



Royal Cornwall Hospitals
NHS Trust

Admiral Nurse Service Policy

V2.0

January 2024

Summary: The Tiered Model – ABC

The Tiered Model - ABC

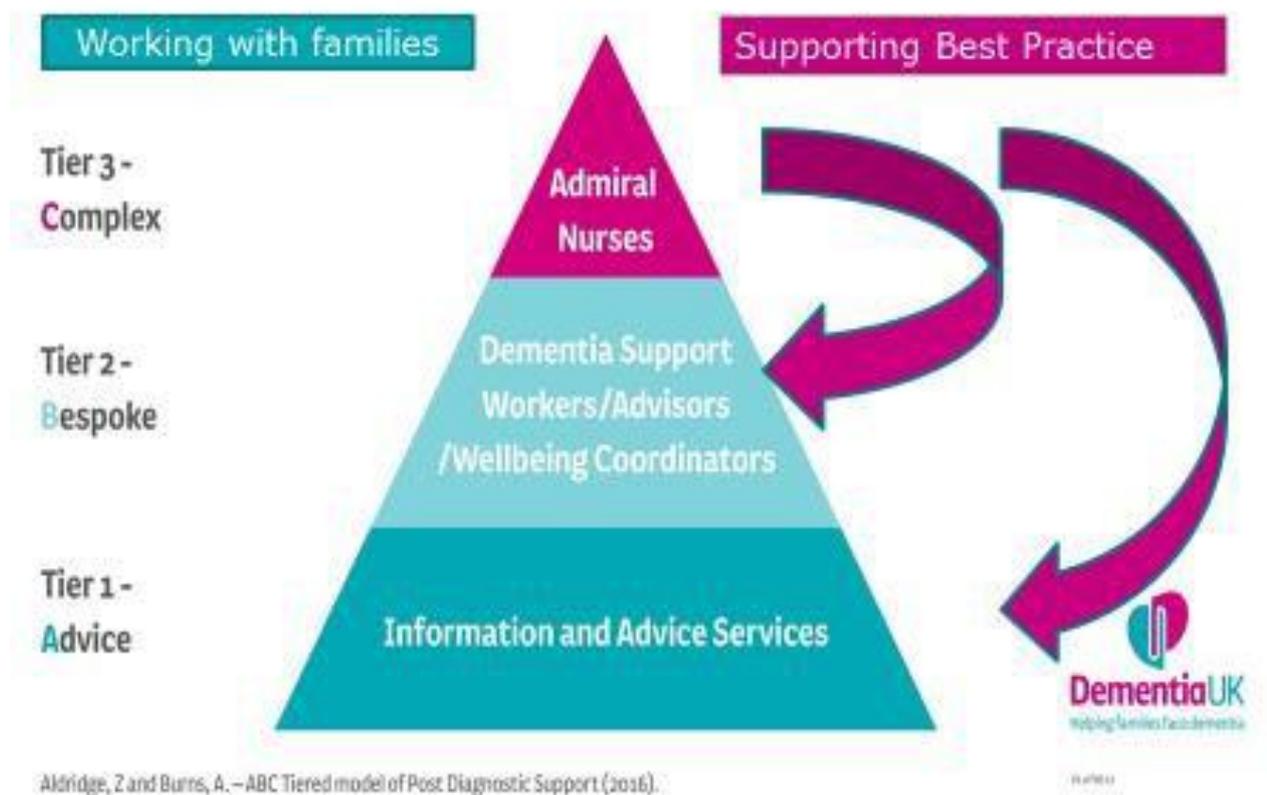
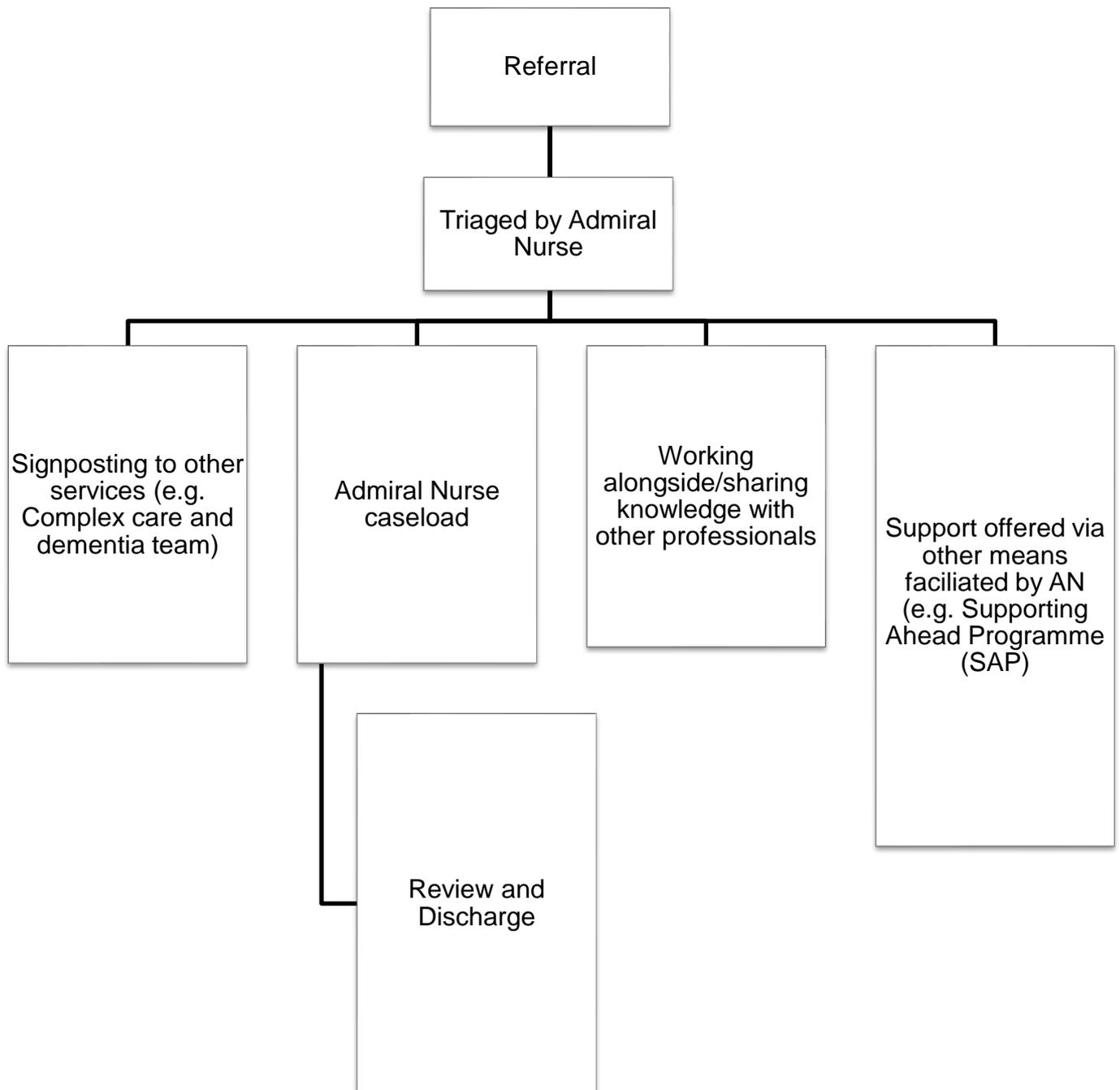
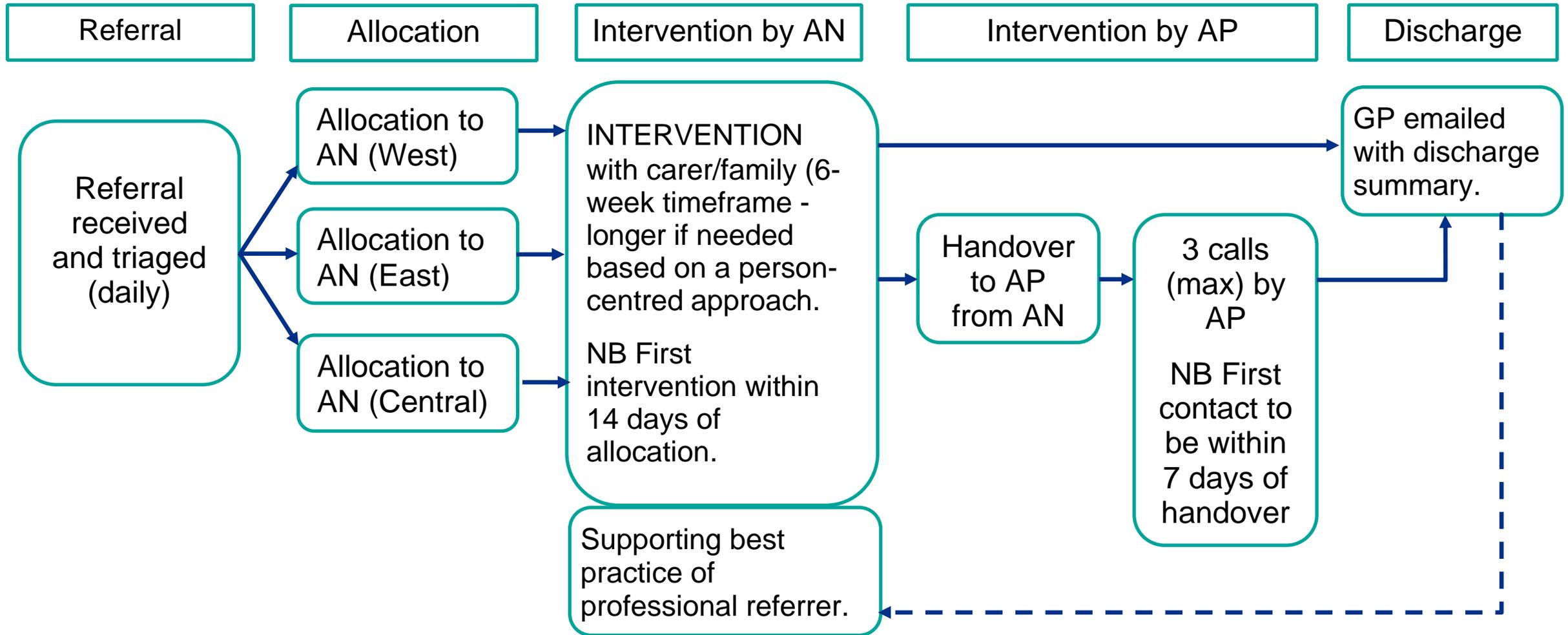


Figure 1*Used with kind permission from the Dementia UK website.

Summary – Referral Process Flowchart



Summary – Care Pathway



Following discharge, families can re-refer themselves directly to their AN for new intervention period – logged as re-referral

Table of Contents

| | |
|--|-----------|
| Summary: The Tiered Model - ABC | 2 |
| Summary – Referral Process Flowchart | 3 |
| Summary – Care Pathway | 4 |
| 1. Introduction | 6 |
| 2. Purpose of this Policy/Procedure | 6 |
| 3. Scope | 7 |
| 4. Definitions / Glossary | 9 |
| 5. Ownership and Responsibilities | 9 |
| 5.1. Role of the Admiral Nurse | 9 |
| 5.2. Role of the Admiral Nurse Steering Group (ANSO) | 9 |
| 5.3. Role of the Safeguarding Operational Group (SOG) | 10 |
| 5.4. Role of Referrer | 10 |
| 5.5. Role of Dementia UK | 10 |
| 6. Standards and Practice | 11 |
| 7. Dissemination and Implementation | 16 |
| 8. Monitoring compliance and effectiveness | 17 |
| 9. Updating and Review | 17 |
| 10. Equality and Diversity | 18 |
| 10.2. Equality Impact Assessment | 18 |
| Appendix 1. Governance Information | 19 |
| Appendix 2. Equality Impact Assessment | 21 |
| Appendix 3. Admiral Nurse Referral Form | 24 |

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Admiral Nurses are Registered Nurses who specialise in dementia care, working holistically with families and people affected by dementia, particularly during complex periods of transition and where there is a risk of breakdown in the caring relationship. They have a dual role, working directly with families and supporting the best practice of other health and social care professionals. Admiral Nurses support families through case management, coordination of services, group work and/or clinics to:

- Promote physical, social, and psychological health of family carers and people with dementia.
- Improve well-being and quality of life for people caring for people living with dementia.
- Enhance adjustment and coping strategies for people affected by dementia and their families to delay and/or reduce the need for care and support, including hospital admission.

1.2. **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 and role modelling.
- Facilitation of learning and delivering bespoke training.

1.3. The Admiral Nurse Service (ANS) will align with the three-tier model of post-diagnostic support, focusing on complexity and referring on to other services where needs are less complex. As described in the [Summary – The Tiered Model - ABC](#), Admiral Nurses work at a Tier 3 complex level but work with, and provide support to, Tier 2 and Tier 1 Services.

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

2. Purpose of this Policy/Procedure

2.1. This should provide an explanation of the intent/purpose of the document and the rationale for its development. Where appropriate, reference should be made to statutory or legal requirements or to evidence-based good practice. An outline of the objectives and intended outcomes should be provided for the process or system being described.

- 2.2. Outline the context of the ANS within Royal Cornwall Hospitals Trust (RCHT) to ensure all staff within and associated with the Trust have a clear understanding of the Service provided by the Admiral Nurse Service.
- 2.3. Provide clarity, consistency, and quality of service across all three of the Trust hospitals and in the community.
- 2.4. Inform how the ANS operates on a day to day basis within RCHT and the Integrated Care System so all staff are aware of the process of engagement with the Admiral Nurse Service.

3. Scope

3.1. National Context

- 3.1.1. It is estimated that there are currently 900,000 people living with dementia in the UK, forecast to rise to 1 million by 2025 and 2 million by 2051 (Prince et al. 2014). In addition, there are currently approximately 700,000 family and friends acting as primary unpaid carers to a person with dementia (Lewis et al. 2014). These carers make a critical and underappreciated contribution not only to the person with dementia for whom they care, but also to the sustainability of the health and social care system.
- 3.1.2. The rising prevalence of dementia has led to a greater number of people with dementia being admitted to an acute hospital with figures ranging from 29% to 42% in adults over the age of 70 years old (Timmons et al. 2016). It is estimated that 6% of the total number of people affected by dementia are in acute care at any one time (Briggs et al. 2016; Aldridge et al 2020). If admitted to hospital people with dementia are at higher risk of poor outcomes during and following a hospital admission (ADI 2016). Poor outcomes include delirium, falls, reduced mobility, incontinence, functional decline, mortality, longer length of stay, reduced quality of life and increased likelihood of discharge to residential care compared to those without dementia or cognitive impairment (Aldridge et al. 2020; Fogg et al. 2017; Timmons et al. 2015; George et al.2013; Sampson et al. 2009).

3.2. Local Context

RCHT serves a resident population of around 565,968 people in Cornwall (ONS UK 2018). In Cornwall, it is estimated that 6000 people are living with dementia. The largest increase in population over the next ten years is set to be in the 75-84 age groups (50% vs. 36% in England). As a result of the projected population growth across Cornwall, coupled with the ageing profile of the local population, there will be a proportionally much greater rate of growth in people likely to need tailored and effective frailty services, including dementia care.

3.3. Goal of the integrated Admiral Nurse Service

The Admiral Nurse will deliver, support and coordinate person- centered and relationship-centered care to improve the experience of carers/families affected by dementia during the acute stay, Community Hospital stay and across care transitions into a care home environment. Through an integrated role - working directly with families and supporting best practice of staff across the health and social care system, this service will provide:

- Specialist and timely assessment and support for families affected by dementia with complex needs.
- Facilitation of education and training for staff in the delivery of evidence-based interventions in person-centered and relationship-centered dementia care.
- Clinical leadership by working alongside staff and supporting best practice - including person- and relationship-centered psychosocial interventions and positive risk management.
- Leadership and involvement in identified quality improvements and initiatives, which improve the delivery of relationship-centered dementia care within the Trust.
- Support with transition across care settings and working collaboratively with the other professionals to identify sources of support within the community.

3.4. Aims of the Integrated Admiral Nursing Service

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

3.5. Objectives of the Admiral Nursing Service

- 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 assessment and develop and support person- centered care plans for carers of people living with dementia.
- Support and advise on a range of psychosocial interventions to reduce distress and promote health and well-being for carers looking after someone living with dementia, including through one-to-one supportive care.
- 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's decisions, end of life care and timely discharge planning.

- Work alongside clinical/ward staff/community staff/voluntary services to promote the involvement and inclusion of family carers and develop and implement carer-specific projects and interventions.
- Jointly facilitate innovative dementia and delirium training and education to staff across the health and social care system 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 Trust's dementia strategy, particularly around person- and relationship-centered care practice, and lead on and support the audit and evaluation of quality improvements and initiatives aimed at improving the delivery of dementia care and supporting their carers.

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. (Definitions taken from Alzheimer's Society Fact Sheet 400 and 470).
- 4.2. The History of the Admiral Nurse: The family of Joseph Levy CBE BEM - who founded Dementia UK - named the nurses. Joseph had vascular dementia and was known affectionately as 'Admiral Joe' because of his love of sailing.

5. Ownership and Responsibilities

5.1. Role of the Admiral Nurse

The Admiral Nurse is responsible for:

- Following the [Adult Safeguarding Policy](#).

5.2. Role of the Admiral Nurse Steering Group (ANSG)

The Admiral Nurse Steering Group (ANSG) is responsible for:

- Contributing to the development of Admiral Nursing in RCHT NHS Trust.
- Developing a consistent approach to Admiral Nursing and how families affected by dementia are supported across Cornwall.
- Monitoring and review the Admiral Nursing Service.
- Ensuring effective partnership working and promote joined up care amongst Dementia UK, RCHT and other relevant partners.

- Contributing to policy and service developments which promote improved outcomes that benefit carers and those they care for.
- Discussing any operational challenges relating to the service and identify solutions.
- Providing commentary and discussion relating to practice and policy developments.

5.3. Role of the Safeguarding Operational Group (SOG)

The Safeguarding Operational Group is authorised by the RCHT Trust Board to investigate any clinical or associated activity that impacts on adults in our care and to develop, comply and monitor systems and processes to ensure the issues of adult safeguarding in the Trust are adopted and embedded within the Terms of Reference of the group. The SOG is responsible for:

- Ensuring the policy is suitable for clinical purposes.

5.4. Role of Referrer

Referrer can be staff or family members of the person with dementia and is responsible for:

- Ensuring the family member has consented to any referral they make to the Admiral Nurse Service.
- Ensuring the person being cared for has a confirmed diagnosis of dementia.

5.5. Role of Dementia UK

Dementia UK is a national charity dedicated to improving the lives of people with dementia and their families. Dementia UK works in partnership with host organisations to support Admiral Nurse Services. Admiral Nurses are trained, developed and supported by Dementia UK through:

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

6. Standards and Practice

6.1. Base and Hours of Operation

The Admiral Nursing Service consists of:

- one Whole Time Equivalent (WTE) Band 8 Strategic Lead Admiral Nurse.
- Fixed Term Band 6 Admiral Nurses (x3).
- Fixed Term Band 4 Assistant Practitioner (x1).

6.2. Location of Service

The Admiral Nurse Service is based at Royal Cornwall Hospital, Truliske, Truro TR1 3LQ, and Carew House, Bodmin Hospital PL312QN. It is key to note that due to the nature of the role, the Admiral Nurses are office-based twice a week, however, the Admiral Nurses can be contacted at any time during working hours. Any referrals can also be made via Maxims, email, telephone or self-referral (as outlined in the [Referral Process Flowchart](#)). The Admiral Nursing service is not an urgent response service.

6.3. Operating Hours

Monday-Friday (excluding bank holidays) from 8am to 4pm.

6.4. Contact Details

The Admiral Nurse can be contacted via:

- Tel: 07823 535934.
- Email: rcht.admiralnurse@nhs.net

6.5. Multi-Site Working

The Admiral Nurse is primarily based at Royal Cornwall Hospital or Carew House, Bodmin Hospital with the service also covering St Michael's Hospital and West Cornwall Hospital, all Community Hospitals and people living in their own homes. The Admiral Nurses will be based at this site on certain days however, referrals can be made from these sites at any time. The Admiral Nurses also participate in some community outreach work, as outlined in section 6.15 Community Outreach.

6.6. Flexible Working

Due to the intensity and complexity of Admiral Nursing, it is anticipated that Admiral Nurses may work longer hours or at times outside of their standard hours of operation. Due to the complexity of the work and the unpredictability of the caring relationship it is expected that Admiral Nurses are able to work flexibly and vary hours of operation, if needed, to meet the needs of the carers who are accessing the service. In such cases, time off in lieu should be agreed with the line manager of the service on a case-by-case basis.

6.7. Referral Criteria

The aim of the Admiral Nurse Referral Criteria is to help manage demand and ensure that the Admiral Nursing services focus on supporting families of people with dementia and with complex care needs. The services recognise the challenges in devising an objective test of necessity for referral, but the referral criteria acts as a guide. All referrals will go through a triage process in order to prioritise care and support.

6.8. Reasons for Referral

The Admiral Nurse will complete an assessment of the carer in order to establish need. The Admiral Nurse can support the carer and wider family throughout their journey at times when they have specific needs, and when:

- There is a high risk of carer breakdown/stress.
- There are complex health / social care needs of the family affected by dementia requiring specialist intervention.
- The carer needs support on admission/discharge within the hospital settings.
- The carer has difficulty understanding or coming to terms with the diagnosis and/or the presentation of the condition, including recognising their caring role and their inability to identify their unmet needs in relation to the caring role.
- There are complex family dynamics at play.
- The carer requires support with managing risk, post-discharge.
- The family affected by dementia is socially isolated, demonstrates a lack of knowledge about identifying and accessing support services and has difficulty expressing choice and need.
- The carer needs specialist practical skills training, information and advice, emotional support for e.g. carer fatigue, loss, transition and changing relationships, managing behaviour that challenges.
- Help is required for the family to make decisions about end of life care/advanced care planning at the earliest opportunity.
- The carer requires support with working through transitions between care environments.
- The carer requires support with discharge planning.
- There is a need to act as an advocate for the family/carers in liaison with other organisations and services.
- Support is needed at end of life, including post bereavement.

Note: This is not an exhaustive list.

6.9. Referral Inclusion Criteria

- The person being cared for has a confirmed diagnosis of dementia.
- The carer consents to their referral to the Admiral Nurse.

6.10. Referral Exclusion Criteria

- Carers primary need is not dementia related (e.g. a significant mental health which requires intervention in its own right).
- Referrals which are specific only to the person with dementia and not the carer.
- Crisis management requiring an immediate response.
- Needs can be met by existing services.
- The carer declines to engage with the service.

6.11. Referral Process

- 6.11.1. The Admiral Nursing Service will accept referrals from all professionals across the healthcare system as well as family members of the person with dementia and self-referrals. Referrals should be made via:
- Maxims - searching for the Admiral Nurse Service.
 - If unable to access Maxims:
 - Please complete the [Admiral Nurse Referral Form](#) (Appendix 3). Completed forms should be returned to the Admiral Nurse Service via email: rcht.admiralnurse@nhs.net
 - For family members, please contact by email or Tel: 07823 535934.
- 6.11.2. If the referral is being made for someone, the referrer must have gained consent from the carer to send the referral and it will be assumed that this is the case when referrals are received.
- 6.11.3. The referrals will be triaged based on the three-tier model of complexity (as outlined previously) and only Tier 3, complex referrals will be accepted. All other referrals should be signposted to other agencies, predominately by the referrer or on some occasions when inappropriate referrals have been made, via the Admiral Nurse themselves. This process will assess whether there is a need for direct work with the family from the Admiral Nurse Service, whether there are other professionals involved that can support or be directed to, or whether there is a need to work alongside other professionals through sharing best practice interventions. This process is illustrated in the [Referral Process Flowchart](#).

6.11.4. If referrals are appropriate, the Admiral Nurses will then arrange for an initial assessment via telephone liaison.

6.12. Assessment Process

Admiral Nurses use a family-centered approach assessment to assess need. The Admiral Nurse assessment will be guided by the Admiral Nurse Assessment Framework in order to identify needs and prioritise care.

6.13. Caseload Management

6.13.1. The Admiral Nurses will carry a manageable caseload of families with complex needs that will allow them to also fulfil obligations around supporting best practice effectively.

6.13.2. The Assistant Practitioner will carry a small caseload to facilitate safe discharges from the Admiral Nurse care pathway, providing further support, guidance and help supporting carers with appropriate signposting referrals to other services.

6.14. Interventions

Admiral Nurses work therapeutically with people affected by dementia, delivering person-centered care through relationship-centered working. Admiral Nurses provide psychoeducation and bio-psychosocial interventions, practical skills and coping strategies. The Admiral Nurses can work with families from diagnosis, through to end of life and post-bereavement and therefore the interventions provided will be vast and varied. The Admiral Nurse Service aims to provide a six-week care pathway to provide specialist Admiral Nursing intervention to support carers, however, this is flexible and person centered. Interventions included are, but not limited to:

- Advanced Care Planning, support and advice around Treatment Escalation Plans, Lasting Power of Attorney and Advanced Directives.
- Support around end of life care, including ceilings of care and bereavement.
- Complex co-morbidities including frailty and the impact of delirium.
- The management of psychological and behavioural symptoms.
- Communication techniques and re-framing.
- Complex discharge processes including particularly transitions in care.
- Reduction of need for readmission.
- Care pathways of support and interventions post discharge.

6.15. Community Outreach

The Admiral Nurse is integrated across the healthcare system, supporting carers across the Acute and Community Hospital settings, in the community, and the transition into a care home environment.

6.16. Supporting Best Practice

It is expected that the Admiral Nurses will spend a lot of their clinical time supporting the knowledge of other professionals within the hospital and the community in relation to dementia, by providing guidance and disseminating best practice. This will be through partnership and collaborative working with other teams, role modelling, facilitation of education to other professionals and providing advice to colleagues.

6.17. Leading and Supporting on Quality Improvement Initiatives/ Projects

As well as the direct clinical work and the supporting best practice of staff, the Admiral Nurses will also undertake quality improvement initiatives/projects and disseminate more widely. These will be based on the opportunities and needs within the Trust and involvement will be decided by the Admiral Nurse and their line manager.

6.18. Meetings

The Admiral Nurses will play an active role in the Dementia Steering group, as well as the Dementia Partnership board meetings and the Carer partnership board meetings. This is imperative to the sustainability of the service as it increases the profile the Admiral Nursing, as well as developing the Admiral Nurse Service. These meetings also allow for awareness and involvement in other initiatives.

6.19. Supporting Ahead Programme (SAP)

One of the initiatives that the Admiral Nurse has developed is the Supporting Ahead Programme (SAP). This is a quarterly meeting, held within RCHT in which relevant professionals and agencies come together in one place to provide information and support to families with dementia, as well as providing a holistic referral access point. The aim of the programme is to provide continuity of care and support for people with dementia and their families during hospital admission, to provide good quality information, education and awareness of provision of services in the community. SAP also increases peer support for carers as well as providing practical and emotional support and reducing social isolation.

6.20. Direct Family Work

The Admiral Nurse has their own documentation framework for the reporting of direct work with families. This documentation consists of an assessment framework. The Admiral Nurse service stores this documentation on a secure shared drive which can only be accessed by the Admiral Nurse Service, their line manager and administration support.

6.21. Supporting Best Practice (SBP)

As a large part of the Admiral Nursing Service is to support to the best practice of staff, the Admiral Nurse Service will record interventions of this type on the SBP spreadsheet provided by Dementia UK. This will be stored on the Admiral Nurse's secure personal drive.

6.22. Discharge Process

6.23.1. Carers will be discharged from each service if all or one of the following are established:

- They decline further support
- They can self-manage safely
- Their needs are no longer complex enough to require Admiral Nursing support

6.23.2. All discharges will be mutually agreed by the carer and the Admiral Nurse and will be recorded via the Admiral Nurse documentation.

6.23. Waiting List

Due to the nature of the Admiral Nursing it is unlikely that a waiting list will develop. In the unlikely event of a waiting list occurring, the carer will be informed that there is currently a waiting list and suggest an approximate date of future contact. In these situations, the Admiral Nurses will also provide information offering alternative services, which may provide support in the interim, if appropriate. In an instance where the waiting list is increasing rapidly, strategies will be put in place to try and manage the workload.

6.24. Absence Reporting and Cover Arrangements

The Admiral Nursing Service will be guided by the RCHT NHS Trust absence policy and either the Admiral Nurse or their manager will have a plan in place to contact the carers to inform of the current absence.

6.25. Managing Incidents and Complaints

The ANS will follow RCHT complaints procedures accordingly. Comments, compliments and suggestions are seen as an opportunity to improve quality of the service and people accessing the ANS should be supported to raise any concerns. If unable to resolve locally, concerns should be raised with Dementia UK, as set out in the Service Collaboration Agreement.

6.26. Lone Working

Due to the nature of the work, being mostly telephone liaison, it is unlikely that the Admiral Nurse Service will do a lot of lone working, however if needed, the Admiral Nurse Service will be guided by the RCHT lone working policy and will arrange a lone working policy within their manager.

7. Dissemination and Implementation

7.1. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisation's intranet site document library. Access to this document is open to all.

7.2. The Policy will be launched via the RCHT daily communication network.

- 7.3. The Policy will be available to all external stakeholders via the Documents Library on the Intranet.
- 7.4. This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policy.

8. Monitoring compliance and effectiveness

| Information Category | Detail of process and methodology for monitoring compliance |
|--|--|
| Element to be monitored | Service Evaluation monitored through the Admiral Nurse Steering Group. |
| Lead | Caroline Ellis Strategic Lead Admiral Nurse |
| Tool | Adherence will be monitored as part of the ongoing audit process on a Word or Excel template specific to the topic. |
| Frequency | Presented at the Admiral Nurse Steering Group. |
| Reporting arrangements | Admiral Nurse Steering Group and the quarterly Joint QAC (Quality and Assurance Committee). Report for SOG includes Identified Risks and Plaudits. |
| Acting on recommendations and Lead(s) | Admiral Nurse Steering Group and Admiral Nurse Service. |
| Change in practice and lessons to be shared | The Admiral Nurse Steering Group and The Dementia Partnership Board provide a systematic link between Operational Services and the Services supporting patient safety and experience. The appropriate method of sharing changes in practice and lessons learned will be decided there, and may include methods such as safety briefings, education, and training. The Admiral Nurse will have ownership of the action plan. Lessons will be shared with all the relevant stakeholders. |

9. Updating and Review

- 9.1. This process is managed via the document library; review will be undertaken every three years unless best practice dictates otherwise.

9.2. Evaluation and Monitoring

Dementia UK will provide support to each service individually with an evaluation, where appropriate. The evaluation report will be based on the requirements of the host organisation and may include, but is not limited to, data from the records kept by the nurse within the activity and SBP spreadsheet, case study data, professional surveys and carer's surveys. The evaluation data will be shared with the ANSG accordingly.

9.3. Service Monitoring and Review

Dementia UK and the ANS will attend the ANSG to maintain positive partnership working and consistency in Admiral Nursing. Frequency may depend on individual circumstances, but the aim will be quarterly in the first year and minimum of twice yearly thereafter. The Admiral Nurse Service will provide updates to the ANSG, and the line- manager will be responsible for cascading any relevant information or issues to other relevant locality or Trust-wide groups/boards.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

| Information Category | Detailed Information |
|--|---|
| Document Title: | Admiral Nurse Service Policy V2.0 |
| This document replaces (exact title of previous version): | Admiral Nurse Service Policy V1.0 |
| Date Issued / Approved: | January 2024 |
| Date Valid From: | January 2024 |
| Date Valid To: | January 2027 |
| Author / Owner: | Caroline Ellis, Strategic Lead Admiral Nurse |
| Contact details: | 07823 535934 |
| Brief summary of contents: | Policy to support all staff in their support of family members and unpaid carers who look after someone with a diagnosis of dementia while they are in an acute setting |
| Suggested Keywords: | Admiral Nurse, Carer, Dementia, Family |
| Target Audience: | RCHT: Yes CFT: No CIOS ICB: No |
| Executive Director responsible for Policy: | Deputy CEO and Chief Nurse Officer. |
| Approval route for consultation and ratification: | Admiral Nurse Steering Group (ANSNG). Safeguarding Operational Group (SOG). |
| Manager confirming approval processes: | Zoe Cooper, Consultant Nurse for integrated Safeguarding Services. |
| Name of Governance Lead confirming consultation and ratification: | Zoe Cooper, Consultant Nurse for integrated Safeguarding Services. |
| Links to key external standards: | None required. |
| Related Documents: | None required. |
| Training Need Identified: | No. |

| Information Category | Detailed Information |
|--|--|
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet and Intranet |
| Document Library Folder/Sub Folder: | Clinical / Safeguarding Services / Admiral Nurse Service |

Version Control Table

| Date | Version Number | Summary of Changes | Changes Made by |
|----------|----------------|--|---|
| May 2020 | V1.0 | Initial issue | Caroline Ellis, Admiral Nurse and Dr Emily Oliver, Consultant Admiral Nurse |
| Jan 2024 | V2.0 | Full Update – Referral Process Flowchart added, terminology amended to reflect new service as a team. New CHA4466 Admiral Nurse Referral Form. | Caroline Ellis, Strategic Lead Admiral Nurse |

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

| Information Category | Detailed Information |
|---|--|
| Name of the strategy / policy / proposal / service function to be assessed: | Admiral Nurse Service Policy V2.0 |
| Department and Service Area: | Corporate/Safeguarding Services |
| Is this a new or existing document? | Existing |
| Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy): | Caroline Ellis, Strategic Lead Admiral Nurse |
| Contact details: | 01872 255741 |

| Information Category | Detailed Information |
|---|--|
| 1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | This Policy will guide the process of the Admiral Nurse Role, the scope of the service and method of referral. |
| 2. Policy Objectives | The purpose is to inform staff of the Admiral Nurse Service. Provide guidance in order to make appropriate and timely referrals to the service. |
| 3. Policy Intended Outcomes | To gain assurance that there is robust procedure to access the Admiral Nurse Service. Facilitate a culture whereby RCHT demonstrates that dementia care is a key priority. |
| 4. How will you measure each outcome? | <ul style="list-style-type: none"> • Regular peer review. • Incident data. • Complaint data. • Quantitative data on workflow. |

| Information Category | Detailed Information |
|--|--|
| 5. Who is intended to benefit from the policy? | Staff, patients and their families and carers within RCHT. |
| 6a. Who did you consult with? (Please select Yes or No for each category) | <ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No |
| 6b. Please list the individuals/groups who have been consulted about this policy. | Please record specific names of individuals/ groups: Admiral Nurse Steering Group (ANSG). Safeguarding Operational Group (SOG). |
| 6c. What was the outcome of the consultation? | Approved. |
| 6d. Have you used any of the following to assist your assessment? | National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: National and local statistics and process maps. |

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic | (Yes or No) | Rationale |
|---|-------------|-----------|
| Age | No | |
| Sex (male or female) | No | |
| Gender reassignment (Transgender, non-binary, gender fluid etc.) | No | |
| Race | No | |
| Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No | |
| Religion or belief | No | |

| Protected Characteristic | (Yes or No) | Rationale |
|--|-------------|-----------|
| Marriage and civil partnership | No | |
| Pregnancy and maternity | No | |
| Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.) | No | |

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Caroline Ellis, Strategic Lead Admiral Nurse.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Admiral Nurse Referral Form

Please Note: This form can be obtained by emailing rcht.admiralnurse@nhs.net. The form is with FRG and will be uploaded to the Document Library when ready.



Admiral Nurse - Referral Form

| Referrer details | |
|-------------------------------------|--|
| Name of referrer: | |
| Job title / organisation: | |
| Contact details - Telephone number: | |
| - E-mail: | |

Carer being referred:

Please note the Admiral Nurse Service is not an urgent service.

Has consent been gained? Yes No

Has the person with Dementia got a formal diagnosis of Dementia? Yes No

| Carer details | |
|---|--|
| Name: | |
| D.O.B.: | |
| Address: | |
| Is this the same address as the person they care for? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Telephone number - Home: | |
| Mobile: | |

| Person with dementia details | |
|---|--|
| Name: | |
| D.O.B.: | NHS No. <input style="width: 100px;" type="text"/> |
| Address: | |
| Hospital / ward / team details: | |
| Dementia Diagnosis Where / when was the diagnosis made? | |

Admiral Nurse – Referral Form continued

Admiral Nurse - Referral Form Continued

Reason for referral - please provide as much detail as possible

Other known relevant information / risk

Other agencies involved in the care of the person with dementia and carer (if known)

Outcomes – What are your expectations from this referral

Please return to e-mail:

Please ensure all e-mail referrals are titled Admiral Nurse Service Referral.