

Board of Directors

Date:	27 March 2019	Attachment:	10																
Title of Report:	Dementia Friendly – Position Paper																		
Purpose of the report and the key issues for consideration/decision:	The purpose of this paper is to review the current provision for dementia care and to consider recommendations to further develop embed quality dementia care and dementia friendly status for the Trust.																		
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Presented by:	Jill Asbury, Director of Nursing																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td><input type="checkbox"/></td> <td>Empower & Engage Staff</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Quality of Care</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table>			Financial Sustainability	<input type="checkbox"/>	Empower & Engage Staff	<input type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>										
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Which CQC Standards apply to this report:	Safety; Person-centred Care; Food & Drink; Premises & Equipment; Dignity & Respect																		
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Recommendations:	To discuss the recommendations for future practices.																		

Dementia Friendly Position Paper 20th March 2019

1. Context/ Background

It is estimated that 850,000 people in the UK are currently living with dementia and Alzheimer's Society predict this figure will increase to over 1 million by 2025. Within the Bradford District, it is estimated that 5200 people are currently living with dementia (January 2019) and as the older population increases; it is likely that the number of people living with dementia will increase to 8900 cases by 2035.

Of people aged 65yrs or more across Bradford District, approximately 4300 people were recorded as having a dementia diagnosis (September 2017). Representing a higher than national level of diagnosis, the District identified 4 in every 5 people who were thought to have dementia as having a clear diagnosis. Demonstrating District wide success of timely diagnosis, this provides opportunity for people and carers to plan and work together with health care staff to improve health and care outcomes.

Dementia is a progressive; life limiting illness characterised by memory loss and reduced cognitive function. However, dementia is not a single disease, rather it is a disorder caused by a number of underlying disease processes. Whilst patterns of deterioration in people's health indicate a slow but persistent decline, clearly this varies for individuals. Part of this deterioration can be increased frailty and illness requiring admission to acute hospital. Across Bradford District, emergency admissions to hospital for people with dementia remain similar to England and lower than the rest of Yorkshire and Humber. However, given the higher levels of diagnosis, this suggests local services are working hard to avoid emergency care admissions with approximately 1150 unplanned admissions to the Trust in 2016/17 (Bradford.gov.uk January 2019).

The Prime Minister's Challenge for Dementia 2020 identified that

- People with dementia are sometimes in hospital for conditions for which, were it not for the presence of dementia, they would not need to be admitted. An estimated 25 percent of hospital beds are occupied by people with dementia (Alzheimer's Society 2018)
- People admitted to hospital who also have dementia stay in hospital for longer, are more likely to be readmitted and more likely to die than patients without dementia who are admitted for the same reason (CQC 2013)

NICE guidelines [NG97] (June 2018) highlight the importance of person-centred care specifically in meeting the needs of people with dementia, and their carers. As an acute trust, inpatient stays form a small part of the person's health journey. However, the need to involve the person with dementia in their own health and social care planning is essential to optimising wellness. This paper aims to review the Trust's activities and strategy for dementia care and dementia friendliness as part of the overall patient (and carer) journey.

2. Executive Summary

With approximately 1200 unplanned admissions to the Trust per year, it is evident that patients with a dementia diagnosis require person-centred care planning to support wellness and to meet the personal needs and wishes of both the person with dementia, and their carers. Due to memory loss and cognitive impairment, patients with dementia often find their admission to hospital to be a difficult, disorientating and sometimes traumatic experience. In order to provide support and care for people with dementia, the Trust has identified a number of key activities to promote quality dementia care and to ensure a dementia friendly ethos to maximise wellness and minimise distress. This paper summarises current activities and makes recommendations for future practices.

3. Report Headings

Dementia Charter

In February 2017, the Trust established a 'Dementia Charter' overseen by the 'Here to Care' Steering Group. The group had responsibility for monitoring work streams linked to dementia care and established several projects to enhance dementia care, including John's Campaign, a revised visiting policy and adoption of the Butterfly Care Pathway. With a clear focus on person-centred care the work streams highlighted the need for specific dementia care for patients. Whilst the charter tracked practice developments and changes, the 'Here to Care' group lost momentum and no longer meets.

A Butterfly Champions group was established to bring together operational staff with an interest in improving dementia care. This network was encouraged to explore areas of good practice, share with colleagues and discuss any areas of challenge or concern that could be addressed at a trustwide level.

It is proposed that a dementia strategy is developed with a clear focus on personalised care for patients with dementia (and their carers) to reflect the NICE guidelines [NG97] and the NHS Long Term Plan (2019) for supporting people to age well, specifically

- *helping more people to live independently at home for longer*
- *making further progress on care for people with dementia*
- *giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.*
- *improving the recognition of carers and the support they receive*

Dementia Friendly Hospital

The Dementia Friendly Hospital Charter was first established in 2012 and was updated in 2018. The Charter provides guidelines for hospitals to work by to try and make the experience of visits better for people living with dementia. A number of Trusts across Yorkshire and Humber have signed up to the Charter which is a public declaration of being 'dementia friendly' and requires an action plan to achieve dementia friendly hospital status. Whilst our Trust commits to the principles, we have not yet signed up to the Charter.

In Autumn 2018, members of staff arranged an outreach session at Dementia Friendly Keighley in Airedale Shopping Centre, Keighley, to hear about people's experiences and offer information. Due to staffing capacity, we have not been able to sustain this but would like to resurrect in the future as part of delivering on the Trust's equality objectives.

Working with Partners

Trust representatives are active participants in the Dementia Strategy Group for Bradford District led by Senior Commissioners for AWC and Bradford CCGs. The strategy group aims to consider the person's journey through health and social care services and identifies the needs of the person with dementia, and their carers, as part of multi-agency working. This group has recently been invited to bid for research

monies to focus activities on supporting people with dementia across the Bradford District, and to strengthen a seamless service for people and their carers.

Environmental

The PLACE (Patient-Led Assessments of the Care Environment) audits are undertaken on an annual basis to establish the environmental factors influencing care. For each clinical and communal environment, a dementia assessment is undertaken. The last audit was completed in spring 2018 with the report produced in September 2018.

Overall, the scores for the audit are broadly similar to the national scores with the exception of 2 areas:

Dementia assessments:	Trust Score 72.5%	National Score 78.8%
Ward Food:	Trust Score 93.5%	National Score 90.5%

The dementia assessment focuses on signage, flooring, toilets and wall coverings and represents the Trust's lowest achievement in the audit.

Key areas where the Trust has failed to meet the standard are:

- Where flooring has been repaired with a contrasting colour to the required non-reflective, non-patterned flooring.
- White toilet seats blend into the same colour as the toilet/bathroom walls and floors
- Signage is not prominently displayed with both words and pictures to indicate location of the toilets.
- Lack of distinctive colours of taps to indicate hot and cold i.e. red taps and blue taps.

Key strengths of the PLACE audit are in the quality of ward food with the Trust achieving a higher than national score. The details of ward food are discussed in Social Activities below.

The PLACE audit is undergoing a national review and as such is delayed for this year until September 2019.

At ward level, there has been an investment in adapting the environment to engage people with dementia. On ward 6 a 'Butterfly Café' has been created using wall paper and easy chairs to create an informal, social environment. This has been used for social activities and is brightly coloured with clear signage and familiar pictures for patients. Additionally on Ward 9, a social area has been created and a bus stop has been adopted from the local bus company, to add familiarity and context for patients with dementia. Adapting the environment to appear less clinical has reduced anxiety and promoted social engagement for patients. Ward 4 continues to experience patients wandering from the ward and the need to have swipe access both into and out of the ward is paramount. This is being implemented very shortly to promote patient safety, whilst not restricting patients' movements around the ward area.

Social Activities/Events

Building on the changes to environment in some of the ward areas, staff have been working to provide activities for patients (and their carers) within the ward setting. Ward 6 engaged a volunteer to provide a variety of activities and these were very well received. This embedded well due to support from a staff member allocated to deliver on this workstream.

This is going to be rolled out across all the wards where patients with dementia may be located. A recent bid was granted by the Pears Foundation to focus on recruiting and delivering programmes for young volunteers. A volunteer co-ordinator post is in the process of being developed with a view to starting in May 2019. The project supports the engagement of young people to work with people with dementia on the wards to enhance social activities. This is further supported by visits from children at a local school, who sing for patients.

The Trust has recently purchased a second DART (Digital and Reminiscence Therapy) unit which is regularly in use in AAU. A recent donation of both 'twiddle muffs' and 'twiddle blankets' has provided a colourful, stimulating product for patients, to support relaxation and reduce anxiety.

The Trust has recently piloted a finger buffet style food option for patients on wards 4, 6, 9 and 10. This has been well received with feedback indicating some patients are eating more and engaging more. This needs to be embedded and will be a key focus for the patient experience officer to train mealtime assistant volunteers to support the implementation. Additionally, this group of ward managers are planning to trial hydration stations to support fluid intake for people with dementia.

Each year the trust has supported Dementia Action Week with a variety of activities to increase awareness of the support available to patients and carers. A task and finish group will be established to put together a short programme of activities for the event in May 2019. In addition to this, a marketplace for dementia services aimed at staff has been arranged for April 2019 by the Therapies team.

Personalised Care

The Trust has engaged in an NHSI collaborative exploring enhance care for patients who have a cognitive impairment. An assessment of need is undertaken and a level of enhanced care identified. The levels range from level 1 (minimal supervision) to level 4 (at arm's length) and are designed to enable staff to care for patients in a supportive and constructive manner. Enhanced care is not purely about providing supervision, but is a constructive approach to providing enhanced interventions to engage with patients to limit their distress and anxiety. Enhanced care was piloted on wards 6 and 9 and within a 30 day period indicated that patients who engaged with staff in a more constructive and active manner were more relaxed, less agitated and slept better. Enhanced care is now being reviewed and is currently being rolled out to the rest of the ward areas.

All patients with a diagnosis of dementia are invited (along with their carers) to develop a Butterfly Care pathway. This process involves a personalised care plan and is a live document which reflects the patients' needs as their disease progresses. All patients on this pathway have a butterfly icon on their system1 record to indicate a plan is in place. The Trust has bought into the Butterfly Care scheme and was the second Trust in the country to engage with this. Recently staff from North of England and Wales visited the ED to review how the butterfly care pathway has been adopted in emergency care. The Trust was seen as a leading service for this environment, with a dedicated room for patients with dementia. The room is less clinical and has brightly coloured wall covering to enhance engagement and to reduce patient anxiety. The Lead Nurse on AAU has also identified a side room to be decorated with wallpaper and to provide a more homely feel for patients with dementia and also for patients who are at the end of life.

To further support patients with a sense of normalcy, the ward areas adopted an 'end to PJ paralysis' campaign which involves dressing patients in day clothes to minimise a sense of illness and to encourage engagement and activity, where safe to do so. This has helped to orientate patients and has reduced anxiety.

To promote patient safety, wards 4, 5, 6, 9, 10 and AAU have embedded safety huddles as part of an NHSI initiative. This has led to a reduction in falls, reduction in pressure ulcers, but has also highlighted patients at most risk and allows ward managers to manage such risks with additional support, aids, resources, as necessary. This project is still being supported by NHSI who visit the clinical areas on a quarterly basis. Feedback to date is excellent and the data indicates a clear reduction in falls and pressure ulcers. The roll out of safety huddles across the remaining wards is currently underway.

Education & Training

Dementia awareness training is mandatory for all staff, clinical, non-clinical, volunteers and bank/agency. Compliance is >90%. Additionally, clinical staff can undertake a full study day to explore dementia care more fully. The current education is delivered either face to face or via a workbook. This is currently being revised and an additional e-learning package is being made available to support staff education and training in delivering quality care to patients with dementia.

Patient and carer's stories are a crucial learning opportunity and understanding carer's experiences helps to add a depth of awareness to challenge practice. Following the National Audit of Dementia [NAD] 2018,

a core area in need of development, was understanding carer's perspectives. This remains a key objective. The NAD for 2019 has had data collected and the report is due later this year.

All Mealtime Assistant Volunteers will be expected to attend a Dementia Awareness training session. Currently all trust volunteers have a section about Dementia in their mandatory training workbook.

4. Conclusions

It is evident that a number of valuable work streams are focused on improving patient experience and dementia friendliness of the Trust. There are clear examples of excellent practice. However, there are aspects which require further development and would be addressed as part of the development of a dementia strategy. In the CQC report of 2019, there were expressed concerns at the Trust not having a lead nurse for dementia. The Frailty Steering group will consider how to fulfil this role.

5. Recommendations

Key recommendations include:

1. Development of a Dementia Strategy. This may be incorporated into a wider strategy addressing Frailty, whilst recognising the need for personalised dementia care. This strategy will also consider the use of 'Advanced Care Plans' (NHSE 2018, Prime Minister's Challenge on Dementia by 2020) for all patients to ensure personalised care for people with dementia and to enhance seamless care across community and inpatient services.
2. Consider the links between Dementia Care and End of Life work streams to enhance patient experience and to meet patient's needs.
3. Establishment of a Frailty Steering group to oversee the strategy for dementia care and frailty, across the patient journey linking primary and secondary care services.
4. Establishment of a coherent Carers Strategy, supporting and working with carers to optimise their own wellness whilst supporting the person with dementia.
5. Consider signing up to the Dementia Friendly Hospital Charter, to underpin the trust's dementia strategy
6. Consider consistent environmental changes to signage and flooring.
7. Consider swipe access to all wards where patients with dementia may be staying.
8. Establish and embed finger buffet food and hydration stations.
9. Consider roll out of enhanced care to all clinical areas, not just wards.
10. Review and promotion of accessible information for all patients and carers across the Trust aligning with the NHS England Accessible Information Standard