

Dementia-Friendly Hospital Charter

Revised 2018





Dementia Outreach volunteer (right) at Royal Wolverhampton Hospital with a family carer

“The Dementia-Friendly Hospitals Charter is an important initiative to improve the care patients with dementia receive and ensure carers and families are involved every step of the way. I want every single hospital to commit to becoming dementia-friendly.”

Caroline Dinenage - Minister for Care

Dementia-Friendly Hospital Charter

Introduction

In October 2012, the National Dementia Action Alliance (NDAA) launched the Right Care: a call to action initiative to create dementia-friendly hospitals. All acute trusts in England were asked to make a public commitment to become a dementia-friendly hospital and work in partnership with the NDAA to achieve this.

The Dementia-Friendly Hospital Charter was launched in 2015 as the second phase of the Right Care initiative. The charter outlines the high level principles that a dementia-friendly hospital should provide, together with notes for self-assessment and recommended actions they could take to fulfil them.

One of the key aspirations of the Prime Minister's Challenge on Dementia 2020 is to create dementia-friendly hospitals. Following its launch, 115 acute hospital trusts in England signed up to the charter with the aim of implementing the principles within their hospitals. In February 2018, a further opportunity was provided for the remaining acute trusts in England to sign up to the charter.

Why the National Dementia Action Alliance is leading this work

Because of its core role, strategic position and membership, the NDAA can:-

- Identify, assure and bring together resources in one place
- Liaise with relevant stakeholders, including strategic clinical networks and CQC
- Share good practice
- Facilitate and support the embedding of the dementia-friendly principles in hospitals (supported by the Department of Health and Social Care)
- Use the Dementia Statements as leverage to ensure that hospitals become dementia-friendly

Purpose of the Dementia-Friendly Hospital Charter

The charter is to enable hospitals to create a dementia-friendly environment for people with dementia, their families and carers in England. Its purpose is to:

- Act as a short, accessible and visible statement of the principles that contribute to a dementia-friendly hospital
- Provide a minimum set of standards that focus on the needs of people with dementia and their families/carers and what they can rely on when they access a dementia-friendly hospital
- Build on the foundation offered by the Royal College of Nursing's Staff, Partnership, Assessment, Care and Environment (SPACE) principles by including the latest developments and signposting resources that hospitals can use to embed dementia-friendly principles in their organisations
- Offer a framework to assist hospitals in their self-assessment against the dementia-friendly principles and develop and update an NDAA Action plan on the website



What's new in this 2018 edition?

The Dementia Friendly-Hospital Charter has been updated to now include a section on the important role of hospital volunteers. It is aimed at staff and volunteers in hospitals, and takes into account the latest guidance and the NDAA's updated Dementia Statements.

The Well Pathway for Dementia

The Well Pathway for dementia has five elements, based on the themes outlined in the National Dementia Strategy 2009, these are: Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well. They reflect the breadth of the experience of people with dementia, their families and carers, from prevention to end of life care and act as a focus for many trusts that have found these helpful in organising their dementia plans and dementia services. Staff training, education and learning is key to hospitals delivering the Pathway especially in delivering improvements to the lived experience of people with dementia i.e. Living Well. The Well Pathway is hosted by NHS England and links in with other initiatives in dementia such as the Dementia Statements, and emphasises the need for support for families and carers.

The Dementia Statements

The Dementia Statements, published in 2017, reflect what people with dementia and carers say are essential to their quality of life. These statements were developed by people living with dementia and their carers, and these rights are enshrined in the Equality Act, Mental Capacity legislation, health and care legislation and international human rights law. The statements include:

- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

Dementia NICE guidance

The Dementia NICE guidelines were updated in June 2018. These highlight the increased risk of delirium in people living with dementia who are admitted to hospital. NICE also highlights that care and support providers should provide all staff with training in person centred and outcome-focused care and should provide additional face-to-face training for staff who deliver care and support.



Staffing

Care is provided by staff who are appropriately trained in dementia care

Notes for self-assessment:

- Dementia training is an integral part of the organisation's training and development strategy in line with current policy and best practice in dementia care
- All staff and dedicated volunteers undertake Tier 1 dementia awareness training (aligned to the learning outcomes set out in the Dementia Training Standards Framework). This is a standard component of the organisation's induction programme and is achieved within first 3 months of appointment
- All staff working regularly with people living with dementia and expert leaders undertake more in-depth training appropriate to their role i.e. Tiers 2 or 3 of the Dementia Training Standards Framework
- Provision of dementia education is monitored through training reports

Staff demonstrate a proactive approach to caring for people and are knowledgeable and skilled in identifying and addressing needs

Notes for self-assessment:

- The organisation commits to making 'reasonable adjustments' for people with dementia and those that care for them to promote and ensure equality. These include environmental changes, clear explanations, accessible information, and managing issues of consent
- Appropriate staffing levels and skill mix are determined to meet the physical, psychological and social needs of people with dementia
- Nurse to patient ratios are clearly displayed and additional staff can be made available when acuity and dependency changes
- Specialist staff such as dementia specialist nurses and/or Admiral Nurses, dementia and delirium teams, named staff at board level with a responsibility for dementia care, older peoples/mental health liaison teams or volunteers are available and offer support and advice where required



Partnership

People with dementia and their families/carers are recognised as partners in their care.

This includes:

- **Choice and control in decisions affecting their care**
- **Support whilst in hospital and on discharge**

Notes for self-assessment:

- The organisation use the principles of the 'Triangle of Care' to enable assessment of carer need, support and involvement in care
- The trust has an agreed policy for carers, including their identification and recognition and provision of appropriate information and support services
- The organisation actively supports the rights of carers to stay with the person with dementia where possible and is signed up to John's Campaign or other similar initiatives. Flexible visiting is offered, including overnight stays, in line with the needs of the person with dementia and their carers
- Carers and family are enabled to assist during protected mealtimes if requested
- A survey of patients and carers is undertaken to ascertain feedback on the care to enable monitoring of service implementation
- Information is shared between hospitals and discharge providers e.g. care homes, support services and GPs with permission and according to the relevant laws
- People with dementia, family carers and other services, including care homes where relevant, are actively involved in discharge arrangements



Assessments

People with dementia and their family carers have access to an accurate assessment of their needs and care is delivered accordingly

Notes for self-assessment:

- Identification and treatment of other conditions such as delirium and depression
- Personal needs including pain control, mobility, nutrition, sleeping, continence and preferences for care are assessed and addressed appropriately
- Preferences for future care using advance care plans and support to discuss this
- Needs of family carer(s) who are the main carer/supporter of the patient
- Risks to health and appropriate measures for risk reduction identified
- A specialist in dementia and/or older people will advise on and support assessments where required
- End of life discussions



People with dementia and their family / carers will receive care that this is person-centred and meets specific individual needs

Notes for self-assessment:

- Views and preferences of both the patient and their carers are listened to and respected
- Personal profiles or passports are used and are kept in a visible place to help staff get to know the person and what is important to them
- Any evidence of distress is assessed and investigated
- Pain is assessed using an appropriate measurement or tool, and pain relief provided if required
- Eating and drinking is monitored carefully to ensure good nutrition and hydration, with assistance provided as appropriate
- Encouragement and support is provided for people to remain as independent as possible and remain mobile, where appropriate. Support is provided for people to stay involved in activities that support their health and wellbeing
- Advice and support is provided on reducing risk, including health promotion strategies
- Preferences for future care and end of life care are based on patients' personal wishes including Advance Care Plans and resuscitation decisions
- Support and advice is provided from specialist palliative care if people are reaching the end of life
- Patients living with dementia and their carers are informed about the opportunities and right to decide if they wish to be involved in research



The care environment is comfortable and supportive, promoting patient safety, well-being and independence and people with dementia are enabled to find their way around the hospital

Notes for self-assessment:

- The environment promotes safety, encourages independence, activity and social interaction
- There are policies in place to minimise moves within the hospital
- Noise and distractions are minimised
- Signage and orientation cues support navigation and ease decision-making throughout the building
- Ward design enables people with dementia to continue to undertake activities of daily living
- King's Fund and other environmental assessment tools e.g. Virtual Hospital Ward (University of Stirling) are used to ensure appropriate environments
- PLACE (patient led assessments of the care environment) audits are used to meet the required standard
- The estate's strategy incorporates dementia-friendly design principles



Governance

Systems are in place to support continuous improvement of quality of care for people with dementia and their carers whilst in hospital, including resources and governance structures that support staff to deliver care that is dementia-friendly

Notes for self-assessment:

a. Governance structures

- The hospital is signed up to the Dementia-Friendly Hospital Charter and the Dementia Statements are used to inform approaches to care
- There is a senior dementia lead within the trust who guides and monitors delivery of the local dementia strategy
- A board member is designated with responsibility for dementia care
- Clinical Dementia Specialist Leads have access to champions to support the delivery of dementia care
- There is a dementia steering group, inclusive of nurses and lay members that monitors the delivery of care and includes perspectives of people with dementia and their carers
- External scrutiny is actively sought about the quality of care e.g. Healthwatch
- Regular dementia care updates are provided to the board
- Contracts with contractors and agency staff providers specify how they will uphold the principles of this Dementia-Friendly Hospital Charter
- The organisation is supportive of the Alzheimer's Society's Dementia Friends initiative
- Organisation safeguarding/whistleblowing is available if required

b. Human Resources

- Support is provided for staff who require leave to care for a person with dementia
- Policies and procedures help combat stigma towards employees affected by dementia
- Reasonable adjustments are made to enable people affected by dementia to continue working

c. Feedback

- There is a system for routinely gathering meaningful feedback on how people with dementia and their carers experience the hospital's services. Comprehensive, timely and personal responses are delivered

Notes for self-assessment:

- A compliments and complaints policy is accessible in an appropriate format for people affected by dementia
- Regular focus groups are organised with people with dementia and their carers who have used the services, plus outside partners where appropriate
- The hospital participates in the National Audit for Dementia Care
- A dementia specific Patient Advice and Liaison Service is available and clearly signposted



Volunteering

Volunteers with specific dementia training are available to assist people with dementia where appropriate. They can provide additional support for activities and pastoral care, which complement those of paid staff and are not a substitute for them

Notes for self-assessment:

- All volunteers undertake dementia awareness training (Tier 1) of the Dementia Training Standards Framework. Volunteers are regularly supervised and supported in their role
- Volunteers from organisations (e.g. Red Cross or Royal Voluntary Service) to undertake dementia awareness training (Tier 1)
- The role volunteers can have in supporting patients with dementia should not just be considered on care of the older peoples' wards, but where patients access other services e.g. Outpatients, Emergency Departments, Discharge Teams, across the hospital environment
- The trust has a policy on the use of volunteers and the role they may have in supporting patients with dementia and their carers
- Volunteer roles are clearly defined and understood by the volunteers, the person living with dementia and their carers, staff members, the dementia lead and the volunteer recruiting manager

Resources

This is an indicative list of the range of resources currently available. It is not exhaustive, neither is it quality assured.

Alzheimer's Society – Dementia-Friendly Communities

www.alzheimers.org.uk/get-involved/dementia-friendly-communities

Alzheimer's Society - Dementia Friends www.dementiafriends.org.uk/

Alzheimer's Society – Side by Side

www.alzheimers.org.uk/get-involved/volunteering/ways-volunteer/volunteer-side-by-side

Alzheimer's Society - This is me <http://alzheimers.org.uk/thisisme>

Bradford Dementia Group <https://dementiapartnerships.com/project/bradford-dementia-group/>

The Butterfly scheme <http://butterflyscheme.org.uk/>

National Dementia Action Alliance www.nationaldementiaaction.org.uk/

Health Education England <https://hee.nhs.uk/our-work/dementia>

John's Campaign <https://johnscampaign.org.uk/#/>

The King's Fund: Environments of care for people with dementia and EHE environmental assessment tools

www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-in-dementia-care The tools can also be downloaded at www.worcester.ac.uk/kingsfund

Memory Services National Accreditation Programme (MSNAP): Royal College of Psychiatrists

www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/memoryservices/memoryservice/saccreditation.aspx

NHS England 15 steps challenge (formerly NHS Institute for Innovation and Improvement)

www.england.nhs.uk/participation/resources/15-steps-challenge/

NHS England Strategic Clinical Networks (Dementia)

www.england.nhs.uk/2012/07/26/strat-clin-networks/

NHS England Well Pathway for Dementia

www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

NICE guidelines

www.nice.org.uk/guidance/ng97?utm_medium=social&utm_source=facebook&utm_campaign=dementiaupdatepub18

Psychiatric Liaison Accreditation Network (PLAN)

www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/liasonpsychiatry/plan.aspx

Royal College of Nursing development programme: Transforming dementia care in hospitals

www.rcn.org.uk/clinical-topics/dementia/current-work

Royal College of Nursing SPACE principles for dementia care

<http://patientsafety.health.org.uk/resources/space-principles-dementia-care>

Triangle of Care <https://carers.org/article/triangle-care>

With Thanks

Members of the Dementia-Friendly Hospital Taskforce

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- Laura Cook - Dementia Clinical Network, NHS England (London Region)
- Lucy Cosgrove – Barts NHS Health Trust
- Karl Demian – Royal Voluntary Service (RVS)
- Sherree Fagge – NHS Improvement (NHSI)
- Duncan Forsyth – Addenbrookes Hospital, Royal College of Physicians
- Jane Gilby – Basildon Hospital
- Dawne Garrett – Royal College of Nursing (RCN)
- Chloe Hood - National Audit of Dementia
- Jo James – Imperial College Healthcare
- Vicki Leah – University College London Hospital (UCLH) (Chair)
- Gill Moffett - Department of Health and Social Care (DHSC)
- Zoe Packman – NHS Improvement (NHSI)
- Lydia Russell - University College London Hospital (UCLH)
- Tracey Shorthouse - Retired Nurse/Living with Dementia
- Kerry Smith – Care Quality Commission (CQC)
- Rachel Thompson – Dementia UK
- Sarah Waller - Association for Dementia Studies, University of Worcester
- Helen Wiggins – Department of Health & Social Care (DHSC)
- Jan Zietara – Health Education England (HEE)



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