

UHB Dignity, Dementia and Delirium Interim Strategy

2018 - 2019



Vision

Our vision is to provide safe, dignified, effective, compassionate, person centred care for all patients and their families living with dementia and or a diagnosis of delirium

1. Introduction

1.1 Purpose of this Strategy

The current focus on dementia, both globally and nationally, has highlighted how much has been achieved in the development of dementia care since the launch of the National Dementia Strategy in 2009. However, dementia care remains a national challenge.

The Alzheimer's Society, 2015 report: 'Aiming higher to transform lives' states that; "what has been achieved needs to be maintained and what still remains to be done needs to be prioritised. Dementia needs to be seen as a national priority in its own right in order to ensure that ambitions are transformed into action."

We are very proud of what has been achieved so far in our Trust in the care of people with dementia, but we want to continue to develop and improve our services. The purpose of this document is to provide a clear overview and understanding on how staff at University Hospitals Birmingham (UHB) can support people with dementia to live well when they are in our hospitals. This support could be as an inpatient, attending our out-patient services or as family members or visitors to our hospitals. It sets out our ambition and standards for excellent, compassionate care for people with dementia and recognises the vital role that carers and family provide.

For people with dementia, coming into hospital can be a very frightening and distressing time. It can also be an anxious experience for the family and carers. Fundamental to how we can support people with dementia when in our Trust is the relationship between the person with dementia, the health care professionals and the carer/family member; this is often referred to as the triangle of care. One major step the Trust has undertaken is to have open visiting for all carers. This is particularly beneficial for patients with dementia or delirium.

This interim Dementia Strategy is an amalgamation of previous documents across all sites.

1.2 University Hospitals Birmingham (UHB)

UHB is one of the largest teaching hospital trusts in England, serving a regional, national and international population.

The Trust provides a full range of services across South Birmingham, East Birmingham, Solihull, Sutton Coldfield, Tamworth and South Staffordshire.

Our 20,000 members of staff see and treat more than 2.2 million people every year and our hospitals deliver more babies than anywhere else in Europe.

We pride ourselves on having services at the heart of our communities. Our hospitals include Queen Elizabeth Hospital Birmingham, Birmingham Heartlands Hospital, Solihull Hospital, Good Hope Hospital and Birmingham Chest Clinic. We also provide community health services across the borough of Solihull and run a number of smaller satellite units, allowing people to be treated as close to home as possible. Working alongside its partners, the Trust runs Umbrella, the sexual health service for Birmingham and Solihull.

1.3 Dignity in Care

The Dignity Programme at UHB has focused on supporting our staff in delivering dignified and compassionate care for all. It recruits and supports Dignity Champions in every ward and department across QEHB. During 2018 has introduced the programme at HGS and supported the introduction of the Observations of Care at all hospitals.

The Clinical Nurse Specialists and Meaningful Activities Coordinators at UHB, focus on some of our most vulnerable patients particularly those living with dementia, frailty, and also people with learning and physical disability. They provide individual patient review as well as carrying out both local and national audits of care and compliance with guidelines.

The team review compliance with NICE and National Guidelines. Promote best practice. Lead on updating relevant Policy, Procedures and Guidelines and provide learning and development opportunities.

The team are line managed by the Deputy Chief Nurse. We report directly to the Lead Nurse for Safeguarding and to the Executive Chief Nurse via the Care Quality Group and Patient Experience Group.

Currently there is a consultant geriatrician medical lead and a senior nursing lead as well as a team of senior clinical champions at both QEHB and HGS. We are also committed to partnership working within Birmingham and Solihull as part of the Dementia Alliance Group and are linked to the Birmingham and Solihull Dementia Strategy, supporting people to live well with dementia.

1.4 Dementia

Up to 70% of acute hospitals are currently occupied by older people and up to half of these may be people with cognitive impairment including those with dementia

People with dementia in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation

The National Audit Office has estimated the excess cost to be more than £6 million in an average acute hospital

The population data predicts a significant growth in people aged 65 years plus over the next 20 years, with a tripling of people aged 85 and over and a doubling of those 95 and over, leading to a corresponding increase in the incidence of dementia.

The primary reason for admission to acute hospitals for people with dementia is for acute medical / physical care needs rather than dementia per se. Often patients will have multiple and complex long term conditions in addition to their dementia.

The trust needs to be prepared to meet the needs of this predicted group of patients. However designing for their needs ensures that everyone benefits from enabling and easily negotiated environments.

The Sustainability and Transformation Partnerships STP are testing out models across the pathway for integrated care addressing the 'Crack in the Pathway'.

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1.5 The Local Picture

People are living longer and it is anticipated that this will result in an increase in the number of people with dementia. Currently, it is estimated that there are 13,819 people in Birmingham and 2,798 in Solihull with dementia. This is predicted to grow by 31 per cent to 3,800 in Solihull and by 18 per cent to 16,300 in Birmingham by 2021.

Overall, the proportion of people from Black and minority ethnic (BME) groups affected by dementia is broadly the same as for the white population. There appears, however, to be a higher incidence of vascular dementia and early onset dementia in BME communities, particularly Black Caribbean and Asian. There is a need to make sure that services meet the needs of these communities. The needs of people with early onset dementia (under 65 years old), and with learning disabilities who develop dementia, differ radically from those of older people with dementia.

It is estimated that the current total cost of dementia in terms of health and social care is £90m for Solihull and £300m for Birmingham, and that this will grow to £120m for Solihull and £350m for Birmingham by 2021. From work completed locally and nationally it is suggested that if we had the right services in place in the community we could prevent some of the very expensive episodes listed above.

Even without the demographic growth predicted, we are facing reduced public funding, which makes the current levels of costs unsustainable. Large-scale transformation of the current dementia care system is therefore required so that we can live within our means whilst improving the care of people with dementia within Birmingham and Solihull.

Dementia and delirium care are national priority areas and are key local safety and effectiveness objectives for our Trust. The need to improve the care of people with dementia and delirium is central to the ability of the Trust to maintain quality of care and financial stability.

1.6 Delirium

Delirium remains a common, serious and under-recognised problem affecting particularly older people in hospital. Despite being associated with poor longer-term outcomes, including death and institutionalisation, delirium is poorly recognised and diagnosed which impacts on our ability to treat it effectively. Timely identification, treatment and aftercare of delirium is central to the correct care of patients with dementia. Patients should be assessed routinely for signs that they are developing delirium and appropriate action taken. This requires investment in PICS development and trust wide staff training.

1.7 Carers

We need to ensure that Carers are recognised, valued and supported and that there is a balance between utilising their skills and insights whilst supporting their health and wellbeing.

Carers are welcome and the Trust signed up to John's Campaign. John's Campaign recognises the important role of those family members who care for people who are living with dementia. Behind its simple statement of purpose lies the belief that carers should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being. The launch of Carer Coordinator roles and Partners in Care has taken the engagement with carers a step further.

2. Dementia strategy work streams 2018-2019

2.1 Environmental factors

2.2 Patient Pathway (Care Bundle)

2.3 Stakeholder engagement

2.4 Training

2.5 Working together across UHB

2.6. Governance

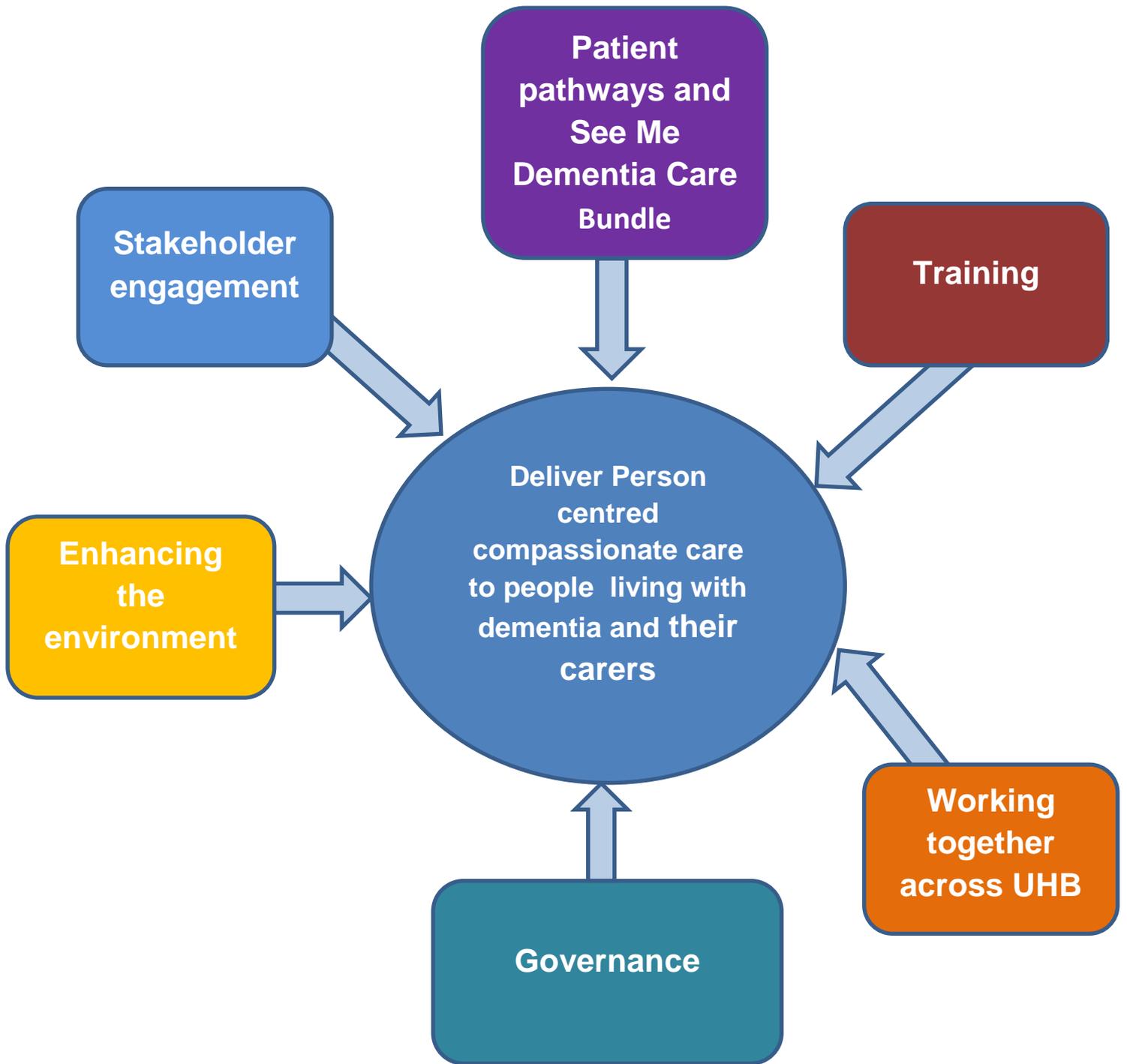


Fig 1 Dementia strategy work streams 2018-2019

	Themes	Objectives	Actions	Wards and Departments	Assurance
2018-19	1. Dementia	Patient pathways and See Me Dementia Care Bundle	Develop and update Dementia Action Plan (See detailed Plan)		Minutes of delirium/dementia meeting
		Ensure Trust compliance with NICE Dementia Guidelines and Standards in relation to Dementia Care	Promote person centred evidence based dementia care using 'See Me Dementia Care Bundle',	Support a person centred approach to care for people living with Dementia and their families	Observation of Care report Enhanced Care audits Back to the Floor
			'All About Me',	Used across all hospitals at UHB. Ask carers/ family to complete All About Me	Safety Thermometer
			Activities Programme.	Identify suitable activities using information from All About me. Use ward based activities or contact Meaningful Activities Coordinator	
			Participate in National Dementia Audit		National Dementia Audit report
				Deliver individual patient reviews and	Refer to Dementia And Delirium Outreach /

		support for carers	Dignity team for special advice	
		Patients with dementia should be transferred or discharge in the day time		UHB Transfer and Discharge Policy
	Working together across UHB	Align dementia care work streams across UHB, by amalgamating strategy and working groups and integrating teams.		
		Develop joint Guidelines for all sites, for both the Assessment and Care of Patients with Known or Suspected Dementia and Delirium.		Controlled documents
		Sharing best practice and offering training opportunities across all sites.		

		Participating across all sites in the 8 wards in 8 months project to ensure the highest standards across UHB		Actions logs form 8 wards in 8 months
	Stakeholder Engagement	Engage with stakeholders including people living with dementia and their families, Alzheimer's Society, Dementia Friends Champions Network, See Me Service User Engagement Team.		
		Engage people living with dementia, Dementia Ambassadors and Carers in training, conferences and workshops across UHB		Training and conference programmes

		<p>Training Meet National Dementia Training Mandate</p>	<p>Provide a range of tiered Dementia training to meet the requirements of all staff. With particular focus on Intermediate level training for patient facing staff at UHB for 2017-2018</p>	<p>Ensure all patient facing staff have attended a minimum of dementia awareness, and selected staff intermediate level training. With expert training for those who provide leadership and expert support and advice.</p>	<p>Training records</p>
			<p>Provide Dementia Friends sessions to promote a Dementia Friendly Hospital</p>	<p>Promote Dementia Friends session to all new staff</p>	<p>Training records</p>
			<ul style="list-style-type: none"> • Focussed Intervention, Training and Support, FITS a five day program, with additional coaching and support time, designed to develop real key members of staff who will lead on improvements in dementia and delirium care on Older Adult wards initially at HGS • Understanding Dementia, a one day program covering dementia, delirium, communication and behaviour. This is delivered once per month on each of the three 		

			<p>sites at HGS.</p> <ul style="list-style-type: none"> • Barbara' story and Doug's Story Dementia Friends plus See Me Dementia Care Bundle • On line Moodle at HGS and Education and Training Intranet at QEHB • Pharmacists: Specialist CCPE pharmacy dementia modules available • Nurse induction HGS contains a two hour module around dementia as a disability • The Care Certificate contains a two hour module around dementia as a disability • QEHB runs junior doctor workshops for FY1, FY2, CMT 	
		<p>Governance</p>	<p>There are regular reviews if the following which are include in reports to the executive board or group with delegated responsibility</p> <ul style="list-style-type: none"> • Clinical Leads for older people and people with dementia including Modern Matrons / Nurse Consultants • Complaints – analysed by age • Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia • Patient / public forums or local Health watch – in relation to services for older people and people with dementia 	

2. Delirium	Ensure Trust compliance with NICE Delirium guidelines	Develop and update Delirium Action Plan		Minutes of delirium/dementia meeting
		Organise spot audit of delirium prevalence at UHB	Wards to monitor actual rates of delirium identified, and compare with expected rates.	Audit report
		Launch Delirium Comprehensive pathway	<ul style="list-style-type: none"> • Name delirium. • Ensure patients are assessed for delirium using 4AT or ICU CAM. • Identify from reported changes from staff and family's. "This is not my Mum". • Manage delirium • Provide information for patients and their families. 	Minutes of delirium/dementia meeting
		Develop and deliver tiered delirium training in partnership with multidisciplinary teams.	Monitor levels of attendance at delirium training.	Training records

		Reduce Harm to patients from Delirium	Delirium added to UHB Preventing Harm agenda for 2017-2018	Learning from delirium care for divisional delirium presentations from September 2017	Minutes of Preventing Harm Meeting
	3. Carers	Ensure compliance with John's campaign and Triangle of Care to support Carers at UHB	Initiate Carers Strategy Group and Action Plan	Divisional representatives to attend Carer Strategy Group	Minutes of meeting
		Coordinate events for Carers Week alongside Patient Experience	Launch Partners in Care document	Wards and department to collect Partners in Care documents and then reorder as required via the Print Room	Signed sheet to show initial distribution. Request report re subsequent orders
				Identify and welcome Carers on first contact. The team or ward should provide the carer with 'Partners in Care' leaflet. Invite them to complete All About Me. Inform about available resources e.g. beds and guidelines for overnight stay	Documentation audit

		Engage Carers at UHB to inform Strategy	Work with Communications to recruit Carers Reference Group	Provide support to staff who are Carers and enable them to contribute to the Carer strategy at UHB	Carers Strategy meeting minutes
			Plan to audit Carer identification and involvement engagement		Care Quality report
	4. Dignity	Promote Dignity, compassion and person centred care for all	Deliver dignity workshops to achieve intermediate level training for a range of domains including frailty, dementia, delirium and learning disability		Training records
			Recruit and support Dignity Champions in every ward and department across the Trust.	Ensure every ward and department has a Dignity Champion and support their attendance at the Dignity Workshops.	Dignity Champions data base
			Innovate and drive constant small improvements in practice to make a big difference	Support Dignity Champions and others to make changes that make a difference to our patient and carer experience	You said ,we did.

			Work with AHPs, Falls and Tissue Viability to Develop 'Get Up Get Dressed, Keep Moving' approach	Work with MDTs to support patients to 'Get Up, Get Dressed, Keep Moving'	Audit
			Provide Dignity visits to assess wards and departments		Dignity visit reports
	5. Enhanced Care	Meet national guidelines around distressed behaviour or behaviour seen as Challenging	Working with divisional teams to promote and monitor the Enhanced care approach, guidelines and documentation	Ensure that patients requiring enhanced care receive person centred therapeutic engagements based on their personal likes and dislikes.	Observation of Care report Enhanced Care audits Back to the Floor
			Provide a tiered range of training and report back to divisional teams	Ensure that a minimum of 1 RN and 1 NA per ward have attended Advanced Enhanced Care course and others as required	Training records
			Support divisional audits of Enhanced care		Audit report

6. Enhancing the Healing Environment	Environmental Factors Continue to develop age, dementia and learning disability friendly environments to comply with National recommendations and guidelines	Monitor and report on and promote the use of the Dementia Friendly template across UHB	Staff to promote Age, Dementia and LD Friendly template i.e. pictorial signage, lighting, pictures flooring etc.	UHB Enhancing the Healing Environment spreadsheet Kings Fund Dementia Friendly Environment Audit.
		4 th phase of Rio china funded for 2017-2018 at QEHB For review of requirements and funding stream for HGS 2019-2020		EHE spreads sheet
		Carry out Environmental Audits across 8 wards in 8 months HGS, sharing dementia friendly template		8 wards in 8 months action log
		Working with UHB Charities, to provide strategic overview and standardisation of activity resources	Encourage wards to access Sparkle funds Promote lending Library for activities	EHE spreads sheet

			provision at UHB		
7. Frail Older Adults	Ensure Trust compliance with NICE Guidelines and Standards for the Care of Frail Older People	Provide a range of training, including experiential 'Instant ageing workshops to develop an understanding of frailty		Training records	
		Work with AHPs, Falls and Tissue Viability to Develop "Eat, Drink, Dress, Move" approach	Work with MDTs to support patients to 'Get Up, Get Dressed, Keep Moving'	Audit of approach Observations of Care Back to the Floor	

	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">8. Observations of Care</p>	<p>In partnership with Practice Development and others the Dignity, Dementia and Delirium Teams</p>	<p>Complete Observations of Care and contribute to reports to Care Quality Group</p>	<p>Provide positively enriching person-centred communication to all patients, carers, visitors and staff.</p>	<p>Annual and quarterly reports. 4 years at QEHB Commenced HGS June 2018</p>
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