

Dementia Friendly Hospital Charter

George Rook

&

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Dementia Clinical Specialist



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Dementia Team



The National Screening Programme for all unscheduled admissions aged 75 and over (90% target monthly). Support for all staff, patients and carers in every area

The team consists of 1WTE band 7 and 2WTE band 3

Dementia-Friendly Hospital Charter

As a signatory of the National Dementia Action Alliance’s “Dementia-Friendly Hospital Charter” this hospital has made a commitment to people with dementia, their families and friends, in respect of what to expect during a stay in hospital. For people with dementia, their families and friends this hospital will:



Dementia-Friendly Hospital Charter

- Ensure our staff and volunteers understand and are skilled in dementia care
- Actively involve patients, families and friends as essential partners in providing care and planning discharge from hospital
- Provide families and friends with flexible visiting times, including overnight stays where possible
- Respect patients' rights to make decisions themselves or decisions made on their behalf by families and friends (where patients lack "capacity to do so")
- Provide assistance to patients with eating and drinking
- Use information that patients, families and friends have provided to us – making it visible and available to our staff - to help us know what is important for our patients' care
- Understand patients may have difficulty in expressing their needs, and assess and investigate any evidence of distress
- Provide access to dementia specialists to whom patients, families and friends can talk and provide feedback
- Minimise the times patients are moved during their stay in hospital
- Seek to ensure that the surroundings of where patients stay are as friendly, comforting and accessible as possible
- Support discussions about patients' personal preferences on future care, resuscitation needs and end-of-life care, where appropriate

Key areas

- **Moves during inpatient stay** Share good practice with colleagues (walsall)
- **Training** – tier 1,2,3
- **Dementia Team Capacity** (Availability ,look at other models)



The National Screening Programme for all unscheduled admissions aged 75 and over (90% target monthly). Support for all staff, patients and carers in every area

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Key areas



“This is me” Patient Passport that people with Dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables Health and Social Care professionals to see the person as an individual and deliver person-centered care that is tailored specifically to the person’s needs.

John’s Campaign – trust wide agreement on visiting, wider partnership work with carers



Key areas

Delirium



Pain assessment...inc vitalpack

Do you know how to recognise pain in someone with dementia?

NHS
The Shrewsbury and
Telford Hospital
with Travel

PAIN IN THE MOUTH

- DRAGS
- IN THE
- DRAGS
- DRAGS
- DRAGS
- DRAGS

AVOID VIBRATING

- DRAGS
- DRAGS
- DRAGS
- DRAGS
- DRAGS

IMPASSIBLE EXPRESSION

- DRAGS
- DRAGS
- DRAGS
- DRAGS
- DRAGS

NOTICE BODY LANGUAGE

- DRAGS
- DRAGS
- DRAGS
- DRAGS
- DRAGS

COMMUNICATION

- DRAGS
- DRAGS
- DRAGS
- DRAGS
- DRAGS

ADVICE PLEASE CONTACT:
Clinical Nurse Specialist Acute Pain -
Nerys Cox / Jeanette Barnes
RSH – Bleep 569 Ext 2627
PRH – Bleep 038 Ext 4580
Or
Dementia Support Workers Bleep -
RSH 3571 or Bleep 592 / PRH 4679 or Bleep 591
Karen Breese - Dementia Clinical Specialist Nurse
RSH 3608 / PRH 4679

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Together We Achieve

Cover page	
Meeting	Trust Board
Paper Title	Dementia Strategy and Dementia Friendly Hospital Charter Action Plan 2019 - 2021
Date of meeting	3 October 2019
Date paper was written	August 2019
Responsible Director	Barbara Beal: Interim Director of Nursing, Midwifery and Quality
Author	Karen Breese, Dementia clinical specialist
Executive Summary	
<p>There are around 70,000 people living in Shropshire over the age of 65 and around 3,000 of them are diagnosed with dementia. Considering this only represents around 70% of the expected prevalence within this age group, there are likely to be around 1,300 people over the age of 65 living with dementia in the county without a diagnosis.</p> <p>Our emergency-admission statistics for the over 65's, suggest that people with dementia were admitted to the acute hospital three times more than people without the condition, the most common cause of which was urinary tract infection.</p> <p>Numbers of people admitted to SaTH who are living with dementia 2015/16: 1064 2016/17: 1579 2017/18: 3541 2018/19: 4101</p> <p>Although not all experiences are poor, findings within the Healthwatch Shropshire/Telford and our own feedback from our dementia survey report suggest that more needs to be done in terms of improving the experience of people with dementia being admitted to our hospital to enable a more efficient, less distressing experience for the person admitted.</p> <p>The strategy has been written with people living with Dementia and carers in line with our sign up to the Dementia Action Alliance to improve dementia care in acute hospitals</p> <p>The Board are invited to read and support the strategy.</p>	
Previously considered by	Dementia steering Group

The Board is asked to:			
<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led
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Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND kindest Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	<p><i>Are any Board Assurance Framework risks relevant to the paper?</i></p>

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	<p><i>Is there a financial impact associated with the paper?</i></p>

Main Paper

Situation

In Shropshire a large proportion of the population is elderly, which is significant given that old-age is the biggest factor in developing dementia (The Alzheimer's Society, 2016). Presently there are around 70,000 people living in Shropshire over the age of 65 and around 3,000 of them are diagnosed with dementia. Considering this only represents around 70% of the expected prevalence within this age group, there are likely to be around 1,300 people over the age of 65 living with dementia in the county without a diagnosis.

However, it is not just older people who can have dementia; younger people can have it too. Although there are around 80 people under the age of 65 diagnosed with dementia in Shropshire, recent work completed by the Alzheimer's society suggests prevalence rates of over 240. This means that there may be as many as 175 people under the age of 65 who are living with dementia without a diagnosis, and without any support to help them live better with the condition.

6.2 What the future will be like for Shropshire.

It is estimated that by 2031 South Shropshire will be among the top three most elderly populations across England and Wales with around 45% of the population over the age of 65 (Rutherford, 2012). Locally provided Public Health data estimates that by 2032 there will be 96,500 people over the age of 65 living in Shropshire. If current prevalence estimates are applied to this figure, by 2032 there will be around 5,900 people over 65 and around 410 people below this age living with the condition.

Given the age of our population, it is likely that dementia will impact upon Shropshire more so than almost any other part of the country. In order to meet this challenge, we need to enable our communities to better accommodate people living with dementia and deliver services to help enable people to live better with dementia for longer.

As a trust we are signed up to the Dementia Friendly Hospital Charter written by the Dementia Action Alliance, this supports to support hospitals to fulfill their commitment to become dementia-friendly.

This started in October 2012 with the Right Care: a call to action to create dementia-friendly hospitals. All acute trusts in England were asked to make a public commitment to becoming dementia-friendly. 164 acute and non-acute trusts made that commitment with 88 submitting Action Plans and joining the Dementia Action Alliance (DAA).

The Charter is in its second phase and has been renamed the Dementia Friendly Hospital Charter. It provides high level principles of what a dementia-friendly hospital should look like and recommended actions that hospitals can take to fulfil them. In the Prime Minister's challenge on dementia 2020, one of the key aspirations is to create dementia friendly hospitals.

We have developed our work plan around this charted and the feedback from the National audit of dementia in acute hospitals

Background

In February 2015, the Government published the successor to the 2012 challenge on dementia. The Challenge on Dementia 2020 focused on boosting research, improving care and raising public awareness about the condition in England.

The aim of this is for England to be:

- The best country in the world for dementia care and support and for people with dementia, their carers and families to live; and
- The best place in the world to undertake research into dementia and other neurodegenerative diseases.

The challenge sets a number of objectives that the Government wishes to see by 2020. These include:

- Increased public awareness and understanding of the factors that increase the risk of developing dementia;
- Equal access to dementia diagnosis as for other conditions, with a national average for an initial assessment of 6 weeks following a referral from a GP;
- Every person diagnosed with dementia to have meaningful care following their diagnosis, in

accordance with NICE Quality Standards;

- **All NHS staff to have training on dementia appropriate to their role;**
- **All hospitals and care homes to become dementia friendly health and care settings;**
- Alzheimer's Society to deliver an additional 3 million Dementia Friends in England;
- Over half of people living in areas that are recognised as Dementia Friendly Communities;
- All businesses encouraged and supported to become dementia friendly;
- Funding for dementia research on track to be doubled by 2025;
- Cures or disease modifying therapies on track to exist by 2025; and
- Increased numbers of people with dementia participating in research.

Assessment

We know that dementia is a significant challenge and a key priority for the NHS with an estimated at time over 25% of acute beds occupied by people with dementia. We know that when people with dementia come into acute care their length of stay is longer than people without dementia. We know they are vulnerable to potentially avoidable complications like dehydration and falls, and we know that they are often subject to delays in leaving hospital and returning safely home.

We have been listening to people with dementia, their families and carers about what good care looks like, and about the transformation that can take place when we have the shared purpose to enable people with dementia to experience high quality care in acute hospitals and when we support them, their families, carers and staff to have the confidence to champion best practice and create a culture of excellence.

By making improvements in these areas identified we are able to reduce readmission rates, reduce falls reduce the mortality rate of people with dementia in acute care, as well as improving the sense of pride and well being in staff who care for people with dementia in acute hospitals.

Recommendation

As an organisation we continue work in collaboration with our wider health economy partner's people living with dementia and carers.

This strategy will support the work plan and continued improvements being made across the Trust. The Board is asked to support the ongoing work to improve the care and experience we deliver to people living with dementia in our organisation.



Dementia Strategy 2019 – 2021

It is thought that by 2031 South Shropshire will be among the top three most elderly populations across England and Wales with around 45% of the population over 65.

Local Public Health data estimates that, by 2032 there will be 96,500 people over the age of 65 living in Shropshire. If current prevalence estimates are applied to this figure, by 2032 there will be around 5,900 people over 65 and around 410 people below this age living with the condition.

Given the age of our population, it is likely that dementia will impact upon Shropshire more so than almost any other part of the country. In order to meet this challenge, we need to enable our hospitals to better accommodate people living with dementia and deliver services to help enable people to live better with dementia for longer.

The time is now for us to act to come together as a whole community, accept our responsibility and play our part well.

This strategy will drive the improvements that are needed within our Trust, it will provide structure to report success and challenges, and ultimately this strategy is owned by the patients and carers of Shropshire & Telford.

We will have staff who are proud to Care with Staff who are skilled and have time to care.

- To provide dementia awareness (level 1) to all staff at induction and annual statutory training
- To provide level 2 Dementia training through planned workshops over 1 year
- Complete assessment and early identification of dementia with carers, family and wider partners through the screening process of unplanned admissions
- Dignity and respect with the This is Me Patient Passport
- Care plans which are person centred and individualised
- Environments that are dementia friendly
- Together we achieve Partnership working with carers (John's Campaign, carers passport, Butterfly scheme)



SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021								
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date
1	Staffing	A <i>Training</i>	All volunteers and all staff to complete Tier 1 training (All volunteers(1,000)currently have dementia friends training on induction	Corporate induction /SSU training	ESR training record	Managers Hannah Roy Karen Breese	Planned from Nov 2019 onwards	June 2020
			Staff with regular contact (Front Facing)with people living with dementia to complete Tier 2 training – 3,500 staff <ul style="list-style-type: none"> All staff have dementia awareness on Corporate induction (772last financial year, 636 still employed) Tier 2 – one day per month April – Nov over two year = 480 staff trained 		ESR training record	Corporate education / Karen Breese / Managers	Unable to achieve within target currently due to resource Dates set Oct 19 April , May June July sept Oct ,Nov 2020	Dec 2021
			Consultants to complete Tier 3 training-	Dr Thompson / Dr Lock Mandatory updates	ESR training record	Medical lead	Ongoing with mandatory updates	Ongoing
			Monitor uptake of training and ensure rolling programme is in place to support staff in accessing Tier 1, 2 and 3 training	Annual training report to Board	ESR	Corporate education	Safe staffing template in place to ensure full establishment	Nov 2019
		B <i>Skill mix and staff numbers</i>	Ward staffing to be adjusted to meet acuity of patients living with dementia daily	Staff deployment and ward managers to manage	Ward managers /Matrons	Matrons / Clinical Site Managers / Ward Mangers	As above	May 2019
		C <i>Specialist dementia staff</i>	To be available 24/7 across both sites, sufficient dementia team members to provide sufficient and efficient coverage of both sites	Increase team capacity	Quality and Safety	Quality & Safety	Scoping of models for 7 day service from other areas	May 2020
		2	Partnership	A <i>Partnership with family and other unpaid carers</i>	Carers feel informed about treatment and discharge plans	Posters; information leaflets;	Carers survey	Clinical areas

SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021									
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date	
			John's Campaign fully endorsed and promoted	Posters; information leaflets; overnight facilities;	Carers survey observation	Trust wide	Signed up to Johns campaign 2016, one min brief intranet , awareness on wards Leaflet being developed Z bed priced for overnight stays	Ongoing	
			Carers/families welcomed to assist at mealtimes New behind bed boards with what matters to me	Posters; information leaflets;	Carers passport	Trust wide	Posters to be promoted trust wide	Dec 2019	
		B	Feedback	Agree longer or open visiting / to be introduced across all areas in line with other acute trusts	Trust board	Varied times across all areas	Trust Board	To be progressed	Jan 2020
				Annual or on-going survey of experiences of care: people living with dementia and carers	Well publicised on-going feedback invitation; paper and app;	Feedback report to steering group and Q&S; publish in public on displays;	Carers Leads , dementia steering group Audit	Completed	
				Patients and family carers to be fully informed, involved and respected in decisions about care and discharge	Staff training	Carers survey and feedback;	Clinical areas	Completed	
					Provide easy access to clinicians for family carers(See B)	Provide info in leaflet to carers and patients	Survey, feedback & observation	All areas	In progress
C	Involvement and decision making		Ensure all necessary information is provided to GPs, care homes, support services, and This is Me is returned on discharge	This is Me form to be given to person living with dementia patient, carer, or care worker; not retained in patient file	Audit of person living with dementia patient files	All clinical inpatient areas	All clinical areas /Mangers Completed	May 2020	
			Discharge letter to include summary of care specific to the person living with dementia, to GPs, Care homes, and copied to carer		Audit	Medics	In progress	May 2020	
3	Assessments	A	Delirium and depression	Ensure person living with dementia patients are assessed and treated for presenting conditions other than dementia	Training	Audit	Medics	Completed	

SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021									
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date	
4	Care	B	Pain	All clinical staff to be trained in use of Abbey Pain Scoring system, and how to identify signs of pain in people living with dementia	Training	ESR training records; Exemplar	Ward and Department Managers	Pain team deliver training on ward since 2018 Ward folders /ongoing training Intra net/Completed	
		C	Personal needs	Needs re pain control, mobility, hydration, nutrition, sleeping, continence to be assessed and addressed	Staff training Tier 2;	Audit , complaints , FFT Exemplar	Ward managers	Tier two training ongoing Change in nursing documents ongoing currently	ongoing
		D	What matters to me?	Personal preferences should be recorded in This is Me document, displayed, and followed	Staff training; Pre op and clinic letters	Audit, Exemplar, observation	Ward and Department Managers / Trust Wide	Completed	
		E	Carers	Carers' needs should be assessed and addressed, with support provided as necessary	Formal record process; staff training; carer support staff team;	Audit , training, Carers survey	Ward and Department Managers / Trust Wide	Carers information in carers packs Carers leaflet being completed	ongoing
		F	Future care	Discussions with person living with dementia and carers as to future care choices should be recorded in notes	Staff training;	Audit	Clinical staff	Respect training to be rolled out	ongoing
		G	End of life	Discussions with person living with dementia and carers regarding end of life care to be recorded in notes	Staff training;	Audit	Clinical staff	Completed	
		A	This is Me	Information about the person living with dementia to be recorded in This is Me, and document to be displayed at bedside in Perspex stand	Ensure sufficient plastic display units; staff training	Audit; observation/ Exemplar	Ward Mangers	Completed	ongoing
		B	Person centred care	Patient wishes and preferences should be recorded and respected wherever possible.	Medical notes , This is me, advanced care plan	Audit	Trust wide	Completed	Ongoing
		C	Deprivation of Liberty	All clinical staff to be trained in Deprivation of Liberties process and requirements	SSU training	Annual training report	Corporate education	Jane Newcombe	Ongoing

SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021									
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date	
		D	<i>Distress</i>	Signs of distress should be quickly investigated, and unmet needs met	Staff training;	Observation	Trust Wide	Tier 2 training planned/pain management, digital activities ,comfort resources , Dolls , games , music, blankets	ongoing
		E	<i>Nutrition / Hydration</i>	Should be monitored regularly and support provided as necessary, red tray, droplet cups, blue crockery, finger foods	Process documentation; staff training	Red tray assessment, Exemplar, observation	Trust wide	Completed	
		F	<i>Communication</i>	Staff will use the techniques learned in Tier 2 training to ensure communication with people living with dementia is effective	Tier 2 training not in place see (1) staffing	Observation; feedback reviews		As training above	
		G	<i>Falls</i>	All falls of people living with dementia will be recorded on DATIX ,	Include data in patient safety thermometer reports	staff training Datix coding	Clinical teams Falls steering group	Falls steering group to lead from Oct 2019	Oct 2019
		H	<i>Bed moves</i>	People living with dementia patients will not be moved unless clinically necessary	Blue Ribbon Scheme	Audit; monthly reporting	Matrons , Clinical Site, Lead Nurse for Site Safety	Share good practice from Walsall Conference 20th May 2020	Ongoing
		I	<i>Personal items</i>	Staff will ensure that person living with dementia patients use hearing aids, false teeth, spectacles, and any prostheses	Dementia /delirium care pathways Training	Observation	Clinical teams	Completed	
		J	<i>Outpatients</i>	Offer appointments first in am and pm to avoid person living with dementia waiting	Alter templates; send info regarding booking appointments to patients; train appointments department staff;	Audit		Not progressed	
		K	<i>Butterfly scheme</i>	Identify inpatients with a butterfly sticker or e-label, on records, above bed, on wrist band	Staff training;	Audit; observation	Trust wide Dementia team	Completed	
				Ensure all staff understand and use the Butterfly approaches to people living with dementia	Staff training /Tier 1	Audit; observation	Trust wide	Completed	Ongoing induction

SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021									
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date	
5	Environment	A	Signage and orientation	All signage and orientation cues to comply with SATH agreed dementia friendly guidelines	Agreed dementia friendly environment policy, in detail, with examples	Observation; PLACE; Audits	Chris Hood	Place meeting planned for roll out of signage 1 st priority toilets	June 2020
				Orientation clocks to be within sight of all led patients, including hospital name		PLACE	Jo Yale	60 clocks needed for day surgery and ED To be ordered	May 2020
		B	All areas	All areas to comply with Kings Fund guidance	PLACE assessments	PLACE		Completed	
		C	Ward design	Should promote independence and mobility, and enable people living with dementia patients to continue activities of everyday living	Shared dining arrangements; End PJ paralysis	Audit; observation	Ward and Department Managers / Trust Wide	Ward 35 developed	June 2020
		D	External areas	Should also incorporate dementia friendly design and signage		Observation; PLACE	Chris Hood	To be progressed	June 2020
		E	Individual patient needs	Furniture, lighting, bedding, cutlery, plates, mugs, etc should be provided that meets individual needs and preferences, including own preferred items where possible	Staff training; use This is Me; ask carers to bring in favourite items;	Observation; audit	Trust wide	Completed	
6	Governance	A	Dementia Steering Group	The Trust will convene a steering group, including clinical and non-clinical staff, people living with dementia and carers, NED	Meet bi-monthly and report via minutes to Q&S	Records of meetings; Q&S minutes	Karen Breese	Completed	
				The Steering Group will produce a progress report and updated strategy/action plan annually.	To Q&S and Board	Board minutes; actual reports	Dementia steering group	Plan and strategy completed to be agreed by board	ongoing
		B	Board sponsor	A non-executive director will be the Dementia Friendly Charter sponsor	Appoint NeD		Barbara Beale	To be identified from Oct 2019	Oct 2019
	C	Dementia Strategy	The Trust Board will receive and approve an annually updated strategy and action plan, and progress report.	Board minutes	Work plan /strategy	Dementia Steering group	Oct 2019	Oct 2019	
	Governance	D	Feedback on care	People living with dementia patients and carers will be invited to submit and share their feedback about the quality of care provided.	On-going feedback system, paper and via online app	Annual report of experience		Completed	

SATH Dementia Friendly Hospital Charter Action Plan May 2019 – Dec 2021									
Ref	Charter Section	Sub section	Objective	Action	Evidence	Lead	Progress	Target date	
				Annual report of experience to Steering Group, with highlights to Q&S	Q&S minutes			May 2020	
		E	Scrutiny	Work with Healthwatch Shropshire and Telford to learn about patient and carer experience at SATH		Annual report from Health watch	Dementia steering Group	Completed	
		F	Agency staff and contractors	Ensure all staff agencies ensure that staff are trained equally with trust staff.	Agency contracts	Audit	Temporary staffing Rachel Armstrong	To be progressed	May 2020
				All contractors are required to uphold the principles of the Dementia-Friendly Hospital Charter	Contract requirements	Audit Observation	Estates		May 2020
		G	Dementia Specialist Senior Lead	There will be a dementia trained (tier 3) senior member of staff to take lead responsibility for dementia care			Suzy Thompson Malcom Locke Karen Breese	Completed	
		H	Staff	Ensure that HR teams are trained and make provision for staff living with dementia to continue to work if possible, and provide support	Training	Audit	Trust mandatory training		May 2020
7	Volunteers	A	Training	All SATH volunteers should complete Tier 1 training	Training	Audit	Hannah Roy	In progress	May 2020
				All external volunteers, (eg Red Cross & RVS) to complete Tier 1 training	Training	Contracts and audit		Not progressed	June 2020
		B	Volunteers across the hospitals	Deploy volunteers across outpatients and therapies departments, ED, discharge lounge, as well as wards	Volunteer management team	Audit	Hannah Roy	In progress	May 2020
		C	Define volunteer roles	Ensure volunteers work to and understand clearly defined roles	Role descriptions; signed copies filed	Audit	Dementia Lead /Hannah Roy	In progress	May 2020
		D	Management	All volunteers to be supported and managed by a named manager, who has tier 2 training	Ward and department managers	Audit Training records	Hannah Roy , Dementia Lead	In progress	May 2020

