

Trust Board Meeting: Wednesday 12 November 2014

TB2014.121

Title	Dementia Strategy 2014-17
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Status	This is the first time this has been presented to Trust Board
History	Presented to the Quality Committee and Trust Management Executive in August 2014.

Board Lead(s)	Catherine Stoddart, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This Dementia Strategy for the OUH Trust 2014-2017 has been widely disseminated for consultation.
2. This Trust's Strategy is aligned with the national strategy as well as with Oxfordshire's Joint Health and Wellbeing Strategy 2012 - 2016.
3. The key elements of the Trust's strategy include: <ul style="list-style-type: none">• Early assessment using the modified FAIR model (Find, Assess, Investigate & Refer)• Implementation of personalised care• Leadership• Education• Information, support and environment• Data Evaluation and Research
4. The strategy also identifies the current situation in relation to CQUIN and national benchmarks that are required.
5. The strategy indicates that a key element of successful delivery within a realistic time-frame will be support for dedicated resources, to comply with the national strategy which commenced in 2009.
6. Recommendation The Trust Board is asked to: <ul style="list-style-type: none">• Approve the Dementia Strategy 2014-17• Note that the Trust Management Executive will review the resource implications to support the successful delivery of the strategy.

Dementia Strategy 2014-17

1. Introduction

- 1.1. Oxford University Hospitals NHS Trust is committed to providing an excellent standard of care for all patients but particularly those that are vulnerable and frail.
- 1.2. The Trust will build upon its core values of delivering compassionate excellence in the care provided to patients with dementia and cognitive impairment. This Dementia Strategy details the Trust's objectives with respect to dementia care. This is in alignment with national dementia guidance and Oxfordshire's Joint Health and Well Being Strategy 2012 – 2016.
- 1.3. The plan outlines the key strategic aims and objectives with an overview of the key influencing challenges and drivers impacting on the Trust's ability to deliver excellent care to its patients and support its staff.

2. Background

- 2.1. The Department of Health's document 'Living well with Dementia: A national Dementia Strategy' (DH 2009) outlines the key national objectives for dementia care.
- 2.2. The Royal College of Physicians report 'Hospitals on the Edge' (2012) highlights the increasing numbers of elderly frail patients with complex medical conditions, including cognitive impairment, being admitted to hospitals. Up to 50% of inpatients aged over 75 years old have dementia and less than half of those have a previous diagnosis.
- 2.3. The Royal College of Physicians Future Hospitals Report states the need for all doctors to be competent in managing patients with co-morbid dementia and delirium.
- 2.4. The Department of Health document 'Living well with dementia' (2009) identified that between 2008 and 2038 the numbers of people with dementia would double, from 700,000 to 1.4 million.
- 2.5. In 2012 the Government launched the Dementia Challenge, which identified the need to improve dementia care and enhance research by 2015.
- 2.6. The Department of Health's mandate to Health Education England (HEE) contains key deliverables with regard to dementia education, including that all NHS staff who look after patients with dementia should have a foundation level (tier 1) of dementia training.
- 2.7. Additionally, the national dementia CQUIN requires that all patients aged over 75 years old who are admitted as an emergency, and stay in hospital for more than 72 hours, must be screened for dementia.
- 2.8. National Dementia Strategy includes the following objectives, which are mapped against the OUH strategy; they apply to the broader care providers and are listed below as documented in the Department of Health document:
 - Improving public/professional awareness
 - Early diagnosis and intervention
 - Good quality information for patients and carers

- Easy access to care, support and advice
- Structured support and learning networks
- Community support
- Implementation of the carers' strategy
- Improved quality of care for 'dementia sufferers' in hospital
- Improved intermediate care
- Housing support and tele-care
- Improved quality of care in care homes
- Improved end of life care
- An informed and effective workforce
- Joint commissioning strategy
- Improved assessment of systems
- Research evidence and needs

3. Oxfordshire Wide Strategy For Dementia Care

- 3.1. There are estimated to be 670,000 people with dementia and cognitive impairment in the UK, of which there are estimated to be 23,000 in the Oxfordshire and Thames Valley area.
- 3.2. The Oxfordshire Dementia Development and Implementation Board was established in 2009, and oversees the local implementation of the national strategy. OUH is represented by the Clinical Lead for Dementia and Delirium, a consultant physician and geriatrician, and the Deputy Chief Nurse, who are also members of the OUH Dementia Steering Group.
- 3.3. The OUH Dementia Steering group drives service improvement for patients within the Trust's care. Membership of this group includes senior multi-disciplinary staff from across the Trust.
- 3.4. The OUH key objective is to be a provider that excels in the care of people who have dementia and cognitive impairment, undertaking rapid diagnosis and early intervention following assessment.

4. The OUH's Dementia Strategy Includes Six Key Elements:

- Early assessment using the modified FAIR model (Find, Assess, Investigate & Refer)
- Implementation of personalised care
- Leadership
- Education
- Information, support and environment
- Data evaluation and research

5. Early Assessment

- 5.1. The principal objective of the OUH dementia strategy is to provide excellent dementia care. This requires prompt identification of patients with known dementia, and of those with delirium or cognitive impairment without a prior dementia diagnosis. Screening to identify patients at-risk of dementia aged >75 years admitted as an emergency, is now mandated by the Department of Health and the OUH is assessed against the dementia CQUIN targets by the Oxfordshire Clinical Commissioning Group (OCCG) on a 6 monthly basis. The

Department of Health recommends use of the FAIR process to support this and this has been modified for use within the OUH as follows:

- The Abbreviated Mental Test Screen (AMTS) is done
- Previous diagnosis of dementia is recorded
- Delirium is identified and recorded
- Patients without dementia or delirium are asked about memory problems (memory question)
- The AMTS should be used to inform the consent process and discharge planning, through understanding the patients' mental capacity
- GPs are notified of patients with AMTS<9 on discharge, requiring re-assessment and onward referral if appropriate

5.2. The OUH cognitive screen ensures a brief cognitive test is done in all older patients with unplanned admission. This facilitates delirium diagnosis, a capacity assessment and avoids reliance on patients reporting memory difficulties which may be unreliable or not feasible especially in acutely unwell individuals. The screen has been shown to be valid in an OUH service evaluation projects using more extensive cognitive assessments. Patients are re-assessed in the community once medically stable avoiding unnecessary and inappropriate referrals to the memory clinic.

5.3. The OUH seeks to align with the FAIR model within a local context.

FIND - Undertaking cognitive screening

5.4. For the early identification of dementia for patients who are aged 75 years and over, who are admitted as an emergency in-patient for greater than 72 hours. The CQUIN requires at least 90% of patients within this group to be screened using the case finding question to identify either dementia or delirium. Patients with an existing diagnosis of dementia do not require further assessment but should have a diagnostic review if clinically indicated. In OUH, this is achieved by an Abbreviated Mental Test Screen (AMTS) or the completion of the memory question. The outcome of this process also informs the discharge planning process

ASSESS & INVESTIGATE - *Those patients identified as potentially having a diagnosis of dementia or delirium*

5.5. At least 90% of this cohort of patients should have a diagnostic assessment including investigations to determine the presence of dementia. Clinicians use AMTS which is accurate and user friendly in the initial assessment stage, and this is the best validated tool for screening for dementia in general hospital.

5.6. All eligible OUH patients receive an AMTS not just those answering "yes" to the memory question.

REFER - *On diagnosis where appropriate, patients must be referred onto specialist services*

5.7. This referral is in accordance with local pathways, agreed with commissioners. This includes referral to the psychological medicine team in OUH, with the person assessed in hospital, or referred to an outpatient memory clinic. This is followed through with an alert to the person's GP to ensure that there is follow-up support to the person and their family in primary care. At least 90% of

clinically appropriate cases for specialist diagnosis of dementia must have appropriate follow up.

6. IMPLEMENTATION OF PERSONALISED CARE

- 6.1. The 'Knowing Me' document is being launched following a trial involving Oxford University Hospital NHS Trust and Oxford Health Foundation NHS Trust; it is similar in nature to the Passport used by patients with a learning disability, and is designed to provide staff with personalised information to facilitate a more individual approach to their care.
- 6.2. This includes the care of carers and the OUH Carers' policy sets out the standards required for OUH staff. Patients also have an individualised care planning process, which is bespoke and includes the 'Knowing Me' information.
- 6.3. The dementia/cognitive impairment emergency care pathway (Appendix 1) is being developed to enable patients once mentally assessed, along with the use of the 'Knowing Me' document, to follow a patient pathway that facilitates appropriate care in the appropriate place, to meet their needs, by appropriate staff. This will incorporate the mental capacity assessment if the AMTS is low. It also includes their specific needs related to consent, reasonable adjustments, carer involvement, discharge planning with the patient's family, the use of dossette boxes, and the implementation of delirium prevention measures.

7. LEADERSHIP

- 7.1. Provide expert clinical leadership in the care of patients with dementia and appropriate training for staff.
- 7.2. The Trust's Dementia Lead is Dr Sarah Pendlebury, who through the Dementia Strategy Group co-ordinates the implementation of the strategy and related activities including cognitive screening. The list of work to date, undertaken through the Dementia Steering Group is included in Appendix 2.
- 7.3. 10% of the CQUIN funding is gauged against ensuring that there is sufficient leadership in dementia care provision, and the roll out of appropriate training for staff.
- 7.4. Nursing leadership for the coordination of Trust wide education, expertise on nursing care and carer participation is required in order to deliver the strategy through a role such as a Consultant or Specialist Nurse.
- 7.5. The Trust will also build capacity in dementia care resources, through the training of Dementia Leaders (through Worcester University in partnership with Oxford Health NHS Foundation Trust), and as such provide a cascaded tiered approach to training leaders in a 'train the trainer' model. Medical leadership for education is provided by a Consultant in Psychological Medicine
- 7.6. The Deputy Chief Nurse chairs meetings with the Dementia Leaders to monitor the standards of care, operationalise and co-ordinate the roll out of training across all staff in the Trust, by site and local directorates/divisions.

8. EDUCATION

The Education and Training Strategy

- 8.1. The education strategy is compliant with the strategic priorities of Health Education England (HEE May 2014) and NHS England with regard to ensuring Trust wide dementia education is provided for all Trust staff who care for

patients. This is a key deliverable and is reported to Health Education Thames Valley (HETV) on a quarterly basis.

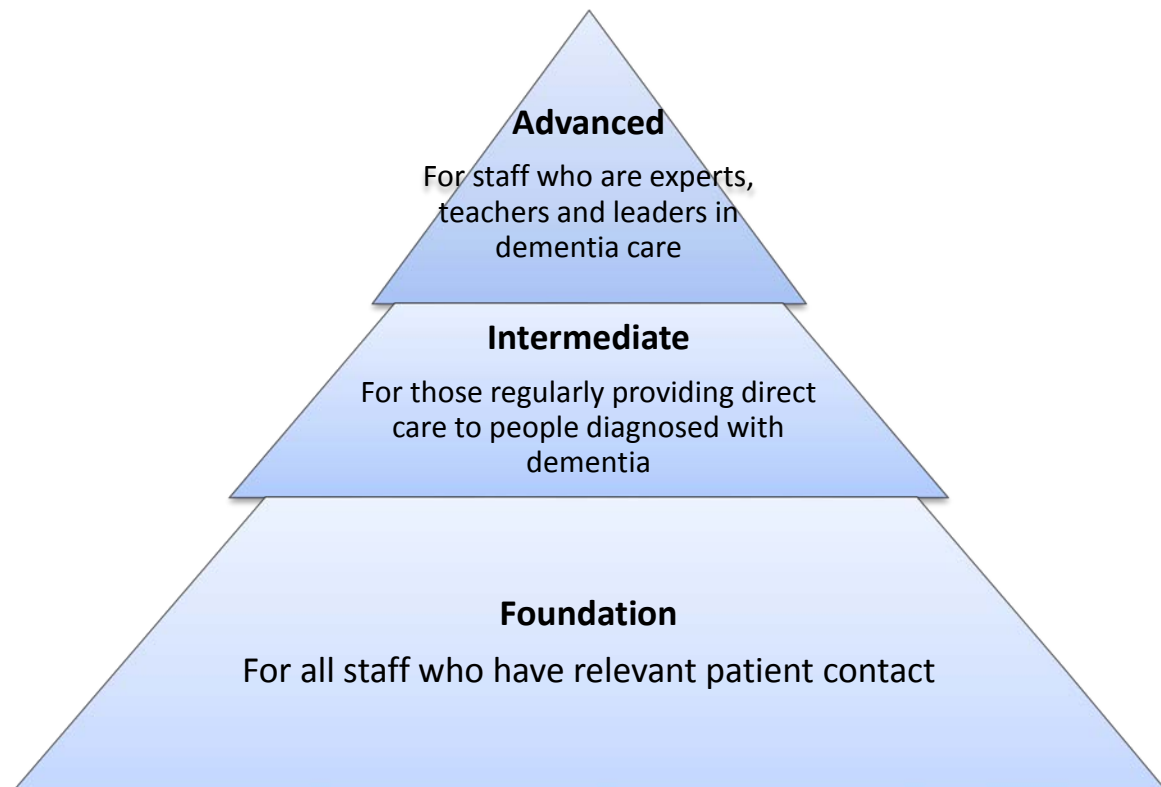
- 8.2. This includes all staff that are patient facing in the Trust who are adult and within patient groups who may develop cognitive disabilities/dementia. This will also include some support staff such as porters and housekeepers, who will also require awareness training in relation to dementia.
- 8.3. HETV identified dementia care skills as one of their core priorities within their strategic workforce plan 'Tomorrow's People Today'.

Staff Training

- 8.4. This will be undertaken in a tiered process with all appropriate patient facing Trust staff receiving tier 1 level dementia awareness training. This will be provided through an online eLearning system, and/or face to face training, which is managed in various clinical areas across the Trust. This will be for both clinical and non-clinical staff, (including contract staff). It is linked to the Trust's eLearning platform and can be audited for compliance.
- 8.5. Staff who provide face to face care for patients with dementia, i.e. those in clinical areas will be eligible for Tier 2 training, which will provide a more in-depth level of competency related to the assessment and management of patients and their carers, including communication and management of challenging behaviour. Again, this training will also be combined with online modules and face-to face training sessions.
- 8.6. The Dementia Training Strategy has a cascade approach from expert trainers providing training to those eligible for Tiers 1 and 2.
- 8.7. The details of the categories are highlighted below.
 - **Tier 3 Advanced** –Expert level for staff who are teachers and leaders in dementia care.
 - **Tier 2 Intermediate** – Those with regular contact with patients who have been diagnosed with dementia and who provide their care, as well as their carers.
 - **Tier 1 Foundation** – All patient facing staff in the Trust, including non-clinical and support staff access eLearning for a minimum of 30 minutes, or equivalent face-to-face training as awareness training.

The implementation of training across the Trust

- 8.8. Training is prioritised according to the level of contact and acuity of the patients, with staff caring for patients with dementia in In-patient areas and the emergency department being of primary importance.
- 8.9. All new clinical and appropriate non clinical and support staff receive awareness training through induction programmes such as that provided to the Care Support Worker Academy.
- 8.10. Junior medical staff receive Tier 2 training on dementia during their training programmes, including pathophysiology, clinical characteristics and treatment of dementia, cognitive impairment and delirium.

Diagram 1**Cascade process of training**

- 8.11. Senior medical staff receive Tier 2 training from expert clinicians, in groups, or 1:1, during Multi-Disciplinary Team human factors training and in other fora.
- 8.12. The Deputy Chief Nurse monitors and collates the numbers trained at all tiers for reporting quarterly to HETV by discipline/profession.
- 8.13. The use of 'Patient's stories' as a means of learning is a powerful and effective tool which provides resonance for staff of all disciplines. Additionally learning through thematic analysis of complaints provides an additional means of learning, this will become easier to implement once the complaints system has been revised early in 2015.

9. Information, Support and Environment**Provision of dementia information and support to patients and carers**

- 9.1. The Dementia Information Café was established early in 2014, situated in the Level 3 restaurant at the John Radcliffe site, within an enclosed area. Carers, and staff with family members with dementia, are the primary attendees.
- 9.2. It is supported by the Alzheimer's Society, Age UK and Oxfordshire Carers. This service primarily provides a resource for information both verbally and in leaflet form, as well as signposting to relevant means of assessment and referral routes. The communication surrounding the Café has been refreshed and a rotation of Dementia Leaders provide support and expertise for carers and staff, including signposting to relevant specialist/GP opinion. The cafe is supported by executive leads such as the Chief and Deputy Chief Nurse, and the Medical Director.
- 9.3. This will be extended to a similar facility at the Horton Hospital site during 2015.

- 9.4. The Memory Clinic is well established and capacity was expanded in 2013 to two clinics per week.
- 9.5. The Trust has a dementia intranet resource for staff, and the Trust's website for patient and carer information and signposting. This includes contact details for Dementia Leaders, training links, Memory Clinic information, psychological medicine resources, chaplaincy, voluntary services and research.
- 9.6. Dementia Volunteers have been recruited to help support the meal time service on a trial ward, particularly out of hours, as well as to support and talk with patients who have dementia; this will be rolled out to other clinical areas across the Trust. In addition to their induction training they are given information packs on managing patients who have memory loss and challenging behaviour in the latter stages of dementia. More detailed information is provided by the ward in relation to specific behaviour management and in introducing them to specific patients.
- 9.7. The Trust ensures that carers of patients with dementia are supported with advice, information and Dementia Leaders enable them to be signposted appropriately for further referral. The Trust has a Carers' policy (2013) in place which accommodates their needs in line with the Oxfordshire Carers Strategy (refreshed in 2013).
- 9.8. Feedback from carers also forms part of the Dementia CQUIN requirement for 2014/15, equating to 30% of the funding. This is included within the Patient Experience Strategy and feedback processes.

Dementia friendly environments

- 9.9. The Trust aims to improve the clinical environments with dementia specific refurbishment of the acute medicine wards, the Emergency Departments and the Emergency Assessment Units as a priority.
- 9.10. Dementia Leaders within their wards are supporting nursing staff to improve the environment through using the King's Fund assessment tool which identifies the level of dementia friendly facilities within clinical areas i.e. red bed covers for patients to identify their beds, red commodes, red plates and cups, large clocks, items of reminiscence and memory assisting nostalgia, i.e. music. This may include discreetly identifying patients with dementia in ward areas through the use of a magnetic Forget-me-not flower on ward boards.
- 9.11. The Trust is committed to improving the environment for this group of patients though additional appropriate signage, reduced noise and light stimulation especially in areas such as the Emergency Departments and suitable environmental adjustments to improve the orientation for this group of patients.

Dementia and elderly frail urgent care pathway through emergency departments and emergency assessment units

- 9.12. The Trust is reviewing the dementia/elderly frail emergency care pathway to identify routes that will be less stressful for the elderly and frail. This will allow these patients to be assessed, examined and treated in a timely manner without waiting in environments that may be over stimulating and stressful for them. This in turn will reduce agitation and the likelihood of an in-patient admission (Appendix 1).

- 9.13. Improved pathways including prioritised mental capacity assessments and AMTS at an early stage of in-patient stay, or as part of pre-assessment, enhance their personalised care and family involvement. The aim is to ensure that elements such as Advanced Directives and early psychological referral are considered.
- 9.14. The Dementia Steering Group has been leading Trust wide implementation of the OUH cognitive screening tool within the clerking proforma, to ensure that all older patients are reliably screened in a similar manner to VTE.

10. Data Collection, Evaluation and Research

- 10.1. The Trust aims to meet the CQUIN across the dementia pathway during 2014/2015. The Trust currently reports on the dementia screening CQUIN data in the Board Quality Report. The CQUIN is divided into three sections: Assessment of patients aged >75 years who are inpatients for >72 hours is 60%; a named clinician and sufficient leadership to provide training is 10%, and ensuring carers feel supported is 30%.
- 10.2. The criteria used for collecting the CQUIN data is currently being reviewed and benchmarked across the Shelford Trusts, to determine whether there is variation in the methodology, particularly around the denominators and numerators used.
- 10.3. The Trust is aiming towards a wholly paperless system of AMTS assessment, but is in transition between paper based and electronic systems. Currently, data collection is largely retrospective using the hard copy medical notes.

Research development capacity

- 10.4. The Stroke Prevention Research Unit has raised funding to create a new Wolfson Centre for Vascular Neuroscience. The Centre will have a broad research remit, and will provide for research in related specialties in collaboration with the Oxford NIHR Biomedical Research Centre including:
- Prospective study of delirium and cognitive impairment in patients with previous Transient Ischaemic Attacks (TIA) and stroke in a longitudinal OXVASC study.
 - Audit rates of dementia, cognitive impairment and delirium in consecutive patients from the Emergency Medical Unit (EMU) at Abingdon.
 - Determination of the associates of dementia and delirium after cerebrovascular events and inter-relationships with frailty, co-morbidity and falls.
- 10.5. Prediction of outcome in elderly patients of acute illness in OUHT Acute General Medicine, and the EMU, using clinical phenotyping, blood and imaging biomarkers. The new Academic Health Sciences Network (AHSN) has a dementia subtheme headed by Dr Rupert McShane which aims to facilitate innovative healthcare across the region.
- 10.6. OUHT will strive to build capacity into non-medical research linked to improved patient outcomes and experience in dementia and frail elderly care. This will be led through the Consultant/Specialist Nurse or Allied Health Professional role.

Evaluation

- 10.7. The evaluation on experience of patients and carers will be achieved through accessing carer feedback, and this aspect is incorporated into the Patient Experience Feedback tender due to complete in early 2015.

10.8. The Trust receives feedback via a number of different routes, either as face to face engagement forums, carers' forums in the community as well as electronic feedback, compliments and complaints and the Friends and Family Test.

11. The Risks

11.1. The key strategic risk for the Trust in not delivering the strategy is that suboptimal care for this vulnerable cohort of patients that will occur, and there will be less than ideal outcomes for patients, and service implications such as increased length of stay. In addition to this, other issues include:

11.2. CQUIN non-compliance in the face of increasing national and media scrutiny.

11.3. Inappropriate consent procedures and discharge planning for those lacking capacity.

11.4. Increased complaints from families, carers and the general public.

11.5. Increased pressures and reduced job satisfaction for both clinical and non-clinical staff.

12. Outcome of the Strategy

12.1. The Trust is committed to delivering on the Dementia Strategy in alignment with the national agenda. OUH is committed to the principles of the strategy aimed at providing optimal care for this particularly vulnerable group of patients and their carer's. This will be demonstrated by;

12.2. Embedding the use of the cognitive screening tool in divisional and specialty areas to achieve the CQUIN target which is currently 69% achieved against a 90% target.

12.3. Utilising the audit for CQUIN reporting to drive clinically led changes to practice.

12.4. Implementing the Dementia Pathway for patients within the Trust.

12.5. Implementing best practice dementia friendly initiatives and environmental changes required to meet the Trust's Dementia Strategy.

12.6. Ensuring a training agenda for 8,200 patient facing Trust staff through all tiers, as well as new staff and provide training through a blended approach (HEE Guidance 2014) which is 80% by March 2015.

12.7. Providing expertise and clinical leadership in evaluation and research for the strategy.

12.8. Benchmarking positively with like organisations that are improving standards for the elderly frail pathway including cognitive impairment and dementia.

13. Requirements to Succeed

13.1. The Trust has provided an initial level of dedicated resource which is a 0.5 PA of Consultant Physician/Geriatrician time, who is the Trust's Clinical Lead for Dementia and Delirium.

13.2. Benchmarking with other comparable Trusts, including the Shelford Group, has identified the key roles that are required to provide a Trust wide systematic approach to the Strategy and associated achievement of the CQUIN's. Many Trusts have established Consultant Nurse roles for Dementia and the Care of Older People, which provides robust clinical leadership. This also drives the research agenda and evaluation of the services in partnership with the lead Dementia clinician. This role is supported by a Clinical Nurse Specialist and audit support, to give Trust wide spread and ensure that strategies for Dementia are embedded in the Trust (similar to that used in the Tissue Viability model)

13.3. In these Trusts the six elements highlighted in the OUH Trust Dementia Strategy are embedded and also ensure capacity is developed through Dementia Leaders. These roles have been offset through successful achievement of the CQUIN targets.

13.4. The national dementia agenda was established in 2009, and the Trust has found it increasingly difficult to achieve the CQUIN requirements without this level of infrastructure.

14. Conclusion

14.1. The Trust is aiming to achieve its key objectives of effective and compassionate management of patients with dementia including, appropriate staff training, dementia CQUIN compliance, and enablement of early assessment and timely referral where appropriate, including communication of AMTS results to GPs.

14.2. The challenge for the Trust is the level of dedicated expertise and resources to implement this strategy. The resources required to implement the strategy will be subject to a separate business case to be considered by the Trust Management Executive.

14.3. The Dementia Steering Group will report to the Quality Committee and Trust Management Executive on the on-going implementation of the Dementia Strategy including the CQUIN targets.

15. Recommendations

The Trust Board is asked to:

15.1. Approve the Dementia Strategy for the Trust.

Catherine Stoddart, Chief Nurse

Report prepared by:

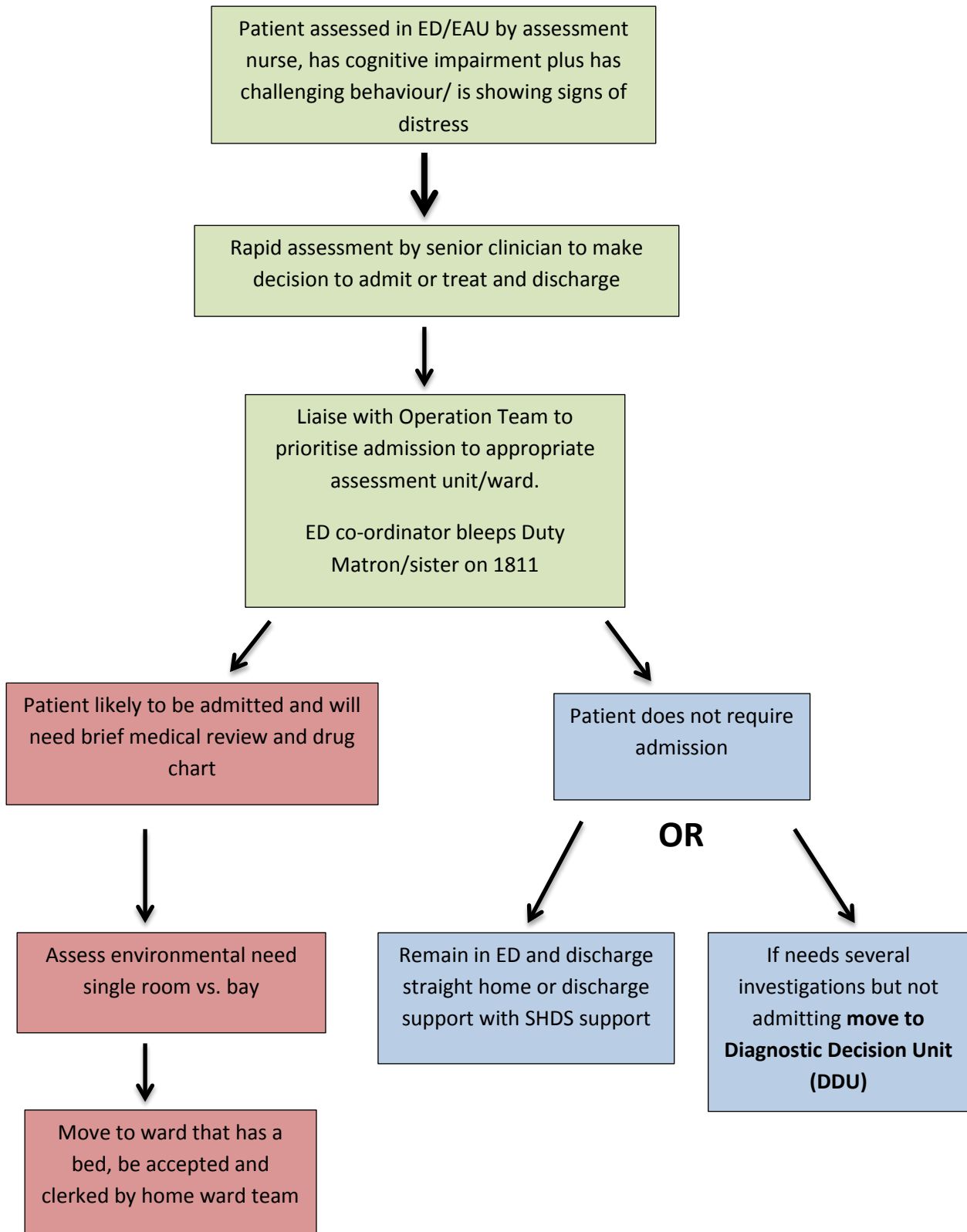
Liz Wright, Deputy Chief Nurse

Dr Sarah Pendlebury, Consultant Physician and Clinical Lead for Delirium/Dementia

Bart Sheehan, Consultant in Psychological Medicine

12 November 2014

Appendix 1 Dementia/Elderly Frail Urgent Care Pathway
Emergency Department/Emergency Assessment Unit



Refer to psychological medicine on ext. 23153 at any stage in pathway

APPENDIX 2**Achievements within OUHT services development with respect to implementing the National Dementia Strategy since 2009**

- 1.1. Dr Sarah Pendlebury has been Dementia Lead Clinician since 2009 but funded 0.5PA since 2013.
- 1.2. Cyclical service improvement project (3 cycles) to increase rates of cognitive screening in acute medicine (2010-2012). Rates of Abbreviated Mental Test (AMTS) recording increased from <20% at baseline to >85% (objectives 8,15 & 16).
- 1.3. Audit of the impact of the use of a clerking proforma on rates of cognitive screening in Oxfordshire community hospitals, 2012 (objectives 8,15 & 16).
- 1.4. Operationalisation and implementation of the National Dementia CQUIN (screening for dementia patients aged >75years admitted as an emergency) 2012. Compliance Trust-wide is currently 69% (objectives 2,3,4 & 8).
- 1.5. Design, pilot testing and introduction of the OUHT clerking proforma incorporating the OUHT cognitive screen with routine AMTS and Confusion Assessment Method for delirium (CAM) in acute medicine and gerontology, 2011 – 2012. The proforma is now also in use in Abingdon EMU. Community hospitals, orthogeriatrics/trauma, SEU and SSIP (objectives 2,8,15 &16).
- 1.6. Evaluation of the OUHT cognitive screen to determine its feasibility and reliability in acutely ill older patients, 2013 (objectives 2,8,15 &16).
- 1.7. Creation of the electronic version of the OUHT cognitive screen for use in EPR, 2012 (objectives 2,8,15 &16).
- 1.8. Determination of the rates of unplanned admissions across OUHT by specialty to establish the Dementia CQUIN denominator, 2012 (objective 8).
- 1.9. Implementation of the National Dementia CQUIN (carers' audit) 2013 (objectives 3&8).
- 1.10. Audit of the rates of cognitive impairment in Oxfordshire community hospitals, 2012 (objectives 8,15 &16).
- 1.11. External validation of the existing delirium risk scores in >500 consecutive admissions to acute medicine to inform service development and potential modifications to the OUHT cognitive screen 2010, 2012 (objectives 8.15&16).
- 1.12. Implementation of the OUHT Psychological Medicine Service with appointment of 5 Consultant Liaison Psychiatrists and support staff, 2013 (objectives 2,3,4,5,8 &13).
- 1.13. Establishment of the OUHT Dementia Steering Group to provide oversight and leadership in Dementia care in OUHT (objective 8).
- 1.14. Improvements in staff training (objectives 5,8 &13):
 - Introduction of dementia training at tier 3 level through Worcester University to create OUHT Nurse/AHP Leaders in dementia with 14 trained to date and another 14-16 planned.
 - Introduction of a dementia module into the Oxford Brookes University nurse training programme
 - Roll out of tier 1 training sessions mainly in acute general medicine (AGM) staff by the Dementia Leaders.
 - Inclusion of dementia/delirium in lectures and the exam syllabus for medical students.
 - Mandatory lectures in dementia/delirium for FY1/2 core medical trainees and registrars in medicine.
 - E-portfolio core competency in cognitive impairment for foundation and core medical trainees

- Psychological medicine staff involvement in developing training using actors to recreate real life situations.
- 1.15. Development and piloting of the 'Knowing Me' document (PAU and Level 4 wards) designed to facilitate individualised care for patients unable to communicate their needs (objective 3 & 8).
 - 1.16. Implementation of the monthly OUHT Dementia Café at the John Radcliffe site to provide information and support for carers, staff and patients, 2013(objectives 3&4).
 - 1.17. Launch of the volunteers' programme. Seven have started working on Ward 7C, and have a scope of their role, principally companionship and talking with patients and assisting suitable patients at meal times May 2014 (objectives 6&8).
 - 1.18. Audit of rates of coding for delirium in AGM, 2012 (objective 8, 15 & 16).
 - 1.19. Audit of memory clinic patients to determine case-mix, documentation of dementia diagnosis in hospital and rates of Memantine prescription (objectives 2 & 8).
 - 1.20. OUHT participation in the National Audit of Dementia, 2010, 2012 with completed action plans (objective 8).
 - 1.21. Fulfilment of audit and quality standard reports on dementia required by commissioners e.g. TA 217,CG 120, Quality Standard 1, CG 41, schedule 3, part4 (objective 8).
 - 1.22. Development of dementia plans for a dementia friendly environment through dementia-specific refurbishment of AGM wards, funding to be confirmed, 2014 (objectives 5&8).
 - 1.23. Expansion of the OUHT Memory Clinic capacity, to two clinics per week, 2013 (objective 2)

APPENDIX 3

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