Excellent dementia care at Kingston Hospital

Our Dementia Strategy

2014 - 2017
An Alzheimer’s Request

Do not ask me to remember
Don’t try to make me understand
Let me rest and know you’re with me
Kiss my cheek and hold my hand.

I’m confused beyond your concept
I am sad and sick and lost
All I know is that I need you
To be with me at all costs.

Please do not lose your patience with me
Do not scold me or curse or cry
I can’t help the way I’m acting
I can’t be different though I try.

Just remember that I need you
And the best of me is gone
Please don’t fail to stand beside me
And love me till my life is done.

Owen Darnell
Foreword

Dementia is a condition that affects Kingston Hospital more than most as we serve an area that has one of the highest life expectancies in the country. As a result, nearly half of our patients over 75 have dementia, which is double the national average. With an increasingly ageing population, we are only going to be caring for more patients with dementia. This means we need to completely rethink the way we care for patients on our wards – changing sterile clinical environments with lots of corners, into one that is easier for patients to navigate and less alienating. This strategy is vital to ensuring that we have the right staff, environment, care pathways, support and systems in place to provide our patients and their families and carers with the best experience possible when they are being looked after by Kingston Hospital.

Patients with dementia do often have multiple and very complex needs and being in Hospital can be very unsettling and, for some, a frightening experience. We have listened to, and worked with, many patients, staff, carers, relatives, community organisations and the voluntary sector to develop this strategy and as a result I know we will be focusing on the things that are the most important and beneficial to patients with dementia and their families and carers.

It is an ambitious strategy, but one that I and everyone involved with dementia care at Kingston Hospital is committed to delivering.

Dementia is something that has touched me both professionally and personally. I am therefore thankful for the energy and commitment that staff, carers, patients and partner organisations have shown in the development of this strategy.

Kingston Hospital has already many achievements to be proud of in improving the care of patients with dementia and the care of their carers. The development of this strategy has shown that there is much more that we can and must do. What matters now is that the commitments made within this strategy become reality and make a real difference to patients, their carers and staff working with them. This strategy, and the process with which it has been created, has provided an excellent basis for us to achieve our goal of excellence and we are committed to its delivery.

Duncan Burton
Director of Nursing & Patient Experience
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Kate Grimes
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1. Introduction

Kingston Hospital NHS Foundation Trust is dedicated to providing excellent patient care to the people of Kingston, Richmond and surrounding areas. We are ambitious for the services we provide. Our aim is “…to be the hospital of choice for our local community, recognised for excellent and innovative emergency, surgical, acute medicine and maternity services, supported by caring and valued staff”. To us, being the hospital of choice means:

• Ensuring that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience.
• Ensuring a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients.
• Working creatively with our partners to develop sustainable high quality care as part of the thriving health economy for the future.
• Delivering sustainable, well managed, value for money services.

Our values: caring; safe; responsible; value each other underpin all we do.

The quality of our clinical services is the cornerstone of helping to deliver our vision. A key component of our overall clinical service strategy is to become an exemplar site for dementia care, responding to the profile of our local population.

This strategy sets out how we will work with our patients, carers, staff and partners to deliver consistently excellent dementia care at Kingston Hospital in the future. It describes the experiences we want to provide for our many patients and carers affected by dementia, and also those who provide our services and work with us as partners. Covering the period 2014 – 2017, it sets out our plans to ensure consistently excellent dementia experiences across our hospital, ensure our workforce are skilled to deliver our expectations over this time and realise our ambition to be an exemplar site for dementia care. By delivering excellence in care of patients with dementia we will ensure that we achieve the same level of excellence for all frail and vulnerable patients and their carers cared for by Kingston Hospital.

We recognise that to achieve excellence in dementia will require us to actively engage with external partners and organisations. This strategy commits to us to continuing to engage with, and being actively part of, the strategies of our partner organisations as we collectively tackle the whole health and social care transformations required to improve pathways of care.
2. National context

“We want to ensure that people with dementia and their carers receive high quality, compassionate care whether they are at home, in hospital or in a care home. We want the person with dementia, and their family and carer, to be at the heart of everything we do. We also want their wellbeing and quality of life to be first and foremost in the minds of those commissioning and providing services for them.”

Prime Minister’s Challenge on Dementia, May 2013

There are approximately 670,000 people in England living with dementia and around 550,000 carers of people with dementia. It is estimated that one in three people will care for a person with dementia in their lifetime. Dementia mainly affects older people, although there is growing awareness of cases starting before the age of 65. After 65, the likelihood of developing dementia roughly doubles every five years. The number of people with dementia across the UK will double in the next 30 years.

Dementia is progressive and currently incurable. Symptoms include memory loss, mood changes and problems with communication and reasoning. Dementia has a huge impact on people living with the condition, their families, carers and society more generally. Key statistics outline the scale of the challenge:

- **Mortality** – Alzheimer’s disease is one of the top causes of premature mortality in the UK – accounting for 2.6% of years of life lost in the 2010 Global Burden of Disease Study.
- **Diagnosis** – currently less than half of people with dementia (48%) have a formal diagnosis or contact with specialist services (Department of Health (DoH) November 2013).
- **Hospital care** – an estimated 25% of hospital beds are occupied by people with dementia (Alzheimer’s Society 2009). People with dementia stay in hospital for longer, are more likely to be re-admitted and more likely to die than patients admitted for the same condition without dementia (Care Quality Commission (CQC) 2013).
- **Cost** – dementia costs society an estimated £19 billion a year, more than the costs of cancer, heart disease or stroke (Prime Minister’s Challenge on Dementia May 2013).

The need to improve dementia care is high on the nation’s agenda:

- In 2011 the Royal College of Nursing (RCN) reinforced its commitment to the care of people with dementia in acute settings with a particular focus on: staffing; partnerships; assessment; individualised care and environments (SPACE – supporting good dementia care).
- In 2012 the Dementia Action Alliance and NHS Institute launched a Call to Action to improve the care of people with dementia in acute hospitals.
- In 2012 the Prime Minister launched the ‘dementia challenge’ to ensure improvements in dementia care and research by 2015.
- The 2012/13 NHS Operating Framework placed a renewed emphasis on implementing the Dementia Strategy (DoH 2009) with a new Commissioning for Quality and Innovation (CQUIN) goal of improving diagnosis of people with dementia in hospital.
3. Local context: our starting position

Eight per cent of the people of the Borough of Kingston have dementia at the moment and 48% of Kingston Hospital inpatients over the age of 75 have confirmed or suspected dementia. For those with dementia over the age of 70, the risk of dying during a hospital admission is 18% compared to 8% for those without (NHS overall).

We have made good progress in caring for our inpatients with dementia and their families and carers including:

- Introducing our Forget-Me-Not scheme to enable all staff to easily identify patients with dementia.
- Introducing our blue bracelet scheme enabling staff in our A&E Department to easily recognise patients with dementia.
- Developing over 70 dementia champions across the organisation drawn from a range of staff in both clinical and nonclinical departments.
- Establishing an active Dementia & Delirium Team including carers’ representatives who lead on work to improve the care of patients with dementia.
- Appointing a dedicated service improvement lead for dementia and delirium.
- Introducing a full time Psychiatric Liaison Service for older adults.
- Developing a carers survey to monitor the experience of carers and patients.
- Aiming to meet the requirements of the national dementia CQUIN.
- Securing education funding to support dementia activities training with our healthcare assistants and volunteers.
- Developing relationships with local third sector organisations to create a single point of access to signpost patients and carers to.
- Introducing a scheme for volunteers for people with dementia and dining companions to assist at mealtimes.
- Providing training throughout the organisation, working in partnership with local university providers to deliver.

In addition to this, our Friends and Family Test (FFT) has been tailored to identify people with dementia, and carers of people with dementia. The aim is to use this feedback to address themes that lead to improvements in our quality of dementia care. The majority of people surveyed so far said that they would recommend our services as they felt staff were very kind and caring and that services were effective. However there were some areas for improvement identified, such as keeping relatives informed about what is happening and improving staff members’ knowledge about dementia. Addressing these areas is reflected in our strategy.

We are proud of the services we deliver but we know there is more we can do to improve. Our challenge is to be consistently excellent in all we do. This strategy sets out how we will rise to this challenge.
4. **Our vision for consistently excellent dementia care at Kingston Hospital**

Our vision is to provide *consistently excellent dementia care at Kingston Hospital*. We have developed this vision in partnership with our patients and carers and those who provide our services – our staff and partners. In September 2013, we hosted two half-day conferences attended by almost 200 carers, members of staff and health partners. An on-line survey enabled those who could not attend the events to also give their input about the kind of improvements we should prioritise to enable consistently excellent care. A working group of leaders and clinical experts then used this feedback to develop this strategy.

When we listened to our conference attendees, five strategic priorities emerged. These priorities have driven the development of our plans. They are summarised below and described in further detail in the following section (5):

- **Early diagnosis, excellent clinical treatment and care** – ensuring we diagnose dementia and delirium at the right time, in the right place and provide the right support afterwards.
- **Positive relationships of care** – ensuring we have a culture of excellent, compassionate care provided by staff who are confident in their roles to deliver this.
- **Involved and supported carers** – ensuring a culture that always involves and engages carers as partners in care, where carers are actively welcomed and invited into this role and their changing needs are actively addressed.
- **Active days and calm nights** – enabling patients to maintain their rituals and routines despite being in hospital and supporting patients to engage in meaningful activities to encourage social engagement, maintenance of function and recovery.
- **Environments of care** – creating a truly dementia friendly hospital site with secure, safe, homely and comfortable social and therapeutic environments that facilitate all types of functioning.

The illustrations below capture the essence of this vision. They were created on the day of our two conferences, inspired by group discussions.

*Figure 2: Our vision for consistently excellent dementia care at Kingston Hospital NHS Foundation Trust*
5. Delivering our strategic priorities

5.1 Strategic priority 1: early diagnosis, excellent clinical care and treatment

Our aim is to ensure we diagnose dementia and delirium at the right time, in the right place and provide the right support afterwards. In line with the Prime Minister’s Challenge on Dementia (opposite) this means ensuring we are able to identify dementia and delirium, provide rapid and competent specialist assessments, communicate diagnosis sensitively to the person with dementia and their carers and provide the right treatment, care and support as needed following diagnosis.

Our initial focus will be to offer dementia assessment to all those at risk, to support early identification and appropriate care. We will aim to ensure that all patients receive a basic cognitive assessment within 24 hours of admission where clinically indicated. We will implement agreed screening and assessment tools and behaviour charts across all clinical areas and train all staff in understanding and consistently applying these tools. We will also ensure easy identification of all inpatients with known dementia using our Forget-Me-Not identifier, dementia bands and electronic flags. By March 2015 we will ensure electronic recording of all CQUIN metrics, consistent electronic flagging of dementia patients and routine use of behaviour charts.

Once identified, our aim is to ensure we offer the right treatment and support to meet the needs of patients with dementia. Our focus will be on developing clear delirium and dementia pathways to ensure that the person’s dementia is taken into account throughout their hospital stay and that their needs are met. An early indicator of success will be Trust-wide implementation of a consistent and robust mechanism of memory clinic referral. A longer-term aim is the development of Trust-wide decision support algorithms to ensure all our patients consistently receive the right treatment and care whatever they are in hospital for.

Our third area of focus within this strategic priority is the development of skilled and knowledgeable practitioners to support consistently excellent dementia care across our hospital. Over the next three years we will develop a core group of experts in dementia care recognised as experts in this field, that others come to for advice. This team will provide expert support and advice to other staff in delivering excellent dementia care and take a lead in driving forward our strategy. An early indicator of success will be the appointment of our first full-time dementia specialist nurse by 2015. By March 2017 we want to be a recognised leader in dementia care training, influencing the training of doctors and nurses locally and nationally and delivering our own training from state of the art training facilities.
5.2 Strategic priority 2: positive relationships of care

Our aim is to create a culture of excellent, compassionate care across our Trust, provided by staff who are confident in their roles to deliver this so that our patients and carers have absolute confidence in our care and services.

During our September 2013 conferences our carers, staff and partners set out what this would require us to do more of (green) and less of (red) as below.

Figure 4: Our ambition for excellent, compassionate care at Kingston Hospital requires us to do more and less...

Delivering this strategic priority will require us to ensure our care plans are person-centred, responsive to individual needs and support nutrition, dignity, comfort, continence, rehabilitation, activity and palliative care. Person-centred care means developing care plans collaboratively, based on the individual, their biography, an understanding of their abilities and an understanding of how their dementia affects them.

Our early actions in this area will be to ensure consistent, and routine, gathering of personal life story information. We will implement the “Important things about me” tool across our Trust and ensure this is completed collaboratively with our patients and their carers. Our Carer’s Passport will also be consistently rolled out across the organisation. Alongside this work, a further early priority will be to establish Trust-wide ‘norms’ of dementia care (for example approaches to eating, dressing and socialising). Early indicators of success will be that every member of staff in our hospital will be aware of our Forget-Me-Not scheme, “Important things about me” tool, and Carer’s Passport and confident in the detail of each.

Our aim is to develop the skills of our workforce so that all staff and volunteers, irrespective of their role, are confident in delivering excellent dementia care. Over the next three years, we will ensure education and training for all staff in: understanding types of dementia; preventing, recognising and swiftly responding to delirium; communicating positively with people with dementia; preventing and managing agitation and ‘challenging’ behaviours; involving carers and specifics such as the Mental Capacity Act; and engaging patients in therapeutic activities. We will also ensure our staff are able to recognise when they need to ask for help and support when working with patients with dementia and feel confident to do so. An early priority will be to ensure extended dementia training for our Band 6 and 7 dementia champions and to develop 12 month training plans for every inpatient ward area. We will then implement a phased training programme for all staff groups across within our Trust. Our aim is that by the end of year three of this strategy all staff will have had face to face training in dementia care, will be able to recognise dementia and delirium and know what to do for these patients to ensure excellent care and will know where to go for specialist support when they need it.
5.3 Strategic priority 3: involved and supported carers

Our aim is to embed a culture that always involves and engages carers as partners in care, where carers are actively welcomed and invited into this role and their changing needs are actively addressed.

For care to be effective we need to learn about the person with dementia and how they function in everyday life. This means learning from families and carers who have been supporting the person with dementia in the home, usually for some time, and involving them as partners in assessment, care planning and decision making. It is also important to recognise that carers themselves may feel vulnerable and in need and their needs often go unrecognised. Actively supporting carers is at the heart of our approach to providing consistently excellent dementia care.

Our work with carers to develop this strategy has identified three areas of focus over the next three years:
- Respecting, actively welcoming and involving carers as part of the team.
- Recognising and assessing the changing needs of carers.
- Providing facilities and connections to enable our carers to access a wide network of support.

Early priorities will include reviewing our carer policy to ensure flexible approaches to routines (for example ward round, visiting, and meal times) to enable families to be involved directly in care planning and care giving where desired. We will further embed our Carer Passport, develop day diaries for patients, improve and further develop our carer information and establish a carer training programme. We will also improve the facilities available to carers including, for example ensuring comfortable overnight recliner chairs are available for those who want to stay overnight and improved access to refreshments (tea, coffee and snacks).

Our ambition is to become a national leader in carer involvement and support. By 2017 one measure of success will be the opening of our Carer’s ‘Centre’ or Café. This Centre will bring together a network of partnerships as a ‘one stop shop’ providing professional and peer support, information, activities, training and refreshments and connections with the wide range of agencies and charities involved in dementia care locally. Over the next three years we will further develop existing partnerships and build new ones where needed to ensure our carers have access to the best network of support possible. Our vision is that our Carer’s Centre will engage and involve a wide network of local charities, community groups and volunteers in an ongoing programme of carer activities and support.
5.4 Strategic priority 4: active days and calm nights for all

Our ambition is to enable all patients that are well enough, to maintain their daily rituals and routines despite being in hospital. This means supporting people to wear their own clothes, mobilise, socialise and engage in meaningful activities during the day and maintain ‘normal’ (for them) sleeping patterns at night.

We know that time spent in hospital can result in deterioration of daily living skills, confidence and independence. We will proactively promote re-enablement and rehabilitation to the optimum of each individual’s potential. Priorities will include:

- Establishing and embedding daily rituals and routines across all inpatient areas.
- Ensuring the infrastructure is in place to support patients to wear their own clothes routinely.
- Improve the ward environments to actively facilitate people walking around safely.
- Developing protected social and therapeutic spaces within each ward area.
- Developing a wide programme of daytime and evening activities including craft therapy; reminiscence therapy; exercise; movie nights and sensory stimulation (for example hair and nail treatments).
- Training key staff groups to support activities for patients with dementia.
- Installing orientation boards, clocks, calendars and appropriate lighting systems in our wards, setting standards for night time routines and embedding processes to better understand patients’ ‘normal’ sleep and wake patterns.

We will begin this work by training a number of our Health Care Assistants (HCAs) to increase ward based activities, ensuring we have memory boxes available on every ward, and training staff so they are confident to use these.

Over time we will significantly increase our capacity and capability to provide personalised social interaction, therapeutic activities and stimulation for patients with dementia on our inpatient wards. We will develop a rolling hospital-wide programme of day and evening activities and train and engage volunteers, non-clinical staff, local colleges and community groups in delivering these activities. We will utilise dedicated activity coordinators to develop, coordinate and promote our activities programme.
5.5 Strategic priority 5: environments of care

Our ambition is to create a truly dementia friendly hospital site with secure, safe, homely and comfortable social and therapeutic environments that facilitate all types of functioning. We want to be the most dementia friendly acute hospital in the UK with environments that promote orientation, support independence and are calming, comfortable and familiar.

During our September 2013 conference we heard from our staff and carers that we have some way to go to achieve our ambitions for our environment. Our conference generated many hundreds of suggestions for improvements to our corridors (1), wards (2), day rooms (3), bathrooms and Trust-wide signs as below:

Throughout the period of this strategy we will take a systematic, phased approach to realising our environments of care ambitions. Early activities will include de-cluttering existing areas, establishing a design group, training dementia design champions and getting the basics right – signage, crockery and laundry. We will work to establish protected areas for dining, social and therapeutic activities.

Over the next three years we will focus our on-going capital investment and refurbishment programmes to begin to create our future dementia friendly environments. Within three years we plan to have refurbished our Care of the Elderly and Orthopaedic wards and established these as model, dementia friendly environments. Our A&E expansion plans will include making improvements to the environment for patients with dementia. At the same time, we will continue to improve signage and orientation, and develop dementia appropriate spaces across our site and all adult wards. We will create spaces that are homely and encourage carers to bring in things from home to ensure beds and bays are personalised and familiar.

In addition to improving our environments for our patients we will continue to improve the environment for our carers. Alongside our Carers Centre, we will develop a Forget-Me-Not Garden and improve ward facilities for carers.
6. **What will success look like**

We want to be clear about why we are developing this strategy, about the tangible differences we want to make for our patients, carers, partners and staff. The difference we want to make within three years, together with key milestones and success measures for each of our five strategic priorities are summarised in our Dementia Strategy Bridge below.

The strategy bridge sets out the incremental changes that we will make over the life of this strategy and will need to flex to meet changing needs and opportunities that arise during this time.

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Please refer to appendix 1 for A3 version of the strategy bridge
7. Measuring and continuously improving our dementia care

We will only be able to evaluate the success of our Dementia Strategy if we regularly measure the difference we are making for our patients, carers and staff. We already use our ‘Friends and Family Test’ and Carers’ Survey feedback to understand our improvement opportunities and priorities and will continue to use this feedback to inform our plans and actions.

Alongside these feedback mechanisms, we will monitor a wide range of Key Performance Indicators (KPIs) that will enable us to assess how we are doing across:

- The processes that underpin our services - for example CQUIN targets, ensuring our patients have cognitive assessments when they are needed, the number of people with a suspected new diagnosis of dementia who are referred for appropriate follow up with a GP, memory clinic or local community mental health team for older people, how many times patients are moved, how many staff have completed dementia training and are aware of our Forget-Me-Not scheme.
- The quality of our services - as evidenced for example through our PLACE Audit results of how friendly our environments are, carer satisfaction, complaints and Friends and Family Test scores.
- The outcomes our services are delivering for our patients, carers and our staff - for example, we would expect implementation of this strategy to decrease incidents of violence and aggression, reduce length of stay, fall rates and prescriptions for anti-psychotics for people with dementia, increase nutritional intake and reduce the number of patients reporting being disturbed sleep at night by other patients in our annual patient survey.

This strategy highlights our need and ongoing desire to improve dementia care across our hospital. We will set ourselves achievable and ambitious targets for improvement year on year to ensure we do so. Where possible we will benchmark ourselves against others to ensure we are reaching our ambition to be the best provider in London and beyond.

To track our progress internally will add appropriate KPIs to our Clinical Quality Report which the Trust Board reviews every month and we will publish our progress in delivering this strategy in our annual reports and Quality Accounts. These measures will enable existing dementia care to become a more visible core component of quality monitoring mechanisms and existing governance processes within the Trust.

14. Ensuring our strategy is delivered: governance

Translating this strategy into reality requires there to be clear mechanisms to oversee its delivery. The Executive lead for Dementia is the Director of Nursing and Patient Experience and the Clinical Lead is a Consultant in Elderly Care. We propose that a named non-executive Director also adopts the role of a dementia champion. A member of the Council of Governors Quality Scrutiny Committee will also be asked to adopt this role.

A Dementia and Delirium Team meeting already exists and has been working to improve the care of patients and their carers. Strong relationships with carers and staff have been built through this team, and therefore mechanisms to strengthen the governance of delivering this strategy must build on this. The Terms of Reference and membership of this group will be reviewed to ensure the team is able to support delivery of this ambitious strategy. The Dementia and Delirium team meeting will be a
sub-committee of the Quality Improvement Committee, who will oversee the delivery of this strategy on behalf of the Executive Management Committee and Trust Board.

Through the development of this strategy the need has emerged to ensure the increasing wealth of information regarding the impact of the care environment on patients, carers and staff translates into practice. In recognition of this need, and also to support clinical and non-clinical staff in making the right decisions across all areas of our hospital, an Environment of Care Advisory Group will be established. This will act as the reference point and design champion for the Trust to facilitate a consistent approach to future refurbishments or new builds and ensure these take into account best practice guidance in creating dementia friendly environments.

15. **Ensuring our strategy is delivered: resource**

This strategy will require us to build on the existing commitment and energy of staff, volunteers, partner organisations, and patient and carer representatives to deliver. It will also require us to be smarter in how we use existing resources to maximize benefits, and to invest in areas where improvements are needed. Improving the care we provide will deliver efficiency benefits to both the patient’s pathway of care and the Trust overall through, for example, length of stay reductions and fewer associated harms of hospitalisation.

In approving our Estates Strategy (2014-2019) in November 2013 our Trust Board has already made a commitment to invest in improvements to the environments of care for patients with dementia. Ensuring a consistent approach to making our hospital environment dementia friendly whenever we make a change to our buildings will save time and money in the long term. Delivering our Estates Strategy will also enable us to make considered and impactful incremental changes.

This strategy will also require us to seek out and pursue external funding opportunities and partnerships from both within the health service and beyond, including charitable sources. Developing this strategy is a significant step in strengthening our position to make coherent cases for additional investment. Creating a coherent vision for our model care of the elderly and orthopaedic ward environments, which can be visually shared is critical to galvanise support of charitable, philanthropic and ad hoc NHS capital investments.

This strategy also closely aligns with our approach to volunteering. We will see volunteers support the needs of patients with dementia and their carers of in a myriad of ways for example: in our dining companions programme; working with patients to undertake therapeutic activities and creating spaces such as the forget me-not garden. By creating opportunities for people to volunteer in this way will also contribute to the wider effort to ensure dementia friendly communities. As part of the community it is only right that Kingston Hospital nurtures such an approach.

Achieving this strategy will also require us to work closely with commissioners to ensure care is commissioned to meet the needs of patients with dementia across the whole care pathway, and that the dementia CQUIN model maximises improvement and cross boundary working.
16. Strategy review

This strategy is a living document. It will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives. It will also be updated with any changes in National policy or local circumstances. It will be refreshed no later than March 2017.

17. Conclusion

Kingston Hospital NHS Foundation Trust has already made many improvements to the way we care for patients with dementia, but recognise that we have much more to do to, particularly given the population that we serve.

This strategy is deliberately ambitious, and should be seen as a catalyst to go further and faster in meeting the needs of patients with dementia, and the carers and staff who care for them. This strategy will continue to be a live document that will flex to opportunities that may arise during its lifespan.

The excellent engagement, drive and enthusiasm to achieve the objectives of this strategy demonstrated in the process of producing this document provides a springboard to make this strategy reality.

18. Contact for further information

For any queries about this strategy please contact:

Communications Team
Kingston Hospital NHS Foundation Trust
Email: comms@kingstonhospital.nhs.uk

19. References

In addition to feedback from our carers, staff and partners, the development of this strategy has drawn upon national policy, best practice and guidance within the following publications:

*Dementia 2012: A National Challenge*, Alzheimer’s Society, March 2012

*Dementia: Commitment to the care of people with dementia in hospital settings*, Royal College of Nursing, January 2013

*Dementia: A state of the nation report on dementia care and support in England*, Department of Health, November 2013

*Improving the patient experience: developing supportive design for people with dementia*, The Kings Fund, January 2013

*Living well with dementia: A National Dementia Strategy*, Department of Health, February 2009

*The Prime Minister’s Challenge on Dementia*, Department of Health, May 2013
From ... Feb 2014

Our 2017 vision: Consistently excellent dementia care at Kingston Hospital

...To March 2017

Summary of now:
We have come a long way and know we do some things well, in specific areas. Our aim is to spread best practice across all areas of our organisation.

Care relationships and staff skills
- Dementia care a focus at staff induction and bespoke training is available. Further identified needs include:
  - Increased dementia awareness training – for all staff understanding of dementia
  - Improving skills in positive communication for people with dementia
  - Recognising and accommodating individual needs
  - Core dementia-related principles and care
  - Identifying and responding to important transition points (e.g. discharge)
  - Staff to have had face to face training in dementia care

Environments of care
- Dedicated space required for social activities and therapeutic support to patients
- Implementation of wards and clinic design to encourage
  - Clearly signposted welcoming, clutter-free environments
  - Enhanced experience for patients and carers
  - Enhanced experience for patients and carers

Active days and calm nights
- Enhanced environment for patients with dementia
  - Staff trained to use communication skills
  - Enhanced environment for patients with dementia

Involving carers
- Potential for working even better with carers through:
  - Recognising and assessing carer’s needs
  - Providing practical advice, support and information

Diagnosis and clinical care & treatment
- The dementia diagnosis and treatment pathway needs to:
  - Ensure all staff are aware which patients have dementia
  - Understand assessing carers’ needs
  - Understand how to avoid and address agitation and challenging behaviour
  - Be able to access specialist support

Guiding principles (Values)

Our mission: To improve the health and well-being of our community through the provision of high-quality, patient-focused healthcare

Care relationships and staff skills
- We have:
  - A culture of excellent, compassionate care that gives our patients & carers confidence
  - A core group of experts in dementia recognized as leaders in the field
  - A core group of experts in dementia recognized as leaders in the field

Environments of care
- Our environments will be secure, safe/homely, comfortable and facilitate all types of functioning
  - All staff will know what a dementia friendly environment is
  - We will have sought, and received approval additional funding for improvements in our environment
  - We will have protected social and therapeutic environment
  - Signs and posters throughout the Trust will be dementia friendly

Active days and calm nights
- When well enough to do so, our patients will be out of their beds, wearing their own clothes, walking around safely and engaging in meaningful activities
  - Patient routines will be maintained despite them being in hospital

Involving carers
- We:
  - Respect, actively welcome and involve carers as partners in care
  - Support and involve carers in care planning, especially at important transition points (e.g. discharge)
  - Recognise and address the needs (and changing needs) of carers

Diagnosis and clinical treatment
- We:
  - Diagnose dementia and delirium at the right time, in the right place
  - Provide the right support afterwards
  - Actively prevent delirium and manage it effectively when it occurs
### Appendix 2 – Strategy Bridge (content)

#### Strategy bridge – content (A): Vision

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| **Summary of now:**  
We have come a long way and know we do some things well, in specific areas. Our aim is to spread best practice across all areas of our organisation. | **Care relationships and staff skills**  
We have:  
- A culture of excellent, compassionate care that gives our patients & carers confidence  
- Staff who are confident in their roles and how to deliver excellent dementia care  
- A core group of experts in dementia recognised as experts in the subject that others come to for advice  
Our staff:  
- Recognise dementia and delirium and know what to do for these patients  
- Know where to go for support when they need it and support is available when it’s most needed  
- Have all had face to face training in dementia |

#### Care relationships and staff skills

- Dementia care a focus at staff induction and bespoke training is available. Further identified needs include:  
  - Increased dementia awareness training – for all staff to understand types of dementia  
  - Improving skills in positive communication for people with dementia – so that this is consistent across all staff groups  
  - Improving collective Trust-wide understanding of the fundamentals (norms) of dementia care – nutrition, hydration and cognitive, physical and therapeutic activity, how to avoid challenging behaviours and how best to involve carers

#### Environments of care

- Dedicated spaces required for social activities and therapeutic support to inpatients  
- Improvement opportunities for wards and clinics to ensure clearly signed, welcoming, clutter free environments  
- Enhancements required to wards to improve navigation (way finding), orientation (time) and security (wandering)  
- Desire to personalise bed areas with objects from home and the past  
- Desire to make inpatient experience of eating ‘more like home’

#### Environments of care

- Our environments will be secure, safe, homely, comfortable and facilitate all types of functioning  
- All staff will know what a dementia friendly environment is  
- We will have sought, and received approved additional funding for improvements in our environment  
- We will have protected social and therapeutic environments  
- Signs and pictures throughout the Trust will be dementia appropriate

#### Active days and calm nights

- Need to establish and embed daily rituals and routines in all areas  
- Desire to significantly increase activities available during days and evenings including: craft therapy; reminiscence therapy; sensory stimulation and exercise

#### Active days and calm nights

- When well enough to do so, our patients will be out of their beds, wearing their own clothes, walking around safely and engaging in meaningful activities  
- Patient routines will be maintained despite them
15. Appendix 1 – Strategy Bridge

| Ambition to involve wide range of staff groups, volunteers and partners in a network to support increased social interaction and stimulation for inpatients | being in hospital
| - Staff will have the skills to support active days and calm nights |

| Involving carers |
| - Potential for working even better with carers through: |
| - Recognising and assessing carers' needs |
| - Providing practical advice, support and information |
| - Improving ways of keeping carers informed (care updates) |
| - Involving carers as part of the team (e.g. daily tasks) |
| - Increasing information about broader support available |
| - Improving facilities available for carers – including access to refreshments |
| Involving carers |
| - We: |
| - Respect, actively welcome and involve carers as partners in care |
| - Support and involve carers in care planning, especially at important transition points (e.g. discharge) |
| - Recognise and address the needs (and changing needs) of carers |
| - Will be a leader in carer involvement, recognised nationally |

| Diagnosis and clinical care & treatment |
| - Across the Trust there is a need to: |
| | - Ensure all staff are aware which patients have dementia |
| | - Be aware of the different types of dementia |
| | - Understand how to avoid and address agitation and challenging behaviours |
| | - Be able to access specialist support |
| Diagnosis and clinical treatment |
| - We: |
| - Diagnose dementia and delirium at the right time, in the right place |
| - Provide the right support afterwards |
| - Actively prevent delirium and manage it effectively when it occurs |
### Year 1 (April 2014 – March 2015)

#### Care relationships and staff skills
- Establish ‘fundamentals’ for dementia care e.g. eating, dressing, good communication / ‘living in their reality’
- Relevant mandatory training for all staff to include dementia awareness (including induction)
- Develop case and sources of funding for dementia nurse specialist
- Create specialised dementia volunteer roles and corresponding dementia training programme
- All trust wide dementia champions to complete extended dementia training
- Every ward sister/charge nurse to develop a 18 month training plan for ward staff and which will start with care of the elderly, A&E, AAU and orthopedic ward areas
- Develop fundamentals training booklet for delirium and dementia – make available on-line
- Key estates & facilities staff to undertake training in dementia friendly hospital design

#### Environments of care
- Make available dementia friendly crockery, communal tables and spaces for dining & pictorial menus
- Build staff capacity and skills in dementia friendly hospital design & create design visuals to use for fundraising and improvement
- Establish Environment of Care Advisory Group and agree design principles for wards and departments,
- Begin refurbishment programme - A&E with dementia friendly facilities
- De-clutter, develop and begin immediate impact programme for ward areas e.g. orientation clocks, art, use of colour
- Develop plans, identify space and funding opportunities for carers’ hub - engage carers and partners in concept
- Establish clear set of fundraising and volunteering options to support planned work programme of improvements
- Develop ‘Forget Me Not Garden’ space for carers and patients (Volunteer Ground Force event) – Summer 2014

#### Active days and calm nights
- Establish protected social and therapeutic spaces for activities in ward areas
- Establish clothing store and infrastructure for patients clothes washing;
- Train HCA’s to incorporate therapeutic activities into their regular care schedules (support from activities coordinator)
- Develop case to Kingston Hospital Charity to extend dementia activities coordinator role
- Extend volunteer programme of supporting involvement in therapeutic activities and dining companions
- Implement orientation boards, clocks and calendars in all ward areas to aid orientation
- Every ward to have activity / memory boxes and staff trained to use them;
- Set standards for routines for nights on wards & increase ease of access to food and drink (incl. milk drinks at night)
## Involving carers

- Ratified operational carers policy in place by Feb 2014 and available to the public
- Establish set of KPI’s to monitor carers experience and set baselines for improvement
- Promote available existing carer support mechanisms – First Contact, Carer Passports, “This is Me”
- Review and improve 24/7 facilities for carers in care of the elderly wards
- Redesign information and support leaflet; Develop professional ‘Forget Me Not Pack’;
- Design ‘carers hub’, identify space, pursue sources of funding and partnerships to support, delivery model & outcomes
- Identify a visible area close to patients whereby existing patient and carer information from dementia charities is available and maintained

## Diagnosis and clinical care & treatment

- Establish the key metrics to monitor improvements in care for patients with dementia
- Implement fully all aspects of dementia CQUIN, achieve ongoing compliance and be able to monitor electronically
- Implement consistent electronic flagging system for patients with dementia – and a clear set of agreed actions that occur in response to flags
- Implement dementia forget me not bands to easily identify patients and staff know what this means
- Ensure all patients requiring referral to memory clinic do so
- Implement further training for staff in avoiding and dealing with agitation in patients with dementia
- Use behaviour monitoring charts to help identify and manage behavioural symptoms of dementia and delirium
- Make visible in all areas of the hospital the dementia team, how to access, including ward/departmental level champions
- Baseline, benchmark and track length of stay of patients with dementia
Appendix 2 C

Strategy bridge – content (C): Delivery plan Years 2 and 3

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Care relationships and staff skills</th>
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<tbody>
<tr>
<td>YEAR 2 (April 2015 – March 2016)</td>
<td>YEAR 3 (April 2016 – March 2017)</td>
<td>• Dementia specialist nurse in post</td>
<td>• Open state of the art simulation training facilities for dementia simulation experience training</td>
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<td></td>
<td>• All ward staff trained in fundamentals of dementia care and know how to access additional support</td>
<td>• Provide range of training packages which are available for outside organisations to access – people will come to KHT for dementia training</td>
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<td></td>
<td></td>
<td>• Established (phased) training programme for all staff in place e.g. facilities, admin, junior doctors</td>
<td>• All staff to have had face to face training in dementia care, including trust banks staff and external facilities provided staff</td>
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<td></td>
<td>• Develop plans for centre of excellence in dementia simulation experience training and bid for funding</td>
<td>• Implement observations of care methodology to deeply identify the experience of patients with dementia in ward areas</td>
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<td>• Open state of the art simulation training facilities for dementia simulation experience training</td>
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<td>• Develop programme to improve signage and way finding across the hospital</td>
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<td></td>
<td></td>
<td>• Continue immediate impact programme across wards environments further</td>
<td>• Continue refurbishment programme - 1 more Care of Elderly Ward &amp; 1 Ortho ward refurbished as model wards</td>
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<td></td>
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<td>• Commence ward refurbishment programme for 2 x Care of Elderly Wards as model wards</td>
<td>• Open state of the art simulation training facilities to aid training of staff</td>
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<td>• Establish Carers’ Hub</td>
<td>• Deliver programme of improved signage and way finding across the hospital</td>
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<td>• Develop programme to improve signage and way finding across the hospital</td>
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<tr>
<td>Active days and calm nights</td>
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<td>• Volunteer dementia activities coordinator in place for wards – with programme of activities including reminiscence therapy on all wards</td>
<td>• Extend programme of day and evening activities involving volunteers and staff</td>
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<td>• Increase basic rehabilitation training for all care of the elderly and orthopaedic wards</td>
<td>• Improve lighting within next wave of refurbished wards to assist calm nights</td>
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<td>• Improve lighting within refurbished wards to assist calm nights</td>
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<td></td>
<td></td>
<td>• Establish clear (rolling) programme of day and evening activities involving volunteers and staff</td>
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15. Appendix 1 – Strategy Bridge

<table>
<thead>
<tr>
<th>Diagnosis and clinical care &amp; treatment</th>
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</table>
| • Open dementia carers’ hub with network of partnerships and programme of support activities in place.  
  • Provide training for carers through the carers hub  
  • Every carer and patient will receive on admission to the hospital a Kingston Hospital ‘Forget me-not’ information pack  
  • Introduce patient diaries | • Carers’ hub has sustainable operational plan supported by on-going partnerships (e.g. charities) – willing to invest time & expertise  
  • Further extend network of support and activities available in carers’ hub  
  • Seek external award in recognition of work to support carers and spread our best practice model |

• Implement programme of proactive support to all patients dementia flagged patients and their carers in place  
  • Specifically identify and monitor scale of harms (e.g. falls, pressure ulcers etc) of patients with dementia and set year on year reduction targets for this group  
  • Deliver reductions in length of stay of patients with dementia  
  • Develop and implement decision support algorithms  
  • Deliver reductions in harm within patients with dementia according to annual target  
  • Deliver further reductions in length of stay and be in top quartile of hospitals nationally