

THE DUDLEY GROUP NHS FOUNDATION TRUST

DIGNITY IN CARE REVIEW BY DUDLEY HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE (HASC) 2011

Action Agreed by Team	By Whom	By When	Specific Actions agreed by Trust	Progress at end of March 2013
Recommendation 1: HASC would encourage DGOHft Trust to consider exploring with partners and community stakeholders the scope, feasibility and cost benefit of developing a Dignity Code in-line with guiding principles set out by RCN. This should look to move from well-meaning but often to vague principles explicit/tangible standards; and hardwired in workforce strategy as appropriate.	K Broadhouse	Feb 2012	DGOH already has a policy on respect and dignity. This will be updated to include principles of the RCN dignity code. It will also include specific standards/measures on how dignity and nutrition will be monitored in Trust. These are: 1) National inpatient survey standards 2) Local inpatient survey standards 3) Local Nursing Care Indicators 4) Local dignity and respect audit standards 5) National single sex accommodation standards The new policy will be advertised following ratification.	OUTSTANDING. Have been awaiting outcome of Francis Report. This is now being progressed and will be completed April 2013. Please see attached paper on latest results of measures 1) to 5) listed.
	A Reeves	Feb 2012	All new job descriptions will stress the importance of respect and dignity and the need to follow the relevant Trust policies such as that above.	COMPLETED. New template incorporates this.
	M Green/K Broadhouse	Feb 2012	Trustwide screensaver on unnecessary exposure already in place and further themes developed	COMPLETED. Other screen saver themes include:
	K Broadhouse	Completed	Trust to sign up to national Care Campaign of the Patients Association/Nursing Standard	COMPLETED
	K Broadhouse	May 2012	Annual national Nurses Week will be used to publicise this issue.	

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Recommendation 2: The committee would encourage the Trust to ensure dignity issues are explicitly embedded in the development of the patient experience strategy in order to maximize long-term success and consistent implementation of dignity practices across services. Relevant community stakeholders and Dudley's Older Peoples Board should be consulted on its development in order to ensure a responsive dignity framework.	M Green L Leddington	Feb 2012	Patient experience project work under Transformation scheme to be presented to Board in Feb 2012 and to include dignity. This work will help shape the final version of the patient experience strategy.	COMPLETED – held transformation Lean Action Half day and presented to Board. Strategy development still ongoing.
	M Green L Leddington	Completed	Draft patient experience strategy previously shared with Patient and Public Experience Steering Group for input, membership included community stakeholders.	COMPLETED. Patient Experience Strategy updated March 2013. Complements Clinical and Quality Strategies
	M Green L Leddington	Ongoing	Patient surveys and patient panels collate current views and drive improvements.	COMPLETED. Trust undertaking local real time surveys and participates in national patient surveys
Recommendation 3: HASC suggests that DGOHFT develops services to raise awareness of existing practices designed to ensure relatives are able to assist at all meal-times; and that action plans are developed to address CQC improvements on this theme.	A Foster S Lavender K Broadhouse	Feb 2012	Bedside information for visitors and patients will be reviewed to include issue. Relevant information added to patient information map, bedside folders, and 'your stay in hospital'. Information on nutrition on internet to be more prominent re relatives assisting with feeding.	PARTIALLY COMPLETED Included in 'Your stay in hospital' booklet. New ward information leaflets have been piloted. This information will be inserted in next print run.
	Y O'Connor S Phillips	Feb 2012 Completed	Update visitor's policy to reflect this. Action plans following CQC visit have been completed.	COMPLETED
	J Fleetwood	Ongoing	Volunteers trained and used to feed patients (For nutritional support workers see Recommendation 8)	COMPLETED/ONGOING. Over 40 volunteers now trained. A recent delay in health clearance of new volunteers now resolved and so further recruits imminent.

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Recommendation 4: HASC seeks assurance from DGOHft and key partners that the training provided to staff and volunteers in the sector appropriately highlights the importance of dignity in care for service users. HASC also suggests training packages are developed to include explicit deliverables realised within the principles of a dignity code mentioned earlier. Further, to encourage consistently high standards across the sector HASC suggests Trust and its partners to come together in collaboration with community stakeholders to share best practice on steps to ensure incorporation of dignity issues into training packages for all front-line staff from access to community care services.	J Fleetwood	Ongoing	Included in training programme on appointment to volunteers	COMPLETED/ONGOING Included in volunteer induction
	K Kerrigan	Ongoing	Included in Induction programme for band 5.	COMPLETED/ONGOING. Included in induction
	K Broadhouse K Kerrigan M Lewis	Ongoing	All Band 2,3,5 development programmes have taught sessions on respect and dignity and Band 6 development programme has respect and dignity in the change management section.	COMPLETED/ONGOING
	K Jaunzems	Completed.	Learning Disabilities group Dudley Voices for Choices involved in development of new care plans. Regular Trust meetings attended to improve staff knowledge on respecting the views on persons with disabilities. Specific Voices for Choices training sessions provided.	COMPLETED Funding secured for new Learning disability Liaison nurse. Post advertised
	K Broadhouse	Dec 2011	Commence respect and dignity audits undertaken to ensure assurance of compliance.	COMPLETED/ONGOING
	J Page	Ongoing	Respect and dignity taught as part of Safeguarding.	COMPLETED. Included in all courses
	Jackie Freeman	Feb 2012	Assess the present Trust induction elements on privacy and dignity and update and enhance the contents in light of the new policy.	COMPLETED. Trust Induction has undergone a review and the Trust Vision and Values have been incorporated into an interactive session bringing alive the expected standards of behaviour. This is now adopted for all Corporate Induction sessions that take place, including Student Nurses and Junior Doctors.

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Recommendation 5: HASC proposes that DGOHft works collaboratively with key partners and community stakeholders to develop shared local minimum standards on dignity issues based on regulatory expectations.	K Broadhouse K Shine	Jan 2012 Ongoing	DGoH Trust Policy will be shared with the PCT for comment PCT monitors compliance with same sex accommodation standards.	See item 1 above COMPLETED. Trust engages with the national submission of the 'Mixed Sex Accommodation' return and we also submit the performance to Dudley PCT on a monthly basis. The numbers are also included in the Monthly Finance & Performance Board report.

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Recommendation 6: HASC suggests the establishment of internal Dignity task groups to consistently co-ordinate and promote dignity improvements and integrating the Dignity role across senior staff groups.	K Broadhouse S Randall	July 2012	Re launch of Essence of Care Link workers, secured time release to undertake role, education on the wards. Monthly nutrition audits undertaken. Lead nurses to undertake audits including nutrition and privacy and dignity. Current initiatives in Trust Nutrition include Protected Mealtime, red trays that sensitively identify those who need help and support at mealtimes, hand bells rung in wards to identify meal times.	COMPLETED. All wards have link nurses from August 2011. All lead nurses have signed contracts to allow the link nurses to have 8 hours a month to undertake duties. Link nurses undertake monthly nutritional audits assessing such items as: -Protected mealtimes -repositioning of patients for meals -patients hands washed prior to meals -Mouths cleaned after meals -Access to menus -etc
	K Broadhouse	Dec 2011	Fluid balance monitoring (2011) chart redesigned & teaching package developed. Standard Operational Policy has been written to be rolled out Trustwide.	COMPLETED. Lead nurses auditing charts weekly
	K Broadhouse	Ongoing	Compliance with completion of fluid balance management measured and monitored using the Nursing Care Indicators (NCI). Logs to be kept a ward level of names of staff that have completed training. Privacy and dignity has been identified for all clinical staff as a priority for 2012.	COMPLETED/ONGOING
	K Broadhouse	Completed	Protected Mealtime policy published.	

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Recommendation 7: DGOHft ensures that action plans are developed to address required improvements and any other actions arising from the feed-back on CQC's visit in January. In addition HASC requests an update on monitoring and evaluation arrangements in-place to ensure improvements are hardwired in strategy to better meet expectations.	K Broadhouse	Feb 2012	Core care plans produced which include section for patient signature/ relative's signature re care planning.	COMPLETED
	K Broadhouse	Ongoing	Monitored via NCI's	COMPLETED/ONGOING
	S Phillips	Completed	Review of action plans following CQC visit 2011.	COMPLETED
Recommendation 8: HASC encourages the recruitment of Nutritional support posts to provide for effective nutrition systems and MUST assessments.	S Randall	Dec 2011	Nutrition Support posts implemented on A2.	COMPLETED. Role continues
	All Matrons	May 2012	On other wards Matrons considering the usefulness of these roles in relation to other staffing requirements.	COMPLETED. A review of all nursing and support posts undertaken. New support workers commenced on certain wards that undertake help with nutrition and other roles.
	K Broadhouse	Ongoing	MUST screening undertaken for all patients attending hospital. MUST scores are monitored as part of the NCIs. The compliance score for October was noted as 86%.	MUST completion rates now over 90% at Feb 2013

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PRIVACY AND DIGNITY

Introduction

The Trust monitors privacy and dignity in a variety of ways but the six key mechanisms are:

- 1) National inpatient survey
- 2) Local Trustwide inpatient survey
- 3) Local Trustwide yearly dignity and respect audit
- 4) National single sex accommodation monitoring
- 5) Friends and Family Test monitoring
- 6) Complaints and Concerns
- 7) Individual Department surveys

1) National inpatient survey

This is undertaken yearly and consists of many questions, four of which relate to privacy and dignity. The results of the last survey (2011, the results from 2012 will be available in May 2013) indicate the Trust performs similar to the rest of the country.

Were you given enough privacy when being examined or treated in the A&E Department?	About the same
Were you given enough privacy when discussing your condition or treatment?	About the same
Were you given enough privacy when being examined or treated?	About the same
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	About the same

2) Local Inpatient survey

Volunteers take hand held terminals around the wards surveying patients prior to discharge. The results from 2929 patients for the two relevant questions from April 2012-Feb 2013 are indicated below:

Were you given enough privacy when discussing your condition or treatment?	%	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	%
Yes	92.8	Yes	96.5
No	3.5	No	0.7
Not Answered	3.7	Not Answered	2.7

3) Local dignity and respect audit

From December 2011–June 2012 a rolling audit was undertaken on 165 inpatients in the Trust. This consisted of asking patients a number of questions (see some of the examples in the first table below) and a number of observations by a nurse auditor of the care being given (see some examples in the second table below).

Q1 Were you asked how you wished to be addressed?
Q4 Have you understood all explanations given to you?
Q5 Has your dignity been maintained?
Q6 Has your modesty been supported/protected?
Q8 If you required help did you receive it at right level?
Q10 Are you spoken to in an appropriate manner?
Q11 Have staff asked if you are happy with your care?

Q2 Does their clothing prevent exposure?
Q4 Are patients in single sex bays?
Q6 Do all bed curtains fit correctly?
Q7 Are call bells within easy reach?
Q9 Are the toilets clean?
Q13 Are visitors numbers acceptable?
Q14 Do all staff knock before entering side rooms?
Q15 Is permission requested before entering behind curtains?

There was a 98% satisfaction from patients

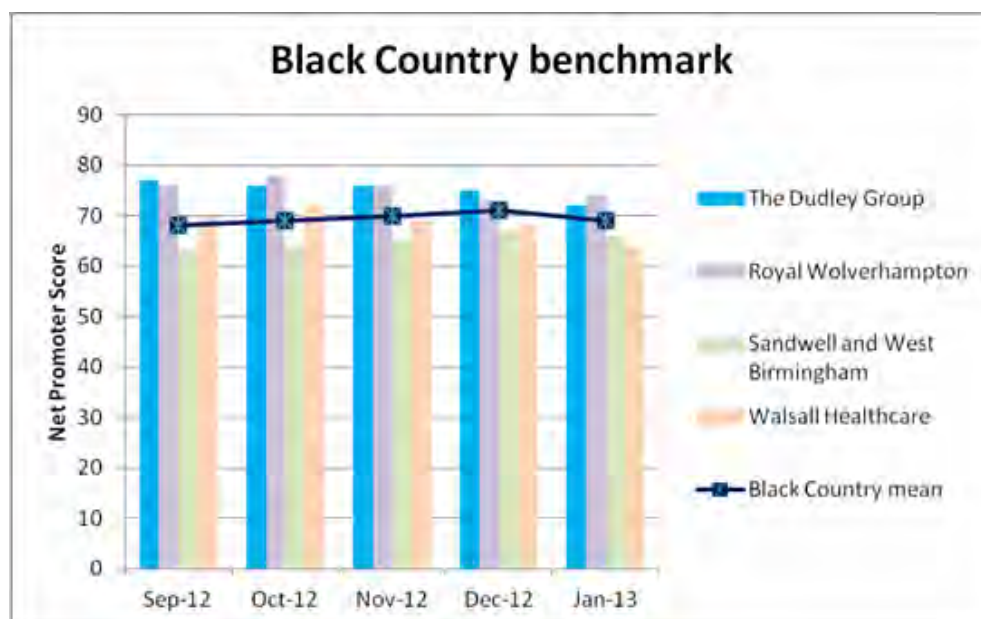
4) National single sex accommodation standards

The Trust has had no breaches of the standards.

5) Friends and Family Test

Although not a direct indicator of privacy and dignity the question asked of patients about whether they would recommend the hospital to their friends and family gives an indication of whether a patient is satisfied overall with the care and treatment they have received and that their privacy and dignity has not been affronted in any way. The latest results (January 2013) are as follows:

Regional (NHS Midlands and East) average for January	71
Black Country average for January	69
Trust score for January	71



6) PALS (Patient Advice and Liaison Service) Queries and Complaints

All PALS queries and complaints are categorized by type and in the last quarter (Oct-Dec 2012) there were no complaints in this category and two PALS queries. The latter relate to a discharge from and an assessment in the accident and emergency department. Following the queries the Matron of the area has telephoned the patients at home and the issues were resolved.

7) Individual Department surveys

From time to time individual departments will undertake their own surveys. In January 2013, the Rheumatology Department surveyed 549 patients who came to outpatients. The following results occurred (figures in brackets are a similar study of 746 patients in 2008):

Were you given enough privacy when discussing your condition and treatment?

Yes definitely 93% (93%)
No 0% (0.4%)

Yes to some extent 3% (3%)
Unanswered 4% (4%)

Were you involved as much as you wanted to be in clinical decisions?

Yes definitely 89% (88%)
No 0% (0.2%)

Yes to some extent 6% (6%)
Unanswered 4% (5.5%)

Overall, did you feel you were treated with respect and dignity while you were at the rheumatology outpatient department?

Yes definitely 88% (93%)
No 0% (0.1%)

Yes to some extent 1% (2%)
Unanswered 11% (5%)

Conclusion

The above information hopefully indicates that there are no major problems with privacy and dignity at the Trust.

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