

Focus on Specialist Dementia Units: Summary Report June 2018

Introduction

This report sets out a summary of work being led by Focus on Dementia within the ihub of Healthcare Improvement Scotland to support improvements in the care and experience of people in specialist dementia units in Scotland. Phase one of this work has involved using experienced based co-design approach to identify the priorities for improvement. The next phase of this work (up to end March 2019) will be to support improvements in practice.

The programme includes 4 dementia demonstrator sites who are using participatory approaches to embed continuous improvement for people with dementia, their relatives/carers and staff. In addition, a learning and improvement network has been established to facilitate the rapid sharing of learning from this work. Focus on Dementia are working with key national partners including Alzheimer Scotland, NHS Education for Scotland, Scottish Care and the Care Inspectorate to take this work forward.

This work has been commissioned by the Chief Nursing Officer Directorate at Scottish Government, as a result of the Quality and Excellence in Specialist Dementia Care (QUESDC) work. This work remains a priority for Scotland's Third Dementia Strategy 2017-2020 as outlined in commitment 7: *'We will continue to implement national action plans to improve services for people with dementia in acute care and specialist NHS care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital'* (Scottish Government, 2017).

Demonstrator Sites

Following a robust selection process, including the involvement of people with dementia and carers, 4 units were selected as demonstrator sites. The selection criteria included the requirement for units to have a clear commitment to improvement. This included the identification of local improvement and leadership support. The table below provides a summary of each of the units selected.

<p>Balmore Ward, Leverndale Hospital <i>Glasgow City Health and Social Care Partnership</i> Assessment ward, 18 beds, mixed sex (NB: ward is split into two single sex areas).</p> <p>Admission following referral from community mental health team, care home, other psychiatric hospital or general acute hospital.</p>	<p>Orbiston Community, Hatton Lea Care Home <i>North Lanarkshire Health and Social Care Partnership</i> Long Stay, 25 beds, all female</p> <p>Admission following referral from a dementia assessment ward. Patients reviewed in line with Hospital Based Complex Clinical (HBCCC) guidance.</p>
<p>Prospectbank, Findlay House <i>Edinburgh Health and Social Care Partnership</i> Long stay, 30 beds, mixed sex</p> <p>Admission following referral from a dementia assessment ward. Patients reviewed in line with Hospital Based Complex Clinical (HBCCC) guidance.</p>	<p>Strathbeg Ward, Royal Cornhill Hospital <i>Aberdeen Health and Social Care Partnership</i> Rehabilitation and enablement ward, 12 beds, male</p> <p>Admission following referral from dementia assessment ward.</p>

Understanding What Matters

All of the demonstrator sites have used the Experience Based Co-design model to help them identify improvement priorities relevant to their local context. A toolkit on this model can be found at: <https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>. A range of participatory approaches, including observations of the clinical setting, interviews and co-design events have been undertaken to

identify areas for improvement which matter most to people with dementia, carers and staff. Our rationale for using this model is that staff, patients and carers will identify the areas which matter most to them, therefore promoting greater engagement and support for changes and improvements which will ultimately lead to longer term sustainability. By supporting staff to improve their knowledge and skills in participatory and improvement approaches, they will be able to continue to use these skills as part of everyday improvements in practice. An overview of the Experience Based Co-design Model and activity undertaken is included in appendix one.

Improvement Priorities

The improvement priorities identified within each of the areas are:

<p>Balmore Ward, Leverdale Hospital Activity Information for relatives and carers Care planning</p>	<p>Orbiston Community, Hatton Lea Care Home Activity Handover Team development</p>
<p>Prospectbank, Findlay House Activity Environment Mealtimes</p>	<p>Strathbeg Ward, Royal Cornhill Hospital Activity Building a resilient team Stress and Distress</p>

Overarching priority areas include the prevention and management of stress and distress and activity. We are working with the demonstrator sites, our clinical leads and partner organisations to develop resources and improvement support in these areas to support improvements in practice and enable wider learning for other specialist dementia units across Scotland. A quality improvement approach, using the model for improvement, will now be used to support small tests of change and to measure these changes in order to show improvement over time.

Our learning and progress to date

We have included reflection points in our processes, in order to capture learning and improvements at critical stages of the programme. This has included feedback from the demonstrator site staff and delivery group members. A summary reflecting our learning and progress is shared below.

- Infrastructure

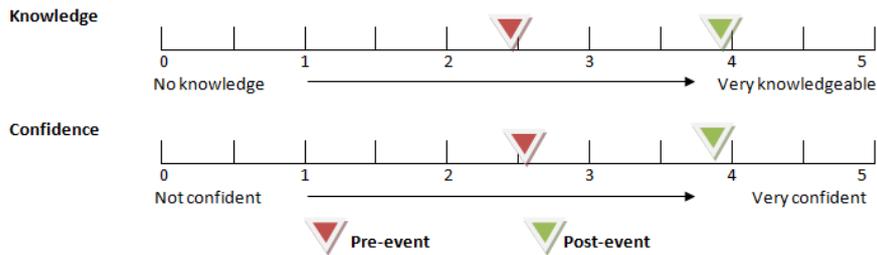
A National Delivery Group has been established for this work from the outset to provide advice, guidance and to support the delivery of the work. This has been crucial to informing the approach and direction of the work. The establishment of local steering groups has led to a multidisciplinary approach to planning and developing the improvement work and in some areas has also involved third sector partners, enabling new relationships to be established and developed. These groups have supported buy-in from staff at all levels. One of our demonstrator site leads commented *‘the work has been owned by the staff...[with]...senior clinical and managerial support for the work’*.

- Quality Improvement and Leadership Support

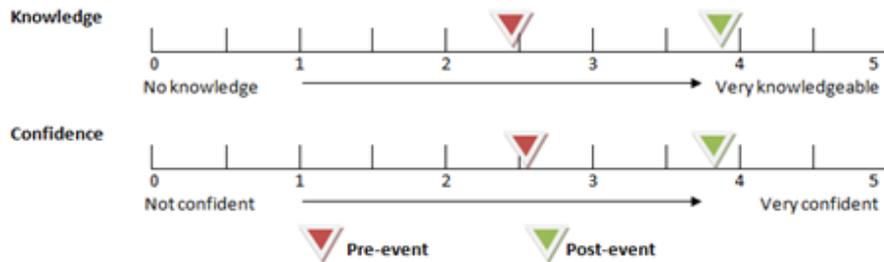
National support through 4 learning sessions, a series of webinars and bespoke onsite support has been provided throughout the programme in order to improve staff knowledge and understanding of improvement methodology and to support the experienced based co-design process. The support from local Dementia Specialist Improvement Leads (DeSILs) has also been instrumental in providing leadership and improvement support.

In addition to providing on-site support with each of the teams, we brought the demonstrator sites together face-to-face in four Learning Sessions in October 2016, February 2017, April 2017 and June 2017. The aim of these learning sessions was to reflect on progress throughout the programme, consider the stages within EBCD process and introduce the model for improvement. It also provided an opportunity to network with the other demonstrator sites. Following these events, staff reported that their knowledge of Experience Based Co-design and using the Model for Improvement had increased. An example of the evaluation completed by delegates who attended the February 2017 Learning Session is shown below.

Knowledge and Confidence in Model for Improvement- Evaluation from Learning Session Two



Knowledge and Confidence in Experience Based Co-design- Evaluation from Learning Session Two



- Leadership

Action learning sets, facilitated by an external Improvement Associate, provided a safe space for the Senior Charge Nurses from the 4 demonstrator sites to share their experiences, discuss challenges, opportunities and work through possible solutions. Due to staff changes and absence, there was some inconsistency in staff who attended the action learning sets. However, staff involved found the sessions very beneficial. Bespoke leadership support and coaching was also provided on request during the programme with positive feedback.

- Sharing Learning Networks

From the start of the programme we have been committed to sharing our learning and improvement work at regular intervals and to learn from other examples of good practice in Specialist Dementia Units. We have done this in a variety of ways including through the development of a specialist dementia unit network, who have come together through regional events, and through online forums including the Community of Practice and a yammer network.

In order to share learning from our improvement work and to share good practice examples across Scotland, we ran a national event on 5 October 2017 with Delivery Group partners entitled: *Celebrating Practice & Networking Event for Specialist Dementia Units*. This event brought together 150 specialist dementia unit staff from across Scotland, showcased 32 posters from their respective areas and was attended by Maureen Watt MSP, Minister for Mental Health. Concurrent sessions showcased examples of good practice in relation to person centred interventions, stress and distress, improving practice and care, systematic change and improvement, SDU Demonstrator Sites, complex physical care needs and working in partnership. Respondents who completed our post event questionnaire, rated the event 4.5/5 in terms of overall conference satisfaction and 4.3/5 in terms of networking opportunities (With 1 being the lowest and 5 the highest). A respondent commented “*my knowledge has been noticeably enhanced*”.

- Involving people with dementia, carers, staff and third sector organisations

Involvement of people with dementia, carers and staff has been critical to the experienced based co-design process. A total of 50 members of staff and 40 relatives/carers shared their experience. A total of 120 hours of observation was undertaken and a series of staff and co-design events held to theme and agree priorities carried out. This generated a large volume of qualitative data which required additional support for analysis and a key learning point for undertaking a similar process in future.

Observation was carried out in all four demonstrator sites by on-site staff at the start of the process. Staff found this to be particularly valuable in understanding the experience of people with dementia, the quality of interactions between staff and people with dementia and the ward processes and practice. Whilst the sites used participatory approaches to engage with people with dementia and tried methods such as Talking Mats with some people to understand their experience, this

was not always possible due to the advanced nature of people's dementia. One of the Charge Nurses from the demonstrator sites commented *"one of the key challenges in this work has been capturing the experiences of patients with advanced dementia and the observations helped overcome this by 'getting close to the [patient] experience as we could achieve"*. Feedback sessions to review the key themes from observation was described by one of the Senior Charge Nurses in the site as *"rewarding and motivating"*. One of our demonstrator site leads commented *"the observation process within the model has been to me the most enlightening part of the experience giving staff time to observe others practise and reflect on what they saw..."*

Innovative approaches were undertaken to engage with carers/relatives in order to understand their experience and all areas have involved the voluntary sector to support engagement, including Carer for Carers and National Dementia Carers Action Network. Leaflets and flash reports were used to inform relatives about the work and key dates of events. One of the demonstrator sites held a Garden Party to celebrate the opening of their garden. As part of the session they informally gathered feedback from a range of relatives and carers. One site used telephone interviews to enable relatives and carers to feedback and another site filmed interviews with carers and created a video.

Relationships with third sector organisations has been a key part of the work and will continue in the next phase of this work, for example, in one of the demonstrator sites they are including Artlink, Food for Life and Care for Carers to support improvement priority areas.

Conclusion and Next Steps

This programme has used person centred and participatory approaches to identify meaningful changes that respond to local context and improve patient, carer and staff experiences. Appendix one describes the 5-stage Experience Based Co-design model and the activities undertaken at each stage. The work is now at stage five in the process which means improvement priorities have been identified and work is underway to develop detailed improvement and measurement plans.

In the next phase (up to March 2019) we will be working to support teams to implement changes using the Model for Improvement and we will develop a toolkit based on our learning from this work and showcasing good examples of practice within specialist dementia units.

The outcomes we aim to achieve in the year ahead are:

- By March 2019, specialist dementia unit demonstrator sites are continually improving to support improved outcomes for people with dementia and carers.
- By March 2019, staff will have improved knowledge, understanding and confidence in supporting people with dementia and carers.
- By March 2019, staff will have increased access to information on good practice in dementia care.

In the year ahead we will ensure links between relevant programmes including Excellence in Care and the Mental Health elements of the Scottish Patient Safety Programme. We will also be taking on board the learning from a review of Specialist Dementia Units carried out by Alzheimer Scotland (report to be published summer 2018) and maximise opportunities to connect with the implementation of this work. We will also be developing a proposal, for discussion with Scottish Government and Scottish Executive Nurse Directors, to support the spread and sustainability of improvements for specialist dementia units.

Focus on Dementia Team
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Further information on Focus on Dementia including summary reports for each of the 4 demonstrator sites available:
<https://ihub.scot/focus-on-dementia/specialist-dementia-units/>

Appendix 1: Summary of the Experience Based Co-design Process

