

Dignity in Care Report (Published May 2007)

Formal Response received July 2007; updates received September 2007, December 2007 and March 2008.

Please Note

Following the Board's meeting in March 2007, it was deemed that actions arising from the scrutiny inquiry report had been substantively completed and no further monitoring was subsequently undertaken.

A summary of the latest reported position against each of the recommendations detailed in the scrutiny inquiry is detailed below:

Recommendation 1

We recommend that health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.

The joint response received at the July meeting detailed existing and planned activities which have now been completed by LPFT, LTHT, Leeds PCT, Leeds Care Association and Adult Social Care Services. Drafts of posters were shown to the Board at the July meeting.

Position reported in December 2007:

The posters are now on display across the city and there have been articles on the poster campaign in each organisation's newsletters, bulletins and websites.

Achieved December 2007

Recommendation 2

We recommend that statutory care providers set up internal dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the dignity role in an existing senior group. This should be led by an appropriate dignity champion.

Position reported in December 2007:

Internal dignity task groups have been set up to co-ordinate dignity improvements as follows:

LPFT has established the Older People's Mental Health Service Privacy and Dignity Steering Group.

LTHT has set up the Dignity Workstream Group. There is an annual conference for staff of all disciplines to support work as Dignity Champions.

Leeds PCT has established a lead on establishing a Privacy and Dignity Essence of Care Group. Practice and Professional Development links to each service/wedge have been identified at Dignity Champions. Specific posts have been created within the PCT which will incorporate dignity issues, i.e. Marie Curie Delivering Choice – Palliative Care Facilitator for Care Homes post, Education Post, Equality and Diversity worker posts.

In Adult Social Care Services the dignity role has been incorporated into an existing senior group, the Adult Management Group. The Chief Officer – Adults undertakes the role of Dignity Champion.

Achieved December 2007

Recommendation 3

We recommend that the Leeds Older People's Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Position reported in December 2007:

LPFT, LTHT and Adult Social Care Services gave their continued commitment to this in the formal response in July and are all represented on the Older People's Champions Group. The PCT has since identified senior members of staff in both Care Services and the Strategic Commissioning Directorates as Dignity Champions.

Achieved December 2007

Recommendation 4

We recommend that relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

The formal response in July detailed existing and planned activity in this area. At the update in September 2007, work on the Dignity Audit Tool was still outstanding.

Position reported in March 2008:

The Dignity Audit Tool has now been launched and a press release issued. The findings from the project will be used to develop better practice and to help plan better services for older people in Leeds.

Achieved March 2008

Recommendation 5

We recommend that an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Position reported in December 2007:

The Dignity in Care agenda is being mainstreamed in Adult Social Care and NHS learning and development activities. A city wide training programme has been developed and elements of this will be delivered from November 2007- May 2008, with further sections being developed and rolled out. The programme consists of briefing sessions, presentations to key Boards and Committees, a major conference on Safeguarding Dignity and Choice, training courses and publicity to disseminate the messages for practitioners from the health, social care and voluntary/independent sector as widely as possible. Elements of the programme include the following:

- Safeguarding Dignity and Choice Conference.
In September a presentation was given to Safeguarding Adults Committee on the Safeguarding Dignity and Choice Conference. Dignity in Care is a central theme in this important multi agency event, taking place on 8th January 2008, with 200 delegates from health, adult social care and the independent/voluntary sector. A Dignity in Care workshop will be delivered by members of the Strategic Partnerships and Development (Older People and Disabled People) Team.

- **Continuing Care Training**
From October 2007-May 2008 briefing sessions are being delivered for practitioners and their managers on the new continuing care decisions and support tool. Dignity and choice are mainstreamed within the briefing sessions. The first briefing session was recently delivered to 60 hospital social workers and their managers.
- **Integrated Assessment Skills Training for front line fieldwork staff.**
This two-day training concerns Assessment, Dementia and Risk Assessment skills for experienced workers focussing on strengths based practice. Dignity in care has been included within this. This will be delivered in early 2008.
- **Workshops are planned for end of year for palliative care in care homes which will incorporate dignity issues for care home staff, Community Matrons and District Nursing.**
- **Following the citywide launch of the leaflet 'Assessment – Identifying Barriers – the Social Model Approach' a number of courses have been organised and run for Social Workers and Occupational Therapists during 2007.**
- **Disability Equality Training – briefing sessions are being organised to equip residential, day-care and fieldwork staff in working with disabled people using a social model approach. This will be delivered in 2007-2008.**
- **Workplace based learning - The support of workplace based learning with NVQ assessment, provision of individual and group learning materials (training packs, videos, books etc.) is becoming increasingly important. The Dignity in Care agenda will be introduced to NVQ candidates as part of their fast track NVQ programmes from October 2007.**

Achieved December 2007

Recommendation 6

We recommend that all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.

Position reported in September 2007:

The response detailed the commitment to carry out this recommendation from the PCT and Adult Social Care, as new contracts are tendered/existing contracts renewed over the next 2-3 years.

Achieved September 2007

Recommendation 7

We recommend that the relevant local professional bodies consider the development of more consistent and patient focussed complaints procedures and develop common standards across health and social care services in Leeds.

Position reported in March 2008:

Adult Social Care has developed a draft Protocol which has been circulated to health colleagues for comment. It recommended that, as opposed to having separate protocols for individual agencies, there should be a general one which should cover all agencies.

It has been suggested that, because of the proposed changes to the statutory complaints procedure i.e. a single procedure between Social Care Services and Health and recognising complaints which at times cover all health agencies, there should be a West Yorkshire protocol instead of a Leeds protocol. In view of this, it has been suggested that the draft paper be tabled at the West Yorkshire Complaints Managers Network meeting on 11th December 2007.

If accepted, the new protocol will then go back through individual agencies' governance procedures for final agreement.

Events have moved forward nationally. Plans for a new streamlined health and social care complaints system were announced in Feb 2008, with early adopter sites trialling this before national rollout in April 2009.

The Board might wish to monitor progress with the early adopters and national rollout.

Recommendation no longer relevant – Stop Monitoring March 2008

Recommendation 8

We recommend that the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care are considered by the relevant local services.

Formal response from all partners gave commitment to carrying out this recommendation once the review report was published.

Position reported in December 2007:

The review report, entitled 'Caring for Dignity: A national report on dignity in care for older people while in hospital' has now been published: September 27th 2007

The previous 2006 publication 'Living well in later life' highlighted the lack of dignity and respect for older people in acute hospitals as a major area of concern. As a result of this, the DoH decided to focus on dignity as a key theme in the annual health check for 2006/2007 and to undertake a targeted inspection programme to assess the extent to which NHS trusts are meeting the Government's core standards relating to dignity in care for hospital inpatients.

The assessments highlighted a number of trusts (Leeds was not looked at) that were at risk of non-compliance with the core standards relevant to providing dignity and respect for patients in their declarations for the 2006/2007 annual health check. The DoH found 35 trusts to be at highest risk and, of these, 12 were already being pursued on dignity as part of other routine follow-up activity. As a result, 23 trusts were identified as requiring more detailed scrutiny, which involved interviews with staff at various levels and observation of one ward for the elderly and one with a mixture of elderly and non-elderly people in each site visited. At least one ward was visited during mealtimes.

The key aspects they observed during the inspection visits were:

- the ward environment, including privacy issues
- mealtime activity
- the behaviour of staff

Following the visits, they assessed the trusts on a five-point scale and issued notification letters to those trusts that were found to be at risk of non-compliance with one or more standards. These trusts were expected to reflect this in their declarations for the 2006/2007 annual health check.

Based on the scrutiny against standards and the issues identified by other evidence, a number of key themes emerged as the essential elements for ensuring that older people were being provided care in a way that was dignified and that matched their personal needs while in hospital. The themes identified were:

- involving older people in their care
- delivering personal care in a way that ensures dignity for the patient
- having a workforce that is equipped to deliver good quality care
- strong leadership at all levels
- supportive ward environment

Overall, the DoH was encouraged by evidence that acute trusts are making efforts to respond to concerns about delivering care that respects dignity. However, there is no room for complacency and NHS acute trusts must embed an approach to care that ensures dignity for patients. Although they found no major breaches of national standards, there is still a considerable need for improvement in many areas and the DoH have made the necessary recommendations in the report 'Caring for dignity'.

(available at:

<http://www.healthcarecommission.org.uk/serviceproviderinformation/reviewsandstudies/studies/dignityincare.cfm>)

Not surprisingly, considering the focus Leeds has given to Dignity in Care, much of the content of this report is already in the workplan of the General Hospital Care Group action plan.

The group has looked at the report and is auditing itself against all the recommendations to ensure that specific aspects are being picked up within the range of workstreams across Acute Care.

Achieved December 2007