

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>9</b>
<b>Date of Meeting:</b>	<b>27 November 2019</b>		

<b>Title of Report:</b>	<b>Dementia Care Update</b>
<b>Status:</b>	<b>For information</b>
<b>Board Sponsor:</b>	<b>Dr Bernie Marden, Medical Director</b>
<b>Author:</b>	<b>Dr Chris Dyer, Consultant Geriatrician and Jane Davies, Senior Nurse for Quality Improvement and Adults at Risk</b>
<b>Appendices</b>	<b>None</b>

### 1. **Executive Summary of the Report**

There has been considerable work on improving dementia care at the RUH in the last twelve months. The most striking changes have been in the number of volunteers we have working with people with dementia across the Trust. At last count there were 59 individuals providing about 1200 hours of care per year. A huge thank you to Tracy Williams who is our Alzheimer's Society volunteer coordinator for the Friendly Faces project. The programme has now been evaluated and the qualitative data is strongly positive. Several ward environments, such as Combe and Waterhouse have been transformed with activities, art, music and poetry. When volunteers are present, levels of agitation fall in patients. Length of stay also shows a decline after previous rises and may represent better discharge processes as well as higher quality interventions on wards including the Friendly Faces project. The project ends in March 2020 and unless the RUH approves the funding of the coordinator it will cease. A business case is progressing through the stages of business planning and a decision is expected shortly. Three years ago, the Trust board agreed to fund the coordinator if successful, and the donors to Forever Friends were approached on this basis. Also integral to the volunteering, but not part of the business case, is Art at the Heart and Soundbite who also support the volunteers and are funded by Forever Friends and other grants. The strategy group notes their funding streams are precarious but their impact across the hospital is enormous.

The National Audit of Dementia 2018 shows we are above average as a Trust, but more work is required to achieve our ambition. Staffing and lack of specials have been highlighted as areas of concern by staff in the audit, while the carer view of our care for people with dementia is extremely high. We still face challenges in terms of ensuring mandatory training is over the target of 90%, but a new system for junior doctor training (which has a deficit) commenced in August 2019. Our action plan focuses on several quality areas such as improved delirium screening, pain assessments and training.

### 2. **Recommendations (Note, Approve, Discuss)**

To note and discuss

### 3. **Legal / Regulatory Implications**

There are no legal or regulatory implications of the report.

### 4. **Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

Risk

<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
None from this report	

<b>6.</b>	<b>Equality and Diversity</b>
No issues identified	

<b>7.</b>	<b>References to previous reports</b>
Dementia Strategy Group	

<b>8.</b>	<b>Freedom of Information</b>
Public	

**Dementia Care at Royal United Hospital Bath NHS Trust**

**Dementia Strategy Working Group**

**Report completed in May 2019  
Action plan 2019-20**

Update November 2019

Appendix 1. Trust vision 2015-20 with 2019 progress update

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### **Summary of dementia care RUH 2019**

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**KEY DATA relating to Dementia Care 2019**

**Length of Stay**

Y-T-D Average LOS (days)	2016/2017	2017/2018	2018/2019
<b>Average LOS</b>	11.6	10.7	9.8

Figures show a sustained reduction in length of stay over past three years. The dementia volunteer programme and further work on discharge processes such as Home first could be responsible.

**Dementia coordinator contacts**

Between 50-70 patients with dementia are seen by the 2.0 WTE coordinators who work across a seven day week. This often involves complex case management and support for carers. This represents about 40% of people with dementia admitted to RUH. There is an electronic flag and referral system and a prioritisation process, e.g. patients in residential or nursing homes, or with only mild dementia will not normally be seen. More staff would be required for this. The coordinators support the patient, carer and ward staff while also carrying out on ward training, formal education and strategic aims such as liaison with other groups and volunteers. The coordinators were named Team of the Month in June 2019 and were shortlisted from 100 teams for National Dementia Team of the Year.

**Mandatory training:**

Just below targets but improving performance: Level 1 compliance 89.9%, Level 2 85.5% of targets 90% or higher.

	• Target	• 2016/2017	• 2017/2018	• 2018/2019	• Q2 2019/20
<b>Level 1</b>	• 90%	• 53.11%	• 79.09%	• 89.9%	• 90.9%
<b>Level 2</b>	• 90%	• Not applic	• 72.49%	• 85.1%	• 77.7%

Level 2 training started in 2017-18.

Junior doctors are a key area as not included in their induction mandatory training. This group is being targeted with Level 2 training at induction. A new e-learning module has been developed to replace level 2 to focus more on personalised care.

**Dementia Case finding data**

It has been agreed with BaNES CCG that we no longer need to record this data which applied to a CQUIN which has now ceased. It remains a contractual requirement (which we deliver) however but does not need specific reporting.

**Complaints** relating to dementia including PALS

These are reported to the dementia strategy group. In 2018 -19 there were 12 PALS relating to patients with dementia.

They are broken down as follows:

1. A parking fine was given to a carer of an inpatient with dementia. The fine was cancelled.
2. Staff attitude and behaviour – Three cases [1 ward, 1 outpatient, 1 ED], apologies made and team informed.
3. Discharge process – two cases. Resolved with more information provided.
4. Clinical care – two cases. Falls risk and ensuring relative was helped to eat.
5. Communication – four cases – three are general information requests about dementia care. One case - Patient turned away from test after refusing it but this may have been possible with more time or family present.

## National Audit of Dementia results 2018

**Table 6:** Your hospital's scores and rankings

Scoring	National Score Round 4	Your hospital score Round 4	Your hospital rank Round 4 (out of)	Your hospital score Round 3	Your hospital rank Round 3 (out of)
Governance	68%	93.8	32 (195)	81.3	53 (199)
Nutrition	89%	100	1 (195)	75	134 (199)
Discharge	76%	81.1	76 (191)	87.2	34 (195)
Assessment	87%	90.5	71 (191)	91	28 (195)
Staff rating communication	66%	63	129 (182)	69.2	30 (182)
Carer rating: communication	66%	78.9	12 (141)	75.4	25 (148)
Carer rating of patient care	73%	84.1	11 (141)	84.1	15 (148)

The results show that we are well above national average in nutrition, governance and carer rating of communication and patient care. We are about average in assessment, discharge and below average in staff rating. It should be noted that nationally scores have little spread in these areas. The dementia strategy group has reviewed the results and agreed on an action plan.

In brief, the view is that staff did not perceive their level of support to be sufficient in managing (agitated) patients. This is thought to relate to staffing levels including availability of specials, and training experience. There are dementia coordinators and mental health liaison staff in the hospital seven days a week, but they cannot see everyone with dementia. Assessment improvements are delirium and pain identification. Discharge relates to the (documented) notice relatives have about a discharge and what written record is noted of conversations about discharge. The next audit will be 2020 and the format will change to be more concise and only cover core quality areas.

## ACTION PLAN 2019-20

1. **Fund raising** – Forever Friends focusing on ward by ward support (Critical Care and Pierce ward first)
2. **Friendly Faces:** Submit business case for long term funding for Alzheimer’s Society dementia volunteer.
3. **Pain:** Abbey pain score – greater awareness and use in patients with dementia (audit)
4. **Personalisation:** Increase use of ‘This is Me’ document to 75% (October figures 71%)
5. **Training:** Ensure medical and bank staff receive mandatory training; update e-learning; teams to focus on staff support
6. **Delirium:** Increase use of delirium assessment and use of ‘4AT’ tool (audit)
7. **Discharge:** Record of communications with families and patient – include patient stories in communications

### Action plan 2017-19 - results

The following 7 areas were focused on - (themes in quotations represent the focus within core vision):

**1. Volunteer / arts and activities ‘Friendly Faces’ project implementation – “research/ innovation” Lead: CED/ MV-T**

The project is in its final year and is on target to deliver its key objectives. The funding for this has also supported more arts, activities, music and equipment. An incredible 59 volunteers have been recruited through our dementia volunteer Tracy Williams, who works for the Alzheimer’s Society, funded by generous donors through the Forever Friends appeal. By the end of 2018 about 2400 hours of care had been provided in line with our plan. An evaluation report by RICE has demonstrated excellent qualitative outcomes and is available on request. The project is highly valued by staff, patients and carers who have indicated strong support for its continuation. There has been a lower length of stay for people with dementia during the project, although it is not possible to determine whether the programme has a direct effect. The Alzheimer’s Society have been very impressed with our partnership: they have told us that we are one of only two Trusts in the country to be working at this level.

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**A key action** for the RUH is to consider whether it will approve an extension of the Friendly Faces project, in collaboration with the Alzheimer’s Society. A separate report and business case has been prepared as it is due to complete at the end of March 2020. (Nov update – this is included in the Volunteering business case being progressed by Sharon Manhi].



**2. National Audit of Dementia**

During 2018 the RUH undertook the third wave of the National Audit of Dementia, participating in an organisational questionnaire, case note audit and staff and carer surveys. Results available.

**3. Forever Friends Fundraising Appeal – agree details and establish launch date Lead: CED**

2019 update: A draft business case has been developed and is being worked through with Forever Friends. Support for a fund to enhance ward redevelopment, small works fund and a possible dementia centre with a virtual reality ‘empathy’ suite is on the list.

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**4. “Staff support/ training” -90% target for training Lead: JD**

Dementia training is split between two levels, level 1: awareness training which is essential for all staff and level 2 training which incorporates level 1 which is essential for patient facing staff. Compliance figures at the end of Quarter 4 2018- 2019 are demonstrated for both levels in the table below:

Subject	Refresher period	Current Target	Compliance at Census				Number of staff requiring training	Number of staff trained	Number of staff not trained
			2018/2019						
			Q1	Q2	Q3	Q4			
Dementia Awareness Level 1	Once only	90.0%	85.0%	87.8%	89.1%	89.9%	5907	5333	574
Dementia Level 2	Once only	90.0%	82.0%	82.0%	83.0%	85.1%	1450	1249	201

Level 1 training is just below the target of 90.0%, however there has been a steady increase in compliance year on year since the introduction of the dementia training.

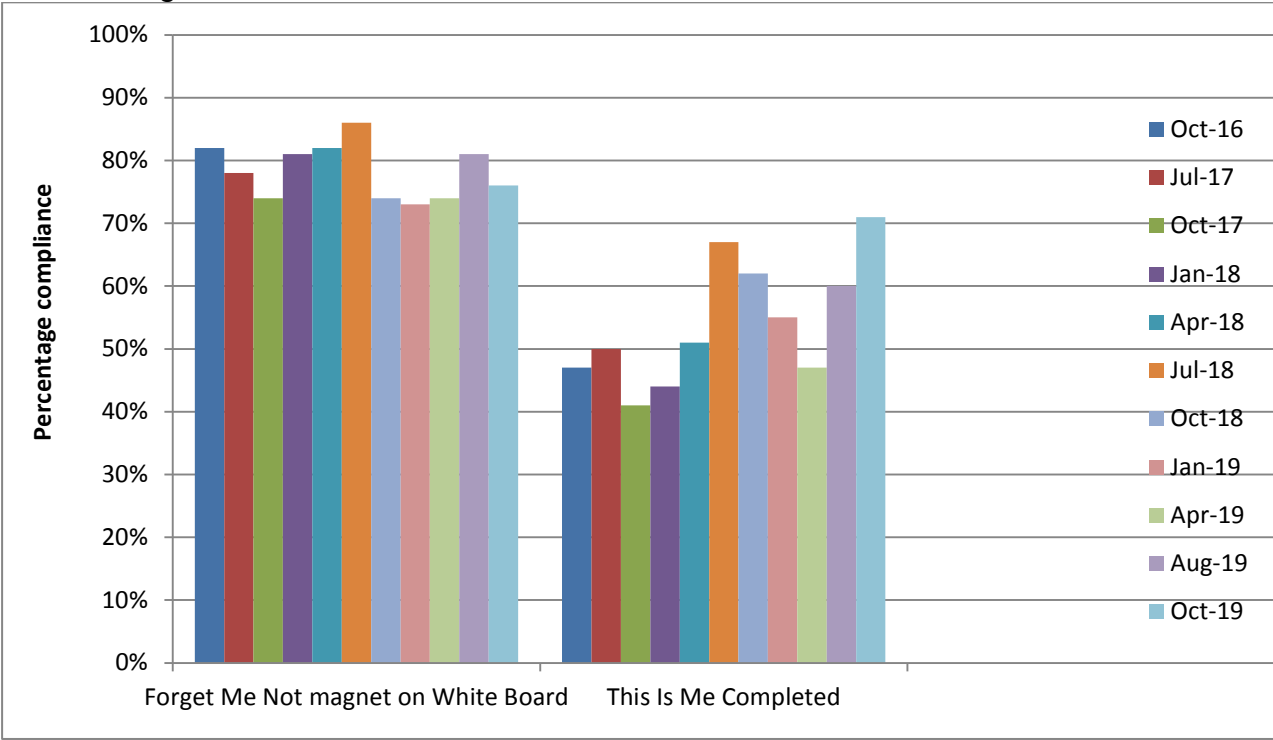
	2016/2017	2017/2018	2018/2019
Level 1	53.11%	79.09%	89.9%
Level 2	Not Available	72.49%	85.1%

Training is delivered through regular face to face sessions which can be adapted and delivered to bespoke groups. Additionally, eLearning is available for both levels, this is currently being updated. Doctors in training and bank staff will be targeted over the next year to increase their compliance with dementia training.

**5. Continued focus on core areas: Charter Mark progress and This is Me use through audits Lead- Dementia coordinators**

All wards have achieved their dementia charter mark during 2017-18. To ensure that standards are maintained, the dementia charter mark has been reviewed and refreshed during 2018. The new charter mark was tested in April 2019 as part of the silver accreditation. Many of the charter mark standards have now been incorporated into the accreditation program, therefore the two programs will now run side by side.

The “This is Me” audit is undertaken by the Dementia Co-ordinators quarterly, as part of this audit, the use of the Forget me Not magnet on the white board is also monitored. Results are as demonstrated below:



Results of the audit are fed back to ward sisters. While the latest figure for This is Me is 71% generally improvements have not been sustained despite testing different methods of highlighting the “This is Me” document. The dementia group will consider any innovative ways of reaching the 75% “This is Me” target, and 90% Forget me Not identifier.

**Chris Dyer & Jane Davies on behalf of the Dementia Strategy Group**

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## APPENDIX 1. RUH dementia care vision 2015-20

### *Dementia Care 5 year Vision 2019 review of progress*

The Royal United Hospital Bath's vision is to be the first truly dementia friendly hospital in England by 2020

**“An innovative hospital leading cutting edge research and delivering the highest standards of care for people with dementia”**

**Themes: together, caring, learning, environment**

**This means:**

1. **Being the best provider of acute care for people with dementia in England, as measured by patient and hospital outcome data, where:**
  - The views of patients with dementia and their carers are sought consistently and valued. This means that:
    - *All wards that care for people with dementia conduct and review carer surveys, with a range of 30-60 surveys per year (depending on type of ward) and results available on the ward “dashboard” and by 2018 to the public.*
    - *Regular focus group meetings are held with carers and members of the dementia strategy group to review the carer surveys and agree relevant actions*
    - *Working closely with partner organisations in statutory and voluntary sectors is second nature\**

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- *Targets for improvements in levels of satisfaction are agreed by the carer focus groups which are stretching and ensure the highest levels of “very satisfied” that is considered possible, and which are considered to be nationally leading.*

**2019 update: we have not had the capacity to undertake these surveys although the National audit will include staff and patient/ care surveys**

- Personalised dementia care is always achieved. This means that:
  - *RUH is in the top decile of the National Audit of Dementia Care*
  - *A carer strategy is enacted to ensure, for example, that carers consistently have “passports of care”, and there is documentary evidence of carer involvement in patient notes.*
  - *Over 95% recognition as to who has dementia via “Forget-Me-Not” signs on whiteboards and wristbands*
  - *Assessment of mental capacity and the use of “DOLS” is fully understood by staff*
  - *Music, arts and activities are integral components and available across all wards*
  - *Care pathways and dementia policies are regularly reviewed and developed*
  - *Hospital care is seen as a continuum of community care, i.e. working seamlessly with primary care and other support services*

**2019 update: use of “Forget-me-Nots” has reduced; mental capacity training imbedded; further work on policies needed; music, arts and activities high priority and volunteer project needs long term funding stream**

- A Dementia team is established incorporating clinical leaders, trainers, researchers, dementia coordinators and mental health workers. This means:
  - *A 7 day per week mental health service and dementia coordinators have the capacity to review all appropriate patients within 24 hours of referral, 7 days per week.*
  - *The RUH dementia strategy group has sufficient staff with dedicated time spent on quality improvement work in this area*
  - *The following work streams are created, with key actions: 1. Carer focus; 2. Research and innovation; 3. Staff support/ training; 4. Environment*

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**2019 update: 7- day service in place, more funding would be required to dedicate more staff to this area – currently subject of proposals for fund raising appeal**

- The RUH Dementia Ward Charter mark drives the very highest care on all wards. Specifically-
  - All (relevant) wards are assessed for the charter mark
  - All achieve a GOLD standard by 2020.
  - A revised charter mark introduced during 2015-16 which is achieved by all older people's wards
  - All wards with a charter mark must achieve the carer survey numbers and act on survey findings
  - Charter Marks are removed if concerns are identified, and rapid action is taken by the dementia team with the ward team to remedy the situation

**2019 update: Roll out of latest Dementia Charter Mark**

- A volunteer coordinator project is introduced that supports 4800 hours of volunteer activity 2017-20
  - A project is being developed and funding identified in 2015 to introduce and research the role of volunteers in dementia care

**2019 update: This project commenced in March 2017 and so far over 2400 hours of volunteering has been undertaken**

**in first 2 years, on target, with an amazing 59 volunteers.**

## 2. A highly trained workforce is developed that works proactively with carers

- A strategy is developed that ensures all staff receive training at an appropriate level at least consistent with Health Education England targets

**2019 update: Compliance for Level 2 = 85.5% and for Level 1 = 89.9% (April 2019) against a target of 90%. This is an improvement on the previous 12 month position. Doctors in training to be targeted, to improve their compliance with Level dementia training.**

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**3. An environment is created across the whole hospital that meets the King’s Fund dementia friendly principles-**

*{Note: To close, refurbish all wards and departments in the RUH will take more than 5 years to achieve.}*

- Agree design principles for all older people’s wards and RUH West, consistent with the “Combe ward” redesign,
- To take opportunities to redevelop areas in each ward using dementia friendly principles such as the Emergency Department, Assessment Units, and all adult wards.
- Ensure all areas hallmarked for redevelopment adopt dementia friendly design
- A member of the Estates team is an integral part of the dementia strategy group
- The atrium and other communal spaces are assessed, signage reviewed and revamped as necessary
- All outpatient areas are reviewed and fracture clinic revamped utilising dementia friendly principles
- A telecare demonstration suite is redeveloped
- A dementia simulation suite (virtual reality) and environmental stimulation lounges (former day rooms) are scoped and introduced

***2019 update: The Emergency Department, Medical Assessment Unit and the modular decant ward have all been refurbished / developed using dementia friendly principles. New Surgical Assessment Unit is due to be developed with dementia friendly principles May 2019. Several areas have benefitted from new equipment and mobile tablets (RITAs) which provide patient distraction and stimulation. Additionally during 2018 all inpatient areas were provided with a box of dementia friendly activities for use by their patients, these boxes included a radio or music player, jigsaw puzzles, dominos and colouring books.***

**4. Cutting edge innovation and research is developed with key staff appointed, partnering RICE, Designability, AWP Mental Health Trust, and the Universities of Bath & Bristol:**

- Patients are able to participate in high quality research
- Research is focused on improving care systems and patient/ carer experience
- Innovative practice is rapidly adopted
- Delirium research is developed
- The benefits of music, art, and the environment are researched and championed

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- Parkinson's dementia
- Research in the ED/ MAU
- Research outcomes and innovation from other studies or units are rapidly adopted

***2019 update: awaiting outcome of Forever Friends appeal decision. Work between OPU and RICE and R&D is progressing to develop joint research programme.***

5. **A fund –raising strategy** would be developed to support the vision

- Forever Friends Appeal Team are working with the dementia strategy group
- A volunteer coordinator project has been developed and part funding identified in 2015 so far

**2019 update: the volunteer project commenced in 2017 and a decision on further fund raising is expected within the next few months aiming to start in 2020**

- Partners are: Alzheimer's Support, Alzheimer's Society, Age UK, BaNES Carers' Centre, Wiltshire Carer Support, RICE, Designability

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