Agenda

DIGNITY IN CARE STRATEGY GROUP

Date: Thursday 31 October 2013

Time: 10.00 am

Venue: Mezzanine Room 1, County Hall, Aylesbury

Agenda Item		Page No
1	**WELCOME AND APOLOGIES**	
2	**TERMS OF REFERENCE**	**1 - 2**
3	**GROUP MEMBERSHIP**	
4	**DRAFT DIGNITY IN CARE ACTION PLAN**	**3 - 10**
5	**HEALTHWATCH PROPOSAL ON THE USE OF 'ENTRY AND VIEW' TO SUPPORT DIGNITY IN CARE**	**11 - 16**
6	**AOB**	
7	**DATE OF NEXT MEETING**	

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Helen Wailling on 01296 383614
Fax No: 01296 382421
Email: hwailling@buckscc.gov.uk

BUCKINGHAMSHIRE DIGNITY IN CARE STRATEGY GROUP

TERMS OF REFERENCE

The Group will work together to promote a ‘dignified’ health and social care culture for Buckinghamshire, by championing the rights of service users to expect high standards of dignity and respect across the services and care they receive. Working in partnership with organisations across Buckinghamshire, the Group will:

1. Provide strategic direction to deliver the Buckinghamshire Dignity in Care action plan and taking measures to address any shortcomings or failures
2. Monitor and evaluate the effectiveness of organisations’ implementation of their responsibilities in relation to Dignity in Care
3. Ensure that there is communication with the public to develop awareness of Dignity in Care and to provide information on how they should use their responsibilities for promoting Dignity in Care.
4. Ensure organisational policies, procedures and contracts meet required standards of Dignity in Care in Buckinghamshire.
5. Develop and implement a training strategy to meet the training needs of staff across all agencies to work effectively together to deliver required standards of Dignity in Care
6. Ensure that the work of the Group addresses the diverse needs of all communities across Buckinghamshire in the implementation of Dignity in Care
7. Participate in the local planning and commissioning of adult services to ensure that they take account of Dignity in Care
8. Formally report on its work to the Buckinghamshire Health & Wellbeing Board, via the Adult Joint Executive Team. Reports will also be made to Buckinghamshire Safeguarding Vulnerable Adults Board, Healthy Communities Partnership and other Strategic Partnership Boards and the Health and Social Care Overview & Scrutiny Committee
9. To secure a clear relationship with the Buckinghamshire Safeguarding of Vulnerable Adults Board thereby ensuring joint working with respect to abuse, respect and dignity.

GROUP MEMBERSHIP

Job title	Organisation
Deputy Cabinet Member for Health and Wellbeing, (Chairman of the Dignity in Care Strategy Group)	Bucks County Council
Chairman/representative	Older Peoples Champions Forum (representing users & carers)
Manager	Bucks Healthwatch (representing user & carers)
Service Director for C&SI	Bucks County Council
Service Director for Service Provision	Bucks County Council
Executive Clinical Lead	Aylesbury Vale Clinical Commissioning Group
Executive Clinical Lead	Chiltern Clinical Commissioning Group
	Southern Health NHS Foundation Trust
Director of Nursing and Clinical Standards	Oxon & Bucks Mental Health Partnership Foundation Trust
Chief Nurse & Director of Patient Care Standards	Bucks NHS Healthcare Trust
Pro vice-chancellor/Executive Dean	Bucks New University and Bucks NHS Healthcare Trust (associate non-executive member)
Senior Joint Commissioner/Joint Commissioning Manager	Dignity in Buckinghamshire sub-committee (to be reviewed)
Compliant Manager	Care Quality Commission
Chairman	Bucks Safeguarding Vulnerable Adults Board

BUCKINGHAMSHIRE DIGNITY IN CARE STRATEGY GROUP
STRATEGIC ACTION PLAN (DRAFT)
2013/2014

1. INTRODUCTION

The new Dignity in Care (DIC) Strategy Group will work together to promote a 'dignified' health and social care economy for Buckinghamshire, by championing the rights of service users to expect high standards of dignity and respect across the services and care they receive. It takes over the lead responsibility for the promotion and delivery of the DIC agenda from the BSVAB (Buckinghamshire Safeguarding of Vulnerable Adults Board). Consisting of lead roles across the County Council, the Clinical Commissioning Groups, Bucks Healthcare NHS Trust, the DIC Strategy Group is responsible for the overview and for the delivery of a strategic DIC action plan and reporting to the Adults Joint Executive Team and ultimately the Health & Wellbeing Board.

2. WHAT IS DIGNITY?

The Social Care Institute for Excellence defines dignity as follows:

> "Dignity consists of many overlapping aspects, involving respect, privacy,autonomy and self-worth. The meaning of dignity used for this policy is based on a standard dictionary definition: "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. While 'dignity' may be difficult to define, people know when they have not been treated with dignity and respect."[1]

3. THE DIGNITY CHALLENGE

[1] http://www.scie.org.uk/publications/guides/guide15/index.asp

The Dignity in Care Initiative was launched by the Department of Health in November 2006 to ensure all older people are treated with dignity and respect when receiving health and social care services. It produced the "Dignity Challenge" – a checklist of ten ways in which care services should be provided in order to respect and maintain people's dignity. These are as follows:

1. Have a zero tolerance of all forms of abuse,
2. Support people with the same respect you would want for yourself or a member of your family,
3. Treat each person as an individual by offering a personalised service,
4. Enable people to maintain the maximum possible level of independence, choice and control,
5. Listen and support people to express their needs and wants,
6. Respect people's right to privacy,
7. Ensure people feel able to complain without fear of retribution,
8. Engage with family members and carers as care partners,
9. Assist people to maintain confidence and a positive self-esteem,
10. Act to alleviate people's loneliness and isolation.

The 10 point Dignity Challenge serve as key principles that should underpin how we behave towards each other and the way we provide care and support to those who may need it.

3. WHY WE NEED A DIGNITY IN CARE ACTION PLAN

We need a strong and robust plan to direct the delivery of actions to promote and deliver dignity in care across the health and social care economy. An action plan helps to provide transparency and accountability for those lead officers responsible. It will be used by the Dignity in Care Strategy Group to monitor progress and apply pressure when required.

This is a strategic action plan because it is the expectation of those responsible lead officers to develop separate implementation plans around these actions for delivery. A mechanism including a progress checking system will be developed for reporting on the implementation of the actions to the Dignity in Care Strategy Group

4. SCORE CARD

Month:

Objective	Desired Outcome	Target Completion (%)	RAG rating (Red, Amber Green)
1. Embedding dignity within the organisation	1.1 A shared policy statement across all statutory partners expressing our commitment to dignity is available for all staff and providers.		
	1.2 The policy is included in all procurement exercises		
	1.3 The policy is included in all employees' conditions of employment & code of conduct		
	1.4 The policy is available on all partners' websites		
	1.5 DIC to be added to agendas for supervision, team and boards meetings as a matter of course		
	1.6 Awareness and understanding of the dignity campaign is tested within staff recruitment		
	1.7 BCC and the CCGs are using feedback to measure and improve their own organisational performance around dignity		
	1.8 The workforce is able to demonstrate understanding and practice around dignity		
2. Using the Complaints process to report dignity concerns	2.1 People are able to feel free to raise dignity concerns without fear of retribution and are aware of the different ways in which a concern can be raised		
	2.2 The complaints process is able to respond to dignity concerns in the same way as for safeguarding and other concerns		
	2.3 Statutory services can demonstrate that complaints and concerns about services are actively used to improve service provision		
3. Embedding dignity in the commissioning process	3.1 Everyone is clear about how each organisation's priorities are reflecting dignity in planning and commissioning		
	3.2 Providers delivering commissioned services on behalf of Health and Social Care uphold the highest standards of care and can demonstrate commitment to delivering dignity		
	3.3 Service user/patient feedback demonstrates that the individual/s dignity is upheld at all times.		
	3.4 All providers delivering services are meeting quality standards around dignity		
	3.5 All providers are receiving feedback on how they are measuring up to dignity and are taking action to address any improvements required		
	3.6 All providers feel empowered to deliver dignity		
4. Embedding dignity in the	4.1 Dignity is a key element of the assessment and review process and feedback is being used to		

Objective	Desired Outcome	Target Completion (%)	RAG rating (Red, Amber Green)
care management and health operational processes	raise concerns or make changes		
	4.2 Good practice around dignity is shared between staff		
	4.3 Service user/patient feedback demonstrates that the individual/s dignity is upheld at all times.		
	4.4 All staff feel empowered to deliver dignity		
5. Recognising and rewarding dignity	5.1 Every staff, unpaid carer and provider knows that excellent work involving dignity will be recognised		
	5.2 Hosting of an awards event demonstrates partnership organisations' commitment to promoting & supporting the dignity campaign		
	5.3 More people have signed up to be DIC champions and are able to influence and support colleagues and their organisation		
6. Business planning	6.1 Philosophy of dignity and respect is rolled out across all partnership organisations		
	6.2 Partnership organisations have learnt from the national enquiries that have implications for dignity and improvements are being felt in practice.		

5. DIGNITY IN CARE ACTION PLAN

Desired Outcome	Strategic Action	When by	Lead
1.1 A shared policy statement across all statutory partners expressing our commitment to dignity is available for all staff and providers.	• Statement to be developed and signed off by all partner organisations.		
1.2 The policy is included in all procurement exercises	• Statement to be included in all information given to organisations tendering for services.		
1.3 The policy is included in all employees' conditions of employment & code of conduct	• Each new employee to receive the policy as part of induction pack		
1.4 The policy is available on all partners' websites	• Existing employees to be notified of the policy on Staff intranet & HR resource pages • Statement to be publicised on all partner websites		
1.5 DIC to be added to agendas for supervision, team and boards meetings as a matter of course	• Managers/supervisors, board leads to be instructed to have DIC as a standing item		
1.6 Awareness and understanding of the dignity campaign is tested within staff recruitment	• Application forms & recruitment process to test dignity		
1.7 BCC and the CCGs are using feedback to measure and improve their own organisational performance around dignity	• DIC to be a standing item on strategic partnership boards		
1.8 The workforce is able to demonstrate understanding and practice around dignity	• Staff to use 360 degree feedback from service users/clients & carers • All training commissioned for internal and external staff must reflect on dignity		
2.1 People are able to feel free to raise dignity concerns without fear of retribution and are aware of the different ways in which a concern can be raised	• Complaints leads to be coordinated and tasked with developing accessible approaches & publicity to raising dignity concerns		
2.2 The complaints process is able to respond to dignity concerns in the same way as for safeguarding and other concerns	• Complaints leads to record and report on a separate category of dignity concerns • Healthwatch & PALs to be tasked with developing an engagement process with users and carers to raise & report dignity concerns		
2.3 Statutory services can demonstrate that complaints and concerns about services are actively used to improve	• Service leads to be responsible for resolving any dignity concerns reported		

Desired Outcome	Strategic Action	When by	Lead
service provision	• People who have experienced poor practice in the past are invited to make a contribution to dignity training sessions.		
3.1 Everyone is clear about how each organisation's priorities are reflecting dignity in planning and commissioning	• Update and publicise commissioning strategies to reflect dignity in their commissioning priorities		
3.2 Providers delivering commissioned services on behalf of Health and Social Care uphold the highest standards of care and can demonstrate commitment to delivering dignity	• Dignity clauses to be in all service specification/contracts • Tender exercises/specifications include reference to BCC & the CCGs' expectations around dignity. • Providers tendering for services expected to demonstrate commitment to dignity and respect.		
3.3 Service user/patient feedback demonstrates that the individual/s dignity is upheld at all times.	• Dignity will be audited as part of contract monitoring process, with providers evidencing dignity assurance • Agree options paper on 'enter and view' for interviewing care home residents & using their experiences to inform contract audit		
3.4 All providers delivering services are meeting quality standards around dignity	• Develop and apply dignity quality standards across contracts for benchmarking & review		
3.5 All providers are receiving feedback on how they are measuring up to dignity and are taking action to address any improvements required	• The Quality in Care Team to embed DIC as part of their work programme with care homes and embed, to improve quality of care		
3.6 All providers feel empowered to deliver dignity	• The Quality in Care Team to implement 'My Home Life training programme aimed at 30 care provider managers		
4.1 Dignity is a key element of the assessment and review process and feedback is being used to raise concerns or make changes	• Managers to instruct and monitor staff		
4.2 Good practice around dignity is shared between staff	• Publicity and guidelines to be developed for staff, e.g. booklet		
4.3 Service user/patient feedback demonstrates that the individual/s dignity is upheld at all times.	• Staff to use 360 degree feedback from service users/clients & carers • Assess the implementation of the *new quality*		

Desired Outcome	Strategic Action	When by	Lead
	standard for patient experience in NHS adult services (NICE) with the CCGs		
4.4 All staff feel empowered to deliver dignity	• Deliver 'core principles for dignity' training with post assessment for staff		
5.1 Every staff, unpaid carer and provider knows that excellent work involving dignity will be recognised	• Hold annual awards event to coincide with National Dignity Day		
5.2 Hosting of an awards event demonstrates partnership organisations' commitment to promoting & supporting the dignity campaign	• Publicise good practice & awards on BCC and the CCG websites		
5.3 More people have signed up to be DIC champions and are able to influence and support colleagues and their organisation	• Promote and encourage 750 champions to be recruited • Provide opportunities for DIC champions to support each other and share experiences and good practice		
6.1 Philosophy of dignity and respect is rolled out across all partnership organisations	• Dignity to be referenced to within all stakeholders business plans, strategies, service plans and development of care pathways		
6.2 Partnership organisations have learnt from the national enquiries that have implications for dignity and improvements are being felt in practice.	• Implement action plans in response to recommendations from: - Keogh Mortality Review - Mid Staffs NHS Trust Enquiry - Winterbourne View		

Commissioned Work Initiation Project Proposal	

Proposed Title of Project:		Dignity in Care
1	**Outline Scope of the Project:** to include outcomes/outputs and general description of the work to be carried out. Also outline link to key strategic or policy framework within which the project will take place.	Use Enter & View (E&V) powers to determine how successful care services are in meeting Dignity In Care (DIC) standards, and gather additional information on people's experience of care in their own homes, with their agreement, but outside the E&V methodology. Visit 20 care homes, users of four domiciliary care services, and produce a report on each in standard format. Share reports with providers among others, and communicate serious concerns to the appropriate authorities. Produce summary report: evaluating the project; highlighting good practice which can be applied elsewhere; and identifying areas for improvement. Exchange information on working methods and resources available with other Healthwatch England to enable sharing of best practice amongst other local Healthwatch organisations. Support work on DIC by contributing to programme of Dignity in Care Strategy Group.
2	**Commissioning Body:** to include name of the organisation, contact details for lead person and other key contacts/partners involved in the project.	Buckinghamshire County Council (BCC) Lead officer commissioning the project is Chris Reid, senior joint commissioner, BCC: cjreid@buckscc.gov.uk
3	**Project Plan:** to include indication of when project to take place, any deadlines for completion of the project or its various stages.	Project to begin when plan is signed off by BCC, with a lead in time of 3 months to allow for recruitment, and will be completed within 18 months. It is desirable but not essential to complete the project before the end of the current contract for Healthwatch Bucks. Key Components: Recruit part time project manager. Produce working methods documentation and guidance for volunteers within one month of project beginning. Engage Stakeholders & agree broad principles of the project & their participation. Recruit & train a minimum of 8 volunteers (some will be existing Healthwatch Bucks volunteers).

		Produce and implement a communications plan to ensure stakeholders are informed about activities, and to receive comments back about the project. Produce reports on individual services, feedback to providers, and also summary report at conclusion of project. The project plan will include a celebration event sharing good practice and recognising the contributions of the volunteers.
4	**Reporting / Monitoring / Evaluation**: to include a brief description of arrangements for reporting, monitoring and evaluating the project.	Quarterly reports on project progress to DIC Strategy Group / Lead Officer, or at other intervals by agreement with the BCC lead officer. Include detail on key deliverables such as recruitment of project officer, recruitment & training of volunteers, visits planned and completed, reports in preparation and already produced. Both the Healthwatch Panel and the lead commissioner will contribute to the evaluation of the success of the project in a joint report, to be prepared by the project manager. Feedback from volunteers, service users, carers, and providers will be included. Data in reports on individual care settings to be recorded in a way that allows comparison of both method and outcomes.
5	**Information Sharing**: to include expectations of who owns any information, publications or other outputs arising from the project and how they will be branded (specifically whether to be branded as CIB work or the work of the commissioner, or jointly). Also consider issues of confidentiality and whether the project is subject to the Freedom of Information Act.	Individual & summary E&V reports will be the property of Healthwatch Bucks, and available for their use and publication. They can also be used by BCC subject to the context and purpose being agreed by Healthwatch Bucks. No published information should identify service users or carers without their consent. Reports to Dignity in Care Strategy Group will be the property of BCC.
6	**Decision Making and Sign Off**: to include understanding of key decisions points within the project (eg agreeing project plan, approving publications or press releases, approving draft reports	Project plan to be agreed by the BCC lead officer (Chris Reid) and any parts of a draft plan requiring council member or senior manager approval to be identified and approval to be sought by the BCC lead. If the project is delayed by these requirements the scope may need

	etc). For work with local authorities also include communication requirements with and involvement of key councillors.	to be changed. Draft reports to be agreed within Healthwatch Bucks by the Panel. Reports (may need to specify which ones) to be received & agreed by the Dignity in Care Strategy Group.
7	**Other Partners**: to include other organisations, groups, or individuals involved in the project and their role and contribution to the project; also consider how they are to be acknowledged in outputs arising from the project.	Community Impact Bucks and other Healthwatch Bucks Partners Providers Healthwatch England Service users Carers and relatives
8	**Budget / Invoicing**: to include indicative budget allocation and invoicing arrangements. Also outline the approval process and how funding will be confirmed.	BCC to commit £35,550 excluding VAT to be invoiced quarterly by Healthwatch Bucks subject to satisfactory progress towards project milestones. Funding will be approved by an officer with the necessary delegated powers within BCC and set out in a contract.
9	**Resources**: to include non-financial resources required for the project eg equipment, venue hire, transport. How will these be provided and when are they needed?	Salary and on costs for a part time (three day a week) project manager at Healthwatch Bucks. Contribution to office infrastructure, including premises, IT, & support staff Venue hire and training for volunteer training and reasonable out of pocket expenses while doing the work. Communication materials.
10	**Initial Risk Assessment**: to include key risks affecting the project (eg reliance on other parties, absence of key resources, political factors).	• **Risk:** Recruitment of good quality paid staff, & of volunteers, with the required skills has to be achieved before the project can move forward & it may prove difficult to do this quickly enough to deliver the project in time. • **Mitigation:** We will not start delivering the project until the Project Manager is in place. We will work with our partner Community Impact Bucks, who run the accredited Volunteer Centre for Buckinghamshire and utilise their multiple routes to sourcing volunteers. • **Risk:** Failure to communicate the benefits of the project to all stakeholders, and

		confusion with inspection or contract monitoring work may mean that service providers do not cooperate. • **Mitigation:** The Project Manager will design and deliver a communications plan to all Stakeholders to ensure clarity about the project's benefits. • **Risk:** Uncontrollable events such as a serious flu epidemic, or sudden sector-wide rapid policy changes by the government, may delay progress, and could prevent completion if they occurred at critical times within the project. • **Mitigation:** Regular reviews will allow for re-planning and making appropriate adjustments to the programme.

Dignity in Care Proposal Budget

Dignity in Care - Healthwatch Bucks Ltd	2013/14	2014/15	Notes
Employment Costs			
- Project Manager (inclusive of oncosts)	4,750	19,000	Assume fte of £28,000, 21 hours a week. Start date 1 Jan 2014
- Recruitment	1,800	0	
- Training	600	300	
- Travel	300	1,200	
	7,450	**20,500**	
Volunteer Expenses			
- Training	400	300	
- Travel	300	1,200	
- Recruitment	500	500	
	1,200	**2,000**	
Administration and Management			
- Laptop for Project Manager	900	0	based on current costs
- Management and supervision	300	1,200	
- Telephone, office costs etc	400	1,600	
	1,600	**2,800**	
Total Costs	**10,250**	**25,300**	VAT to be added to these costs
Total Project Cost		**35,550**	