

### Dementia Strategy 2014-2017 - Progress Report

<b>Trust Board Meeting</b>	<b>Item: 16</b>
<b>Date: 13<sup>th</sup> October 2015</b>	<b>Enclosure: K</b>
<p><b>Purpose of the Report:</b></p> <p>In January 2014 the Trust Board approved the Dementia Strategy 2014-2017. The Trust Board received an update in January 2015 and the attached paper provides a further report on progress.</p> <p>The report demonstrates that overall good progress is being made against the ambitions of the Dementia Strategy 2014-17. Key areas of further focus are on meeting the CQUIN requirements; progressing the environmental improvements and plans for commencing ward refurbishment; refining systems to know how we are doing; and introducing a new suite of training.</p>	
<p><b>For: Information</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/></p>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Board Assurance Framework
<b>Legal / Regulatory / Reputation Implications:</b>	CQC compliance
<p><b>Link to Relevant CQC Domain:</b>  <b>Safe</b> <input checked="" type="checkbox"/>      <b>Effective</b> <input checked="" type="checkbox"/>      <b>Caring</b> <input checked="" type="checkbox"/>      <b>Responsive</b> <input checked="" type="checkbox"/>      <b>Well Led</b> <input checked="" type="checkbox"/></p>	
<b>Link to Relevant Corporate Objective:</b>	Objective 1.3 - To implement year 2 of the dementia strategy Quality Account 15/16 Goal
<b>Document Previously Considered By:</b>	
<p><b>Recommendations:</b></p> <p>The Trust Board is asked to <b>note</b> the progress being made with the Dementia Strategy 2014-17 and discuss areas for further focus.</p>	

## **Dementia Strategy 2014-2017 Progress Report – October 2015**

### **1. Introduction**

- 1.1 The Dementia Strategy 2014-2017 was approved by the Trust Board in January 2014. The Trust is therefore currently in Year Two of the strategy (April 2015– March 2016). 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.
- 1.2 The Dementia Strategy Delivery Group and Environments of Care sub-group continue to oversee improvements, take place monthly and reports to the Clinical Quality Improvement Committee.
- 1.3 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, 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 identified.
- 1.5 Overall progress with the strategy is good in the majority of areas, with the key areas of further focus on meeting the CQUIN requirements; progressing the environmental improvements and plans for commencing ward refurbishment; refining systems to know how we are doing; and introducing a new suite of training.

### **2. External Profile**

- 2.1 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 external stakeholders. 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 2015 the Director of Nursing & Patient Experience gave a presentation at the Alzheimer's Society Annual Conference on the Trusts dementia work. The Trusts Chair also attended the conference.
  - In March 2015, the Trust held a successful inaugural Volunteering Conference with a focus on the work of volunteers supporting patients with dementia and carers.
  - In September 2015 the Trust hosted the Alzheimer's Society Board of Trustees meeting which provided an opportunity to showcase work underway at the Trust and to influence their thinking for future strategy. Members of their Board spent time looking at the therapeutic activities programme and the

Memory Café, which is jointly run with Home Instead. The Board also received presentations from the Chair and Director of Nursing & Patient Experience; the architects who have produced our dementia friendly ward designs, and the matron from the care of the elderly service.

### **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 Olivia Frimpong has been appointed to the vacant Dementia Specialist Practitioner post and will commence in October 2015. This is a great appointment to this post as Olivia, who is a physiotherapist by background has previously undertaken Trust wide improvement work in the area of falls. This will facilitate an increased capacity to focus on embedding elements of the dementia strategy.

3.2.2 The Trust successfully hosted the DEALTS (dementia education and learning through simulation) programme on behalf of HESL (Health Education South London) for South London Trusts in February 2015.

3.2.3 A new training programme is being introduced. This 'Bronze/Silver/Gold system' has different levels of training depending on need of the staff member. This is working in other Trusts across London and covers all staff groups working in the Trust. It is expected to commence in November with ten staff to become trainers and a monthly programme held from January 2016 for trust wide training.

#### **3.3 Environment of Care**

3.3.1 The Trust participated in a trial to assess the effectiveness of two blue crockery products (plates and bowls) in July/August 2015. The trial was also carried out by Furness General Hospital using a yellow crockery product. The same methodology was used for both sites. The results proved to be disappointing for both sites. Whilst the perception of the plates by patients, relatives and staff was that they looked more appealing than the standard white plates, the impact they had on increasing patient food consumption was either in the most part negative or negligible. As a result the Trust has not chosen to implement the use of coloured crockery.

3.3.2 The Trust Annual PLACE Assessment (Patient Led Assessment of the Care Environment) was conducted on 11<sup>th</sup> May 2015 and involved local people including Kingston Learning Disability Parliament health group, Healthwatch, volunteers and governors. New in 2015 was the addition of an assessment of dementia friendly environments.

3.3.3 National results were published on 11<sup>th</sup> August 2015, which also provided the national averages as well as the local results. The dementia friendly scores were evaluated as 48%, and this result put the Trust in the lowest scoring Trust's regionally and

nationally. This also resulted in adverse media attention. Examples of the impact of some of the criteria are shown below:

- Ward areas having easily visible large faced clocks
- Day and date displayed and clearly visible with ward
- Improvement to toilet signage and colour scheme
- General signage (internally, height and text and coloured)
- Doors – disguising staff only areas
- Replacement of electronic taps

3.3.4 Easily visible clocks with day and date displayed have been put in place across all bays and siderooms in Esher wing since the PLACE assessment, and an additional order for the inpatient areas of the surgical centre and for the A&E cubicles is being made.

3.3.5 The environment of care group and Dementia Strategy Group is reviewing and prioritising the areas for action from the PLACE dementia criteria, taking into consideration level of impact, funding availability, and in consideration of future ward redevelopment work in line with the Trusts fundraising activities.

3.3.6 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. The Lord Mayor of Kingston has made the Dementia Appeal the recipient of this year's Mayoral Charitable Funds Appeal. The Trust fundraising programme has raised £75,000 so far toward the target and a number of events are planned in the coming months including the Garmin Kingston Run.

3.3.7 The Environment of Care Group has developed a draft operational proposal to inform the clinical environmental changes proposed for Derwent ward which has been identified as the first ward for redevelopment. They have actively researched and visited other Trusts to inform this. The Charitable Trustees Committee will be reviewing progress with the fundraising programme. At their meeting in October 2015 potential timescales to begin some of the ward redevelopment programme will be reviewed.

#### 3.4 Active Days & Calm Nights

3.4.1 The Therapeutic activities programme has continued supported by a funding grant from the Kingston Hospital Charity for 2015/16. This has enabled group and one to one activities. A weekly timetable of therapeutic activities is in place and a leaflet for patients and carers is being produced to make these more visible. The dedicated therapeutic activities space has also been redecorated in advance of a bigger programme of ward redevelopment .

3.4.2 In August 2015 the Trust submitted a bid for £400,000 to the Alzheimer's Society as part of a new grant scheme to enable the scale-up of evidence based interventions that have been shown to improve care and that are ready to be implemented at a larger scale. The bid that has been submitted is to build on and extend the Trusts Therapeutic activities programme.

3.4.3 The Trusts practice guidance for nights is currently being reviewed and will be approved and launched in November 2015. The annual inpatient experience action plan, which was reviewed at the Patient Experience Committee in October 2015 and will return in November 2015 for final approval will include further actions to address feedback from sources such as the annual inpatient survey regarding noise at night.

### 3.5 Involving Carers

3.5.1 The Trust has signed up to 'John's Campaign', which is a campaign for the right of people with dementia to be supported by their carers in hospital. The Trust is shown on the campaign website as one of the hospitals in support. The NHS England Chief Nursing Officer has written to all Trusts to support this campaign and commends hospitals where carers of people with dementia are welcome to continue supporting the person they care for outside regular visiting hours and, in some instances, 24 hours a day if they wish to do so. The Trust has already taken this very simple but significant step to improve provision for some of our most vulnerable patients and their families with our open visiting arrangements. All wards now have fold up beds available for carers to remain with their loved ones overnight if they choose to. Over the coming month's further efforts to publicise what is available to carers will be made.

3.5.2 The Trust's operating theatres are enabling patients with dementia to have their carer stay with them as much as possible, as is routine for parents of children undergoing surgery. An information leaflet for patients and carers on what to expect in theatres and the fact they are welcome to accompany patients to theatres is under production.

3.5.3 The Trust continues to host a memory café every fortnight which run in association with Home Instead. This provides support to patients, carers and staff, and is open to the local community to attend. The Trust has been donated a piano to support activities at the Memory Café which will arrive in October 2015.

3.5.4 The Trusts relationship with the Kingston Carers Network continues and further discussion is taking place to extend their work within the Trust to support carers. This is detailed in the Volunteering Strategy progress report.

3.5.5 The Trust continues to put in place the carers Friends and Family Test. The results of the first quarter of 2014/15 are shown below (total respondents 30). The Kingston Carers Network is working with the Trust to explore ways of supporting an increase in feedback.

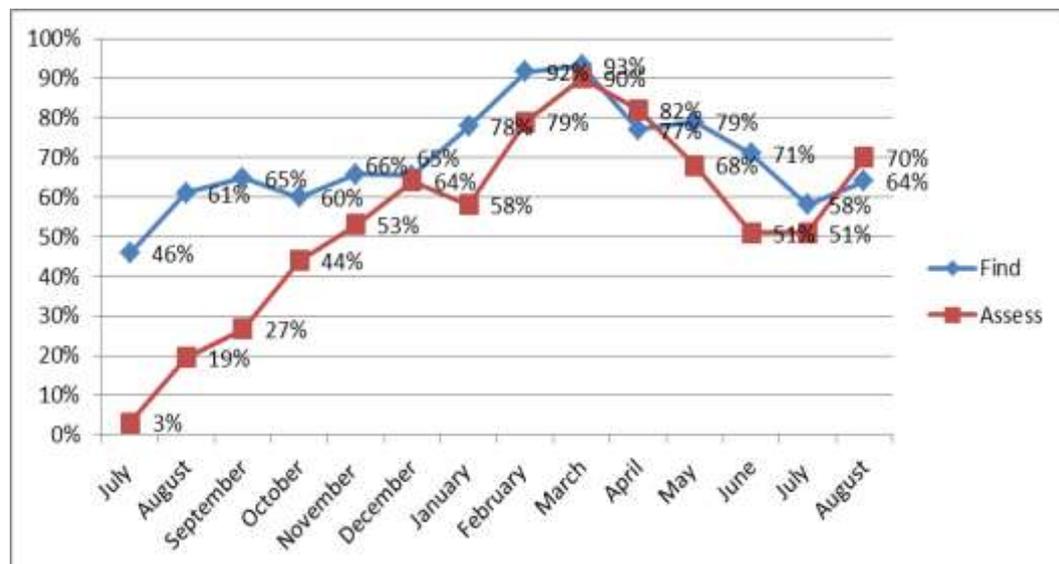
Positive Response % - Carers of Patients with Dementia vs Overall Inpatient Score	
	Positive Response %
	2015-16 Q1
Inpatient	91.78%
Carers	96.67%

### 3.6 Diagnosis and Clinical Care & Treatment

3.6.1 The Trust CQUIN (Commissioning for Quality and Innovation) for Dementia 2015/16 requires 90% compliance with indicators of patient care regarding dementia assessment to obtain the agreed income. There are two parts to the patient care aspect of the CQUIN:

- *Find*: Ask the Dementia Screening Question – ‘Have you become more forgetful during the past 12 months to the point where it has affected your daily life?’
- *Assess*: Carry out a Dementia & Delirium Screen if the patient answers ‘Yes’ to the Dementia Screening Question and/or the patients AMTS $\leq$ 8.

3.6.2 The sample is all the inpatients aged 75 and over who have been admitted for 72 hours or more. The overall results from July 2014-August 2015 are displayed in the graph.



3.6.3 From May to July it is clear that performance deteriorated and this was attributed to a gap in the provision of a clinical audit assistant to support medical staff. In August, when new junior doctors commenced, daily support was recommenced and the ‘Find’ results improved from 58% to 64% (6% increase) and the ‘Assess’ results improved from 51% to 70% (19% increase) from July to August.

3.6.4 Other actions to improve performance include:

- Amending discharge summary on the patient’s records.
- Contacting consultants regarding specific junior medical staff who have been identified as not completing dementia assessments.

3.6.5 Since the Hospital 2 Home (H2H) Service launched in February 2015, it has demonstrated the impact of volunteer-led support on patient experience of

discharge to their own homes. Vulnerable elderly and patients with dementia, and their carers who have significant anxiety and/or complex needs at discharge receive support from the programme. Progress is reported in the Volunteering Strategy Progress report to the Board.

- 3.6.6 In line with the Trusts Dementia Strategy and Quality Goals 15/16 the Trust is establishing systems to be able to specifically identify and quantify patient safety incidents occurring to patients with dementia during their stay in hospital. This is in order to better understand if interventions we are making to improve care of patients with dementia are delivering improved outcomes, and what areas of specific focus are required.
- 3.6.7 Since the beginning of August a field has been added to the incident reporting system to identify incidents involving patients with dementia. The first set of data has been collected and is in the process of being analysed to enable meaningful interpretation and use. A further update to the Board on this will be provided in the November 2015 Trust Board report on the Quality Goals 2015/16.
- 3.6.8 The CHKS Dementia Assurance Standards for acute care assessment originally planned to be undertaken earlier in the year was postponed until the new dementia practitioner commenced in post. This was to ensure sufficient capacity to maximise its value. A timeline to complete this will be formulated by end of November 2015. A further benchmarking report on key performance indicators from CHKS is expected shortly and will be reviewed at the Dementia Strategy Group.

#### **4. Recommendations & Actions Required by the Board**

- 4.1 Overall good progress has been made during the second year of implementing the Trusts Dementia Strategy, with the key areas of further focus on meeting the CQUIN requirements; progressing the environmental improvements and plans for commencing ward refurbishment; refining systems to know how we are doing; and introducing a new suite of training.
- 4.2 The Trust Board is asked to:
- Note the progress being made with the Dementia Strategy 2014-17 and discuss areas for further focus.