Sharing Practice to Improve Care for People with Dementia – National Audit of Dementia (NAD)

At the end of the third round of the National Audit of Dementia (NAD), we asked hospitals to submit action plans. Services used their local reports to identify the areas where improvements were needed. The NAD team held 7 regional Quality Improvement workshops aimed at helping hospitals to begin to use Quality Improvement methods to drive changes specific to their needs. Over 100 hospitals shared their plans with us, containing over 2000 actions focussed on improving the care and support provided to people with dementia.

This bulletin contains case studies demonstrating the work that hospitals are carrying out across the themes in the National Audit. We hope that you will find them helpful and stimulating in your work.
In this newsletter...

We have separated the case studies thematically based on the audit themes and key findings from the audit.

**Case studies based on the Key Findings from the audit p.2**

- Diagnosing and Managing Delirium on Inpatient Surgical Wards p.3
- Understanding the Patient Passport Pathway using Quality Improvement Models p.5
- Hydration Innovation Project p.7
- Mental Capacity Assessment Sticker - Pilot Testing in Practice p.8
- Improved Documentation and Decision Making Around Covert Medication p.9

**Case studies based on the Audit Themes p.11**

- Wolverhampton Trust Launch ‘OUCH’ Campaign p.12
- Areas for Improvement in Carer Experience p.13
- Trust-wide Nutritional Screening Audit p.14
- SAFER Bundle Initiative p.14
- Reminiscence Room p.17
- Royal Voluntary Service for Patients with Dementia p.18
- Butterfly Memory Trolley p.19
Key Findings

Round three of the National Report contained five key (priority) findings. These are the areas which NAD recommended hospitals should focus on as areas of immediate priority. The graph below shows the number of hospitals which identified one or more actions for each key finding.

**Number of hospitals which identified actions from key findings**

- **Delirium screen and recording**: 92
- **Personal information accessibility**: 89
- **Catering services which meet nutritional needs**: 76
- **Dementia champions and access to support out of hours**: 92
- **People with dementia and decision making**: 77
In round 3 we reported that less than half of the casenotes of people with dementia noted an assessment of delirium during admission. We received 250 individual actions which focused on delirium. These included documentation in patient notes and discharge summaries, and improving processes for screening.

**Diagnosing and Managing Delirium on Inpatient Surgical Wards**

**Homerton University Hospital**

Homerton University Hospital developed a Quality Improvement Plan to address a lack of Trust guidance in the diagnosis and management of delirium and to improve staff confidence in diagnosis.

A multidisciplinary dedicated group undertook the Plan and wrote evidence-based guidelines, devised flowcharts and established use of the screening and assessment tools SQiD (Single Question in Delirium) and 4AT. The group introduced a structured care plan called PINCH ME (Pain, Infection, Nutrition, Constipation, Hydration/ Hypoxia, Medication, Environment). They also introduced information leaflets for family and friends of patients. Education sessions for all MDT staff covering delirium screening and management were delivered in formal training sessions and through ward-based teaching.

The project was launched over a one-week period in two mixed acute surgical wards in which delirium was considered a significant problem. All staff from the two wards were invited to attend.

(Continued on p.5)
THINK DELIRIUM

Does your patient seem confused?

1) Complete 4AT screen – found on Adhoc

2) Tell a doctor/Ortho CNS/nurse in charge

3) Assess:

- **Pain** – 2-4 hourly assessment, can use Abbey pain scale
- **Infection** – Check obs/bloods, look for signs of infection
- **Nutrition** – MUST/Food charts
- **Constipation** – bowel chart
- **Hypoxia/Hydration** – Monitor SpO2, strict fluid balance
- **Medication** – Ask doctors to review
- **Environment** – 24h clock, Reorientate the patient hourly, Use familiar objects such as blankets, pictures. Patients with dementia – use Forget me not, This is Me, Carers passport.

4) Act – advocate for appropriate interventions

5) Reassess – recheck 4AT after 24 hours.
The Trust have also used a repeat survey of staff to assess training and awareness. They found that:

- Doctors indicated more confidence in diagnosing and explaining delirium
- All doctors felt delirium was a significant problem post-operatively (an increase from 70% pre-intervention) and knew where to find guidance
- Most doctors felt patients should be informed about their risk of delirium prior to having an operation (previously this was a minority)
- Nurses showed increased awareness of implementation of SQiD and improved confidence in using 4AT

The results were presented to the surgical and orthopaedic department meetings which are attended by all health professionals.

Future plans include:
1. Post-intervention audit to evaluate improvements in diagnosis and care of patients with delirium
2. Guidelines, resources and campaign planned for Trust-wide use
3. Delirium Card attached to lanyards with information about delirium for quick reference and to start a MDT delirium ward round
4. Ongoing education

In the longer term, the hospital aims to ensure all elderly patients with fractured neck of femur are told about their risk of delirium as part of the information and consent procedure before having an operation. If this scheme is considered successful, then all other surgical patients at risk of post-operative delirium will receive the same advice.

For more information, please contact: Emma Higgins emma.higgins7@nhs.net

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**Personal Information Accessibility**

The round 3 report recommended that personal information gathered to support better care must be more accessible. 183 actions received were about gathering personal information and auditing the collection of this information.

**Understanding the Patient Passport Pathway using Quality Improvement Models**

*Southport And Ormskirk Hospital NHS Trust*

Southport and Ormskirk Trust used Quality Improvement methods suggested at the NAD regional workshops to identify barriers in the collection of personal information. A [PDSA cycle](#) model on the orthopaedic ward aims to increase the percentage of patients with dementia who have a patient passport by 30%.

Baseline information measured the number of patients on the ward who had a patient passport. A staff survey tested awareness of the patient passport and asked staff: “what are the top 3 reasons you think people do not use the patient passport?” The survey will be repeated at several points to measure change. *(Continued on the next page)*
The Pareto Principle suggests for many phenomena 80% of the consequences stem from 20% of the causes. Based on this, the Trust identified areas to focus on to increase use of patient passports. The cumulative percent in the graph above shows the top reasons staff gave for low use of patient passports:

1. They forget
2. Time (not enough)
3. They didn’t know about the patient passports
4. Unable to contact relatives to complete
5. Not sure what it is for

Improvement initiatives included:

- Posters on the back of toilet doors to raise awareness and patient passports placed in more accessible areas such as in leaflet stands. Results from PDSA Cycle 2 have suggested that this has contributed to an increase in use of patient passports.

- Staff at the trust encourage carers, family members and nursing home staff to fill out patient passports. They are currently looking into how they can work on this further.

- The existing patient passport was a comprehensive 5-page patient passport which may be too long and staff may not have enough time to complete it. The Trust has been looking at ways of condensing it.

For more information, please contact Janette Mills janette.mills1@nhs.net
Catering services which meet nutritional needs

Round three recommended that catering services in hospitals should be able to provide for the needs of people with dementia. This includes providing snacks 24/7, finger food alternatives to meals, protected meal times, and allowing carers to be present for meal times. Here is one example of the 161 actions we received which focused on improving catering services.

Cwm Taf’s Hydration Innovation Project

Cwm Taf University Health Board

We spoke to Becky Thomas, Senior Nurse and Chair of the Cwm Taf Health Board Dementia Improvement Group, who gave us an update on the different aspects of their initiative to increase intake of food and fluid for people with dementia. Cwm Taf had already implemented the ‘Drink A Drop’ campaign, which encourages staff to ask patients at risk of dehydration to take a drink.

Becky Thomas has been accepted as a ‘Bevan Innovation Exemplar’ by the Bevan Commission for “Enhancing the Environment of Care”. As part of this project, Becky will be assessing the use of DropLet – a hydration aid for people with dementia.

The DropLet is a dementia friendly mug and tumbler with a sensor which tracks how frequently the user takes a drink. The user can then be reminded (at set intervals) to take a drink via a light or through voice messages which can be pre-recorded using family or carer’s messages.

Cwm Taf will be the first University Health Board to use the device in Wales.

The project, funded by the Health Board’s Innovation Fund, will begin in May across 4 acute wards and 1 care home. The wards were selected based on their varying hydration needs. The project will assess:

1. Do people drink more with the smart mug?
2. What does this mean for health outcomes such as UTIs and confusion?

Previous trials have been promising. For example, Musgrove Park Hospital have carried out a trial of the Droplet and found that participants drank 40% more liquid than those who did not use Droplet. An increase of water intake can help to eliminate the side effects of dehydration such as constipation, falls, urinary tract infections, pressure ulcers, incontinence, and confusion (droplet-hydration.com).

For more information, please contact: Becky Thomas at rebecca.l.thomas@wales.nhs.uk
People with Dementia and Decision Making

Round 3 recommended better involvement of the person with dementia in decision making. Hospitals shared 127 actions on how they would ensure staff are informed of the need for patient involvement in discussions of care wherever possible.

Mental Capacity Assessment Sticker - Pilot testing in practice

_Gloucestershire Hospital NHS Foundation Trust_

Staff at Gloucestershire Hospital NHS Foundation Trust have developed and tested a ‘Mental Capacity Assessment Sticker’ in order to strengthen the application and practice of the Mental Capacity Act (MCA) and specifically, the documentation of capacity assessment.

The prototype was pilot tested on one ward and the feedback from medical staff was positive. The Trust made further revisions to the sticker and are preparing to pilot this on adult wards.

As part of the pilot, ward based refresher sessions are to be delivered by the Senior Sister from the Trust Safeguarding Adult Advisory Team on capacity assessment and the principles of the MCA. There will also be weekly team visits, case reviews, and feedback on use in practice from clinicians. All clinical staff within the pilot testing wards and teams have been asked to revisit the Trust’s bespoke MCA and Deprivation of Liberty Safeguards Mandatory eLearning training.

The pilot began at the end of April, patient notes were reviewed on a weekly basis and feedback was gathered from clinical staff regarding the use of the revised sticker.

The Trust Safeguarding Adult Advisory Team are preparing a guide to accompany the sticker and pocket prompt card. The Team is available for staff to consult by mobile phone or bleep alongside MCA Organisational Leads.

Staff hope that the use of the sticker will further support documentation of assessments and conversations with patients or with their carers/families regarding cardiopulmonary resuscitation decisions.

For more information, please contact: Lynne McEwan lynne.mcewan2@nhs.net

_Gloucestershire Hospitals NHS Foundation Trust Mental Capacity Sticker_
**Improved documentation and decision making around covert medication**

*Southampton General Hospital*  

Staff at Southampton General Hospital (SGH) have developed a covert medication plan which has been introduced on a pilot basis on a Medicine for Older People ward at the hospital.

The care plan will apply to patients with and without dementia who lack capacity to consent to medication.

In April 2017, a junior doctor audited the use of rapid tranquilisation and sedative psychotropics on Medicine for Older People wards. This showed 40% of patients admitted to the Medicine for Older People wards in a 48-hour period had a diagnosis of known dementia. Of those with dementia 21% had a prescription of either a benzodiazepine or an antipsychotic, and 10% had the drug(s) administered.

The staff looked at developing a medication care plan for giving oral medications covertly at an earlier stage (e.g. oral memantine or benzodiazepine) to avoid severe agitation and distress requiring rapid tranquilisation. Tranquilisation is often by an intramuscular route and may lead to pain, need a degree of restraint, and be more restrictive than covert oral medication.

Along with the safeguarding, pharmacy, nursing, psychiatry, medical teams, and the clinical law department, SGH staff created a covert care plan which would meet the legal and clinical requirements.

The plan is only used where there is universal agreement between next of kin (or lasting power of attorney), senior nurse, consultant and pharmacist that it is in the best holistic interests of the patient.

All patients have separate standardised capacity assessment for covert medication, are under a Deprivation of Liberty Safeguarding framework, and have a weekly consultant review.

SGH piloted an earlier version of the care plan on the *Enhanced Dementia Care Ward* and it was found to be helpful in achieving a standardised way of documenting these decisions which would be CQC compliant.

For further information, please contact: Dr Vicki Osman-Hicks victoria.osman-hicks@uhs.nhs.uk

*This update was provided by Dr Victoria Osman-Hicks (OPMH Consultant), Dr Tom McWhirter (FY Doctor), Lucy Ward (Enhanced Dementia Care Ward Leader), Kate McEvoy (Matron), Jessica Parker (MOP Lead Pharmacist) and Steve Hicks (Matron).*

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**Dementia Champions & Access to Support Out of Hours**

The fifth key message from NAD R3 was on improving access to specialist support relating to dementia, especially out of hours. We received 200 actions focusing on providing Dementia Champion training to develop expertise from ward to board level and improving the availability of dementia specialist staff out of hours.
Covert Administration Medication Record Form

<table>
<thead>
<tr>
<th>Medication Prescribed</th>
<th>To be given Covertly Yes / No</th>
<th>How will the medication be given?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mental Capacity assessment completed? YES/NO (if no, covert meds should not be administered, if yes a formal best interest decision to administer covert medication must be documented)

ALL PATIENTS ON A COVERT CARE PLAN MUST HAVE AN IN DATE DOLS AUTHORIZATION.

Confirn on DOLS YES / NO

Best Interest Decision was completed on / /

Covertly administering medication is deemed least restrictive? YES / NO (evidence should be recorded in medical notes / care plan)

The above patient requires their medication to be administered covertly for the following reasons:

<table>
<thead>
<tr>
<th>Medication Prescribed</th>
<th>To be given Covertly Yes / No</th>
<th>How will the medication be given?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An assessment by a Consultant has been performed to:
- confirm service user lacks capacity to consent
- confirm the continued need for the above treatment following a medication review
- confirm that covert administration is essential

Signed by Consultant:____________________________________________________________________________________
Signature: ____________________________________________
Name: ________________________________________________
Designation: __________________________________________
Date: ________________________________________________

Name of pharmacist consulted in agreement:
Pharmacist in agreement with this decision? YES / NO

Any Comments:
Pharmacist Signature: __________________________________ Date: __________________

Name of Key Nurse (Band 5+) consulted in agreement:
Key Nurse in agreement with this decision? YES / NO

Any Comments:
Key Nurse Signature: __________________________________ Date: __________________

Full Name of NOK/POSA for Health and Welfare/IMCA consulted:
Contact Details:
Is the NOK in agreement with this decision? YES / NO

Any comments:
NOK/POSA signature: __________________________________ Date: __________________

If all key individuals are in agreement of the Covert Medication Plan it is to commence on / /

If disagreement the Covert Medication Plan is to be disregarded an Application for Court of Protection considered by Consultant. Advice can be sought from the safeguarding team or department of clinical law.

To conform to the Royal College of Psychiatrist guidelines a review of this is to happen weekly:

<table>
<thead>
<tr>
<th>Date Reviewed</th>
<th>Changes to Covert Plan</th>
<th>Consultant Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Any changes to the Covert Medication Plan will require a new form to be completed.

Southampton General Covert Administration Record Form
Audit Themes

Round three of the National Audit of Dementia identified six key audit themes. We asked hospitals to consider actions for each at these themes. The graph below shows the number of hospitals which identified one or more actions for each theme.

**Number of hospitals which identified each of the key audit themes as an action**

- **Assessment**: 67
- **Information and Communication**: 72
- **Staffing and Training**: 83
- **Nutrition**: 68
- **Discharge**: 72
- **Governance**: 81
A total of 135 actions were received within the theme of assessment. These addressed improving compliance with cognitive screening tools and ensuring proper recording and administration of MDT assessments. We spoke with Julie Willoughby at New Cross Hospital about how the hospital was improving pain assessments for people with dementia.

Wolverhampton Trust Launch ‘OUCH’ campaign

New Cross Hospital, The Royal Wolverhampton NHS

During Dementia Awareness Week in 2017, Wolverhampton Trust found an increasing number of staff were seeking support and expressing an interest in improving dementia care delivery. The Royal Wolverhampton Trust have decided to use the event as a forum to raise awareness about improving routine standardised pain assessment for patients with dementia.

The Trust currently promotes pain management through the Dementia Outreach Services and it has featured in Level 2 Dementia Awareness Training for several years. This year’s event will build on current practice by launching their ‘OUCH!’ campaign. This will encourage staff to Observe for behaviour change; Understand that this behaviour change should not just be attributed to the dementia but may be a sign of unrecognised pain; Communicate with the patient and the multidisciplinary team to find the cause; and Help the patient by assessing and treating their pain appropriately.

The campaign will be publicised via posters, flyers, pocket guides for staff, and information stands. There will be a Trust-wide ‘Pain in Dementia’ quiz during Dementia Action Week, and the Communications Department will help by providing daily information through the Trust’s social media. The initiative will be supplemented using free information packs, posters, and DVDs provided by NAPP Pharmaceuticals, who offer online training on pain management in people with dementia and provide guidance and resources for healthcare professionals and carers.

Following this, the Trust plans to develop guidance on dementia friendly prescribing as part of year four of their Dementia Strategy. This will be overseen by a small working group consisting of medics, pharmacists and non-medical prescribers. Pain management will form a part of this guidance, as well as antipsychotic prescription and the use of memory enhancing medications.

Observe
Understand
Communicate
Help

For more information, please contact: Julie Willoughby j.willoughby@nhs.net
Information and Communication

190 actions from hospitals concentrated on communication and information sharing among staff, carers, and people with dementia. This included access to guidance and resources, personal information and carer engagement to improve how hospitals share and receive information.

Areas for Improvement in Carer Experience
Ipswich Hospital

Good communication between staff and carers is fundamental to patients receiving the best care. We spoke to Ipswich Hospital about how they were using feedback mechanisms to monitor carer experience.

When a patient with dementia is admitted, their carer is provided with a pack containing a written feedback form and details of the services provided by the hospital, such as the Carer Cabin. The Carer Cabin is located on the hospital grounds and provides a private space where carers can talk to Matrons within the hospital regarding the care of their family member. It also has a kitchenette with tea, coffee and biscuits supplied by the Co-op Cuppa initiative, and a central seating area where carers can take a break and have a chat with volunteers from Suffolk Family Carers.

During summer time, there is also an outside area with tables and chairs where tea parties take place. On certain days of the month, representatives from the Alzheimer’s Society visit the Carer Cabin providing further information and support.

In addition to a biannual carer survey on the quality of care for people with dementia, the hospital has now included monthly carer telephone feedback which take place post discharge. In the future, the calls will incorporate themes which emerged from carer comments in NAD National Report (shown below). The hospital hopes that by aligning their telephone survey with carer themes, they will be able to investigate areas for improvement in the carer experience.

<table>
<thead>
<tr>
<th>NAD Carer Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
</tr>
<tr>
<td>Perceptions of Staff</td>
</tr>
<tr>
<td>Communication</td>
</tr>
<tr>
<td>Staffing Levels</td>
</tr>
<tr>
<td>Care Transfer</td>
</tr>
<tr>
<td>Support for Carer</td>
</tr>
<tr>
<td>Environment</td>
</tr>
<tr>
<td>Adverse Incidents</td>
</tr>
</tbody>
</table>

An electronic system randomly selects a minimum of 10 patients discharged within the last month who have a family carer and live at home. These carers are contacted by the Dementia Coordinator and asked if they would like to give feedback on their experience with the hospital. Carers are asked a series of questions relating to care themes (e.g. ‘do you feel confident leaving your relative in our care?’) and are asked for their opinions on the care provided by the hospital.

Anonymised feedback is reported within Patient & Carer Experience reports that are provided to the Patient & Carer Experience Group (PCEG). The PCEG brings together hospital staff and patient representatives bi-monthly to discuss feedback and issues. The PCEG then reports to the Quality Committee, a sub-committee of the executive board, on issues which need to be acted on.

For more information, please contact: Julie Sadler, julie.sadler@ipswichhospital.nhs.uk

“Sitting at a table for meal times for dementia patients is great.” – Family Carer
**Nutrition**

Nutrition was a new theme for round three of the audit and was featured in 133 actions. In addition to making changes to catering services to accommodate the needs of patients with dementia, hospitals planned to increase awareness and communication of nutrition needs.

**Trust-wide Nutritional Screening Audit**
*Warrington and Halton Trust*

Warrington and Halton Trust are creating a rolling 3-month audit programme for all wards in the Trust. Matrons and Lead Nurses on each adult ward in the Trust will carry out the audit which will cover Malnutrition Universal Screening Tool score, measures of fluid balance, food charts, Care and Comfort Rounds (helping patients with toileting needs and turning in bed) and care plans.

One out of these aspects is audited weekly by the Matron and Lead Nurse as part of the programme. Every adult ward within the Trust (a total of 350 beds) will be audited to ensure they meet the expected standards with regards to nutrition and MUST score.

In addition to this, twice a year each team carries out their own audit for all aspects of nutrition. All adult ward managers are required to take part in the audit and meet ward accreditation standards. All lead nurses regularly attend a nutritional steering group.

The Trust has also introduced a new snack box which includes finger foods such as small triangle sandwiches, savoury snacks and fruit on the dementia ward.

This is proving to be a great success as people with dementia who normally struggle to eat a set meal have been able to eat from the snack box.

The Trust expects to have results of its rolling audit by round 4 of the National Audit of Dementia.

For more information, please contact: Deborah Hatton [deborah.hatton@nhs.net](mailto:deborah.hatton@nhs.net)

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**Discharge**

164 Discharge actions were received and they looked at improving discharge planning through discharge co-ordination, assessments before discharge and MDT input.

**SAFER Bundle Initiative**
*Airedale Trust*

Airedale Trust are adopting NHS Improvement SAFER Patient Flow Bundle to facilitate safe and effective discharge.

Case studies from other Trusts which have implemented the SAFER patient flow bundle can be found on the [NHS Improvement](https://www.hsrc.nhs.uk) and [The Academy of Fabulous Stuff](http://www.theacademyoffabulousstuff.com) website. Outcomes have included reductions in average length of stay and increased average number of patients discharged per day.

SAFER is a national tool used to reduce discharge delays on adult inpatient wards using 5 elements of best practice: *(continued on the next page)*
The Safer Patient Flow Bundle

<table>
<thead>
<tr>
<th><strong>Senior Review</strong></th>
<th>All patients will have a senior review before midday by a clinician able to make management and discharge decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Patients</strong></td>
<td>will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.</td>
</tr>
<tr>
<td><strong>Flow</strong></td>
<td>of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am</td>
</tr>
<tr>
<td><strong>Early Discharge</strong></td>
<td>33% of patients will be discharged from base inpatient wards before midday.</td>
</tr>
<tr>
<td><strong>Review</strong></td>
<td>A systematic multi-disciplinary team review of patients with extended lengths of stay (&gt;7 days – ‘stranded patients’) with a clear ‘home first’ mindset.</td>
</tr>
</tbody>
</table>

Airedale are embedding principles of SAFER on every ward to facilitate the discharge process, focusing on ‘Senior Review’, ‘Early Discharge’ and ‘Flow’. Actions include:

- Identifying a ‘golden patient’ who can be discharged by 10am the following day. This frees capacity, allowing a flow from Acute Medical Unit.

- Using ‘red’ and ‘green’ days improvement methodology to identify patients with a length of stay 10 days + whose days in hospital have added value in relation to effective discharge (green days) or where progress has been delayed (red days).

- Introducing board rounds as part of a senior review. A range of staff including consultants, pharmacy, discharge, and nursing staff meet for 15 minutes to discuss discharge planning.

In addition to the Safer Patient Flow Bundle, Discharge co-ordinators and a Multi-Agency Integrated Discharge team work together to ensure people with dementia are fully informed about the discharge process.

The ‘Ward Directory’ will include written discharge information that patients and carers can refer to. This will promote involvement in the discharge process.

For more information, please contact Lynsey Nicholson lynsey.nicholson@anhst.nhs.uk
Do you know about SAFER patient flow?

Airedale Trust Safer Bundle Poster
Governance was a popular theme in this year’s action plans, with 241 submissions addressing people, plans and procedures in place to support care for people with dementia. Topics ranged from involvement of the executive board to social environment.

**Reminiscence Room**  
**New Cross Hospital, the Royal Wolverhampton NHS Trust**

In December 2017, the Royal Wolverhampton NHS Trust launched a ‘Reminiscence Room’ at New Cross Hospital with a grand opening event hosted by the Trust Charity.

The room provides a familiar and therapeutic environment where hospital patients, including those living with dementia, and their carers can spend time together reliving happy memories and accomplishments, to aid rehabilitation.

The room hosts a varied weekly programme of events and activities facilitated by staff and volunteers. The room was officially opened by the Deputy Mayor of Wolverhampton and RWT CEO, David Loughton CBE. Guests included representatives of the organisations whose generous donations made it all possible.

This unique and valuable facility has already generated a great response from those who have made use of it:

“Being in this room makes me feel free!”

“Very enjoyable... this room is worth it... it takes your mind off why you are in hospital”

“This room is brilliant... a great way of making you feel that you can try to forget you’re ill”

Staff members have commented on the increased social interaction, improved diet and fluid intake and greater ability to provide person-centred care.

For more information, please contact: Julie Willoughby j.willoughby@nhs.net
Royal Voluntary Service for Patients with Dementia  
*University Hospitals of Morecambe Bay Trust*

We spoke to Morecambe Bay Trust about the work they do with the Royal Voluntary Service (RVS) to improve the care and experience of patients with dementia.

The RVS Dementia Reminiscence Programme was established in 2013. It has two part-time service managers on each of the sites at Lancaster and Burrow who support volunteers in providing company, reassurance, and fun activities for patients.

Over the 6-month period of July 2017 to December 2017 volunteers gave 792 hours.

The volunteers also carry out group activities with dementia patients in a Forget Me Not activity room at the Trust’s site in Barrow, in RVS cafes, and on the wards. This includes singing, karaoke, arts and crafts, knitting blankets and twiddle muffs. There are also interactive games using My-Life software which includes vintage TV programmes and radio shows plus themed photos.

Patients also enjoy chair-based exercises, an initiative by Karen Rose of the RVS. This is a music based group activity and encourages patients to use their muscles and keep active to improve their strength.

It also provides an opportunity to socialise with fellow patients and their families. The trust hopes to extend group activities to community settings for patients to attend once discharged.

Additionally, singer Bexi Owen donates a monthly visit to sing for patients, while the ward staff serve afternoon tea for the patients and relatives.
Each trolley, available on most wards has a mixture of items for individual and group activities. The products have been carefully selected for their therapeutic benefit. They range from games, quizzes, conversation prompts, tactile products, arts/drawing and cognitive activities.

Nursing staff, healthcare support staff, therapists etc. can use the trolleys during one to one sessions with individual patients or with groups.

Volunteers and family members are also encouraged to make use of the trolleys. Airedale hope to add more products to the trolleys as and when the funds are available.

Airedale plans to look at introducing activity volunteers for some of the wards to lead creative sessions with our patients.

For more information, please contact: Lynsey Nicholson lynsey.nicholson@anhst.nhs.uk

Butterfly Memory Trolleys
Airedale Trust

The Friends of Airedale charity agreed to fund a range of products in portable trolleys for the wards at Airedale Trust to support therapeutic and social engagement for patients living with dementia.

“We created these based on the wealth of evidence that using reminiscence and tactile products can promote better engagement and social interaction with patients, stimulating conversation and providing people with things to do in hospital.” – Airedale Trust

Each trolley, available on most wards has a mixture of items for individual and group activities. The products have been carefully selected for their therapeutic benefit. They range from games, quizzes, conversation prompts, tactile products, arts/drawing and cognitive activities.

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For more information, please contact: Lynsey Nicholson lynsey.nicholson@anhst.nhs.uk

Staffing and Training

Several hospitals sent plans on improving staffing and training. These were featured in 228 actions. Hospitals had similar priorities in this theme which aimed to increase the number of staff who receive dementia training and offer alternative modes of delivery for training.
BUTTERFLY MEMORY TROLLEYS

Butterfly Trolleys are available on most wards at the hospital. They are filled with lots of products, carefully selected for their therapeutic and social benefits for patients living with dementia.

You are welcome to use the products in the trolleys with your loved one when you visit. We ask that you wipe clean any product after you’ve used it.

Speak to a member of staff for more information. There are 'Butterfly Champions' on each ward, supporting patients with dementia and their families or carers.

For more information please contact Em Snowdon
em.snowdon@anhst.nhs.uk or 01535 292113
Acknowledgements:

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NAD Team:

Chloë Hood, Programme Manager  
chloe.hood@rcpsych.ac.uk

Chloë Snowdon, Deputy Programme Manager  
chloe.snowdon@rcpsych.ac.uk

Samantha Ofili, Project Worker  
samantha.ofili@rcpsych.ac.uk

Lori Bourke, Project Worker  
lori.bourke@rcpsych.ac.uk