

**John's Campaign at University Hospital of  
North Tees  
Follow Up Report  
January 2019**

## Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs and;
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
  - A statutory seat on the Health and Wellbeing Board.

## Rationale

In October 2017, Healthwatch Stockton-on-Tees carried out an Enter and View at the University Hospital of North Tees following feedback suggesting that improvements could be made to improve the experience of patients living with dementia when in a hospital setting.

John's Campaign was founded in November 2014, with the aim of encouraging Trusts to make a commitment to enable family and carers of patients living with dementia, to remain with them in the hospital outside of visiting hours to support with care needs. The founder of John's Campaign spoke to Healthwatch and informed them that the University Hospital of North Tees was not signed up to support this campaign.

For more information about John's Campaign: <https://johnscampaign.org.uk/#/>

This resulted in Healthwatch Stockton-on-Tees carrying out an Enter and View and the following recommendations were made:

- Healthwatch recommend the University Hospital of North Tees sign up to John's Campaign. The campaign founders have spoken to Healthwatch Stockton-on-Tees and although the aim is for the principles to be adopted with specific policies and procedures in place across the whole of the hospital, some Trusts have signed up single wards and Healthwatch Stockton recommend this is considered for the elderly care wards. The campaign supports Trusts with resources and has volunteers throughout the country who can meet to discuss the implementation of John's Campaign.
- Ensure the 'All About Me' document is available on all elderly care wards.
- A designated 'Dementia Volunteer' role(s) to be created to support patients and families of those with a diagnosis of dementia.
- Flexible visiting hours to be available on all wards, wherever possible.
- Drop-in clinics for relatives to be available on all wards, for those patients who are vulnerable or have a diagnosis of dementia.
- More support for patients with dementia at mealtimes - assistance with feeding and filling in meal order forms.
- A designated 'Dementia Champion' on each ward with a regular admittance of patients with dementia diagnoses; supporting patients and family members, and taking responsibility for the availability of dementia support service literature. Support literature to be visible and available on all elderly care wards. The packs made by the Adult Safeguarding Team, which are currently only available to those patients with a DoLS authorisation in place, to be made available to all patients/family members where a dementia diagnosis has been identified. Healthwatch Stockton-on-Tees recommend these packs are available on each elderly care ward with Dementia Champions taking the responsibility of ensuring they are distributed.
- A 'Staff Board' in each ward to ensure consistency throughout the hospital, with a picture of each staff member and what colour uniform they wear, to enable patients and family members to identify each different role.
- Flexible visiting arrangements to be included in staff training to ensure all staff are aware of the scheme.

A follow up visit was conducted on Thursday 24<sup>th</sup> January 2019 to identify how these recommendations had been actioned.

To read to full Enter and View report:

[http://www.healthwatchstocktonontees.co.uk/sites/default/files/jc\\_and\\_aam\\_report\\_final\\_published.pdf](http://www.healthwatchstocktonontees.co.uk/sites/default/files/jc_and_aam_report_final_published.pdf)

## Methodology

Prior to the follow up visit, the Adult Safeguarding Team at the University Hospital of North Tees provided Healthwatch Stockton-on-Tees with an action plan which they had developed in response to the recommendations. Regular updates were provided to Healthwatch on the progress of this action plan at the Patient and Carer Experience Committee which is held on a monthly basis.

On the 24<sup>th</sup> January 2019, a member of Healthwatch staff met with the Adult Safeguarding Team (AST), to visit a number of wards and make observations on how John's Campaign and All About Me had been implemented. Healthwatch talked to staff who had completed training to become Dementia Champions to gather feedback on their experience in this role and how it impacts on the patients, relatives, carers and staff.

## Results

During the follow up, Healthwatch visited the following wards:

- Ward 24
- Ward 26
- Ward 27
- Ward 32
- Ward 33
- Ward 36
- Ward 37
- Ward 38
- Ward 40
- Ward 42

## John's Campaign Sign Up

Healthwatch Stockton-on-Tees were pleased to find that the University Hospital of North Tees signed up to support John's Campaign in May 2018.

Confirmation can be found on the John's Campaign website:

<https://johnscampaign.org.uk/#/group/north-tees-and-hartlepool>

## Documentation

During the follow up Healthwatch Stockton-on-Tees were shown a variety of documentation which supported John's campaign including;

A Falls Risk Assessment which is completed for every patient who comes onto the wards, this assessment takes into account patients who may have a diagnosis of dementia or delirium. This documentation support the Trust's Clinical Falls Management and Bedrails Policy which was reviewed and updated in July 2018.

For more information:

[file:///C:/Users/Admin/Downloads/Clinical%20Falls%20Management%20and%20Bed%20Rails%20Policy%20C29%20v11.%20\(1\).pdf](file:///C:/Users/Admin/Downloads/Clinical%20Falls%20Management%20and%20Bed%20Rails%20Policy%20C29%20v11.%20(1).pdf)

The Trust also completes a 'Carer Contact Discussion' form with carers and family members of patients with dementia. This discussion allows staff to identify the patients' needs including information about what support is usually provided when a patient is at home and what support is to be provided by the carer / family members whilst the patient is in hospital. It also documents what the carers expectation of staff and information about what support will be provided during the patients stay e.g. parking fee support and meal / refreshments provision for the carers.

### **Dementia symbols**



The Trust has introduced a yellow symbol which identifies if a patient has had a formal diagnosis of dementia. These symbols are placed on the patient information boards above each of the patient's beds to help staff to quickly identify patients with dementia. This helps the staff to recognise when a patient has dementia, adjusting and supporting their care appropriately.

During the follow up visit, Healthwatch observed that these symbols were being used and following an audit of the TrakCare system identifying patients who had a diagnosis of dementia and checking that these symbols were above the patients beds, Healthwatch only found one patient who had a diagnosis of dementia but did not have this symbol above their bed. This was promptly actioned by a member of the Safeguarding team.

On ward 32, they have also introduced symbols on the ward which are an image of a china cup. This symbol is also placed above the patient beds for staff and patients to be aware that these patients require their drinks to be served in a china cup. This encourages patients with dementia to drink regularly and stay hydrated.

### **TrakCare Alerts**

TRAKCARE or TRAK refers to the Trusts Patient Administration and Electronic Patient Records system (EPR) on which patients are registered, maintained, tracked, recorded and electronic patient information maintained and stored.

During the follow up visit, members of staff showed Healthwatch how alerts can be put onto the system for each patient to flag up if a patient has a diagnosis of dementia. Alerts can also be added for patients who have a DoLs (Deprivation of Liberty Safeguards) authorisation, delirium, enhanced care etc. These alerts can be added / removed as and when required. This helps staff to quickly identify the needs of a patient by viewing the alerts on the system.

**SBAR Communication Tool** - situation, background, assessment, recommendation

SBAR consists of standardised prompt questions in four sections to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition and the likelihood for errors. An example can be found in Appendix 1.

During the follow up visit, it was evident that this communication tool was being used to help improve the communication between staff on the wards. An SBAR communication tool was evidenced on ward 32 and staff explained that this is regularly used and it can be particularly effective in reducing the barrier to effective communication across different disciplines and between different levels of staff.

### **Individual Care Plans**

Care plans are written documents (either electronic or paper-based) that are used and altered regularly during a patient's stay in hospital. They are based on specific needs of a patient including; nutrition, mobility, sleeping, positioning, oral care and personal hygiene. The care plans can also include documentation like falls risk assessments, psychological needs, recording of clinical signs, communication and information, and All About Me.

During the follow up, staff were observed to be recording information and updating the patient care plans.

### **Staff Handovers**

During staff handovers, information is communicated both verbally and in the form of a written document which is shared with the staff on shift that day. The purpose of the handovers is to communicate information about patients supported by the SBAR communication tool.

During the follow up, staff showed Healthwatch their written handover sheets which highlighted patients on the ward who had a diagnosis of dementia as well as patients who required enhanced care (1-1 support / more frequent observations).

### **All About Me**

People with dementia should have an 'All About Me' document which contains personal information that will assist staff to make appropriate reasonable adjustments and aid care planning/patient care and support for carers. This document should be completed by the family / carers as well as the patient if this is possible. This document should be brought into hospital when the patient is admitted but for those who do not already have one, hospital staff should ensure that one is completed when they arrive.

During the follow up, an audit was completed to ensure all patients who had a diagnosis of dementia on the TrakCare system, had a completed All About Me in their care plan. Only one patient was found without a completed All About Me document (the same patient who did not have a dementia symbol above their

bed). This may have been due to the patient being recently admitted but this was promptly addressed. As the patient's relative was visiting at the time, a member of the Adult Safeguarding Team explained what the All About Me document was for and what important information should be included in it. The relative explained that they would fill this in a return it to the staff on the ward.

### **Dementia Champions**

Over the last three years, over 170 staff have been trained in advanced dementia awareness including doctors, nurses, healthcare assistants, physiotherapists, occupational therapists, specialist nurses, ward clerks and porters. The Trust has trained at least one representative in every ward area, with some wards having multiple dementia champions.

The training is run by a dementia specialist nurse, a community dementia nurse and an occupational therapist. The two-day course, endorsed by Health Education England, includes training around communication, understanding, and supporting patients who are living with dementia.

When a member of staff completes the Dementia Champion training, they sign up to the following responsibilities:

- Promote your role of Dementia Champion in your clinical area.
- Be the first point of contact for colleagues needing support or advice regarding Dementia/Delirium.
- Support and signpost people living with Dementia/Family/Carers to local support options if required.
- Ensure that people with Dementia who have an alert symbol on Trakcare have a laminated Dementia symbol on the person's board behind the bed. (Inpatient staff)
- Promote the use of the 'All About Me' document, and ensure this is provided to patients/families/carers with a confirmed diagnosis of dementia, to support person centred care.
- Be proactive when considering possible cognitive impairment/delirium when in ward huddles, handover, or caseload allocation (community staff).
- Increased working knowledge of DoLS and Mental Capacity Act.
- Promotion of Reasonable Adjustments.

A poster listing the names of the trained Dementia Champions can be found at the entrance to each of the wards, this was evidenced during the follow up visit. An example of this poster can be found in Appendix 2.

For all staff working at the Trust, a list of all the Dementia Champions can be found on Sharepoint (The Trust's computer system).

All of the Dementia Champions who Healthwatch spoke to during the follow up gave positive feedback about the training and role.

Healthwatch Stockton were informed that the next Dementia Champion training session was planned for February 2019 and it is already fully booked.

### **Flexible Visiting Arrangements**

During the follow up visit, Healthwatch observed all wards displaying posters at the entrance of the wards and on the notice boards informing patients, family, carers and staff of flexible visiting times and John's Campaign. An example of this poster can be found in Appendix 3. Relatives and carers are also informed about John's campaign by staff when a patient is first admitted on the wards.

Speaking to staff, it is evident that relatives and carers regularly stay overnight with the patients and this is encouraged by staff.

'We have open visiting'

'Families staying over is not an issue'

'We ask relatives what they feel happy to do'

On ward 42, staff explained that they had a room specifically for relatives and carers to use during their visits. This room is equipped with a bed, hob and kettle which can be used as and when required.

### **Drop-in Clinics**

There are Drop-in clinics available on the Elderly Care wards where the patients have complex discharges. Other measures are available within the acute wards so the families and carers are given opportunities to discuss the patient's progress, treatment plan and discharge arrangements.

On ward 42 there is a side room on the ward which is used as the drop-in. This is run by the Ward Matron and has been found to be beneficial in improving communication between staff and families / carers.

### **Notice Boards**

A 'Staff Uniform Board' is visible on each ward with a picture of staff uniforms and their roles stated underneath. This enables patients and family members to identify each member of staff who may be looking after them / their family member.

Healthwatch also observed that there were also posters on the wards directing individuals to the most appropriate





person to speak to if they wanted more information during their or their family members stay.

On ward 32 there was a notice board dedicated to the symptoms, diagnosis and treatment of delirium.

This has been created by a Dementia Champion on the ward to help patients, families and staff have a greater understanding of Delirium.



### Dementia Friendly Observations

Healthwatch were informed about the plans for a rehabilitation room on ward 32 which can be used for patients receiving physio and enhanced care. During the follow up enhanced care workers were observed engaging with the patients, one of which was helping a patient to knit. Soothing music was also playing on ward 32 during Healthwatch's visit. Staff on ward 32 also explained that they receive donations of dolls and twiddlemuffs which are regularly used by patients with dementia.

Ward staff explained that relatives and carers are encouraged to visit to help patients during mealtimes. The Trust has also put notice boards around the wards highlighting the importance of nutrition and fluid management. The wards have dementia ward rounds with the input of the dementia specialist nurse, Speech and Language Team (SALT) and dieticians.

### Conclusion

It is evident that the University Hospital of North Tees has actioned all of Healthwatch's recommendations regarding John's Campaign. The Trust has recruited and trained over 170 staff to become Dementia Champions with further training for additional staff planned in the future. A number of actions have been taken and processes implemented to ensure that patients with dementia and their families / carers have a good experience and their needs are met during their stay.

### Acknowledgements

Healthwatch Stockton-on-Tees would like to thank to all the staff at the University Hospital of North Tees who provided feedback about their experience of becoming a Dementia Champion and taking the time to talk to Healthwatch about this investigation. Healthwatch would also like to acknowledge special thanks to the Adult Safeguarding Team, whose cooperation and ongoing support enabled the team to conduct their visit effectively.

Appendix 1 - SBAR Communication Tool

Figure 1: SBAR communication tool

**S** **Situation:**  
I am (name), (X) nurse on ward (X)  
I am calling about (patient X)  
I am calling because I am concerned that...  
(e.g. BP is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)

**B** **Background:**  
Patient (X) was admitted on (XX date) with...  
(e.g. MI/chest infection)  
They have had (X operation/procedure/investigation)  
Patient (X)'s condition has changed in the last (XX mins)  
Their last set of obs were (XX)  
Patient (X)'s normal condition is...  
(e.g. alert/drowsy/confused, pain free)

**A** **Assessment:**  
I think the problem is (XXX)  
And I have...  
(e.g. given O<sub>2</sub>/analgesia, stopped the infusion)  
OR  
I am not sure what the problem is but patient (X) is deteriorating  
OR  
I don't know what's wrong but I am really worried

**R** **Recommendation:**  
I need you to...  
Come to see the patient in the next (XX mins)  
AND  
Is there anything I need to do in the mean time?  
(e.g. stop the fluid/repeat the obs)

**Ask receiver to repeat key information to ensure understanding**

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

<https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>

## Appendix 2 - Dementia Champion Poster




### Dementia Champions Role (e.g ward 32)

**Dementia Champions for your area are:**

**Insert names here**

- To promote there role of Dementia Champion in your clinical area.
- Be the first point of contact for colleagues needing support or advice regarding Dementia/Delirium.
- To support and signpost people living with Dementia/Family/Carers to local support options if required.
- Ensure that people with the Dementia who have an alert symbol on Trakcare have a laminated Dementia symbol on the person's board behind the bed. (Inpatient staff)
- Promote the use of the 'All about Me' document, and ensure this is provided to patients/families/carers with a confirmed diagnosis of Dementia, to support person centred care.
- Be proactive when considering possible cognitive impairment/delirium when in ward huddles, handover, or caseload allocation (community staff).
- Have increased working knowledge of DoLS and Mental Capacity Act (MCA 1 &2).
- Promote of Reasonable Adjustments.

Appendix 3 - John's Campaign Poster



North Tees and Hartlepool  
NHS Foundation Trust

**NHS**

**Supporting the needs and rights of carers -**  
Our commitment to improve patient and carer experiences

In placing patients firmly at the centre of everything we do, we recognise and value the role that you have in the health, comfort and wellbeing of our patients

*"When carers are well supported, they can provide better care for the person they care for and report better well-being outcomes themselves"*

Adapted: National Health Service

**3. Wellbeing of carers**

**Practical help and support we offer carers:**

- Please tell us if you need to take a break. We appreciate your help, but also understand your need for rest and recuperation.
- By law as a carer you are entitled to a formal carers assessment by your local authority. The purpose of this assessment is to ensure your own needs as a carer are recognised and met, and that you are aware of your rights to emotional and financial help and support. Our staff can signpost you to the appropriate local authority for this assessment.
- Our staff can signpost you to local carers agencies and community based support groups.
- The centre offers a quiet space and access to complementary therapies.
- Our staff can provide you with information relating to long stay onsite car parking.

**2. Sharing information**

**As a carer you will be kept updated with key information**

To improve communication and to care effectively we expect our nursing staff to ask you about your caring role on admission. This will then be documented within the nursing records.

We expect our staff to communicate effectively and share relevant timely information with you. In all situations you will receive non-confidential (relevant) information which will aid your caring role.

**Confidential information**

Confidential information differs from relevant information and can only be shared if consent is given by the patient or you the carer have a legal right or duty to act on the behalf of the patient with regards to their healthcare.

When you have a legal right or duty to receive confidential information about the patients healthcare you will be included in relevant discussions and letters can be copied to you.

If you have been involved in a best interest decision about treatments and ongoing care you will be included in all relevant discussions.

**1. Open access/visiting**

**Unrestricted visiting**

As a carer you may wish to visit outside traditional visiting hours to help care for your relative or friend.

Our staff facilitate where possible open access to enable you to maintain and contribute to the care of your relative or friend. This may include access out with normal visiting hours such as at meal times.

On occasion you may be asked to leave the ward area to ensure that the privacy and dignity of other patients is maintained. We appreciate your cooperation and support with this.

**Accompanying for a test or investigation**

As a carer you may wish to accompany your relative or friend for a test or intervention.

In most situations this can be accommodated however where there is risk of harm or exposure to you it may not be possible to arrange. Please ask our staff.

**Support overnight**

As a carer you may wish to stay close by your relative or friend at night time.

Our staff can signpost you to local accommodation options. Requests to stay by a relative's bed will be facilitated where possible by our staff.

At times you may be asked to leave the ward area to ensure that the privacy and dignity of other patients is maintained. We appreciate your cooperation and support with this.

**The Trust defines a "carer" as a person of any age who provides help and support to a parent, child, partner, relative or close friend because of their illness, frailty or disability.**

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Good Practice Award