

South Tees Hospitals

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	27 November 2012
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This paper is or:(Only 1 column to be marked with x as appropriate)	Action/Decision X	Assurance	Information
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Title:	Dementia Strategy Development update
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Purpose:	To update the Board of Directors regarding the progress made with the STHFT dementia strategy and programme board.			
Summary:	In May 2012 a programme board was established to co-ordinate and lead the development of a STHFT dementia strategy in response to a number of key external and internal drivers. The attached report summarises the progress made to date by the programme board in preparation for launch of the strategy in May 2013.			
Prepared By:	Beth Swanson, Dementia Strategy Project Manager	Presented By:	Anne Sutcliffe, Deputy Acting Director of Nursing & Patient Safety / DIPC	
Recommendation:	The Board support the developing dementia strategy and the ambition to become a dementia friendly hospital.			
Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical	Strategic X
				Risk & Assurance

Dementia Strategy Update

1. Introduction

In May 2012 a programme board was established to co-ordinate and lead the development of the Trust's dementia strategy in response to the Prime Minister's Challenge for Dementia, the Counting Cost report (2009), and the Dementia Action Alliance (DAA) 'Call to Action'. The programme board is chaired by Dr Nolan Arulraj, Consultant in Elderly Medicine and includes representatives from South Tees Hospitals, local partners and commissioners (Appendix 1).

2. Aims of the programme board and dementia strategy

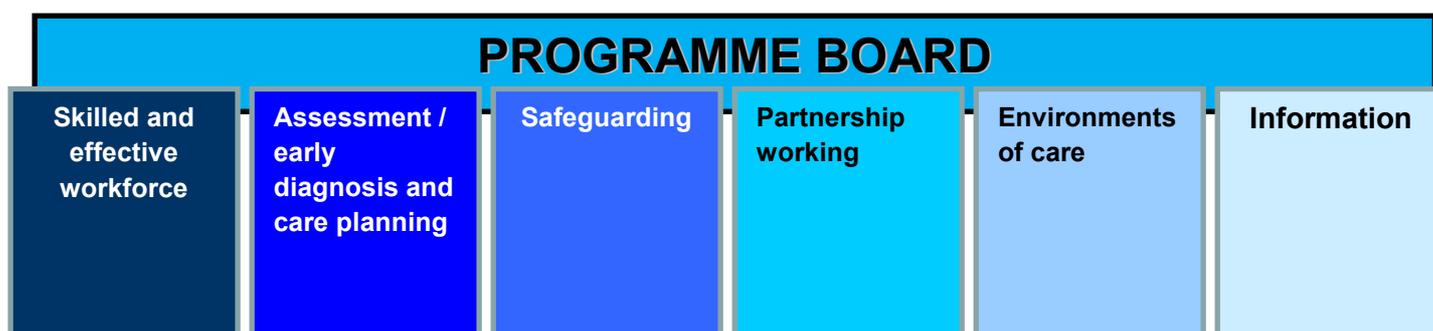
We have aligned the dementia strategies shared purpose with that of the Call to Action;

"To enable people with dementia to experience high quality care in our hospitals and support them, their families, carers and staff to have the confidence to champion best practice and create a culture of excellence".

The programme board has four aims:

- Our workforce will be skilled and effective, able to care for patients with dementia effectively and compassionately.
- We will develop pathways of care and patient-centred care plans for all admissions of patients with dementia until discharge (and beyond) or end of life.
- Our environments of care will support and engage people with dementia.
- We will work collaboratively with our community and social care partners to identify and assess cognitive impairment, ensure rapid discharge and continued effective care.

The programme board is a strategic overseeing group with six designated work streams. Each work stream is chaired and led by leaders from STHFT.



The work streams are:

- Skilled and effective workforce,
- Assessment / early diagnosis and care planning
- Safeguarding
- Partnership working
- Environments of care
- Information

The membership of each work stream reflects the complexity and interdependence of best practice for patients with dementia in acute care and our ambition to become a dementia

friendly organisation. The work streams have been aligned to the Call to Action and the five commitments that represent a dementia friendly organisation. These are;

- **Environments** for care are being developed to support people with dementia when they are in an acute setting.
- The **workforce** is being developed to raise awareness of and **skills** in the support of people with dementia, their families and carers.
- Acute Hospitals are gaining confidence that they are able to **identify and assess** cognitive impairment in the people they care for.
- Acute Hospitals can support people with dementia to be able to go home safely and this being is achieved through **partnership working**.
- Acute Hospitals are using a **care plan** which involves the person with dementia and their carers.

The strategy will be formally launched in May 2013. Our measures of success will be transparent and include patient experience and satisfaction, numbers of staff trained in dementia, improved compliance with the Stirling environmental audit and increased diagnosis rates regionally. There may also be reductions in falls in the frail elderly, patient complaints and improvements in general care for older people.

The dementia strategy is being developed using the NHS change model. The NHS change model will underpin all aspects of the strategy and so complement other strategic projects being undertaken by South Tees, the transforming community services project. The National Institute of Innovation and Improvement intends that both the dementia and the community services project will be case studies, formally evaluating the change model, which they developed.

3. Workforce

3.1 Project Manager

A 0.5 WTE dementia project manager has been appointed for 12 months (from September 2012) with the primary aim of co-ordinating and overseeing the development of the dementia strategy. Funding for this post is from an existing grant from the Institute for Innovation and Improvement to support QIPP work.

3.2 Clinical Educators role

Three band 6 clinical educators have been successfully recruited using SHA non-recurring funding (2xWTE & 1x0.7 WTE). They will take up post in December 2012. Each clinical educator will provide specialist expertise that will be shared through formal teaching and ward based training. They will work across the whole organisation in support of the developing dementia strategy.

3.3. Work stream leads

Each work stream is being led by existing STHFT staff. No additional resources are required.

4. Programme board progress to date

4.1 Call to Action and membership of the Dementia Action Alliance

The Trust has successfully committed to becoming a dementia friendly organisation. Our application form / action plan addresses the five commitments to becoming dementia friendly above. It has been accepted by the DAA and is published on the DAA website. STHFT is the largest Trust and one of the first to have committed formally to the Call to Action.

4.2 Environment

Twenty five per cent of people accessing acute hospital services are likely to have dementia and the number of people with dementia is expected to double during the next 30 years. It is well recognised that new environments can trigger behaviours and psychological symptoms of dementia (BPSD) that can manifest as wandering, aggression, shouting, vocally disruptive behaviour, sexual expression and anxiety. All of these necessitate careful and skilful management to avoid symptom deterioration and inappropriate anti-psychotic usage. Simple environmental improvements to signage, placement of orientation clocks, contrasting colours between seating, flooring and toilet seats have been shown to reduce anxiety, wandering, incontinence and falls.

The environmental work stream led by OT Tracy Horton have conducted an environmental audit using the Stirling Acute Hospital tool and this has been completed in three areas (wards 11, 12 and Ainderby). Compliance with the Stirling audit of environmental factors important in dementia care was 48%. The key areas of greatest need are signage, toilet seat colouring and access to stimulation for patients with dementia in all areas (inpatient and outpatient). These lessons learnt are informing future environmental improvements and bids (Appendix 2). A bid for small scale environmental improvement money has already been submitted to the SHA.

4.3 Skilled and effective work force

The skilled and effective workforce work stream has been tasked with mapping available dementia training and the skills and knowledge required by all employees of STHFT. This group will produce a multi-professional training needs analysis that will inform the dementia strategy, clinical education programmes and future work force plans.

4.4 Information

The information work stream have organised a patient experience event and this will be held in conjunction with local carers' organisations and the Alzheimer's society on the 21st December 2012. Feedback from this event will inform the strategy and be a catalyst for clinical change within teams. There are also plans to develop a dementia web portal, patient information leaflets and staff resource folder.

4.5 Assessment / early diagnosis and care planning

The assessment / early diagnosis and care planning work stream have followed the national dementia CQUIN which applies to non-elective patients over the age of 75. The SQUID (specific question to identify delirium) and the AMHS (abbreviated mental health score) have been incorporated within the Trusts falls risk assessment and a referral system agreed with local GP's. The document was fully implemented trust wide on the 1st November 2012 after a short trial on ward 11, 12 and 37. The CQUIN payment is triggered by 90% compliance in each of the CQUIN's three stages over three consecutive months (Q4) and is reliant on ward nursing staff completing and referring those patients who have scored low on the AMHS to the patients GP for re-assessment. The Clinical Matron team and ward leaders are key to the success of this intervention.

5. Challenges

Our key challenges:

1. Ensuring dementia is seen by all working for STHFT and our partners Endeavour PLC and Carillion PLC as a key priority.
2. Releasing staff to undertake dementia training.
3. Resourcing environmental changes and dementia-related services in the current funding climate.
4. Securing funding to continue the role of the project manager and dementia clinical educators.

6. Recommendations

Board of Directors are asked to;

- Support the developing dementia strategy and the ambition to become a dementia friendly hospital.
- Receive regular updates on progress with the strategy.

Beth Swanson
Dementia Strategy Project Manager
November 2012

**Dementia Strategy Programme Board
and work streams**

Skilled and Effective Workforce
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 Lynne Carr
 Anne Tate
 Claudia Godfrey
 Christina Joseph
 Teresa Moore
 Gina Marley
 Pauline Lavery
 Dementia Educators
 Angela Burton
 Sean Williamson
 Emily Dawson
 Dietetic rep

Safeguarding
Bev Walker
 Kay Davies
 Pauline Lavery
 Helen Williams

Programme Board
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 Prof Rob Wilson
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 Mrs Anne Sutcliffe
 Mrs Angela Artley
 Dr Richard Rigby
 Mrs Bev Walker
 Mrs Rebecca Boal
 Mr Mathew Graham
 Dr Teik Goh
 Dr Henry Waters
 Mrs Ruth James
 Mrs Beth Swanson
 Dr Brenda McCarron
 Mrs Glynis Peat
 Mrs Sarah Bolton
 Mrs Barbara Stocker
 Dr David Broughton
 Mrs Gill Collinson
 Mr Clive Spencer
 Dr Rachel McMahon
 Alzheimer's society representative
 Social Services representative
 Dr Vicky Playdell

Assessment early diagnosis and pathways of care
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