

## Dementia Action Plan 2013/2014

This document contains the following:

1. Dementia Action Plan against the South West Dementia Standards (Pgs 2-10)
2. Dementia Peer Review report 2011 – Opportunities for Action (Pgs 11 &12)

This document has been prepared for the annual dementia peer review to take place on January 30<sup>th</sup> 2013 by the South West Dementia Partnership, Treliske Hospital, Devon CCG Deputy Chief Nursing Officer, carers and RD&E medical and nursing staff.

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January 2013

Criteria	Actions	Lead	Deadline	Improvement indicators	Progress/ Next Steps
<b>Standard 1: Respect, dignity and appropriate care</b>					<b>LEVEL 1</b>
1. A dementia ward champion role is in place on relevant wards, with specific responsibilities for implementation and audit of standards, training, coaching and mentoring.	From Jan '12 clinical ward champions will meet every month for training and education. Safeguarding Champions are already in place on wards.	Dementia Champions	June 2013  Sept 2014	Champion meeting notes Roll out of This is Me and Forget me not on all clinical areas by champions Dementia noticeboards on all adult wards	30/04/2014 Dementia champion meetings to be re-scheduled following absence. Core competencies in dementia care to be defined. Meetings to be structured around development of these competencies for the champions for dissemination amongst colleagues. Clinical ward champions first meeting is Jan 15 <sup>th</sup> 2013 Non clinical champions to be set up by June 2013
2. The care plan is person-centred as evidenced by observation of staff interaction with patients. Patients' and carers' feedback demonstrates high levels of satisfaction with care. Minimum standard = 90%.	Dementia / cognitive impairment care plan in place. Patient and family leaflets explaining dementia and delirium available on the wards Challenging behaviour management plan in place Observational audits taking place on every clinical area to assess the care given to patients with delirium or dementia	Dementia Champions	June 2013  Oct 2014	Care plan use audited Results of patient CQAT survey for the hospital. Carer group feedback. Results of observational audits.	30/04/2014 Complete. Care planning has been reviewed Trustwide and training sessions on care planning are due to take place in May. Confusion, Dementia and Delirium care plan to be reviewed and revised with support from Dementia Champions. Delirium and dementia care plan in

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						<p>place across the Trust and are currently being reviewed.</p> <p>Plan to develop a delirium and dementia care bundle for wards.</p> <p>New training and education based on the observational audit results.</p>
	<p>3. Individualised and appropriate risk assessment will be undertaken and incorporated into the care plan involving relatives/carers in analysis.</p> <p>Minimum standard = 90%.</p>	<p>Cognitive Impairment status identified in clinical integrated document (CID). This is Me document will be used to identify usual behaviour and possible concerns.</p> <p>All patients have assessments made for falls risk, MUST scores and pressure area care. General risk assessments can also be made and the challenging behaviour plan used where required to protect the patient and staff</p>	<p>Dementia Champions</p>	<p>June 2013</p> <p>Sept 2014</p>	<p>The cognitive impairment status is included in the CID.</p> <p>Audit of compliance.</p> <p>Audit of care plan compliance</p>	<p>30/04/2014 Complete.</p> <p>Work on-going to develop an Enhanced Observation Policy which will address issues such as the Mental Health Act, Deprivation of Liberty and safeguarding. This will also incorporate appropriate risk assessments, risk management and care planning. Work being done on developing new risk and safety policies for cognitively impaired patients to include assessment of high risk patients, restraint, rapid tranquilisation, and linking this to security policies which are</p>

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					currently being reviewed.
<b>LEVEL 2</b>					
1. Patient care is person centred informed by Dementia Care Mapping or similar methodology.	Two observational audits taking place in every clinical areas with the ward Matron and an independent member of staff or carer	Senior Nurses	June 2013	Results of observational audits This will be linked to existing and new training programmes for all staff across the organisation	30/04/2014. Complete. Psych Liaison nurses have undertaken Dementia Care Mapping. Results to be reviewed by Dementia and Delirium Steering Group (DDSG). Observational audits have taken place and findings are highlighted in Dementia and Delirium Awareness Training (DDAT) This work is still taking place Psych liaison nurses to have dementia care mapping training end of the year.
2. The Trust Board regularly reviews serious and untoward incidents, falls, delayed discharges, and complaints associated with patients with a primary or secondary diagnosis of dementia.	Introduction of Datix has given clearer identification of patients with dementia who experience an incident.	Berni George  Julie Vale	June 2013  Oct 2014	Datixweb in place. To monitor use of diagnosis function.	30/04/2014 JV to liaise with Safety and Risk to ensure that patients with a cognitive impairment are clearly highlighted in Datix. This will take the form of a dropdown choice of Dementia, Delirium or Cognitive Impairment

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					(AMTS<=8) or None of the above. Yes for slips, trips and falls. Flag added to DATIX (mandatory) We are reviewing how to collate this information for delayed discharges and complaints
Standard 2. Agreed assessment, admission, discharge processes and needs specific care plans					LEVEL 1
<p>1. Prior to a planned admission of a person with dementia or suspected cognitive impairment They are provided with written information regarding the way in which they can be supported. (Patient and carer)</p> <p>Prior to a planned admission of a person with dementia or suspected cognitive impairment, 'This is me' is completed.</p> <p>The names of key contacts are provided (e.g. consultant, lead ward nurse, liaison nurse / social worker).</p> <p>Minimum standard = 95%.</p>	<p>1. Pre-admission documentation includes information about cognitive status and / or dementia.</p> <p>2. Emergency admission document includes information on cognitive status and / or dementia.</p> <p>3. Information available to carer on admission.</p>	Pre-Assessment	<p>June 2013</p> <p>1.Jan 2015</p>	<p>Pre-assessment and emergency documentation includes information about cognitive impairment / dementia and carer involvement.</p> <p>Information booklet available.</p>	<p>1.30/04/2014 Spot check and audit of process for planned admissions with a view to include AMTS in pre-op assessment and clear pathway for management of patients who have AMTS &gt;=8. Spot check to ensure that 'This is Me' is being given out at pre-op.</p> <p>2. Review the process to establish whether leaflets are being distributed in practice.</p> <p>Work is currently being done with the all the pre-admission teams to use an AMTS and FAIR assessment to identify possible cognitive problems</p>

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					This is Me is being launched in Jan '13 to all clinical areas, including pre-assessment
2. If patients are admitted as an emergency and identified as having a known dementia, the specific requirement form should be filled out and a 'This is Me' provided for completion for use in the future. This will inform an evidence-based multi-disciplinary care plan to be agreed within 24 hours with the patient and the main relative / carer / friend.	The delirium and dementia care plan has a specific requirement for families to complete on admission. 'This is Me' document to be given during admission / on discharge.	Dementia Champions	Jan 2013	Audit use of 'This is Me' and specific requirements document in elective and emergency care pathway	22/08/2014 Complete This is Me is being launched Jan '13 in all clinical areas by ward champions. Pre-assessment nurses currently having their training
3. Carers receive all relevant information about the patient's assessment and are involved in discussion about further assessment. Carers understand that an assessment of their own needs can be arranged. Minimum standard = 95%.	Carer policy in place. Written in collaboration with carers. Carers flow chart available	Carers	June 2013	CQAT audit of staff knowledge about carer flow chart. Feedback from carers about their experience Patient stories feedback	30/04/2014 Completed Currently doing work with staff about the role of carers. Revising the visiting times and protected meal times policy to fit better with the needs of carers of dementia patients. Currently reviewing the carers policy and the role/membership of carers group in the Trust.
4. Accessible information about discharge is made available to patients and carers. This includes	Easy read resources available. Language line available Leaving hospital leaflet available	Carers	June 2014	Audit / survey experience of patients and carers	22/08/2014 Complete and on-going. 30/04/2014 Trustwide

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information in different languages where required. The information is made available at an early stage after admission. Minimum standard = 95%.	Dementia / delirium patient information leaflets available on all wards.			Carers groups feedback	workstream on discharge processes and planning under way – Good Outcomes on Discharge (GOOD) to include medications, discharge checklists and information transfer. Currently reviewing the patient information leaflets about dementia and going home Awaiting new Alzheimer’s support service and will review our internal plans
5. The hospital has access to intermediate care services which will support people with dementia where required and be available to avoid delayed hospital discharge.	Access to Hospital at Home	ACE/Trust door services sub-group of FOPP	June 2013  March 2015		22/08/2014 Complete for Web AND Exeter localities. On-going work with Transforming Community Services to further develop pathways of care for frail older people. 30/04/2014 Acute Care of Elders (ACE) service in situ since 11/2013. Acute Community Team (ACT) now operational as is Hospital at Home for the WEB area. On-going locality discussions with regard to development

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					of intermediate care services. Now have high level strategic Frail Older People Project (FOPP) group reviewing our hospital pathways and integrated services with the community
6. The intermediate care services demonstrate effective diversion from acute care and care homes.	As above	ditto	June 2013	Work being done with commissioners for ACE project	30/04/2014 Acute Care of Elders (ACE) service in situ since 11/2013. Acute Community Team (ACT) now operational as is Hospital at Home for the WEB area. Ongoing locality discussions with regard to development of intermediate care services Currently in negotiation with Commissioners about the ACE hospital avoidance project
<b>LEVEL 2</b>					
1. Care pathways for patients with dementia, audit of patient notes and feedback from patient / carers have been reviewed at least annually, led by the senior clinical lead. Minimum standard = 100%.	Patient audit undertaken via CQAT National Dementia Audit What went well / Even better if.... feedback at ward level	ditto	June 2013  May 2014	What went well/Even better if .. feedback CQAT results	22/08/2014 Complete. Dementia and Delirium Steering Group have reviewed carers' results monthly since 04/2014. After 6 months, Patient Experience and



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					Engagement asked to undertake a thematic analysis of findings. 30/04/2014 Dementia and Delirium Steering Group to review results of Carers feedback on a monthly basis. Dementia pathways review being done across the hospital with Unipart as part of the work with FOPP
Standard 3: Access to a specialist mental health liaison service					LEVEL 1
1. People with dementia who develop non-cognitive symptoms that cause distress, or who present with behaviours that challenge are considered for referral to the liaison service for further assessment.	Referral criteria established for OPMH	Psych Liaison	March 2013	Refine referral criteria	22/08/2014 Complete. A Standard Operating Procedure for Forget me Nots on the electronic whiteboard is being developed. This will support identification of all patients with cognitive symptoms across the Trust and facilitate the Liaison teams to target their services more effectively. Liaison team are now well-established. Liaison service are promoting their service across the hospital site

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					through a poster and regular visiting to key ward areas
<b>LEVEL 2</b>					
1. Commissioners assess need and determine activity levels for and outcomes delivered by the liaison service.	Annual audit of OPMH referrals as a proportion of Trust activity	Psych Liaison	June 2013	Referral numbers have increased Discharge from hospital has improved The experience of patients and staff has improved	<b>22/08/2014 OPMH Liaison review their referral criteria and activity regularly.</b>  This is currently being reviewed with Commissioners
<b>Standard 4: Dementia-friendly environment, minimising moves</b>					
<b>LEVEL 1</b>					
1. A good sensory environment is maintained with lighting free of shadows or glare; patients are able to see a clock from their bed area; availability of calendars.	Orientation boards, new signage, new clocks fitted to several wards	Environment	June 2013	All Healthcare of Older People wards have had their environment reviewed	<b>22/08/2014 Work has almost been completed on the Devon Garden, a dementia friendly outdoor space designed to support therapeutic reminiscence. The Dementia and Delirium Awareness training highlights the importance of the environment to support patient care. Estates lead has undergone training with the King's Fund for environmental</b>

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					improvement work. As refurbishment is undertaken, there is an agreement that environment works will be dementia friendly. An environment group is being established to look at the whole hospital site to move towards being dementia friendly. New ward design being considered
2. If a move is unavoidable the completed personal profile/wishes ('This is me' record) should be transferred to new ward along with all medical records. Key personnel identify themselves and implement full orientation policy.	Sample audit of patient notes Audit within the wards to examine the documentation taken after a move	Steering Group	Dec 2014	This is Me launched across the hospital Jan 2013. New one hour training programme to supplement this change also launched in Jan '13	22/08/2014 Need to discuss issue of exception reporting with patient flow lead and Dementia and Delirium Steering Group.  Looking to have exception reporting for all ward moves that occur for a patient with dementia. This will start with night time reporting and then may include day time moves
LEVEL 2					
1. All key communal areas within	Easy read menu developed	Environment	June	Easy read menu	22/08/2014 Complete

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hospital used by people with dementia are identified. The hospital clinical champion agrees appropriate adjustments to the environment (e.g. signage, easy to interpret menus and daily routines, coloured privacy doors).	Some but not all wards have communal areas		2013	Dining areas developed on two new HfOP ward Tables available on all HfOP wards but a dining area not defined, used with the bay New dementia champions are being asked to review their wards with their matrons	Environment group will be looking at the design of wards and changes needed to improve the social conditions for patients with dementia
2. Daily therapeutic and recreational sessions or activities are available. Wards may include activities such as art therapy, music, gentle hand massage, activity boxes If discreet space is not available then activities are brought to the patient.	Distraction therapies available on Kenn / Bovey.	Environment	Dec 2013	Some distraction material available but these are limited Volunteers have had some training as food friends and are becoming more experienced with activities	<b>22/08/2014 The Devon Garden is now nearing completion. Discussions to be held with Simon Harrison, Lead Chaplain and new Volunteer Lead re organising a formal group of volunteers and an organised programme of activities for HfOP wards.</b>  Environment bid in for a dementia garden from Kenn & Bovey. Art carts for wards using lottery funding being considered. Observational audits are helping to inform what activities are needed ie Activities Co-ordinator

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					being looked at.
<b>Standard 5: Nutrition and hydration needs are well met</b>					<b>LEVEL 1</b>
1. All patients will have a weight assessment on admission, at weekly intervals, and near to discharge (for inclusion in discharge summary). Minimum standard = 95% (exceptions: terminal illness, day cases, short elective, or not possible to weigh for clinical reasons).	Weight monitored as part of MUST in place. Compliance monitored. To achieve 95% reliably	Nutrition SG	June 2013	MUST assessment compliance at 95% Improved the nutritional supplements and menu choices for high energy	22/08/2014 Complete MUST Compliance Looking at having dementia friendly menus with finger foods.
2. All patients will be assessed using the 'MUST' tool or standard malnutrition universal screening tool. Minimum standard = 95%.	As above. To achieve 95% compliance	Nutrition SG	June 2013	95% compliance achieved	22/08/2014 Complete Continue as above
3. Individual tastes, habits and eating preferences are identified and recorded in 'This is me' / specific requirement sheet as part of the initial assessment in conjunction with carers. Minimum standard = 95%.	Alzheimer's 'This is Me' / specific requirement document launched Jan '13, still being introduced and adopted across the organisation. Discussions with carers groups in the hospital	Dementia Champions	June 2013	This is Me now launched Jan '13 in all adult areas.	22/08/2014 Complete Will expand using This is Me with pre-assessment nurses
					<b>LEVEL 2</b>
<b>Standard 6: Promote the contribution of volunteers</b>					<b>LEVEL 1</b>
1. Opportunities for enhancing the	Food Friend Volunteers now used on a	Dementia	June	Food Friends has been	22/08/2014 Present on

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patient experience (mealtimes; social activities) are identified by ward champions with the appointed volunteer coordinator.	variety of wards. Full training has been given	Champions/ Volunteers	2013	successful and being expanded. New Housekeeper roles on wards has helped ensure mealtimes are co-ordinated	some wards. Plans to continue to expand. Dementia Champions launched Jan '13 and will be helping with looking at the experience of mealtimes in their clinical areas
2. Processes are agreed between volunteer coordinator and ward champions about the direction, support and feedback provided to volunteers and carers.	Food friends have had full training and work closely with Housekeepers and Matrons	Volunteers	June 2013	Audit / survey the experience of patients and families	22/08/2014 Complete
					LEVEL 2
Standard 7: Quality of care at the end of life volunteers					LEVEL 1
1. Patients with dementia identified as approaching their end of life are flagged to General Practitioners for entry onto end of life care register and taking appropriate action.	Flagging process in development using Adastra	End of Life	Dec 2013	Use of Adastra	22/08/2014 Complete Palliative Discharge team now in place. Patients identified as reaching end of life flagged up on discharge summaries. Development of this work with the palliative care EoL pilot With the EoL Steering Group work
2. All patients with dementia who remain in hospital to die are cared	Liverpool care pathway in place	End of Life	June 2013	Notes audit	22/08/2014 Complete Liverpool Care Pathway

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for using the Liverpool Care Pathway or agreed integrated care pathway for care of dying.					has been superseded by Principles of Care and Support for the Dying Patient With recent media attention a lot of work is on-going to restore confidence in this pathway
<b>Standard 7: Quality of care at the end of life</b>					<b>LEVEL 2</b>
1. All clinical and support staff working with people with dementia requiring end of life care have received appropriate training. Minimum standard = 100%.	End of Life training available One hour training for all staff in care of older people	Training	Dec 2013	Care improves and patients / families feel they had care that was compassionate and individual – audit / survey to be done	22/08/2014 End of Life care facilitator / trainer in post. Workstream being co-ordinated by the End of Life Care Steering Group. Still doing TNA and work being done with palliative care steering group New trainer for End of Life care in post Jan '13 and developing new session.
<b>Standard 8: Appropriate training and workforce development</b>					<b>LEVEL 1</b>
1. All new staff receive mandatory induction in caring for people with dementia based on South West standards and required	All staff across the organisation now have one hour training in care of older people and cognitive impairment. Those wards who care mostly for older	Training	June 2013		22/08/2014 Mandatory training for Dementia and Delirium Awareness now in place for all staff

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competences.	people to also go on one day Dementia in Care Practice study day. All mandatory training has 30 mins – one hour training				groups and is also on corporate induction. Developing a carers video to be played at all mandatory training sessions in the future
2. There is a dementia training framework in place and a strategy for implementation agreed. The framework identifies competences required for working with and caring for people with dementia. The framework utilises the mental health liaison service within the hospital. Training includes, as a minimum: <ul style="list-style-type: none"> <li>dementia awareness;</li> <li>communication skills, and working with older people with sensory impairment;</li> <li>addressing behaviours that challenge;</li> <li>assessing capacity, and the Mental Capacity Act; and</li> <li>the protection of vulnerable adults.</li> </ul>	Specific e-learning training available that includes: <ul style="list-style-type: none"> <li>Communication</li> <li>Challenging behaviour</li> <li>MCA / DoLs</li> <li>Safeguarding adults</li> </ul> New one hour awareness sessions in Care of Older People and care of dementia and delirium set up from Jan '13 Also one day dementia in care Practice is basic requirement of all dementia champions, all ward Matrons and staff who primarily car for older people	Training	June 2015	% staff in wards where high numbers of patients with cognitive impairment / dementia are cared for. % attendance at Trust one hour Care of Older People	22/08/2014 CQUIN target agreed with CCG to ensure wards with high numbers of older people have received awareness training. Staff on these wards will also be undertaking the Dementia Care in Practice one day training. Further work needs to be undertaken to develop competencies in dementia care.  Developing other courses as appropriate
<b>LEVEL 2</b>					
1. The training and knowledge framework is implemented.	Dementia TNA completed and training strategy in place	Training	Jan 2015	Number of staff trained in clinical areas.	22/08/14 On-going and on target. All non-clinical staff to have the one hour



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					awareness session.

### DEMENTIA PEER REVIEW REPORT 2013 – OPPORTUNITIES FOR IMPROVEMENT

Standard	Opportunity for Improvement
<p><b>Standard one :</b>  <b>Dignity, respect and appropriate care</b></p>	<ul style="list-style-type: none"> <li>The role and training of Dementia Champions extended across all areas of the hospital would be beneficial.  22/08/2014 Dementia Champions, both clinical and non-clinical are in place across all areas of the Trust but work on-going to increase frequency of meetings and training / education.</li> <li>The AMU is keen to bring together the confused elderly to enable appropriate care and observation, however the Matron reported a recognition that they are not always able to provide optimum care to this client group due to capacity issues.</li> <li>22/08/2014 Acute Care of Elders (ACE) team now in situ on AMU enhancing care in this environment and initiating comprehensive geriatric assessment</li> <li>More extensive provision of patient and carer information around the hospital around would be beneficial along with clear demonstrable mechanisms for feedback by dementia patients and their carers.  22/08/2014 Leaflets targeting aspects of dementia and delirium are now in all clinical areas.</li> </ul>
<p><b>Standard Two :</b>  <b>Agreed assessment, admission, discharge processes and needs specific care plans</b></p>	<ul style="list-style-type: none"> <li>Improved signposting to community based support programmes would be beneficial. –  AGE UK now working with ACE team and expanding the role to inpatient areas. Links with the Dementia Support Services in Devon now in place through the Alzheimer’s Society.</li> <li>Although ‘This is Me’ is not used consistently across the hospital, the use of the Alzheimer’s Society ‘This is Me’ documentation is being piloted in some areas alongside a locally developed version. The Trust will want to ensure that following the outcome of the pilot staff across the hospital use the most appropriate patient-centred dementia</li> </ul>

	<p>specific tool.</p> <p><b>'This is Me' has now formally been adopted as the preferred tool throughout the Trust and is being promoted.</b></p>
<b>Standard</b>	<b>Opportunity for Improvement</b>
<b>Standard Three : Access to specialist mental health liaison service</b>	<ul style="list-style-type: none"> <li>• There is a clear focus on the wards visited by the review team on avoiding bed moves where possible for people with dementia, and audit results demonstrated this.</li> <li>• There was a recognition by staff that the environment on Durbin Ward was not ideal for patients with dementia and it is noted that there are plans for a major refurbishment to improve this. Every effort is being made by staff to make the environment as appropriate as possible within current restraints for example playing music in areas of the ward where there are patients with dementia as the music is thought to have a calming effect.</li> <li>• Kenn and Bovey wards had a calm, business-like atmosphere with a strong emphasis on meeting the individual needs of patients. There was a good use of the ward space with dining tables giving an opportunity for patients to eat together if they wished, an activities area, and homely furnishings.</li> <li>• There is a 'grouping' of patients in practice on Kenn and Bovey wards to enable optimum observation and support.</li> <li>• The use of orientation boards on Kenn and Bovey wards was observed to be very helpful.</li> </ul>
<b>Standard 4 : A dementia friendly hospital environment; minimising moves</b>	<ul style="list-style-type: none"> <li>• The approach to creating a restful and calming environment for patients with dementia on Kenn and Bovey wards could be shared across others wards and input from their staff into the re design of Durbin Ward would be particularly helpful.</li> </ul>
<b>Standard 5: Nutrition and hydration needs are well met</b>	<ul style="list-style-type: none"> <li>• The use of volunteers to support patients during meal times would be of great benefit as this has been very successful elsewhere.</li> <li>• Visual menus are in development for use across the hospital.</li> </ul>
<b>Standard 6 : Promote the contribution</b>	<ul style="list-style-type: none"> <li>• More opportunities to use volunteers might be considered.</li> <li>• Consideration could be given to bringing community resources on to the wards, for example local voluntary</li> </ul>

<b>of volunteers</b>	organisations might be able to provide/support activity sessions.
<b>Standard 7: Ensure the quality of care at end of life</b>	<ul style="list-style-type: none"> <li>• No comments</li> </ul>
<b>Standard 8: Appropriate training and workforce development</b>	<ul style="list-style-type: none"> <li>• It may be of benefit to establish and monitor quality outcomes of training in dementia set within an overall training plan with targets and expectations.</li> <li>• It is suggested that training and support for dementia champions might be offered to a wider range of staff.</li> </ul>

22/08/2014 The opportunities for improvement are all areas that have been addressed in the action plan and are either complete or on-going pieces of work. There is evidence of a palpable change in culture around the care of patients with dementia with increased confidence in non-specialist wards.







