

**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.	<ul style="list-style-type: none"> Statement to be developed and signed off by all partner organisations. 		
1.2 The policy is included in all procurement exercises	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Each new employee to receive the policy as part of induction pack 		
1.4 The policy is available on all partners' websites	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> DIC to be a standing item on strategic partnership boards 		
1.8 The workforce is able to demonstrate understanding and practice around dignity	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Service leads to be responsible for resolving any dignity concerns reported 		

Desired Outcome	Strategic Action	When by	Lead
service provision	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Managers to instruct and monitor staff 		
4.2 Good practice around dignity is shared between staff	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Staff to use 360 degree feedback from service users/clients & carers • Assess the implementation of the <i>new quality</i> 		

Desired Outcome	Strategic Action	When by	Lead
	<u>standard for patient experience in NHS adult services</u> (NICE) with the CCGs		
4.4 All staff feel empowered to deliver dignity	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Implement action plans in response to recommendations from: <ul style="list-style-type: none"> - Keogh Mortality Review - Mid Staffs NHS Trust Enquiry - Winterbourne View 		