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1. **Introduction**

1.1. Dementia and the challenges of mild cognitive impairment will touch the vast majority of our services directly or indirectly. Nationally the impact is recognised and anticipated to grow as the demographic changes across our society witnesses a significant growth in the older age population.

1.2. This policy exists to translate National and local strategy into practical means to benefit the population with living with dementia and mild cognitive impairment who use our services today and into the future.

1.3. The National Dementia Strategy (2009) sets out clear objectives for health and care organisation to respond to: Objective 8 is specific for acute care providers:

   **Objective 8:** Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people’s mental health teams to work in general hospitals.

   More details on the National Dementia Strategy can be found on the Department for Health website.

1.4. The general hospital objective of the National Dementia Strategy has been translated regionally into the South West Dementia Care Standards for General Hospitals (2010) to develop practice and benchmark with other South West acute Trusts.: The standards are:

   - Respect, dignity and appropriate care
   - Agreed assessment admission and discharge processes with a needs specific care plan
   - Access to a specialist older peoples mental health liaison service
   - A dementia friendly hospital environment minimising moves
   - Nutrition and hydration needs are well met
   - Promote the contribution of volunteers
   - Ensure quality of care at the end of life
   - And overarching all these is: Appropriate training and workforce development

   The Trust uses these standards as the framework for its annual self-appraisal and the framework to develop its annual improvement plan.

1.5. The National Institute for Health and Care Excellence (NICE) has set Quality Standards for Dementia Care. Quality Standard 1 (QS1) sets our ten ‘statement’ of quality for health and care provided to achieve. This policy’s practice standards are set our around these ten statements.

1.6. This version supersedes any previous versions of this document.

2. **Purpose of this Policy/Procedure**

2.1. The purpose of this policy is to ensure the Trust meets strategic and clinical best practice standards in delivering its ambition to provide excellent dementia care within all of its services.
3. **Scope**

3.1. This policy applies to all Trust staff who are directly or indirectly involved in the care of people with dementia or cognitive impairment, their carers and families.

4. **Definitions / Glossary**

4.1. **Dementia:** The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease, vascular dementia, dementia with Lewy bodies and sometimes as a result of a stroke.

4.2. **Mild cognitive impairment (MCI):** is a relatively recent term, used to describe people who have some problems with their memory but do not actually have dementia. It is a descriptive term rather than a specific medical condition or disease. It describes memory loss apparent to the individual, and those around them.

4.3. In the context of this policy ‘Dementia’ from now on will include MCI, unless separation is warranted. (Definitions taken from Alzheimer's Society Fact Sheet 400 and 470)

5. **Ownership and Responsibilities**

5.1. **The Chief Executive and wider Trust Board** have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities (for example: the Trust Development Authority, Commissioners and the Care Quality Commission). These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

5.2. **Role of the Executive Lead**

The Executive Nurse is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure delivery of the Dementia Strategy. The Executive Lead will report to Trust Board on progress as required.

5.3. **Role of the RCHT Dementia Action Group Members**

The Action Group is made up of three distinct participative groups: subject specialist, divisional representatives and importantly service users, carers and representatives of people with dementia.

- **Subject specialist:** bring expertise of the subject, from clinical, managerial and commissioning perspectives
- **Divisional representative:** are fundamental to ensure work flows from the action group to clinical teams and that a feedback mechanism is established back to the action group
- **Service users, carers and representatives of people with dementia:** bring reality to the action group of the patient group the action group serves

The Action Group is responsible for delivering the clinical and corporate requirements linked to the National Dementia Strategy and Quality Standards for Dementia Care, the ownership of a local improvement plan, which is updated and monitored bi-monthly, is key assurance measure of progressive quality improvements for this patient group. This Group reports bi-monthly to the RCHT Trust Management Governance Committee.
5.4. Role of the RCHT Management Governance Committee
The RCHT Governance Committee will hold to account the work and actions of the RCHT Dementia Care Action Group. It will receive and scrutinise progress in delivering the local improvement plan on behalf of the Trust Board.

5.5. Role of the RCHT Forget-Me-Not Champions (FMN Champions)
A RCHT FMN Champion Networks exists to enable clinical champions in each clinical area to champion excellence in dementia care at a local clinical team level and to develop and implement practices changes with the aim to improve the care of people with dementia, their carers and families. FMN Champions are empowered to deliver the ambition of the organisation to provide excellent care for such people across its whole service. Their role responsibilities are set out in appendix 3, this role has Trust Board endorsement.

5.6. Role of Divisional Management Teams
Divisional Management Teams (Divisional Director, Divisional General Manager and Divisional Nurse) are responsible for ensuring their divisional representative and local network of FMN Champions are pulling together driving up the standards of care. Effective mechanism for communication and disseminator of information to all clinical teams must be assured.

5.7. Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / and Line-Managers)
Line-managers are responsible for identifying and supporting their local FMN Champions in driving through changes and to ensure effective communication channels exist to the divisional representative encouraging dissemination of information and actions across the wider health care team.

5.8. Role of Individual Staff
All staff members are responsible to ensure they comply with Trust policy regarding the care of people with dementia (including MCI (see Definitions)). They must meet requirements set out regarding learning and development for their level of involvement with people with dementia and should ensure they know who their local FMN Champion or divisional representative is to enable communication and sharing of information.

6. Standards and Practice
6.1. The National Institute for Health and Care Excellence (NICE) produced a national pathway for people living with dementia (assessed via the NICE website) It specifically states responsibilities for acute care providers:

**Acute and general hospital trusts should:**
- provide services that address the specific personal and social care needs and the mental and physical health of people with dementia who use acute hospital facilities for any reason

- ensure that people with suspected or known dementia using inpatient services are assessed by a liaison service that specialises in the treatment of dementia. Care should be planned jointly by:
  - the trust's hospital staff
6.2. The NICE also produces a set Quality Standards for Dementia Care. This policy uses these standards (set out in ten statements) to commit RCHTs delivery of services, initiatives and care to meet these standards.

6.3. **Statement 1.** People with dementia receive care from staff appropriately trained in dementia care.
   
   6.3.1. RCHT has embedded dementia awareness training (Tier 1) materials in staff induction and annual mandatory training programmes to support recognition of dementia and promote good early engagement and communication with the person and their carers.
   
   6.3.2. Additionally, there is additional learning and development opportunities for various clinical staff groups with different roles and responsibilities in engaging with people living with dementia in our acute hospital services – please contacts the learning and development team for more information.
   
   6.3.3. Performance of this standard is reported and recorded externally at least annually.

6.4. **Statement 2.** People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.

   6.4.1. In Cornwall, Specialist Memory Services are provided by Cornwall Partnership Foundation Trust (CPFT). Patients in acute care services suspected of having dementia should be referred to the service’s Complex Care and Dementia Liaison Team.
   
   6.4.2. RCHT is commissioned to support the early diagnosis of people with dementia. All emergency admissions of 75 year olds and over are required to be screened for possible delirium and dementia within 72 hours of admission. The screening details are entered into the patient’s electronic record via MAXIMS (dementia screening tab). The national algorithm embedded in MAXIMS will automatically trigger a communication to the Patient’s General Practitioner (GP) via the e-Discharge Letter. The GP is required to follow these referrals up and if necessary refer to specialist memory services if appropriate.

   6.4.3. Outside the above these screening process, if clinical teams have concerns about patients or diagnosis they must refer to the Complex Care and Dementia Liaison Team (CCDLT) for intervention.

6.5. **Statement 3.** People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.

   6.5.1. In Cornwall, all health and social care services promote one key resource for people newly diagnosed with dementia and to support their carers. The publication ‘Living Well with Dementia’ is available to download from the Cornwall Council Website.

   6.5.2. The local Specialist Memory Services and Cornwall Council are commissioned to provide on-going support materials for people, living with dementia and their carers. In RCHT it important that FMN Champions are familiar with these resources.
6.6. **Statement 4.** People with dementia have an assessment and an on-going personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.

6.6.1. This statement requires a specific proportion of the population of people living with dementia to have a Personalised Care Plan (PCP) in place. The PCP will have a named community-based health or social care co-ordinator responsible for the plan.

6.6.2. For patients admitted to RCHT for planned or urgent care we have a duty to respond to the specified plan and communicate to others in the team that it is there. As locally, PCP are slowly evolving and becoming more evident this standard is currently not being met. RCHT will continue to be engaged in this works development and ensure its staff are trained and competent in accessing and using PCPs as they become available.

6.6.3. …we need to ensure all patients with dementia or mild cognitive impairment receive personalised care whilst in our care. This involves a through comprehensive assessment, where appropriate involving the person’s main carer. A plan of care should be jointly drawn up – using the Dementia and Mild Cognitive Impairment Care Plan (CHA 3009) can be used for this.

6.6.4. The completion of ‘This is ME’ is required for all patients who have dementia and can be beneficial for those with mild cognitive impairment. This should be completed by/with the person or by people who know the person well and should be visible in the bed space for all staff and volunteers to use – to support the person in all communications and interactions.

6.7. **Statement 5.** People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of:

- Advance statements
- Advance decisions to refuse treatment
- Lasting Power of Attorney
- Preferred Priorities of Care.

6.7.1. This statement looks to having local protocol in place for discussing with an individual a range of personal decisions prior to that person’s mental capacity affecting this ability.

6.7.2. The impact for RCHT centres on either responding to decision that has been put in place or supporting someone in our care to make that decision (or if they lack capacity to facilitate this lawfully). These matters are covered in the RCHT Mental Capacity Act Policy.

6.8. **Statement 6.** Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.

6.8.1. This statement requires those carrying out carers’ assessments to identify and respond to the carers emotional, psychological and social needs.

6.8.2. RCHT has a responsibility to be ‘Carer Aware’, to ensure we engage with cares about their cared for person, but also to seek if we can do anything to support them too. The Trust has a ‘Carers Information Leaflet’ (RCHT 1235) which should be made available to all carers. Staff should be able to sign post carers to adult social care for advice and an individual carer assessments if required. Staff should liaise with the Hospital’s ‘Onward Care Team’ for any further advice.
6.8.3. The Trust commissions the Alzheimer’s Society to carry out a rolling monthly survey of patient and carers feedback to the services we provide. Each six months this is formally reported and any deficits are actioned via the Dementia Acre Action Group.

6.8.4. The Trust has a RCHT Carer’s Policy in place and this is audited and reported on each year.

6.9. **Statement 7.** People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.

   6.9.1. This statement requires evidence that people with dementia who develop non-cognitive symptoms that cause distress or who develop behaviour that challenges are appropriately assessed and have personalised plans in place to support them.

   6.9.2. In RCHT training is available for staff and clinical teams to support these patients, contact the Learning and Development Team for information on local courses and bespoke work-based training opportunities.

   6.9.3. To support assessment of people living with dementia who present with behaviour that challenges there is guidance set out in the RCHT Guideline for Dementia Care and RCHT Safe and Supportive Observations of Care Policy.

   6.9.4. The Clinically Related Challenging Behaviour Care Plan (CHA 2913) and available on the Trust Forms Web Pages provides a comprehensive framework to plan appropriate care and should be used in all such situations.

   6.9.5. The Trust is signed up to the National Call for Action in reducing the inappropriate use of anti-psychotic medications and undertakes audits of use in practice.

6.10. **Statement 8.** People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people’s mental health.

   6.10.1. Locally, RCHT is provided with services from The Complex Care and Dementia Liaison Team. The teams are contactable through switchboard and accept faxed and emailed referrals.

6.11. **Statement 9.** People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.

   6.11.1. This statement requires primary care teams to identify and plan the palliative care needs of people living with dementia.

   6.11.2. For RCHT it is difficult at present to know what planning may have been made prior to a patient coming in to hospital, especially as an emergency. Work to have such decision shared with the Trust is on-going across the county, in the community and in care home services.

6.12. **Statement 10.** Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

   6.12.1. This final statement requires service providers to have information available on the range of respite and short break services available to carers.
This information is best provided by promoting the publication ‘Living Well with Dementia’ available to download from the Cornwall Council Website.

7. RCHT Dementia Pathway

7.1. This section of the policy set out simple elements of the local pathway we have in place to support excellent care.

7.2. Pre-admission phase

7.2.1. Better information sharing and communications can be promoted for elective pathway patients prior to admission by making available ‘This is ME’ at pre-operative assessment.

7.2.2. Unscheduled or emergency admission pathway patients present more of a challenge regarding information sharing prior to admission. Currently the AMP (Assess Monitor and Prevent) document is being promoted in the community to enable early sharing of information when people are admitted as an emergency to our hospitals.

7.2.3. Growing use of shared technologies should bring about better response to individual assessment of needs for unscheduled admissions e.g. a palliative care register.

7.3. Assessment Phase

7.3.1. Unscheduled or emergency admission pathway patients aged 75 years and over require dementia and delirium screening (see 6.4.2 above) to support the early diagnosis agenda.

7.3.2. Patients scoring 5 or greater on the Clinical Frailty Scale trigger a referral to the front door geriatrician and supporting frailty team, where appropriate comprehensive geriatric assessment is undertaken.

7.3.3. All patients admitted with dementia or MCI should have a care plan in place (CHA3009) and be given a ‘This is ME’ document to complete, this aids family and carers involvement in the assessment phase.

7.3.4. Nursing care assessments and plans should be completed and shared with carer involvement where ever appropriate. Use of the Information for Carer leaflet (RCHT 1235) is encouraged.
7.3.5. National guidelines are in place to support assessment of other factors:
- Delirium assessment is available from the NICE website ‘CG 103 Delirium Guidelines’
- Pain assessment in dementia is available from the Royal College of Physicians website ‘Pain assessment in older people’ The Trust promotes the use of the PAINAD Chart (CHA 3106).

7.4. Acute Care and Management Phase
7.4.1. Delirium assessment is available from the NICE website ‘CG 103 Delirium Guidelines’ and local guidelines are available
7.4.2. Pain assessment in dementia is available from the Royal College of Physicians website ‘Pain assessment in older people’. The Trust promotes the use of the PAINAD Chart (CHA 3106) and local guidelines are available
7.4.3. The Dementia / Mild Cognitive Impairment Care Plan (CHA 3009) is in place to support personalised care planning in hospital
7.4.4. The Clinically Related Challenging Behaviour Care Plan (CHA 2913)

7.5. Discharge Planning Phase
7.5.1. Please refer to the RCHT Adult Discharge and Transfer Policy
7.5.2. ‘When Will I Go Home’ (RCHT1006) can support discharge planning whilst in hospital.
7.5.3. Please refer to the RCHT Adult Discharge and Transfer Policy regarding policy to reduce the number of people living with dementia experiencing an out of hours transfer of care or discharge (restricted between 8pm and 8am).
7.5.4. Best interest decision should be documented on the record form CHA 2912 (available on the Trust’s forms to print webpage) and used in conjunction with the RCHT Mental Capacity Act Policy.

8. Dissemination and Implementation
8.1. This policy will be cascaded by the RCHT Dementia Care Action Group to Divisional Representatives and to the RCHT Forget-me-not Champions Network for communicating and sharing at a local clinical level, making all resources available to all relevant staff.

8.2. This policy’s implementation will be through the delivery of the improvement plan for dementia care, championed by the Action Group. This promotes training and educational opportunities and makes sure local recourses are available via the dementia link worker network

9. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>This policy underpins the Trust strategy and commitment to improve the care of people with dementia in our services. National and regional standards are established (reflected in this Policy and Trust Strategy) and an improvement framework exist which can include peer review to drive up standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead(s)</td>
<td>The Trust Clinical Lead for Dementia Care takes responsibility for monitoring (auditing) the Trust’s clinical performance in meeting the Nationally set standards of care and service delivery for dementia</td>
</tr>
</tbody>
</table>
The Trust Strategic Lead for Dementia Care take responsibility for monitoring (auditing) the Trusts’ operational and strategic performance against nationally and regionally set standards for dementia care in general hospitals, as set out in the annual improvement plan.

### Tool
The Trust is committed to participating in the National Dementia Care Audit, conducted by the Department of Health and facilitated by the Royal College of Psychiatry. This template is Nationally negotiated and published. In addition, The Trust undertakes an annual self-assessment based on eight standards for dementia care in general hospitals and commissions an annual Dementia Patient and Carer Survey.

### Frequency
The Trust’s clinical care performance is benchmarked with National results. These are published and reported, currently on an annual basis. Annually the Trust undertakes an annual assessment against eight standards for dementia care in general hospitals.

### Reporting arrangements
The Trust’s performance report, local response and improvement plan are presented through the RCHT Dementia Care Action Group to the RCHT Trust Management Governance Committee, who act on behalf on the Trust Board to scrutinise and monitor improvement delivery. Independent scrutiny of delivery is given from commissioners.

### Acting on recommendations and Lead(s)
The RCHT Dementia Care Action Group leads on service improvement for dementia care in the organization. It is tasked to deliver the improvement plan developed from audit and self-assessment against the hospital standards and signed off by health, social care and voluntary sector partners. This has a delivery timetable monitored by numerous groups and agencies.

### Change in practice and lessons to be shared
Improvement and change in service delivery is documented in the notes and minutes of the Action group, its sub groups and in the evidence folders linked to the hospital standards.

### 10. Updating and Review
10.1. The policy will be kept under review by the authors and RCHT Dementia Care Action Group in line with Trust strategic and operational developments and clinical practice changes. The minimum review period will be in three years’ time in line with Trust policy. Revision activity is recorded in the version control table at the beginning of this document.

### 11. Equality and Diversity
11.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

11.2. **Equality Impact Assessment**
11.3. The Initial Equality Impact Assessment Screening Form is at Appendix 1.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>RCHT Dementia Care Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>22/09/2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>22/09/2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>22/09/2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Frazer Underwood Consultant Nurse / Associate Director of Nursing</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 255043</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy exists to translate national and local strategy into practical means to benefit the population with living with dementia and mild cognitive impairment that use our services today and into the future.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Dementia, Dementia Care, Mild Cognitive Impairment, Carers, Mental Capacity,</td>
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<tr>
<td>Target Audience</td>
<td>RCHT PCH CFT KCCG</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Executive Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td>January 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>RCHT Dementia Care Policy v1</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>RCHT Dementia Action Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Frazer Underwood Consultant Nurse / Associate Director of Nursing</td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>Name:</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>None</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet  Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / ElderCare / Dementia</td>
</tr>
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</table>
Links to key external standards

<table>
<thead>
<tr>
<th>CQC Outcome Framework</th>
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<tbody>
<tr>
<td>NICN Quality Standard QS1</td>
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</table>

Related Documents:

- The National Dementia Strategy
- NICE Quality Standards for Dementia Care (QS1)
- RCHT Mental Capacity Act Policy
- RCHT Adult Discharge and Transfer Policy
- NICE website ‘CG 103 Delirium Guidelines’
- RCHT Guideline for Dementia Care
- RCHT Safe and Supportive Observations of Care Policy
- PAINAD Chart (CHA 3106)
- Clinically Related Challenging Behaviour Care Plan (CHA 2913)
- Dementia / Mild Cognitive Impairment Care Plan (CHA 3009)
- Best interest decision record form (CHA 2912)
- ‘When Will I Go Home’ (RCHT1006)
- Information for Carer leaflet (RCHT 1235)

Training Need Identified? Yes

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>21 Jun 11</td>
<td>v1.0</td>
<td>New document incorporating Trust strategy document and commitment to deliver Southwest Hospital Standards for Dementia Care</td>
<td>Frazer Underwood Consultant Nurse /Associate Director of Nursing</td>
</tr>
<tr>
<td>29 Dec 14</td>
<td>V2.0</td>
<td>Complete update of the policy</td>
<td>Frazer Underwood Consultant Nurse /Associate Director of Nursing</td>
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</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <em>policy</em>) (Provide brief description):</th>
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<tbody>
<tr>
<td>Directorate and service area: Corporate</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Frazer Underwood</td>
<td>Telephone: 01872 255043</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
This policy exists to translate national and local strategy into practical means to benefit the population with living with dementia and mild cognitive impairment that use our services today and into the future.

2. Policy Objectives*  
Delivery of National Dementia Strategy in relation to General Hospital Care (Objective 8)

3. Policy – intended Outcomes*  
Delivery of NICE Quality Standards

4. *How will you measure the outcome?  
Self-assessment  
Peer-review

5. Who is intended to benefit from the policy?  
Patient and Carers

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
Alzheimer’s Society has representation / membership to the RCHT Dementia Action Group (policy approving group)

6b) If yes, have these *groups been consulted?  
C). Please list any groups who have been consulted about this procedure.

7. The Impact  
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<td></td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
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<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
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<td>✓</td>
<td></td>
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<tr>
<td><strong>Disability</strong> - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td>A positive impact is expected for those with memory and cognitive impairment receiving care in our services e.g. with those living with dementia</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>✓</td>
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<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>✓</td>
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<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>✓</td>
<td></td>
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</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. Yes No ✓

9. If you are not recommending a Full Impact assessment please explain why.

Positive impact for patient with dementia, no negative effects of this policy.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01-05-2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frazer Underwood</td>
<td></td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed Frazer Underwood

Date 01-05-2015
Appendix 3. Forget-Me-Not Champion

All wards and departments where staff work with patients who have a dementia and staff who work with relatives and carers who's relative has a dementia will identify and support a Forget-Me-Not Champion.

All staff that care for patients with a dementia or mild cognitive impairment should be appropriately trained and therefore it is essential that protected time is given to maintain a knowledge base and to fulfil the duties of this role; this should be negotiated with individual line managers as each area will require different demands on their time.

It is essential that Forget-Me-Not Champions are fully supported and empowered by line managers to carry out these responsibilities.

<table>
<thead>
<tr>
<th>Role Description</th>
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<tbody>
<tr>
<td>The Forget-Me-Not Champion provides support within the organisation by:</td>
</tr>
<tr>
<td>• Being a single point of contact for the ward team caring for patients with a dementia, to cascade information from the Trust’s Dementia Care Action Group to their own clinical area;</td>
</tr>
<tr>
<td>• Providing an essential link between practice areas across the Trust;</td>
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<tr>
<td>• Supporting staff to ensure that patients with a dementia and those with mild cognitive impairment are the focus for consideration even when the primary intervention is with the carers;</td>
</tr>
<tr>
<td>• Being vital in supporting the Trust to execute its responsibilities to safeguard vulnerable patients with dementia or mild cognitive impairment;</td>
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<tr>
<td>• Being aware of the named and designated leads for dementia care in the Trust and their division and know how to access them;</td>
</tr>
<tr>
<td>• Alerting the Ward Sister / Charge Nurse to any serious or significant incident or concern relating to the welfare of a patient with dementia or mild cognitive impairment;</td>
</tr>
<tr>
<td>• Being proactive and informing the Ward Sister / Charge Nurse or Divisional Action Group Representative (or deputy) of any gaps identified within the services in their area of work relating to caring for patients with a dementia or mild cognitive impairment;</td>
</tr>
<tr>
<td>• Support the Trust’s dementia care monitoring programme through audits and evaluations, and implementing actions from these findings;</td>
</tr>
<tr>
<td>• Being the local link for dementia volunteering in their area of work, liaising at least annually with the hospital's dementia volunteering co-ordinator and agreeing the levels of volunteering support the area requires.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>The Forget-Me-Not Champion will promote best practice in dementia care within their ward areas by:</td>
</tr>
<tr>
<td>• Acting as a resource for staff within their area on issues relating to dementia care and best practice, keeping staff on their ward/department up to date about current dementia issues;</td>
</tr>
<tr>
<td>• Supporting staff to deliver patient-centred dementia care;</td>
</tr>
<tr>
<td>• Signposting staff and carers to supporting services;</td>
</tr>
</tbody>
</table>
• Providing support and information to staff within their area to access appropriate advice and assistance;
• Seeking advice, support and supervision from their divisional action group representative or Dementia Care Action Group itself, if needed;
• Ensuring systems and processes are in place on their wards to deliver the Trust’s safeguarding and mental capacity policies;
• Liaising with the dementia volunteering co-ordinator regarding on-going support for their area of work;
• Ensuring processes are in place to share information and findings with the Ward Sister / Charge Nurse and ward staff information from ‘Forget-Me-Not Champion Development Sessions’;
• Carryout quarterly Key Performance Indicator (KPI) audits in their local area if appropriate;
• If nominated by the Divisional Representative to attend any group, ensure that they do so and actively participate in the event and give timely feedback and advice.

Learning and Development

Forget-Me-Not Champion will be supported and developed to fulfil their role expectations. This includes induction for new link workers, provision of support materials to promote excellence in care and a time commitment to attend local dementia multi-agency training to maintain knowledge and skills.

The Forget-Me-Not Champion will be expected to attend regular Forget-Me-Not Champion Development sessions. These meetings will provide an opportunity to share new developments in dementia care, ensure systems are in place to enable safe and skilled practice, and to disseminate lessons learned from case reviews. The meetings will provide a forum to discuss best practice and share experiences relating to dementia care.

The Forget-Me-Not Champion will responsible for ensuring all new staff within their area of responsibility has dementia care included in their work place induction; Assist with the delivery of on-going training within their area; Act as a resource for staff requiring further training or who have a particular interest in dementia care or mild cognitive impairment; and Identify any additional training needs within their area of responsibility or for individual staff members.