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TRAFFORD COUNCIL

# AGENDA PAPERS FOR

## HEALTH SCRUTINY COMMITTEE MEETING

**Date: Wednesday, 4 December 2013**

**Time: 6.30 pm**

**Place: Trafford Town Hall, Talbot Road Stretford M32 0TH**

| | A G E N D A | PART I | Pages |
|---|---|---|---|
| 1. | **ATTENDANCES** | | |
| | To note attendances, including Officers, and any apologies for absence. | | |
| 2. | **MINUTES** | | 1 - 6 |
| | To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 12th September 2013. | | |
| 3. | **DECLARATIONS OF INTEREST** | | |
| | Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct. | | |
| 4. | **HEALTH AND SOCIAL CARE INTEGRATION** | | 7 - 24 |
| | To receive a presentation from the Joint Directors of Operations (Communities and Well Being) on the Operational integration between Adult Social Care and Pennine. | | |
| 5. | **AGEING WELL UPDATE** | | 25 - 28 |
| | To receive a presentation from the Executive Member for Communities, Health and Wellbeing. | | |
| 6. | **VOLUNTEERING** | | 29 - 32 |
| | To receive an update of the Executive Member for Communities, Health and Wellbeing. | | |

7. **JOINT HEALTH SCRUTINY COMMITTEE - UPDATE**

To receive an update from the Chairman on the meeting of the Joint Health and Overview Scrutiny Committee held at Manchester Town Hall on Tuesday 22 October 2013.

8. **TOPIC GROUP - PERSONALISATION**

To receive an update from the Topic Group Chairman.

9. **TOPIC GROUP UPDATE - DIGNITY IN HOSPITAL CARE** 33 - 48

To receive an update from the Topic Group Chairman. A copy of the report to the meeting of the Executive on 3 December 2013 is attached.

10. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

11. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

**THERESA GRANT**
Chief Executive

Membership of the Committee

Councillors J. Lloyd (Chairman), J. Lamb (Vice-Chairman), J. Brophy, Mrs. A. Bruer-Morris, J. Harding, J. Holden, K. Procter, S. Taylor, Mrs. V. Ward, Mrs. J. Wilkinson, Mrs. P. Young and B. Shaw (ex-Officio)

Further Information
For help, advice and information about this meeting please contact:

Sharman Frost Democratic Services Officer,
Tel: 0161 912 1229
Email: sharman.frost@trafford.gov.uk

This agenda was issued on **Tuesday, 26 November 2013** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

**HEALTH SCRUTINY COMMITTEE**

**12 SEPTEMBER 2013**

**PRESENT**

Councillor J. Lloyd (in the Chair). J. Brophy, J. Harding, J. Holden, K. Procter, S. Taylor, Mrs. J. Wilkinson and Mrs. P. Young

In attendance

Peter Forrester Democratic Services Manager

Also in attendance

Dr Nigel Guest – Trafford CCG
Gina Lawrence – Trafford CCG
Councillor Dr. K. Barclay, Executive Member for Community Health and Wellbeing,
Abdul Razzaq, Director of Public Health
Colette Bridgman, Consultant in Dental Public Health
Mike Brown – Trafford CCG
Kylie Thornton - Commissioning and Service Development Manager
Sam Burton - Trafford CCG

**APOLOGIES**

Apologies for absence were received from Councillors J. Lamb, Mrs. A. Bruer-Morris, Mrs. V. Ward and B. Shaw

**35. MINUTES**

RESOLVED: That the minutes of the meeting held on 12th February 2013 be agreed as a correct record and signed by the Chairman

**36. DECLARATIONS OF INTEREST**

The following declarations of personal interests were reported to the meeting:

Councillor Lloyd in relation to the Stroke Association
Councillor Brophy in relation to her employment in within the NHS
Councillor Harding in relation to her role with the Save Trafford General campaign.

**37. CHAIRMAN AND VICE CHAIRMAN**

RESOLVED – That it be noted that Councillors Lloyd and Lamb had been appointed by Council at its meeting on 22nd May as Chairman and Vice-Chairman respectively of this committee for the municipal year 2013/14.

**38. MEMBERSHIP OF THE COMMITTEE**

RESOLVED – That the Membership of this committee, as appointed by Council at its meeting on 22nd May, be noted.

## 39. TERMS OF REFERENCE

RESOLVED – That the Terms of Reference for this committee, as agreed by Council at its meeting on 22nd May, be noted.

## 40. 111 SERVICE UPDATE

The Committee received a detailed report from Nigel Guest and Gina Lawrence on the background to and progress on, the NHS 111 service. NHS 111 was introduced to make it easier for the public to access urgent healthcare services.

The report stated that local commissioners had been given responsibility for commissioning and procurement of NHS 111 services and that it went live in the North West Region via a 'soft launch' on 21 March 2013. However, it had quickly become clear that the new system was failing, with patients waiting up to forty minutes to have a call answered. To ensure patient safety a decision was taken to switch calls back to local Out of Hours (OOH) providers. This arrangement had been extended until the process of developing a new clinical model had been agreed and a procurement process completed to identify a new provider. The Committee were assured that there had been no serious incidents involving Trafford residents as a result of the issues with the NHS 111 service.

The report outlined the steps that were being taken to commission a replacement service and the timescales. It was estimated that a new service could be re-launched by September 2014.

Committee members asked a number of questions about the service and the proposals for the future. The Chairman indicated that they would like to be kept informed of progress over the coming year.

RESOLVED

1. That the report be noted.
2. That a further report on the NHS111 service be submitted to the Committee in six months' time.

## 41. RESPONSE TO THE REVIEW OF DENTISTRY IN CARE AND RESIDENTIAL HOMES

The Committee received an update from the Executive Member for Community Health and Wellbeing, Director of Public Health and Colette Bridgman, Consultant in Dental Public Health on the progress that had been made in response to the Committee's review of Dentistry in Care and Residential Homes.

The report highlighted that a proposed pilot of Dental Services for residents of elderly care homes in Trafford had not been undertaken and that the proposal would be looked at as part of the Greater Manchester Dental Strategy during 2013/14. The report also stated that a qualitative survey of older people was planned to compliment the North West survey of managers of services for older people.

RESOLVED

That the report be noted.

## 42. ALCOHOL SERVICE PERFORMANCE

The Committee received a detailed report on the delivery of commissioned Alcohol services in Trafford. The report stated that the Drug and Alcohol Action Team (DAAT) was responsible for developing and commissioning services and was based in the Children's, Families and Wellbeing Directorate. The services were funded by the Public Health Grant.

The report stated that Trafford was the only Greater Manchester area to be better than the England average for Alcohol Treatment Prevalence. However, alcohol misuse was recognised as the leading health and wellbeing priority by the public as part of the Health and Wellbeing survey. This priority was to be addressed by the Health and Wellbeing Strategy and Action Plan.

The report set out a comprehensive update on the issues facing the borough and the actions that were being taken to address them. The Committee indicated that they would like to be kept informed of progress at a future date.

RESOLVED

1. That the report be noted.
2. That a further report on the work to address alcohol problems in the Borough be submitted to the Committee at a future meeting.

## 43. HEALTH AND WELLBEING BOARD UPDATE

This Executive Member for Community Health and Well-being submitted a detailed paper providing an update on the Health and Well Being Board (HWBB) including revised membership arrangements and progress on preparing the draft Joint Health and Wellbeing Strategy.

The Committee were informed that the strategy would be formally approved at the October meeting of the Health and Wellbeing Board (HWBB) and would be presented to full Council in November for final approval.

RESOLVED

That the Committee notes the update of the revised HWBB membership arrangements and the progress of the draft strategy.

## 44. OVERVIEW AND SCRUTINY ANNUAL IMPACT REPORT: 2012/13

The Committee received a report documenting the achievements of the Overview and Scrutiny function during the 2012/13 municipal year.

RESOLVED

That the report be noted.

## 45. HEALTH ENGAGEMENT EVENT - 11 APRIL 2013

The Democratic Services Manager submitted a report on an event attended by Health Scrutiny Committee members along with colleagues and Councillors from the Health and Wellbeing Board, Clinical Commissioning Group, Healthwatch, Trafford Council and the Care Quality Commission on 11th April. The purpose of the meeting was to allow the various organisations to outline their roles and responsibilities and share ideas around effective working arrangements.

This report documented the themes which emerged from the session and recommendations to enhance partnership working.

RESOLVED

1. That the report be noted
2. That the recommendations from the event be endorsed.

## 46. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME: 2013/14

The Committee considered the Health Scrutiny Committee work programme for 2013/14. The programme included the items to be considered by the Committee and the Topic Groups.

RESOLVED

That the work programme be noted.

## 47. UPDATE ON THE WORK OF THE JOINT HEALTH SCRUTINY COMMITTEE / OUTCOME OF SECRETARY OF STATE REFERRAL

The Chairman provided an update on the position regarding the New Deal for Trafford programme. The Secretary of State for Health had agreed with the recommendation of the Independent Reconfiguration Panel that the programme should proceed subject to a number of conditions being met. The Secretary of State had stated that the Joint Health Scrutiny Committee should have a role in the process of ensuring that these conditions had been met.

The Joint Health Scrutiny Committee had met on the 1st August and had agreed an approach and suggested Terms of Reference. The Terms of Reference would be considered by both Councils at their next meetings. Subject to this, a further meeting of the Joint Committee had provisionally been agreed for the 22nd October 2013.

RESOLVED

That the report be noted.

## 48. TOPIC GROUP UPDATE

Councillor Holden reported on progress with the personalisation review. He stated that the review had looked at the services provided and their impact on users.

Councillor Holden was drafting the report and was hoping to complete it in the near future.

The Committee received an update on the Dignity in Care project from Councillor Patricia Young. The review was nearing completion and had identified a number of issues from a user perspective. The Topic Group had visited hospitals and met with senior managers from USMH, Salford Royal and Trafford General. They had also sought views from the public and visited two care homes.

RESOLVED

That the reports be noted.

The meeting commenced at 6.30 pm and finished at 9.10 pm

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# Integrated Care in Trafford

Deborah Brownlee, Corporate Director
Joanne Willmott, Director of Operations
Children, Families and Wellbeing
November 2013

# Introduction

- Case for change
- Greater Manchester picture
- Trafford overview
- Integrated care – benefits
- Customer stories
- Trafford Health and Social Care Service



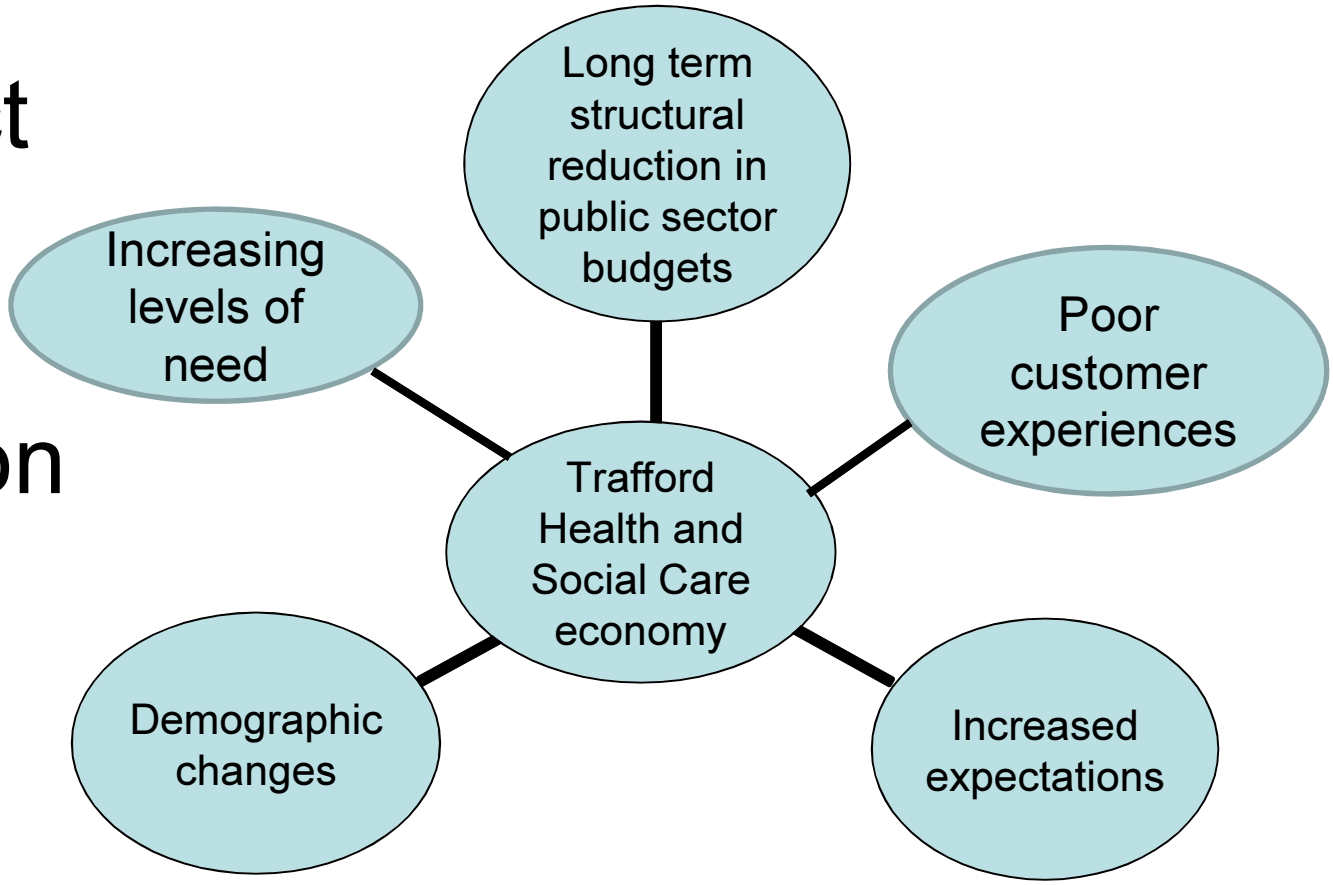
# The Case for Change

"People don't want health care or social care, they just want the best care. Integration is a vital step in creating a truly joined-up system that puts people first. Unless we change the way we work, the NHS and care system is heading for a crisis".

Minister of State for Care Services, Norman Lamb

# The Case for Change

"The Perfect Storm" Increasing Pressures on Decreasing Budgets




# Greater Manchester Picture

- AGMA and Association of Clinical Commissioning Groups leading Integrated Care Programme. 10 local models within overarching Greater Manchester vision
- Aligned to Public Services Reform agenda
- Aligned to developing Healthier Together Programme



# Trafford Health and Social Care Economy

- Worked closely with Trafford Clinical Commissioning Group to develop a joint integrated care vision and action plan
- Operational integration between Adult Social Care and Pennine Care, based on integrated neighbourhood teams and enhanced reablement
- Creation of Trafford Health and Social Care service through deployment of Adult Social Care staff into Pennine Care – mirror image of Children and Young People Service



# What Integrated Care Means:

- Right care, in right place by right people
- Support for self care and independence
- Accessible and responsive services
- Quick community based response to urgent care needs
- Appropriate hospital care when required
- Services working together to deliver seamless and compassionate care through effective collaboration



# What Integrated Care delivers

- Better health and social care outcomes for customers
- Better customer experience – telling story once, treated as an individual and supported in a holistic way
- Efficiencies across the health and social care system, building resilience and management of ever increasing demand



# Integrated Care for Mrs Trafford

**Mrs Trafford lives by herself in Gorse Hill, she is 84, has COPD and poor mobility**

Enhanced reablement work with Mrs T to develop her daily living skills and reconnect her with her local community

North integrated team provide care co ordination , ensuring any changes in Mrs T's needs are responded to quickly

When Mrs T is acutely ill, for example has a severe chest infection, the urgent care team provide 72 hours of nursing and social care support at home

Following a fall Mrs T receives integrated health and social care rehabilitation at Ascot House to support her to return home

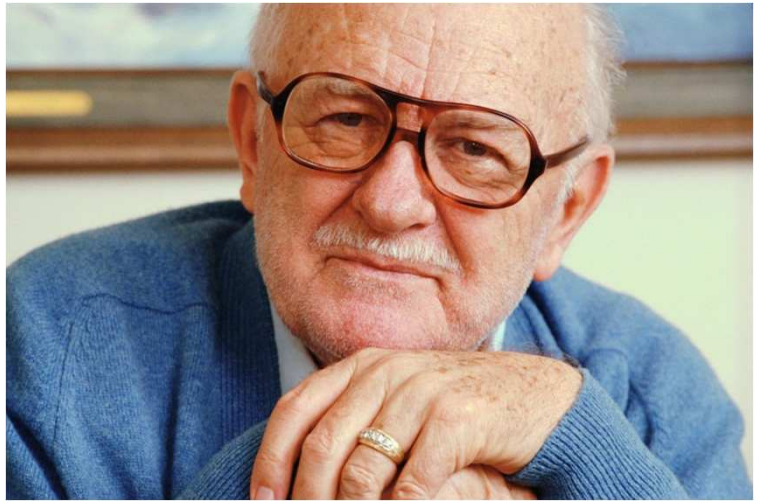
# Ascot House

Right CARE
Right TIME
Right PLACE

- Integrated health and social care assessment unit
- Opened an additional 8 dedicated health beds for intermediate care in addition to 20 social care beds
- Weekly Geriatrician consultant on site clinics, improved Community Matron and District Nurse support and extensive therapy interventions for all residents.
- A wide range of Pennine Care Services have office space within Ascot, improving partnership working and offsetting Council costs.

# Mr Timperley

Right CARE
Right TIME
Right PLACE



- Mr Timperley is 80
- Mr Timperley admitted to Ascot House for 6 week assessment, requiring maximum support in all areas of daily living.
- Mr Timperley was determined to return home and worked with a range of health and social care staff, including Physiotherapists, Occupational Therapists and reablement workers to improve his mobility.
- The social care assessor arranged a package of care and Telecare equipment including falls detector, bed sensor, pendent alarm and key safe.

# Mr Timperley

Right CARE
Right TIME
Right PLACE

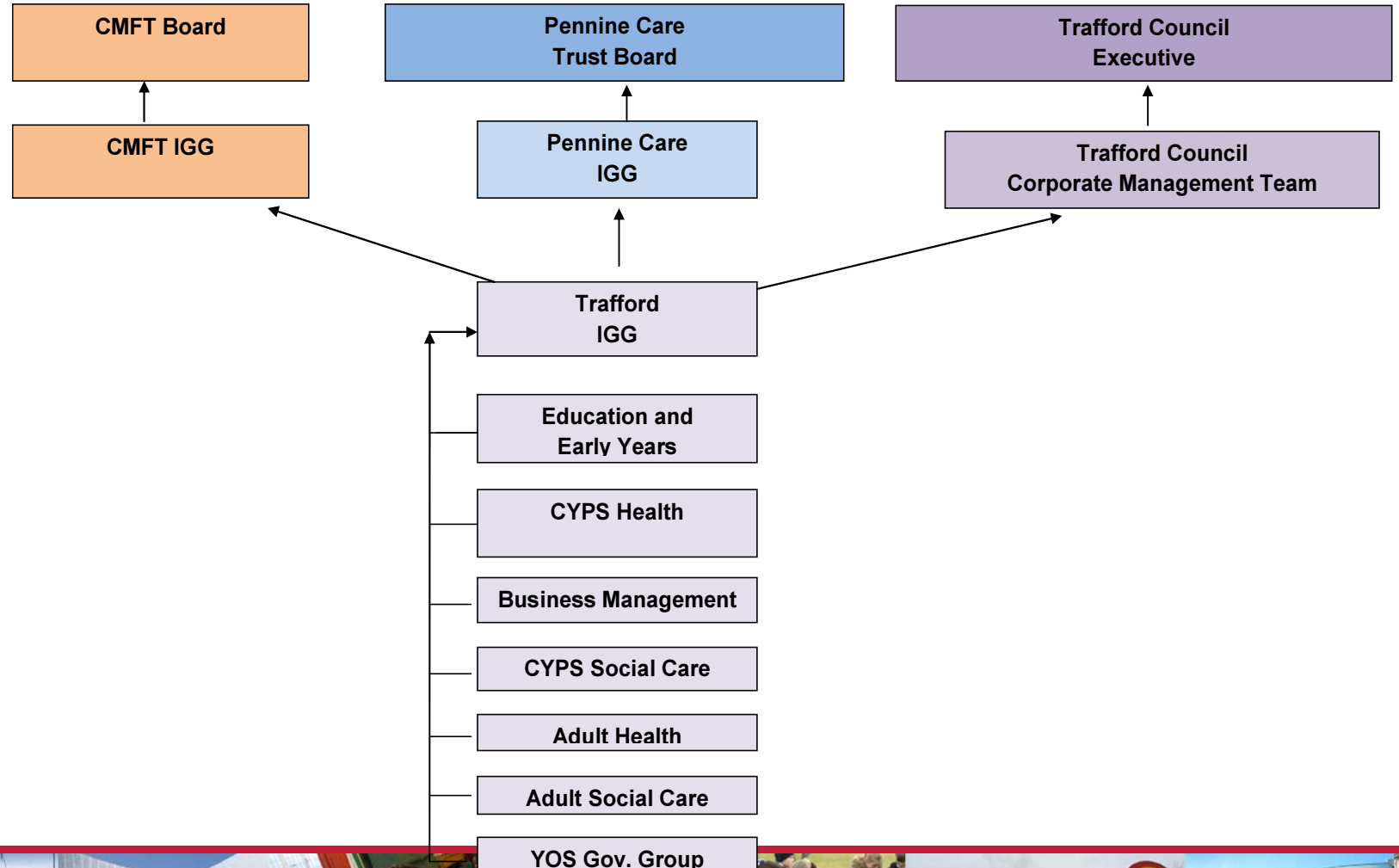
- Due to the progress he made and the improvement in his confidence and mobility Mr Timperley was able to return home after four weeks.

# Trafford Progress Update

- Building on integrated CYPS, Mental health and Learning Disability Services
- Signed Partnership Agreement with Pennine Care
- Integrated health and social care reablement and assessment at Ascot House
- Major Adaptations integrated into One Stop Resource Centre
- Urgent Care Team recruited and based at Ascot House, clear pathways in relation to social care



# Governance Model




# Integrated Management Structure

**Corporate Director CFW**

**Director of Operations Pennine Care**

- **Deputy Director - Service Development, Adult and Community services**
- **Director of Service Development, Children, Family and Education**
- **Director of Public Health**
- **Joint Director Children, Families and Social Care**
- **Joint Director Children, Families and Health**
- **Joint Director Adults' social care**
- **Joint Director Adults' Community Health**

**Commissioners**

**Providers**

**Employed by Pennine Care**

# Trafford Model for Integrated Adult Service

**Single Point of Access**
Easy access for customers, delivering simple and straightforward customer journey

**Ambulatory and Borough Wide Care**
Clinics - keep people healthy and well in the community. Services like healthy hearts exercise classes and family planning clinics
Specialist Support such as learning disability supported network

**Neighbourhood teams**
Support people in the community, teams understand their local area, know local people and keep them healthy and well

- Central
- South
- North
- West

Include people like:
District Nurses
Brokers
Community Social Workers
Reablement workers
Occupational therapists
Physiotherapists

**Admission Avoidance**
Keep people out of hospital, help people to leave hospital as soon as they are well
People like
Hospital Social workers
Urgent care Team
(nurse people at home)

# Next Steps

- Finalising structure
- Development of integrated neighbourhood teams
- Shared learning and development
- Development of detailed processes and systems
- Work with CCG re risk stratification and GP alignment



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TRAFFORD COUNCIL
Children Families and Well being
Commissioning and Service Development

**Scrutiny Review: update on Ageing Well in Trafford**

Update on progress for Health & Wellbeing Select Committee meeting December 2013

The Health & Wellbeing Select Committee members have requested an update on progress made against the recommendations from the Ageing in Trafford Report which scrutinised the support for older people in Trafford to lead active, involved and independent lives. Since the report was written in 2011 to 2012, the Ageing Well Partnership board is in the process of changing its remit and the way it ensures older people's views and needs are recognised and acknowledged by professionals. The 50+ Strategy was coming to an end and as a result the strategy was analysed and achievements made recognised. It became apparent that older people's original aspirations had been achieved, and older people have influenced the way in which services are provided and had the opportunity to feed into future design. It was also recognised and agreed that the environment in which we operate has significantly changed since the original 50+ Strategy with the establishment of the Health and Wellbeing Board and Strategy, Public Health joining Trafford Council and the development of Locality Partnership Boards. This encouraged the board to review the way in which it operates to ensure older people's views continue to be heard and they continue to be involved. The ideas behind the recommendations made in the Action plan from the Health Scrutiny Committee are still very relevant in the new way of operating for the board.

**Acknowledgement of older people needs, views and contribution in all strategies, plans and developments**

Recommendations:

- Increased recognition of older people and their diverse needs, ensuring strategies and other key documents acknowledge them.
- Recognising the need for an Older People's Champion
- Focus group work with Older people

Actions

- The Ageing Well Partnership Board has changed the way it will feed older people's views and ensure their needs are recognised. Over the past year the board has used information from the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy as they have effectively consulted throughout Trafford to identify the important issues for residents including older people. The board then pulled out priorities from the Health and Wellbeing strategy that they felt were areas of concern for Trafford's older population. These priorities were scrutinised by the board and good practice, gaps and recommendations were agreed. This information will be shared with organisations and providers supporting older people, with older people forums and with older people in general. This will then feed into the strategies which are in the process of being drafted and issues and concerns raised will be addressed.
- Cllr Young has been identified as the executive member linked to the Ageing Well Partnership Board as a result of the recommendation for an Older People's Champion. His regular attendance and contribution to the Ageing Well Partnership board has been invaluable around the development of the board and its priorities.
- Focus groups will be set up with older people through Trafford Healthwatch, where they will have the opportunity to look at key priorities and issues affecting older people and analyse current work taking place, identify gaps and make recommendations which will feed into the relevant strategies and plans being developed. Partners organisations will carry out short surveys as part of their everyday work to capture views on priority issues to guide the Ageing Well Partnership Board.

**Recognising healthy lifestyle including exercise, nutrition and being active is important as people aged**

Recommendations

- Members requested consultations to be held around any changes in services potentially affecting vulnerable groups
- More volunteering opportunities for Older People

Actions

- The council has adopted a council wide approach to consulting with key stakeholder and residents on savings proposals and resulting changes to services. This includes robust mechanisms for capturing feedback.
- Trafford Council value the knowledge and support older people can bring to any project and encourage a volunteering element to projects developed. Older people have been part of Warm Home Healthy People's Project and developed skills and accessed training to become Winter Champions supporting vulnerable people in the community during cold weather. They have also been trained as Quality Checkers and contributed to service reviews and made recommendations on future direction of services. There is a vast amount of work on volunteering that has been commissioned through Thrive Trafford that will work to increase volunteering opportunities and the public awareness of them.

**Reducing social isolation and increasing community involvement**

Recommendations

- Develop means to identify and support older people at risk of loneliness and social isolation
- Support organisations to develop into social enterprises and reduce reliance on council funding and in return continue to support older people to be involved in the community

Actions

- The Ageing Well Partnership Board in partnership with other projects, forums and groups that support older people are working in collaboration to develop new ways to identify and support older people at risk of social isolation. This is a key priority. The Warm Homes and Healthy People project has adopted the approach of educating professionals such as community matrons, fire and rescue, police who can gain access to people in their own home and identify people who appear to lonely. These individuals can then be signposted to services and support in their local area. Trafford is part of a Greater Manchester wide lottery bid to bring in new services to address social isolation.
- Commissioning in Adult Social Care have given a focus to the development of social enterprises and are currently working with a number of organisations to develop concepts. Trafford Council have also commissioned 'Thrive' a third sector development organisation that has delivered a number of social enterprise training sessions to the community and voluntary groups and key professional and has a key objective to increase the numbers of social enterprises.

**Information and advice**

Recommendation

- Older people and their families should have access to information on different services that can help meet their needs.
- To support Age UK as a key information sharing organisation for and about older people in Trafford.
- Ensure that information is not solely internet based
- Ensure older people are not excluded from internet based services and take advantage of new technologies.

Action

- An information and advice review has taken place and recognised the importance of developing information and advice hubs for people regardless of age to ensure they have easy access to information and advice in a variety of ways.
- The information and advice review has recommended that a signposting leaflet is written to give information on key signposting agencies in Trafford. This is currently being drafted.
- Trafford Council continue to support Age UK as a key information sharing organisation for older people and their views are represented on a variety of key influencing forums and groups.
- Age UK have established a ‘silver surfer’ course, which is a tailored course to support older people to learn and build confidence in using computers as part of their everyday lives and do things like access information and advice, do on-line shopping and develop friendships and much more.

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TRAFFORD COUNCIL
Children Families and Well being
Commissioning and Service Development

**Scrutiny Review: The Incentives and Barriers to Volunteering in Trafford**

Update on progress for Health & Wellbeing Select Committee meeting December 2013

The Executive's formal response to the Health & Wellbeing Select Committee's review of The Incentives & Barriers to Volunteering in Trafford was given at their meeting on 28 November 2011. Committee members have already received the detailed Executive response and planned actions. Below is a summary and update.

## 1. New infrastructure support body

Recommendation:
"Volunteering in Trafford will benefit from a named and resourced body taking an active coordinating and commissioning role around volunteering"

Actions:
The Third Sector Infrastructure Development has derived from a partnership between Pulse Regeneration and Trafford Housing Trust to form 'Thrive Trafford'. This infrastructure body has now been in operation since 11th October 2011 and has recently undergone its first year evaluation process.

Thrive Trafford has been delivering support to a number of third sector organisations across Trafford for the past year. The following provides an overview of the support and key achievements relating to volunteering resulting from this contract;

- Needs survey undertaken and completed by 112 organisations
- 270 capacity building support interventions undertaken with third sector organisations
- Training Trafford established to bring all training to one central point
- A Good Practice Toolkit has been developed in response to local need
- Trafford Quality Mark (QM) is currently being developed in partnership with blueSCI
- Social Value Workshop held with 15 Trafford Council Officers with Thrive Trafford taking a lead in developing a new framework to provide a consistent approach to social value measurement
- Funding support has helped to bring in over £400,000 of external investment into Trafford this year
- Over 120 organisations have been provided with fundraising support
- Trained 6 local volunteers to become Community Reporters to carry out interviews as part of the community needs assessments
- Best practice research undertaken into volunteering infrastructure from across the country including Volunteer Centre models, quality standards, and the current operating environment

## 2. Information dissemination and sharing

Recommendations: Several information-sharing based recommendations were made.

Actions:
- Thrive website developed to promote partner information and opportunities
- Regular funding e-bulletins sent out to third sector organisations with updates and top tips

- Attendance at network meetings and events provide information about Thrive Trafford, in particular the Diverse Communities Board to inform the priorities and delivery of the Equalities Grants
- Thrive Trafford is represented on all 4 Locality Partnerships attending meetings to feed in information about the needs and opportunities for third sector organisations
- Ran four participatory budgeting events on 22nd and 29th June 2013 with 538 Trafford residents in attendance
- Equality Grants launched with 20th September deadline; over 20 applications received for a wide variety of projects aimed at addressing hate crime.
- Facilitation of Volunteer Managers Network

## 3. Marketing and promotion of volunteering

Recommendations:
Several recommendations were made in relation to promoting the benefits of volunteering and marketing volunteering opportunities.

Actions:

- Social Value Workshop held with 15 Trafford Council Officers with Thrive Trafford taking a lead in developing a new framework to provide a consistent approach to social value measurement
- Shortlisting panel selected from Locality Partnerships; 56 applicants shortlisted to go through to Participatory Budgeting (PB) events from a total of 98 bids
- Major businesses engaged in volunteering schemes, including BBC, L'Oreal and Waitrose linked to Give and Gain day in May 2013. Over a third of North West employees volunteering on Give and Gain Day from Trafford organisations. Follow up work with private sector companies started.
- Mentoring established between a number of third sector organisations and private sector mentors, for example Trafford Carers Centre and the Hub supported with marketing
- Delivered activities including workshops in Old Trafford to address worklessness as part of Volunteers Week in June, and volunteer from BBC held a Financial Planning workshop with young people to develop new skills and increase employability.
- Volunteering in Trafford workshop run with key stakeholders to gain partner support and discuss the future of volunteering infrastructure provision in Trafford
- Promoting increasing numbers of volunteering opportunities especially through the Thrive Trafford website, including help in recruiting volunteers for Libraries and assisting Trafford College with student placements
- Links with Trafford College have been established looking at student placements and opportunities

## 4. Other recommendations / Future Developments

- Supporting third sector organisations through the new Trafford Quality Mark
- Promoting and supporting Community Asset Transfer as a route to sustainability
- Supporting third sector organisations with commissioning and frameworks

- Exploring new approaches to social finance to increase investment into the third sector
- Planning a co-ordinated virtual hub and spoke model for volunteering infrastructure to ensure that all volunteering opportunities across the borough can be located in one central place which is marketed widely.

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**TRAFFORD COUNCIL**

**Report to:** **Executive**
**Date:** **3 December 2013**
**Report of:** **Councillor P Young ,**
**Chairman of Scrutiny Topic Group C**

**Report Title**

**Review of Scrutiny Topic Group C: Dignity in Hospital Care**

**Summary**

**The above review was selected by Scrutiny Members to be undertaken during the 2012/13 and 2013/14 municipal years.**

**The following report outlines the Topic Group's findings and recommendations.**

**Recommendations**

1. **That the Executive note and consider the recommendations set out in the report;**
2. **That the Executive Member for Community Health and Well-being coordinate a response to be considered by the Health Scrutiny Committee.**

Contact person for access to background papers and further information:

Name: Peter Forrester
Extension: 1815

Background Papers:

None

# Dignity in Hospital Care

## Report of Health Scrutiny Topic Group C

**November 2013**

# Scrutiny Review of Dignity in Hospital Care

**Executive Summary**

The purpose of this report is to present the findings of Topic Group C from a scrutiny review into dignity practices at NHS hospitals. The focus of our review was on the services provided at Trafford General, Salford Royal and Wythenshawe Hospitals.

Overall we found evidence of good practice and many examples of how Trusts ensure the dignity of patients whilst in hospital care. All the Hospitals we visited demonstrated high levels of commitment to provide an environment that respects and delivers good quality care.

We were assured that there are a variety of measures in place to ensure that these objectives are being met. Staff check wards on a frequent basis to see how patients are and has formal systems in place to monitor performance – for example, the use of performance dashboards and the display of performance information. Schemes such as Ward Accreditation support the culture of improvement and care. All the Trusts take complaints and feedback seriously. They have clear procedures and take action to learn from feedback.

There are a number of good examples of patient centred provision. For example, the "This is me" handbook and the "What matters most to me" initiatives. There are good standards of food provision and schemes to ensure that hospitals meet the specific needs of patients.

There are different approaches to discharge. Some use lounges whilst others provide support on wards. There are procedures to ensure that people are not discharged late in the evening and that they are given appropriate clothing. We were told of examples of how hospitals had dealt with cases where these standards had not been met. Procedures are kept under review so that they remain fit for purpose.

However, we did identify worrying areas for concern in practice. We carried out a survey of care homes and received a small number of letters from the public about care in the hospitals. We also visited two care homes to talk to managers about issues they had raised. Many did refer to excellent standards of care but also highlighted a number of areas for improvement. These include

- Problems with discharge procedures
- Weaknesses in communication with carers which has resulted in key information not being passed onto the hospital or recorded incorrectly. For example, information sent to hospitals with patients not following patients through the hospital system.
- Weight Loss and examples of vulnerable patients not being assisted sufficiently with feeding.
- Decrease in mobility in residents discharged from hospital.
- Residents returning home with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- Residents returning home without any medication or not sent in a timely manner.

The Trusts have systems to deal with performance and complaints and so we are assured that problems can be put right. However, each Trust needs to be vigilant in identifying problems and taking appropriate action. We were pleased to find that the Trusts are committed to taking action to continue to improve services for patients and their families.

**Recommendations**

Our recommendations are as follows:

1. That the Trusts ensure that they are taking all steps to deliver high quality care for elderly patients and review and amend their practice by

    - Ensuring that they are implementing recommendations 236 to 243 of the Francis report (see appendix 2)
    - Continuing to review policies and procedures in light of feedback from patients and carers.
    - Sharing and Identifying best practice to improve services for elderly and vulnerable patients.
    - Regularly checking that staff are implementing discharge procedures.

2. That Commissioners carry out an annual survey of Residential and Nursing Home managers to track progress in the delivery of high quality care for elderly patients.

3. That Commissioners consider establishing a meeting of Residential and Nursing Home managers with the Hospital Discharge Managers to discuss any issues raised by this survey exercise.

4. That the Care Quality Commission and the local Healthwatch are made aware of the report and recommendations.

5. That the Health Scrutiny Committee conducts a follow up review in 18 months' time.

I would like to thank my colleagues on the Topic Group for their work, insight and contribution. The Topic Group comprised of Councillors Brophy, Harding, Lamb, Proctor and Sophie Taylor. All members played a full and active role in this review and contributed fully to its findings.

I would like to make particular reference to the leadership and work carried out by Councillor Dylan Butt. I became Chairman of the Group midway through the review and am exceedingly grateful for the excellent work done by Councillor Butt, who prior to him being elected as Mayor of Trafford Council, developed and shaped the review.

I would also like to thank the managers and staff at hospitals and care homes for their open, honest dialogue with myself and the Topic Group members.

**Councillor Patricia Young**
**Chairman Topic Group C**
**November 2013**

## 1. Background

This review was included in the Health Scrutiny Committee's work programme at an event in October 2012. The purpose of the review was to explore how elderly residents were looked after whilst in the care of NHS hospitals.

Using the recent report from the Parliamentary and Health Service Ombudsman (PHSO) *'Care and Compassion?: A Report of the Health Service Ombudsman on ten investigations into NHS care of older people'* the Topic Group identified a series of key themes in which to frame their investigations. These were:

- Hospital Acquired Infection;
- Nutrition and Hydration;
- Discharges;
- Pain relief;
- Good nursing practices.

In addition to the use of the PHSO's comprehensive report, Members were also aware that the review would also touch upon the key themes arising from the Francis Review into the Mid Staffordshire NHS Trust. The failings at this Trust have been well documented and Members of the Topic Group were keen to undertake the review in the spirit of the recommendations made by Sir Robert Francis; specifically, in relation to ensuring good patient care and safety.

> *'The events at Stafford Hospital were a betrayal of the worst kind. A betrayal of the patients, of the families, and of the vast majority of NHS staff who do everything in their power to give their patients the high quality, compassionate care they deserve'.*
>
> *Rt. Hon. Jeremy Hunt MP, Secretary of State for Health*

Being admitted to hospital can be a distressing time for patients as well as their families and carers. It is often an unfamiliar environment which may lack the comforts which we are all used to and value highly. This may include eating and sleeping at a time to suit or even preparing refreshments in a particular way. Therefore, it is essential that patients are treated with respect and dignity in order to enable them to retain as much independence as possible whilst receiving care.

> *'We should never allow the needs of an institution take over the needs of an individual's care.'*
>
> *Rt. Hon. Jeremy Hunt MP, Secretary of State for Health*

Since the appalling treatment of patients at Mid Staffordshire NHS Trust, ensuring patient dignity and safety as well as promoting a positive patient experience has been a key issue for the Department of Health. It is with this in mind that the Topic Group wished to explore the issue of dignity with NHS Trusts and examine patient experience in more detail.

## 2. Scope of the Review

As Trafford residents are able to receive care at a number of sites across the country, the Topic Group agreed to focus their efforts on three hospital sites which are used by Trafford residents:

- Trafford General Hospital (Part of Central Manchester University Hospitals Foundation Trust);
- University Hospital of South Manchester Foundation Trust;
- Salford Royal Foundation Trust.

Members were keen to see, at first hand, how these hospitals delivered patient care. In order to do this, site visits were scheduled to all three hospitals between April and July 2013. Facilitated by Chief Nurses, their deputies and appropriate staff, Members witnessed the delivery of care and questioned NHS staff and patients on the approach to upholding the dignity of patients and their experiences respectively.

Lastly, in order to obtain the views of the public in relation to care they or their loved ones had received at these hospitals, a press release was circulated via the Councils communications team and key partners to stimulate a public response. Additionally, letters and a questionnaire were dispatched to care home managers requesting information relating to the care of elderly residents in hospital.

The Topic Group also discussed emerging findings with Senior Nursing representatives of the three Trusts and visited two nursing homes to get a better understanding of the issues raised.

By combining the information gathered as well as undertaking background research, this report documents the Topic Group's findings.

## 3. Engagement with Local Trusts

<u>University Hospital of South Manchester Foundation Trust</u>

Members were assured that staff, especially nursing staff, had the confidence to report issues of concern and that Senior Management undertook walkabouts to see for themselves the standard of care delivered. Members welcomed the clear processes for escalating nursing related issues and that system included, where necessary, the Chief Nurse.

The Topic Group welcome the use of intentional hourly/two hourly visits to all patients, known at the Trust as 'Care and Communication Rounds'. These rounds enable nursing staff to monitor the '4P's' of pain, position, patient needs and possessions. Members felt that this was a good example of a uniform approach to ensuring all patients are attended to on a regular basis.

> *'It's about looking at the situation from a patient's eyes – sometimes we have our nurse's eyes on'.*

The Trust uses the safety thermometer to document their performance figures in relation to patient harms and harm-free care. This is a Government scheme to ensure

patient safety and Members noted that the safety thermometer is a reasonable method to establish the care of the elderly given that the performance indicators relate to areas which impact on the elderly the most.

The standards of nutrition and hydration are good. Food surveys have been undertaken with patients and the outcome of these has led to changes in the way in which menus are designed to meet the needs of patients. For example, there is less of an emphasis on two large meals at lunch and dinner and a higher emphasis placed on the provision of snacks and light refreshments. Members felt it was of a good standard with a good level of choice for different palates and cultural needs.

Members also saw the 'red tray' system in which patients who need their food intake monitoring are delivered their meals on a red tray to ensure that nursing staff can monitor food intake.

Members also explored the level of flexibility associated with the catering operation and found that this was also good. The menus are changed every two weeks to ensure variation. Patients on the maternity wards have a more flexible system and patients with cystic fibrosis have a specialised chef due to the unique needs their diet commands. However, they found that whilst snack boxes were available 24/7 they could only be ordered between the hours of 7.45am – 7.30pm.

The Trust is keen to ensure that arrangements are in place to enhance services and that complaints are dealt with in a timely and effective manner. A dedicated Matron with responsibility for patient experience is in place to oversee this. There are a variety of ways in which patients can complain such as via dedicated leaflets or through the website. Bedside Booklets are to be updated shortly which feature ways in which to complain. There are systems in place to ensure that each complaint is dealt with appropriately. Members were impressed that, in the Trust's words, one 'horror story' is being used to educate staff via DVD. It was also reported to the Topic Group that patient experience is considered by the Trust Board on a quarterly basis.

Members enquired what the most common complaints were and were told that this related to communication and the use of clinical jargon. The Trust is attempting to resolve this through communications training for staff who correspond with patients. Clinical incidents are also a feature of their most popular complaints and Members were advised that there had been 24 Serious Untoward Incidents (SUI's) in the last 12 months. Members were assured that there was a Trust-wide approach to dealing with SUI's and overseeing the changes to clinical practices, where appropriate.

Members visited the discharge lounge to see how the process of releasing patients back home and to other residential settings was being managed. Generally, this is effective. There is an integrated team who deal with the discharge process across Manchester and Trafford. A clothes bank exists for patients to access if they have required urgent care and their clothes are damaged as part of their treatment.

However, the Topic Group found areas for improvement. It was noted that not all patients are discharged through the lounge and that there can be delays. Whilst observing the lounge in operation at around 1pm in the afternoon, Members heard that one elderly lady had been waiting for transport home since 8am.

USHM have indicated that they are aware of issues with discharges and are taking corrective action. Members were advised that UHSM are monitoring the performance of the new patient transport provider. A copy of the discharge policy was made

available to Members, as was the Trust's Discharge Lounge Guidance. The Trust have stated that all new policies are sent to all ward managers who are responsible for disseminating the information and implementing the policies.

Trafford General Hospital

The Topic Group were pleased with the overall standards of care at Trafford General Hospital. Members note the recent CQC inspection in which Trafford General met all 7 standards reviewed. In particular, the inspectors has praise for the way in which the patients they spoke with 'felt they were treated with respect and dignity and were involved in making decisions about their care, treatment and support during their stay in hospital'.

The ward accreditation process promotes a culture of continuous improvement, environment of care, communication about and with patients. Good nursing processes must be evident before wards are given a white, bronze, silver and gold award.

The Trust uses an in-patient quality dashboard in which a series of performance indicators monitor issues such as the achievement of a clean environment; ensuring pain is managed effectively. This demonstrates that monitoring quality is of importance to the Trust. It also highlights that mechanisms are in place to provide a snapshot of patient experience and that this information is used to make improvements to patient experience.

The Trust has developed shared care plans and a 'This is Me Handbook' in which individual needs and preferences of patients are noted and used to enable patients to retain as much independence as possible. Members also saw the 'forget me not system' in which the picture of the flower is placed next to patients with dementia. The cards contain key information about the person's tastes and preferences so that hospital staff can help them feel as at home as possible during their time on the Ward.

To assist patients with dementia, the Trust is in the process of installing memory pods and producing distraction boxes which have a 1950's/60's themed environment which is used to provide comforting surroundings to patients. One of the wards is undertaking a dementia pilot to improve and enhance the ward environment for patients with cognitive impairment. Patients and carers have been involved during the planning stages.

Catering Services at the Hospital are good. Members observed the lunchtime service and sampled the food which was to be served to patients. Meals are prepared on site and there is flexibility in meeting the patients dietary requirements. It was noted that there is a good deal of choice, food was piping hot and that the portions were plentiful. The Trust has received excellent feedback on the food it serves to patients and the results of a dining audit are soon to be announced. The Red Tray system (for patients who struggle to eat independently or need to eat required calories) is also in operation.

Topic Group Members were assured that patient experience is a priority for the hospital. The complaints process is effective and staff have an excellent grasp of the requirements of the system. There is awareness that at different stages of a person's life they are more likely to complain themselves or have someone complain on their behalf.

*'If someone raises a concern in hospital, when they are in a most vulnerable state, it must be serious'.*

The Topic Group also heard that there is a clear system of complaint escalation on the ward and complaints are dealt with as close to the source as possible. It was also raised that the Trust has an expectation that any learning arising from the resolution of a complaint is undertaken within the clinical divisions. Members also received a case study in relation to an incident of day case surgery which did not go as planned. Members were advised that there were clear learning points arising from the incident and demonstrated the value which the Trust puts on experiential learning.

Discharges are managed effectively and Members discussed the arrangements at the Hospital with patients and staff. There is no waiting area or discharge lounge, patients stay on the wards until they are discharged. Members were advised that discharge is a complex process which involves communication and coordination between relatives, carers and a range of clinical and allied health professionals. Members were assured that there existed a clear awareness that discharges late at night were not appropriate. The discharge policy is clear on this and states that that 'unless there is a wish to do so by the patient it is not advised to discharge patients back into the community after 8pm'. Members were assured that the hospital recognised the need for patients to be transported in comfortable clothing and where appropriate this should include day clothing with appropriate footwear.

At the time of the visit, the Trust was in the process of revisiting its hospital discharge processes as part of a piece of work called 'Evidence Based Design' and are working closely with a number of different stakeholders such as social care and other agencies.

It was noted that family engagement in the discharge process can be low and that this can have a negative impact on the overall timeliness of the discharge process. A hand held patient discharge booklet is being developed which aims to improve patient and carer involvement in the discharge process from the point of admission.

<u>Salford Royal Hospital</u>

The Topic Group found a number of good examples of good practice at the Trust and was assured about the quality of care given to patients. Systems are in place to ensure that standards are met. The Trust operates the Nursing Assessment and Accreditation System (NAAS) which measures the quality of nursing care delivered by ward teams. This performance assessment framework is based on the Trust's Safe, Clean, Personal approach to service delivery and combines Key Performance Indicators and Essence of Care standards.

Each ward is assigned a red/amber/green rating and three consecutive green assessments over a 24-month period enables a ward to be considered for Safe, Clean and Personal (SCAPE) status. This category enables the ward sister to be promoted to ward matron and for the ward to operate with a higher level of autonomy. A ward with consecutive red ratings will have targeted support and subsequent failure to improve will result in a review of the ward's leadership.

Members were advised that intentional hourly rounding is in place with records kept to demonstrate that the needs of patients have been met by nursing staff.

Open visiting times are in operation at the Trust, with relatives and carers able to visit patients at any reasonable times of the day except meal times as these are protected. However, if patients struggle to eat independently, family and friends can visit during mealtimes to assist.

Members were also advised that there are 'What matters most to me' signs above patient's beds which document the one 'thing' which is really important to the patient. This is used by staff, including consultants, on ward rounds to identify if patients needs are being met.

Ward performance information is clearly displayed in all wards in a simple and easy to understand format for staff, patients and visitors. This information includes staffing levels, both required and actual, as well as how many days the ward has been free from hospital acquired infection, falls and pressure sores. Members were very impressed by the performance levels they witnessed as well as the effort on the Trust's part to be open and transparent.

Members were also advised of a 'what matters to you clinic'. The example given by the Trust related to a patient with Crohn's disease who wanted to be symptom-free for a year and negotiated the management of her illness, with consultants, with the use of steroids.

In order to enhance the environment for dementia patients, 'memory pods' are being erected in the hospital in order to create safe and familiar areas. Work is being undertaken to explore whether wards could be opened up to allow dementia patients to wander in a safe environment.

Members were very impressed with the Trust's intention to move towards an a la carte menu for all patients, and were piloting the approach at the time of the visit. The approach would enable patients to choose what food they wanted from a lengthy menu of options at a time to suit them. Orders are telephoned though and food is served hot, on custom-made serving plates, within 45 minutes. Vulnerable patients are supported well and work is underway to offer a finger buffet to patients with dementia. The Trust also advised Members that food is available 24/7 for patients that need it.

Complaints arrangements are good. There are posters and leaflets on all wards promoting the service as well as posters above patient's beds for friends/family to call the HELP phone (Hospital Empowerment of Loved Ones) and patients
(A telephone number with a direct line to senior manager on site) if they are worried about the care of their loved one. The Trust are forensic when it comes to investigating complaints and take them very seriously, inviting patients and their relatives to meetings in order to discuss complaints and highlight what the outcome of their complaint has had on the wider organisation. The Trust receives roughly 300 complaints per year and they relate to staff attitude, nursing care and medical treatment. The Board receive six monthly reports on complaints which allows for the identification of trends.

The Patients Association were working with the Trust on a project which examines their approach to addressing complaints. The most common complaints are communication, clinical care/diagnosis and cancelled operations.

Members visited the discharge lounge and were advised that a long stay would be in the region of 3 hours and that an average stay would be 1.5 hours. The Trust

highlighted that the lounge is still a clinical area with medicines being delivered there as well as some clinical procedures being undertaken. To enhance the discharge process, the Trust had commissioned a private ambulance, had their own vehicle and a contract with a local taxi firm.

The Trust provided Members with their discharge policy and procedure. The clear message from the policy is that the planning of discharge starts as soon as is possible 'discharge must be planned for at the earliest opportunity between the primary care providers, the hospital and social care providers, ensuring that patients and their carers understand and are able to contribute to care planning decisions as appropriate'. It is also noted that within all inpatient areas an estimated discharge date will be agreed by the admitting consultant team within the first 48 hours of admission or sooner for shorter stay patients'.

Members were assured that this was a concerted effort on the Trust's part to recognise that hospital stays should be as short as possible and that a discharge was only required when the patient is medically fit to do so.

At the time of the visit, the Trust was trialling a calling card for discharged patients which featured the name and contact number of the Ward Sister and patients who had any questions/difficulties within 2 days of discharge could call for assistance. The card also featured the contact details of Age UK.

**4. Patient Experiences**

In addition to visiting the Trust sites and talking to senior staff, the Topic Group also wished to get information about patient experiences and these are set out below. It is clear from the limited feedback obtained, that despite the often good procedures in place at local Hospitals, problems still occur. These problems result in a great deal of stress for elderly and sick people and their carers.

The Topic Group issued a press release about the review and asked for feedback from recipients of services or their carers. The Council's Market Management and Safeguarding Team also carried out a survey of all Residential and Nursing Homes in Trafford to gather information about the overall experience of resident's hospital in-patient care and discharges. 10 responses from 34 care homes were received. We also met with senior managers at two Care Homes to allow them to expand on comments they sent through.

The scale of responses was quite low are not statistically valid. In addition, whilst reference was made to all the hospitals, most of the examples given related to Wythenshawe and Trafford General Hospital as these are the main providers for Trafford residents and so cannot provide a full picture. However, we feel that the examples are relevant to all providers and suggest that they should regularly check that their procedures are implemented fully and that patients get the care that they are entitled to.

A small number of local people shared their experiences with us. Some referred to "excellent" standards of care whilst others referred to problems where they felt care had fallen below the level expected. A summary of the main issues that they raised are set out below:

- Long waits in discharge lounges.

- Patients being discharged in pyjamas or dressing gowns in the middle of Winter or in the evening.
- Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.
- Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

Some of these issues were also highlighted by visits to care homes and in the survey. There were a number of positive experiences reported including the majority of clinical care and a broadly caring approach.

However, a number of areas for improvement were raised and are summarised below.

- **Communication** - Communication between hospital staff teams and the homes that completed the questionnaire were highlighted as needing improvement. Care Home Managers complain that when residents go into hospital they are accompanied with comprehensive and detailed information. However, this information sometimes doesn't get transferred from A&E to the wards or from ward to ward, resulting in numerous telephone calls to the homes requesting information.
- **Weight Loss** - Out of approximately 170 hospital admissions referred to in the survey responses, at least 43 (one in four) of these residents have reportedly experienced significant weight loss. There were some examples of vulnerable patients not being assisted sufficiently with feeding.
- **Function and Ability** - Some providers noted that there is a general decrease in mobility in residents discharged from hospital. One home has had several complaints from families that residents have not been out of bed whilst in hospital and that many residents had been catheterised. One said that almost every resident's mobility was significantly worse after a stay in hospital.
- **Discharges –** examples of concerns about discharge including problems because equipment has not been provided, evening discharges, especially from A and E services, transportation and communication problems with families and clothing.
- **Possessions** - Generally residents returned home with their own belongings. Some homes noted that residents come back with hospital gowns on and/or not in appropriate attire. There are a small number of examples of residents coming back without dentures or glasses.
- **Medication** - The survey highlighted cases where residents returned home without any medication or where it is not sent in a timely manner. One home reported that they had to phone the hospital to confirm medication times and doses because they had not received detailed information.

Nine of the ten homes took some form of action as a result of issues arising from the residents stay in hospital. These ranged from making safeguarding referrals, submitting incident forms or complaints to the hospitals.

## Appendix 1 - Evidence Gathered

Document Review

The Topic Group reviewed a number of documents as part of the review including national best practice, the Francis report, inspection reports and documents provided by the Trusts.

Visit to Wythenshawe Hospital – April 2013

The Topic Group met with a number of senior staff including the Chief Nurse, Matron for Patient Experience and the Heads of Nursing for Scheduled Care, Unscheduled Care and Infection Control and Prevention for an initial briefing on the Trust's approach to ensuring dignity, patient safety and a approach to handling complaints. Members also visited two wards at Wythenshawe Hospital, including Urology, and spoke directly with patients and staff.

Visit to Trafford General Hospital – May 2013

The Topic Group met with the Head of Nursing, Associate Director for Surgery and Access, Lead Nurse for Quality, Directorate Manager Medicine, Complaints/PALS Manager and the Clinical Head of Division for briefings on the Trust's approach to ensuring dignity, patient safety and handling complaints. Following this, Members visited wards and spoke directly with patients and staff.

Visit to Salford Royal – July 2013

The Topic Group met with the Executive Nurse, Divisional Director of Nursing, Assistant Director of Patient Safety, Lead Nurse, NAAS and the Assistant Director of Nursing for an initial briefing. Following this, Members visited wards and spoke directly with patients and staff.

Response from the Public – Summer 2013

The Topic Group received eleven responses to the press release from people who have had care at the hospitals or relatives of patients.

Joint Meeting with Representatives of the Trusts – September 2013

The Topic Group met senior representatives of the Trusts to discuss the initial findings in a joint meeting.

Visits to Care Homes – September 2013

Discussions were held with Managers at two care homes in Trafford.

Questionnaire of Residential or Nursing Homes

Survey of 34 homes in Trafford Borough in October 2013. 10 responses were received.

# Appendix 2

# Caring for the elderly – Recommendations 236 to 243 from the Francis Report

Approaches applicable to all patients but requiring special attention for the elderly

**236 Identification of who is responsible for the patient**

Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.

**237 Teamwork**

There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued.

**238 Communication with and about patients**

Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:

- All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors.
- Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients.
- The NHS should develop a greater willingness to communicate by email with relatives.
- The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered.
- Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.

**239 Continuing responsibility for care**

The care offered by a hospital should not end merely because the patient has surrendered a bed – it should never be acceptable for patients to be discharged in the middle of the night, still less so at any time without absolute assurance that a patient in need of care will receive it on arrival at the planned destination. Discharge areas in hospital need to be properly staffed and provide continued care to the patient.

**240 Hygiene**

All staff and visitors need to be reminded to comply with hygiene requirements. Any member of staff, however junior, should be encouraged to remind anyone, however senior, of these.

**241 Provision of food and drink**

The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.

**242 Medicines administration**

In the absence of automatic checking and prompting, the process of the administration of medication needs to be overseen by the nurse in charge of the ward, or his/her nominated delegate. A frequent check needs to be done to ensure that all patients have received what they have been prescribed and what they need. This is particularly the case when patients are moved from one ward to another, or they are returned to the ward after treatment.

**243 Recording of routine observations**

The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.

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