### Progress Report on the Dementia Strategy

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<th>Trust Board Meeting</th>
<th>Item: 8.2</th>
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<td>28th January 2015</td>
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#### Purpose of the Report:


The report demonstrates that overall good progress is being made against the ambitions of the Dementia Strategy 2014-17 and that areas for further improvement are identified with actions in place.

Further progress in improving the environment of care and improvements to facilities for carers is directly proportion to the ability to fund projects through the Charitable appeal or should alternative sources of capital investment become available.

#### FOR: Information ☐ Assurance ☐ Discussion and input ☒ Decision/approval ☐

<table>
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<tr>
<th>Sponsor (Executive Lead):</th>
<th>Duncan Burton Director of Nursing and Patient Experience</th>
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<tr>
<td>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</td>
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<td>Failure to make improvements could impact on the Trust’s reputation and CQC compliance</td>
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<td>Link to Relevant Corporate Objective:</td>
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<td>Executive Management Committee – 21st January 2015</td>
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#### Recommendation & Action required by the Trust Board:

The Trust Board is asked to:

- Note the progress being made in areas of the Dementia Strategy 2014-17 and areas for further focus
1. **Introduction**

1.1 The Dementia Strategy 2014-2017 was approved by the Trust Board in January 2014. The Trust has recognised that it needs to do more to ensure that the care provided to patients with dementia and their carers is consistently excellent. The Strategy sets out how the Trust will achieve this over the coming three years.

1.2 Given the interest the Trust Board has taken in this area it was requested that frequent updates on progress are presented to the Trust Board which are conducted on a six monthly basis.

2. **Governance**

2.1 The governance of implementation of the dementia strategy has been strengthened during the year. The Dementia Strategy Delivery Group takes place monthly and is chaired by the Director of Nursing & Patient Experience. It has representatives from the Trust, external stakeholders and carers. The Environments of Care group has been formed as a sub-group of this. It is made up of staff, facilities and carer representatives and focus is on delivery of the environmental components of the strategy. The Dementia Strategy Delivery Group reports to the Clinical Quality Improvement Committee.

2.2 The Director of Nursing & Patient Experience is the executive lead for dementia; and the Chairman is the non-executive lead.

2.3 The Trust has joined the CHKS Dementia Assurance Standards for acute care in order to provide assurance on improvements and identify areas for further work. This also includes benchmarking on key performance indicators such as length of stay. A review of progress is planned for March 2015, and the results of which will be included in the next update to the Trust Board in July 2015.

3. **External Profile**

3.1 It is the aim of the Trust to be a leading centre for providing excellent care for patients with dementia. Throughout the last year steps have been taken to highlight the work the Trust is undertaking to the external environment. This is to enable influence on policy, funding and to enhance interaction with other centres of best practice to aid our learning. The following are key highlights of the work undertaken:

- In July 2014 the Trust won the HSJ Patient Safety & Care Awards in the category of Dementia for the dementia strategy
- Vince Cable MP formally launched the Trusts Dementia Strategy in June 2014.
- The Trust is the second NHS Trust (second to Guys & St Thomas') to receive Alzheimer’s Society Dementia Friends accreditation for our in-house volunteer training.
- The Director of Nursing & Patient Experience has spoken at two national conferences regarding the Trusts work – Patient Safety First in (November 2014) and the Long Term Conditions Conference (January 2015)
- The Trust is presenting at the Kings Fund Dementia Conference in February 2015
• The Trusts work was featured in the Royal College of Psychiatrists National Audit of Dementia Publication in 2014
• Two junior doctors won best oral presentation and best poster presentation for work in improving care for patients with dementia at a National Quality Improvement Conference
• The Care Quality Commission (CQC) undertook unannounced inspection in February 2014 was part of a national review of 150 organisations provision of care to people with dementia and their carers. The Trust was fully compliant with the standards. The national report ‘Cracks in the Pathway’ provides some unnamed examples of good practice which are consistent with those within the Trust. For example “We saw that the Trust had … involved non-medical staff, relatives and volunteers from the local community. They visited patients on wards during mealtimes to help people eat their meals and have a chat”
• In 2015 we will be one of 10 acute sites in England and Wales who will be piloting the revised Centre for Quality Improvement, Royal College of Psychiatrists National Audit of Dementia tool.

4. Funding

4.1 The Trust has begun its fundraising programme for dementia and set a target of raising £750,000. This is to provide improvements to the environments of care for patients and carers. Attracting funds through this programme is essential to deliver the scale of ambitions the Trust has for improvements to its ward areas.

4.2 The Trust has been successful in a number of additional sources of funding to support improvements with dementia and these are highlighted within this update. This includes the support to volunteering through the NESTA Helping in Hospitals funding awarded to the Trust in 2014. As ongoing funding opportunities arise the Trust will make every effort to bid against these in order to advance further improvements in the care of patients with dementia and their carers.

5. Progress with Year 1 strategy

5.1 Appendix A reminds the Trust Board of the overall three-year strategy bridge.

5.2 Year one of the strategy is from January 2014 – March 2015 and the below sections provide an update on the 5 core components of the strategy.

5.3 Care relationships and staff skills

5.3.1 Training opportunities to staff across the Trust continue to be provided which have included Dementia Friends sessions and more in depth training as required.

5.3.2 The Trust is hosting the DEALTS (dementia education and learning through simulation) programme on behalf of HESL (Health Education South London) for South London Trusts in February 2015. This will train key staff to be able to undertake dementia simulation training. A bid to Health Education England has been submitted to fund a trainer and equipment in order to deliver simulation training tailored to different staff groups and the outcome of this is awaited. Simulation training is a key component of year 2 and 3 of the dementia strategy.

5.3.3 The new induction programme for nurses and nursing assistants now includes a deeper level of dementia training, ensuring that these staff groups receive this prior to commencing work in the clinical settings.
5.3.4 Dementia awareness has been embedded throughout the volunteer recruitment process. All new volunteers receive accredited dementia awareness training via the volunteering induction Programme since July 2014.

5.3.5 The Dementia Strategy Delivery Group has recently reviewed all the training offered within the organisation. They have noted that this is an area of the strategy for further attention to ensure staff are fully aware of all the opportunities that are available, and an exercise is to be completed to check that all staff have received relevant dementia training. A particular focus is those staff from outside the ward settings.

5.3.6 We are currently recruiting to the part time dementia facilitator role to add additional capacity to training and supporting staff.

5.4 Environments of Care

5.4.1 Improving the environments of care for patients is one of the core components of the strategy and is one most heavily dependent on the estates strategy and the fundraising strategy. Further progress in improving the environments of care and improvements to facilities for carers is therefore directly proportion to the ability to fund projects through the charitable appeal or should alternative sources of capital investment become available.

5.4.2 As part of the approach to improving the environments of care the formation of the Environments of Care group has taken place during 2014. This is providing a forum to review priorities and standardisation of approach for environmental improvements wherever they occur in the organisation.

5.4.3 To aid expertise in the organisation two further staff (Deputy Director of Nursing & Patient Carer) have now completed the Kings Fund Designing environments of care for people with dementia course. This adds to the two staff within the estates team who undertook this in the prior year and form part of the Environments of Care group.

5.4.4 Plans to make improvements to the areas of the A&E department are incorporated into the redesign of A&E currently scheduled to start in 2015.

5.4.5 Improvements to the activities room have been made with the addition of reminiscence pop-up scenes, new furniture and reminiscence crockery. There are however further changes programmed to take place by end of March 2015 to make the area less clinical looking.

5.4.6 Conceptual design images have been undertaken for the ward areas and carers centre to facilitate fundraising. A bid is going to the January 2015 Charitable Funds Committee to enable the more in-depth ward redesign plans with architects for the care of the elderly wards so that as funds are raised the changes can be commissioned.

5.4.7 The Environments of care group has identified plans for more suitable bathroom signage, orientation boards and clocks, which will be purchased upon identification of funding.
5.5 **Active Days & Calm Nights**

5.5.1 Good progress has been made in the area of active days and calm nights. The most notable of these has been the introduction of the therapeutic activities programme in 2014. The Trust secured funding from Health Education South London to support this which is funded until March 2015, and has operated throughout 2014. This has enabled group and one to one as well as training of staff in therapeutic activities.

5.5.2 Patients and staffs’ mood is assessed pre and post activity and shows a notable improvement following therapeutic activities interventions as demonstrated in the November & December results for 2014 in the table below.

5.5.3 A dedicated therapeutic activities space has also been established within Esher Wing, collocated with the elderly care wards to support this work.

5.5.4 A bid to extend the programme has been written, as funding ends in March 2015. This bid is being reviewed at the January 2015 meeting of the Kingston Hospital Charity.

5.5.5 The Therapeutic Activities programme is being heavily supported by volunteers who are trained to provide creative, person-centred activities including reminiscence, music, art and This is Me at bedside, communal dining and in therapeutic groups. Of the twenty currently active Dementia Volunteers they are currently giving at least 137 hours per month. More volunteers continue to be recruited to support this programme further.

5.5.6 The ‘Memory Lane Lunch Club is now in place allowing opportunity for communal dining. In July 2014, a letter from a relative of an inpatient demonstrates the impact of targeted, person-centred support both for the patient and their families. “An angel appeared and invited us to attend the Memory Lane Lunch Club. The effect on my husband was truly miraculous. He ate all his lunch, joined in the conversation and was himself again, as I never would have thought possible.”

5.5.7 Activities boxes have been purchased and made available in ward areas.
5.5.8 Hot milk drinks are now available to patients before bed time and new finger foods for nutritionally vulnerable patients including those with dementia are now available for inpatients.

5.5.9 A clothing store is now available in the Trust and the ability to launder patient clothes has been identified through an offsite facility. A suitable source of funding from a grant making organisation is currently being sought to enable laundry for those with no alternative means.

5.5.10 The Trust has recruited 264 dining companions’ volunteers since January 2014 in response to the Trust’s quality improvement focus on patient experience of food and support at mealtimes.

5.6 Involving Carers

5.6.2 A carers policy has been produced and open visiting hours are now in place within the trust.

5.6.2 Funding for a Darzi Fellow to focus on making improvements for carers of patients with Dementia was obtained and the post holder commenced in September 2014. They are working on making improvements for carers and working with external organisations to bring closer working to the benefit of patients and carers.

5.6.3 From January 2015 the Trust has started to host a memory café every fortnight which will be run in association with Home Instead who established the memory café at the Rose Theatre in Kingston. This will provide support to patients, carers and staff, and is open to the local community to attend.

5.6.4 The Trust has established a relationship with Kingston Carers Network who are now present each week in the care of the elderly wards, in order to identify and assist carers, and enable follow up post discharge as required.

5.6.5 The Trust has also developed a successful Link Volunteer model for dementia with Stay Well, Kingston. Volunteers are proactive in targeting carers and patients early in their hospital journey to ensure they are supported to take-up services provided by the community and voluntary sector in Kingston and surrounding boroughs.

5.6.6 Following discussion with the Alzheimer’s Society Kingston & Richmond we have agreed in January 2015 to facilitate their information worker to have an on-site presence at set times during the week, near the care of the elderly wards. This will enable a space that additional information can be housed and provided from.

5.6.7 New overnight recliner chairs for relatives as part of the end of life care improvements are being purchased and these will also be available for carers as required.

5.6.8 The Trust has agreed with the Alzheimer’s Society to co-host a joint health talk on memory and a dementia friends training session for Trust members and the public at the hospital during Dementia awareness week in May 2015. An invite has also been made for the mobile Alzheimer’s Dementia information and awareness unit to be based at Kingston Hospital for a day during 2015 as part of an awareness raising event for staff, patients, carers and the public.

5.6.9 The Trust has put in place the carers Friends and Family Test. The results of the first three quarters of 2014/15 are shown below (total respondents 110). From January
2015 is being added to the Boards clinical quality report quarterly, with the other FFT scores. Actions are taking place to improve the uptake of the carers survey led by the Trusts Darzi Fellow. Improvement commentary mentions food consistently as an area for improvement and it is anticipated with the changes being made in January 2015 this will impact positively on the feedback.

5.7 Diagnosis and Clinical Care & Treatment

5.7.1 The key metrics for dementia have been established in line with the national CQUIN and these have shown improvement over the past 6 months with ongoing audit of 90% of in-patients aged 75+ who stay in hospital for more than 72 hours. This is shown in the graph below.
5.7.2 The dementia diagnostic assessment form is now automatically added to the task list for patients aged 65+ and on-ward support is available where doctors have queries. The referral of patients for further investigation and treatment, who have been diagnosed as having possible dementia, was 100% in November 2014. The screening and internal assessment of appropriate patients has steadily improved with the goal of reaching the 90% target for Q4.

5.7.3 Work is being continued on wards to ensure that all patients diagnosed with dementia are asked the ‘8 things about me’. Patients are being highlighted by nursing staff with a forget-me-not symbol to ensure awareness for all staff coming into contact with the patient.

5.7.4 From January 2015, the Trust is piloting a new Hospital-Home project. Made possible through Nesta ‘Helping in Hospitals’ funding, this project involves matching highly trained volunteers with vulnerable elderly and patients with Dementia, and their carers who have significant anxiety and/or complex needs at discharge. The project is aimed to improve the continuity of care for patients by providing practical and emotional support, and increase patients access to support services when back home by signposting and referring them to local community and voluntary organisations.

6. Recommendations & Actions Required by the Board

6.1 Overall good progress is being made during the first year of implementing the Trusts Dementia Strategy, with key the priorities for the next quarter of education & training, progress with environmental design and meeting the national CQUIN measures.

6.2 The Trust Board is asked to:

- Note the progress being made in areas of the Dementia Strategy 2014-17 and areas for further focus