Trust Board Paper R

To:	**Trust Board**
From:	Rachel Overfield, chief Nurse
Date:	**30 January 2014**
CQC regulation:	Outcome 1, 4, 16
Title:	National CQUIN requirements: Support and Information for Carers of Patients with Dementia

Author/Responsible Director:
Lesley Hale, Dementia Screening CQUIN, Education and Practice Development Sister

Purpose of the Report: To brief Trust Board on the results of the survey to establish if the carers of people with dementia feel supported by UHL.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points: The carer's survey is conducted to establish if the carers of people with dementia feel supported by UHL. The baseline survey results highlighted the areas that require improvement and identified the appropriate actions. The re-audited data shows significant progress but also highlights that further improvements can be made.

Recommendations: Trust Board is asked to support the on-going achievement of the National CQUIN requirements focused upon carers of patients with dementia.

Previously considered at another corporate UHL Committee? Executive Quality Board.

Board Assurance Framework: N/A	**Performance KPIs year to date:** N/A

Resource Implications (eg Financial, HR): Requires on-going CQUIN funded support

Assurance Implications: N/A

Patient and Public Involvement (PPI) Implications: N/A

Stakeholder Engagement Implications: N/A

Equality Impact: N/A

Information exempt from Disclosure: N/A

Requirement for further review? Will form part of the Trust level Dementia Implementation Plan 2014

University Hospitals of Leicester NHS Trust Report

REPORT TO: Trust Board

REPORT FROM: Lesley Hale, Dementia Screening CQUIN, Education and
                    Practice Development Sister

SUBJECT: CQUIN Pre-Requisite Criteria 2013/14
                    National 3.3 Dementia Supporting Carers and PR 1.3 Carers
                    Information Report

DATE: 30 January 2014

1.0   Introduction

1.1   National CQUINs in the NHS Standard Contract 2013/14 to ensure that the
       carers of our patients with dementia feel supported by the trust.

       This includes a carer's survey, feedback and results from the audits should be
       actioned to ensure improvements.

Ref	Title in Brief	Indicator Title and Detail	Threshold	QS RAG / CQUIN Payment Mech	Reporting Frequency
National 3.3a	Dementia - Carers	3.3. Ensuring carers of people with dementia feel adequately supported	3.3a Monthly audit of carers of patients with dementia 3.3b Reporting of survey findings to the Board	Q1 & Q3 100% Monthly audit undertaken Q2 & Q4 100% Monthly audit undertaken and report biannually to the Board	Quarterly / Narrative Report

2.0   Commentary on Performance

The carer's survey has now been conducted in all CMG's and all baseline data
collected. We are now in the re-audit process to assess how we have improved on
the support that we offer carers of people with dementia in UHL. The re-audit has
also been conducted in Medicine and respiratory wards and the data collated. The
baseline and re-audit survey was conducted on a monthly rotational basis. The ward
dementia link nurse/champion completes the surveys with the carer or relative of a
patient with a confirmed dementia diagnosis.

The baseline data showed many examples of excellent support and dementia care
but also highlighted areas for improvement. The majority of the carers of a person
with dementia felt supported by UHL. The data collected shows that carers feel that
staff in clinical areas have a good understanding of dementia and they are
encouraged to have input into their relatives care whilst they are in hospital.

The key themes identified to improve the support we offer to carers are mainly based
around communication. Actions to improve these results will be raising the profile of
the patient profile, improving the information we give to carers and relatives about

dementia and about the patient's medical condition and by involving and informing carers and families in discharge planning arrangements.

Since the collection of the baseline data each ward that has been involved in the carer's survey has been asked to ensure that they have a process in place to ensure that the carer or relative has access to a patient profile. Examples of these processes are identifying those patients who would benefit from a profile at the board round, part of the dementia champions role, ward display and some admission areas include the profile in the admission pack.

Wards involved in the survey are also ensuring that the UHL dementia leaflet is available in their area. Each ward currently has leaflets available on their wards and has a nominated staff member responsible to order more stock.

November 2013 was the first of the re-audits and was completed in medical wards including wards that specialise in care of the elderly wards. The results of this audit show some excellent improvements. 100% of carers surveys felt supported by UHL. In these areas the use of the patient profile has improved greatly. The only low figure is about the UHL dementia leaflet. It is available in all of these areas but consideration to the location of the leaflets may lead to improvements in this area.

The patient profile has recently had a lot of publicity and one avenue for this is in the dementia category B awareness training. Two of the wards surveyed also have a Meaningful Activity Coordinator which from the additional comments made by the carers has improved dementia care in those areas considerably.

December 2013 was the second month of re-audit and was conducted on respiratory wards. These results showed improvements in the majority of all areas. Overall the carers on these wards felt supported by the carers of people with dementia felt supported in these areas. The use of the patient profile and UHL dementia leaflet has also improved.

The carer's survey re-audit is currently being conducted in Cardiology and Renal wards for January 2014.

Audit Plan 1st April 2013 – 31st March 2014

Baseline Audit	
April 13	Ward 36 LRI – Trial
May 13	Older Peoples wards – Speciality Medicine
June 13	Speciality Medicine
July 13	Respiratory
August 13	Cardiology and Renal
September 13	Trauma
October 13	Surgery
Re-Audit	
November 13	Speciality Medicine (including Care of the Elderly)
December 13	Respiratory
January 13	Cardiology and Renal
February	Trauma
March 13	Surgery

3.0   Quarter 3 performance

Carers Survey 2013/14 Data.

% of carers that	Quarter 1			Quarter 2			Quarter 3		
	Ward 36	Older peoples wards	Medicine	Respiratory	Cardiology and Renal	Trauma Orthopaedics	Surgery	Medicine	Respiratory
Felt supported	50%	60%	60%	33%	50%	80%	50%	100%	100%
Were asked for their input	100%	87%	100%	83%	50%	80%	50%	82%	100%
Were asked to complete a patient profile	0%	40%	40%	33%	50%	80%	50%	82%	33.3%
Were permitted to visit outside of set visiting times	100%	100%	100%	83%	50%	60%	100%	82%	100%
Were updated on medical treatment	50%	28%	50%	33%	50%	40%	100%	100%	33.3%
Were involved in discharge planning	0%	60%	60%	50%	50%	80%	50%	100%	66.6%
Were given a UHL dementia leaflet	0%	33%	30%	33%	100%	20%	50%	36.5%	33.3%
Could find someone is discuss their worries and fears with	100%	80%	90%	83%	50%	80%	100%	100%	66.6%
Felt that staff had a good understanding of dementia	75%	60%	70%	83%	100%	100%	75%	82%	66.6%
Month of re-audit	November 13	November 13	November 13	December 13	January 14	February 14	March 14		

Carers Support Action Plan - Supporting the Carers of People with Dementia

Ref	Area for Improvement	Action to be taken	Lead for Action	Action Completion Deadline	Progress RAG	Progress update/comment
1a	Provide the carers of people with dementia with a UHL information leaflet	Ensure leaflets are available on all areas	Sue Mason	April 2013	5	Action complete
1b		Identify a ward specific process to ensure that relatives and carers have access to the UHL dementia leaflet	Lesley Hale	August 2013	5	Action complete Processes include • Ward display • Identification at board round
1c		Identify a member of staff responsible for re-ordering leaflets	Lesley Hale	August 2013	5	Action completed
2a	Improve the use of the patient profile for all patients with dementia	Each ward to identify a process to identify the patient who require the patient profile and ensure that the carer has the opportunity to complete	Lesley Hale	August 2013	5	Action complete. Discussed with each ward sister and dementia link nurse where available
2b		Ensure patient profile and guidance is available on all wards	Lesley Hale	August 2013	5	Action complete. Displayed on ward or in dementia recourse folder/drawer[i]
2c		Provide education on the patient profile on dementia awareness and dementia champion training	Martyn Deighton DATAG	June 2015	5	Training plan ensures all relevant staff groups will be trained by June 2015
2d		Re-audit of the patient profile. Actions to be set to re-launch the profile	Patient Experience team	January 2014	4	

Status key:	5	Complete	4	On track	3	Some delay-expect to complete as planned or implemented but not consistently delivering	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

Ref	Area for Improvement	Action to be taken	Lead for Action	Action Completion Deadline	Progress RAG	Progress update/comment
3a	Ensure that the relatives of patients with dementia are involved in discharge planning	Care coordinator for all areas to communicate with carers to involve and inform them of discharge plans	Lesley Hale	August 2013	5	Discussed with Ward Sisters and Matrons to encompass this as part of care coordinator role
4a		Ensure that all staff within the relevant areas attend dementia awareness training category A and B	Martyn Deighton	June 2015	4	Training plan ensures all relevant staff groups will be trained by June 2015
4b	Improve dementia awareness, knowledge and understanding in clinical practice	Promote the Dementia Champions network. Becoming a Dementia Champion is voluntary and the training to become a champion complements category A and B dementia awareness training	Patient Experience Team Dementia champions network	At all times	4	Ward Sisters to encourage staff with a dementia interest to sign up to the Dementia Champions network. Promoted at category B awareness training
4c		Introduce a communication symbol to identify patients with dementia in order to promote appropriate communication	Quality Commitment	June 2013	4	Pilot complete. Currently introducing on sample of wards

DATAG = Dementia awareness training action group (Cascade trainers of dementia awareness category A and B training and working group to ensure training is appropriate to audience and fit for purpose)

Status key:	5	Complete	4	On track	3	Some delay-expect to complete as planned or implemented but not consistently delivering	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised