Welcome to Dignity Action Day

Showcase and Awards Event

1 February 2013
Charles Owen-Conway
Chair
Buckinghamshire Vulnerable Adults Safeguarding Board
Martin Green OBE
Chief Executive: ECCA
Dignity Commissioner

Delivering Dignity:
The Commission’s Recommendations 01.02.13
The Dignity Commission

- Diverse commissioners
- Co-operatively led
- Appreciative inquiry
- Building on evidence
- Working across systems
- Relationship based care
- Practical recommendations
Who We Care for

- Understanding older people as individuals
- Maintaining autonomy, control and independence
- Initiating feedback on experiences
- Information and reassurance
Leadership and integration

- Focus on values and behaviours
- Make dignity “everybody’s business”
- Wrap services around individuals
- Listen and respond
- Human rights-based approach
- Make everyone accountable for their practice
- Make everyone challenge poor practice
Commissioners must commission dignified care
Commissioning board
Local authority commissioners
Improve public confidence
Improve public information
Develop quality ratings
Increase openness and scrutiny
Work together
Martin Green OBE
Dignity Commissioner

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Search:
“Martin Green”

BLOG:
www.eccablog.tumblr.com

“English Community Care Association”
Delivery Dignity – The Role of the Care Quality Commission

Lisa Cook
Compliance Manager
Regulator for health and social care since 2009

We look at outcomes: a person’s experience of care

We involve people who use and provide services and listen to their voices

We use a wide range of sources of evidence, this includes what local people tell us about their services

We focus on how care is delivered

We are responsive – taking swift action to follow-up concerns
What do we mean by Dignity and Respect?

According to the Social Care Institute for Excellence, Dignity is a state, quality or manner worthy of esteem or respect; and (by extension) self respect.

Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine a person's self respect regardless of any difference. Whilst dignity might be difficult to define, what is clear is that people know when they have not been treated with dignity.
The Royal College of Nursing's view is that Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as individuals. Dignified care, or the lack of it, can have a profound effect on patient/client well-being.
Dignity as a Right

Dignity and Respect are key principles of the Human Rights Act. When a person's dignity is compromised and no respect is afforded them, it is an abuse of their human rights. To ensure that the rights of individuals are upheld the key principles of:

Fairness
Respect
Equality
Dignity
Accountability

... should be incorporated into service planning, commissioning and delivery, standards, inspection, regulatory processes and professional education.
• Outcome 1: Respecting and involving people who use services - regulation 17

• Outcome 4: Care and welfare of people who use services - regulation 9
17.—(1) The registered person must, so far as reasonably practicable,
make suitable arrangements to ensure—
(a) the dignity, privacy and independence of service users; and
(b) that service users are enabled to make, or participate in making,
decisions relating to their care or treatment.
(2) For the purposes of paragraph (1), the registered person must—
(a) treat service users with consideration and respect;
(b) provide service users with appropriate information and support in relation to their care or treatment;
(c) encourage service users, or those acting on their behalf, to—
   (i) understand the care or treatment choices available to the service user, and discuss with an appropriate health care professional, or other appropriate person, the balance of risks and benefits involved in any particular course of care or treatment, and
   (ii) express their views as to what is important to them in relation to the care or treatment;
d) where necessary, assist service users, or those acting on their behalf, to express the views referred to in sub-paragraph (c)(ii) and, so far as appropriate and reasonably practicable, accommodate those views;

(e) where appropriate, provide opportunities for service users to manage their own care or treatment;

(f) where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care or treatment;

(g) provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement; and

(h) take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have
What should people who use services experience?

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

Those acting on behalf of people who use services:

- Understand the care, treatment and support choices available to the people who use services.
- Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.
This is because providers who comply with the regulations will:

- Recognise the diversity, values and human rights of people who use services.
- Uphold and maintain the privacy, dignity and independence of people who use services.
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support.
- Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided.
- Enable people who use services to care for themselves where this is possible.
- Encourage and enable people who use services to be involved in how the service is run.
- Encourage and enable people who use services to be an active part of their community in appropriate settings.
Care and welfare of service users

9.—(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—

(a) the carrying out of an assessment of the needs of the service user; and

(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—

(i) meet the service user’s individual needs,

(ii) ensure the welfare and safety of the service user,

(iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment, and

(iv) avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user’s individual needs.
(2) The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users.
What should people who use services experience?

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

This is because providers who comply with the regulations will:

- Reduce the risk of people receiving unsafe or inappropriate care, treatment and support by:
  - assessing the needs of people who use services
  - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
  - taking account of published research and guidance
  - making reasonable adjustments to reflect people’s needs, values and diversity
  - having arrangements for dealing with foreseeable emergencies
Outcome 2: Consent to care and treatment
- regulation 18
There are clear procedures that are followed in practice, monitored and reviewed about decision making for people who are unable to give, or choose to withhold, consent for each individual care, treatment and support activity, including:

• Meeting the requirements of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989.

• Staff knowing the circumstances in which an advance directive or advance decision regarding the refusal of treatment by a person using services maybe lawfully over-ruled.

• Where a life threatening emergency may arise and it is not possible to obtain consent.
Outcome 5: Meeting nutritional needs
- regulation 14
Promote rights and choices

5C Where the service provides food and drink, people who use services can make decisions about their food and drink because they:

- Have accessible information about meals and the arrangements for mealtimes.
- Have a choice for each meal that takes account of their individual preferences and needs, including their religious and cultural requirements.
- Have access to snacks and drinks throughout the day and night.
- Have mealtimes that are reasonably spaced and at appropriate times, taking account of reasonable requests including their religious or cultural requirements.
- Have information on what constitutes a balanced diet to help them make an informed decision about the type, and amount, of food they need to address any risk of poor nutrition and/or dehydration.
Outcome 7: Safeguarding people who use services from abuse
- regulation 11
People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.
Interactive Session

Having heard from the English Community Care Association on their recommendations for delivering dignity what new ideas could you introduce to support and promote Dignity in Care over the coming year?

How would you measure the difference those ideas could make?
Dignity in the hospital setting

Jo Birrell, Matron for Older People
Bernie’s experience
The Circle of Distress

Alert!

Memory

Excuses

Action

Explore

Where your needs always come first
Why don’t we learn from Call the Midwife and proper Matrons?
Defining Dignity

“the quality or state of being worthy, honoured or esteemed” Webster’s International Dictionary 1946

“social – psychological state – a complex combination or the personal and the social...bestowed by others in the immediate social environment yet exists independently of it” LK George 1998
What issues matter most? Calnan

• Lack of involvement

• Lack of thought about their appearance

• Use of derogatory terms such as ‘bed blocker’

• Lack of thought about gender differences and mixed sex accommodation

• Exposure of one’s body

• Medications
When does it matter?  


Maintained

- Subjective
- My Wishes and preferences

Trivial loss

- Inter subjective
- Cultural
- Social Norms

Serious loss

- Negative experience
- Self esteem is damaged

Devastating

- Positive experience
- Self esteem is high

Where your needs always come first
Lessons from Chochinov 2002

• Illness related concerns

• Dignity Conserving repertoire

• Social Dignity Inventory
Family and Friends Test
Commissioning Dignity

Rachael Rothero
Service Director
Commissioning & Service Improvement
Buckinghamshire County Council
Peace
Insight
Smile
Confidence
Hope
Love
Independence
Spiritual
Positivity
Choices

Small steps
Self respect
Strength
Self acceptance
Calm
Friends
Family
Trust
Relationships
Light
Ease
Healthy
'Clare is back'
Bucks County Council
‘Dignity in Care’

Embedding Dignity within the Education Agenda

Professor David Sines PhD RN CBE

1st February 2013
Everyone Counts
Getting the basics right every time
Helping staff to do their job
Valuing and developing our workforce
Everyone is a leader
Truly compassionate care is skilled, competent, value-based care that respects individual dignity. Its delivery requires the highest levels of skill and professionalism. Upholding the rights of those we work with and promoting their humanity are primary tenets of our role and underpinning philosophy’.
Developing Intelligent Harm Free Care with Compassion
High quality care and support services

Safety
Good services help to keep me safe

Effectiveness
Good services make me feel better

Experience
Good services treat me well
Our Vision - developing the culture of compassionate care

Care is our business

- Compassion
- Competence
- Communication
- Courage
- Commitment
Developing the Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care-Givers

Our shared purpose: to deliver **high quality care** and **excellent health and wellbeing outcomes** for all people

Our **values** and **behaviours** are at the heart of the vision and all we do ...

**Care**
- Delivering high quality care is what we do. People receiving care expect it to be right for them consistently throughout every stage of their life.

**Compassion**
- Compassion is how care is given, through relationships based on empathy, kindness, respect and dignity.

**Competence**
- Competence means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence.

**Communication**
- Good communication involves better listening and shared decision making - ‘no decision about me without me’.

**Courage**
- Courage enables us to do the right thing for the people we care for, be bold when we have good ideas, and to speak up when things are wrong.

**Commitment**
- Commitment will make our vision for the person receiving care, our professions and our teams happen. We commit to take action to achieve this.

... in the NHS, in public health and in social care.
Developing a Values Based Workforce

- Listening to our Users, Clients, Carers and frontline Staff
- Co-design and engagement
- Establishment of Competence ‘suitability and fitness to practise’ reviews
- Recruiting for Skills, Values and Compassionate Care Delivery
- Annual performance monitoring and staff development
- Peer review and supervision
Emotional and Professional Factors that Impact on our Human Response
• Healthy and human factor responses involve things like:

• Bringing our emotional responses into awareness

• Reflecting on the source of our feelings

• Seeking support where we need it

• Thinking carefully through the needs and wishes of others

• Reminding ourselves of our sense of purpose
Human Factors include......

- Situational Awareness
- Decision making
- Effective teamwork and interaction
- Team Working
- Effective leadership
- Responding to a Non Risk Averse Culture
- Emotional Intelligence and Emotional Awareness
- System/Process/Environmental awareness and challenge
Carl Rogers’ description of the therapeutic triad (of genuineness, non-possessive warmth and accurate empathy) may be a good starting point for this. ‘The therapeutic alliance includes hope, trust, common understanding, and bonding, and is found where there is a supportive, warm, positive attitude on the part of the practitioner, who speaks a language the client understands, and is encountered and trusted by that client.’
There is no recipe for Utopia!

Professional carers, despite possessing great skill, compassion and insight are human and as such are prone to making all of the errors that normal people make.....this includes everyone one of us!
There are:

“Those who make things happen;
Those who think they make things happen;
Those who watch things happen;
Those who wondered what happened;
Those who did not know anything had happened at all!”
The Role of the Health and Wellbeing Board

Councillor Patricia Birchley
Chairman, Buckinghamshire shadow Health and Wellbeing Board
What is the Health and Wellbeing Board?

- The Board was established as a result of the government’s health reforms
- It will promote integration across health, public health & social care
- Influence commissioning plans across Health and children’s and adult social care
- The Board will lead on the development of the
  i) Joint Health and Wellbeing Strategy
  ii) Joint Strategic Needs Assessment

www.buckscc.gov.uk/healthandwellbeingboard
Who’s on the Board?

Chiltern
Clinical Commissioning Group
a healthy future together

AVCCG
Aylesbury Vale Clinical Commissioning Group

Buckinghamshire County Council

LINK
Buckinghamshire Local Involvement Network

www.buckscgov.uk/healthandwellbeingboard
JSNA- The Buckinghamshire ‘story’ of health and wellbeing

• What does our population and place look like?

• What are the needs of our population, now and in the future?

• Provides the evidence base for the work of the Board and for setting the priorities for the Joint Health and Wellbeing Strategy

• The latest refresh of the JSNA will be published by April 2013
JSNA- Did you know?

- During 2011/2012 there were **1491 safeguarding alerts** in Buckinghamshire which resulted in 789 safeguarding investigations. 63% of these alerts related to women and 37% to men.

- By **2025** the proportion of those **aged over 65** is expected to rise to more than a fifth (21.7%) of the total population in Buckinghamshire, compared to 16.3% in 2011.

- More than **90,000 people** in Buckinghamshire in 2012 had two or more **long term conditions**, affecting more than half of those aged 65 and over.

- It is estimated that there are about **44,000 carers** currently in Buckinghamshire, 9.1% of the total population.
What is the Joint Health & Wellbeing Strategy?

What it is:
- Overarching strategy for improving health and wellbeing in Bucks
- The strategy aims to prevent or stop people from falling into ill health and diminished wellbeing
- Will inform all commissioning decisions relating to health and wellbeing in Buckinghamshire
- Prioritise the issues requiring the greatest attention, focusing on the key issues that make the biggest difference

What it is not:
- a long list of everything that might be done to improve health and wellbeing
1. Every child has the best start in life

2. Everyone takes greater responsibility for their own health and wellbeing and that of others

3. Everyone has the best opportunity to fulfil their potential

4. Adding years to life and life to years

www.buckscc.gov.uk/healthandwellbeingboard
Joint Health & Wellbeing Strategy- 1st Year Priorities

To champion better outcomes for all children by supporting parents to understand child development, become confident in their skills and be aspirational for their children

To increase the number of people who are physically active

To work with individuals, communities and key organisations to recognise and support the contributions of carers in our communities
To reduce the number of people experiencing loneliness and social isolation in our communities.

To work with key organisations to support the prevention and early diagnosis of long-term conditions and where these have been identified we will support people to manage their long-term condition.
Our Priorities:

Work with individuals and communities to protect vulnerable people from harm

Work hard to protect our most vulnerable children and young people from harm

Dignity in Care:

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
Our Priorities:

Dignity in Care:

Work with communities to reduce the number of people experiencing loneliness and social isolation.

Act to alleviate people’s loneliness and isolation.
Our Priorities:

Dignity in Care:

Work with individuals, communities and key organisations to recognise the contribution of carers

Engage with family members and carers as care partners
The Board & Dignity in Care

• The Board is ideally positioned to promote dignity in care in Buckinghamshire

• Members of the Board from the NHS and County Council commission services for the public, with dignity in care as a key component

• The work of the Board and the organisations represented will focus on enabling people to maintain the maximum possible independence, choice and control over their own lives

• The Board will champion Dignity in Care at every opportunity

www.buckscc.gov.uk/healthandwellbeingboard
Any Questions?

www.bucksc.gov.uk/healthandwellbeingboard
Keep Informed

The Board will be meeting in public after 1 April 2013

Website: www.buckscc.gov.uk/healthandwellbeingboard

Email: hwb@buckscc.gov.uk

@BucksHWB
Delivering Dignity
The Action Plan for Buckinghamshire

Georgie Rixon
Chair, MKB Care
DIGNITY IN CARE
BIG IDEAS PROJECT
Service user’s views on their experience of Dignity in Care in Buckinghamshire

2009 - 2011

A volunteer project based in the Bucks 50 Plus Forum initiated by the Bucks Older People’s Champions Dignity in Care Sub-Group
AIMS

- To improve services by raising the profile of Dignity in Care through training older volunteers to interview older service users about the way they are treated by the providers and referring outcomes to the Bucks Commissioning and Contracts Managers for Adult Social Care Services.
THE BID

- The DoH Big Ideas Initiative awarded the Buckinghamshire proposal £2000 to cover volunteers’ expenses and other costs.
- Bucks County Council provided training
- The intention was to launch the project as Bucks’ contribution to the national day of the elderly on 1st October 2009
THE MODEL

- Based on previous initiative under the 50 Plus Forum to find out patients’ views on discharge arrangements (2007)
- The Big Idea Project managed by:
  - Joint Commissioning Manager, BCC
  - Chair of the Bucks 50 Plus Forum as Project Leader assisted by Chair of Bucks Older Peoples Champions Forum, both volunteers
- The Project Leaders co-ordinated visits; arranged transcription of recorded interviews, analysed results, prepared reports
- Liaised with the link worker from the DH
- Ensured anonymity of interviewees
PARTICIPANTS

- 26 service users interviewed
- 2 from nursing homes
- 12 from residential care homes
- 4 from respite care
- 6 from day care
- 2 from Meals-on-wheels
The Interviews

Aim of interviewers to find out from interviewees:

- Do they feel they were being treated as an individual?
- Were they being treated with respect?
- Were they able to maintain maximum level of independence, choice and control?
- Were they listened to and supported in expressing their needs and wants?
- Was their right to privacy respected?
- Did they feel able to complain?
The Answers

Positive

- Staff always knock on the door
- Can lock my door if I wish
- Menu varied/very good/varied
- Was able to complain when meat was tough
- Staff busy but caring
- Staff there to help if required
- My privacy respected
- Allowed to help wash up / clear tables
- Early morning tea when you want it. Just arrives at the time you’ve said. Wonderful!
- They always smile – that’s respect

Negative

- No time for a chat – you feel you mustn’t interrupt them
- Staff too busy with paperwork (and meetings, meetings, meetings – God knows what they talk about!)
- Not being listened to
- Nervous of complaining
- Towels not changed regularly
- Not able to have a key to own room
- Staff coming in unexpectedly
- Choir comes in, they bring favourites from past times – I think they feel we only enjoy things from the past
POSITIVE OUTCOMES

- Experience enjoyed by both interviewers and interviewees
- Dynamic process: practice modified after review meetings with volunteers and managers
- Issues of concern arising on care were dealt with immediately by Project Leader and Commissioner Manager
- Good and bad care practices to be identified in service contracts
LESSONS LEARNED

Important to have:

- Clear aims and objectives at outset
- Professional support (Project manager / dedicated admin support)
- An initial meeting with providers and volunteers prior to start of project – involvement by all
- Some basic information about interviewees, e.g.
  - Sensory impairment
  - Respite or resident
- Guided tour of establishment prior to interview
- Ongoing support for interviewers
- Agreed evaluation process
OUTCOMES

- Final Report posted on DH website as model of good practice:
  [dignityincare.org.uk/regionalNetworks/southeast](dignityincare.org.uk/regionalNetworks/southeast) (on the r. h. column under 'Related Pages')
- Plan for the model to be rolled out into local health services through HealthWatch
Dignity Awards

Best Champion
Most Innovative Idea
Smallest Change, Biggest Impact