

OPERATIONAL POLICY

Dementia & Delirium Service

KGH & NGH

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1. PHILOSOPHY AND MISSION STATEMENT

Northamptonshire Healthcare Foundation Trust (NHFT) have been commissioned to provide a countywide service for adults over the age of 65 with delirium and dementia and who may also have comorbidities including; depression, anxiety, psychosis and physical health needs.

NHFT will provide expert advice and clinical support for a case load of 15 service users at each of the acute environments of Northampton General Hospital (NGH) and Kettering General Hospital (KGH).

The Dementia and Delirium home team (D&D) will provide support and assessment to patients who have presented to the acute hospital with dementia or delirium, where there are concerns about them returning home safely, due to their level of confusion and functional ability. (E.g. where the risks are deemed too high by either the professionals involved or family to discharge them home without additional assessments and support).

The D&D service will provide individualised early assessment of needs, and plan and facilitate timely discharge to this patient group. This may include the early identification, via triage process, of patients who are assessed as not suitable to return home, therefore allowing the allocation of appropriate placements well in advance of planned discharge.

The D&D service will be measured against the acute hospitals' current parameters for percentage of 'delayed transfer of care' related to dementia and delirium.

Regular reviews of the provision of service will also be held with the NGH/KGH discharge teams, to ensure that the required patient pathway and service user experience of the discharge process are maintained.

Key Performance Indicators (KPI's) are regularly reviewed at commissioner level and opportunity is provided for NGH and KGH to monitor and review these KPI's.

2. OPERATIONAL SET UP

The purpose of the D&D service is to undertake multi-disciplinary, holistic, person centred assessments for each patient according to their individual needs and formulate an appropriate and safe discharge plan, including arranging follow up as required after discharge. The D&D therapy staff will assess for and request any necessary equipment and assistive technology for patients to utilise both in hospital and when they return home.

The aims are to ensure that:

- Patients and their carers are supported to plan for appropriate discharge throughout their stay in the acute hospital and those who are deemed appropriate to return to their home environment, do so with a full multidisciplinary team (MDT) assessment, home assessment, and post discharge support/follow up to facilitate safe discharge and reduce readmission.
- Engage in family meetings and promote information sharing; advise on discharge, and signpost to other service for appropriate support.
- Patients in the acute hospitals will be less likely to have delayed discharges or delayed transfers of care as a result of robust and early assessment of needs by D&D team.
- Early identification of alternative discharge options/ pathways.
- D&D team provide training and education regarding the complexities of discharge planning for patients with dementia and delirium.

The D&D teams work collaboratively with Health and Social Care professionals, operating at NGH and KGH, for issues relating to housing, provision of care packages, benefits, placements and finances. Any safeguarding issues will be referred to the NGH/KGH safeguarding teams.

3. Hours and Staffing:

The D&D service operates Monday to Friday between the hours of 08.00 and 1600

Any acute mental health concerns can be referred to LPOP and the Acute Liaison Mental Health teams based within NGH and KGH.

The D&D team will work under honorary contracts for NGH and KGH to support their assessments. Outside of the hospital environment staff will work in conjunction with the NHFT lone workers policies.

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Patients, who are receiving support from the D&D service, remain the responsibility of NGH/KGH for their medical needs, safety and welfare.

D&D staff will provide expert assessment, advice and management of dementia and delirium, as well as supporting the physical and functional rehabilitation of the patients, with a view to them returning to optimum independence, or returning home with an individualised package of care.

D&D staff will work closely with care managers to review the needs of the patients whilst they are within the acute setting to ensure that appropriate packages of care are delivered on discharge.

Every patient under the D&D service will be offered a home follow up review within one week of them being discharged home. The purpose of this is to assess how patients are functioning mentally and physically within their own environment, to identify any issues or concerns (could be from the patients, carers or family) and support as appropriate, for example, signpost, refer to appropriate agencies i.e. GP, social services, or Northamptonshire Carers

Any acute mental health needs identified will be referred to LPOP if the patient is within the acute hospitals or to Community Mental Health Teams if they are at home.

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Any acute mental health needs identified will be referred to LPOP if the patient is within the acute hospitals or to Community Mental Health Teams if they are at home.

4. STAFFING ROLES AND RESPONSIBILITIES

The Northampton and Kettering general hospital team comprises of:

- Band 7 Mental Health Nurse Lead – 0.6 WTE
- Band 6 Occupational Therapist - 2.5 WTE
- Band 6 Registered Mental Practitioner – 2.5 WTE
- Band 4 Therapy Assistant - 2.5 WTE

There is no commissioned medical staff for the D&D service.

5. REFERRAL PATHWAYS AND CASE MANAGEMENT

Referrals will be received directly from the wards at NGH and KGH via email through the NHFT secure NHS Net account.

Following initial triaging, patients that are deemed inappropriate for the support of the D&D service will be returned to the ward with a brief explanation of the reasons why.

The D&D Registered Mental Health Practitioner will undertake full and holistic assessments of cognition, mood, behaviour, anxiety etc. utilising appropriate tools as needed i.e. MMSE, GDS and where possible, try to access suitable environment to complete these assessments, if needed. Mental capacity assessments are undertaken as needed and in more complex cases, in conjunction with another appropriate professional. Recommendations for Deprivation of Liberty (DOLS) applications are highlighted to the ward nursing and medical team as required.

D&D will try and arrange meetings involving the patient, family, carers and appropriate professionals to discuss any concerns/risks regarding discharge planning. Best interest meetings are arranged where the patient is deemed to be lacking in mental capacity and request advocates involvement as needed.

The D&D therapy staff will work collaboratively with NGH/KGH nursing and therapy staff to provide initial ward based assessments of needs before undertaking a home assessment or access visit, to assess how the patient manages within their own home environment. D&D staff have full access to the therapy based kitchens and gyms to assist in this assessment process. They will make recommendations to the relevant professionals in relation to safe discharge planning.

Close liaison with the discharge teams at NGH and KGH are maintained to keep them informed with the progress of the caseload and advise when the patients are ready for discharge. D&D staff are available at least once a week for face to face bed management meetings at both KGH and NGH to aid collaborative working and efficient flow aiming to reduce delayed discharge and transfer of care.

6. RISK MANAGEMENT

A risk 1 is completed for all patients on the D&D caseload and reviewed as needed. System1 alerts are visible to the team and shared with the involved professionals as appropriate as per NHFT data sharing policy.

All D&D home assessments/access visits are carried out with 2 members of D&D staff. The NHFT lone working policy is adhered to within D&D.

Regular supervision and appraisals are provided where concerns about risk can be highlighted and discussed.

D&D team have access to DATIX at NHFT, NGH and KGH.

All staff in D&D service undertakes breakaway, infection control and manual handling training as per trust mandatory training policy.

7. MEDICATION MANAGEMENT

The D&D mental health nurses work closely with the acute medical teams to support with diagnosis and appropriate prescribing of any psychotropic medications. For more complex issues, and if necessary, D&D staff can suggest that the ward refer the patient to the Liaison Psychiatry for Older People (LPOP) where they will be able to access the advice and support from the consultant psychiatrist.

8. SAFER STAFFING

Minimum staffing for the D&D service will be 1 member of the team present at each site for the commissioned working hours.

Rota's will need to be in place several weeks in advance to account for planned leave and staff shortages.

Unplanned shortages as a result of issues such as sickness will need to be escalated in the following way.

Staff members who are not able to attend for shift, contact the D&D team Lead or team administrators to inform them of their absence and expected return to work date, as per NHFT sickness reporting policy.

Staff on shift will attempt to cover the duty by calling workers from the D&D service; NGH D&D staff could provide cover to KGH D&D service if they have capacity to do so and vice versa. If this is unsuccessful, staff bank can be contacted and request appropriate cover. Clinical Lead and Community Services manager will need to be informed of the issues. If the bank are unable to cover the duty, the staff member will need to seek manager authorisation for this duty to be put to agency (in the case of needing longer term cover.)

If it appears that no cover may be available the staff on shift should continue to escalate through the management or on-call management structures until they have a confirmed resolution in place.

9. REFERENCE GROUP/SERVICE USERS AND FAMILY MEMBERS/CARERS INVOLVEMENT

Feedback is gained via 'I Want Great Care' forms completed by patients and/or carers; other stakeholders e.g. feedback from ward staff, care managers; commissioning auditing process.

D&D is involved with and cooperating with an existing carers and service user's forum meeting 3 monthly; this will involve representation from both NGH and KGH D&D patients and their carers/relatives. This will involve all D&D team members on a rotational basis.

10. FOLLOW UP AND ONWARDS REFERRALS

The D&D service will link closely with community colleagues and is able to information share with them as needed, as per NHFT data sharing policy. Referrals can be made for mental health follow up by the D&D team directly to the appropriate sector CMHT or Memory Assessment Service.

Information is forwarded to GPs after a patient is discharged from the D&D service with detailed outcomes of assessments, and to make requests for follow up or medication changes.

If patients require further therapy input after discharge this can be accessed via their GP.

11. FALLS

Our triage process identifies those at risk of falling and a risk 1 document is completed regarding this on Systmone.

Falls co-ordinators are based within both NGH and KGH and also we can recommend referrals to the falls team.

NHFT has a falls policy in situ.

12. How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trust's monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Attendance at the Trust and local inductions will be evidenced in staff personal files and held by their line manager.	Ad hoc	Line managers	Annually	N/A	Line Managers
Section 2, 3, 4, 5, 6 and 7 of this policy	Audit completed by Team Leaders Quality Schedule	Team Leaders Team Leaders	Monthly Quarterly	Directorate Management Group	Operational Management Group
Staff have completed training related to this policy in line with the Trusts mandatory training schedule	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is completed showing how any gaps have been addressed.					

For further information

13. Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Sex;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact of this policy in the design and implementation. The policy does not discriminate on the grounds of age as such the Warren provides an equitable service across all aged groups aged 18 and over. The service will accept referrals for physically disabled service users. With regards to any physical and sensory disability the service would make appropriate and reasonable adjustments appropriate to the need of the service user. The service will take into consideration specific needs relating to and respecting individuals needs relating to their process of gender reassignment. The service takes into consideration religious and cultural needs and sexual orientation. Assessment and treatment pathways are adapted as required. Staff is expected to work in culturally competent ways. This is part of our team assessment and care planning processes and ensures that we provide a fair service. With regards to excluded groups we endeavour to ensure a multi-agency approach in the provision of care. We utilise varied NHFT resources to ensure that care packages meet these specific needs. Throughout the service we treat service users with dignity and respect and uphold their human rights.

Reference Guide

REFERENCES AND BIBLIOGRAPHY

14. Document control details

Documentation

The team will ensure that all documentation is up to date and accurate records are kept and are stored confidentially. In keeping with Caldecott principles and the information governance agreement between NHFT and Acute hospitals, information will be shared between professionals on a “need to know” basis. The Dementia & Delirium Service will comply with all NHFT policies in terms of access to health records and confidentiality. The Dementia & Delirium’s documentation will comply with all relevant legislation including the Data Protection Act 1998, The Freedom of Information Act, the Human Rights Act, the Mental Health Act and guidance from relevant professional bodies.

The Dementia & Delirium Service will keep records of patients admitted within the Electronic Patient Records system of NHFT.

All entries onto NHFT electronic record will be in accordance with guidance provided in Appendix 2. Normally, patients, while under assessment within the Dementia & Delirium, will not be subject to the Care Programme Approach unless they are also being managed by other secondary care mental health services. Mental Capacity Act assessments and Best Interest meetings will be recorded on Systmone.

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