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**Dementia**

**strategy**

**East and North Hertfordshire NHS Trust Dementia Strategy 2025-28**

**Setting the standards for dementia care at ENHT**

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**Introduction**

This dementia strategy aims to provide clear direction to facilitate and support delivery of high quality dementia care. Its focus is on people with dementia as well as their families and carers. Aligning our strategy again to Hertfordshire County Council’s Dementia Strategy 2023-2028, ensures we will continue to work collaboratively with our system partners towards achieving shared goals and improved outcomes. The output from our previous strategy, 2021-2024 demonstrates significant progress and comittment towards high standards for dementia care at ENHT. Highlights include:

* Quality Improvement project on an elderly care ward leading to significant improvement in carers satisfaction with communication
* Increase in staff trained including non clinical staff such as porters, security staff, housekeeping staff
* Introduction of Dementia Interpeters training, delirium simulation, provision of a dementia conference
* Implementation of an award winning Dementia Volunteer Service
* Quality Improvement project leading to a sustained high level of completion of delirium assessment
* Coproduction of a dementia webpage on ENHT website as a source of information for patients and carers

Dementia is the umbrella term used to describe a range of cognitive and behavioural symptoms caused by the decline in brain function. It is a progressive condition although this progression varies from person to person. It is a huge and growing health crisis. Today, nearly one million people in the UK are living with the condition. It is predicted that 1 in 3 people will develop dementia in their lifetime. In Hertfordshire and West Essex Integrated Care System, 12,643 people have a recorded diagnois of dementia and it is estimated that 19,424 people are living with dementia. (Alzheimer’s Society 2024) Our National Audit of Dementia data 2023, told us that 4154 people wth dementia were admitted to Lister Hospital in a one year period equating to 3.8% of total admissions.

We know that hospital admission can trigger distress, confusion and delirium for people with dementia. This can contribute to a decline in function, a longer length of stay and reduced ability to return home to independent living (NICE 2019). Enabling mobility and activity and meeting a persons nutritional needs, providing clear signage and orientation, linking with community services, involving and supporting carers and ensuring all our staff are dementia trained all contribute to improved outcomes.

We are continuing to build our evidence base, collecting and analysing data to enable indentification of areas for improvement is continuous. Data is collected through our local Clinical Excellence Accreditation Audits, the annual National Audit of Dementia (NAD), surveys and discussion forums with people living with dementia and their carers. The data provides our baseline from which to measure improvements over the next 3 years. The Trust’s new digital system, Orbus, being implemented in 2025, will increase our ablility to interrogate data in addition to facilitating on-going data collection.

Our strategy has been developed in partnership with stakeholders from clinical and non clinical staff and the carers of people with dementia who have received care in our Trust. This is in addition to taking account of the national and local data and emerging trends.

**ENHT Strategic Priorities**

The dementia strategy priorities are consistent with the vision of ENHT: to be trusted to provide consistently outstanding care and exemplary service and the strategic priorities of ENHT.

**Quality:**

Consistently deliver quality standards, targeting health inequalities and involving patients in their care.

**Thriving people:**

Support our people to thrive by recruiting and retaining the best, and creating an environment of learning, autonomy, and accountability.

**Seamless services:**

Deliver seamless care for patients through effective collaboration and co-ordination of services within the Trust and with our partners.

**Continuous improvement:**

Continuously improve services by adopting good practice, maximising efficiency and productivity, and exploiting transformation opportunities.

These are undeprinned by the Trust values: Include, Respect, Improve.

We have themed the dementia strategy into 5 key areas,which are all interlinked.

**Dementia Strategy Priorities**

Taking account the work on the previous Strategy, the emerging evidance and the linakages with wider stratgies, 5 worksteams have been identified. These priority work streams will be further developed, monitored and reviewed in partnership with our stakeholders:

1. **Fundamentals of Care**. E.g nutrition and hydration, reduction of deconditioning, improved patient safety, pain assessment, managing symptoms of dementia and delirium.
2. **Environment.** E.g Creating dementia friendly environments
3. **Pathways.** E.g Increased signposting to community support services
4. **Patient and Carer Experience**. E.g Gaining patient and carer feedback and using it for improvement, consistent use of patient comfort documentation
5. **Training.** E.g Review of training and collaboration in delivery of dementia training across the Integrated Care System

**Strategy delivery**

Each of the 5 themes has a working group led by a senior lead from unplanned care or corporate services. Each working group membership includes a carer, and the person they care for has experienced care at ENHT. Each working group will agree priorities for delivery and develop a SMART action plan. The Admiral Nurse (Dementia Service Lead) will have overview of each working group’s action plan and provide the reports for governance. Appendix 1 outlines what we want to achieve and how we will measure success. A high level time frame for each of the worksteams is set out in Appendix 2.

**Resourcing**

Leadership and delivery of the strategy requires a team of comitted staff to ensure its success and sustained improvements. The Dementia service is led by an Admiral Nurse, supported by the Forget- me- not dementia volunteer service manager.

The lack of a Dementia Clinical Nurse Specialist within ENHT is recorded on the risk register.

Engagement is underway with stakeholders in the Herts and west Essex integrated care Board, Hertfordshire County Council and a Dementia UK Business Partner, looking at novel approaches for funding an additional Admiral Nurse.

Collaborative working has been intitiated, between ENHT and Hertfordshire Community NHS Trust frailty teams, Hospital at Home, ENHT Transfer of Care Team, looking at new integrated pathways.

 **Governance**

The monitoring of implementation and adherence of this strategy sits with the Dementia Steering Group reporting to the Patient and Carer Experience Committee and the Quality and Safety Committee. Progress and challenges will be highlighted along with the need for any additional resources required to deliver the agreed action plans.

 **Links to other strategies**

ENHT Mental Health Strategy 2021, Hertfordshire Dementia Strategy 2023-2028, ENHT Vision and Values 2025-2030 (Appendix 3)

**Links to policies and guidance**

Dementia Policy CP 232, Version 003

Delirium Policy CP 233 Version 003

Hospital Discharge and Transfer Planning Policy 162, Version 010

Safeguarding Adults Policy CSEC 021, Version 11

Policy for Managing Medically Challenging Behaviour and Patient Intervention HSS 045, Version 05

Policy for Nutrition and Hydration Care CP 166, Version 3

Mental Capacity Act Policy CP113, Version 6

Deprivation of Liberty Safeguards CP117, Version 6

Dementia NICE Guidance 2018, National Audit of Dementia 2023

PLACE Assessment 2023

ENHT Clinical Excellence Accreditation Framework 2024

ENHT Carers Policy (2024)

**References**

Alzheimer’s Society (2024). *Local Dementia Statistics.* Retrieved from https://www.alzheimers.org.uk/about-us/policy-and-influencing/local-dementia-statistics

Dementia (2021) NICE quality standard QS184

**Appendix 1**

| **Strategic Workstream** | **What we want to achieve** | **How we will measure success** |
| --- | --- | --- |
| Fundamentals of Care | Advanced care planning discussion is intiated Timely conversations about end of life care/gold standard frameworkDigitial system provides reliable process for identification of people with dementiaDigital system links to dementia and delirium assessments and care plans to ensure their useIndividual nutrition and hydration needs are met Reduction of deconditioning, provision of activities and patient spacesData related to safety for people with dementia is captured, analysed and lessons learnedConsistent completion of assessments including Dementia assessment, Pain assessment, Delirium assessment leading to prompt and appopriate treatment Continence is assessed and people are enabled to maintain a basline level of continence Behavioural and Psychological Symptoms of Dementia are managed effectivelyConsistent use of MCA, DOLS and Best Interest DecisionsCEAF audits and accreditation | Increase in advanced care plan conversations as part of RESPECT, increase in end of life gold standard framwork discussion. Measured through record keeping audit and patient and care feedback.Accurate identification of people with dementia and their location in the hospitalAudit of completion of assessments and use of dementia care planReview of person centred document and related care planAudit of MUST scores, nutrition and hydration record,use of adapted plates and cutlery, patient and carer feedback of mealtimesPatient and Carer feedback, audit of environment, audit of patients baseline mobility, continence on admission and review on dischargeIncrease in adding to ENHance incidents that the person affected is living with dementia. Review of actions taken and improvement data such as reduction in falls, incidents of violenceAudit of assessments and management recorded in electronic patient record Care plans for management of toilet needs are in place, basleine continence is maintained, patient and carer feedbackEvidence of behaviour charts, minimal use of pharmacological interventionsAudit of electronic patient records shows increased completionEvidence of achievement |
| Environment | PLACE assessments and improving scoresImprovement of hospital environment for people living with dementia and dementia friendly wards Day room spaces | Results of annual PLACE assessments and action plan for improvementThe estate's strategy incorporates dementia-friendly design principlesEvidence of improvement such as clear signage, murals, contrasting toilet and bathroom doors, contrasting toilet seats, clocks, day and date visibleFeedback from people living with dementia and their carersEvidence of utililisation of areas away from bedside for patient and carer use  |
| Pathways | Sign posting to social community groups such a dementia café’sCommunity links/ liaison/pathways/collaboration with system partners Reduce length of stay and prevention of readmissionA seamless pathway for the patient journey from start to finish Post discharge follow up of people who have experienced delirium  | Staff awareness of community support services to signpost toPatient and Carer experience feedback Clear and easy to find pathways for staff and patients and carersAnalysis of length of stay data and readmission data, case reviewsRegular collation of patient and carer stories to provide feedback about experiencePathway guidance for the patient journeyProcess for handover to community and follow up  |
| Patient and Carer Experience | Patient and Carer feedback to understand what is good and areas for improvementGood communication with with patients, their carers/familyConsistent use of person centred document to enable delivery of care that meets indivdual needs Promotion of dementia awareness and celebrate our progression towards excellence in dementia care Recognition of best practiceFund raising for additional resources to enhance patient and carer experienceExpansion of dementia team to include Dementia and Delirium Clinical Nurse Specialists to provide support and expert adviceReduction in bed moves to reduce increased disorientation, confusion and anxiety | Engagement forum discussion and feedback Patient StoriesSurvey results, complaints and PALS dataReview of Carers survey monthly feedbackAudit to provide evidence of use of person centred document Dementia awareness week eventsConsistent examples of best practice are highlighted and shared for learningEvidence of collaboration with ENHT charityResources in action Recruitment of Dementia and Delirium Clinical Nurse Specialists Increased number of patients and carers receiving specialist dementia supportOutcome of Quality Improvement Project focused on reduction in bed moves |
| Training | Increase in number of ENHT staff trained relevant to their roleTraining offered in different formats to enable accessPromotion of key dementia messagesStaff will access specialist advice and supportDementia Champions will role model and promote best practice  | Review of training numbers according to roleReview of training offer, and staff feedbackReview of communications of key messages and staff feedback Number of referrals to Admiral Nurse ServicePercentage of Dementia Champions trained at Tier 2, evidence of best practice in their area |

**Appendix 2**

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| Activity | Time frame |
| Dementia Strategy working group meeting | September 2024 |
| Agreement of working group themes, working group leads and membership  | October 2024 |
| Each working group initial meeting  | November 2024 |
| Feedback from each working group to Admiral Nurse to produce draft strategy  | December 2024 |
| Draft strategy circulated to working group leads to review and provide feedback  | January 2025 |
| Draft strategy reviewed by Dementia Steering Group | January 2025 |
| Draft strategy reviewed by Patient and Carer Experience Group  | February 2025 |
| Strategy Ratification by Trust Management Group | March 2025 |
| Working Group meetings | Monthly |
| Governance  | Dementia Steering Group and Patient and Carer Experience Committee updates bi monthly. Quarterly and annual updates in Patient and Carer Experience report |

**Appendix 3**

