

1. Introduction

- This SOP outlines the context of the Admiral Nursing Service within University Hospitals of Leicester (UHL) to ensure all staff within and associated with UHL have a clear understanding of the service provided by the Admiral Nurse/s
- Provide clarity, consistency, and quality of service
- Informs how the Admiral Nursing Service operates on a day to day basis within UHL so all staff are aware of the process of engagement with the Admiral Nurse/s

2. Scope

This applies to the Admiral Nursing Service.

3. Recommendations, Standards and Procedural Statements

ADMIRAL NURSING MODEL

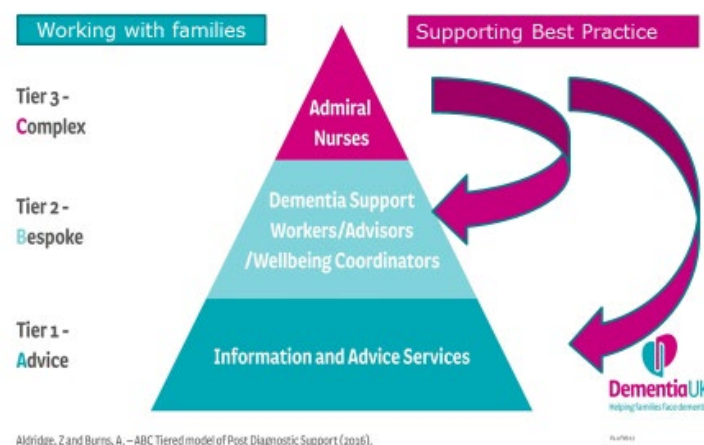
Admiral Nurses are Registered Nurses who specialise in dementia care, working with families and people affected by dementia, particularly during complex periods of transition. This is achieved through casework, coordination and/or clinics to:

- Promote physical, social, and psychological health of family carers and people living with dementia
- Improve well-being and quality of life for people with dementia and their family and carers
- Enhance adjustment (i.e., new discharge destination) and coping strategies for people affected by dementia and their families

Admiral Nurses support best practice through:

- Research, audit, and evaluation
- Quality improvement
- Service development
- Sharing expertise and partnership working
- Strategic planning and policy development
- Leadership
- Facilitation of learning

The Tiered Model - ABC



ROLE OF DEMENTIA UK

- Admiral Nurse induction
- Practice and professional development
- Admiral Nurse Competency Framework
- Service specific Communities of Practice and shared learning
- Support with service evaluation
- Consultant Admiral Nurse support
- Support with research and publications
- Business development

LOCAL CONTEXT AND KEY GOALS OF THE SERVICE

UHL is one of the biggest and busiest NHS trusts in the country serving a resident population of around a million people in Leicester, Leicestershire, and Rutland. UHL has approximately 1.2 million patient visits each year. There are approximately 2,000 adult in-patient beds, with six of its wards being dedicated to care of the older person. As of December 2019, 9,204 people (65+) were diagnosed with dementia, although it is estimated that 12,507 are living with dementia across Leicester, Leicestershire, and Rutland.

UHL is actively working to improve care and services for people living with dementia and their carers and families via the Leicester, Leicestershire, and Rutland's Living Well with Dementia Strategy 2019-22.

Aim

To optimise the outcomes for families affected by dementia by delivering and championing person-centred and relationship-centred dementia care and supporting best practice of staff across UHL.

Objectives

- Provide emotional support, practical advice and support the development of coping strategies for families affected by dementia with complex care needs in the hospital setting
- Provide specialist nursing assessment and develop and support person - centred care plans for people with dementia, including positive risk management
- Support and advise on a range of psychosocial interventions to reduce distress and promote health and well-being for people with dementia and their carers/families
- Improve the identification and management of co-morbidities and frailty for people with dementia and their carers/families
- Work collaboratively with other professionals to provide coordinated support and information to families, particularly around advance care planning, best interest decisions, end of life care and timely discharge planning
- Work alongside clinical / ward staff to promote the involvement and inclusion of family carers and develop and implement carer-specific projects and interventions
- Facilitate innovative dementia training and education to staff within the hospital to improve staff attitudes, knowledge, skills, and confidence in line with best practice and guidance.
- Support care transitions and effective discharge for people with dementia and their carers/families as part of a multi-disciplinary team in order to impact on length of stay and improve the flow of patients living with dementia as they move through stages of care.
- Support the development and delivery of work streams as part of the LLR dementia strategy, particularly around person- and relationship-centred care practice, and lead on and support the audit and evaluation of quality improvements and initiatives aimed at improving the delivery of dementia care

BASE AND HOURS OF OPERATION

The Admiral Nursing service is based at the Leicester Royal Infirmary. The service is available Monday to Friday, primarily 08:00-16:00 depending on case load and needs of families/carers. There is the expectation that nurses may need to work flexibly on occasions to meet carers' needs and some evening working is undertaken.

The service operates primarily across the older people's wards at the Leicester Royal Infirmary and accepts referrals from other clinical teams.

Details for contacting the service are as follows: AdmiralNursing@uhl-tr.nhs.uk or via phone: 07971 255 766 / 0116 258 5384.

GOVERNANCE/REPORTING

Clinical governance and issues relating to it will be guided by UHL's Clinical Governance Strategy. The Admiral Nurses are line managed by the Lead Nurse Enhanced Patient Observation

The work of the Admiral Nursing Services reports to the Trust via the Patient Involvement and Patient Experience Assurance Committee (PIPEAC) and the UHL Admiral Nurse Steering Group in conjunction with Dementia UK.

Clinical support and supervision is provided by Lead Nurse Enhanced Patient Observation, in addition to Dementia UK's Professional and Practice Development (PD) Team of which each service has their own PD Lead.

The Admiral Nurses will attend at least 80% (pro rata) of Professional Development sessions organised by Dementia UK for further clinical supervision and development, details of which will be issued by Dementia UK.

During the first 6-9 months of the transitional period for new Band 7, they will be supported by the Admiral Nurse Consultant who will provide clinical supervision. As part of the Admiral Nurses continuing professional development, they will be supported by Dementia UK to complete the Admiral Nurse Competency Framework module hosted by The University of Worcester, this is usually offered 6-12 months into post.

REFERRAL CRITERIA

The Admiral Nursing Service is available to any inpatient at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital that is living with dementia whose family member or carer is in need of specialist dementia support. The service will be limited to complex cases, which is defined as follows:

- Where there is high risk of carer break down/ stress: lack of support services involved
- The Admiral Nurse can provide advice and emotional support in areas including discharge planning, changing relationships, loss, managing behaviours that challenge, help in making decisions about end of life care or advanced care planning (that cannot be provided by tier 1 or 2 services)
- A patient who may be having frequent readmissions - multi professional team working, liaising with primary care, supporting the family
- A patient who has a new diagnosis or a change in presentation and the carer has difficulty understanding or coming to terms with this. For example, a person's dementia may be becoming more advanced, it may be a new diagnosis, or they need support in getting a diagnosis (again where need cannot be provided by tier 1 or 2 services)
- Transition of care, providing advocacy for the family, liaising with other health and social care services. For example: a patient going into a new care home and the decisions, feelings and emotions that a family may go through as a result of this

Examples of exclusion criteria:

- Referrals specific only to the person with dementia
- Crisis management and mental health review
- Carer's primary need is not related to the dementia

REFERRAL PATHWAY

Referrals will be accepted based on the clinical judgement of the Admiral Nurse. Referrals are triaged and offered the appropriate level of intervention based on the casework model.

Should a referral be considered to be inappropriate for the Admiral Nursing Service it will be discussed with the referrer and then signposted onto other services. Basic details will be recorded for that month colour coded according to outcome.

If the referral is accepted, it will be allocated to an Admiral Nurse depending on existing caseload who will aim to contact the person within three working days.

If not felt appropriate for the Admiral Nurse Service, please consider referrals to:

Age UK's Dementia Support Service: 0116 2237363

Referral routes:

- Any member on the Multi-Disciplinary Team (MDT) caring for, assessing or having input with that individual
- Service Providers operating at Tier 1 and Tier 2 dementia support
- Family member or carer- self referral

Referrals will be taken either by phone or email: AdmiralNursing@uhl-tr.nhs.uk or: 07971 255 766 / 0116 258 5384. The Admiral Nurse Mailbox will be checked throughout the day Monday-Friday.

CASELOAD MANAGEMENT

Caseload numbers of individual nurses will be managed based on the intensity of the case and the contracted hours of the nurse. The waiting list will be monitored to ensure cases are prioritised and waits kept to a minimum.

It is expected that the Band 7 will divide their time between clinical casework, developing and supporting the aims of the Admiral Nursing Service and management of the Band 6.

As part of the services role in sharing best practice, the Admiral Nurses will contribute toward tailored training provision. They are directly involved in delivering Dementia Category B training, along with raising awareness of the service and establishing links with the wider MDT.

Liaison with Other Services

The Admiral Nursing Service does not operate in isolation and therefore it is expected that the service and individuals within the team will work proactively to build links with the wider community to develop and maintain cross working, establish working relationships and referral pathways. Services to include voluntary sector, primary care providers, local organisations, and local Admiral Nurse Services.

ASSESSMENT PROCESS

Admiral Nurse's use a family centred approach and a bio-psycho-social assessment to assess need.

The assessment process will be guided by the Admiral Nurse Needs Assessment Framework (ANAF) of which the brief ANAF has been in use at UHL since November 2019. This includes:

- Health and wellbeing of the person with dementia: physical and mental health (including end of life and managing medications)
- Health and wellbeing of the carer (s): physical and mental health (Including end of life and managing medications)
- Knowledge and understanding of dementia
- Caregiving skills e.g., responding to changes in behaviour/ symptoms
- Communication with other professionals
- Financial and legal issues (e.g., LPA, benefits etc.)
- Practical Support (home care, respite, aids and adaptations, discharge planning etc.)
- Time for self and informal support/ networks (family, friends, neighbours, etc.)
- Loss/ bereavement, transitions, and planning for the future (Including Advance Care Planning)
- Risk (including risk for person with dementia and carer)

The Admiral Nurses use their expertise and clinical experience in obtaining this information and formulating care plans. There will be occasions when it will take several visits/interactions to complete a full assessment, and this will be part of an on-going process.

As assessments are completed, they will be entered onto the Admiral Nurse data spreadsheet, which is the main system for recording referral details, demographics, assessment, and interventions. There will also be a need to access and reference other information systems to ensure holistic assessment such as SystemOne, Nervecentre, ICE and the medical records which are currently paper format.

Assessments and documentation will be in keeping with NMC requirements, for example, acute and contemporaneous. Adhering to confidentiality and GDPR (2018) guidelines. Please also see the UHL Admiral Nursing Service Privacy Notice (Appendix 1) which is available for new families to explain how their information is stored and used.

INTERVENTIONS

Admiral Nurses work therapeutically with people affected by dementia, developing person-centred care through relationship-centred working. Admiral Nurses provide psychoeducation and psychosocial interventions, practical skills, and coping strategies.

There is not a prescriptive list of interventions that Admiral Nurses are expected to use, alternatively they will draw on a range of skills based on the needs of the person with dementia and their carer. The service has an Admiral Nurse Intervention Checklist which is completed following any contact with a patient or family.

This may include initiating or supporting the MDT with discussions around advance planning, end of life care, bereavement, complex comorbidities, managing behavioural changes, symptom management, access to practical support and navigation of services, enhancing carers' skills and confidence, positive ways of working.

Due to the acute hospital setting that the Admiral Nurses are working in, at times they may be involved in providing practical care, but it is not expected to be a primary role.

Admiral Nurses work collaboratively with other healthcare professionals to co-ordinate care. These may include the mental health team, palliative care, discharge team, community, and primary care services.

There is currently a weekly Admiral Nurse Telephone Clinic to follow up with families that have been discharged. Expectation is 1-2 follow up calls and signposting on to other services if required.

A Long Term Patients Telephone Clinic follows up patients with complex cases that have been discharged from UHL. The clinic and data captured evidence the on-going support provided by the service to families that do not have an Admiral Nurse in their locality. The reasons for a family being kept on in the Long Term clinic are listed below:

- Complex needs of person living with dementia and lack of support services in community to meet those needs
- Significant spousal carer strain due to complex needs of the Person Living with Dementia (PLWD)
- Transition of care to care home
- Bereavement support

SUPPORTING BEST PRACTICE

The Admiral Nursing Service has established relationships and partnerships with key stakeholders within and externally to UHL who are involved with supporting people with dementia.

As the service has become more established the offer given to Older People and Dementia Champions has been redeveloped. Online Champions Training is available for staff and is delivered by the Admiral Nurses and the Meaningful Activity Team Leader. Champions are utilised as an active resource to promote good dementia care and embed best practice across the Trust. Each ward has nominated a 'Link Champion' and each quarter the Admiral Nurses deliver link

sessions with a focus on topics such as end of life care, pain etc. This is an opportunity to promote new resources in evidence based care.

The Admiral Nurse Service will also seek opportunities to raise awareness and facilitate best practice through presentations as opportunities present themselves.

DOCUMENTATION, DATA RECORDING AND COLLECTION PROCESS

A new referral contact sheet is completed on receipt of a new referral which sits in the Admiral Nurse Referral Folder. This form is used during patient visits to record notes; it also helps the Admiral Nurses planning when the patient is due to be followed up again. The referral folder has a simple days of the week system where the form is added to which day the patient is next due to be reviewed. This is stored in a locked draw for data protection. The [Information Governance Policy](#) is followed.

Using electronic devices, the Admiral Nurses document assessments/contacts undertaken using Dementia UK's note writing guidance: Purpose, Intervention and Plan. This is typed and printed for adding to the paper notes. An electronic copy can then be stored on the Admiral Nurse's data collection spreadsheet for reference and evaluation purposes. Documentation is in accordance with NMC requirements. UHL's Admiral Nursing Service does not have access to the carers notes unless they are a patient at UHL. Therefore, if the PLWD is the patient at UHL anything confidential in relation to the carer is not stored in the paper notes.

The Admiral Nurses have access to System One for inpatients. GP Connect is also in place on Nerve Centre.

The Admiral Nurses data collection spreadsheet is password protected with only the Admiral Nurses and the 'Share your Experience' Lead having access. A new spreadsheet is started each month and stored in quarterly folders on the Admiral Nurse Shared Drive.

EVALUATION

At the end of each financial year the Admiral Nursing Service will produce an end of year report, which is reported to PIPEAC. This includes service activity, stakeholder feedback and feedback from families and carers. It also provides an overview of the Admiral Nursing Service. The data captured from the Admiral Nurse data collection spreadsheet. This analysis is reviewed and supported by Dementia UK at the Admiral Nurse Steering Groups which are held quarterly.

DISCHARGE PROCESS

Generally, patients and their families are followed up 1-2 times post discharge and either referred or signposted to appropriate services in the community or if they attend one of the primary care network GP's supported by a community admiral nurse.

The family will be informed that no further follow up is scheduled but they are welcome to contact the service of the Admiral Nurse Helpline if they feel they need further support.

WAITING LIST

Patients are triaged at time of referral and if more information is needed from the referrer, it will be requested in order to prioritise day to day caseload. If there is expected to be a delay (more than three working days) the referrer will be informed at the point of referral.

ABSENCE REPORTING AND COVER ARRANGEMENTS

Sickness absence is managed as per the Trust [Sickness Absence Management Policy](#).

It is the responsibility of the Admiral Nurse to ensure they adhere to local reporting arrangements as detailed in the policy and any local operational arrangements. The Admiral Nurse must phone their line manager at 08:00am to notify the team so that cover arrangements can be made.

SERVICE MONITORING AND REVIEW

Dementia UK and UHL host steering groups to maintain positive partnership working and consistency in Admiral Nursing. Frequency may depend on individual circumstances but aim to be quarterly in the first year and minimum of twice yearly thereafter. The Admiral Nurse provides updates to the steering group. The Admiral Nurse Standard Operating Procedure will be reviewed if there is any change to the service and no less than three yearly.

MANAGING INCIDENTS AND COMPLAINTS

Follow host complaints procedure accordingly in accordance with the [Complaints Policy](#). Comments, complements and suggestions are seen as an opportunity to improve quality of the service and people accessing the Admiral Nurse service should be supported to raise any concerns. If unable to resolve locally, concerns should be raised with Dementia UK.

SAFEGUARDING

Follow [Safeguarding Adults Policy](#) and other local policy and guidelines.

LONE WORKING

The Admiral Nurses are not lone workers due to the nature of the hospital environment.

The Trust [Lone Working Policy](#) is followed.

4. Education and Training

Not applicable.

5. Monitoring and Audit Criteria

Not applicable.

6. Supporting Documents and Key References

If applicable

7. Key Words

Admiral Nurse, Dementia, Delirium, Meaningful Activity

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

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Date	Issue Number	Reviewed By	Description Of Changes (If Any)
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Appendix 1 - UHL Privacy Notice



Appendix 1

UHL Admiral Nursing Service Privacy Notice

This Privacy notice is specific to the data and information stored and captured by the Admiral Nurse Service working within University Hospitals of Leicester (UHL). It is in addition to the trusts official privacy notice (May 2018) a link to which can be found here:

Why we collect information about you:

The Admiral Nursing service at UHL is in partnership with Dementia UK and a data sharing agreement is in place between UHL and Dementia UK to support the provision of the Admiral Nursing Service. Any data shared with Dementia UK is anonymised and no person identifiable data is shared.

Data and documentation of assessment, interventions and support are used to evidence the provision of the service and the benefits to the delivery of the Admiral Nurse Service to patients and families. The recording of assessments and interventions provided by the Admiral Nurses in the medical notes ensures continuity of care to the patients and families

What information we collect about you:

The Admiral Nurses collect personal demographic details such as your name, age, hospital number, frailty score and ethnicity this would be for the person with dementia and any family or carer the service supports. Anonymised demographic data may be shared with Dementia UK to enable reporting of the Admiral Nurse Service in UHL.

Any sensitive information from discussions, assessments and interventions with the Admiral Nurses is documented in the medical notes to ensure all health care professionals involved in caring for the Person with Dementia and their families/carers are able to offer you the best possible care and tailor it to your needs.

Data is reviewed and analysed at year end and in line with UK law is kept for the full retention period as specified by NHS records Management Code of Practice for Health and Social Care.

We acknowledge that there may be some information provided by families/Carers that you do not want shared with the wider healthcare team. Please inform us if this is the case and we will not record or share this information without discussing it with you, for example if not sharing information would be detrimental to the person with dementia. Information you have requested not to be shared will be recorded on the secure Admiral Nurse Database and will be used only as part of your interactions, care and support by the Admiral Nurses only.

How we use it:

In addition to that detailed above, information allows staff caring for you and your family member to have accurate, current information to help them manage and plan treatment, care and support. Information allows us to review and assess the type and quality of care you have had. Any concerns you may have can be properly investigated should they need to be.

How your information is used for other purposes:

To monitor, improve and report on the effectiveness and provision of the Admiral Nurse Service in UHL.

Ensure the Admiral Nurse Service meets the needs of patients and families affected by Dementia. There are some aspects of your care that we are obliged to record but please let us know if you have any concerns about the information we are recording.

How we protect your information:

In addition to the General Data Protection Regulations, everyone that works for the NHS is subject to the Common Law Duty of Confidence. The data that the Admiral Nurses collect and store is password protected. Only those with a need to see it are allowed access. This is kept securely and not shared with any outside parties. It is only the anonymised demographic data that will be shared with Dementia UK for analysis purposes.

Who else might see your information:

You might be receiving support from other people as well as the NHS for example, partner organisations: GP's, social services, community Admiral Nurse Services, charitable organisations. Data may be shared with other services such as complaints or research teams.

We will only pass information on if there is a genuine need, if there is a court order, statutory power to share patient data or we have your consent. We will not disclose your information to third parties unless there is exceptional circumstances in which the health and safety of others is at risk or if the law requires us to pass on such information.

Accessing your information:

You have the right to see or be given a copy of personal data held about you. To gain access to your information you will need to make a Subject Access Request to the Trust. As detailed here: Contact the Access to Health Records team on 0300 303 1563 (Option 3). In most cases, there's no charge for this service unless it is for something extra that is not in a usual medical record, like a medical report allowing you to fly.