AGENDA ITEM 3.1

22 March 2011

PROMOTING DIGNITY AND RESPECT

<table>
<thead>
<tr>
<th>Report of</th>
<th>Director of Nursing</th>
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<td>Paper prepared by</td>
<td>Director of Nursing</td>
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<td>Assistant Director - Quality and Safety</td>
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<td>Assistant Director – Patient Experience</td>
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<td>Assistant Director of Nursing</td>
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<tr>
<td>Executive Summary</td>
<td>The UHB is committed to ensuring that all patients, carers, service users and staff are treated with dignity and respect.</td>
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<tr>
<td></td>
<td>The recent reports from the Patients’ Association, Health Service Ombudsman for England (Care and Compassion) and more recently the Older People’s Commissioner for Wales, all serve to reinforce the need to have a strong focus on the dignity and respect agenda.</td>
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<tr>
<td></td>
<td>All healthcare users, regardless of their age, ethnic background, culture, faith, sexual orientation or mental status have the basic human right to dignity, respect and informed choice. Ensuring that staff treat healthcare users with dignity and respect and that UHB staff are themselves treated with dignity and respect for their differences, is a fundamental principle that underpins that way services are delivered and developed across the UHB.</td>
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<tr>
<td></td>
<td>Monitoring of this important agenda is undertaken via a number of mechanisms,</td>
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This work is scrutinised by the Quality and Safety Committee as part of the Board Assurance Framework.

The monitoring adopted across the range of activities put in place within the Health Board is intended to provide the Board with assurance that dignity and respect are central to all service delivery.

This report provides a summary of the wide ranging activities that are being undertaken across the Health Board to support this important agenda. The following broad themes identified through the patient experience work undertaken within the UHB to date have been used to frame the activities being undertaken which reflect the strategic direction in relation to dignity and respect:

- Understanding and Involvement in Care
- Provision of A Safe, Supportive Environment
- First and Lasting Impressions

Progress against the many initiatives being progressed within the Health Board is monitored through specific, topic sensitive mechanisms with reports provided to identified Steering Groups and on to Board Committees.

**Action/Decision required**

To RECEIVE the report and NOTE the various initiatives being pursued within the UHB that impact positively on the dignity and respect of patients receiving care.

**Link to Board Committee (s)**

This report summarises a number of related initiatives, where reports and appropriate progress has been reported at Audit, Quality and Safety and Workforce and Organisational Development Committees. A number of
issues have also been discussed at the Nursing and Midwifery Board, the UHB Nutrition and Catering Steering Group and the Safeguarding Adult and Children Steering Groups.

| Link to Standards for Health Services in Wales | Standard 10, Dignity and Respect. |
| Link to Public Health Agenda | Promoting dignity and respect across all aspects of UHB services provides confidence to the citizens of Cardiff and the Vale as well as those healthcare users from other parts of Wales receiving services from the UHB. Adopting a patient experience framework which promotes healthcare user engagement enables the UHB to provide responsive services for the population it serves. |
| Link to UHB Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework | Dignity and respect underpin all UHB services. This important agenda links directly with all healthcare user and staff work streams being progressed across the UHB. The various Codes of Practice relevant to the various staff groups employed by the UHB reflect the requirement to treat all healthcare users with dignity and respect. |
PROMOTING DIGNITY AND RESPECT

INTRODUCTION

The recent reports from the Patients' Association, Health Service Ombudsman for England (Care and Compassion) and Older People’s Commissioner for Wales all serve to reinforce the appropriateness of the focus given by the UHB on the dignity and respect agenda. This report provides the Board with an update on the many activities being implemented across all UHB services, aimed at ensuring that dignity and respect are upheld as core values in all aspects of the business of the organisation.

The Board is asked to note the content of the report and reconfirm its commitment to providing services which promote an individual’s dignity and respect.

For ease of reference and for the purpose of this report, patients, carers and service users will be referred to as healthcare users.

DEFINING DIGNITY AND RESPECT

The Board accepts that all healthcare users, regardless of their age, ethnic background, culture, faith, sexual orientation or mental status have the basic human right to dignity, respect and informed choice.

Board members recognise the need for staff to treat healthcare users with dignity and respect and that staff themselves are also treated with the same respect. This is a fundamental principle which underpins that way services are delivered and developed across the UHB.

*Doing Well, Doing Better: Standards for Health in Wales,* and specifically Standard 10, Dignity and Respect, outlines the requirements of this important area within UHB work. This Standard requires UHB staff to communicate with and treat healthcare users in a manner that takes into consideration their dignity and respect, the key facets of which are defined in Standard 10 as:

- **Respect,** shown to you as a human being and as an individual, by others, and demonstrated by courtesy, good communication and taking time;
• **Privacy**, in terms of personal space; modesty and privacy in personal care; and confidentiality of treatment and personal information;

• **Self-esteem, self-worth, identity and a sense of oneself**, promoted by all the elements of dignity, but also by ensuring – a clean and respectable appearance, pleasant environments – and by choice, and being listened to;

• **Autonomy**, including freedom to act and freedom to decide, based on opportunities to participate, and clear, comprehensive information.

For further clarity the value of ‘Dignity’ has been defined by the Royal College of Nursing (2008) as something which:

“applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

When dignity is present people feel in control, valued, confident, comfortable and able to make decision for themselves. When dignity is absent people feel devalued, lacking control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed”.

Respect is closely associated with dignity and is a term that reflects how we value people. The Dignity and Older Europeans Project, 2005, identified:

“By respecting ourselves we are indicating our self worth and by respecting others, we are demonstrating that we value them. In asserting that every person is worthy of respect, we commit ourselves to taking their interests into account when considering our actions”.

Within its guidance, the Welsh Assembly Government (WAG) has outlined a number of dignity and respect related requirements that should be met; these are aligned to the Social Care Institute for Excellence (SCIE) guide;

• have a zero tolerance of all forms of abuse.
- support people with the same respect you would want for yourself or a member of your family.
- treat each person as an individual by offering a personalised service.
- enable people to maintain the maximum possible level of independence, choice and control.
- listen and support people to express their needs and wants.
- respect people’s right to privacy.
- ensure people feel able to complain without fear of retribution.
- engage with family members and carers as care partners.
- assist people to maintain confidence and a positive self esteem.
- act to alleviate people’s loneliness and isolation.

The issue of dignity and respect has been the subject of a number of reviews that have taken place in England and Wales in recent months. Notably for Wales, in August 2010, the Older People’s Commissioner for Wales, Ruth Marks, embarked upon a review of Welsh hospital services. The aim of the review was to make practical recommendations to improve situations when people are not treated with dignity and respect and to spread good practice. The UHB was the first to be visited by the team commissioned to undertake the review. The visits took place in September 2010, in 6 wards within Barry Hospital and University Hospital of Wales (UHW) with staff, patients and their relatives invited to give evidence to the review team. The outcome of the all-Wales review was published on 14 March 2011; the full report and Executive Summary can be downloaded from the Older Peoples Commissioner for Wales' website via the following link: http://www.olderpeoplewales.com/index.php?id=504&L=0

December 2010 saw the publication of a report by the Patients Association entitled *Listen to patients, Speak up for change*. The report provided the stories of 17 people for whom the standard of care had fallen short of that expected, and for whom dignity and respect in their care and treatment was lacking; ‘undignified’ and ‘indignity’ being key words used repeatedly throughout the patient stories.

Most recently, in February 2011, the Report of the Health Service Ombudsman in England entitled ‘Care and Compassion’ hit the headlines. This report again focused on standards of care and treatment, highlighting the lack of dignity and respect shown to patients receiving care in NHS facilities in England. Both the Patients Association report and the Ombudsman’s report brought into sharp focus the need for NHS
bodies to take seriously the standards of care being provided to all patients, but particularly to those who are vulnerable and less able to articulate their needs and wishes.

The reports’ findings help to contextualise the range and nature of the issues that are important to healthcare users, and serve to reinforce the appropriateness of the UHB emphasis on the dignity and respect agenda.

STRATEGIC DIRECTION

The UHB recognises the importance of developing and delivering services in a way that acknowledges and addresses any physical, psychological, social, cultural, linguistic and spiritual needs and preferences of individuals. Indeed the UHB Statement of Intent emphasises its commitment to improving patient experience and states that the organisation will ensure that patients:

- have faith and confidence that they are getting safe, high quality care that optimises patient outcomes;
- are involved meaningfully in their care and that their views are listened to;
- are treated with dignity and respect at all times;
- are confident that issues raised will be managed openly and responsively;
- are proud of their local health services

To this end, the UHB continues to provide clarity of direction and resources to support staff in demonstrating clearly the core values of dignity and respect in all aspects of care and service delivery. Delivery of care and services that uphold UHB standards and values is everybody’s responsibility and central to the UHB purpose and vision. It is important to acknowledge, however, that the perception of dignity and respect is an individual perception, i.e. it is the individual healthcare user who will determine if he/she has been treated with dignity and respect. As such, obtaining healthcare user feedback and understanding the healthcare user experience is crucial for the UHB if lessons are to be learnt, standards improved and services developed which promote dignity and respect.
The ‘Patient Feedback Strategy to Improve Patient Experience’ report, received at the January 2011 meeting of the Quality and Safety Committee, outlined the processes in place across the UHB to capture patient experience and determine levels of healthcare user satisfaction. The approach outlined within the report provides the UHB strategic framework to improve patient experience, and therefore uphold UHB values of respecting individuals and providing care and services which promote dignity.

Within the evidence gathered and presented as part of the Strategy, a number of key themes have been identified:-

- **Understanding and Involvement in Care**
- **Provision of A Safe, Supportive Environment**
- **First and Lasting Impressions**

These themes now form the established areas for action at Divisional and Corporate level for the next 12 months, and subsequent years to come, for improving the patient experience. The following broad themes are also used within this report to identify work currently being undertaken within the UHB on dignity and respect:

**WHAT ARE WE DOING WITHIN CARDIFF AND VALE UNIVERSITY HEALTH BOARD TO ENSURE PATIENTS ARE TREATED WITH DIGNITY AND RESPECT?**

Corporately, the UHB has put in place a number of committees, groups and fora to support the UHB strategic intent to promote a positive patient experience:

- Quality and Safety Committee
- Workforce and OD Committee
- Nutrition and Catering Steering Group
- Safeguarding Adult Steering Group
- Safeguarding Children Steering Group
- Equality Strategy Steering Group
- Sister/Charge Nurse Forum
These groups and committees articulate the UHB strategic direction and ensure the implementation of operational initiatives to support delivery of the strategic agenda, monitor and report progress. In line with UHB assurance arrangements, further work is under way across the three broad themes and is provided below in summary. Please note that this summary is not exhaustive, but represents key initiatives.

UNDERSTANDING AND INVOLVEMENT IN CARE

The UHB recognises the importance of healthcare users being fully involved, as partners, in their care. For this to happen, healthcare users must be involved in decisions regarding treatment, as well as in informing service developments based upon their feedback. This requires clear communication processes, the provision of robust, evidence based information to enable informed decisions, arrangements in place to support those who lack capacity and services that are responsive to individual needs.

Ensuring our Patients are Fed and Hydrated

Within the UHB initiatives currently under way include:

- Introduction of nutrition assistants from within nursing establishments to assist patients with feeding.
- Introduction of Protected Mealtimes, with implementation being supported by the roll out of the Protected Mealtime toolkit. This ensures that patients’ mealtimes are not interrupted.
- Implementation of the red tray system to support patients in need of assistance with eating. The tray alerts staff to ensure that the patient finishes their meal.
- Menu review and development based upon feedback and monitoring findings to improve the choice, variety and ethnic needs of our patients.

The Nutrition and Catering Steering Group provides strategic direction and monitors the implementation of various catering and nutrition initiatives across the UHB. This group reports to the Quality and Safety Committee. Progress and implementation is also monitored through such processes as the Fundamentals of Care audit (Standard 9), the Welsh Audit Office reports and Health Care Standards for Wales self assessment processes (Standard 14).
Ensuring our Patients are Protected

The UHB Safeguarding Adult Steering Group provides strategic direction and monitors the implementation of local and All-Wales Protection of Vulnerable Adults policies and procedures promoting the care and management of vulnerable groups. This group reports to the Quality and Safety Committee. Partnership working involving Local Authorities, police and other key agencies, is vital to the delivery of the activities outlined. Progress made by the UHB against this important standard is also reported through the Adult Protection Committees (Cardiff and The Vale) and the regional South Wales Adult Protection Forum (SWAP).

Initiatives under way to date include:

- Development and implementation of the Specialling Assessment Tool
- Review of local and All Wales training programmes ensuring delivery of such training to UHB staff working with vulnerable people
- Review of the UHB management arrangements to support implementation DoLS (Deprivation of Liberty Safeguards)
- Provision of secure e-mail, to promote timely exchange of sensitive patient identifiable information between agencies, in line with Data protection requirements and Information Sharing protocols.

Progress and implementation is monitored through the steering group, as well as through such audit processes as the Fundamentals of Care audit (Standards 2&5), Healthcare Inspectorate Wales reports and Health Care Standards for Wales self assessment processes (Standard 11).

The Safeguarding Children Steering Group provides strategic direction and monitors the implementation of child protection policies and procedures across the UHB, promoting the care and management of children identified as suffering or at risk of harm. This group reports to the Quality and Safety Committee. As with the Adult Protection agenda, partnership working with Local Authorities and other key agencies is key to delivering effective child protection activities, and progress made by the UHB against this important standard is also reported through the Local Safeguarding Children Boards (Cardiff and the Vale).

The UHB safeguarding team has contributed significantly to the development and delivery of child protection training and the implementation of revised and new policies and procedures. One
important role of the Steering Group is to ensure that Divisions have identified mechanisms to hear the voice of the child, from individual care arrangements to service developments. It is recognised that dignity and respect is not just important to adults but is something that applies equally to all healthcare users irrespective of age.

Ensuring that we communicate with our patients and provide information they understand.

Healthcare users have highlighted this agenda as an area that requires further work. Therefore the initiatives highlighted relate to work currently under development within the UHB.

For assurance purposes, progress against the patient experience framework is reported to the Quality and Safety Committee.

- Implementation of EIDO - the electronic evidence based information for healthcare users, to support informed decision making, particularly in respect of surgical interventions. The Patient Experience Team monitors the use of this system. Informed decision making is also captured for monitoring purposes through the FOC audit (Standards 1, 2&5) and the self assessment process for Healthcare Standards (Standard 18).
- Development of an Information Centre in the Concourse at University Hospital Wales (UHW) in collaboration with MacMillan. This initiative is at the planning stage.
- Review and provision of interpreter services (WITS: the All-Wales Interpreter and Translation Services) with information regarding access to services provided to all clinical areas/teams across the UHB. The Patient Experience Team monitors the service supported by the FOC audit process (Standards 1, 2&5), the Healthcare Standards self assessment process (Standard 18) and patient feedback processes, such as the Health Improvement and Patient Outcome project (HIPO).

PROVISION OF A SAFE, SUPPORTIVE ENVIRONMENT

Ensuring the provision of care and treatment in environments of care that are fit for purpose is an important objective for the UHB. The provision of care environments that provide safe, effective care is reflected in the work being progressed through a number of Committees: the Strategic Planning Committee, the Quality and Safety Committee and the Infection Prevention Committee. This area of work continues to be one of the most
challenging agendas for the UHB. A number of specific initiatives have been highlighted below for information.

**Ensuring good infection prevention**

The Infection Prevention and Control Committee provides strategic leadership on all matters relating to infection control and prevention. Outcomes and progress made by this committee are monitored in a number of ways at different levels within the UHB. In the context of infection control, key indicators relating to infection control/ Healthcare Associated Infection data have been developed and are being monitored at ward/team level and at the Board itself.

Specific activities implemented, and monitored through the Infection Prevention Committee, include:

- Revision and provision of training associated with infection prevention and control
- Ward based audit activities on areas such as commode cleaning and hand hygiene audits
- Advice regarding use of isolation and management of patients presenting with infections
- Provision of guidance re antibacterial prescribing in the community and hospital settings, supported by the introduction of antibiotic use stickers in patient records.
- New Dress Code and Nurses Uniform

These activities and many more are monitored through the FOC audits (Standard 3), pharmacy audit activity and the Healthcare Standard self assessment process (Standard 13).

**Ensuring the Environment of Care is Clean and Fit for Purpose**

Ensuring the environment is clean and fit for purpose is very important. The UHB has a number of monitoring arrangements in place, including formal auditing processes such as the Hospital Patient Experience (HPE) audits, the Cleaning Standards audit, HIW stop checks, as well as Patient Safety Friday Walk-Rounds where the environments of care are usually a prominent feature of the visit. The Healthcare Standard self assessment process (Standards 7 and 12) is also used as a mechanism to monitor progress at both Divisional and Board level.
Patient Stories and Observations of Care are also used to inform the UHB about healthcare user satisfaction levels in respect of the environment of care; these tools provide particularly powerful mechanisms to instigate service change. Indeed the use of Patient Stories is growing with Board and Quality and Safety Committee meetings usually beginning with a Patient Story. To support this approach, the UHB staff receive training in the use of the techniques, through programmes such as the Royal College of Nursing (RCN) Leadership Programme; indeed, a cohort of clinical leaders have developed a DVD for use as a teaching tool to promote this approach.

Environmental Audits, which include cleanliness, maintenance of the environment and general tidiness, are regularly undertaken in clinical areas. The audit team includes patient volunteers who have been recruited and trained to be an integral part of the audit team. Their input is invaluable in bringing the patients’ perspective to an audit.

Cleaning scores are audited regularly and are reported at Board, Division and ward/department level.

Formal audits are cross referenced with the views of healthcare users. Feedback from healthcare users on operational services comes from several sources and the most recent approach has been through patient questionnaires. Whilst the number of formal complaints that relate specifically to these services is relatively small, concerns are expressed as part of a larger complaint about the quality of care patients have received, and broader organisational issues. In addition, patient stories often include comments about support staff, cleanliness and food. Whilst these insights are of value to improve services, the service also needs to proactively seek views from patients.

Other initiatives that support improvements to the environment of care include:

- Transforming Care: the provision of a systematic approach using the National Leadership and Innovation Agency for Healthcare (NLIAH) methodology and package, in which Ward Sisters/Charge Nurses are empowered to make improvements within their working environment; this reduces waste and promotes effective team working e.g. decluttering the environment, introducing a Patient Status at a Glance Board and establishing measurements for improvement specific to the ward. Progress of this initiative is being monitored against the agreed implementation plan, with reports being provided for Nursing and
Midwifery Board. Links with the Improvement and Innovation team have also recently been established.

- Ward Refurbishment Programme: This is now in place and refurbishment of wards is taking place in both UHW and University Llandough Hospital (UHL). This work is taking into consideration the requirements set out in the recent WAG Policy Guidance ‘Single Sex Hospital Accommodation’ as well as feedback from healthcare users and UHB staff.

- Single Sex Hospital Accommodation: In response to the WAG guidance the UHB Corporate Nursing team and the Estates Department have developed an action plan that the Divisions are implementing. Whilst a significant proportion of the action required links directly with the ward refurbishment programme, there are specific day to day operational management responsibilities that sit with Sisters/Charge Nurses, who, as directed within the Ministerial Report ‘Free to Lead Free To Care’, are empowered to manage the clinical environment to protect healthcare users’ dignity and privacy. This includes the allocation of beds within the clinical environment, as well as the introduction of low cost/no cost initiatives such as curtain signs and deployment of office space for sensitive/confidential communication with healthcare users. This specific activity is being captured and monitored via the FOC audit process (Standards 1, 2&5).

Ensuring improvement in Clinical Outcomes for our Patients

A number of initiatives are being implemented under the Quality and Safety banner aimed at improving patient outcomes as well as improving patient experience of care. Maintaining and managing patient dignity is core to the various work streams underway which include:

- Skin Bundle;
- Patient Falls;
- Rapid Response to Acute Illness;
- Hospital Acquired Thrombosis;
- Mental Health;
  - Dementia
  - Depression
  - First Episode Psychosis
- Heart Failure;
FOR INFORMATION

- Stroke – Transient Ischaemic Attacks;
- Stroke – Rehabilitation;

These various work streams and activities underpin the 1000 Lives+ initiative and progress against each is reported and monitored by the Quality and Safety Committee.

Ensuring we Learn Lessons

As a learning organisation, learning lessons from incidents and events is central to the way the UHB is progressing service improvement and standards development. During the last year, the Assistant Directors of Nursing, together with the Innovation and Improvements team, have been progressing the quality and safety dashboard initiatives at Board and Committee level, as well as at ward/clinical team level. The dashboards capture a number of key performance indicators relating mainly to clinical outcomes, but also align with some of the key indicators that fall within the Dignity and Respect arena.

The recent introduction of the team dashboard has already enabled staff at ward/team level, and up to Board level, to recognise the need to improve the quality of care provided and delivered to patients. Incident reporting is key to this work as this helps to bring about reductions in patient harm and better meeting of patient experience.

FIRST AND LASTING IMPRESSIONS

The UHB recognises the importance and impact of the first contact with healthcare users; first contact needs to be right, respectful and reflective of individual needs. Apart from ensuring that the environment of care is fit for its purpose and one that promotes dignity and respect, it is recognised that UHB staff must have the necessary knowledge and skills to ensure that users’ needs are addressed. As well as having the necessary clinical skills to meet patient needs, the UHB recognises the importance of staff attitude and behaviour and the culture within the organisation. Ensuring a culture of courtesy, dignity and respect is fundamental to the UHB ethos; delivery of excellent customer care is key to the achievement of this ethos. The importance of Team Based Working is recognised as a key component of the UHB Organisational Development Strategy and as such, is currently under review. Leadership Development and improvement of uptake of Personal Review are other key parts of the Strategy that not only improve the way
staff feel valued by the organisation but also result in improved patient experience.

The UHB is progressing a number of initiatives to promote excellence in customer care, thereby supporting the dignity and respect agenda. A summary of key initiative are provided below for information.

**Ensuring staff are educated and trained**

Education and training currently plays a key part in the way we help staff to understand the importance of customer care and the patient experience in their relationships at work. This theme is embedded in many of the organisational leadership programmes and are an assessed component of Support Worker Development Programmes.

A number of training and development programmes are in place and are being delivered through the Learning and Education Department (LED). Notably these include the ‘Communicating with Dignity and Respect’ programme for Healthcare Support Workers and ‘The Managing Difficult Conversations’ programme, for professionals seeking to enhance their communication skills. These programmes are monitored via the LED with user feedback and evaluation key to programme delivery.

The training, education and leadership development work being progressed through the Learning and Development department is reported to the Workforce and OD Committee where progress is monitored. This work reflects the requirements set out in the Healthcare Standards for Wales (Standard 26) and is monitored via the self assessment process for this specific standard.

**Leadership Development**

The LED has introduced Divisional and Directorate management team development days to support clinical leaders and managers in their development across a broad range of issues. Clinical leader development is recognised as critical in developing and embedding a culture that respects the individual. Divisional Nurses and Lead Nurses, supported by the Senior Nurses, are central to embedding the UHB culture. Getting it right first time, every time is a fundamental principle that underpins the clinical development and leadership ethos.

In line with the requirements set out in ‘Free to Lead Free to Care’, ward sister/charge nurse development, is also in place with all sisters/charge
nurses now registered, through the LED, to undertake the necessary clinical leadership modules. Use of the appraisal process will assist sisters/charge nurses in identifying the relevant modules required to support their development. The Senior Manager for Nurse Education will monitor progress, providing reports to the Nursing and Midwifery Board.

The RCN Clinical Leadership Programme, which is also aligned to the Fundamentals of Care agenda, makes active use of Patient Stories and Observations of Care as a key component of capturing what it feels like to be a patient in the UHB and using the experience of patients to inform improvement in care delivery. This programme evaluates positively by sister/charge nurses and those aspiring to this role and is key to embedding a culture of learning and respect for the individual.

Ensuring Learning from Complaints Management

The UHB has focused attention on the development and strengthening of arrangements to ensure compliments, complaints, claims and incident feedback from healthcare users is captured and responded to. Integrated quarterly reports are considered by the Quality and Safety Committee and the UHB also has a Complaints/Claims Panel, chaired by the Board Chairman, the main focus of which is reviewing the learning that results from ‘concerns’.

The UHB recognises that staff attitude and the lack of ‘customer’ care features strongly in feedback and has identified work streams to help address this together with making improvements in response times and resolving complaints through informal dialogue.

To improve performance in the way in which staff interact with patients, the UHB has established a small group to design a framework that takes account of current activities and further improvement work needed. The group includes representation from the Patient Experience Team, Communication, Human Resources, Organisational Development (OD), Complaints and Trades Union Representatives and is chaired by the Director of Workforce and OD. The work in this area is being championed by the UHB Chair.

Aligned to the work relating to the patient experience, the Strategic Framework for the Engagement and Recognition of Employees is being developed to include a patient experience focus.
Progress in the area of complaints management is monitored via the self assessment process for Healthcare Standard 23.

**Ensuring that we treat everybody equally**

The Equality Strategy Steering Group provides strategic direction and monitors activity that promotes the equality agenda, a core component underpinning the ethos of ensuring dignity and respect for all individuals. This Steering Group reports to the Workforce and OD Committee. During the last year the group has facilitated a stakeholder event with partner agencies which has helped to inform the Group’s work plan as well as, importantly to forge stronger relationships with partner agencies. A further stakeholder event is scheduled to take place on March 15th 2011; the outcome will be reported to the Board meeting in March.

Equality, Diversity & Human Rights induction, raising awareness and equality impact assessment training are also key activities under way, uptake of which is monitored at Divisional and Corporate level.

The UHB has an active commitment to undertaking work around Equality, Diversity & Human rights within the organisation aligned with the implementation of the Equality Act 2010 and the requirements of the UHB as a public statutory sector body to establish an organisational Single Equality Scheme. Ahead of the April 2012 deadline, the UHB has established such a scheme with Board and other stakeholder approval. Its full title is the Single Equality Scheme - FAIR CARE, so called because the UHB wanted to demonstrate the notion of fairness, respect, equality, dignity and autonomy in all that is undertaken in the name of the organisation. The stated outcomes will provide evidence of how the UHB implements the principles of the Single Equality Scheme within both strategic and operational systems and practices.

**CONCLUSION**

The UHB recognises the importance of developing and delivering services in a way that acknowledges and addresses any physical, psychological, social, cultural, linguistic and spiritual needs and preferences of individuals. The UHB Statement of Intent emphasises its commitment to improving patient experience, and in doing so, recognises that delivery of the dignity and respect agenda is everybody's business.

This report has outlined the many initiatives currently in place across the UHB to support this commitment and to influence positively the dignity
and respect agenda, thereby improving the healthcare user and staff experience.

The UHB has monitoring and assurance arrangements in place to demonstrate that this significant agenda is being implemented and progressed, with many of the monitoring arrangements being appropriate and sensitive to the specific initiative. Some of the monitoring arrangements enable the UHB to share progress not only with the Board but to other relevant bodies such as WAG (FOC audit outcomes, Cleaning Standards) and the Community Health Council (HPE audit results). The sharing of audit and measurement results in clinical/ward areas also takes place through programmes such as Transforming Care in an effort to demonstrate transparency of progress as well as to highlight achievements.

The UHB recognises that promoting and improving dignity and respect presents a significant agenda and one that impacts on all UHB services. Whilst the UHB has a number of actions in place to advance this agenda, it is a journey of continuous improvement, through which the Board is determined to ensure that all healthcare users and staff throughout the UHB are treated with dignity and respect at all times.

RECOMMENDATION

The Board is asked to:

- RECEIVE and CONSIDER the actions identified in this report to deliver improvements in dignity and respect for patients and staff
- ENDORSE the proposed monitoring and assurance arrangements described in the report.
## IMPACT ASSESSMENT

<table>
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<th>Category</th>
<th>Description</th>
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<tr>
<td><strong>Health Improvement</strong></td>
<td>Promoting and delivering the dignity and respect agenda leads to improved patient well-being and experience of care.</td>
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<tr>
<td><strong>Workforce</strong></td>
<td>This agenda impacts upon new and existing employees. To deliver this agenda the workforce needs to be supported through training from the point of induction to the UHB.</td>
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<tr>
<td><strong>Education and Training</strong></td>
<td>The UHB runs programmes which aim to improve the workforce understanding of the dignity and respect agenda. Work has been progressed with the University and other education providers to ensure that curriculums reflect the dignity agenda. This work will need to continue to ensure that education commissioned via various suppliers is fit for purpose in delivering the expected outcomes relating to dignity and respect.</td>
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<td><strong>Financial</strong></td>
<td>Improving patient experience and delivering the dignity and respect agenda should lead to a reduction in complaints and claims against the UHB. The financial assessment of the potential cost benefit to the UHB has not yet been calculated.</td>
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<td><strong>Legal</strong></td>
<td>The UHB is required to work within employment law, the Equality Act 2010 and the Single Equality Scheme, Safeguarding legislation. Promotion of the dignity and respect agenda enables the UHB to demonstrate its compliance with these legal frameworks.</td>
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<td><strong>Equality</strong></td>
<td>This report identifies steps being taken which will demonstrate how the UHB takes account of the Equality Act 2010.</td>
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<tr>
<td><strong>Environmental</strong></td>
<td>Implementation of initiatives which improve the environment of care such as the ward refurbishment programme support the dignity and respect agenda.</td>
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RISK ASSESSMENT

<table>
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<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Clinical/Service</td>
<td>Failure to implement the dignity and respect agenda would result in poor standards of service delivery, unacceptable standards of care and poor healthcare user experience.</td>
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<tr>
<td>Financial</td>
<td>Implementation of the dignity and respect agenda will have a financial consequence for the Board associated with the ward refurbishment programme. Other financial impacts associated with this agenda have not been calculated.</td>
</tr>
<tr>
<td>Reputational</td>
<td>Failure to implement the dignity and respect agenda would result in significant adverse publicity and damage the reputation of the UHB.</td>
</tr>
</tbody>
</table>

Acronyms and abbreviations

- DoLS - Deprivation of Liberty Safeguards
- FOC - Fundamentals of Care
- HIW - Healthcare Inspectorate Wales
- HIPO - Health Improvement and Patient Outcome project
- HPE - Hospital Patient Environment
- LED - Learning and Education Department
- NLIAH - National Leadership and Innovation Agency for Healthcare
- OD - Organisational Development
- RCN - Royal College of Nursing
- UHB - University Health Board
- UHW - University Hospital of Wales
- UHL - University Hospital of Llandough
- SCIE - Social Care Institute for Excellence
- WAG - Welsh Assembly Government
- WITS - All-Wales Interpreter and Translation Services

CONSULTATION AND ENGAGEMENT

The dignity and respect agenda has been progressed through a variety of forums and committees within the UHB as identified within this report. These include forums such as the Equality Strategy Steering Group, Workforce and Organisation Development Committee, Nutrition and Catering Steering Group.
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