Introduction

On 20th May, the Minister for Care Services (Ivan Lewis MP) and the newly announced National Dignity Ambassador (Sir Michael Parkinson) visited Guys & St. Thomas’ NHS Foundation Trust to announce Sir Michael’s appointment to the role of ambassador and to visit the hospital as the first site of the Minister’s regional Dignity Tour of good practice sites.

The Minister and Sir Michael Parkinson were given a tour of Luke Ward by Eileen Sills, Chief Nurse and Ron Kerr, the Trust’s Chief Executive, where they met ward staff and patients, including Gill Hicks, a former patient and survivor of the July 7th London terrorist bombings.

Following the introduction to the work that the Trust are doing to improve Dignity in Care, including its ‘Back to the floor’ programme, the Minister and Sir Michael Parkinson held a round table discussion with managers, staff and service users from Guys & St. Thomas’ Hospital and other surrounding Health & Social Care organisations in the London area.

The subject of the discussion focussed on how to embed the Dignity in Care Campaign locally, which led to descriptions of good practice and other initiatives on dignity. This note captures the main points raised in the discussion and highlights the good practice on Dignity in Care that was described by attendees.

Please note that details of the good practice mentioned in this note is described more fully at [www.dignityincare.org.uk](http://www.dignityincare.org.uk) which also contains contact details of the people involved in running these initiatives. Please log on to the site and look at the good practice in more detail.

Attendees

<table>
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<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Lesley Carter - Chair</td>
<td>London Dignity Lead, Care Services Improvement Partnership</td>
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<tr>
<td>Ivan Lewis MP</td>
<td>Parliamentary Under Secretary of State for Care Services (PS(CS)), Department of Health</td>
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<td>Sir Michael Parkinson,</td>
<td>Department of Health’s ‘Dignity Ambassador’</td>
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<td>Eileen Sills</td>
<td>Chief Nurse and chief Operating Officer</td>
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<td>Nicky Barker-King</td>
<td>Deputy Chief Nurse – Dignity Lead</td>
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<td>Gill Hicks</td>
<td>Former patient at Guys &amp; St Thomas and survivor of the July 7th London bombings</td>
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<td>Julie Hall</td>
<td>Healthcare Assistant</td>
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Heidi Keiley    Ward Sister
Marla Karasu    Ward Sister
Emma Alcott    Ward Sister
Alan Clark    Team Leader - London Ambulance Service
Lynne Reed    Service Manager Older People’s Mental Health Services, Ealing
Vinesh Kumar    Care Home Manager
Paula Harvey    Clinical Nurse Specialist Older People
Shelia Lakey    Consultant, Care Services Improvement Partnership, Older People’s Programme, London

Some other staff attended from the Hospital in an observational capacity.

**Department of Health staff**

Richard Campbell, Dignity in Care Campaign - Policy Lead
Karen Dooley, Dignity in Care Campaign - Project Manager
Rachel Swallow, Dignity in Care Campaign - Project Team Member
Tom Loader, Dignity in Care Campaign - Project Team Member
Marc McGonagle, Assistant Private Secretary to Ivan Lewis PS (CS)
Claire Baker, Integrated Communications Manager

**Notes of the discussion**

**Lynne Reed** Head of Older People’s Mental Health, West London Mental Health Trust:
Lynne commented that there is a common perception that Mental Health is ‘just a part of getting old’.

In her work place they have introduced:

- A recovery model;
- Protected meal times; (whereby patients have uninterrupted meal times from clinical duties in order to be able to enjoy the meal time experience);
- Wards closed for 2hrs daily – time for staff to be with/get to know patients;
- Audits - Cultural embedding of language;
- ‘Life history studying’- (a practice where patients are encouraged to tell staff their likes and dislikes and personal history so that their individual needs can be incorporated into their Care Plan and allowing staff to be able to respond to people more personally.);
- Living Wards pilot.

**Sir Michael Parkinson** Dignity Ambassador:
Sir Michael spoke about his mother knowing and remembering all the lyrics of a certain singer and the staff who cared for her knew that she enjoyed this particular artist so they got her the CD to listen to.

A discussion took place about how to pay more dignity and respect to older patients with dementia.

**Mala Karasu** Clinical Nurse Manager:
Mala expressed how she felt that it was important to let older people with dementia to ‘live in the past’ and not force the present upon them if this would make them confused or anxious. For instance, try not to ask older people with dementia questions from the present tense which they might not be able to remember eg. What did you have for breakfast?

**Vinesh Kumar: Care Home Manager:**
Vinesh has introduced an audit tool within his care home. The tool was formed by:
- Talking to both staff and patients,
- Individual Outcomes
- Introducing dignity champions in the home,
- Involving staff in the process of designing the tool.

**Sir Michael Parkinson Dignity Ambassador:**
Sir Michael said that setting standards and changing practice to reflect dignity is hard because dignity as a concept is difficult to define.

**Vinesh Kumar Care Home Manager:**
Vinesh explained that to define dignity in the care home required a two-pronged approach – staff and patient involvement.

**Ivan Lewis MP, Minister for Care Services:**
The Minister asked Vinesh what has changed as a result of applying a Dignity Audit Tool?

**Vinesh Kumar Care Home Manager:**
Vinesh summarised that the audit tool had:
1) Increased dignity in care of patients – not perfect but step in the right direction,
2) Respecting and understanding peoples needs better, eg. an elderly resident who, acting on a past memory, goes to the window to wait for her child returning from school. The staff now understand this and allow for it.

**Lynne Reed Head of Older People’s Mental Health, West London Mental Health Trust:**
Lynne suggested that another way of involving patients in the process is having service users interviewing staff as part of the interview panel and also to include them in induction sessions for new staff joining the organisation. This had been a valuable way of helping staff to see things from the service user’s perspective.

**Ivan Lewis MP, Minister for Care Services:**
The Minister asked do you think that the Dignity in Care Campaign just another initiative?

**Gill Hicks – former patient at Guys & St Thomas and survivor of the July 7th London bombings:**
Gill shared her experiences of being treated at Guys & St Thomas when she was injured in the July 7th London bombings. Gill thought that the dignity initiative is about love. Following the 7/7 bombings Gill felt real love from the staff form the outset. She also
thought that the staff had involved her husband and herself in planning care and that she felt as if things were done with her involvement rather than ‘done to her’.

Gill described an example of where staff at the Trust had displayed their respect for her dignity by giving an example of how they helped her with personal care. On leaving intensive care to go to a ward, she needed a shower. The nurse who was helping Gill could not manoeuvre the shower and so jumped in to the shower too, fully clothed, to help wash her. The moment was both funny and extremely moving.

Sir Michael Parkinson Dignity Ambassador:
Sir Michael commented that Gill’s example was a solid testament to dignity and showed true care.

Paula Harvey Clinical Nurse Specialist Older People:
In Paula’s workplace, they have created tools to assist staff in respecting dignity:
- Teaching tool;
- To be held on every ward,
- Emphasis on good communication
- Includes curtain signs – respecting privacy
Paula shared a copy of the sign with the attendees, which acts as a way of protecting people’s privacy by hanging it from curtains to prevent people from walking in on service users unannounced.

Ivan Lewis MP, Minister for Care Services:
The Minister asked “How will the tools be incorporated?”

Paula Harvey Clinical Nurse Specialist Older People:
Paula explained that the guidelines set out in the tools are to be assessed on wards. The tools protect the personal needs of patients and their families, eg. Visiting hours to suit families.

Ivan Lewis MP, Minister for Care Services:
The Minister commented that rigid rules are not what it is about; flexibility is what is required to offer a personalised service.

Alan Clark MBE Team Leader - London Ambulance Service:
Alan has been an older people’s dignity champion since 2001 and spoke about the differences between promoting dignity in a Hospital setting to promoting it in a variety of settings, which he experiences through his work in the Ambulance Service.

Alan talked about his role in raising awareness about the Dignity in Care campaign with senior management at the London Ambulance service and how he had issued 4,000 Dignity Cards to help with this awareness. Alan had personally challenged bad practice on dignity where he witnessed it.

He commented that Dignity in Care is even harder to pinpoint for staff in the ambulance service as they operate in multiple locations. One very important aspect is dignity in
death. He also thought that since introducing the dignity challenge across the service, they have seen a reduction in complaints on ‘attitude’ of staff to service users.

Alan praised the achievements so far of the Dignity in Care Campaign.

Ivan Lewis MP, Minister for Care Services:
The Minister asked: “What are the obstacles to increasing dignity/spreading the message?”

- Comments on the obstacles to implementing dignified services were as follows:
  - The introduction of targets (such as the 4 hour A&E waiting time maximum) means that staff feel under pressure to see patients more quickly, and consequently do not spend as much time with them as they would like to do. Therefore, this can erode dignity.
  - The requirement to complete more paperwork and other bureaucratic tasks also took up time that could be being spent with service users.
  - There was concern that there was too much control from central Government and not enough opportunity for local decision making.

Ivan Lewis MP, Minister for Care Services:
The Minister stated that targets are needed but they have to be ‘smart targets’. He also suggested that the introduction of the Productive Wards programme would help to raise the importance of nurses being able to spend quality time with patients would aid the Dignity in Care campaign.

The subject of having the right skill mix of staff in a Hospital was also discussed as a means of aiding dignified care.

Nicky Barker-King – Deputy Chief Nurse – Dignity Lead:
Nicky described the process at her ward of reviewing the skill-mix of staff every 6 months in order to make sure it matches the clinical need of patients.

Ivan Lewis MP, Minister for Care Services closed the session, thanking everyone for taking part in the discussion and commending them for the initiatives on dignity they had implemented in their teams.