

# Dementia Care (Learning and Development in Line with the Good Work), Access to Timely Diagnosis and Dementia Care in Hospitals

Organisation	Hywel Dda University Health Board	Date of Report	31/03/2024	Report Prepared By	Gemma Emile, Ruth Bowman, Monica Bason-Flaquer
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As outlined in the ‘[Good Work – Dementia Learning and Development Framework](#)’ all staff who work for NHS Wales need to have a good awareness of dementia and the issues that surround it so that they can support people with dementia to live well. NHS organisations are required to evidence the actions that have been implemented to deliver and record training at an informed, skilled and influencer level.

Individuals are diagnosed early so that the individual and their families can plan for the future, access support services and commence treatment and interventions at any appropriate point.

Responses should consider the relevant [Dementia Care Standards](#). Specifically **standard 17** for learning and development, **standards 3 -6** for supporting diagnosis and **standard 11** for hospital charter.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

Completed form to be returned to: [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

## Dementia Care (Learning and Development in Line with the Good Work)

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
Informed Level			
Training delivered at an informed level. Focusing on Dementia Friends training programme and essential communication skills.	Update at 30 September 2023		
	94.12% of staff have received Dementia Awareness training via eLearning. An increase since March 2023.	Natural turnover and absence will keep % below 100%	None needed

	<b>Update at 31 March 2024</b>		
	94.64% of staff have received Dementia Awareness training via eLearning. A slight increase since Sept 2023. All staff groups at 93% and above except for medical and dental at 48%	Natural turnover and absence will keep % below 100%	Explore low rates for medical and dental.

	<b>Achievements for 2023-2024</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>Skilled Level</b>			
<b>Actions to identify staff groups that require training at a skilled level.</b>	<b>Update at 30 September 2023</b>		
	HB Task & Finish group has now met several times. The group are populating a Training Needs Analysis to identify staff groups that require training. Once completed, this will inform decision-making at a senior level with regards to further training to be procured or developed to meet this need. The group is also reviewing use of existing training to ensure efficient use of resources.	Service pressures. Capacity issues in clinical areas.	
	<b>Update at 31 March 2024</b>		
	HB Task & Finish group meetings have been sporadic; however, the TNA has mapped training available and the levels they achieve against the framework. From this group a small group has been formed– which includes the Dementia Wellbeing Community Team Lead, Clinical Education Co-ordinator and ESR Lead have met	Service pressures/capacity issues.	Extra staffing resources into the Dementia Wellbeing Community Team has meant that an in-depth assessment of ESR modules has been possible.

	to identify a way to highlight Bradford modules for staff to access via ESR more easily and these meet the Informed and Skilled tier learning needs.		
<b>Training delivered at a skilled level.</b> Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.	<b>Update at 30 September 2023</b>		
	31 completions of e-learning via ESR, for skilled level training. Investigating opportunities for Champions Training to be piloted in HB areas. Liaison, via task and finish group, with West Wales Care Partnership regarding Dementia Framework, work continues to finalise document prior to launch-next meeting Oct 2023		Dementia Champions training Lead (currently carried out within residential care) Lead responsible is working with acute area Lead to support delivery across other teams.
	<b>Update at 31 March 2024</b>		
	Finalising of the Dementia Framework document remains pending to ensure ease of navigation for all users and Welsh language translation.		Piloting of Dementia Champions training is pending due to long term absence of acute area Lead.
<b>Mechanisms to record the completion of training at a skilled level.</b> Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and carers.	<b>Update at 30 September 2023</b>		
	The HB task & finish group have agreed to record Champions training on ESR to support reporting.	Lack of framework and training resources	

	<b>Update at 31 March 2024</b>		
	Working group currently exploring how best to record on ESR with ESR lead.	ESR system limitations and not accessible to residential care to report its use there.	ESR lead exploring options to feed back at next meeting.

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>Influencer Level</b>			
<b>Actions to identify staff groups that require training at an influencer level.</b>	<b>Update at 30 September 2023</b>		
	This is also being reviewed as part of the task and finish group.	Decision-making with regards to who applies to what training and why appears to be ad-hoc and inconsistent.	This is being explored with key clinical teams and through the task and finish group in order to understand decision-making and whether action needs to be taken to apply this more consistently.
	<b>Update at 31 March 2024</b>		
	This is also being reviewed as part of the task and finish group.	L & D system not able to show what grades/areas of staff have accessed higher level awards or if they have been completed. Staff may have accessed higher awards via other funding streams which are not recorded on HB.	Clinical service leads to explore via systems such as PADRs. Potential for the need for training at Influencer qualification covers all Clinical areas so difficult to quantify.
<b>Training delivered at an influencer level.</b> Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated	<b>Update at 30 September 2023</b>		
	We have successfully supported people to undertake the following Influencer level Higher awards.		We have started to draft a HDdUHB Training Needs Analysis which will support.

working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.	<b><u>HIGHER LEVEL AWARDS APPLIED FOR WITHIN HB</u></b> <b><u>2020- x 1 -</u></b> Dementia Wellbeing Community Team - Expert Practice in Delivering Person Centred Dementia Care- Postgraduate Award in Professional Development <b><u>2023-24 x 1 -</u></b> Dementia Wellbeing Service- Person-Centred Dementia Studies- PG Certificate Community- Core Topics in Mental Health Science: Dementia and Psychosis- Msc in Mental Health Science		
	<b>Update at 31 March 2024</b>		
	2023-2024 – offered via Learning and Development system. Expert Practice in delivering Person Centred Dementia Care (Post grad Award in Professional Development x 1 staff member Person-centred Dementia Studies (PG certificate) x 1 staff member Care Topics in Mental Health Science: Dementia & Psychosis (MSc in Mental Health Science) x 1 staff member. No other qualifications identified as being accessed from T & F group.	Staff may be accessing qualifications which are not captured via L & D systems.	Completion of Training Needs Analysis via Dementia T & F group.

<b>Mechanisms to record the completion of training at an influencer level.</b> Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and their carers.	<b>Update at 30 September 2023</b>		
	Training Needs Analysis is under development despite the Framework remaining unpublished.	Both documents need to be aligned.	Continuing to work on document being easier to navigate by users.
	<b>Update at 31 March 2024</b>		
	<a href="#">The Framework remains unpublished.</a>	<a href="#">Both documents need to be aligned.</a>	<a href="#">Working with West Wales Care Partnership via Workstream 5a group to finalise document.</a>

	<b>Achievements for 2023-2024</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>Provide detail on any delivery of integrated learning and development, particularly with social care and 3rd sector.</b> If you have a learning and development plan please include a link here.	<b>Update at 30 September 2023</b>		
	<p>The Regional Dementia Steering Group via West Wales Partnership Board has commissioned work to produce a regional (co-designed and coproduced) L&amp;D Dementia framework – aligned with Good Work) for <u>health and social</u> care providers founded on rights and evidence based care for people living with Dementia and Their Carers. Hywel Dda UHB will adopt this when it has been approved and signed off.</p> <p>As above, the framework is being finalised for both Health &amp; Social Care, drafts and outlines as below (status for July 2022). The application of this is an item on the Delivery Table update for nursing and midwifery 5 year strategic framework.</p> <p><a href="#">Main Framework - English (canva.com)</a></p>		

	<p>The Health Board's Dementia Community Wellbeing Team, as part of Older Adult Mental Health services, has continued to deliver and evaluate their Stepped Care model. This is an evidence-based model which delivers the Foundations for Dementia Wellbeing training to staff members from care homes in order to develop them into Dementia Care Coaches who can work to embed person-centred, rights-based approaches into dementia care in the home. There are clinical protocols and the locally designed behavioural recognition tools which support this model. A key element of the model is ongoing support to homes that have completed the course from the Dementia Community Wellbeing team, to help them practically plan and implement new approaches and cultural change within their homes and provide specific case management support for people living with dementia in the homes, with the intention of reducing avoidable escalations in care. The programme has been delivered to 16 care homes across the region's 3 local authorities over the last year and an initial evaluation found positive results on improvements to the confidence and ability to deliver person-centred care for staff who participated. The second cohort has just begun.</p>		
	<b>Update at 31 March 2024</b>		
	<p><a href="#"><u>West Wales Dementia Learning &amp; Development Framework</u></a></p> <ul style="list-style-type: none"> <li>The launch of the Regional Learning &amp; Development Framework was planned for December 2023 but was put on</li> </ul>	<p>Launch of the framework being put on hold has delayed ability to progress against key elements of a regional dementia learning &amp; development approach</p>	<p>The Regional Partnership Board's Workforce Programme Manager post was vacant from January 2023-November 2023, meaning that the Dementia Programme</p>

	<p>hold, following some feedback about the accessibility of the framework needing improvement. Some settings have been identified for a soft launch for further feedback and to test improvements.</p> <ul style="list-style-type: none"> <li>• Positive progress in identifying further follow-on training from the framework which can be accessed across the region, via the Bradford modules.</li> <li>• Any additional learning and development requirements from April 2024 for Hywel Dda Health Board will need to go through the relevant internal approval processes.</li> </ul> <p><u>Stepped Care Approach</u></p> <p>The Dementia Community Wellbeing team continue to develop and deliver the stepped care approach, including providing ongoing support to Dementia Care Coaches in better supporting people with dementia in care homes, and providing direct support for more complex cases. The team are now over capacity for the number of settings they can provide this ongoing support to, delivering to 20 homes, and this will slow the spread of this programme unless additional resources can be secured.</p> <p>Homes from the initial cohorts report a significant change in the culture of care delivery and seeing real benefits; this includes the development of communities of practice/peer support networks between homes which participate in the same cohort of training. Overall the model has shown strong evaluation</p>	<p>Resource limitations within the Dementia Wellbeing Team limiting the ability to continue implementing the Foundations for Dementia Wellbeing programme into new settings</p>	<p>Manager was leading this workstream. A Workforce Programme Manager was appointed in November and brings in additional skill, knowledge and resource to focus on issue resolution (particularly linked to the framework) and progress against the Dementia Standards linked to workforce development.</p>
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	results and that the design is prudent and would be cost-effective to scale across all care homes in the region with further investment.		
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## Access to Timely Assessment, Diagnosis of Dementia and Post Diagnostic Interventions

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>What actions are you taking to support timely assessment, diagnosis of dementia and post diagnostic interventions?</b> Please consider how this work aligns with the relevant Dementia Care Standards when responding and how your training actions above are supporting this work.	<b>Update at 30 September 2023</b>		
	<p>Service Risk Register Item: 1422 Memory Assessment Services (MAS) remains on the Service level Risk Register.</p> <ul style="list-style-type: none"> <li>Waiting lists for Referral to Assessment: 05 breaches</li> <li>Waiting list from Referral to Diagnosis: 13 breaches</li> </ul> <p>These are concentrated in Ceredigion MAS and predominately to do with waits for neuropsychology (cancellations by patients) and CT-Head scan results. Three out of four teams are operating without any breaches at this point. The one team has a small number. Broadly this is deemed as business as usual now and the intention is to stand down the Risk Assessment subject to executive approval. So it's a sustained position operating without a waiting list in the region.</p> <p>Reporting via IPAR for OT waiting times. On trajectory to end the waiting list. Currently only 07 breaches.</p> <p>Meets Dementia Standards 2, 3, 4, 6, 7, 8, 9, 10.</p>	<p>Level of support from GP clusters/GPs around on-going prescribing of memory drugs in some clusters remains negligible. This consumes capacity in MAS to diagnose efficiently. And in addition GP engagement in annual reviews, let alone in keeping with the Dementia Standards of 6 monthly.</p> <p>Medical workforce/ diagnostic capacity has been stabilised since the last submission.</p> <p>Demand for assessment and diagnosis remain closely aligned with capacity, seen a referral increase post summer. If this trend increases it could prove challenging.</p> <p>Recruitment &amp; retention of Occupational Therapists remains significantly challenging to enable the post diagnostic intervention suite. Some Home-Based</p>	<p>Advanced Practitioner appointed to for Ceredigion, start date Dec. 1<sup>st</sup>. This should improve the small waiting time list in this team and add valued clinical leadership and diagnostic capacity.</p> <p>Use of Slippage (approved) specifically to support fixed term posts to shore-up delivery of post diagnostic interventions, including the Admiral Nurse Service delivery. Courses/ interventions are paralleled with interventions for People Living with Dementia and their Carers.</p> <p>Service Delivery Manager appointed (pending clearance and start date) to improve the efficiency and effectiveness of overall</p>

	Establishing reporting mechanisms to Regional Partnership Board for quantitative metrics and qualitative measures (inc. Case Studies)	<p>Memory Rehabilitation and Journey Through Dementia programmes have been delivered but not routinely and consistently. Dementia Wellbeing Senior B8a OT is off work. OT B6 vacancies remain at WTE 2.0. One new starter in January 2024.</p> <p>Admiral Nurse Service for carers of People Living with Dementia depleted due to one vacancy, one maternity leave and one long term sickness.</p>	<p>service delivery and transformation from a Memory Assessment Service to a regional Dementia Wellbeing Service.</p> <p>Sub-work-stream 'task and finish' group reviewing the Service Level Agreement and service offering around end-of-life care wrap-around support is in place.</p> <p>Procurement is live for the Dementia Wellbeing 'connector' (Standard 12) roles to be a named contact for People Living with Dementia throughout their journey. Timeline for commencement of Third Sector Service April 2024.</p>
	<b>Update at 31 March 2024</b>		
	Service Risk Register Item: 1422 Memory Assessment Services (MAS)-Risk was removed off Service Level Risk Register following improvements in first half of the year, however with increasing waiting lists again due to staffing issues this is due to be reviewed again with the Dementia Service Delivery Manager with the potential to escalate it to the risk register again. Although there are increased breaches compared to April-September, in 2022-2023 waiting times were closer to 6 months, therefore while there are still current	In the process of completing a Service Risk Register regarding prescribing issues in Carmarthenshire the level of support and referrals from GP clusters/GPs around on-going prescribing of memory drugs in some clusters remains negligible. This consumes capacity in MAS to diagnose efficiently and is also impacting on the ANP ability to undertake any further	The Dementia Service Delivery Manager has commenced in December 2023 and is currently meeting with all the Advanced Practitioners and operational lead to formulate an action plan for each team as demand for assessment and diagnosis remains closely aligned with capacity and a

	<p>breaches, the situation remains significantly improved. Closer monitoring has also enabled more proactive management.</p> <ul style="list-style-type: none"> <li>• Waiting lists for Referral to Assessment: 163 breaches</li> <li>• Waiting list from Referral to Diagnosis: 36 breaches</li> </ul> <p>These are concentrated in 2 teams Carmarthen and Llanelli MAS. There is a wait for neuropsychology (cancellations by patients and sickness within the assistant psychology staff) and waits for CT-Head scan results. All four teams are operating with breaches at this point but appointments in the other two areas are being offered between 5-6 weeks. There has been significant sick leave both short and long term across all four teams which is affecting the breaches.</p> <p>The breaches have increased during January and February 2024; the factors affecting this by team are outlined below:</p> <p><i>MAS Carmarthen</i></p> <p>There are 3 WTE hours comprising of 5 staff not including the ANP who covers both Carmarthenshire teams. There have been some periods of annual leave and sickness within the team but as of 18 March 2024 the current wait for assessment is 5 weeks. Carmarthenshire Memory Assessment Services generates approximately 371 prescriptions per month this means that the ANP needs to take 1x day a week completing these due to some of the GP surgeries not prescribing dementia medication.</p>	<p>assessments due the need and demand to under initial prescribing and annual reviews, let alone in keeping with the Dementia Standards of 6 monthly.</p> <p>Medical workforce/ diagnostic capacity remains stable across the four teams.</p>	<p>workforce review will be undertaken for the whole of MAS in due course.</p> <p>Advanced Practitioner appointed for Ceredigion started in December 2023. But there has been long-term sickness within the team therefore there is still a breach in waiting times due to the fragility of staffing capacity. However, the team are valuing the clinical expertise in Ceredigion that the Advanced Practitioner is providing.</p> <p>The Dementia Wellbeing 'connector' (Standard 12) roles are due to commencement via the third Sector Service in April 2024.</p>
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	<p>A Risk Assessment form for the register is in the process of being completed for this (for Carmarthen and Llanelli MAS).</p> <p><i>MAS Ceredigion</i>  There are 3WTE members of staff and a new Advanced Practitioner who started in December 2023. One member of staff has been on long term sick leave sick January and there are no current plans for them to return soon. All of the 4 weeks breaches have assessment appointments between now and April 26 April 2024. The 12 week breaches are awaiting further assessments/scans required before diagnosis.</p> <p><i>MAS Llanelli</i>  There are 3WTE members of staff along with the ANP who covers Carmarthen. One member of staff has been on long term sick leave from October 2023 and has just returned to work in February 2024 on a phased return. There are outstanding Medication reviews that are being undertaken as a priority as they have not been reviewed within the last 12 months. This has been escalated for addition to the Directorate risk register. Appointments for assessments are now 7-8 weeks.</p> <p><i>MAS Pembs</i>  There are 3.45WTE hours comprising of 5 staff, there has been significant sick leave/annual leave and performance issues within the team which have affects the breaches but as of 18 March 2024 the waiting list is between 4-5 weeks and most people have assessment appointments.</p>		
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	We are currently still establishing reporting mechanisms to Regional Partnership Board for quantitative metrics and qualitative measures (inc. Case Studies) but have had difficulty with internal data collection and gathering and have not yet migrated to WPAS.		
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## Dementia Hospital Charter: Receiving Safe & Effective Dementia Care in a Hospital Setting

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>What actions are you taking to ensure people with dementia and their carers receive safe and effective dementia care and treatment when in hospital?</b> Please consider how this work aligns with the relevant Dementia Care Standards when responding and how your training actions above are supporting this work.	<b>Update at 30 September 2023</b>		
	<p><b>The Optimising Nutrition and Hydration project-</b> Optimising Nutrition &amp; Hydration status of patients living with Dementia has been shown to reduce (and potentially eliminate) the incidence of UTI/ AKI, together with dramatically reducing the risk of falls. Additionally, a SAFER project in EUCC is looking at fluid chart compliance. The next PDSA cycle is focussing on accuracy of fluid balance chart completion, educating staff in this regard.</p> <p>Ward-based training programme has been developed. The focus is to make sure that people living with dementia are optimally hydrated and nourished during their hospital stay. Training specifically to identify patients optimal hydration target per day and 'Every Contact Counts' so that all members of the MDT who have contact with the patient, will offer them a drink. Training also prompts staff regarding the timely and accurate completion of fluid balance (intake) charts.</p>	Workforce capacity and operational pressures limiting ability to prioritise time and resource towards improvement work.	New workstream lead appointed. Plans in development to re-establish the Workstream 4 Dementia Friendly Hospital Charter Steering Group and ensure appropriate representation to give this the strategic focus and direction required.

	At Falls and pressure damage scrutiny meetings, learning, themes and trends are shared with all ward managers. Specifically, this relates to the presenting complaint of people living with dementia- identifying that over 75% of falls that are suffered by patients at Bronglais Hospital are with patients with UTI/ AKI; falls; delirium/ Dementia; at risk of malnutrition and poor hydration status. Education with ward staff is ongoing, to identify the patients at risk, BEFORE they suffer a fall, and most importantly to address their poor hydration & nutritional status.		
	<b>Update at 31 March 2024</b>		
	<ul style="list-style-type: none"> <li>Nutrition and Hydration project continues. Engagement has begun to bring community hospitals on board with this, and representatives from Carmarthen; Pembrokeshire &amp; Ceredigion County Councils have joined the working group to look at how learnings can be transferred to improve nutrition &amp; hydration within residential settings, with the potential for prevention of admissions to acute hospitals.</li> <li>Wards in Bronglais Hospital have been identified to test Care Fit for VIPS</li> <li>Arts in Health for People with Dementia project received further slippage funding from the Dementia RIF programme to continue their provision through March 2024. The pilot programme of arts and health provision</li> </ul>	Challenges remain in re-establishing a regional strategic focus and workstream steering group to lead on delivery of the Dementia Friendly Hospital Charter. This has been impacted by a number of changes in senior leadership across the health board, including the retirement of the Senior Responsible Owner for the Dementia Programme within the HB and this post currently is vacant.	<p>The need for imminent appointment of a new SRO to support the dementia programme is being escalated as an issue within both the RPB and the Health Board.</p> <p>The Dementia Programme Manager continues to work with colleagues to identify senior leaders within the Health Board who will be able to give this the priority it needs.</p>

	<p>is proving to improve patient experience, reduce loneliness, boredom and isolation and provide cognitive stimulation and wellbeing for Hywel Dda inpatients living with dementia. The programme is based on the growing body of evidence which shows the impact of engaging in the arts for people living with dementia and dovetails with a person-centred approach for Dementia Care. The programme has been delivered in partnership with community arts partners, within 2 settings per hospital therefore reaching patients from at least 8 hospital settings across adult mental health and adult/frailty services. Building on their success, this programme is now looking to secure charitable funds to support a further year to develop their evaluation model and evidence. Their findings will support plans for further delivering models, funding models, and wider development of the Arts in Health strategy within the health board and ensuring people living with dementia are considered within this.</p>		
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