



Aneurin Bevan University Health Board (ABUHB)
Older Person Commissioner Review- "A Place to Call Home" (APTCH)
Local Implementation Plan

Accountability	<p>Aneurin Bevan University Health Board tiers of accountability:</p> <ul style="list-style-type: none"> • Independent Board Member 'Champion' • Patient Quality & Safety Committee, Adult Safeguarding Committee, Patient Experience Committee – Board level assurance and scrutiny of progress with the action plan. Nurse Director Executive Lead • Health and Adult Social Care Integrated Committees, Dementia Board- Director level leadership and oversight. • Responsible officers for delivery identified in Implementation Plan, including Primary and Community Care, Medicines Management, Mental Health and Learning Disabilities Directorate, Workforce and Organisational Planning, Equality and Diversity Team, Commissioning
Key Reporting	<ul style="list-style-type: none"> • Boards of ABUHB and Local Authorities • Patient Quality and Safety Committee • Patient Experience Committee • Safeguarding Committee • Primary Care Assurance Committee • Multi agency Safeguarding Adults Boards • Health and Safety Committee • Partnership Boards • Multi agency Dementia Board
Progress Reporting	<ul style="list-style-type: none"> • Annual Quality Statement • Organisational Annual Reports • Joint Monitoring Reports
Notes	<p>This action plan is the response of Aneurin Bevan University Health Board. We are committed to working in partnership with the Commissioner's Office, Welsh Government, statutory, voluntary and third sectors to ensure the Older Person Commissioners Review Recommendations are met in full and incorporated into a local, multi agency annual <i>Work Programme</i>. We are committed to supporting providers to raise standards and improve older people's quality of life.</p>

Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.

Review Point	Principle	Action Required (from OPC report)	Local Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
1.1	Care Planning	<p>A national approach to care planning in care homes should be developed and implemented across Wales.</p> <p><i>Note: In the absence of an all Wales approach, the ABUHB Matrons Forum will agree an interim approach to 'uniform' care planning across all nursing homes. This will include the APTCH recommendations associated with 1.1.</i></p>	<p>ABUHB welcomes a national approach to care planning.</p> <p>Local Training</p> <p>Declaration of Rights of Older People in Wales</p> <p>Advocacy Awareness</p> <p>Human Rights</p> <p>Mental Capacity (✓)</p> <p>Deprivation of Liberty (✓)</p> <p>Equality and Diversity (✓)</p>	<p>As identified in OPC Review Recommendations</p> <p>Local care planning protocol agreed which encompasses APTCH recommendations.</p> <p>Staff receive training to ensure Declaration of Rights of Older People in Wales principles embedded in care planning.</p> <p>Providers report on National Outcomes Framework progress through Annual Quality Statements.</p> <p>Adherence to agreed care planning process reviewed</p>	<p>National</p> <p>Divisional Nurses and Nursing Home Providers</p> <p>Divisional Nurse, Complex Care and Senior Nurse, Care Home Governance</p> <p>Senior Nurse, Care Home</p>	<p>September 2015</p> <p>September 2015 and Annual update</p> <p>Annual</p> <p>Annual</p>	<p>Nurse Director</p> <p>Quarterly Through Quality and Patient Safety Board Committee</p>

			<p>Welsh Language (May 15)</p> <p>Dementia Training</p> <p>Communication</p> <p>Best Interest Assessments</p> <p>Social Services and Well Being Act (May 15)</p> <p>Transition Planning</p>	<p>during contract monitoring processes.</p> <p>Transition pilot at YYF rolled out across wards (staged approach) to ensure Older people are involved in transition and able to make an informed choice.</p>	<p>Governance</p> <p>Divisional Nurse Primary Care and Networks and Divisional Nurse Community (Caerphilly)</p>	<p>June 2015 Start and review Dec 15</p>	
			<p>Continued use of CHC Assessment and Integrated Assessment processes</p>	<p>Older people are assessed within recognised assessment processes</p>	<p>Providers/Nurses/ Social Workers/MDT</p>	<p>Immediate</p>	
			<p>Personal History and what matters to me information is included in care plans and the consistent use of Tools and</p>	<p>Older people are provided with opportunities to say what is important to them and are listened to.</p>	<p>All staff involved in assessment.</p>	<p>Immediate</p>	

			<p>Documentation such as "This is Me"</p> <p>Transition planning from community hospitals to discharges to care homes will commence with CHAaT volunteers, working in partnership with advocates in June 2015</p> <p>Survey of all homes to scope current position in regards to Welsh Language sent to nursing homes 22nd April 2015.</p> <p>Welsh Language Awareness training arranged for Matron and Residential Forum 21st May 2015.</p> <p>Awareness training of Social Services and Well Being Act arranged for 21st</p>	<p>Older people and relatives are supported at the point of transition.</p> <p>Providers are aware of their responsibilities under the Welsh Language Act. Older people whose first language is Welsh are supported to communicate in their language of choice.</p> <p>Training programme established to address Welsh Language Act <i>More Than Just Words</i>. Staff receive training Providers will understand implication of Act on practice and well being.</p> <p>Staff across residential and nursing homes understand their responsibilities under the Act.</p>	<p>Divisional Nurse Primary Care and Networks, Divisional Nurse Community, Patient Experience Nurse, CHC, Advocacy, Clinical Psychologist</p> <p>Divisional Nurse Primary Care and Networks, Local Authorities, Providers, Welsh Language Leads in ABUHB and LA's</p> <p>Divisional Nurse Primary Care and Networks, Local Authorities, Providers</p> <p>Divisional Nurse Primary Care and Networks, Local Authorities,</p>	<p>May 15- Training from September 15 onwards</p> <p>May 15</p> <p>May 2015 (training) Review November 2015</p> <p>May 2015</p> <p>May 2015</p>	
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1.2	Provision of Welcome Pack	All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life.	<p>Workshop with local providers (nursing and residential homes) to review existing Welcome Packs with a specific focus on the Welsh Declaration of the Rights of Older People</p> <p>Review of Welcome Packs to be undertaken during contract monitoring</p>	<p>As identified in OPC Review Recommendations</p> <p>Locally- all providers have Welcome Packs that include all information contained within the OPC recommendations.</p> <p>Existing welcome packs in residential and nursing homes will be reviewed to ensure the <i>Declaration of the Rights of Older People in Wales</i> is integral.</p>	<p>Providers</p> <p>Providers, Senior Nurse/Lead Nurses Care Home Governance, Social Services</p>	<p>November 2015</p> <p>Annual Review</p>	Nurse Director Quarterly Through Quality and Patient Safety Board Committee
Review Point	Principle	Action Required (from OPC report)	Training or method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
1.3	Continence Support	Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.	<p>Additional continence training.</p> <p>Scope access to specialist continence services in care homes. Audit to identify current provision</p>	<p>As identified in OPC Review Recommendations</p> <p>Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times</p>	<p>Providers and Nurse Assessors (review)</p>	<p>Immediate</p> <p>October 2015</p>	Nurse Director Quarterly Through Quality and Patient Safety Board Committee

			and required action.	Specialist support is available to care home staff and residents.	Continence Team and Business Accountants	October 2015	
			Determine, in association with Care Home Registered Managers, the level of training and support required in order to be able to implement care in line with national guidelines.	Staff receive training and annual training update	Continence Team	October 2015	
			Service re-design to enhance specialist support. Scoping of needs across residential and nursing homes undertaken.	Enhanced continence team in place. Older people in nursing and residential homes have access to specialist continence services.	Continence Team	October 2015	
			Review continence support and compliance with national guidance through care plan reviews, annual monitoring visits and during nurse assessor (nursing homes) and District Nurses	Continence needs are met and older people are treated with dignity and respect.	Providers Senior Nurse, Care Home Governance, Nurse Assessors, District Nurses, Social Workers, CPN's	October 2015	

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
1.4	Mealtimes and Dining Experience	National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.	<p>(residential homes) reviews.</p> <p>ABUHB welcomes National Good Practice Guidance.</p> <p>Unified Menu Planning Training (May 15)</p> <p>Establish direct referrals to dietetic service from nursing homes.</p> <p>Swallowing assessment and management training for nurses/care home staff</p> <p>Effects of dementia on physical health and swallowing.</p>	<p>As identified in OPC Review Recommendations</p> <p>Providers are aware of unified menu planning and deliver menus according to individual need.</p> <p>Older people have access to timely intervention. Rapid referral and response systems to dietetic services approved.</p> <p>Nurses are trained and able to assess and manage first stage swallowing difficulties.</p> <p>As above</p>	<p>Providers</p> <p>Lead Dietician Divisional Nurse Primary Care, Local Authorities</p> <p>Director of Therapies and Speech and Language Therapists</p> <p>Director of Therapies and Speech and Language Therapists</p> <p>Providers Senior Nurse Care Home Governance/Care Co-ordinators (NHS and Social</p>	<p>May 2015</p> <p>December 2015</p> <p>December 2015</p> <p>December 2015</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee</p>

			<p>Survey of older people to determine satisfaction with dining experience in accordance with the Welsh Governments Fundamentals of Care</p> <p>Continue to monitor the dining experience during contract monitoring visits, during assessments and all visits to the home</p>	<p>Older people are able to identify positive mealtime experiences, with choice of meals. Diet meets needs.</p> <p>Positive dining experiences are identified</p>	<p>Services) Nurse Assessors/Social Workers/CPN's</p> <p>All visiting professionals</p>	<p>December 2015</p> <p>Immediate</p>	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
1.5	'Never Events' Agreed	<p>An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately.</p> <p>The list should include use of language, personal care and</p>	<p>ABUHB would welcome national agreement on 'Never Events'</p> <p>Pan Gwent Nursing Home Provider workshop to scope and agree 'Never</p>	<p>As identified in OPC Review Recommendations</p> <p>National agreement of Never Events required.</p> <p>Interim: Local 'Never Events' agreed with the Health and Social Care Partnership. Reviewed when national</p>	<p>Divisional Nurse Primary Care and Networks in partnership with Provider Forum, Local Authorities, Care Forum Wales</p>	<p>August 2015</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee</p> <p>Assistant Director of Nursing Through Safeguarding</p>

		<p>hygiene, and breaches of human rights.</p>	<p>Events'</p> <p>Include residential homes and community staff.</p> <p>Agree inclusion of never events in contracts with expectation that Providers include in staff inductions</p> <p>Develop systems for reporting- possible through Regulation 38 reports.</p> <p>Appointment of investigating officers to investigate occurrences of 'never events'. Referral to safeguarding where thresholds are met</p> <p>Develop newsletter to share learning</p>	<p>agreement reached.</p> <p>'Never Events' form part of Provider Induction.</p> <p>Never Events reported to Complex Care and Local Authorities, CSSIW.</p> <p>Occurrences of 'Never Events' investigated to ensure protection of vulnerable adults.</p> <p>Lessons Learned from Never Events are shared and actions put in place to prevent reoccurrence.</p> <p>Shared learning across the sector</p>	<p>Providers</p> <p>Providers/ Senior Nurse Complex Care/LA Officers/CSSIW</p> <p>Providers ABUHB Senior Nurses Putting Things Right Team LA Officers</p> <p>Investigating Officers/Assistant Director of Nursing (Safeguarding and Public Protection)</p> <p>Divisional Nurses</p>		<p>Board/Committee</p> <p>Deputy Director Putting Things Right</p>
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1.6	<p>Access to Independent Advocacy</p> <p>Older People are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> - when a person is at risk of, or experiencing, physical, emotional, financial or sexual abuse - when a care home is closing or an older person is moving because their care needs have changed. - when an older person needs 	<p>Older people are offered independent advocacy in particular circumstances</p> <p>Older People living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual or financial abuse, have access to independent or non-instructed advocacy.</p>	<p>Pan Gwent Provider Forum and Advocacy Workshop to be arranged.</p> <p>Additional training for Nursing and Residential Homes/ward staff on how to recognise when advocacy is required and how to refer.</p> <p>Funding for Advocacy in place. Review whether this funding needs increasing. Achieve by:</p> <p>a) Scoping of</p>	<p>As identified in OPC Review Recommendations</p> <p>Older people requiring independent/non –instructed advocacy support are able to receive it.</p> <p>Funding meets current advocacy need.</p> <p>Older people have timely access to advocacy services.</p>	<p>Divisional Nurse Primary Care and Networks (arrange workshop and training) for Providers/Ward Staff</p> <p>Training Depts. and Advocacy Experts.</p> <p>Executive and Boards. Supported by Divisional Nurse Primary Care and Networks, Divisional Nurse, Community</p>	<p>July 2015 Workshop</p> <p>Additional Training by Sept 2015</p> <p>December 2015</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Nurse Director Quarterly Patient Experience Board Committee</p>

	<p>support to help them leave hospital. For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.</p> <p>When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</p>		<p>current provision against OPC recommendations</p> <p>b) Review current advocacy contracts, make changes to service specifications where necessary.</p> <p>c) Determine need for additional funding</p> <p>Review Escalating Concerns and Home Closure Protocol to ensure independent or non instructed advocacy is explicit</p> <p>Review transition and discharge processes to ensure advocacy is explicit</p>	<p>Older people have access to independent or non instructed advocacy when at risk/during escalating concerns or home closures</p> <p>Older people have access to advocacy during transition and discharge processes. Choice of Accomodation Policy should support this when implemented.</p>	<p>Divisional Nurse Complex Care/Local Authorities</p> <p>Divisional Nurses Community and Unscheduled Care</p>		
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			Commence transition support pilot in partnership with Advocacy Services and evaluate. Pilot evaluation informs transition support model and access to advocacy.	Pilot informs transition support across hospital sites and community. Business case to support any additional resource. Transition support model rolled out across other wards.	Divisional Nurse Primary Care and Networks and Divisional Nurse Community (Caerphilly) Divisional Nurses community and unscheduled care		
<p>Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.</p> <p><i>Link to Welsh Government policy and legislative areas: Social Services and Wellbeing (Wales) Act 2014 and National Outcomes Framework, Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16</i></p>							
Review Point	Principle	Action Required (from OPC report)	Training to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
2.1	Physical health and well being	A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as	ABUHB welcomes a National plan. Training from Public Health on the Health Promotion Agenda Pan Gwent workshop for activities co-	As identified in OPC Review Recommendations Providers are aware of the health promotion agenda for Wales and able to promote health promotion in care homes. Local 'model' programme of activities to promote health promotion and well being	Public Health Team Divisional Nurse Primary Care and Networks/	August 2015 October 2015-activities	Nurse Director Quarterly Through Quality and Patient Safety Board Committee Public Health Director

		loneliness and isolation, falls, depression, a loss of physical dexterity and mobility.	ordinators to share best practice. Alzhiemers Society to support workshop to ensure needs of people with dementia fully included.	developed.	Providers/Care Forum Wales/Alzhiemers Society/Social Workers/Care Co-ordinators	workshop	
			Assess/review the level of current rehabilitation and specialist service provision (and gaps), mapping out any specific issues e.g. geographical area, homes without GP enhanced services etc.	Business case and service model agreed to address any access issues so that older people have access to wider health promotion priorities.	Divisional Nurse, Complex Care Social Worker Leads	September 2015	
			Scope community support available to nursing and residential homes.	Partnership with local community support groups to develop local directory of community support services available to older people in care homes.	Local Voluntary Support Groups Divisional Nurses Social Workers	March 2016	
			Education of staff to ensure awareness of community support.	Directory of services available to staff with signposting flow charts.	Service/Older People Leads across NHS and Social Services	March 2016	

			<p>Ongoing recruitment of dedicated volunteers to 'befriend' older people in care homes</p> <p>Robust audit of volunteer intervention. Development of joint database with RVS. Ongoing promotion of My Home Life value based communication with older people via dedicated volunteer befrienders.</p>	<p>Providers to continue to promote and refer to care home volunteer service (C.H.A.aT and Royal Voluntary Service) to ensure older people can access befriending support</p> <p>Feedback from older people and relatives is used to inform service improvement and quality of life.</p>	<p>Divisional Nurse Primary Care Royal Voluntary Service</p> <p>Divisional Nurse Primary Care Royal Voluntary Service</p>	<p>Ongoing</p> <p>Annual-first report December 2015</p>	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
2.2	Access to MDT and Specialist Services	Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to	<p>MDT and specialist services access care homes locally.</p> <p>Scoping of specialist support and</p>	<p>As identified in OPC Review Recommendations</p> <p>Older people living in care homes have full access to MDT support and in-reach</p>	Divisional Nurse, Complex Care, Director of Therapies, Social Workers, Care Co-ordinators	September 2015	<p>Nurse Director</p> <p>Quarterly Through Quality and Patient Safety Board Committee And:</p>

		support rehabilitation after a period of ill health.	potential/actual difficulties to be undertaken	services.			
			Restructuring of primary care nursing team to enhance in-reach support, advice and treatment.	Older people with chronic diseases have enhanced access to nursing in-reach. Staff caring for older people are up-skilled and professionally supported to further manage health and well being needs.	Divisional Nurse Primary Care and Networks	September 2015	Directors/Chief Operating Officer/ Heads of Clinical Services / Partnership Managers Through Service Re-design Fora
			Review referral routes to specialist MDT services to support rehabilitation and review pathways if necessary to improve access.	Older people have timely access to specialist services	Divisional Nurse Complex Care, Divisional Nurse Mental Health and Learning Disabilities, Divisional Nurses Community	September 2015	
			Consider need for service redesign- develop service specification/ business case to improve access.	Older people have timely access to specialist services	Divisional Nurse Primary Care and Networks, Divisional Nurses Community, Divisional Nurse Mental Health and Learning Disabilities	November 2015	

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
2.3	National Falls Prevention	Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do the things that matter to them being undermined.	<p>National Falls Prevention direction welcomed.</p> <p>Falls co-ordinators in reach into care homes locally. In the absence of a National Strategy, extension of ABUHB Falls Pathway into nursing and residential homes</p> <p>Additional Training from Falls Co-ordinators to residential and nursing homes.</p> <p>Data collection tool for falls to be developed for local annual reporting.</p>	<p>As identified in OPC Review Recommendations</p> <p>Falls pathway extended across nursing and residential care.</p> <p>Staff are able to identify those at risk of falls, can plan to minimise risk and refer in a timely manner to the Falls Team.</p> <p>Annual reporting of falls in care homes reported through organisations Annual Quality Statement</p>	<p>National</p> <p>Local Falls Co-ordinators</p> <p>Falls Co-ordinators Providers</p> <p>Falls Team and Providers- ABUHB to review through contract monitoring.</p>	<p>Local Actions-</p> <p>August 2015</p> <p>September 2015</p> <p>April 2016</p>	<p>Director of Therapies through Health and Safety Committee</p> <p>Nurse Director through Quality and Patient Safety Board Committee</p>

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
2.4	Aids to Daily Living	<p>The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply.</p> <p>This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life.</p>	<p>ABUHB welcomes National Best Practice.</p> <p>Training on Providers responsibilities under the Equality (Disability Discrimination) Act</p>	<p>As identified in OPC Review Recommendations</p> <p>Compliance with access recommendation to improve independence.</p>	<p>National</p> <p>Providers</p>	<p>Local actions-</p> <p>December 2015</p>	<p>Nurse Director through Quality and Patient Safety Board Committee</p> <p>Support from Equality Leads</p>
			<p>Ensure contract monitoring process enable review of all potential access issues. Review existing systems and processes</p>	<p>ABUHB monitoring process enable review of access</p>	<p>Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care</p>	<p>August 2015</p>	
			<p>Workshop to promote well being, determine access issues and improve access for older people</p>	<p>Older people have optimum access opportunities are enabled to maintain their independence and quality of life.</p>	<p>Divisional Nurse Primary care and Networks with Alzhiemers Society Equality Leads</p>	<p>September 2015</p>	
			<p>Training for the</p>	<p>Staff are trained to</p>	<p>Divisional Nurse</p>	<p>When</p>	

			care home sector when national best practice guidance produced.	understand access impact on older people and are able to make reasonable access adjustments to improve quality of life for residents	Primary Care and Networks	national guidance produced	
<p>Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.</p> <p><i>Link to Welsh Government policy and legislative areas: Together for Mental Health – A strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010 and NICE Clinical Guideline 42 (Nov 2006, amended March 2011).</i></p>							
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.1	National Dementia Training	A national, standardised values and evidence based dementia training programme is developed that covers basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia.	<p>ABUHB welcomes a National Dementia Training Programme</p> <p>Local- discussions with Older Adult Mental Health Teams and Alzhiemers Society to develop local training strategy.</p>	<p>As identified in OPC Review Recommendations</p> <p>Staff working with older people with dementia receive value based training and apply training to practice.</p>	<p>National</p> <p>Divisional Nurse Primary care and Networks, Divisional Nurse, Mental Health and Learning Disabilities, Local Authorities, Providers, Care Forum Wales</p>	<p>Local Actions-</p> <p>December 2015</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Nurse Director Quarterly Dementia Board</p>

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.2	Local Dementia Training	All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.	<p>Local- discussions with Older Adult Mental Health Teams and Alzhiemers Society to develop local training strategy.</p> <p>Care home staff are aware of the needs of people with dementia.</p> <p>Contract Monitoring processes assess compliance with induction training as outlined in OPC recommendations</p> <p>Consider potential for care home staff to 'shadow' on EMI wards.</p>	<p>As identified in OPC Review Recommendations</p> <p>Provider induction includes dementia training</p> <p>Provider staff receive dementia training at induction and ongoing.</p> <p>Staff in care homes keep their skills up to date.</p>	<p>Providers/ Partners/ Divisional Nurse Lead/Divisional Nurse Mental health and Learning Disabilities</p> <p>Providers</p> <p>Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care</p> <p>Divisional Nurse Mental Health and Learning Disabilities with providers</p>	December 2015	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Nurse Director Quarterly Dementia Board Committee</p>

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.3	Befriending	<p>Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships.</p> <p>This must include ensuring continued access to faith based support and to specific cultural communities.</p>	<p>Sharing best practice at Provider Forum</p> <p>Contract monitoring process to review maximisation of friends and family contacts, faith, cultural support and other befriending services</p> <p>Continue recruiting into CHAaT Volunteer Service</p> <p>Ongoing partnership working with RVS and other organisations to maximise support across nursing and residential homes.</p>	<p>As identified in OPC Review Recommendations</p> <p>Older people have access to befriending services</p> <p>Older people in nursing homes have access to a dedicated befriender volunteer</p> <p>Older people in residential homes have access to a dedicated befriender volunteer</p>	<p>Divisional Nurse Primary Care and Networks / Providers</p> <p>Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care</p> <p>Divisional Nurse Primary Care and Networks/NHS Retirement Fellowship</p> <p>Divisional Nurse Primary Care and Networks/Royal Voluntary Service (RVS)/Alzhiemers Society/other organisations</p>	Sharing Best Practice Event- December 2015	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Nurse Director Quarterly Dementia Board Committee</p>

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.4	In- Reach Mental Health Support	In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available.	<p>Specialist mental health support in reach into care homes locally</p> <p>Continued awareness raising to care home providers on how to access mental health support.</p> <p>Continued review of the use of anti-psychotic and covert medication administration policies and procedures.</p> <p>Dementia training for care home staff to be provided as a continuous cycle of professional development and review current in reach mental health services Determine need for psychology input into care homes. If</p>	<p>As identified in OPC Review Recommendations</p> <p>Older people have timely access to in-reach MDT and well being support.</p> <p>Older people have medication reviewed.</p> <p>Older people are cared for by knowledgeable staff and have access to specialist support when required.</p> <p>Specialist psychology support is available when required.</p>	<p>Divisional Nurse, Mental Health and Learning Disabilities</p> <p>Providers/Clinical Leads/ MDT/ Local Authorities</p> <p>Care Home Governance Pharmacist/Nurse Assessors/CPN's</p> <p>Divisional Nurse primary Care and Networks/ Divisional Nurse Mental Health and Learning Disabilities</p> <p>Divisional Nurse Primary Care and Networks through</p>	<p>Additional awareness raising- December 2015</p> <p>Ongoing</p> <p>September 2015 and ongoing</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Nurse Director Quarterly Dementia Board Committee</p>

			necessary, prepare business case for service redesign		YYF pilot		
			Secure Mental Health First Aid training for staff.	Staff are able to identify early warning signs for deteriorating mental health and are able to manage needs.	Divisional Nurse Primary Care and Networks/ Providers		
			Restructure primary care nursing team to provide additional support to care homes providing care to older people with dementia.	Older people with mental health and physical health needs have enhanced access to nursing staff. Care home staff have increased professional support.	Divisional Nurse Primary Care and Networks		
			Audit access to mental health services through clinical reviews.	Older people requiring mental health support are provided it.	Nurse assessors/ Care co-ordinators/Social Workers/CPN's		
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.5	Anti Psychotic Use	Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh	Ongoing employment of Care Home	As identified in OPC Review Recommendations Older people in residential care have their medication regime reviewed. Care home	Head of Pharmacy Care Home Pharmacist/CPN/ Provider/GP/	September 2015 September 2015	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and

		Government Intelligent Targets For Dementia	Pharmacist- included in ABUHB IMTP Development of appropriate monitoring tool and annual report template to meet Intelligent Targets and NICE guidance. Steer from Medicines and Therapeutic Committee	staff have access to dedicated pharmacist who advises on NICE recommendations. Older people prescribed anti-psychotic medication have timely reviews. Review and publish report on use of anti-psychotics in care homes.	CPN's/Consultant Psychiatrists Care Home Pharmacist/Head of Pharmacy/CPN's/ Nurse Assessors Medicines and Therapeutic Committee	September 2015 September 2015	Nurse Director Quarterly Dementia Board Committee Head of Pharmacy Quarterly through Medicines and Therapeutic Committee
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
3.6	Safeguarding	The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new	Note: Emotional neglect already recognised as a form of abuse locally. Awareness raising of the Social Services and Well Being Act	As identified in OPC Review Recommendations Staff are trained in regards to their responsibilities under the Act	All Partners Providers/Nurse Assessors/Lead Nurses/ Care Staff/Local Authorities	Immediate Awareness Raising- May 2015	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Nurse Director Quarterly Safeguarding Board Committee

		statutory arrangements.	Ongoing POVA training for care staff. Contract monitoring to confirm staff have received training	Older people in residential care are safeguarded. Staff provide care that protects human rights.	Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care	Immediate	Deputy Chief Operating Officer through the Prison Partnership Board
			Timely response to safeguarding issues.	Safeguarding referrals receive a MDT approach to investigation and corrective actions.	MDT/ Investigating Officers	Immediate	
			Needs of older vulnerable prisoners need to be considered.	Older prisoners in custodial settings have access to social care support	Divisional Nurse Primary Care and Networks/Senior Nurse Prison Healthcare/Prison Governor/Welsh Government/ NOMS	Ongoing	
<p>Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.</p> <p><i>Link to Welsh Government policy and legislative areas: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.</i></p>							
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
4.1	Access to specialist and primary healthcare	A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes	ABUHB welcomes a National Statement of Entitlement	As identified in OPC Review Recommendations	National	When developed	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and

		is developed and made available to older people	On production- National Statement of Entitlement to be communicated to Providers and wider MDT Care Home Provider Pack needs to be reviewed to ensure entitlement is included	Older people in care homes are aware of their entitlements and have timely access to specialist and primary healthcare. Older people moving into or living in nursing homes will be aware of their entitlements	Divisional and Clinical Directors Primary Care and Networks Providers	When developed When developed	Divisional Director Primary Care and Networks and Clinical Director Mental Health and Learning Disabilities through Neighbourhood Care Networks
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
4.2	Formal Agreement on Statement of Entitlement	A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement	Formal Agreement on Statement of Entitlement- ABUHB will work with Welsh Government. Communicating formal agreement to all partners. Provide training to	As identified in OPC Review Recommendations All partners will be aware of Statement of Entitlement Staff will be knowledgeable	Medical Director Primary Care and Networks/Head of Primary Care Divisional Directors/Divisional Nurses/ Local Authorities/ Providers/Care Forum wales Directors ABUHB	When developed When developed When	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Primary Care and Partnership Managers through integrated committees

			staff who will be responsible for implementing the Statement of Entitlement.	and able to advise older people of their entitlements.	and Local Authorities.	developed	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
4.3	Staff Training	Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.	<p>Survey of nursing home staff on training needs for registered nurses and Health Care Support Workers</p> <p>Annual training programme for nursing and residential homes aligned to recommendations of OPC Review (invitation to residential homes where training topics are relevant)</p> <p>Ensure existing directories of available services are communicated and shared with care homes.</p> <p>Existing referral</p>	<p>As identified in OPC Review Recommendations</p> <p>Staff are able to identify health needs of older people.</p> <p>Staff have access to directory of services that will support older people living in residential care.</p> <p>Staff will be aware of how to</p>	<p>Divisional Nurse Primary Care and networks</p> <p>Divisional Nurse Primary Care and Networks/Service Leads</p> <p>Partnership Managers</p> <p>Divisional</p>	<p>September 2015</p> <p>November 2015</p> <p>September 2015</p> <p>September</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p>

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
			pathways need to be available to all care homes.	make referrals to a wide range of services	Nurses/Service Leads/ MDT	2015	
4.4	Medication Reviews	Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.	<p>*Medication reviewed on admission by care home staff and during new admission GP visits.</p> <p>Ongoing Medicines Management Training</p> <p>Scope requirements for additional pharmacist support across residential settings. If required, funding bid to be prepared.</p> <p>Review current pharmacy support into care homes and consider need to revise contract.</p>	<p>As identified in OPC Review Recommendations</p> <p>Staff are able to signpost when a medication review is needed.</p> <p>Residential and nursing homes have access to pharmacist for advice and support</p> <p>As above</p>	<p>GP's/care Home Pharmacist/ Nursing Home Staff</p> <p>Care Home Pharmacist</p> <p>Head of Pharmacy</p> <p>Head of Pharmacy</p>	<p>Immediate</p> <p>September 2015</p> <p>September 2015</p> <p>September 2015</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Clinical Director and Primary Care Manager through GP and Pharmacy contracts and Neighbourhood Care Networks</p>

			Ongoing clinical reviews by nurse assessors/care co-ordinators/social workers to ensure medication reviews are undertaken.	Older people have medication reviews as part of their ongoing clinical reviews	Nurse assessors/ care co-ordinators/social workers/GP's/ pharmacist	Ongoing	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
4.5	Community Health Council Spot Checks	Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.	<p>ABUHB will work with the Community Health Council</p> <p>Nursing and Residential Homes will need to be introduced to and understand the role of the CHC.</p> <p>ABUHB to engage with CHC to agree systems and reporting on National Statement of Entitlement and Fundamentals of Care</p>	<p>As identified in OPC Review Recommendations</p> <p>Spot Checks undertaken by CHC</p> <p>CHC and ABUHB work in partnership and implement a rolling programme of spot checks.</p>	<p>Community Health Council</p> <p>Divisional Nurse Complex Care and CHC</p> <p>Divisional Nurse Complex Care and CHC</p>	<p>September 2015</p> <p>September 2015</p>	<p>Nurse Director and CHC</p> <p>Quarterly Through Quality and Patient Safety Board Committee and</p>
Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is							

insufficient investment in the sector and a lack of support for the care home workforce.							
<i>Link to Social care Workforce Development Programme, Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act 2014, National Outcomes Framework, Integrated Assessment, Planning and Review Arrangements for Older People.</i>							
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.1	National Recruitment and Leadership	<p>A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture.</p> <p>Annual national reporting on the availability of skilled and competent Care</p>	<p>ABUHB welcomes a National Recruitment and Leadership programme.</p> <p>Although National, ABUHB Monitoring Process will need to continue to review the local recruitment position.</p> <p>Annual training programme for nursing and residential home staff to be agreed between partners as a result of training survey.</p> <p>Work with Welsh</p>	<p>As identified in OPC Review Recommendations</p> <p>Recruitment, staffing levels and leadership is monitored in commissioned placements.</p> <p>Nursing and residential home staff are able to access training for continuous professional development</p> <p>Workforce detail, vacancy and</p>	<p>National</p> <p>Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care Local Authorities</p> <p>Divisional Nurse Primary Care and Networks/Nursing Home Staff/Care Forum Wales/Local Authorities</p> <p>Divisional Nurse,</p>	<p>Annual Contract Visits</p> <p>Annual Training programme by September 2015</p> <p>When</p>	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee and</p> <p>Assistant Director of Nursing Quarterly Professional Education Committee</p>

		Home Managers in care homes across Wales, including the impact of vacancy levels upon older people's quality of life and care.	Government and Partners to agree national reporting arrangements. Patient experience surveys to determine older people have confidence in the staff caring for them. Monitoring identifies vacancies. recruitment and leadership issues and remedial action taken to ensure older people's needs are addressed and they are protected. Focussed priority will occur when the home has a number of vacancies to ensure there is no negative impact on residents.	impact on quality of life included in Annual Quality Statement. Older people are cared for by skilled and knowledgeable staff and are able to identify a positive culture in care homes. Older people are cared for by skilled and knowledgeable staff and are able to identify a positive culture in care homes.	Primary Care Volunteer and care co-ordinator feedback Divisional Nurse, Senior Nurse, Lead Nurses Care Home Governance, Complex Care/Local Authorities	National Programme and data sets agreed Ongoing	
Review	Principle	Action Required	Training or	Expected Outcomes	Responsibility	By When	Reporting

Point		(from OPC report)	Method to Support Action				Arrangements/ Governance
5.2	National Acuity Tool	The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.	<p>ABUHB welcomes the development and implementation of a National Acuity Tool</p> <p>Training nursing/residential home staff in the implementation of national acuity tool once developed.</p> <p>Training to meet the skills needed to meet National Standards to be scoped when national acuity tool produced. Meanwhile, ongoing assessment of providers staffing levels and ability to meet needs of their population.</p>	<p>As identified in OPC Review Recommendations</p> <p>Existence and implementation of National Acuity Tool</p> <p>Following training, staff will be able to implement the national acuity tool.</p> <p>Staffing levels are monitored during contract compliance visits to ensure adequate staffing for needs of residents.</p>	National	<p>Once developed</p> <p>Once developed</p>	<p>Nurse Director Report National Progress Quarterly Through Quality and Patient Safety Board Committee and</p>
Review	Principle	Action Required	Training or	Expected Outcomes	Responsibility	By When	Reporting

Point		(from OPC report)	Method to Support Action				Arrangements/ Governance
5.3	National Mandatory Skills and Competencies	A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.	ABUHB welcomes the development of mandatory skills and value based competencies When produced- Training nursing home staff in the implementation of mandatory skills and value based competencies once developed	As identified in OPC Review Recommendations Existence of National Mandatory Skills and Competency Framework Staff working across the sector have the required skills and competencies are assessed	National Divisional Nurse, Primary Care and Networks/Local Authorities/ Providers/Care Forum Wales	When developed When developed	Nurse Director Report National progress Quarterly Through Quality and Patient Safety Board Committee and
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.4	National Induction and Training Programme	A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework.	ABUHB welcomes a National Induction and Training programme Once developed- Training nursing home staff in the implementation of	As identified in OPC Review Recommendations Compliance with National Induction and Training programme	National Divisional Nurse Primary Care and Networks/Local Authorities/	When Developed When Developed	Nurse Director Report National progress Quarterly Through Quality and Patient Safety Board Committee

			national induction and training programme. Scope potential for and deliver joint training to meet recommendation across all residential and nursing home settings.	Standardised training across the sector to improve education and standards.	Providers/Care Forum Wales Divisional Nurse Primary Care/Providers/Local Authorities/Care Forum Wales	September 2016	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.5	Dementia Champions	All care homes must have at least one member of staff who is a dementia champion.	Training staff to become dementia champions Establish Training Contract monitoring to ensure compliance with the recommendation.	All care homes will have at least 1 dementia champion Staff will be trained to support older people living with dementia All care homes will have dementia champions	Care Homes/Senior Nurse Older People Divisional Nurse Primary Care and Networks/Local Authority/Mental Health Training Leads/ Partners Senior Nurse/Lead Nurses Complex Care/Local Authorities	December 15 and review March 2016 September 2015 September 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.6	National Improvement Service	A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.	ABUHB welcomes a National Improvement Service In advance, further Human Rights Training will be delivered	As identified in OPC Review Recommendations Establishment of National Improvement Service ABUHB will work in partnership with the National Improvement Service. Staff across the sector aware of their responsibilities under the Human Rights Act	National Divisional Nurse Primary Care and Networks/ Equality Leads in ABUHB and Local Authorities	To be determined November 2015	Nurse Director Report National progress Quarterly Through Quality and Patient Safety Board Committee and
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.7	Regulation and Inspection Bill- Safeguarding	Older people are safeguarded from those who should not work in the sector	All staff to be provided with awareness of the new Bill. Ongoing POVA Training across the sector	As identified in OPC Review Recommendations Staff aware of their responsibilities under the Bill Timely response to safeguarding. Older people are safeguarded.	National CSSIW Divisional Nurse Primary Care and Networks/Local Authorities	September 2015 December 2015	Nurse Director Report National progress Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
5.8	Cost benefit analysis-living wage	The true value of delivering care is recognised and understood	<p>Monitor impact in nursing homes through contract compliance processes.</p> <p>ABUHB very much welcomes this recommendation. ABUHB will continue to support the National Care Home Task and Finish Group work-stream leading this initiative.</p> <p>ABUHB will work with providers and monitor any potential impact through contract monitoring processes</p>	<p>As identified in OPC Review Recommendations</p> <p>ABUHB will continue representation on National care Home Task and Finish Group and lead any local work streams required</p> <p>Issues regarding living wage and potential risks e.g staff turnover, are monitored and escalated</p>	<p>Providers</p> <p>Divisional Nurse Complex Care</p> <p>Providers Senior Nurse Complex Care Lead Nurses Local Authorities</p>	<p>On outcome of Cost Benefit Analysis</p> <p>On outcome of Cost Benefit Analysis</p> <p>On outcome of Cost Benefit Analysis</p>	<p>Nurse Director</p> <p>Report National progress Quarterly Through Quality and Patient Safety Board Committee</p>
<p>Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life</p> <p><i>Link to Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.</i></p>							
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance

6.1	Single Quality Outcomes Framework and Service Specification	Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes.	<p>ABUHB welcomes a Single Quality Outcomes Framework and Service Specification</p> <p>Training to support implementation of National Quality Outcomes Framework</p> <p>Revision of existing commissioning arrangements and contract monitoring processes and documentation to reflect National Quality Outcomes Framework</p>	<p>As identified in OPC Review Recommendations</p> <p>Staff trained to implement and provide care in accordance with Quality Outcome Framework</p> <p>Revised contract and contract monitoring systems reflects requirements of National Quality Outcomes Framework and Service Specification.</p>	<p>National</p> <p>Divisional Nurse Primary Care and Networks Divisional Nurse/Senior Nurse/Lead Nurses Complex Care</p> <p>Divisional Nurse/Senior Nurse/Lead Nurses Complex Care/Contract Officers ABUHB and Local Authorities</p>	When developed	<p>Nurse Director Report National progress Quarterly Through Quality and Patient Safety Board Committee</p> <p>Assistant Director of Nursing Adult Safeguarding Committee</p>
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.2	Listening and responding to Feedback	Commissioners, providers and inspectors have a	Address outcomes of 'Operation Jasmine' Review	As identified in OPC Review Recommendations	Divisional Nurse Primary Care and Networks	September 2015	Nurse Director Quarterly Through Quality

		<p>thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).</p> <p>Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement (Action 6.2, 6.3)</p>	<p>through focussed training</p> <p>Review current monitoring processes in light of Operation Jasmine Review Recommendations</p> <p>Provide training to care homes on Senses Framework and My Home Life Cymru Quality Indicators</p> <p>Continue to recruit CHAaT Volunteers and support roll out.</p> <p>Publish feedback report on CHAaT service.</p> <p>Work with RVS to increase access to volunteers in residential homes</p>	<p>Formal and informal mechanisms for gathering feedback is established. Results are published.</p> <p>Care home staff work within best practice, use the Senses Framework and My Home Life Cymru to improve quality of life</p> <p>Older people in nursing homes have access to dedicated befriender volunteer.</p> <p>There is evidence of service change as a result of feedback.</p> <p>Older people in residential homes have access to a dedicated befriender volunteer.</p>	<p>Divisional Nurse/Senior Nurse Complex Care and Divisional Nurse Primary Care and Networks (volunteer feedback)</p> <p>Divisional Nurse Primary Care and Networks/Age Cymru/Local Authorities</p> <p>Divisional Nurse Primary Care and Networks</p> <p>Divisional Nurse Primary Care and Networks</p> <p>Divisional Nurse Primary Care and Networks/ RVS</p>	<p>September 2015</p> <p>January 2016</p> <p>December 2015</p> <p>Ongoing</p> <p>August 2015</p> <p>Ongoing</p>	<p>and Patient Safety Board Committee and Patient Experience Committee</p>
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			Implement pilot at YYF to support transition process	Older people and their relatives are supported during the transition process from hospital to care home.	Divisional Nurses Primary Care and Networks, Community, Advocates, CHC, Clinical Psychologist	June 2015 review December 2015	
			Roll out Hospital CHAaT initiative- will require business case for additional resources.	Older people and relatives in hospitals are supported during transition to care homes.	Divisional Nurse Primary Care and Networks/ Divisional Nurse community, advocates, CHC, Clinical Psychology	March 2016	
			Workshop for all activities co-ordinators to share best practice.	Activity co-ordinators work with older people to develop individual support plans to enhance well being	Divisional Nurse Primary Care and Networks with support from Alzhiemers society.	December 2015	
			Produce annual report on listening to feedback. Include in Annual Quality Statement.	Patient feedback is published and used to affect service change.	Divisional Nurse Primary Care and Networks	March 2016	
			Older people and relatives are encouraged to leave feedback on Think About Me: Good Care Guide.	Feedback from older people and relatives is made public. Providers respond to feedback in a timely manner	Divisional Nurse, Primary care and Networks, Divisional nurses, lead nurses, nurse assessors,	December 2015	

			This may include need for advocates/ befrienders to make comments on persons behalf.		care co-ordinators, social workers, advocates.		
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.3	Lay Assessors	Lay assessors are used, on an ongoing basis, as a formal and significant part of the inspection process.	<p>ABUHB are committed to work closely with lay assessors.</p> <p>*Potential training for lay assessors</p> <p>Work plan to be developed with CSSIW and Community Health Council (CHC)</p>	<p>As identified in OPC Review Recommendations</p> <p>Involvement of Lay Assessors across the sector</p> <p>Partnership working supports implementation of lay assessors</p>	<p>National</p> <p>Divisional Nurse Complex Care/CHC/Local Authorities/ CSSIW</p> <p>Divisional Nurse Complex Care/CHC/Local Authorities/ CSSIW</p>	When agreed with CSSIW	Nurse Director Quarterly Through Quality and Patient Safety Board Committee
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.4	Joint Inspections	The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with	<p>ABUHB supports joint inspections.</p> <p>*multiagency contract</p>	<p>As identified in OPC Review Recommendations</p> <p>Joint monitoring visits in place across the area.</p>	Divisional Nurse Complex Care/Local Authority Commissioning Leads in	June 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and

		clear and joined up annual reporting (Action 6.4, 6.5, 6.6).	monitoring processes and training to be developed. Working with CSSIW, develop systems with Local Authorities and CHC to make public joint monitoring reports which reflect older people's quality of life.	Joint monitoring reports published.	discussion with CSSIW Divisional Nurse Complex Care/Local Authority Commissioning Leads in discussion with CSSIW	June 2016	Safeguarding Committee
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.5	Annual Integrated Reports	Development of integrated annual reports	ABUHB supports Integrated Annual Plans Working with CSSIW, develop systems with Local Authorities and CHC to make public joint integrated annual reports which reflect older people's quality of life.	As identified in OPC Review Recommendations Publication of joint integrated annual reports	Divisional Nurse Complex Care/Local Authority Commissioning Leads in discussion with CSSIW	June 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.6	Fundamentals of Care Annual Report	Develop annual report on Fundamentals of Care	ABUHB supports the recommendation to publish Fundamental of Care Annual reports If Fundamentals of Care Electronic Tool could be used in nursing homes, training would be required on its use.	As identified in OPC Review Recommendations Annual Fundamentals of Care annual report published. Discuss with Welsh Government whether Fundamentals of Care Audit Tool could be made available for care homes	Divisional Nurse Complex Care/Local Authority Commissioning Leads in discussion with CSSIW Divisional Nurse/Senior Nurse Complex Care	June 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.7	Annual Quality Statements are published by the Director of Social Services	Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (6.7, 6.8, 6.9, 6.10).		As identified in OPC Review Recommendations	Director of Social Services		Director of Social Services Responsibility

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.8	Health Boards Annual Quality Statement	Health Boards include information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements	ABUHB will include information relating to older people quality of life in nursing homes and OPC Review progress in its Annual Quality Statement.	As identified in OPC Review Recommendations Annual Quality Statements include Quality of Life in Care Homes	Director of Nursing/Chief Operating Officer/ Divisional Nurse Primary Care/CSSIW/ Providers/ Care Forum Wales	March 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee Chief Operating Officer- Annual Quality Statement
			Data systems need to be developed and sign up from nursing homes to provide data in a timely fashion.	Data sets agreed with care homes. Published Fundamental of Care Audits in nursing homes	Divisional Nurses Primary Care and Networks and Complex Care	January 2016	
			Develop audit framework to capture the quality of life indicators for older people in nursing homes. Work with Local Authorities, CSSIW, Care Forum Wales and Age Cymru to ensure uniform approach.	Approved audit framework identifies quality of life for older people living in care homes.	Divisional Nurses Primary Care and Networks and Complex Care	December 2015	

			Audit and publish work of CHAaT Volunteers (in care homes and YYF pilot) and RVS volunteer feedback in residential homes.	Published report on quality of life and evidence of service improvement published	Divisional Nurse Primary Care and Networks/RVS	December 2015	
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.9	CSSIW Annual Report	Action required by CSSIW		As identified in OPC Review Recommendations	CSSIW		Responsibility of CSSIW
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.10	Care Home Annual Reports	Care home providers report annually on the delivery of quality of life and care for older people.	Responsibility of Providers	As identified in OPC Review Recommendations Note: ABUHB will work with partners to support the development of care homes annual reports.	Care Providers		Responsibility of Providers
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
6.11	Commissioning	Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and	Review of existing commissioning arrangements and operational policy	As identified in OPC Review Recommendations All placements are made through governance focussed commissioning arrangements and providers demonstrate	Divisional Nurse Complex Care, Divisional Nurse Mental Health	Immediate	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee

		are able to challenge providers about unacceptable care of older people.	for care home governance.	they can meet individuals' needs. Operational policy for monitoring care homes is reviewed and includes OPC recommendations.	and Learning Disabilities/Local Authority Commissioners. All NHS staff involved in commissioning and contracting		
<p>Key Conclusion 7: A current lack of forward planning means that the needs of older people in care homes will not be met in the future.</p> <p><i>Link to Sustainable Social services: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework.</i></p>							
Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
7.1	National Plan for Future Supply	Forward planning ensures there are a sufficient number of care homes, of the right type and in the right places, for older people.	ABUHB will work with Welsh Government and partners in the production of a national plan for future supply	As identified in OPC Review Recommendations	National	Ongoing	Nurse Director Quarterly Through Quality and Patient Safety Board Committee and Safeguarding Committee
			Knowledgeable NHS staff to continue to support National progress on All Wales working group.	Partnership working produces National Plan for Future Supply	ABUHB/LA Planning and Commissioning Leads/Business Partner Accountants/ Chief Operating Officer	Ongoing	
			Analysis of local need through existing planning groups.	Local supply needs better understood	Directors of Planning ABUHB/Local Authorities	Ongoing	

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
7.2	NHS Workforce Projections	Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales (Action 7.2, 7.3).	ABUHB is committed to supporting workforce recruitment and development across nursing homes	As identified in OPC Review Recommendations	Nurse Director in discussion with CNO for Wales	September 2016	Nurse Director Quarterly Through Quality and Patient Safety Board Committee, Safeguarding Committee and WOD Committees
			Accredited induction and competency framework needed for independent sector staff needs to be developed	Recruitment and retention stable across the sector. Skill mix appropriate to meet local need within residential care.	Divisional Nurse Primary Care and Networks and Care Forum Wales	December 2016	Nurse Director through All Wales Nurse Director Meetings
			Support for registered nurses employed within the independent sector to maintain the NMC requirements for revalidation	Registered nurses will be clear on requirements for NMC revalidation and will be supported by NHS nurses to be up-skilled to manage complex needs in nursing homes.	Divisional Nurse Primary Care and Networks/Lead Nurses primary Care/ Workforce Leads/Care Forum Wales/Providers		
		Further scope workforce planning across the nursing and residential home sector.	Identification of workforce needs supports future planning.	Divisional Nurse Primary Care/Local Authorities/WoD			

Review Point	Principle	Action Required (from OPC report)	Training or Method to Support Action	Expected Outcomes	Responsibility	By When	Reporting Arrangements/ Governance
7.3	Career Pathway	Established nursing career pathway.	<p>ABUHB supports a national career pathway</p> <p>Peer support for registered nurses and healthcare support workers</p> <p>Continued professional development for registered nurses</p> <p>Scope training needs for registered and unregistered workforce and develop training strategy.</p> <p>Professional support for nurse revalidation</p> <p>Explore opportunities for shadowing in ward settings and vice versa</p>	<p>As identified in OPC Review Recommendations</p> <p>Registered nurses can access peer support without delay. Wider support networks.</p> <p>Professional development training strategy approved and published.</p> <p>Identified training needs supported by agreed training schedule.</p> <p>Registered nurses are supported to maintain registration.</p> <p>Skills are maintained and enhanced. Cross divisional support.</p>	<p>Director of Nursing/ Divisional Nurse Primary Care and Networks/Local Authorities/ Universities</p> <p>Assistant Director of Nursing (Education) Divisional Nurse Primary Care and Networks</p> <p>Assistant Director of Nursing (Education) Divisional Nurse Primary Care and Networks</p> <p>Divisional Nurse and Lead Nurses Primary Care</p> <p>Divisional Nurses</p>	December 2016	<p>Nurse Director Quarterly Through Quality and Patient Safety Board Committee, Safeguarding Committee and WOD Committees</p>

			<p>Work with universities to develop career pathway and Foundation Course for nurses new to working in care homes.</p> <p>Work with Universities and providers to secure student nurse placements</p>	<p>Staff with appropriate skills are attracted into the sector.</p> <p>Staff with appropriate skills are attracted into the sector.</p>	<p>Divisional Nurse and Lead Nurses Primary Care</p> <p>Divisional Nurse and Lead Nurses Primary Care</p>		
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