

Document Control

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Dementia Strategy

(2016 to 2019)

Executive Summary

1 Introduction

This Trust has had a dementia strategy, since 2013 and sits within framework of Northern Devon Health Care Trusts (NDHCT), vision and values. This has allowed some significant focus and improvement on the care of people living with dementia and those experiencing delirium.

This follow on three year strategy document builds on the work of previous years to further enhance the care and experiences of people living with dementia and their families who receive care and support from Northern Devon Healthcare NHS Trust.

This strategy notes the achievements and challenges to date and proposes the next steps for the strategy to be introduced in its third, fourth and fifth years 2016-2019.

NDHCT has participated in the national dementia survey, and peer review for its acute site, and is part of the community hospitals peer review network and has useful feedback to build upon from these audits and visits. The Trust continues to participate in national audit and now receives additional feedback through the Care Quality Commissions visits, where dementia is a domain, and through PLACE and other inspectorate frameworks.

In addition through commissioning for quality and innovation targets, the Trust has quality indicators in relation to improving dementia and delirium, diagnosis, treatment and care.

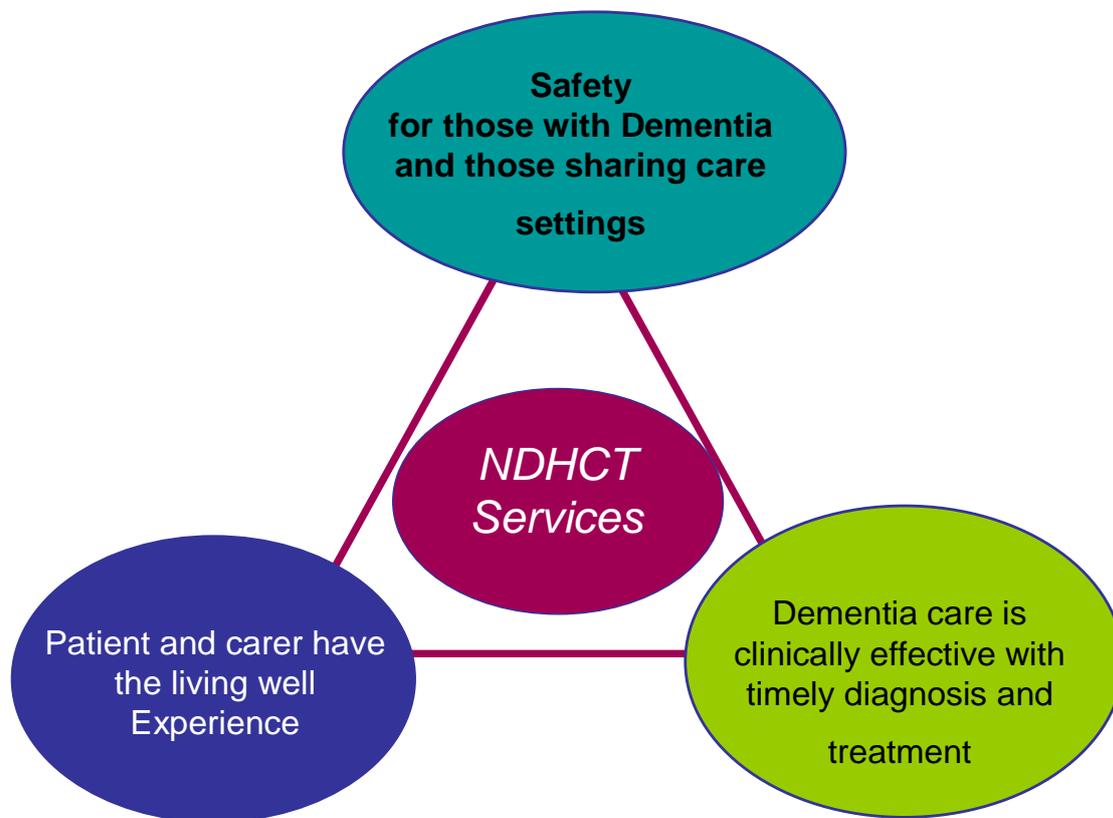
The CQC report has commended NDHCT for its dementia care in specific clinical areas and generally across the directorates and organisation. The on-going challenge is the sustaining the momentum for this important work.

2 The Anticipated outcomes from the extended strategy?

Working within the Lord Darzi, High Quality Care For All Recommendations (2008), this strategy looks at ways NDHCT can impact on the dementia experience of care for those receiving support and treatment through our services, with a focus on:

- Clinical effectiveness
- Patient experience
- Safety

“Quality at the heart of everything we do”



This is the framework set to date and still feels the most relevant and engaging way to deliver safe and effective quality experience for people living with dementia and their carers.

3 Systems and processes, which help deliver an effective, safe and better experience for those with dementia and their families.

The directorate triumvirates and Clinical Executive committee will oversee the implementation of key deliverables to improve the experience of people with dementia and their carers. This has executive leadership from the Director of Nursing with another director from the board as non-exec sponsor.

The dementia work streams report to the safeguarding adult's board as a subcommittee to the board.

The delivery of and the governance of, the Dementia work have been evolved to reflect the need to embed the innovations at the coalface. With the start of a task group to replace the overarching steering group. This is composed of multi-disciplinary clinical teams who are working to improve dementia care using plan do study act cycles. This is overseen and led by the Clinical Lead for Dementia (who is allocated to dementia work for one clinical session.)

The dementia work will be monitored by the director of nursing in a three-way meeting with the operational and clinical leads for dementia. The work plans will be delivered through the dementia task groups and the directorate triumprates

The leads will also update the executive team bi-annually.

The directorates and task and finish group work to an action plan that collates delivery of objectives and outcomes, these have emerged from CQC and other external reviews i.e. PLACE inspection, peer review, audit and user experience. Any concerns about non delivery are escalated to the safeguarding adult's board. The action plan is annual and evolves from all the internal and external feedback we receive about this care pathway and incorporates national trends and innovation. For example in 2015 this included:

Dementia CQUIN (all parts) delivered

- Over 85% of unregistered staff had completed e-learning or face-to-face dementia training
- Continued development of dementia friend's information session across the Trust with over 600 staff registered as Friends.
- Designed and implemented a monthly audit of carers to test whether they felt supported with the results being fed back to LPEG
- Organisational role out of improved dementia and confusion care plans work alongside a strategy to reduce falls. This was developed with staff and through tests of change.
- Completed the King's Fund/Health Foundation sponsored Patient and Family Centred Care programme presenting the work at the King's Fund's national patient experience conference and started to spread the learning across the Trust
- Successful flexible food trials held in both acute and community hospital wards, ready for organisation wide roll out.
- Positive promotion of dementia as a key priority for NDHT to staff through the 'Golden Keys' and the 90 second TV learning tool, with understanding being validated via Matron's walk rounds
- Approval for refurbished dementia friendly facilities including completion of the Rowan Unit and the new Alex ward facility.

4 Hearts and Minds, engaging the people who will deliver the effective, safe and better experience for those with dementia and their families.

The golden keys have acted as a communication vehicle for messages to all staff and interested parties about our areas of focus for improvement in the next three years 2013-2016. The golden keys are:

- **Nothing about me, without me.** Increasing involvement for people with dementia their carers and families
- **Dementia Friends**, the development of front line staff with additional levels of understanding about dementia which they know how to put into action to make small differences.
- **Think about my length of stay, from the first day.** Actions and active management to reduce the length of stay of those with a dementia diagnosis, admitted for general health care reasons. Or prevent unnecessary admission. On average their length of stay

is two thirds longer than those without dementia and our aim is to get them home earlier.

- **Flexible food and drink.** Those with dementia will often need nutrition and hydration outside of the normal mealtimes and methods of having food, for example finger food, the aim is to develop flexible ways to eat and drink for this client group during their hospital stay to maximise their nutrition.

We have had a lot of success with this methodology and plan to have a further second year promotion of more **Golden Keys**, to further enable improvement of the patient's experience. We have selected these new keys, as a result of gaps in the service not currently covered by the golden keys, or because they are the next incremental step to improvement

- **Dementia will not prevent me from dying with dignity** – ensuring that dementia patients at the end of life are cared for with dignity and their wishes are respected. (Recognising the importance of advanced directives, consent and capacity.)
- **My plan recognises me and reflects my personal needs** – care plans and medical plans developed for patients with dementia are personalised and support the clinical teams managing their care to understand the patient they are caring for and the anticipated interventions in the coming days.
- **I am cared for in an environment which enhances my experience** – patients with dementia are not only cared for in an appropriate environment which minimises confusion but they are also having meaningful occupation.
- **I am only prescribed what I need** – reducing the use of anti-psychotic medication as a method of manage confused patients, wherever possible.
- **The healthcare professionals responsible for my care will assess the risk required to enable me to take control of my life (Nothing ventured, nothing gained guidance)** – supporting patients with dementia to remain independent in all healthcare settings, roll out national work through the therapy teams.

Due to organisational changes which will be realised in 2016 through the transforming community services (TCS) process it feels important to imbed these golden keys in the coming years of the strategy. This enables the teams to work in partnership with families and carers and people living with dementia across the pathway of care. The coming years of the strategy will fully actualise the organisations performance in this area of care and strengthen links into primary care.

The organisation will continue to develop through is clinical leadership in dementia and will innovate across the following areas, which are enablers for the golden keys to be embedded.

- The launch and embedding of John's campaign, whose simple aim is for carers and families to have to right to stay with people with dementia in hospital.
- The roll out of information short videos on dementia care to staff, families, carers and people living with dementia as a prescribed part of the pathway.
- A series of workshops with the end of life lead on dementia and good end of life care.
- A revision of the enhanced care policy to include the role of carers as key to effective enhanced care, an education strategy within the organisation to maximise the potential of what can be achieved through an ABC approach prior to requests for 1-1 and specialing as part of our enhanced care strategy.
- A continued focus on best interest's assessments, MCA (mental capacity act) and DOL's (Deprivation of Liberties). Especially in end of life care planning

5 Measuring the success of an effective, safe and better experience for those with dementia and their families and assuring the improvement.

Our main areas of success have been:

Dementia and delirium focus for CQUIN resulting in

- A Delirium leaflet for use across the Trust
- Delirium as a topic area introduced to all our current dementia training
- The addition of a short “understanding delirium video”
- Training on dementia and delirium delivered by the Trust for local care homes.
- The collation of carers stories for board which relate to those living with dementia
- The collation and handover of additional information to GP’s, when a patient with dementia or an episode of delirium has been admitted to an inpatient bed.
- An intention to introduce John’s campaign as part of the Quality Account.
- We now have in Excess of 600 Dementia friends and this number is growing.
- We are an active member of the South West Strategic Clinical Network dementia steering group.
- The delivery of a suite of self-assessed competencies for trained nursing and AHP staff

6 Keeping the momentum going – work plan for 2016/19

The Dementia task Group develops an annual work plan which builds on the achievements to date and supports the on-going delivery of the Dementia Strategy.