Dementia Strategy Progress report

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<th>Trust Board - Part 1</th>
<th>Item: 14</th>
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<td>Date: 25th January 2017</td>
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**Purpose of the Report:**

In January 2014 the Trust Board approved the Dementia Strategy 2014-2017. The Trust Board received an update in May 2015 and the attached paper provides a further report on progress.

The report demonstrates that overall good progress is being made against the ambitions of the Dementia Strategy 2014-2017. The opening of Derwent Ward in November 2016 being a particular highlight of this progress. Key areas of further focus are on developing the dementia performance report in order assess need to and actions to reduce harms in patients with dementia; improving the dementia screening results; commencement of design planning for a second ward refurbishment; and developing the Trusts next 3 year dementia strategy 2017-2020.

**For:** Information ☑ Assurance ☑ Discussion and input ☑ Decision/approval ☑

**Sponsor (Executive Lead):** Duncan Burton, Director of Nursing & Patient Experience

**Author:** Olivia Frimpong, Dementia service improvement lead

**Author Contact Details:** Ext 2478

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

| EST_SEC006 22 Loss of high risk missing patients from both ED and within the ward areas. |
| G006 "Risk of falls resulting in harm for highly vulnerable patients |

**Legal / Regulatory / Reputation Implications:**

| CQC compliance |

**Link to Relevant CQC Domain:**

| Safe ☑ Effective ☑ Caring ☑ Responsive ☑ Well Led ☑ |

**Link to Relevant Corporate Objective:**

| • Implement Year 3 of the Dementia Strategy |

**Document Previously Considered By:**

| N/A |

**Recommendations:**

The Trust Board is asked to note the progress being made with 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 is therefore currently in Year Three of the strategy (April 2016–March 2017).

1.2. The Dementia Strategy Delivery Group and Environments of Care sub-group continue to oversee improvements, take place bi-monthly and monthly, reporting 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. Overall progress with the strategy is good in the majority of areas. Focus in the last six months has centred on the refurbishing Derwent ward and opening it as the Trust's first dementia friendly ward in November 2016.

1.5. Key areas of further focus are on developing the dementia performance report in order assess need to and actions to reduce harms in patients with dementia; improving the dementia screening results; commencement of design planning for a second ward refurbishment; and developing the Trusts next 3 year dementia strategy 2017-2020.

2. External Working

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.

2.2 The dementia Service Improvement Lead attended the Richmond Dementia Action Alliance quarterly meeting and learnt about dementia friendly projects in the Richmond borough, and has been asked to speak at next meeting.

2.3 Kingston Dementia Action Alliance have now started a steering group and at the first meeting the plans for Derwent ward were presented alongside other work in the hospital to make it more dementia friendly. The refurbishment plans for Derwent were also presented at the Kingston Pensioners forum in July.

2.4 In August, the charity team and dementia service improvement lead had a stand a ‘Demfest’- a festival about dementia held at Strawberry Hill house. The plans to transform Derwent ward were presented as well as the key themes of the strategy.

2.5 Several members of staff attended the Alzheimer’s Show at Olympia to review the latest advances in technology and equipment.

2.6 During dementia awareness week in May, the trust held several events including a cake sale for the dementia appeal, a stand at the main entrance and lunch club outside in the garden with finger food boxes.
2.7 The trust was represented at the first John’s campaign conference which showed some the work the campaign has achieved to improve access for carers onto wards across the country.

2.8 In August 2017, the trust welcomed the Health Innovation Network (HIN) to trial their new tool, Dementia I-statements on the elderly care wards. This tool enables patients with dementia to give feedback on their care, rather than relying on carers for feedback. This trial was undertaken with 7 patients on the wards and formed part of a larger project which the HIN feedback the results at the strategy meeting and have recently published a report.

2.9 The joint dementia research network held a roadshow at the main entrance and entrance to outpatients in September, encouraging people living with dementia to sign up to a register to take part in research.

2.10 On the 18th January 2017, Kingston Neighbourhood watch hosted a dementia evening in Surbiton and the Trust gave a talk and promoting the dementia appeal.

2.11 Prior to Derwent ward opening to patients, the trust held a preview evening for the major donors which was well attended by local MPs and the mayor.

2.12 The Director of Nursing & Patient Experience attended a Alzheimer’s Society Parliamentary Reception, at the Houses of Parliament in October 2016. This was hosted by the Speaker of the House, and Alzheimer’s Society and brought together organisations who are contributing to building a dementia friendly UK.

2.13 Roy Arora (then Mayor of Kingston) held a charity ball in the summer of 2016 in aid of the hospitals dementia appeal. Dr Hough, Clinical Lead for dementia gave a speech detailing the benefits of improving the ward environments for patients with dementia.

2.14 Olivia Frimpong Dementia Service Improvement Lead, attended a round table event in January 2017 at London City Hall hosted by the Alzheimer’s Society, looking at ‘tackling dementia health inequalities in London’ as part of the work to make London dementia friendly. When talking about hospitals Kingston Hospital and Derwent ward was cited as an example of good practice, by the Alzheimer’s Society.

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 Induction for all band 5 nurses continues to include a full day on dementia awareness and management. All New band 2 nursing assistants have training on dementia as part of their care certificate. This training day has also been opened up to other members of staff wishing to learn more about dementia management.

3.2.2 Dementia champion training continues to run for staff wishing to become champions in their area.

3.2.3 Teaching on day two of corporate induction for other clinical staff has been extended to 45 minutes and is now dementia friends accredited so all new staff can become dementia friends.
3.2.4 Bespoke training sessions to individual departments including Royal Eye Unit, Audiology, ISS security and pharmacy have taken place.

3.3 Environments of care

3.3.1 **Yellow toilet doors with new signage**- the emergency department and outpatients have now had their toilet doors painted yellow in line with the rest of the trust and clear blue pictorial signage.

3.3.2 **Derwent ward**- The newly refurbished, dementia friendly ward opened to patients on 22nd November 2016. Contractors worked through the summer to deliver the project with very little delay, and have continued to work with the trust after the ward opened on small snagging items. The ward now has new flooring, lighting and decor throughout. A photo competition run in the trust gathered many beautiful images of the local area, bringing nature on to the ward and iconic local images such as Kingston Bridge and the market square. New furniture throughout has created a homely feel with sofas and comfortable armchairs. Staff have remarked on how much wider the corridor appears, how much brighter the ward and what a calm atmosphere it is. The Derwent team have been settling in to a new way of working and feeding back what aspects of the ward work well and what could be improved on, in order to learn for future projects. An official opening of the Unit will take place in 2017.

3.3.3 **Derwent ward staff training**- A workshop was held in October, prior to moving back to the ward for all ward staff, ISS colleagues, consultants and AHPs for staff to learn about the impact of the changes to the environment. This was led by Hedley Finn MBE and was a very successful and motivational team building day.

3.3.4 **Blyth ward** - The Environment team will now commence work on designing the refurbishment of Blyth ward, including the corridor area around the lifts on Level 5. This is in order that should funding be identified to undertake the project in 2017, the designs will be ready and able to progress in a timely manner during the summer.

3.3.5 **Emergency Department review**- The dementia Service improvement lead is working with the matron to make majors more dementia friendly by adding transfer pictures to the cubicles and improving way-finding to the bathroom.

3.3.6 **PLACE results** - The trust annual PLACE assessment (Patient Led Assessment of the Care Environment) was conducted on the 8th April 2016. The team was led by the dementia strategy group carer representatives. The results showed an increase in our score to 57%, an improvement on previous years, however it remains lower than many London trusts. Improvement works completed in the last 6 months will increase the score further for this year's assessment. As part of the plan to improve results, the dementia environment of care advisory group visited Chelsea and Westminster to view their dementia friendly environments.

3.4 Active days and calm nights

3.4.1 **Therapeutic activity role**- A new therapeutic activity coordinator has been recruited and will start in a full time permanent post by the end of January 2017. Their role will be to lead the activity programme but also to support the dementia service improvement lead.

3.4.2 **Memory café**- Memory café was put on hold whilst a new activity coordinator was recruited and a more suitable location can be found that suits both patients and people living with dementia in the community.
3.4.3 **Activity boxes** - These have been updated with new dementia friendly jigsaw puzzles and reminiscence books.

3.4.4 **Activity programme** – The activity programme has focused around volunteer led bedside reminiscence sessions whilst the activity room has been shut for refurbishment and the activity coordinator post has been vacant. Over 20 new dementia volunteers have been inducted over the summer and autumn of 2016.

3.4.5 **Activity based software** - The IT department are assisting in unlocking the ward based Ipads to use a digital application that allow patients to access an online profile. The profile contains pictures and memories from their past that patients can look at with staff as a more individualised form of reminiscence therapy. This will also create profiles that will replace the ‘important things about me’ paper card and can be uploaded onto CRS so that personal preferences can be kept in the electronic notes.

3.5 **Involving carers**

3.5.1 **Dementia Hub** - Working with the trust’s bid writer, the dementia service improvement lead reviewed how a dementia carer’s hub would work. This involved visiting the dementia hub in Merton, a community hub run by the Alzheimer’s Society and learning about the courses they run for carers and those living with dementia. It also involved meeting with Kingston Carers Network (KCN) who already run a carer’s service within the hospital delivering a support to carers across the elderly care wards one morning and one afternoon a week. During these discussions it was revealed that the trust was planning to place a bid for funding the centre to the same charity that KCN had received funding from. KCN explained that it was unlikely that the charity would fund further support in the hospital as they wanted to support development of services in the community. As such, bids for a carers hub have been put on hold.

3.5.2 **Carer’s Lounge** - Instead, as part of the next phase of refurbishing the elderly care wards, a carers’ lounge will be included in the design. The aim is that the carers lounge will be staffed by a different specialist support worker each day for example the Stroke Association one day, KCN, and the Alzheimer’s Society another with support from volunteers. There will be information available to support all carers.

3.5.2 **John’s Campaign** We remain signed up to John’s campaign and use this philosophy in welcoming carers to the hospital as experts in how to look after their loved ones with dementia. This has now been included in the updated carers policy and Nicci Gerrard one of the founders will be speaking at the Trust’s dementia conference in April 2017.

3.5.3 **The Trusts Carers Policy** has been updated, reflecting all the principles of John’s Campaign, and this was approved at the Patient Experience Committee in January 2017. The revised version will be published on the Trust’s website.

3.5.4 The Alzheimer’s Society now has a support worker in the Trust half a day a week, increasing to a day a week from February 2017. The role is primarily focused on facilitating support to carers and referrals into ongoing community support.

3.5.5 The dementia information leaflets for carers and patients are being reviewed over the next quarter.
3.6 Diagnosis and clinical care and treatment

3.6.1 Whilst no longer a CQUIN the trust continues to report the dementia screening results to UNIFY. The following areas are recorded and measured

- **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≤8.
- **Refer**: Refer on to GP for referral to Memory clinic in community

3.6.2 The data is collected on all inpatients aged 75 and over who have been admitted for 72 hours or more. The overall results from October 2015-November 2016 are displayed in the table below.

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<th></th>
<th>Oct 15</th>
<th>Nov 15</th>
<th>Dec 15</th>
<th>Jan 16</th>
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<tbody>
<tr>
<td><strong>Find</strong></td>
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<tr>
<td>% of patients aged 75 years and over to whom case finding is applied or who has a previous diagnosis of dementia, following an episode of emergency, unplanned care to either hospital or community services</td>
<td>75%</td>
<td>78%</td>
<td>82%</td>
<td>86%</td>
<td>80%</td>
<td>80%</td>
<td>49%</td>
<td>40%</td>
<td>45%</td>
<td>57%</td>
<td>58%</td>
<td>67%</td>
<td>73%</td>
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<td><strong>Assess</strong></td>
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<td>% of patients identified as potentially having dementia or delirium who are appropriately assessed.</td>
<td>86%</td>
<td>79%</td>
<td>76%</td>
<td>84%</td>
<td>75%</td>
<td>87%</td>
<td>61%</td>
<td>61%</td>
<td>60%</td>
<td>59%</td>
<td>72%</td>
<td>80%</td>
<td>74%</td>
<td>91.5%</td>
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<td><strong>Refer</strong></td>
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<tr>
<td>% of patients with suspected or diagnosis of dementia who are appropriately referred.</td>
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3.6.3 There was a fall in the results when the audit lead left in April and a new audit lead started in July 2016. Work to improve the results has included teaching on Junior Doctor induction, junior doctor champions, improving the data collection parameters and placing a column on each RAG board to highlight to the doctors. Our most recent results show that the large majority of patients who are screened positively on initial assessment, then receive a further assessment (91%) and are referred on for consideration of a specialist opinion by their GP (94%). Further advice from other Trusts is currently being reviewed by the Dementia Service Improvement Lead, Clinical Audit and the Clinical Lead for Dementia.

3.6.4 Dementia score card - A dementia score card/performance report has been developed in conjunction with business intelligence. This is in line with the strategy aims to monitor the scale of harms for patients with dementia and as such the score card looks at the following measures:
• Falls rates including falls with moderate or severe harm
• Incidents of violence and aggressive behaviour
• Serious incidents involving patients with dementia
• Number of patients admitted with dementia
• Average length of stay for patients with dementia
• Number of patients screened and assessed for dementia

Work to progress the scorecards development into a meaningful tool, which supports identification of harm and targeted actions, has not been at the pace desired due to competing demands. The Dementia Strategy Delivery Group will undertake renewed focus on this in early 2017.

3.3.5 National Audit for Dementia - The trust took part in the national audit for dementia over the summer of 2016. This was made up of 4 parts:

• An organisational audit
• A case note audit of over 50 notes
• Staff paper questionnaire
• Staff online questionnaire
• Carers Survey

The full results have not yet been published, but the qualitative data from the carers survey has been received and will be feedback at the next dementia strategy meeting.

3.6 Future Dementia strategy plans

3.6.1 Plans to hold a dementia conference in the autumn of 2016 were put on hold in order to focus on Derwent ward. The date for the Trusts Dementia Conference will now be the 21st April 2017. This will celebrate the progress made to date; areas for further focus; bring in fresh ideas and latest research in order to create the next 3 year strategy 2017-2020.

4 Recommendations & Actions Required by the Board

4.1 The report demonstrates that overall good progress is being made against the ambitions of the Dementia Strategy 2014-2017. Key areas of further focus are on developing the dementia performance report in order assess need to and actions to reduce harms in patients with dementia; improving the dementia screening results; commencement of design planning for a second ward refurbishment; and developing the Trusts next 3 year dementia strategy 2017-2020.

4.2 The Trust Board is asked to note the progress being made with the Dementia Strategy 2014-17 and areas for further focus