

Who Cares? Care of Older People in Hospital Wards – Health Overview & Scrutiny Committee Task and Finish Group Report

BY EMAIL

Lin Hazel
Chair HOSC,
Bucks County Council,
County Hall,
Walton Street,
Aylesbury,
Bucks. HP20 1UA.

Dear Lin

Thank you to the Health Overview and Scrutiny Committee for recently attending our Board meeting and presenting your report into the care of older people in hospital.

We found the report to be a very insightful and interesting read, and we welcome the recommendations that have been made by the committee. Since we have received the report we have thoroughly reviewed and reflected on the recommendations. An in-depth action plan has been developed and approved by our Nursing, Midwifery and Therapies Professional Board. The action plan will be monitored by this Board and its completion will be reported back to the Trust Board.

I am also happy to attend a meeting of the Health Overview and Scrutiny Committee in order to present our achievements against this action plan, if you think that would be helpful.

I enclose a copy of the action plan for your information.

I thank you again for all the work of the committee during this review. I am pleased that we have been able to work together to help improve and develop patient care in the county.

Yours sincerely,



**Professor Lynne Swiatczak,
Chief Nurse and Director of Patient Care Standards.
Buckinghamshire Healthcare NHS Trust.**

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No	Recommendation	Actions	Accountable officer	Date for completion	RAG
1	Given the potential negative impact on patient experience arising from insufficient handover information, we recommend that BHT ensure that staff include full details in patient handover notes on needs relating to communication (including hearing aids), feeding (including dentures) and toileting assistance, on general wards as well as older people wards	<ol style="list-style-type: none"> 1. Bed side handover in place and audited monthly by Matron. 2. Individualised care in place as evidenced by use of care plans based on patients activities of daily living 	<ol style="list-style-type: none"> 1. Chief Nurse 2. Chief Nurse 	<ol style="list-style-type: none"> 1. 12/2012 2. 02/2013 	●
	Update February 2013	<ol style="list-style-type: none"> 1. Beside handover in place across all inpatient units. Completed 2. In place across in patient units. Completed 3. 			
2	Given some patient concerns over call bell response times, we recommend that BHT monitors trends on the usage of and response rates to call bells, and, if necessary, explore ways to improve responsiveness.	<ol style="list-style-type: none"> 1. Matron’s rounds in place to monitor time patients wait. 2. Complaints to be monitored for themes relating to waiting for call bells. 3. Use of intentional rounding in all areas. 4. Monthly assurance reports to Chief Nurse on response 	<ol style="list-style-type: none"> 1. Associate Chief Nurses 2. Associate Chief Nurses 3. Associate Chief Nurses 4. Associate Chief Nurses 	<ol style="list-style-type: none"> 1. 12/2012 2. 03/2013 3. 01/2013 4. 01/2013 	●

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		times.			
	Update February 2013	<ol style="list-style-type: none"> 1. Matrons rounds in place and monitored. Completed. 2. Complaints team to put together report March 2013. 3. Intentional rounding in place across wards. Completed. 4. Associate Chief Nurses are completing monthly assurance reports for the chief nurse. Completed 			
3	We have concerns that some staff will have missed the recently improved HCA new starter training, so recommend that BHT ensure that the improved training delivered to all new starter HCAs through induction is reflected in mandatory updates, thereby spreading this across the whole HCA workforce.	<ol style="list-style-type: none"> 1. Establishing mandatory update days for Healthcare assistants to ensure training available for all staff 2. Monitoring of updates at appraisals. 	<ol style="list-style-type: none"> 1. Education, learning and development lead 2. Associate Chief Nurses 	<ol style="list-style-type: none"> 1. 03/2013 2. 04/2013 	
	Update February 2013	<ol style="list-style-type: none"> 1. Training established for all Healthcare assistants. Completed 2. Ongoing 			
4	Appraisal is mandatory for all staff and although it is not possible to achieve 100% due to staff turnover etc, we recommend that the Trust should achieve its targets and ensure that this forms a key part of overall staff supervision.	<ol style="list-style-type: none"> 1. Target established at 95% 2. Monitored via Trust Board monthly and at divisional performance meetings. 3. Scrutinised by the SHA as part of preparation for FT status. 4. Additional support from Education learning and 	<ol style="list-style-type: none"> 1. Trust 2. Divisional management team 3. Trust Board 4. ELD Lead 	<ol style="list-style-type: none"> 1. 03/2013 2. 03/2013 3. 03/2013 4. 03/2013 	

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		development team (ELD) by providing additional training sessions for appraisers and appraisee's.			
	Update February 2013	<ol style="list-style-type: none"> 1. Ongoing, date amended to March 13 2. Ongoing, date amended to March 13 3. Ongoing, date amended to March 13 4. Ongoing, date amended to March 13 			
5	To aid patient understanding of the various ward staff we recommend that BHT adheres to a timetable for the speedy roll-out across the Trust of, visible name badges, corporate uniforms, informative staff boards and bedside information, including the various staff roles and responsibilities.	<ol style="list-style-type: none"> 1. Nursing uniforms being changed on rolling programme. 2. Staff boards to be updated post reconfiguration moves. 3. Discussion with Chief Operating Officer and Chief Nurse regarding the roll out of name badges for all staff. 	<ol style="list-style-type: none"> 1. Divisional Management team 2. Ward sisters 3. Chief Operating Officer and Chief Nurse 	<ol style="list-style-type: none"> 1. 05/2013 2. 02/2013 3. 02/2013 	
	Update February 2013	<ol style="list-style-type: none"> 1. Programme of uniform completion May 2013. 2. Updated boards in place. Completed 3. Name badges in place for all 			
6	In the interests of patient nutritional care and to reduce the risk of malnutrition we recommend that BHT ensure that all staff on all wards (not just older people wards) are	<ol style="list-style-type: none"> 1. Nutritional Clinical Nurse Specialists to promote use of red trays across all ward areas via training and link 	<ol style="list-style-type: none"> 1. CNS Nutrition 2. Ward Sisters 3. Matrons 4. AD Healthcare 	<ol style="list-style-type: none"> 1. 12/2012 2. 12/2012 3. 01/2013 4. 12/2012 	

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	<p>aware of the red tray initiative and that these are used consistently across BHT to ensure that patients needing help with their feeding are clearly identified.</p>	<p>nurse/housekeeper forums.</p> <ol style="list-style-type: none"> 2. Ward sisters to ensure use on all ward areas. 3. Matrons to audit use of red trays via observation and review of complaints. 4. Review of incidents relating to nutrition over past 6 months to evaluate any trends. 	<p>governance</p>		
	<p>Update February 2013</p>	<ol style="list-style-type: none"> 1. Completed 2. Completed 3. Ongoing regularly 4. Completed 			
7	<p>Some patients can face difficulties obtaining information when being cared for by multiple departments, so we recommend that BHT provide, where possible and practicable to do so, a single named contact for patients with complex multiple conditions, to facilitate communication between departments and to provide signposting information for the patients.</p>	<ol style="list-style-type: none"> 1. Trust to review appropriate role as point of contact. 2. Establish and communicate single point of contact. 	<ol style="list-style-type: none"> 1. Chief Operating Officer. 2. Chief Operating Officer. 	<ol style="list-style-type: none"> 1. 03/2013. 2. 04/2013. 	

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	Update February 2013	<ol style="list-style-type: none"> 1. Action outstanding 2. Action outstanding 			
8a	To ensure the receipt of timely feedback we recommend BHT and PALS ensure that routes for patient experience communications are well promoted throughout BHT, both in writing and face to face.	<ul style="list-style-type: none"> • Establish single point of contact with PALS and complaints. • All leaflets associated with friends and family to have PALS contact number. • PAL's email address visible on website. 	<ol style="list-style-type: none"> 1. AD Healthcare Governance 2. Associate Chief Nurse Corporate. 3. AD Healthcare Governance. 	<ol style="list-style-type: none"> 1. 12/2012 2. 01/2013 3. 12/2012 	
	Update February 2013	<ol style="list-style-type: none"> 1. Completed. 2. Completed. 3. Completed 			
8b	We also recommend that BHT and PALS monitor these communications by age as well as cause, in order to ascertain that older people are using the means available to make their voices heard.	<ol style="list-style-type: none"> 1. PALS and complaints data to reflect protected characteristics. 2. Deep dive investigation into complaints. 	<ol style="list-style-type: none"> 1. PAL's and Complaints manager. 2. Complaints Manager. 	<ol style="list-style-type: none"> 1. 12/2012. 2. 01/2013. 	
	Update February 2013	<ol style="list-style-type: none"> 1. Completed. 2. Completed. 			
9	To assist in prompt identification of a mental health history, we recommend that BHT review the plans to improve patient mental health information sharing with Oxford Health	<ol style="list-style-type: none"> 1. Current mental health pathways to be reviewed. 	<ol style="list-style-type: none"> 1. Safeguarding lead. 	<ol style="list-style-type: none"> 1. 03/2013. 	

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	and GP's.				
	Update February 2013	1. Action outstanding, end date reviewed for March 2013.			
10	To enhance staff dementia care skills we recommend that BHT ensures that all health staff, both registered and unregistered, have access to mandatory training/coaching and awareness raising on how best to support patients with dementia, including skills in communicating, managing difficult behaviour and providing dignified care.	<ol style="list-style-type: none"> 1. Trust to support three members of staff to become dementia champions. 2. Roll out of training programme to enhance knowledge and skills of all staff across organisation relating to dementia. 	<ol style="list-style-type: none"> 1. ELD Lead. 2. ELD team. 	<ol style="list-style-type: none"> 1. 03/2013. 2. 05/2013. 	
	Update February 2013	<ol style="list-style-type: none"> 1. Completed 2. Ongoing 			