### Document history

**Requirement for document:**
This document has been produced after recommendations from the NHS Trust Development Authority. The NHS Trust Development Authority provides support, oversight and governance for all NHS Trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow.

**Cross references:**
- DoH. (2012). *The Prime Minister's Challenge on Dementia Care*
- Carers Trust. (2013). *The Triangle of Care – Carers Included: A Guide to Best Practice for Dementia Care*

**Associated documents:**
- Maidstone and Tunbridge Wells NHS Trust. *Dementia Operational Policy and Procedure* [RWF-OPPPCS-C-NUR10]

### Version Control:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description of changes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>New document</td>
<td>February 2014</td>
</tr>
</tbody>
</table>
Dementia Strategy

1.0 Executive summary

The purpose of this document is to set out Maidstone and Tunbridge Wells NHS Trust 3 year strategy for improving the care and experience for people with dementia who attend or are admitted to the Trust’s acute hospitals.

Our strategic aims as a Trust are:

- To become a truly patient and customer centred organisation.
- To deliver services that are viable and sustainable.
- To take the system leadership role to deliver integrated care in our locality.
- To operate at high levels of quality and efficiency to generate long-term financial sustainability.

The mission, vision and values of the Trust are:

- Mission – our focus is our patients
- Vision – to be a successful integrated healthcare provider in the top 20% of Trusts nationally for the quality of services we deliver
- Values – Patient First
  - Respect – respect and value our patients, visitors and staff
  - Innovation – take every opportunity to improve services
  - Delivery – aim to deliver high standards of quality and efficiency in everything we do
  - Excellence – take every opportunity to enhance our reputation

Our strategic aims for dementia encompass the above:

- Modernise our approaches to communicating, seeking and acting on feedback from people with dementia and their carers.
- Become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.
- Deliver person-centred care that supports the patient with dementia and their carer.
- Develop partnerships to improve care and outcomes.
- Develop a skilled and effective workforce with recognised levelled competency, able and unafraid to champion and deliver person-centred care.

Our aims are ambitious and will require the contribution of many staff. We recognise and welcome the opportunity to work in partnership with our local Clinical Commissioning Group’s (CCG’s) as well as voluntary organisations such as Crossroads Care West Kent; Alzheimer’s Society and Alzheimer and Dementia Support Services. As well as collaborating with both Carers First - Kent and Medway and Maidstone and Malling Carers Project. These collaborations will aid and support our own work and contribute to improving the health and outcomes of those with dementia and their carers living within our local community now and in the future.
2.0 Introduction

Most people will have met or cared either personally or professionally for someone with a diagnosis of dementia. At Maidstone and Tunbridge Wells NHS Trust (MTW) we strive to consistently deliver high quality care that meets the needs of our patients and their families in our hospitals. Our organisational vision is to be a successful integrated healthcare provider in the top 20% of Trusts nationally for the quality of services we deliver. This strategy is the means by which we will drive improvements for patients with dementia, for whom care is often complex and admission to hospital can be life changing.

Our dementia strategy presents the rationale for action and it encompasses our values as an organisation. To achieve this will require strategic planning, commitment and leadership at all levels within our organisation and the contribution of our entire workforce. As we proceed, the care we offer patients with dementia and the support for their carers will become exemplary.

3.0 Context

Dementia is a collective term for diseases of the brain that can affect reasoning, perception and memory (Banerjee 2009). Dementia is progressive and there is no known cure.

It predominantly affects older adults with 1 in 14 people over 65, and 1 in 6 people over 80 having a form of dementia (Alzheimer’s Society 2013). Within acute hospitals, older adults occupy 60% of all beds and 40% of these are considered likely to have a dementia diagnosis (NAO 2007). Dementia however is not a normal part of growing old, 15,000 people under 65 years have dementia and it can affect those of any age, ethnicity, gender or social class. It is also known that having a learning disability such as Down’s increases a person’s risk to 1 in 3 of developing dementia at a much earlier age (Alzheimer’s Society 2011).

Within West Kent CCG there is currently a 42% diagnosis rate for dementia (DH 2013) equating to approximately 7,199 people, however the plan is to increase the diagnosis rates to 60% equating to approximately 14,455 people across Kent and Medway by 2015, due to an ageing population and environmental and social factors such as smoking and changing attitudes to exercise and diet. National Care costs, currently estimated to be £23 billion per year are predicted to treble (NAO 2007, Banerjee 2009, DH 2009). Within the United Kingdom 670,000 people have dementia (Matthews et al 2013). The anticipated health and social care needs of people with dementia has been identified by the Government as a major priority and challenge (DH 2012).

The Government’s National Dementia Strategy’s primary aim is that all people with dementia and their carers will live well with dementia (DH 2009). Its objectives are themed around three broad aims. These are; better knowledge about dementia and removal of stigma, improving dementia diagnosis rate and developing a range of services for people with dementia and their carers which fully meets their changing needs over time. Our strategy reflects these aims.
At MTW our mission, vision and values are focused on the delivery of high quality, safe, integrated, innovative care for all. We aim for continuous improvement of all our services. Patient safety and experience are central to these.

We know from a number of national reports such as Counting the Costs 2009, Banerjee 2009 and The National Audit of Dementia 2013 that care for patients with dementia can and should be improved. We have a moral duty to our patients to act and initiate change and an economical duty to ensure resources are used effectively to ensure the delivery of high quality care.

The National Audit of Dementia led by the Royal College of Psychiatrists in 2010 and 2013 identified a number of key findings that required action to ensure care for patients with dementia in acute hospitals improved and met national standards of best practice.

The following represents a summary of key national findings and drivers for change.

- People with dementia admitted to hospital do not consistently receive the necessary assessments;
- The majority of the hospital workforce receive no mandatory diagnosis-specific training;
- The majority of hospitals have no clear procedure for identifying people with dementia and sharing information about care needs with staff;
- Most staff felt that staffing levels were insufficient to meet patient needs;
- There was a need for additional guidance on involving families in patient care, discharge and support arrangements;
- Discharge, delayed transfers and readmission of people with dementia are areas of need;
- The majority of hospitals are unable to identify the cohort of people with dementia within reported figures such as falls;
- The physical ward environment is generally not appropriate for people with dementia (National Audit of Dementia 2011).
- People with dementia stay on average one week longer during an acute admission than someone with the same physical illness, rising to two weeks following a fractured hip (Counting the Cost 2009).
- 25% of patients with dementia (205,000) are receiving anti-psychotic medication of whom only 20% (41,000) are receiving them appropriately (Banerjee 2009).
- Inappropriate prescribing of anti-psychotics is leading to an additional 1800 deaths, 1500 strokes and increased risk of falls and cardiovascular events per year (Banerjee 2009).

There is a clear need for significant work to be done to ensure care; outcomes and patient experience meet the needs and expectations of our local population and commissioners.

We have agreed five strategic aims which will improve the care provided to our patients with dementia, their families and carers across our hospitals. These are in response to the National Dementia Strategy’s (2009) ambitions for excellence in dementia care: The Prime Minister’s Challenge on Dementia Care (2012). The Call to Action – The Right Care by the Dementia Action

This strategy for dementia care makes it clear that everyone can make a difference to the care of people with dementia and collective action and collaboration is required to achieve our shared purpose.

4.0 Strategic aims

4.1 Modernising our approaches to communication, seeking and acting on feedback from people with dementia and their carers.

Objectives:

- We will critically analyse patient and carer feedback, care planning and delivery and outcomes related to dementia care to determine effectiveness and implement improvements. Our outcomes relating to patient safety and incidences of harm (falls; failed discharges; inappropriate prescribing of anti-psychotics; safe guarding; complaints etc) in patients with dementia will show a year on year reduction.
- We will work in partnership with carers of people with dementia to ensure meaningful involvement and inclusion of carers.
- By 2015 when surveyed 90% of our patients and carers will feel supported and rate our dementia care as good / excellent.

4.2 We will become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.

Objectives:

- By the end of 2013 all our care environments used by those with dementia will be assessed against the Kings Fund Enhancing the Healing Environment (EHE) Environmental Assessment Tool (2012). The results of this will support all new estates and facilities developments for our hospitals designs.
- All service and environmental improvements will consider the impact of change on patients with dementia.

4.3 The care we deliver will be person-centred supporting the patient with dementia and their carer.

Objectives:

- The principles of person-centred care will be observable and measurable within care planning, delivery and process redesign.
- When surveyed 90% of our patients and carers will feel supported and rate our dementia care as good / excellent.
- We will critically analyse patient and carer feedback, care planning and delivery outcomes related to dementia care to determine effectiveness and action improvements. Our outcomes relating to patient safety and incidences of harm in patients with dementia will demonstrate a year on year reduction.
4.4 Developing partnership to improve care and outcomes.

Objectives:

- We will develop partnerships and processes to streamline care, prevent admission and support and enable the discharge planning process.
- Our patients with dementia and their carers will feel listened to, valued, treated with respect and supported during the admission and discharge process.
- We will increase the number of volunteers who will engage in care activities for patients with dementia providing social support and interaction.
- We will work in partnership with external organisations to improve the care and support offered to our patients and carers both within the acute hospital and on discharge.

4.5 To develop a skilled and effective workforce, with recognised levelled competency, able and unafraid to champion person-centred care.

Objectives:

- 100% of all staff will have received basic dementia awareness training by 2013 and this will continue with all new starters in the form of a basic dementia awareness leaflet.
- 100% of all clinical staff will have undertaken intermediate dementia awareness training and have the necessary skills and values to care effectively by 2016. (HEE 2013).
- All clinical and psychological care will be based on the needs of the individual with dementia and will maintain their dignity and personhood.

5.0 Delivering the strategy

The delivery of this strategy will be led by the Dementia Strategy Steering Group, developing work streams to progress service improvements and the clinical change required to achieve the strategy objectives and markers of best practice.

Each work stream will meet independently of the Steering group to implement clinical and organisational change. The lead for each work stream will then report progress and exception to the Steering Group. The Steering Group will then report to the Patient Experience Committee, Standards Committee and through to Board.

Markers of best practice that require directorate actions will be sent to the directorate managers for action and progress will be reported through the Steering Group.
6.0 Process for delivery

Year 1 (2013/14)
- Development of Dementia Training Strategy for all staff clinical and non-clinical.
- Development of training programme for staff.
- All staff to receive basic awareness training, in the form of a basic dementia awareness leaflet.
- Development of pathways of care and core care plan for patients.
- Assessment of the environment using the Kings Fund EHE assessment tool.
- Collaboration with carers’ organisations with regards support for carers.

Year 2 (2014/15)
- Development of dementia buddy scheme.
- Development and implementation of carer’s survey and audit.
- Monitoring of patient safety and incidences of harm in patients with dementia.
- Continued partnership working and collaboration to streamline care, prevent admission and support and enable discharge planning.
- Clinical staff to have undertaken intermediate dementia awareness training relevant to their role.
- Person-centred care approach will be evident.

Year 3 (2015/16)
- All clinical staff to have undertaken Intermediate dementia awareness training.
- Carer’s survey results are analysed and actioned.
- Patient safety and incidences of harm will be reduced.
- Person-centred care fully embedded in the organisation.

With the continual change in developments in the area of dementia we will need to ensure that we continuously review this strategy to ensure that the strategic direction is keeping abreast of national and local directives.
Quality of care and patient safety
- The care we deliver will be person-centred supporting the patient with dementia and their carer.
- We will become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.

Organisational capability
- To develop skilled and effective workforce, with recognised levelled competency, able and unafraid to champion person centred care.

Business sustainability
- Developing partnership to improve care and outcomes.

Partnerships and engagement
- Modernising our approaches to communicating, seeking and acting on feedback from people with dementia and their carers.

Our shared purpose
By 2016 MTW will be a dementia friendly organisation and externally recognised as such; delivering person-centred care, in the right place, every time for each patient with dementia.

Communication
Competence, Care.
APPENDIX ONE

Process requirements

1.0 Implementation and awareness

• This strategy will be communicated to all staff via email manager and all managers are expected to ensure that all staff are aware of the strategy. The Lead Nurse for dementia care, clinical leads and dementia champions will also ensure that staff are aware of this strategy.

• The strategy needs to be read and adhered to by all staff employed within the Trust that directly or indirectly care for patients with dementia.

• Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under ‘Trust polices, procedures and leaflets’.

• A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under “Trust Publications”; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.

• On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.

2.0 Review

This strategy will be reviewed at a minimum of once every three years, prior to its end date or following any changes in legislation or significant changes in Trust practice. The next review is scheduled for February 2016.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.
### APPENDIX TWO

**CONSULTATION ON:** Dementia strategy

**Consultation process** – Use this form to ensure your consultation has been adequate for the purpose.

**Please return comments to:** Lead Nurse for Dementia Care

**By date:** 31st January 2014

<table>
<thead>
<tr>
<th>Job title: List staff to be included in the consultation. See Section 5.5 of the “Production, Approval and Implementation of Policies and Procedures” policy and procedure for guidance.</th>
<th>Date sent dd/mm/yy</th>
<th>Date reply received dd/mm/yy</th>
<th>Modification suggested? Y/N</th>
<th>Modification made? Y/N</th>
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<td>07.01.14</td>
<td>13.01.14</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Chief Pharmacist (if pharmacy/prescribing issues are included in the document)</td>
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</table>

**The following staff MUST be included in ALL consultations:**

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<thead>
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<tbody>
<tr>
<td>Clinical Governance Assistant</td>
<td>07.01.14</td>
</tr>
<tr>
<td>Chief Pharmacist</td>
<td>07.01.14</td>
</tr>
</tbody>
</table>

**Please list key staff whose reply is compulsory before approval can be granted:**

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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Chief Nurse</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Dementia Strategy Steering Group</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Patient Experience Committee</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Trust Secretary</td>
<td>7.1.14</td>
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</tbody>
</table>

**Please list other staff to be included in the consultation but whose reply is not compulsory:**

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</thead>
<tbody>
<tr>
<td>Ward Managers</td>
<td>7.1.14</td>
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<tr>
<td>Matrons</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Non-executive directors</td>
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<tr>
<td>General Managers</td>
<td>7.1.14</td>
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<tr>
<td>ADO’s / ADNS’s</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Clinical Site Managers</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Dementia Champions</td>
<td>7.1.14</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>7.1.14</td>
</tr>
</tbody>
</table>

The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.
APPENDIX THREE

Equality Impact Assessment
In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust’s intranet.

<table>
<thead>
<tr>
<th>Title of policy or practice</th>
<th>Dementia Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the aims of the policy or practice?</td>
<td>Standardised care for all patients admitted with a diagnosis of dementia</td>
</tr>
<tr>
<td>Identify the data and research used to assist the analysis and assessment</td>
<td>Associated documents and references</td>
</tr>
<tr>
<td>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</td>
<td>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</td>
</tr>
<tr>
<td>Males or Females</td>
<td>No</td>
</tr>
<tr>
<td>People of different ages</td>
<td>No</td>
</tr>
<tr>
<td>People of different ethnic groups</td>
<td>No</td>
</tr>
<tr>
<td>People of different religious beliefs</td>
<td>No</td>
</tr>
<tr>
<td>People who do not speak English as a first language</td>
<td>No</td>
</tr>
<tr>
<td>People who have a physical disability</td>
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</tr>
<tr>
<td>People who have a mental disability</td>
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<tr>
<td>Women who are pregnant or on maternity leave</td>
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<tr>
<td>Single parent families</td>
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</tr>
<tr>
<td>People with different sexual orientations</td>
<td>No</td>
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<tr>
<td>People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)</td>
<td>No</td>
</tr>
<tr>
<td>People in deprived areas and people from different socio-economic groups</td>
<td>No</td>
</tr>
<tr>
<td>Asylum seekers and refugees</td>
<td>No</td>
</tr>
<tr>
<td>Prisoners and people confined to closed institutions, community offenders</td>
<td>No</td>
</tr>
<tr>
<td>Carers</td>
<td>No</td>
</tr>
<tr>
<td>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</td>
<td></td>
</tr>
<tr>
<td>When will you monitor and review your EqIA?</td>
<td>Alongside this policy/procedure when it is reviewed.</td>
</tr>
<tr>
<td>Where do you plan to publish the results of your Equality Impact Assessment?</td>
<td>As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under ‘Trust polices, procedures and leaflets’.</td>
</tr>
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</table>