ward level. We know from the experiences of people who contact the Commission, and from responses from stakeholders that there is still significant unacceptable practice taking place on hospital wards.

Improvement in the patient experience will be the ultimate test of whether Health Boards and the Trust have put dignity and respect at the heart of patient care.

Future Expectations

Whilst the progress to date is encouraging, the Commissioner believes – and the Welsh Government, Health Boards, and Trust agree – that there remains significant work to be done.

As a result the Commissioner has agreed with the Chief Executive of the NHS in Wales, on behalf of Welsh Government, that a final assessment on progress will be made in March 2014 and that this will be based on the robustness of the evidence of improvement in the quality of care and patient experience. In order to maintain the momentum it has also been agreed that the Chief Executive of the NHS in Wales, will provide, on behalf of Welsh Government, Health Boards, and the Trust, a further progress report in March 2013.

Notwithstanding the action that is now taking place across Wales, Chief Executives of Health Boards and the Trust must ensure that within the next eighteen months they move to full compliance with the action plans agreed. Furthermore, by March 2014 they must be able to evidence to

the Commissioner that there has been significant and sustained improvement in relation to the patient experience of dignity and respect in hospital.

In making her final assessment on progress the Commissioner will be taking into particular account the following:

- The views and experiences of patients, older people and those that care for and support them, including front line staff
- Substantive and clear evidence of improvement in patient care at ward level
- Evidence of clear accountability for the delivery of dignity and respect, with this accountability embedded throughout the performance and governance arrangements of NHS bodies and Welsh Government

Within the NHS in Wales we have many outstanding front line staff who are committed to delivering the very best possible care for their patients.

Our Review, however, exposed practice, cultures, and attitudes that should not, and will not be tolerated. We will continue to work with the NHS in Wales and Welsh Government to build on the progress to date and ensure that there is a sustained improvement, not just for some but for all older people.

The Commissioner will publish a further progress evaluation report in April 2013 and a final assessment in October 2014, two years from agreeing the final action plans of Health Boards, the Trust and Welsh Government.

2. Overview of action

Dignified Care? has given added impetus to the pressure for change and its impact has been visible across Wales. Examples include:

- The Welsh Government made implementing the recommendations of *Dignified Care?* a top level priority for the NHS in Wales.
- Healthcare Inspectorate Wales introduced unannounced Dignity and Essential care spot-checks on general wards across Wales, using themes from *Dignified Care?* to influence the inspection regime.
- The Royal College of Nursing in Wales launched a "Time to Care" Campaign citing *Dignified Care?* as one of its driving forces.
- Dignity in care is now the top agenda item for the monthly meetings between Health Board senior executives and the Chief Nursing officer.
- Community Health Councils across Wales have changed their monitoring forms to focus on patient views and dignity issues, drawing on the themes from *Dignified Care?*
- Inspired by *Dignified Care?* the Welsh Ambulance Service Trust is asking service users and the general public aged over fifty to complete a questionnaire, to find out what is most important to them when receiving healthcare services.

Further examples from across the NHS in Wales are contained in the Appendix.

Directors of Nursing across Wales have demonstrated enthusiasm and commitment to delivering their Health Board's action plans, and it is encouraging to see frontline staff showing innovation in the delivery of dignity and respect on their wards. Staff members at all levels are leading by example and it is important that their work is recognised and supported. The unannounced inspections by Healthcare Inspectorate Wales have found evidence that staff are generally kind and caring to

patients and that single sex toilet and bathing facilities are available on most wards.

There is encouraging evidence that dignity and respect is being incorporated into personal objectives at a very senior executive and Board level and dignity is increasingly being incorporated into staff inductions, objectives, and values. For example, one Health Board has introduced a process whereby any instance where a patient has not been treated with dignity and respect prompts a face to face meeting with the Director of Nursing for the member of staff concerned. This discussion is not viewed as a disciplinary meeting, but as an opportunity to identify what went wrong and how it can be avoided in future.

Many front line workers go out of their way to drive change on their wards; leading by example with innovative schemes which overturn the idea that treating patients as they should be treated is too difficult or time consuming.

Challenges remain

However, these innovative and successful approaches to improve dignity must not remain pilot projects. Best practice must become standard practice and this will require strong leadership at all levels starting with Chairs and Chief Executives.

Achieving improved knowledge of dementia amongst staff has been acknowledged by all bodies reviewed as an area of slow progress. Most instances of undignified care stem from a basic lack of empathy, and the failure to treat a patient as a human being. This is a particular risk where cognitive problems can impair communication, or lead to challenging behaviour from patients who may be disorientated or frightened by being in hospital.

Improving continence management has also reportedly been a challenge. The Commission is clear that there should be a zero tolerance approach to mismanaging continence, and we will expect to see substantial improvements in this area in the next twelve months. Patients should not feel infantilised and humiliated by the unnecessary

and inappropriate use of continence pads, or by inadequate responses to their needs leading to avoidable incontinence.

Discharge planning, improving the ward environment, and protecting personal information have also made slow progress overall.

Following *Dignified Care?* Healthcare Inspectorate Wales committed to undertaking Dignity and Essential Care Inspections across Wales. Nine of these inspections have taken place to date, and they report that common themes, and challenges, have emerged:

- Patients are not always being encouraged and supported to use the toilet method of their choice.
- After identifying that a patient is in pain, a pain assessment is not always being undertaken immediately and a plan of action put into place and regularly reviewed.
- Patients and their relatives are not always fully involved and informed in the discharge planning process.
- 'Do Not Attempt Resuscitation' (DNAR) forms are not always fully completed and up to date.
- Measures are not always in place to inform others of care and treatment taking place behind closed curtains (such as the use of dignity pegs).
- Less mobile patients are not always being positioned appropriately before meal times to ensure that they are able to eat their food in a comfortable position.
- Care plans are not always adapted to specific patient needs.
- Care plans and assessments are not always being regularly reviewed and updated.
- Food and fluid charts are not always being regularly updated.
- The care and treatment provided to patients is not always being routinely documented in the patient's notes.

- There is often a lack of activities and stimulation for patients throughout their hospital stay.
- Where it would be appropriate, relatives are not always being fully informed and involved in discussions about a patient's condition.
- Medication is sometimes being left unattended on patients' bedside cabinets.

The independent reporting of Healthcare Inspectorate Wales is taken particularly seriously as part of the Commission's assessment of progress.

The Commission's Enquiries and Support Team deal with around eight hundred enquiries from older people each year. Of these, in the twelve months following the publication of *Dignified Care?*, over two hundred related to health and hospital treatment. Many of these enquirers raised concerns similar to those covered in *Dignified Care?*, including failures in standards of care, poor communication, and inadequate hospital discharge arrangements.

Our Dignity in Care conference held on 1st October 2012 also highlighted that there remains very significant progress to be made.

Reporting by the NHS and Welsh Government shows that dignity in care is now being taken more seriously than ever before. The Commissioner is satisfied that all the bodies reviewed have significant work underway against their agreed action plans.

The Commissioner's focus will now be on obtaining clear evidence from the NHS and Welsh Government that this action is leading to significant and sustained improvements in patient care and patient experience at the ward level.

3. Improving the evidence base, future monitoring and reporting

The focus of our monitoring in the first twelve months was a combination of self-reporting from the NHS via Welsh Government, and feedback from patients, and a range of partner agencies.

At present a Red Amber Green (RAG) reporting mechanism based on self-reporting by the NHS against their action plans is being used by Welsh Government. The ratings within this reporting mechanism are as follows:

Red = Work yet to start
Amber = In Progress
Green = Completed

This document is available in full on our website.

Currently none of the bodies are reporting a red rating, which indicates that the work they committed to in their action plans has at the very least begun on all recommendations. Some Health Boards report more progress than others, with some mostly giving amber ratings across the recommendations, indicating that work has begun but is not complete.

More detail on action underway by the Health Boards and Trust follows in the Appendix.

Whilst the Commissioner accepts that all the action plans demonstrate the intention to bring about change, it is not enough to assume that progress against them is successfully delivering an improvement in patient care and the patient experience.

In order for the Commissioner to be assured that the *Dignified Care?* Review and the work currently underway has brought about a tangible and lasting difference, to the quality of patient care and the patient experience there needs now to be a shift by Welsh Government and the NHS towards monitoring the outcomes of the actions that have been taken.

Whilst there are a numbers of initiatives currently underway or planned, the reporting mechanisms currently available have their limitations. The Commission will now work with the NHS and Welsh Government to develop better reporting and monitoring that demonstrates a tangible and sustained improvement in the hospital experience of patients.

This will include the following:

- 1) Routine publication of patient satisfaction data which makes explicit reference to key aspects of the *Dignified Care?* review.
- 2) Evidence from NHS staff that they have knowledge and support they need to deliver effective care for older people with dementia or a need for continence support.
- 3) Feedback from HIW, and from CHC audits – developed and commissioned by Health Boards themselves.
- 4) An annual report to the Commissioner with an accompanying action plan which continually reviews the quality of care and patient experience, and identifies any further action required. There will be an expectation of ongoing continuous improvement driven by the patient voice.
- 5) Signed assurances by Chairs of Health Boards, the Trust, and the NHS Chief Executive in relation to outcomes that the twelve recommendations were designed to deliver.

In addition to the above we will continue to seek evidence from older people, their relatives and those that care for and support them. The Commission will also undertake further follow-up reviews at Health Board, hospital or ward level around specific recommendations should we consider it to be warranted.

Ultimately it will be for Health Boards and the Welsh Government to evidence to the Commissioner, and more importantly to older people, that the work over the past two years has lead to a significant and sustainable improvement in relation to dignity and respect.

APPENDIX

i. Supporting Evidence - The Welsh Government

The Commissioner and her team continue to meet with the Welsh Government to ensure they deliver on their commitment to make Dignity a top priority for the NHS. The Welsh Government is now monitoring progress across all the Health Boards and Trust against all twelve of the *Dignified Care?* recommendations, as well as reporting to us against the five recommendations it was obliged to respond to.

Their response is available in full on our website.

Dignity Standard

In response to *Dignified Care?* the Welsh Government has raised the priority of dignity and respect within the whole of the NHS. The 'Doing Well, Doing Better' Standard 10 states that :

“Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.”

Clear guidance has been published to support this standard which emphasises the importance of respect, privacy, and voice, choice and control for patients, as well as the 'little things' like a clean and safe environment in hospitals.

This guidance in turn informs inspections by Healthcare Inspectorate Wales, including their 'dignity spot checks' which were introduced following *Dignified Care?*

Areas for improvement

We welcome the principles behind the standard, and the guidance provides a clear message to staff members about what is expected of them. However as we have already indicated we expect to see clearer

evidence from Welsh Government's monitoring and progress reporting in relation to this standard.

Action on Recommendations

The Welsh Government was required to respond to five of the *Dignified Care?* recommendations around dementia care, staffing levels, patient experience, sharing good practice, and staff skills. They reported to the Commissioner on progress in September 2012.

Dementia

Recommendation 2 in *Dignified Care?* required Health Boards to improve knowledge of the needs of people with dementia.

We welcome the publication of Welsh Government's National Dementia Vision in February 2011 and that dementia has been recognised, alongside dignity and respect, as a Tier One priority for the Welsh Government, with a specific commitment around dementia in hospitals.

The Welsh Government also ordered a National Dementia Audit which concluded in December 2011. This report prompted a review of Health Boards' dementia action plans, and subsequent interventions by the National Leadership and Innovation Agency for Healthcare (NLIAH) to improve them.

The Commission believes the Welsh Government is taking the complex issue of dementia seriously. However Health Boards have reported that some elements of their action plans around Recommendation 2 remain to be instigated (see below).

As part of future reporting and monitoring the Commission will want to see more details of how this work is being implemented in the long term, what measurements are in place to check against delivery, and how the real life experiences of older people are informing future course-correction.

Staffing levels

Recommendation 7 concerned the need for adequate staffing levels to meet the needs of older patients. The Welsh Government has influence

over staffing levels through its interaction with Healthcare Inspectorate Wales, and by driving the rollout of the electronic rostering tool across Wales.

However some Health Boards have reported that they are not yet at the point of implementing the tool, with cost being a prohibitive factor for some. It is clear we cannot yet say with confidence that this tool will be in place across Wales in the immediate future.

Part of Recommendation 7 required the Welsh Government's work to 'encompass current and forecast levels of need in relation to the care of older people'. Whilst the Safer Nursing Care Tool which is being piloted will enable Boards to plan across their areas, the Welsh Government's response does not make clear how they are analysing demographic trends and planning future budgets to meet the needs of an ageing population in the longer term. We expect to see consideration of these issues in future reporting against this recommendation.

Patient Experience

The Welsh Government has made dignity and respect a Tier One priority, and as a result all quality and delivery meetings now include a discussion around innovation and good practice sharing. Good practice is also covered by the 'Doing Well, Doing Better' Health Care Standards.

The Commission has seen firsthand that there is an abundance of good practice in hospitals across Wales. We accept that new ideas need to be tested, but there are some schemes in place today which are so demonstrably effective and simple to implement that it seems remiss that they are still not general practice. Examples include the Butterfly Scheme, the 'EARWIG' awareness campaign, Red Robin volunteers, and ticket home schemes.

Good practice must become standard practice. There is a clear role for Welsh Government in ensuring that innovative and effective ideas which deliver clear results will be rolled out quickly, and not remain in a piloting phase for so long that older people fail to benefit from them. Many of these ideas are not resource-intensive to set up, and would be even less so once they became part of day to day practice.

Staff Skills

The Welsh Government's response acknowledges the importance of continuing professional development of staff in delivering dignity and respect, and commits to increasing the number of staff who receive timely appraisal. In future we will work with the Welsh Government and the NHS on ways to capture clear evidence of effective staff appraisal which better equips staff to deliver dignified care for older people. Our proposals for ongoing monitoring and reporting, as outlined on page 11, make it clear that the views of NHS staff will be an important part of informing our future assessment of delivery.

We welcome the broader moves outlined in the Welsh Government's response around workforce planning, strategic educational planning, and the revalidation of courses to the new Nursing and Midwifery Council (NMC) standards. However, it is not explicit how each of these actions will translate into improved awareness and delivery of dignity and respect amongst staff.

To reassure the Commissioner, and older people in Wales, in future we will work with the Welsh Government and NHS on setting specific metrics, and a means to evaluate how these processes are delivering outcomes.

ii. Supporting Evidence – Local Health Boards and the Trust

In considering the recommendations it is clear that there are some areas where progress is slower than others. This section provides an overview of the RAG ratings self-reported by the Health Boards and Trust through the Welsh Government's current reporting mechanism (see page 10).

Dementia

Recommendation 2 required Health Boards and the Trust to improve dementia awareness, training and skills development for staff, and to make specialist support available to support staff who care for people with dementia.

There are currently around 37,000¹ older people in Wales with dementia, so understanding dementia, and being sensitive to people who experience it is a vital element of providing compassionate and dignified care.

Initiatives like the Butterfly Scheme allow staff to easily identify patients with dementia, and provide training to deal sensitively and effectively with them and their carers. Commission staff have visited wards using the Butterfly Scheme and have been inspired by what it can achieve.

This is the only recommendation where no Board has given themselves a 'green' rating to indicate that promised work has been completed, suggesting that this is a particularly challenging area.

Continence Management

¹ http://www.ageuk.org.uk/pagefiles/7010/older_people_in_wales_key_facts_and_statistics.pdf

Recommendation 3 required Health Boards and the Trust to prioritise the promotion of continence and improve the management of incontinence.

Following the publication of *Dignified Care?* many stakeholders commented that delivering our recommendations should not be 'rocket science', and this is particularly true of continence management.

For older people the issue of continence management is one which cuts to the heart of dignity and respect. It does not follow that a person who needs extra help getting to the toilet should not consistently receive this support, as we found during our original investigation. Poor continence management can cause humiliation and even physical pain for the person concerned, and staff should be empowered to treat it as a priority.

At our March 2012 meetings, this was an area where boards frequently reported was challenging, and only two Boards currently report that their planned work to improve continence care is complete.

Patients' Personal Information

Recommendation 4 required Health Boards and the Trust to ensure that the sharing of patients' personal information in the hearing of others should cease wherever possible. At its core, this recommendation is about staff's attitude to privacy.

This was another area where Boards reported that the physical environment presented a challenge. In some hospitals there are simply not rooms available close to every ward for private conversations. Staff members reported that some older people prefer not to accept the offer of moving to have a private conversation, because of the discomfort or pain caused by leaving their bed.

Where we came across successful schemes at a ward level these were aimed at making staff think about privacy, rather than creating new space for private consultations where none was realistically available. Our emphasis was that privacy should be ensured 'whenever possible',

and that Health Boards should accept, in principle, that patient privacy was a priority.

Focussing on the real estate available within a hospital potentially distracts from this principle, and discourages potential innovation by suggesting privacy is unachievable.

Two Boards reported a green rating for their work on protecting personal information.

Effective Discharge Planning

Recommendation 5 placed an expectation on Health Boards, the Trust and Local Authorities to develop more focused and effective commissioning of services and care for older people to reduce the level of delayed discharges.

The impact of poorly handled discharge goes beyond dignity and respect, and can cause genuine harm to patients if they are not in hospital for an appropriate amount of time, or discharged into a home which is no longer suitable for their needs.

Health Boards were required to work with the local authorities in their area on producing action plans to drive improvements. This may account for some of the reported delay. The Commission accepts that improving joint working between social services and the NHS is a long term goal, on which a number of organisations including the Welsh Government have set their sights.

Recommendation 5 around effective discharge shows that only one board has completed its work in this area.

Ward Environment

Recommendation 8 outlined how simple and responsive changes to the ward environment can make a big difference to meeting the needs of people who use or work in them.

It is clear that progress in this area has been slow. When meeting Health Boards many of them raised the very real challenges posed by the physical infrastructure in Wales. Some hospital buildings are decades old, some even predating the foundation of the NHS, this limits the extent of improvement possible to the ward environment.

The Commission does not believe that infrastructure alone is a definitive barrier to making basic improvements to wards to make them easier to get around, more pleasant to spend time in, and with a good standard of facilities. What is key in delivering this recommendation is engaging with patients and their families at a ward level, where they can see what improvements are realistic, but simple beneficial changes can still be made within the space available.

One Board reported a green rating in relation to Recommendation 8 around improvements to the ward environment.

Effective Communication

Recommendation 9 placed an expectation on Health Boards and the Trust to provide older people, their families and carers with a clear explanation of their right to receive good quality dignified care. This has clear links with Recommendation 2 around dementia.

Clear, effective communication is essential to help older people exercise choice and control in a healthcare setting. A lack of information and advice about health conditions, medical treatment, or the quality of care an older person should expect can cause fear and uncertainty and make a stay in hospital more difficult.

Two Boards report a green rating for their work, but it is unclear from the report provided by the Welsh Government where the barriers to Health Boards lie in implementing their action plans in respect of this recommendation.

Using Patient Experience

Recommendation 10 required Health Boards and the Trust to demonstrate how they have taken account of, and acted on, their patient experience results.

The Commission views this recommendation as fundamental to delivering effectively on all of the others, and we have placed a high priority on this in our plans for future monitoring and recording. Without tapping into the experiences of the people who use the wards, it is not possible to test whether new or existing approaches are fit for purpose, however well intentioned they may be.

Two Health boards have reported green ratings indicating that their planned work is complete.

Staff Skills

Recommendation 12 required that all Health Boards and the Trust ensure that all staff caring for older people have appropriate levels of knowledge and skills through continuing education and training.

During our call for evidence, many older people from across Wales went out of their way to contact the Commission to tell us how pleased they had been with their care, or the care of their loved ones. It is clear that there is overwhelming warmth towards front line nursing staff when they get their jobs right at such an important time in an older person's life.

However, staff themselves told us they often felt they needed more training and development to enable them to provide the best standards of care. For example the extra skills needed to support someone with dementia, or challenging behaviour.

Investing in staff, and empowering them to deliver dignified care to patients is the most reliable way to improve care across the board. Our proposals for ongoing monitoring and reporting, as outlined on page 11, make it clear that the views of NHS staff about their skills and knowledge development will be key to informing our future assessment of delivery.

Two Health boards have reported green ratings indicating that their planned work is complete.

Notes of progress meetings with Health Boards and Trust in March 2012

In March 2011, the Commission met the bodies subject to the *Dignified Care?* Review to discuss progress with their action plan commitments.

This section comprises a summary of the key points made by the Boards and the Trust at each of these meetings, and is intended to give a picture of the activity across Wales linked to *Dignified Care?* We are aware that work has progressed further since then.

Abertawe Bro Morgannwg University Health Board

The Board expressed their desire for their response to be owned by older people themselves, the community at large and staff at all levels. They are keen for their work to be grounded in patient experience so they regularly hear patient stories and patient experience reports. This is something which did not happen in the same way in the past and has been given impetus by *Dignified Care?*

They have made improving care for older people, especially frail older people one of their top priorities in the coming year.

An older persons' steering group has been established to drive change in many areas, but particularly dementia and continence care. The Board's own regular review of adult protection has also highlighted the need for improvement in dementia and continence care, but the increased pace of progress has been prompted by the *Dignified Care?* report.

Dignity in Care training has been made a requirement for all staff and there is a drive to promote positive images of old age.

Ward sisters at ABMU are now brought into all complaints meetings relating to their ward, which is contributing to their learning. Ward sisters are being made more accountable for what happens 'on their watch',

monitoring both areas of improvement, and areas where improvements are still required.

ABMU were still facing challenges of securing privacy in an acute hospital setting. 'Dignity pegs' are being used but not across all hospitals.

Aneurin Bevan Health Board

The Board views *Dignified Care?* as a helpful opportunity to address issues which they had already recognised as needing attention. It has provided an impetus to pull all aspects of their work together and move forward on areas where action was needed. They have set up task and finish group meetings linked to the dignity agenda which involve external partners.

As a new organisation, senior managers have sought to put a 'new stamp' on the Health Board in which staff are clear about what care means, and are taken back to basics. *Dignified Care?* and increased public awareness have been important factors for their work.

Candidates at interview are now asked about what dignity and respect means to them, and they are planning to put an explicit reference to dignity in person specifications for jobs. All the Board and executive team have a personal objective which relates to Dignity and Respect.

They will be setting up a Dementia Board to look across all areas of the Health Board.

They have conducted a dignity and privacy audit on continence which found pockets of good practice. It took the nurse and patient experience into account. Lots of environmental issues were identified, especially adequate space for chairs in cubicles.

The action plan commitment to an older person's continence clinic in Newport has been revisited. A new approach is proposed to integrate with the Frailty leads across the Board area and to provide information about referral into the seventeen existing clinics.

They have had a visit from *Dignified Care?* panel member Nicky Hayes to help them think about how to improve patient privacy.

They now have a patient experience strategy in place and lots of ongoing work. The volunteer project in Ysbyty Aneurin Bevan is involving patients in bringing in activities which they want to have (e.g. hair dressers, nail manicures, knitting) and identifying community activities and social opportunities which can continue post discharge. They are hoping to link with the local college so students can provide some of the hair and beauty treatments that patients are interested in.

Betsi Cadwaladr University Health Board

The Board regard *Dignified Care?* as highly influencing and mind changing.

They have created a Nursing & Midwifery Management Learning Centre as an important resource to address both ward leadership and knowledge and skills. A Faculty of Quality Improvement had also been established.

There are continuing challenges in establishing the correct staffing numbers and the aim is to set a minimum benchmark for nursing.

Matrons have been reintroduced across the Health Board and this role will be evaluated in due course.

Dementia is now part of mandatory training and the Board has secured the appointment of Dementia specialists. They are working with local universities to build awareness of dementia and sensory loss into the curriculum for training professionals. They are also working with the Alzheimer's Society to focus on expanding community support and hospital admissions prevention, and exploring the use of charitable funds to improve the ward environment for dementia patients.

The Board's Continence team is linking with their Fundamentals of Care team to look at continence. An action plan has been completed and discussed at meetings with service users.

The Board has developed a short film on Intentional Rounding – regular structured visits to patients on a ward - to incorporate privacy and dignity and this has been well received. More work is needed to engage consultants and therapists.

The Board is using additional survey techniques (the Picker survey) to assess patient experience. This will help to identify trends according to age.

Cardiff & Vale University Health Board

Following *Dignified Care?* the Health Board has developed a framework which is helping refocus on the values which are important and what is important to staff. The Health Board has gone further and deeper into exploring dignity and respect in relation to education because of *Dignified Care?*

They have ensured that their dementia action plan focuses on acute settings, not just mental health settings.

To improve continence care the Board will be setting a standard for answering call bells. They are collecting patient stories to make a DVD which will be widely available and focus on raising awareness and understanding of what it's like to be a patient. Service users are represented on all the groups taking forward continence issues.

A privacy audit process has been developed and piloted. These audits will be part of each department's plan and will have the same status as clinical audit. The audits will be undertaken by junior doctors, as engaging them early in their career will help embed the message and new culture. Quiet rooms are being upgraded and are beginning to be used.

On hospital discharge, they are working with local authority partners to secure a shared sense of urgency and a focus on doing the right thing for the patient, not on whose responsibilities are whose.

They are developing a compendium of third sector provision for staff to find out about available services. They have held two stakeholder events to explore what volunteering exists and to launch their strategy and volunteer uniforms.

To improve the ward environment they have completed a sensory scoping exercise which audits loop systems and portable equipment, and an action plan is to follow. The lack of capital budget to refurbish existing facilities remains a significant challenge.

They have completed a mapping exercise of knowledge and skills and dignity and respect has been added to the mandatory training schedule. They are in conversation with the local universities about ensuring pre-registration and undergraduate training includes dignity and respect appropriately.

Cwm Taf Health Board

Cwm Taf have used the *Dignified Care?* report at staff inductions, particularly nursing inductions. They have invested in their organisational development team, recognising the importance of embedding the right values and achieving cultural change.

Innovations include the creation of pocket guides for staff, developed using staff knowledge. The first one is on dementia care.

Core nursing values are constantly reinforced, and their dignity pledge is regularly updated and audited. They offer nurses development opportunities to enable them to excel if they demonstrate leadership potential.

A 'Train the Trainer' dementia care package has been rolled out. They have adopted the use of a 'Forget-me-not' symbol on the patient status boards and have adapted the "This Is Me" leaflet from the Alzheimer's society.

Cwm Taf is the only health board in Wales to manufacture purée reformed meals, which enhance the mealtime experience for patients.

What this means is that, for patients who require meals in puréed form, their meals are plated in the same way as all other textured diets and food items are moulded to resemble the food they are made from. The Board strongly link this to dignity and have had very positive feedback.

They are placing a discharge liaison worker in the local authority team to explore improved ways of working.

Cwm Taf has resisted the trend towards all single rooms. They believe that this reflects older people's preference, and their families' views. Their new hospitals have a mix of provisions, including en-suite bays, sitting rooms and quiet areas.

They are one of only two Boards in Wales working actively and closely with the housing department in their local authority to support housing alternatives that can help hospital discharge.

They offer monthly training sessions on dignity for nursing staff. Staff who undertake the training become Dignity Champions and go back to their wards to undertake a positive action. They are followed up to check on progress.

Hywel Dda Health Board

The Health Board recognises that all staff have a personal role to play in providing dignified care. It should be core business and each Health Board Director has a personal objective related to dignified care.

Patient stories are recognised as more powerful than surveys and these are now presented at the start of meetings.

Recruitment interviews include a question on dignity and respect and they are conscious of the need to change cultures, following the merger of the previous six health boards into the new Hywel Dda Health Board.

An EARWIG scheme ("Everyone Always Remembers Where Information Goes") has been introduced by some of the nurses at Worthybush Hospital to promote privacy around personal information. This can be a

particular problem in rural areas with smaller populations where patients often know each other personally.

In relation to discharge planning there has been more joint working with Social Services, including more joint posts, co-located teams, and reduction in the duplication, but it is not consistent across all areas.

Recognising that carers need dignity and respect too, unpaid carers are given the same access to training and support as full time staff. Hywel Dda have sought to go further than the requirements of the Carers Measure.

Hospital discharge varies across the wide geographic region covered by the Health Board. There remain challenges around changing existing services and replacing them with something better.

The Board has reviewed ward environment, and, in terms of capital and environment planning, dignity is being considered alongside other issues such as infection control.

They have created a new involvement scheme 'Siarad Iechyd' – which offers an opportunity for patients to influence policy using their experiences.

Powys Teaching Health Board

The Health Board consider meeting older people's care needs as core business, given the population profile and high level of inward migration into the county by older people.

Dignified Care? was used as a report on which conversations could be built and discussions held between professions and staff.

Organisational restructuring has taken place to strengthen clinical and ward leadership and the relationship between senior nurses and Board. This has had an impact on their capacity to deliver some aspects of their *Dignified Care?* action plan commitments, but they are focused on long term fixes.

Some charitable funds available to the Board are being used for small scale changes such as 'dementia friendly clocks' and for painting of doors to help orientation of dementia patients and those with sight problems.

A Care for Continence Programme has not been systemically rolled out through the Health Board area. Instead progress has been made under the Transforming Care banner, initially focused in Llanidloes Hospital.

Velindre NHS Trust

The *Dignified Care?* report is credited with sharpening Velindre's focus on what was already a key area of work for the Trust. It prompted them to revisit some of their work and seek to improve it.

The biggest barrier Velindre faces to delivering this agenda is felt to be the physical environment of the hospital, and the lack of capital funding for improvements.

The necessary 'energy, enthusiasm, and ethos' amongst staff was considered to be in place.

One key change *Dignified Care?* has brought is that it has prompted nursing staff to record their efforts, and to collect evidence of good standards. They now keep a 'good news' folder and one nurse has set up an 'Inspire to Care' forum. This shares good ideas, and provides coaching for other staff, they have seen a real change in attitudes as a result.

A dementia lead has been appointed. People are now assessed with their family when they come in. They are allowed to bring items from home to create familiarity.

The Trust experience difficulties with securing funding for social care support to individuals during treatment and patient discharge delays due to their all-Wales remit and consequent relationship with a large number of different social services departments. They acknowledged that

interaction with social services is an area which needs further development.

They have seen a huge take-up of patient information bags, which include leaflets about benefits and coping with cancer. The Trust's Information Manager is looking into whether they need a specific information pack for older people.

They have implemented 'Stop, Look, Listen' dignity screens – to get people to treat a curtain as a door. Giving information to patients in clinical areas remains challenging because of the physical environment. Patients often decline the offer to move somewhere private, but there are places they can be moved to.

The launch of their dignity code went well. It is a multi-disciplinary initiative with twenty three members of the dignity working group. Staff have raised a range of concerns through this group, including around ambulance journeys and patient gowns.