

Dementia Strategy 2021 - 2024

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This copy – REV3.0

Document history

Requirement for document:	This document has been produced to build on the Dementia Strategy 2017 – 2020. To maintain and sustain the success of the past 3 years and further develop and improve the care and experience for people with dementia who attend or are admitted to the Trust’s acute hospitals.
Cross references (external):	<ul style="list-style-type: none"> • Alzheimer’s Society (2016). Fix Dementia Care Hospitals. • DOH (2015). Prime Minister’s Challenge on dementia 2020. • DAA (2015). Dementia-Friendly Hospital Charter. • Alzheimer’s Society (2015). Dementia 2015: aiming higher to transform lives. • Carers Trust (2013). The Triangle of Care – Carers Included: A Guide to Best Practice for Dementia Care. • CCQI (2011 & 2013). National Audit of Dementia Care in General Hospitals. • Kings Fund (2012). Enhancing the Healing Environment (EHE) Environmental assessment Tool. • DOH (2009). Living well with dementia: A National Dementia Strategy.
Associated documents (internal):	<ul style="list-style-type: none"> • Carers’ policy and procedure.[RWF-OPPPCS-ICT1] • Dementia operational policy and procedure. [RWF-OPPPCS-C-NUR10]

Version control:		
Issue:	Description of changes:	Date:
1.0	New document	February 2014
1.1	Addition of Appendix 4	November 2014
1.2	Chairman of Dementia Steering Group agreed an extension of the review date until the end of December 2016	January 2016
2.0	New strategy for 2017 – 2020	November 2016
3.0	New Strategy for 2021 - 2024	

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 of people with dementia who attend or are admitted to the Trust's acute hospitals. It aims to build on the work achieved in the previous three years (2017 – 2020) and further develop the services and support offered.

The mission, vision, objectives and values of the Trust are:

- Mission – to provide safe, compassionate and sustainable health services.
- Vision – to be a high performing, adaptable organisation meeting the needs of our local community and those further afield.
- Objectives
 - Caring organisation
 - Sustainable services
 - Improvement driven
- Values – Patient First: we always put the patient first.
 - Respect: We respect and value our patients, visitors and staff.
 - Innovation: We take every opportunity to improve services.
 - Delivery: We aim to deliver high standards of quality and efficiency in everything we do.
 - Excellence: We take every opportunity to enhance our reputation.

Our strategic aims for dementia encompass the above:

- Admit people with dementia to the right place, first time where possible.
- Deliver person-centred care that supports the patient with dementia and their carer.
- Provide people with dementia and their carer's coordinated, compassionate and person-centred care towards the end-of-life, from staff trained in dementia and end-of-life care.
- Continue to analyse incidents related to people with dementia and identify ways to reduce these.
- Work in partnership with carers of people with dementia, offering support where required, whilst attending our hospitals.

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), Dementia Alliance and voluntary organisations, as well as collaborating with Involve Kent. These collaborations will aid and support our own work and contribute to improving the health and outcomes for those with dementia and their carers living within our local community both 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. This strategy is the means by which we will drive the delivery of improvements for people living 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 people with dementia and the support for their family / friends who provide unpaid support (carers) will become exemplary.

3.0 Context

Dementia is a progressive condition, meaning that people with dementia and their family and carers have to cope with changing abilities over time. These changes include an increasing and fluctuating impairment in the person's capacity to make decisions about major life events and circumstances as well as day-to-day situations (Alzheimer's Society 2015).

Research shows that in 2015 there were 850,000 people with dementia in the UK; this includes over 700,000 people in England. Over 40,000 younger people in the UK (65 years of age or below) have dementia. The overall number is set to rise to 1 million by 2021 and, as such, health and social care systems must be prepared to treat a considerable number of people with dementia, many of whom will also spend time in hospitals. Dementia now costs the UK economy £26.3 billion a year, with this figure set to rise. (Alzheimer's Society 2015).

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). The Prime Minister's Challenge on dementia 2020 (DH 2015) has built on this and the government's key aspirations include:

- Improved public awareness and understanding of the factors which increase the risk of developing dementia.
- Equal access to diagnosis as for other conditions.
- GPs playing a leading role in ensuring coordination and continuity of care for people with dementia.
- Every person diagnosed with dementia having meaningful care following their diagnosis.
- Carers of people with dementia being made aware of and offered the opportunity for respite, training and emotional and psychological support.
- All NHS staff having received training on dementia appropriate to their role.
- All hospitals and care homes meeting agreed criteria to becoming a dementia friendly health care setting.
- Increased numbers of people with dementia participating in research.

The Alzheimer's Society published Fix Dementia Care Hospitals (2016), which identified that the quality of care varies widely between hospitals and that:

- Only 2% of those surveyed felt that all hospital staff understood the specific needs of people with dementia.
- Thousands of people with dementia are being discharged between the hours of 11pm and 6am each year.
- In the worst performing hospitals, 52.2 to 70.6 percent of people aged over 65 who had a fall in hospital were people with dementia.
- People with dementia stay five to seven times longer than other patients over the age of 65 in the worst-performing hospitals.
- £264.2 million was wasted due to poor dementia care in hospitals in 2013/14.

They call for the following recommendations:

All hospitals to publish an annual statement of care to include:

- Satisfaction levels among patients with dementia and their carers.
- Figures showing the number of falls.
- The number of inappropriate discharges with less than 24 hours' notice or with significant delays.
- The number of emergency readmissions within 30 days.
- The number of people who receive an appropriate assessment of health and well-being on arrival.
- Levels of staff and board dementia awareness and training.
- The number of people with dementia being prescribed anti-psychotic drugs.
- Examples of how care is being personalised (e.g. use of This Is Me).
- Examples of integrated care.

The Dementia Action Alliance has produced the Dementia-Friendly Hospital Charter (2015) as part of their Right Care initiative. It provides high level principles of what a dementia-friendly hospital should look like and recommended actions that hospitals can take to fulfil them. The charter was updated in 2018 and has 7 specific areas:

Staffing

- You receive care from staff appropriately trained in dementia care.
- All staff and dedicated volunteers undertake Tier 1 dementia awareness training. All staff working regularly with people living with dementia and expert leaders undertake more in-depth training appropriate to their role i.e. Tiers 2 or 3. Provision of dementia education is monitored through training reports.
- Appropriate staffing levels and skill mix are determined to meet the physical, psychological and social needs of people with dementia

Partnership

- You, with the involvement of your carer, have choice and control in decisions affecting your care and support whilst you are in hospital and on discharge.
- The organisation uses the principles of the 'Triangle of Care' to enable assessment of carer need, support and involvement in care.
- The trust has an agreed policy for carers, including their identification and recognition and provision of appropriate information and support services.
- The organisation actively supports the rights of carers to stay with the person with dementia where possible and is signed up to John's Campaign.

Assessments

- You have access to an accurate assessment of your needs and care is delivered accordingly.
- Personal needs including pain control, mobility, nutrition, sleeping, continence and preferences for care are assessed and addressed appropriately.
- Preferences for future care using advanced care plans and support to discuss this are offered.
- A specialist in dementia and / or older people will advise on and support assessments where required.
- End of life discussions will be addressed.

Care

- You will receive care that is person-centred and meets specific individual needs.
- Views of the person with dementia and their carer are listened to and respected.
- Personal profiles are used and kept in a visible place to help staff get to know the person and what is important to them.
- Any evidence of distress will be assessed and investigated.

Environment

- The care environment is comfortable and supportive, promoting patient safety, well-being and independence and people with dementia are enabled to find their way around the hospital.
- The environment promotes safety, encourages independence, activity and social interaction.
- Kings Fund and other environmental assessment tools are used to ensure appropriate environments.
- PLACE (patient led assessments of care environment) audits are used to meet the required standard.

Governance

- Systems are in place to support continuous improvement of quality of care for people with dementia and their carers whilst in hospital.
- The hospital is signed up to the Dementia-Friendly Hospital Charter and the Dementia Statements are used to inform approaches to care.
- There is a senior dementia lead within the trust who guides and monitors delivery of the local dementia strategy.
- A board member is designated with responsibility for dementia care.
- Clinical Dementia Specialist Leads have access to champions to support the delivery of dementia care.
- Regular focus groups are organised with people with dementia and their carers who have used the service, plus outside partners where appropriate.
- The hospital participates in the National Audit for Dementia Care.

Volunteering

- Volunteers with specific dementia training are available to assist with dementia where appropriate. They can provide additional support for activities and pastoral care.
- All volunteers undertake dementia awareness training (Tier1). Volunteers are regularly supervised and supported in their role.
- The trust has a policy on the use of volunteers and the role they may have in supporting patients with dementia and their carers.
- Volunteer roles are clearly defined and understood by the volunteers, the person living with dementia and their carers, staff members, the dementia lead and the volunteer recruiting manager.

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 will build on the work we have done over the previous three years as well as further developing the service we provide. They are in response to The Prime Minister's Challenge on Dementia 2020 (2015); The DAA Dementia-Friendly Hospital Charter (2015); The National Audit of Dementia (2013); Alzheimer's Society Fix dementia Care Hospitals (2016) and The Triangle of Care – Carers Included: A guide to best practice for dementia care (2013).

4.0 Dementia Strategy 2017 – 2020 outcomes

We have made some significant improvements in the care we offer our patients and carers with dementia in the last three years.

Our achievements are:

Year 1 (2017/18)

- Basic and Intermediate training is now mandatory for all clinical staff.
- Training in identifying carers is included in the mandatory training.
- Continued collaboration with carer's organisations which are based on site.
- Further developed the use of activity co-ordinators / dementia volunteers in inpatient areas.
- Development and launch of pictorial menus.
- Carers Information pack available for all carers.
- Monitoring incidents associated with dementia patients and reporting to strategy group.

Year 2 (2018/19)

- Re-audit of triangle of care – Carers included completed.
- Carers' survey responses continue to be monitored.
- Identification and monitoring of behavioural changes are now monitored on Trust behavioural charts to identify cause and treatment plan.
- Audit undertaken to identify completion of mental capacity assessments and best interest decision processes for patients with dementia, results analysed and actions set.

Year 3 (2019/20)

- Mandatory training compliance monitored.
- Continue to monitor carers' survey results.
- Incidences of harm for people with dementia have been reduced.
- Length of stay for people with dementia has reduced.

Ongoing work:

- Person-centred care approach embedded and audited quarterly for evidence of pathways of care being followed and appropriate documentation completed.

Not achieved:

- Development of training programme for staff in identifying end-of-life care for people with dementia incorporating advance care planning.

5.0 Strategic aims

5.1 Admit people with dementia to the right place, first time.

Objectives

- We will continue to monitor the number of ward moves for inpatients with dementia, to ensure a reduction in inappropriate moving of patients.
- We will continue to develop the pathway for dementia patients to assist in preventing unnecessary admissions and ensuring patients are admitted to the most appropriate bed first time where possible.
- We will continue to collaborate with external partners to ensure appropriate pathways of care are established to prevent admission where possible and support discharges from hospital.

5.2 Deliver person-centred care that supports the patient with dementia and their carer.

Objectives

- We will continue to advocate the use of profiles e.g. This Is Me document to identify individual needs and personal preferences for people with dementia.
- Where possible we will offer activities to stimulate engage and support people with dementia to rehabilitate through the use of dementia volunteers, dementia activity co-ordinators and therapy teams.
- We will explore working in partnership with specialist partners in the voluntary sector to assist in delivering activities.
- We will continue to monitor any changes in behaviour and investigate possible causes to alleviate distress.
- We will make supporting people living with dementia to eat and drink a care priority whilst they are in hospital.
- We will further develop ways for people with dementia to provide feedback on the care they have received in hospital.

5.3 Provide people with dementia and their carer's coordinated, compassionate and person-centred care towards the end-of-life, from staff trained in dementia and end-of-life care.

Objectives

- We will ensure all staff are confident in their skills and knowledge to identify people with dementia nearing the end-of-life and provide care to meet their needs.
- We will provide training to staff in relation to dementia and palliative care.
- We will encourage staff to discuss advance care planning with people with dementia and their carer's.
- Staff will undertake pain assessments on the person with dementia using an appropriate tool for their cognitive ability, and ensure effective pain management.

5.4 Continue to analyse incidents related to people with dementia and identify ways to reduce these.

Objectives

- We will continue to monitor the number of incidents associated with patients with dementia when an inpatient and report these to the dementia strategy group.
- We will encourage staff to offer activities to patients with dementia to provide stimulation and exercise.
- We will further develop ways for people with dementia to maintain their independence whilst an inpatient in our hospital.
- Staff will be encouraged to continue to utilise the This Is Me document, to gain an insight into the person's individual needs and preferences.
- Staff will be encouraged to monitor any changes in behaviour to ensure all other causes of agitation have been addressed e.g. delirium.

5.5 Work in partnership with carers of people with dementia, offering support where required whilst attending our hospitals.

Objectives

- We will continue to undertake the Triangle of Care – carers included audit, on each ward, to ascertain areas for improvement and compile strategic actions.
- The carers' information pack will be issued to all carers of patients admitted to our hospitals.
- We will identify improved ways of receiving feedback from carers of people with dementia admitted to our hospitals.
- We will continue to work in collaboration with Involve Kent to ensure carers of people with dementia are referred to them, an assessment of their needs is undertaken and support is offered whilst the person they care for is in hospital and on discharge.

6.0 Delivering the strategy

The delivery of this strategy will be led by the Dementia Strategy Steering Group. Terms of reference for the Dementia Strategy Steering Group can be found in **Appendix 4**. The Dementia Strategy Steering Group reports through the Joint Safeguarding Committee to Trust Management Executive to Trust 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.

7.0 Process for delivery

We will look to launch our new initiatives in Year 1, to enable embedding of these in Year 2 and monitoring of progress in Year 3.

Year 1 (2021/22)

- Embed the pathway for dementia patients in A&E and across site teams to ensure appropriate admission to the most appropriate bed first time where possible.
- Monitor all ward moves for people with dementia and report to dementia strategy group.
- Continue Emergency Services Dementia Partnership work to assist in reduction of unnecessary admissions to hospital.
- Maintain quarterly documentation audits to identify areas of good practice and areas for improvement. E.g. Use of profiles (This Is Me); Core Care Plans; Forget-me-not symbol.
- Identify ways to receive feedback from people with dementia on the care they received in hospital, in collaboration with the Patient Experience team.
- Design an appropriate teaching programme for all staff in collaboration with End-of-life care team, Palliative care team and Heart of Kent Hospice for end-of-life care and dementia and advance care planning.
- Continue to work in collaboration with Involve Kent and disseminate the carers' information pack to support carers of people with dementia in hospital.
- Further support the work done by therapy teams in increasing activities for people with dementia to maintain their independence, stimulation and exercise.

Year 2 (2022/23)

- Embed the pathway for dementia patients in assessment units and wards to ensure appropriate admission to the right place first time.
- Identify improved ways to receive feedback from carers of people with dementia on the care their cared for received in hospital in collaboration with the Patient Experience team.
- Training programme for end-of-life care and advanced care planning to be launched for staff.
- Undertake Triangle of care – carers included audit on each ward.

Year 3 (2023/24)

- Ward moves associated with people with dementia will be reduced.
- Evidence of person-centred care will be embedded in the organisation with evidence of pathways of care being followed and appropriate documentation completed.
- Monitor compliance with end-of-life care and advanced care planning training programme.
- Incidences of harm associated with people with dementia will be reduced year on year.

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Staffing

- You will receive care from staff appropriately trained in dementia care.
- Appropriate staffing levels and skill mix are determined to meet the physical, psychological and social needs of people with dementia.
- Staff have a positive attitude towards you and your carer and are knowledgeable and skilled in meeting your needs.

Assessments

- You have access to an accurate assessment of your needs
- Pain control, mobility, nutrition, sleeping, continence
And preferences for care are assessed and addressed appropriately.

Commitment,
Courage,
Compassion,

Our shared purpose.
By 2024 MTW will be a dementia friendly organisation and externally recognised as such; delivering person-centred care, in the right place, every time for you, our patient.

Competence,
Communication
Care.

Environment

- You are able to find your way around the hospital and the care environment supports your well-being and independence.

Partnership

- You, with the involvement of your carer, have choice and control in decisions affecting your care.
- You receive support whilst you are in hospital and on discharge
- The Trust is signed up to John's campaign to actively support the rights of carers.

Care

- You receive care that is person-centred and responsive to your individual needs.

Governance

- Systems are in place to support continuous improvement of quality of care for you whilst in hospital.
- The hospital is signed up to the Dementia Friendly Hospital Charter

Volunteering

- All volunteers undertake dementia awareness training.

APPENDIX ONE

Process requirements

1.0 Implementation and awareness

- This strategy will be emailed to the Corporate Governance Assistant (CGA) who will activate it on the Trust approved document management database on the intranet.

2.0 Review

This strategy will be reviewed at a minimum of once every four years, prior to its end date or following any changes in legislation or significant changes to Trust practice.

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 2021 - 2024

Please return comments to: Lead Nurse Dementia Care

By date: 18th December 2020

Job title:	Date sent dd/mm/y	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff must be included in all consultations:				
Head of Staff Engagement and Equality.	1/12/20	7/12/20	N	N
Please list key staff whose reply is compulsory before approval can be granted:				
Chief Nurse / Deputy Chief nurse	04/08/20		N	N
Dementia Strategy Group	05/05/20		N	N
Joint Safeguarding committee	04/08/20	06/08/20	N	N
Health watch	14/10/20	6/11/20	Y	Y
Bright Shadow	14/10/20	10/11/20	Y	Y
Alzheimer's society – Patients and carers	6/11/20	6/11/20	N	N
Please list other staff to be included in the consultation but whose reply is not compulsory:				
Ward Managers	1/12/20			
Matrons	1/12/20			
ADNSs	1/12/20			
Dementia Champions	1/12/20			
Corporate Governance Assistant	1/12/20	1/12/20	Y	Y
<p>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.</p>				

APPENDIX THREE

Equality Impact Assessment

This document includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development and approval process.

Title of document	Dementia Strategy 2021-2024
What are the aims of the document?	This document has been produced to build on the Dementia Strategy 2017 – 2020. To maintain and sustain the success of the past three years and further develop and improve the care and experience for people with dementia who attend or are admitted to the Trust's acute hospitals.
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	No
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	No
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	
When will you monitor and review your EqlA?	Alongside this document when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this document

FURTHER APPENDICES

The following appendices are published as related links to the strategy on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Dementia Strategy Group – terms of reference	RWF-OWP-APP766