

SUMMARY REPORT		ABM University Health Board			
		Date of Meeting: 26th January 2017 Agenda item: 3 (iv)			
Subject	Older Person Commissioner Update				
Prepared and Presented by	Amanda Hall, Interim Director of Therapies and Health Science				
Purpose					
To provide an update regarding the Older Persons Commissioner expectations				Decision	
				Approval	
				Information	X
				Other	
Corporate Objectives					
Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Service	Strong Partnerships	Excellent People	Effective Governance
	X	X			X
Executive Summary					
<p>The Older Persons Commissioner for Wales established expectations surrounding 12 key areas which are central to safe, dignified and compassionate care. Expounding the expectation of the development a 'qualitative narrative' to bridge the gap between technical discussions at Board meetings with that which 'older people <i>want and need</i> to see take place'.</p> <p>This paper describes how ABMU is developing the capacity for reporting against the backdrop of that narrative approach bringing together the quantitative data and good practice benchmarks against the human experience of our older patients and carers.</p>					
Key Recommendations					
To note the update					
Next Steps					
Half Yearly Narrative Report will be provided detailing progress					

MAIN REPORT		ABM University Health Board
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Subject	To provide an update regarding the Older Persons Commissioner expectations	
Prepared and Presented by	Amanda Hall, Interim Director of Therapies and Health Science	

PURPOSE

This Report provides an update in regard to actions taken in ABMU to fulfil the Older Persons Commissioner for Wales requirements.

INTRODUCTION

The Commissioner for Wales set out her expectations regarding outcomes based reporting on ‘twelve key areas’ which are central to safe, dignified and compassionate care. These include, but are not restricted to, the issues of continence, hydration and nourishment, falls, whether negative outcomes could have been avoided and the impact that such experiences can have on individuals.

The Commissioner specified that she was not seeking the production of stand-alone data sets solely for Board meetings but rather a qualitative narrative that bridges the gap between the technical discussions and that which older people would like to see take place.

In addition to the Older Persons Commissioner requirements – there are a number of other drivers which underpin our quality improvement work specific to older people:

- ABMU’s response to the ‘Trusted to Care’ report
- ABMU’s Older People’s Standards of Care
- Development of our Values and Behaviour Framework
- Development of ABMU’s Older People’s Charter
- UN Principles for Older People
- Equality Act 2010
- Older People’s Commissioner for Wales Declaration of the Rights of Older People
 - I have the right to be who I am
 - I have the right to be valued
 - I have free will and the right to make decisions about my life
 - I have the right to decide where I live, how I live and with whom I live
 - I have the right to work, develop, participate & contribute
 - I have a right to safety, security & justice

CURRENT ARRANGEMENTS

ABMU Health Board is committed to improving the quality and care for older people across all areas. Over the past few years a range of data collection systems have been developed to monitor and evaluate the care we deliver. In recent times the Older Person's Dashboard has been developed and refined in an attempt to monitor our performance against a number of standards and Key Performance Indicators (KPIs). Data to populate this Dashboard is currently being collected from a variety of sources and evaluated against existing standards and KPIs. However, there is a lack of cohesion and accuracy in regard to aligning practice and service data to these measures in a meaningful way.

In addition a number of the data sets are being presented to and discussed at various Health Board meetings as part of a generic assurance framework under the Excellent Outcomes and Experience Agenda item which monitors specific aspects of care, such as Falls and Tissue Viability alongside a range of other performance measures.

These data sets are often high level, gained from a variety of sources and lack Delivery Unit specificity which leads to a disjoint in the system to learn from feedback and put things right. The data is often aligned to proxy measures which does not always provide accurate information.

Additionally, there are formal, well established groups which oversee each of the areas pertaining to older people's care¹ which steer the clinical agenda and which set the strategic vision. However there is a need to align the various clinical areas to ensure cohesion of clinical service delivery and strategic direction.

We also gain patient experience via PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures) and patient feedback schemes but often, in spite of our best efforts, fail to gather feedback specific to older people.

To resolve these issues ABMU is currently refining its outcome measurement of the older person's care. We have a number of projects underway which specifically aim to develop an Older Persons Assurance Framework to improve clinical practice and measure outcomes and experiences and we have established a strategic working group overseeing these developments with an emphasis on:

- Accuracy of measurement
- Central cohesion
- Eradication of repetition of data collection and reporting
- Improvement in gleaning patient narrative and increase participation in measures of patient experience

The focus of the Framework will be aligned to:

- Gathering and aligning appropriate data against meaningful measures
- Measures which have internal and face validity (rather than proxy measures wherever possible)

¹ To include Falls, Continence, Nutrition, Tissue Viability, End of Life Care and Dementia.

- Incorporating the 12 standards set by the Wales Commissioner for Older People alongside our extant Older People's Standards
- Learning and building on the Comprehensive Ward Assurance Review Pilot – to include the revised 'Ideal Ward' Toolkit and explore its specific applicability to older people
- Improving Patient Experience Reporting and capturing patient narrative especially when things go wrong
- Ensuring we focus on the whole system (e.g. to include the Review of the Mental Health and Learning Disabilities Unit)

In December 2016 we also launched the 'Charter for Older People' at an older person's conference which was attended by over 200 people which will guide us in improving services according to what people actually want and need and assist in generating measurable and meaningful outcomes and assurance. We are currently running engagement events during January 2017 and plan to finalise the Charter in the middle quarter of this year.

The target date for completion of the work to finalise the data gathering system and integrated reporting system to comply with the Commissioner for Older People's expectations is September 2017. This work will be led by the Older Person's Strategic working group which is chaired by the Director of Therapies and Health Science.

RECOMMENDATION

The Board is asked to note the report.