

## Dementia and Delirium Strategy

<b>Trust Board</b>	<b>Item: 13</b>
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<b>Sponsor (Executive Lead):</b>	Nichola Kane, Deputy Director of Nursing
<b>Author:</b>	Olivia Frimpong, Dementia and Delirium Service Improvement Lead
<b>Author Contact Details:</b>	oliviafrimpong@nhs.net
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<b>Recommendations:</b>  The Trust Board is asked to approve the strategy.	

# Dementia and Delirium Strategy 2020-2023

Diagnosing well, Living well, supporting well  
and dying well with dementia in our hospital

Living our values *every day*



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## **When I Wander**

Author unknown

When I wander, don't tell me to come and sit down. Wander with me. It may be because I'm hungry, thirsty, need the toilet. Or maybe I just need to stretch my legs.

When I call for my mother (even though I'm ninety!) don't tell me she has died. Reassure me, cuddle me, ask me about her. It may be that I am looking for security that my mother once gave me.

When I shout out please don't ask me to be quiet.... Or walk by. I am trying to tell you something, but having difficulty in telling you what. Be patient. Try to find out. I may be in pain.

When I become agitated or appear angry, please don't reach for the drugs first. I am trying to tell you something. It may be too hot, too bright, too noisy. Or maybe it's because I miss my loved ones. Try to find out first.

When I don't eat my dinner or drink my tea, it may be because I've forgotten how to. Show me what to do, remind me. It may be that I just need to hold my knife and fork, I may know what to do then.

When I push you away while you're trying to help me wash or get dressed, maybe it's because I have forgotten what you have said. Keep telling me what you are doing over and over and over. Maybe others will think you're the one that needs the help!

With all my thoughts and maybes, perhaps it will be you who reaches my thoughts, understand my fears, and will make me feel safe. Maybe it will be you who I need to thank.

If only I knew how.

## 1. INTRODUCTION

Over the past three years, Kingston hospital has built on the success of its first award winning dementia strategy and continued to improve care for patients with dementia and their carers. Successes have been made in transforming the environments of care, most notably the three elderly care wards have been completely refurbished. The hospital charity was instrumental in making this possible by raising over £650,000 to support the project. Dementia friendly design principles have now been implemented throughout the trust, making it an exemplar for dementia friendly environments. As well as being shortlisted for various awards, we have received many visits from other trust and healthcare facilities around the country. The CQC commented on this in their summary report when they gave the trust an 'outstanding' rating in August 2018.

*'I was particularly impressed with the way the trust is caring for patients with dementia. The design innovation of providing new purpose-built dementia friendly cubicles was particularly good.'*

### **Professor Ted Baker, England's Chief Inspector of Hospitals**

Funding has also been secured to expand the team to deliver specialised dementia care and deliver therapeutic activities to a wider range of patients across the hospital. A dementia and delirium nurse and a therapeutic activities assistant will greatly enhance the dementia team and enable it to deliver excellent care to patients with dementia and their carers. The dementia and delirium team will strive to inspire all staff to deliver outstanding care by giving specialist support, treatment advice and education throughout the hospital.

Having focused on the environments of care and dementia in recent years, looking forward, the trust has agreed a quality priority for 2020 of improving screening, treatment and prevention of delirium. Patients are at risk of this acute medical condition throughout the inpatient wards, and you are particularly at risk if you are older, have pre-existing memory problems, a severe illness or a hip fracture. Approximately 1 in 3 cases of delirium can be prevented and if it does occur, the earlier it is detected, the better the outcome.

A dementia strategy planning event was held in November 2019 to discuss the priorities for the next dementia and delirium strategy. This was attended by key stakeholders from the trust, community and dementia service users. The group felt strongly that a sixth strategic priority focusing on improving links with community partners should be added to the new strategy for 2020. Since the Covid-19 pandemic, the strategy has been adapted to adjust to the new ways of working.

## 2. NATIONAL CONTEXT



The dementia diagnosis rate has improved, enabling earlier care and support. Kingston hospital has worked with local CCGs to assist in achieving their diagnosis targets in the past year.

Creating dementia friendly hospitals - the Dementia Action Alliance (DAA) charter sets out guidelines below  
Training - the challenge is for all NHS staff to receive training relevant to their role. The HEE dementia core skills framework for dementia provides a detailed outline of tier 1, 2 and 3 training.

**What to expect from us during a stay in hospital**

We're signed up to the  
**DEMANTIA-FRIENDLY HOSPITAL CHARTER**

As a signatory of the National Dementia Action Alliance's "Dementia-Friendly Hospital Charter" this hospital has made a commitment to people with dementia, their families and friends, in respect of what to expect during a stay in hospital. For people with dementia, their families and friends this hospital will:

- Ensure our staff and volunteers understand and are skilled in dementia care
- Actively involve patients, families and friends as essential partners in providing care and planning discharge from hospital
- Provide families and friends with flexible visiting times, including overnight stays where possible
- Respect patients' rights to make decisions themselves or decisions made on their behalf by families and friends (where patients lack "capacity" to do so)
- Provide assistance to patients with eating and drinking
- Use information that patients, families and friends have provided to us – making it visible and available to our staff – to help us know what is important for our patients' care
- Understand patients may have difficulty in expressing their needs, and assess and investigate any evidence of distress
- Provide access to dementia specialists to whom patients, families and friends can talk and provide feedback
- Minimise the number of times patients are moved during their stay in hospital
- Seek to ensure that the surroundings of where patients stay are as friendly, comforting and accessible as possible
- Support discussions about patients' personal preferences on future care, resuscitation needs and end-of-life care, where appropriate

If you require further clarification on any of these statements please see one of our members of staff. Download the Dementia Friendly Hospital Charter at:  
[www.nationaldementiaaction.org.uk/campaigns/dementia-friendly-hospital-charter/](http://www.nationaldementiaaction.org.uk/campaigns/dementia-friendly-hospital-charter/)

Supported by:

The National Dementia Action Alliance released an updated version of the dementia friendly hospital charter in 2018. This incorporated a section on the importance of volunteers in acute hospitals, following discussions that established that Kingston Hospital NHS Foundation Trust already has dedicated dementia volunteers. The charter acts as a guide to deliver excellent dementia care for patients and their carers throughout the hospital and it encompasses the five key strategic priorities of the hospital's dementia strategy.

The cost of dementia across the UK is an estimated £26.3 billion each year (equivalent to £32,250 per person annually). Of this, £11.6 billion is from unpaid care, usually spent by people living with dementia and their carers. £10.3 billion is spent by social care and £4.3 billion by the NHS.

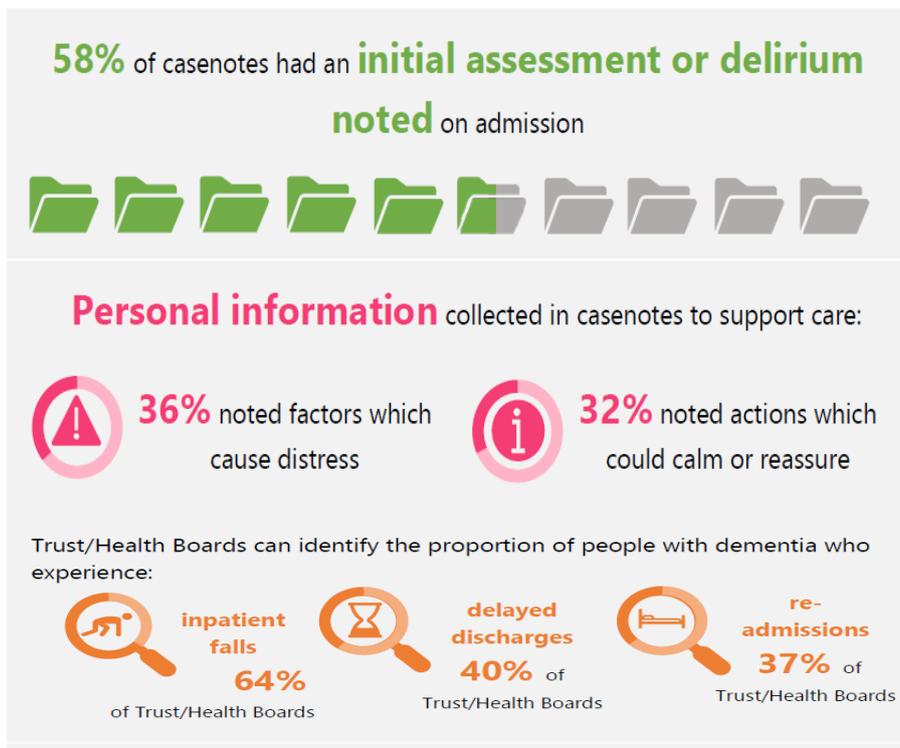
One of the 10 priorities identified by NHS England as part of the [Five Year Forward View](#) is to upgrade the quality of care and access to mental health and dementia services.

Hospital admissions (especially when extended) can exacerbate the symptoms of dementia, permanently reduce independence, and increase the likelihood of discharge to residential care and readmission to hospital.

It is estimated that people with dementia occupy 25% of hospital beds, often when the medical need is not acute, and their hospital stays tend to be on average one week longer than others. This results in poorer outcomes and notable costs.

## National Audit for Dementia 2018

The trust took part in the national audit for dementia in 2018, the key findings that are most relevant to Kingston are detailed below:-



### 3. LOCAL CONTEXT: CURRENT POSITION

In the past three years, the trust has achieved the following improvements in the care of patients living with dementia and their carers:-

<p><b>Environments of care</b></p> <ul style="list-style-type: none"> <li>• Outcomes from first ward refurbishment show a decrease in length of stay, pressure damage and falls with harm</li> <li>• Further two wards refurbished</li> <li>• Two carers rooms opened</li> <li>• OPD dementia friendly improvements</li> <li>• Trust signage improved and dementia friendly with colour coded zones</li> <li>• PLACE score increase from 48% to 85%</li> </ul>	<p><b>Diagnosis clinical care and treatment</b></p> <ul style="list-style-type: none"> <li>• Introduced new assessment tool - 4AT</li> <li>• Red bags initiative</li> <li>• Successfully applied to expand dementia and delirium team to recruit a new dementia and delirium specialist nurse</li> <li>• Abbey pain scale embedded</li> <li>• Improved dementia screening results</li> </ul>
<p><b>Care relationships and staff skills</b></p> <ul style="list-style-type: none"> <li>• Tier one training delivered to all clinical staff on corporate induction</li> <li>• Bespoke Elderly care study days</li> <li>• Study days for HCAs delivering 1:1 care dementia friends training</li> <li>• Tier two training morning delivered monthly</li> </ul>	<p><b>Partnership with carers</b></p> <ul style="list-style-type: none"> <li>• Expansion of Alzheimer's support worker role to two days a week</li> <li>• Recruited new team of dementia service users</li> <li>• Delirium information leaflet for carers produced</li> <li>• Support John's Campaign</li> </ul>
<p><b>Active days and calm nights</b></p> <ul style="list-style-type: none"> <li>• Successfully applied for expansion to activities team, to recruit a new full time activities assistant</li> <li>• Busy activities room with patients frequently accessing activities</li> <li>• Expanded activities to Blyth Ward</li> <li>• Trialled digital reminiscence software</li> <li>• Growing bank of dementia volunteers</li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Shortlisted for three national awards with Alzheimer's society, HSJ and dementia care awards</li> <li>• Multiple visits from other trusts to view ward refurbishments and seek advice</li> <li>• Involved in national discussions regarding dementia volunteers and subsequent revised hospital charter</li> </ul>

#### **4. VISION FOR 2023**

Creating consistently outstanding dementia and delirium care, using innovation and latest research and evidence to provide care that enables patients to maintain their independence whilst in hospital and return to their previous level of functioning and residence as quickly as possible, whilst minimising the impact of a hospital admittance and change of environment.

##### **Diagnosis, Clinical Care and Treatment**

All patients over the age of 65, who are admitted will be screened for cognitive impairment on admission and regularly throughout their stay to ensure that delirium is treated promptly and any unresolved cognitive impairment is further investigated by community partners. This will be clearly communicated on the discharge summary to GPs for further investigation if required.

##### **Care Relationships and Staff Skills**

Staff will have the training to provide them with skills to deliver consistently excellent care to patients with dementia, specifically in supporting patients who are very distressed and displaying behaviours that challenge staff. Staff will also be trained in recognising the signs and symptoms of delirium and be able to act quickly in implementing treatment strategies to prevent further complications.

##### **Partnerships with Carers**

Ensure carers of patients with dementia have excellent communication with multi-disciplinary teams and are involved in and have a clear understanding of discharge plans. Carers and patients should feel supported at all times, be able to seek advice and work with the multi-disciplinary team on the wards to deliver person centred care that is focused on the individual living with dementia. Information for carers will be available in different formats, detailing how to support a loved one with dementia and delirium during their stay in hospital.

##### **Active Days and Calm Nights**

Patients with dementia or delirium will be offered the chance to take part in meaningful activities, appropriate to their cognitive ability and medical plan. This will range from cognitive stimulation and reminiscence therapy that helps maintain independence and cognitive function, to relaxing sensory based therapy that helps calm agitation and provide comfort to patients nearing the end of their life. All activities will encompass memories through the senses, including music, aromatherapy, familiar sights and faces, hand massage, and encouraging eating and drinking.

##### **Environments of Care**

The hospital will continue to build on the success of the elderly care ward transformations and as the site is developed, dementia friendly principles will be incorporated into to all capital projects. In addition, an 'all weather' outside space will be re-designed to encourage socially distanced visiting.

## 5. DIAGNOSIS, CLINICAL CARE AND TREATMENT

We have improved our dementia screening scores and almost met the national screening target of 90%. In order to consistently achieve the target we have secured funding to recruit a dementia and delirium nurse to provide advice and support to patients, carers and staff across all the inpatient wards. The screening process has been improved and the screening tool updated to the 4AT, a simple tool that screens for cognitive impairment, therefore addressing both dementia and delirium which all staff can use. We have embedded the Abbey pain scale into nursing practice so that patients with dementia are able to receive appropriate pain relief. The red bags initiative has been rolled out across the local boroughs, improving communication between the hospital and local care homes.

### Objectives for 2020-2023

- Improve screening, prevention and management of delirium to align with NICE guidelines. This is a quality priority for the trust in 2020, and is a focal quality improvement project.
- A new delirium care bundle will be developed and uploaded to CRS for staff to use across all inpatient wards.
- Achieve 90% screening target for dementia diagnosis screening. This will be achieved by changes to the screening process, with support from the new dementia & delirium specialist nurse.
- Improve care of patients with dementia and delirium through the specialist nurse having an oversight on all complex cases and giving guidance and advice to patients, carers and staff.
- Develop a dementia and delirium dashboard that reviews incident reports relating to falls and challenging behaviour and support managers to focus on the root cause of the incident.
- Work with CRS team to ensure carers of patients with dementia can be informed of appointments to reduce DNAs.
- The forget me not team will work collaboratively with the palliative care team to support patients at the end of life.
- Patients with learning disabilities, especially Downs syndrome are more at risk of dementia. The forget me not team will ensure these patients get appropriate support and care.

### Where we want to be

By 2023, there will be an effective delirium care plan on CRS that ensures all patients over the age of 65 are screened for cognitive impairment. An established dementia and delirium team will support staff to deliver excellent care throughout inpatient settings. There will be a significant improvement in national audit for dementia results, across all categories and patients will be able to access outpatient services with the support of their carers.

## 6. CARE RELATIONSHIPS AND STAFF SKILLS

Tier one training is delivered on corporate induction to all clinical staff starting at the trust. This session is also delivered on bespoke study days for individual departments including support staff such as ISS and volunteers. Tier two training is delivered on a monthly basis to all newly qualified nurses and team assistants and current staff are welcome to attend. In both sessions staff are offered the chance to become a dementia friend, supporting the Alzheimer's Society mission to create dementia friendly communities.

### Objectives for 2020-2023

- Recruit a dementia and delirium specialist nurse and develop a referral pathway so that all staff can refer in for expert advice and support with patients with dementia or delirium.
- Re-launch the dementia team with two new members of staff as the forget me not team, with a clear referral pathway and presence on all inpatient wards and emergency department.
- Commission a bespoke training package of train the trainer, that will enable 12 members of staff to be skilled in delivering dementia training at tier 1,2 and 3.
- Following this, develop and deliver a new dementia education programme that enables staff to access training appropriate to their role including caring for patients with learning disabilities, in particular Downs syndrome and patients at the end of their life.
- To meet social distancing guidelines, training will initially be delivered virtually in videos, online and through e-learning. 'Bitesize' videos will be created and available on the intranet.
- Face to face simulation training will be developed when social distancing guidelines allow.
- Re-new the important things about me card so that it is more visible at the bedside but also investigate how to upload the content to their notes, so that it doesn't need repeating on subsequent admissions. A version will also be available on the trust website for carers to download and complete remotely.
- By ensuring personal information is displayed at the bedside, enable staff to deliver person centred care focused on their individual needs.
- Ensure staff are skilled and confident in communicating with patients and carers to facilitate timely discharge from hospital.
- Deliver regular study days/ online virtual training for team assistants on caring for patients who are confused and lack capacity, including those who may exhibit behaviours that are challenging.
- Review the skill mix of nurses and health care assistants to ensure optimum care is delivered.

### Where we want to be

By 2023 the trust will have an established education programme in multiple formats, for dementia and delirium that meets the needs of all roles whether clinical or non-clinical and in all areas of the hospital. This will cover all aspects of care including end of life, behaviours that are challenging and how to deliver person centre care. Each patient with dementia will have a forget me not flower and personalised information above their bed.

## 7. PARTNERSHIP WITH CARERS

We have expanded support for carers with the help of two charities, the Alzheimer's Society and Kingston Carers Network. Two carers lounges have been opened, one on elderly care and one on orthopaedics. The Willow Room, (a place for relatives of palliative care patients) has been refurbished. These give carers a space to go and rest away from the bed side but also provide a quiet, private space for difficult conversations. A leaflet about delirium has been created for carers and patients. The hospital has two John's Campaign ambassadors and continues to support the campaign to welcome carers of patients with dementia at any time. The pull-out bed chairs are frequently used and carers are made to feel comfortable, accessing the social spaces on the wards.

### Objectives for 2020-2023

- Clear carer information posters that detail visiting times, carers rights and how they can support loved ones at meal times.
- Ensure all information sent out to patients and carers meets accessible information standards.
- Continue to support John's campaign, and ensure carers are made welcome across all inpatient wards. Following the pandemic, Re-instate a carers passport for relatives of patients who would benefit from a loved one at their bed side.
- Update the dementia carer leaflet and the website information available about dementia and delirium, including downloadable 'this is me' information that can be emailed back to staff.
- Ensure information about dementia and learning disabilities is available for carers and patients.
- Ensure carers that are admitted themselves receive appropriate support and help to care for their loved one living with dementia.
- Develop a dementia service user group that can be consulted on improvement projects.
- Ensure, where possible to provide facilities for carers, such as showering and washing facilities.
- Ensure carers feel confident that they know where to access support on discharge.
- With support from the dementia and delirium clinical nurse specialist, improve communication between carers and staff, specifically when they are not able to be physically present on the ward
- Ensure carers are well supported with end of life care planning.
- Train a dedicated team of dementia volunteers to provide carer support to relatives of patients with dementia. This could be delivered virtually over the phone, to meet social distancing guidelines.

### Where we want to be

By 2023 the trust will work in partnership with carers to ensure their knowledge about the person they care for is utilised to deliver personalised care. Carers should feel that they can continue to deliver the care that they do at home. There will be up to date information in different formats for carers to understand how best they can support their loved ones during their inpatient stay. They will be able to seek support and advice from staff, volunteers and community partners.

## 8. ACTIVE DAYS AND CALM NIGHTS

We have an established therapeutic activities programme in place, with activities happening on Derwent and Blyth wards. We have created a day room space on all three refurbished elderly care wards including a sensory day room on Kennet Ward. Staff are now regularly referring patients for activities and patients with dementia benefit from cognitive stimulation therapy, reminiscence therapy and lunch clubs. These activities are run with support from the dementia volunteers and are enhanced by digital reminiscence software.

### Objectives for 2020-2023

- Develop tailored interventions to the patient's ability, including sensory activities for patients with more advanced dementia, such as aromatherapy, music and sensory lights.
- Ensure patients with dementia and delirium have access to the Omi sensory table to aid cognitive stimulation.
- Introduce music-based reminiscence therapy throughout elderly care to help manage calm and reduce distress, including a sundowning evening hospital radio show that plays music from patients' younger years.
- Explore opportunities for patients with dementia to access the outdoors on a regular basis.
- Expand lunch club and breakfast club to be running across the elderly care wards.
- Expand therapeutic activities to other wards, specifically orthopaedics.
- Review referral process so that patients from across the hospital can benefit from therapeutic activities either in a group setting or on a one to one basis.
- External entertainment performers will be invited to perform once a month in the activity room, either virtually or in person when possible.
- Therapeutic activities, post pandemic, need to be adapted to be more focused onto each ward and at the bedside rather than pulling patients onto different wards
- In order to facilitate virtual volunteer visits and take more activities to the bed side the team will need more devices and screens to enable patients to connect with their family and reminiscence activities.
- Create specialising toolboxes for staff doing one to ones with activities and puzzles to help staff engage patients whose behaviour is challenging.

### Where we want to be

By 2023 patients will have access to the right therapeutic activity for them, at the right time in the right place from the therapeutic activities team of staff and volunteers. Music will form a key part of their reminiscence therapy and sensory activities will be available to help manage agitation and distress and for patients with more advanced dementia.

## 9. ENVIRONMENTS OF CARE

We have successfully fully refurbished three of the elderly care wards, using dementia friendly design principles to enhance the look and feel of the ward including changing the flooring, lighting and décor and adding social areas, storage for equipment and artwork images of local nature spots. In addition, an extension to the emergency department includes six dementia friendly cubicles and other areas of the hospital that have been redecorated to now incorporate dementia friendly design. All medical wards now have a contrasting colour strip behind each bed space and staff areas have been muted with white door frames whilst patient spaces have been highlighted with contrasting door frames. Dementia friendly artwork has been erected throughout outpatients and all toilets have been painted yellow with distinct pictorial signage. This has had a significant impact on our PLACE scores that have increased from 48% to 85% in the past four years.

### Objectives for 2020-2023

- Evaluate impact of dementia friendly ward transformations on elderly care.
- Keats Ward refurbishment to be a dementia friendly stroke unit that encourages rehabilitation.
- Create an accessible dementia friendly garden space that patients and carers can visit. As visiting to the hospital has changed during Covid, we need to make a visitors garden that facilitates socially distanced visiting areas with families and friends. This space can also be used for staff to meet and have breaks and should provide a space to meet outside year round.
- Main reception - needs more space and to be welcoming incorporating dementia friendly design.
- Where possible, create social spaces on all inpatient wards so that therapeutic activities can be run in group settings on all wards.
- Install washing/ changing facilities for carers.
- Develop a dementia friendly environments study day that other trusts can attend.
- Continue to ensure all capital projects incorporate dementia friendly design as the site develops.
- Continue to strive to improve PLACE scores by ensuring all areas of the hospital meet dementia friendly design principles.

### Where we want to be

By 2023 will be the exemplar trust for dementia friendly environments that other trusts look to for advice. The trust will have published the results of the three ward transformations and train other trusts on how to create dementia friendly spaces. All capital projects undertaken to develop the site will incorporate dementia friendly design.

## 10. LINKING WITH COMMUNITY

The Hospital has a strong working relationship with the local Alzheimer's Society, Kingston Carers Network and Kingston Borough Council, and Richmond and Kingston CCG. It is signed up to the local dementia action alliances and dementia friendly community. We also frequently liaise with local care homes to share best practices and work jointly on projects with Kingston University.

### Objectives for 2020-2023

- Links with local mental health services to share knowledge and learning and also liaise regularly regarding patients accessing both services.
- Work with trust colleagues and community services to ensure patients with dementia and delirium are discharged back to their own environment as soon as they are medically optimised.
- Reduce repetition of assessments by different services so that people living with dementia and their carers are not having to repeat themselves and feel there is a more joined up approach to care and reduce delays in accessing services.
- Use of technology for people living with dementia to hold their own online profile of the health and social needs including 'this is me' information and consent details around next of kin.
- Continue to work with community partners and ensure trust staff are kept up to date with services available.
- Develop dementia volunteer role to encompass knowledge of local services to inform carers and people living with dementia.
- Sign up to dementia friendly communities in Kingston and sit on steering groups to ensure good communication and dissemination of services in local boroughs.
- Ensure knowledge learned about the patient during admission is handed over to their place of discharge, including 'this is me' information.
- Continue to access local population of dementia service users through Alzheimer's society and local care groups.

### Where we want to be

People living with dementia will have the information collected in hospital handed over to community colleagues in a timely manner to ensure seamless transfer of care and avoid patients and families having to undergo frequent assessments that repeat the same questions. There will be improved communication between acute, community and voluntary sector organisations.

## **11. MEASURING AND CONTINUOUSLY IMPROVING OUR DEMENTIA CARE**

Through the dementia strategy delivery group we regularly receive feedback on key performance indicators including:

- Dementia report (previously dementia CQUIN). This reviews how effective the trust is at screening patients for dementia, assessing and then referring on to GPs for referral to memory clinic.
- Dementia scorecard - This reviews the number of falls, incidents and harm incidents related to patients with dementia and details as a proportion of all incidents.
- PLACE dementia assessments takes place yearly and reviews how dementia friendly the environment is both on the wards and outpatient areas. The environment of care advisory group has also adapted its own environmental assessment tool from the King's Fund and Stirling Dementia environmental Assessment tools and these have been used to measure improvements to the environment.
- Training figures - quarterly reports to HEE on Tier 1 and Tier 2 training figures.
- National Audit for Dementia.
- Complaints and friends and family test score.
- Delirium Quality improvement project will audit delirium screening scores.

## **12. ENSURING OUR STRATEGY IS DELIVERED: GOVERNANCE**

In order to make this strategy a reality, there needs to be clear mechanisms to oversee delivery. The executive lead for dementia is the Director of Nursing and Quality, the clinical lead is a consultant in elderly care and the non-executive director for dementia is the Trust Chairman.

The Dementia strategy delivery group consists of staff, carer representatives and community partners. The group is also recruiting service users to input onto the strategy delivery. The group meets bi-monthly to oversee progression of the strategy. The terms of reference and membership of this group will be reviewed to ensure the team is able to support delivery of the strategy.

The dementia strategy delivery group will be a sub-committee of the Patient Experience Committee, who will oversee the delivery of this strategy on behalf of the Executive Management Committee and Trust Board.

A separate strategy working group will meet bi-monthly to look more in depth at different strategic priorities and how to progress them.

## **13. ENSURING OUR STRATEGY IS DELIVERED: RESOURCE**

This strategy will require us to continue to build on the achievements of the last three years and the commitment and energy of staff, volunteers, partner organisations and patient and carer representatives to ensure delivery. Expanding the dementia team will raise the awareness of dementia and delirium throughout the hospital.

We have built strong links with our colleagues at Kingston Hospital Charity, the Alzheimer's society, Kingston DAA, Kingston carers' network and many other local organisations that support the goal to improve care for patients with dementia.

## **14. STRATEGY REVIEW**

This strategy is a living document. It will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives. It will also be updated with any changes in National policy or local circumstances. It will be refreshed no later than March 2023.

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<p><b>Diagnosis, clinical care and treatment</b></p>	<ul style="list-style-type: none"> <li>• Implement delirium care bundle on CRS with 4AT screening tool embedded, including delirium risk assessment for all patients over 65.</li> <li>• Create referral form for forget me not team, so staff can refer to dementia specialist nurse or therapeutic activities via CRS</li> <li>• Work with CRS team to ensure carers of patients with dementia can be informed of appointments to reduce DNAs</li> <li>• Take part in pilot of new National audit for dementia</li> <li>• Achieve 90% screening target for dementia screening</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a dementia and delirium dashboard that reviews incident reports relating to falls and challenging behaviour and support managers to focus on the root cause of the incident</li> <li>• Recruit new dementia champions on each ward to promote excellent dementia care</li> <li>• Forget me nots on wristbands</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative working with community mental health teams to ensure knowledge transfer of patients known to both services</li> </ul>

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<b>Care relationships and staff skills</b>	<ul style="list-style-type: none"> <li>• Commission train the trainer course for 12 staff to roll out new dementia education programme at tier 1,2 and 3</li> <li>• Re launch forget me not scheme on the wards with weekly audit of flagging and number of patients with personalised information displayed at bedside</li> <li>• Study days for HCA on delirium and capacity</li> <li>• Ensure all staff trained have the opportunity to become dementia friends</li> <li>• Develop a range of videos accessible virtually on different topics, including delirium, challenging behaviours, wandering, nutrition, mobility and EOL.</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver tier 3 training to trust staff</li> <li>• Deliver tier 1 training to all non-clinical staff</li> <li>• Develop specific study days on delirium</li> <li>• 30% of staff receives training on managing behaviours that challenge and showing evidence of delivering de-escalation techniques on the wards.</li> <li>• Ensure dementia volunteers have the skills and confidence to work with patients with dementia and delirium, including those who may exhibit behaviours that challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• Review the skill mix of nurses and health care assistants to ensure optimum care is delivered.</li> </ul>

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<b>Partnership with Carers</b>	<ul style="list-style-type: none"> <li>• Update carer information leaflet</li> <li>• Ensure carer information poster on display on all wards detailing john's campaign</li> <li>• Set up quarterly dementia service user group</li> <li>• Develop carer support volunteer role to provide emotional support and signposting to carers</li> </ul>	<ul style="list-style-type: none"> <li>• Update website information</li> <li>• Ensure carers feel confident that they know where to access support on discharge</li> <li>• Improve communication between carers and staff</li> <li>• Ensure carers that are admitted themselves receive appropriate support and help to care for their loved one living with dementia</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure where possible to provide facilities for carers, such a showering and washing facilities.</li> </ul>

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<p><b>Active days and Calm nights</b></p>	<ul style="list-style-type: none"> <li>• Sensory activities for patients with more advanced dementia, including aromatherapy, music and sensory lights</li> <li>• Omi sensory table use for patients throughout elderly care and the rest of the hospital</li> <li>• Increase provision of Music at the bedside</li> <li>• Dementia volunteers to be trained to use sensory equipment and confidently lead sessions at the bedside and in groups with support from forget me not team</li> </ul>	<ul style="list-style-type: none"> <li>• Life time radio project, working with Kingston hospital radio to play reminiscence tunes and develop a music portfolio for patients with dementia</li> <li>• Opportunities to work with nursery age children on a more regular basis</li> <li>• Expand activities to other wards, specifically orthopaedics and emergency department</li> <li>• Expand lunch club and breakfast club to be running on more than one ward</li> </ul>	<ul style="list-style-type: none"> <li>• Develop top tips for staying well in hospital</li> <li>• Look at opportunities for patients to access the outdoors</li> </ul>

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<b>Environments of care</b>	<ul style="list-style-type: none"> <li>• Continue to ensure all capital projects incorporate dementia friendly design</li> <li>• Improve ventilation to carers room on level 5.</li> </ul>	<ul style="list-style-type: none"> <li>• Keats ward refurbishment to be a dementia friendly stroke unit that encourages rehabilitation</li> <li>• Accessible dementia friendly garden</li> <li>• Orthopaedics, make enhancements to ensure dementia friendly including social space for activities</li> </ul>	<ul style="list-style-type: none"> <li>• Main reception - needs more space and to be welcoming incorporating dementia friendly design</li> <li>• Develop dementia friendly environments study day that other trusts can attend</li> <li>• Continue to ensure all capital projects incorporate dementia friendly design</li> </ul>

Strategic Priority	Year One 2020-2021	Year Two 2021-2022	Year Three 2022-2023
<p><b>Links with community partners</b></p>	<ul style="list-style-type: none"> <li>• Links with local mental health services to share knowledge and learning and also liaise regularly regarding patients accessing both services.</li> <li>• Continue to work with community partners and ensure trust staff are kept up to date with services available.</li> <li>• Sign up to dementia friendly communities in Kingston and sit on steering groups to ensure good communication and dissemination of services in local boroughs.</li> <li>• Continue to access local population of dementia service users through Alzheimer's society and local care groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce repetition of assessments by different services so that people living with dementia and their carers are not having to repeat themselves and feel there is a more joined up approach to care and reduce delays in accessing services.</li> <li>• Develop dementia volunteer role to encompass knowledge of local services to inform carers and people living with dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of technology for people living with dementia to hold their own online profile of the health and social needs including 'this is me' information and consent details around next of kin.</li> <li>• Ensure knowledge learned about the patient during admission is handed over to their place of discharge, including 'this is me' information.</li> </ul>