Dementia Strategy Update

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<tr>
<th>Trust Board Meeting</th>
<th>Item: 16</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
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**Purpose of the Report:**

In July 2017 the Trust Board approved the Dementia Strategy 2017-2020. This is a progress report on the first year of that Dementia Strategy.

The report demonstrates that overall good progress is being made against the ambitions of Year 1 of the Dementia Strategy 2017-2020. Key areas of further focus are on the refurbishment of Blyth ward and the Frailty Unit, implementing digital reminiscence software, developing the dementia management study day to include an interactive sensory experience and expanding the dementia training team.

**FOR:** Information ☐ Assurance ☐ Discussion and input ☑ Decision/approval ☐

**Sponsor (Executive Lead):** Sally Brittain, Director of Nursing and Quality

**Author:** Olivia Frimpong, Dementia Service Improvement Lead

**Author Contact Details:** oliviafrimpong@nhs.net

Ext 2478

**Risk Implications – Link to Assurance Framework or Corporate Risk Register:** Board Assurance Framework

**Legal / Regulatory / Reputation Implications:** CQC compliance

**Link to Relevant CQC Domain:** Safe ☑ Effective ☐ Caring ☑ Responsive ☑ Well Led ☐

**Link to Relevant Corporate Objective:**

**Document Previously Considered By:**

**Recommendations:**

*The Trust Board is asked to note* the progress made with Year one of the Dementia Strategy 2017-2020 and discuss areas of further focus.
1. **Introduction**

1.1. The Trust’s second Dementia Strategy 2017-2020 was approved by the Trust Board in July 2017. The Trust has therefore entered Year two of the Strategy (April 2018–March 2019). While good progress has been made in achieving the ambitions detail within the Strategy it has recognised that further development is required 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.

1.2. The Dementia Strategy Delivery Group and Environments of Care sub-group continue to oversee improvements, take place bimonthly and report to the Quality Improvement Committee.

1.3. Noting the significant interest the Trust Board has in dementia care it was requested that frequent updates on progress are presented to the Trust Board, and this paper provides updates on key areas.

1.4. As envisaged in the strategy, actions have continued to evolve as opportunities have arisen, or different needs have been identified. For example, fire safety works throughout Esher wing have enabled dementia friendly environment improvements across the wards and corridor areas.

1.5. Overall progress with the strategy is good in the majority of areas. Focus in the last six months has centred on launching digital reminiscence software on the elderly care wards, fire safety ward refurbishment programme, piloting enhanced observation training and improving diagnosis rates in Kingston CCG.

2. **External Profile**

2.1. The dementia service improvement lead now sits on the Healthy Ageing Advisory Board at the Health Innovation Network as an acute hospital representative.

2.2. The dementia service improvement lead attended an Alzheimer’s Society Coffee morning to talk to Richmond residents about their perceptions of the Trust and how it could support them as people living with dementia.

2.3. Since Derwentward opened in November 2016 the Trust has had many visits from other hospitals who are hoping to achieve what Kingston Hospital has in terms of making their ward, ED and Outpatient environments dementia friendly.

2.4. The Dementia Service Improvement Lead attended a meeting with the Alzheimer’s Society chaired by Angela Rippon focusing on the role of volunteers in supporting patients with dementia in acute hospital settings. The Trust was cited as a good example of how to enable volunteers to support patients with dementia when in hospital. Engaging with volunteers will now be included in the revised dementia friendly hospital charter.

2.5. The Trust was one of three finalists in the ‘dementia friendly organisation –large category for national dementia friendly awards, held in November 2017. Kingston Hospital was the only acute trust to be nominated across all categories.
3. **Progress**

3.1 The sections below provide key areas of progress on the 5 core components of the strategy.

3.2 **Care relationships and staff skills**

3.2.1 **Corporate Induction dementia friends accredited**  Dementia awareness training is delivered on day two of corporate induction to all clinical staff. This training is accredited by the Dementia Friends and is part of the strategy's aim to make all staff 'dementia friends' by 2020. Becoming a dementia friend helps create a more dementia friendly society. This training is currently delivered by the Dementia Service Improvement Lead.

3.2.2 **Dementia management study day**  As part of the induction for new band 5 and band 2 Nurses and Healthcare Assistants, a full study day on dementia awareness and managing behaviours that challenge is delivered by the Dementia Service Improvement Lead. This is training is actually open to other staff and delivered on a monthly basis. Currently this training is dependent solely on the Dementia Service Improvement Lead which is of concern and subject to discussion.

3.2.3 **Bespoke Dementia Awareness Training**  Bespoke training has been delivered to the following teams: Phlebotomy, OPD reception team, REU, ED staff, Physiotherapy reception staff, CMT Doctors, ISS staff including security staff and ED reception staff. Bespoke dementia awareness sessions are available to all teams across the Trust both clinical and non-clinical and all staff that attend can become Dementia Friends. This is also delivered solely by the Dementia Service Improvement Lead.

3.2.4 **Enhanced observation training**  As part of the improving mental health skills project, the Dementia Service Improvement Lead co-delivered a pilot of a new training course for Healthcare Assistants in Elderly Care and Paediatrics in March 2018. This study day focused on person centred care and how to deliver therapeutic engagement at a one to one level. The course was very well received and further dates are planned for June 2018.

3.2.5 **Virtual Tour simulation plans**  In January, the dementia team were invited by Home Instead to experience the virtual dementia tour, a training aid used by Home Instead to educate their carers about how someone living with dementia might experience their surroundings when their senses are affected. It is a very powerful way of seeing what the world looks like for someone living with dementia by using headphones, blurred glasses, adapted gloves and altered lighting. It would be very beneficial for staff at the Trust to do, and the dementia team are looking at how this can be incorporated into the dementia study day to make the day more interactive.

3.3 **Environments of care**

3.3.1 **Derwent Ward Results**  Initial data from before and after the refurbishment of Derwent ward suggests a reduction in length of stay by 6 days, a reduction in pressure ulcers and a reduction in the use of one to one nursing. The reduction in extra staffing has shown a saving of £60,000 in 6 months. Further analysis of the data is being undertaken before a formal report is produced.
3.3.2 **ED new majors area**  The Dementia Environment Group was also involved in ensuring the new ED majors extension incorporated dementia friendly design, and now has individual cubicles with matching colour furniture, improved signage and dementia clocks to help orientate patients to where they are. The extension of majors is a quieter, calmer area away from the large nursing station, therefore perfect for patients with dementia who find the noise and bright lights of traditional ED departments very frightening and over-stimulating. Dementia friendly artwork will be installed to this area shortly.

3.3.3 **Fire safety works to wards and corridors on Esher**  As part of the fire safety works, dementia friendly improvements in décor and lighting have taken place across Blyth, Kennet, Bronte and Isabella wards using the same dementia friendly paint scheme as Derwent ward. This has included highlighting the reception areas in the ward corridor and painting a strip of colour behind each bed space to help patients identify which is their bed. This will continue to the rest of the wards on level 6 and 7 in the coming months. Similarly, the main corridors and lift lobbies on Esher wing are being redecorated and a different dementia friendly colour has been selected for each floor to make it easier for patients, visitors and staff to identify which floor they are on.

3.3.4 **Outpatients**  A detailed review of how to make the outpatient departments more dementia friendly has been undertaken. To create more dementia friendly areas the Trust has erected dementia friendly clocks in every waiting area, upgraded the toilets to include yellow doors, added dementia friendly toilet signage and has ordered dementia friendly artwork to go up in each area. In the main outpatients waiting area on level four, a designated space away from the main waiting area has been created to enable patients with dementia to have time a quieter area. This area has a dementia activity box, to occupy patients who are anxiously waiting for the appointments.

3.3.5 **Hot and cold tap stickers** have been put up behind taps throughout the hospital to make it easier for patients to recognise how to use the different types of taps that are in place.

3.3.6 **Signage strategy involvement**  The Dementia Environment of Care Group is linked with Signage Strategy Group, ensuring all changes to signage across the Trust incorporates dementia friendly design by using colours and symbols where possible and not hanging signage too high where elderly people might not see it.

3.3.7 **Blyth ward refurbishment**  Blyth ward will be refurbished this summer with current designs looking to reconfigure space to create a day room, more storage and better staff facilities. The design specification from Derwent will be used for all finishes and is expected to be finished by October 2018.

3.3.8 **Carers room plans**  On level 5, a room in the corridor between the wards has been identified as a potential carers room and will be refurbished as part of the Blyth project. A small room on level 7, between Cambridge and Canbury has also been identified as space for carers and a private space for difficult conversations and will be redecorated as part of the fire safety works.

3.3.9 **Garden area**  In conjunction with palliative care the Dementia Environment Group is looking at creating a dementia friendly outside space with support from the charity. Nature can have a very beneficial influence on patients with dementia, and with limited opportunity to get outside whilst in hospital we are keen to make the best of the outside spaces we do have.
3.4 Active days and calm nights

3.4.1 Activity room The activity room remains very busy and popular, with patients visiting from all inpatient wards. Patients are accepted with a completed referral form and are invited for a morning session, returning to their ward after lunch. Staff are encouraged to bring patients to the activity room and collect them, as there is currently only one activity coordinator.

3.4.2 Remind me care The trial of Remind Me Care, digital reminiscence software is progressing well, with many patients having profiles built about their life history that can be used as an aid for reminiscence therapy and helping calm and reassure patients when they are distressed or agitated. This is predominantly carried out by dementia volunteers on a one to one basis. There are also a number of group activities that take place in the activity room by linking the Ipads to the TV screen. Engaging the patients in cognitive stimulation in a group setting has been very beneficial.

3.4.3 Dementia volunteers There has been a recent increase in dementia volunteers, providing support to the activity room and to patients on a 1:1 basis at the bedside, this has been supplemented by a group of masters psychology students completing their placement in the activities room. There is also a developing relationship with volunteers applying from Tiffins School. There are currently four volunteers who attend on a weekly basis as part of the community hours and all have a great rapport with patients. New dementia volunteers are recruited on a quarterly basis.

3.4.4 Memory Café in conjunction with Home Instead The memory café run in conjunction with home instead has restarted in the activity room on a Tuesday afternoon and has been well received. It often includes craft activities such as making paper flowers, leaf printing and seasonal activities including visits from the staff nursery.

3.4.5 PAT dog There is a new PAT dog, Daisy who visits the elderly care wards on a weekly basis, who is popular with both patients and staff.

3.4.6 Activity boxes on wards Thanks to a charity donation, new activity boxes have been supplied to inpatient wards including a number of activities such as dominoes, playing cards, dementia friendly jigsaw puzzles, donated books and twiddle muffs. There is currently one box for each floor and are for patients to use when they are unable to access the activity room.

3.5 Involving carers

3.5.1 John’s Campaign Ambassadors The Dementia Service Improvement Lead and the Matron for Surgery have been selected as Ambassadors for John’s campaign, to promote the rights of carers to visit their loved ones when they are in hospital.

3.5.2 Alzheimer’s Society Support Worker There is now an Alzheimer’s Society support worker providing advice, emotional support and signposting to community services to patients and carers affected by dementia. They are on site approximately two days a week and available to support both inpatients and outpatients. Referrals are made through the MDT or by the support worker directly approaching visitors of patients with dementia. This service has been very well received and is currently being evaluated. It has also been a valuable source of feedback on our services.
3.5.3 **Kingston Carers Network**  Kingston carers network currently provide one day of support to all carers across the elderly care wards, focusing on providing practical support to carers such as completing power of attorney forms. They have just secured further funding a recruited a second support worker to specifically provide support to a carers of patients dementia, across all inpatient wards. Together with the Alzheimer's Society support worker, there will be carer support available over five days a week.

3.5.4 **New carer and patient representatives**  Two new representatives have been recruited to the dementia strategy steering group, a couple where the husband is living with dementia and his wife is his carer. They have been involved in previous carer consultations and are keen to become more involved.

3.5.5 **Ward Carer Information**  The dementia team have drafted a carer information poster for all wards that has been presented to the dementia strategy meeting. This explains that carers of patients are welcome but that Doctors need to complete ward rounds before talking to relatives and that confidentiality needs to be maintained, therefore visitors may be asked to step outside bays during ward rounds. The poster will be submitted to the next patient information panel for approval before printing.

3.5.6 **D delirium Leaflet**  A leaflet about delirium for patients and carers has been developed and approved by the patient information panel and will shortly be available on the wards.

3.6 **Diagnosis and clinical care and treatment**

3.6.1 **Dementia Screening Report**  The dementia screening report for February 2018 showed that FIND at 72 hours was 77% but during admission it increased to 82%, ASSESS was 94% and REFER 92%. These results show an improvement from previous months but tend to fluctuate when Junior Doctors rotate. The general pattern shows that once a patient has been screened for potential diagnosis of dementia, then further assessments and referrals are completed but initial screening remains below the target of 90%. To improve results the Dementia Service Improvement Lead and audit assistant have offered support to those areas finding dementia and delirium screening a challenge and extended the time the dementia and delirium screen remains on the doctors’ task list.

3.6.2 **Work with Kingston CCG to improve diagnosis rates**  The dementia diagnosis rate for Kingston is currently lower than the predictor. The Trust has been working with the lead GP for Dementia to look at how it can support an increase in diagnoses rates. A link nurse has now been seconded to support GP surgeries to increase diagnosis rates and the Trust is working closely with them to ensure all referrals from the Trust are followed up.

3.6.3 **Dementia Score card**  A score card looking at outcomes specifically for patients with dementia has been developed and is discussed at the Dementia Strategy Meeting. The scorecard shows a reduction in fall with harm in patients with dementia in the past year (2017-2018).

3.6.4 **Research Opportunities**  The trust is about to take part in a study looking at the management of behaviours that are challenging. This will entail interviewing a small number of nursing staff and carrying out observations.
3.6.5 **Red Bag Initiative**  The red bag initiative to improve communication between acute settings and care homes has been launched by several boroughs including Kingston and Richmond and is aimed at reducing length of stay for care home residents by improving information sharing and therefore speeding up assessment and discharge. The trust is currently working with the Health Innovation Network to evaluate how effective the red bags are.

3.6.6 **Pain Pathway**  The palliative care team have implemented the abbey pain scale across inpatient wards to help staff recognise when a patient with dementia may be in pain. This looks at the non-verbal signs of pain such as grimacing, body language and changes in observations and gives an objective score to monitor. Pain in patients with dementia is also included in all dementia training.

4. **Future Dementia strategy plans**

4.1 **Blyth ward refurbishment**  The refurbishment of Blyth ward will take place during the summer of 2018 alongside plans currently underway to ensure that the new frailty unit which will be based on AAU is dementia friendly.

4.2 **Remind Me Care**  Continuing to embed digital reminiscence therapy on to the wards and linking it to CRS so that vital person centred care information is not lost between admissions will be a focus of year two of the strategy.

4.3 **Interactive Dementia Study day**  Building in a sensory experience of how it feels to have dementia in an acute ward setting will be the focus of developing the dementia education programme.

4.4 **Expanding Dementia Training Team**  As there is only one member of staff currently delivering all dementia teaching, a focus for 2018 will be expanding the number of staff who can deliver the dementia education programme.

5. **Recommendations & Actions Required by the Board**

Overall good progress has been made during the first year of implementing the Trusts second Dementia Strategy.

**The Trust Board is asked to:**

Note the progress being made with the Dementia Strategy 2017-2020 and discuss areas for further focus.