

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	26 July 2017		

Title of Report:	Dementia Strategy Group Annual Report
Status:	For Approval
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery
Author:	Chris Dyer, Clinical Lead OPU
Appendices	Appendix 1: Report from the Dementia Strategy Working Group

1. Executive Summary of the Report

In June 2015 the RUH Trust Board approved a 5 year vision to ensure that the RUH becomes the leading hospital in England for dementia care, supported by our key partners. This report covers progress with our current action plan and vision, and our proposed action plan for 2017-18.

The strategy group meets every other month and has been following the action plan set out in this document. The group is multi-agency and the chairman of the group would like to thank its members who have all contributed greatly to the progress that has been made (names and organisations are listed at the end of the document).

This report details last year's 7 point action plan and we have made good progress in all these areas. The National Dementia CQUIN is now part of our core contract and we maintain compliance with its requirements to assess patients for the possibility of dementia and flag them up to primary care. In 2016 we participated in the National Audit of Dementia Care which is not due to report until late July 2017.

A key success of this last year has been the development and launch of the three year Dementia Volunteer Project. Through generous donations to the Forever Friends Appeal, over £218,000 has been raised of the £254,000 target which includes a £60,000 expansion to increase the project's impact with professionally led music, arts and activities through Art at the Heart. The project was launched by Sir Tony Robinson in March 2017 and a volunteer coordinator, Brogan Knight, was appointed through the Alzheimer's Society. Already there are 24 volunteers in place (exceeding our trajectory), and we have purchased several items including "RemPods" which are pop up rooms such as 1960s kitchens. This scheme is a real joint effort across our community partners and the voluntary sector, which has been well supported by the Friends of the RUH both financially as well as operationally. The project will be evaluated by RICE. Supporting the arts and music team was a priority for the last 12 months and we have included Art at the Heart into our fundraising work for volunteer support, but still more needs to be done in this area.

There continues to be an excellent seven day service for people with dementia. In the older adults' mental health liaison service there is full establishment and the team review over 90% of patients within 24 hours. There are 4 WTE nurse specialists and a recently increased medical staffing to 1 WTE Consultant Old Age Psychiatrist. In 2016 RUH part funded with RICE a Professor of Old Age Psychiatry, Julian Hughes, who is employed by the University of Bristol to work at RUH and the RICE centre. Alongside

clinical work within the Psychiatry liaison service, Julian also serves on the RUH R&D and ethics committee and will lead research into the volunteer programme. The 2.2 WTE Dementia Coordinators continue to see approximately 70 patients per month and also undertake training sessions for staff. They have access to a budget (£20,000) which can help facilitate discharge such as use of a short term night sitter to resettle patients in their own home. The coordinators' funding was withdrawn from BaNES CCG in 2017 and MRET funding has been applied for to continue these posts as the team have overseen a marked length of stay reduction since their inception in 2012.

Age UK B&NES and the Carers Centre continue to support patients and their Carers whilst in hospital and when discharged. Age UK B&NES will support for up to 6 months following discharge and visit patients in their own homes, signpost to other services and generally reassure people when they become frightened or need guidance. There were approximately 80 new referrals in the last year. The team are able to help with benefit checks, and advice, and have shown really positive outcomes for patients. Age UK B&NES are committed to working with the Dementia Coordinators at the RUH which has proved very successful, and enjoy an excellent partnership with the RUH.

Training has been mandatory since 2015. Two levels of training are available and compliance at the time of writing this report remains above our internal trajectory: 80% compliance for Level 1 and 76% for Level 2. We would like to extend training to all staff, not just those in clinical areas as dementia can impact on all aspects of hospital life. The new enhanced Charter Mark was launched in 2016 and being tougher than the previous incarnation has naturally led to a fall in the number of areas achieving the highest level. However all adult ward areas were assessed in 2016/17 and 20 areas were awarded a Charter Mark .

For 2017-18 we are again targeting 7 areas for improvement in this year's action plan which are detailed on page 16, and these align to our overall objectives and vision. However, in order to achieve our vision of being a truly dementia friendly hospital by 2020 we need significant enhancements to the hospital environment. We need a considerable fund raising programme to support the development of improved training, embedding music, arts and activities, research and most certainly environmental reconfiguration (both major and minor works). It is the dementia strategy group's plan to work with the Forever Friends' Appeal to work up this campaign which could support small works as well as adding funding to existing major works programmes.

In summary, there has been significant progress. We will now need the support of the Trust Board to develop a fund raising programme to assist in the achievement of the vision, notably with environmental changes.

2. Recommendations (Note, Approve, Discuss)

For discussion

3. Legal / Regulatory Implications

None

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
No new risks identified	
5.	Resources Implications (Financial / staffing)
No new resource implications	
6.	Equality and Diversity
N/A	
7.	References to previous reports
N/A	
8.	Freedom of Information
Could be made Public	

Appendix 1

Dementia Care at Royal United Hospital Bath NHS Trust

Dementia Strategy Working Group

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July 2017

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"My mum was both enthralled and made emotional by the music. I arrived just in time to both see her joy and assuage her tears. So important that this joyous singing is part of the hospital experience."

Visitor, Combe Ward



Images courtesy of Art at the Heart



AATH images

Executive summary

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Dr Chris Dyer Chairman Dementia Strategy Group June 2017

Rem Pods and moving train features being purchased in 2017 to support the volunteer project:



DEMENTIA ACTION PLAN TEMPLATE 2016-17 RAG status

Report on action plan 2016-17

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
1. ITEM 1. Expanding and enhancing activities, art and music across wards					
a. Review and embed long term funding streams <i>Lead: CD/CE/HD</i> b. Research into music – support project proposals <i>Lead: FS/HD/CD/RJ</i>	Measure: reports to dementia strategy group	Monthly	Jane Davies, Senior Nurse & Chris Dyer, Consultant Geriatrician	A	<p>Arts and music fund raising has now been imbedded into the dementia volunteer fund and this has been raising significant amounts of money so secure for min 3 years. We have been successful in a £24,000 bid to the Friends of RUH for materials Rempods, and other interactive equipment such as a travelling train window scene. Unfortunately there is a (?temporary) problem with RUH funding self-employed artists for sessions here due to IR35 rules.</p> <p>Music research has been conducted by a PhD student and we also bid for a research grant with a team of academics. Amber because long term art and music and activity sessions not yet secured. Long term funding streams are dependent on a Dementia Fund Raising Appeal, work on this is ongoing</p>
ITEM 2: Progressing environmental changes in light of environmental survey 2015-16					

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
<p>a. Produce report and highlight areas to focus on <i>Lead: JD & audit team</i></p> <p>b. Ensure all areas are up to date with clocks, signage and have an activity programme where applicable <i>Lead: JD</i></p>	Liaison with estates team	March 2017	Dementia Coordinators/ Jane Davies/ Head of Patient Experience	A	<p>Amber as long term environment issues not fully resolved:</p> <ul style="list-style-type: none"> • More rapid small works and other major refurbishments will depend on a Fundraising campaign • Steve Boxall attends the Dementia Group • All areas have clocks and signage <p>Developments over the last 12 months:</p> <ul style="list-style-type: none"> • Dementia friendly environments being championed during the design of capital refurbishment projects with representation from the dementia strategy group (Jane Davies) at the planning meetings. • Dementia friendly opinion sought for the design of the Multi Faith Centre • Dementia friendly opinion sought for the procurement of the new Trust Curtains • Dementia friendly design to be supported through small works projects by applying “HBN 08-02 Dementia Friendly Health and Social Care Environments” as standard <ul style="list-style-type: none"> ○ E.g. the standard for the replacement of all white toilet seats and grab rails would be to replace them with the equivalent in blue (this is currently being costed)

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
1. ITEM 3: Review processes for discharge of people with dementia including information and post-discharge support/ signposting;					
<p>a. Raise profile of discharge support available—eg awareness sessions/ information sheets/ newsletters <i>Lead: MD/CM/GM/AS</i></p> <p>b. Review process – map and review website <i>Lead: As above</i></p> <p>c. Review of literature and develop a newsletter <i>Lead: JO/ dem coord</i></p>		March 2017	Lead for Patient & Carer Experience	A	<p>Literature used has been reviewed. The website is being assessed and updated. There is excellent working between the dementia coordinators and other agencies such as Age UK and the Alzheimer's Society.</p> <p>A specific newsletter was discussed by the strategy group and subsequently proved not viable, but we link with comms team to ensure regular updates are put into the Trust's newsletter and other outlets.</p>

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
ITEM 4. “Winning hearts and minds”					
<p>a. Training – embed new mandatory training <i>Lead: JD</i></p> <p>b. Local and National profile – review internal and external media profile to embed best practice <i>Lead: CD</i></p>		Ongoing	<p>Jane Davies, Senior Nurse</p> <p>Chris Dyer, Clinical Lead</p>	G	<p>Green -although training figures still below 90% this was newly introduced in 2016 and we are above trajectory</p> <p>Training figures have risen markedly and at the end of May 2017 stand at 80.1% for level 1 and 76.6% for level 2, though this is still classified as red as it is mandatory for all clinical staff. Details are provided at the end of this section.</p> <p>All training is compliant with Health Education England levels, and is a mix of e-learning and face to face. The e-learning modules are challenging and high quality. Theresa Hegarty, former Head of Patient Experience leads face to face sessions, and to support our dementia champions with monthly or bi-monthly sessions.</p> <p>We have reviewed our media profile and have started using social media as well as highlighting the launch of the volunteer project with Sir Tony Robinson</p> <p>Library services continue to provide a dementia literature review every 2 months which is available outside the Trust too</p>

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
ITEM 5: Roll out new dementia Charter Mark					
New (more rigorous) Charter Mark included into ward accreditation scheme	Implement the new scheme through 2016-17	March 2017	Jane Davies , Senior Nurse	G	Please see results at the end of this section.
ITEM 6: Volunteer project					
<p>Implement with Forever Friends, the Alzheimer's Society and RICE a project to evaluate the benefits of up to 4800 hours of volunteer time supporting patients with dementia at RUH, through recruitment of a volunteer coordinator full time.</p> <p>This project already has part funding from the Medlock charitable Trust and the remaining sum is being sought.</p> <p>Ensure "Saville" requirements are met for all volunteers recruited (oversight and control)</p>	Measure – number of volunteers recruited and completed dementia training (annual figure as per project details)	Nov 15	Clinical Lead and Forever Friends appeal with separate project group	G	<p>This project was launched in March 2017 and a whole time coordinator has been appointed via the Alzheimer's Society. Already over 20 new volunteers have been recruited ahead of trajectory.</p> <p>The fundraising appeal for this was extended in scope to cover more funds for art and music and has raised over £200,000 to date.</p>

ITEM	Actions required	Deadline	Person responsible (Name and grade)	Status	Comments/action status
ITEM 7. Personalised needs					
<p>a. Regularly audit and fully embed “This is Me” document in 75% of all patients with dementia <i>Lead: Dem coord</i></p> <p>b. Review and agree personalisation document for other patients with cognitive problems</p> <p>Achieve 95% uptake of “Forget-me-Not” on white board <i>and wristband</i> for those with a diagnosis of dementia</p>	Measure – statutory training reports	March 2017	Jane Davies , Senior Nurse	A	<p>Amber as still under target, but remedial action taken with under performing wards.</p> <p>Regularly audited by dementia coordinators. Results currently 82% compliance with white board “Forget Me not” magnets and 47% for This is Me completed.</p> <p>Actions taken to raise the profile on each ward, scores distributed to all ward managers and dementia champions.</p> <p>We are considering a new magnet to indicate cognitive issues such as delirium but no dementia</p>

Status	
Red	No progress towards completion. Needs evidence of action being taken
Amber	Action has occurred, not yet completed, or delayed but clear plan for getting back on track
Green	Progressing to time, evidence of progress

Dementia Charter Marks results:

During summer 2016 the inpatient clinical areas were observed and assessed for their dementia charter mark. Achievements are as follows:

Gold	Waterhouse
Silver	Cardiac
	Midford
	Parry
Bronze	ACE
	ASU
	CCU
	Cheselden
	Combe
	Forrester Brown
	Helena
	MAU
	Pierce
	Philip Yeoman
	Pulteney
	SSSU
	William Budd
Foundation	Charlotte
	Robin Smith
	SAU


3 wards did not achieve their charter mark. Plans are in place to reassess in line with the accreditation reassessments. Additionally, it is planned to create a charter mark for the Emergency Department & assess them when they are assessed for accreditation.



Training

Below is an extract from the Mandatory training compliance report which demonstrates where Dementia Level 1 awareness and Level 2 training are.

Appendix B - Overall Trust Mandatory Training Compliance by Subject

Royal United Hospitals Bath
NHS Foundation Trust



Subject	Refresher Period (Years)	Current Target	Compliance at Census Date						Change Since Last Month	No. of Staff Requiring Training
			2016/2017				2017/2018			
			Q1	Q2	Q3	Q4	April	May		
			30/06/2016	30/09/2016	31/12/2016	31/03/2017	30/04/2017	31/05/2017		
Dementia Awareness Level 1	n/a	90.0%	61.98%	70.37%	74.84%	79.09%	79.18%	80.12%		4070
Dementia Level 2	n/a	90.0%	17.75%	42.19%	61.97%	72.49%	75.51%	76.63%		1322

Training continues to be delivered via eLearning and/ or face to face sessions provided by dementia coordinator Theresa Hegarty. At the time that training became mandatory we were developing the systems to deliver training and therefore decided to take a staged approach within the training needs analysis (TNA) focussing the awareness training at patient facing staff.

The dementia strategy group would propose that Dementia Level 1 awareness training is rolled out to all staff working within the Trust (ie non clinical as well) which is in line with the guidance from Health Education England

Other areas supported in 2016-17

Dementia champions on each ward to be supported with at least one annual update (Theresa Hegarty) – actioned

End of Life care –The palliative care team attend the dementia group meeting and have recently been funded to expand the “conversation project” further across RUH.

The carers survey ceased in 2016-17 due to staffing issues but will now restart in late 2017 with thanks to Age UK.

Further results relating to dementia care:

Ward moves for patients with dementia

	2016/2017									
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ward moves >2 (3 wards)	8	7	9	10	7	7	8	4	5	3
% Ward moves (>2)	4.3%	3.6%	4.2%	4.8%	3.1%	2.8%	3.4%	1.8%	2.6%	1.3%
Ward moves >3 (4 wards)	0	3	1	4	2	0	0	0	0	1
% Ward moves (>3)		1.5%	0.5%	1.9%	0.9%					0.4%

Our dementias coordinators working with site team and wards to ensure that this is minimised and only for clinical reasons. At least 1 ward move from an Assessment Unit to a ward is accepted. There continues to be a small number of high ward moves >3 very similar to last year.

Length of stay for people with dementia

There continues to be a large discrepancy between mean (average) los and median due to a skewed distribution due to in all likelihood to delayed discharges. Mean los is therefore technically not a good way to measure los as it is statistically flawed. Mean los has increased this year for the first time since the dementia challenge fund was established.

	2016/2017											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Spells	187	201	177	191	212	207	223	248	233	219	194	227
Bed Days	2455	2749	2286	2556	2876	3047	2611	3200	3080	3011	2586	3007
Av Length of	13.1	13.7	12.9	13.4	13.6	14.7	11.7	12.9	13.2	13.7	13.3	13.2

Stay														
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Non Elective Spells	2013/14	221	233	224	236	253	212	229	213	256	238	208	241	2764
	2014/15	215	211	226	237	233	238	230	243	241	251	189	205	2719
	2015/16	223	184	182	207	193	219	201	170	206	194	205	216	2400
Non Elective Bed Days	2013/14	3160	3201	2148	2590	3230	2366	2573	2791	2311	2927	2533	2609	32439
	2014/15	2407	2770	2447	2297	2470	3017	2757	3022	2768	3458	2194	2710	32317
	2015/16	2711	1896	2149	1995	2492	2368	2464	2125	2280	2330	2484	2158	27452
Average Length of Stay (Non Elective)	2013/14	14.3	13.74	9.589	10.97	12.77	11.16	11.24	13.1	9.027	12.3	12.18	10.83	11.74
	2014/15	11.2	13.13	10.83	9.692	10.6	12.68	11.99	12.44	11.49	13.78	11.61	13.22	11.89
	2015/16	12.16	10.3	11.81	9.638	12.91	10.81	12.26	12.5	11.07	12.01	12.12	9.991	11.44

30 day readmission rate for people with dementia

	2016/2017											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NEL Readmissions	15	23	19	25	32	26	41	48	50	33	14	25
NEL Admissions	179	200	178	185	208	200	221	247	229	214	189	225
NEL Readmissions %	8.4%	11.5%	10.7%	13.5%	15.4%	13.0%	18.6%	19.4%	21.8%	15.4%	7.4%	11.1%

	2015/16	12.8%	11.0%	14.9%	15.8%	14.0%	15.9%	14.8%	14.7%	10.8%	11.2%	13.7%	16.4%	13.9%
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Readmissions as a percentage was very similar to 2015/16 at 14.2% for the year, lower than overall Trust average.

Action plan 2017-18

The following 7 areas will be focused on - (themes in quotations represent the focus within core vision):

- 1. Volunteer / arts and activities project implementation – “research/ innovation” Lead: CED/ MV-T**
- 2. Review and action National Audit of Dementia Care when available in July 2017 (*not yet released at time of writing)**
- 3. “Carer focus” Lead - SM**
 - a. Survey Foundation Trust members and set up meeting to gauge views**
 - b. Restart carer surveys**
- 4. Forever Friends Fundraising Appeal – agree details and establish launch date Lead: CED**
- 5. “Staff support/ training” - Extend Level 1 dementia training to all staff Lead: JD**
- 6. Continued focus on core areas: Charter Mark progress and This is Me use through audits Lead- Dementia coordinators**
- 7. “Environment” – establish small works fund and review Cheselden ward in addition to working on Fundraising Appeal Lead: JD/HD/SB**

Chris Dyer & Jane Davies on behalf of the Dementia Strategy Group

APPENDIX 1. RUH dementia care vision 2015-20

Dementia Care 5 year Vision 2017 review of progress

**The Royal United Hospital Bath's vision is to be the first truly dementia friendly hospital in
England by 2020**

**“An innovative hospital leading cutting edge research and delivering the highest
standards of care for people with dementia”**

Themes: together, caring, learning, environment

This means:

1. Being the best provider of acute care for people with dementia in England, as measured by patient and hospital outcome data, where:

- The views of patients with dementia and their carers are sought consistently and valued. This means that:
 - *All wards that care for people with dementia conduct and review carer surveys, with a range of 30-60 surveys per year (depending on type of ward) and results available on the ward “dashboard” and by 2018 to the public.*
 - *Regular focus group meetings are held with carers and members of the dementia strategy group to review the carer surveys and agree relevant actions*
 - *Working closely with partner organisations in statutory and voluntary sectors is second nature**
 - *Targets for improvements in levels of satisfaction are agreed by the carer focus groups which are stretching and ensure the highest levels of “very satisfied” that is considered possible, and which are considered to be nationally leading.*

2017 update – Carer surveys were halted due to staffing issues but are now being resumed in Autumn 2017; focus for 2017-18 plan
- Personalised dementia care is always achieved. This means that:
 - *RUH is in the top decile of the National Audit of Dementia Care*
 - *A carer strategy is enacted to ensure, for example, that carers consistently have “passports of care”, and there is documentary evidence of carer involvement in patient notes.*
 - *Over 95% recognition as to who has dementia via “Forget-Me-Not” signs on whiteboards and wristbands*
 - *Assessment of mental capacity and the use of “DOLS” is fully understood by staff*
 - *Music, arts and activities are integral components and available across all wards*

- *Care pathways and dementia policies are regularly reviewed and developed*
- *Hospital care is seen as a continuum of community care, i.e. working seamlessly with primary care and other support services*

2017 update: 85% use of “Forget-me-Nots”; mental capacity training imbedded; further work on policies needed; music, arts and activities high priority and volunteer project started with good funding

- A Dementia team is established incorporating clinical leaders, trainers, researchers, dementia coordinators and mental health workers. This means:

- *A 7 day per week mental health service and dementia coordinators have the capacity to review all appropriate patients within 24 hours of referral, 7 days per week.*
- *The RUH dementia strategy group has sufficient staff with dedicated time spent on quality improvement work in this area*
- *The following work streams are created, with key actions: 1. Carer focus; 2. Research and innovation; 3. Staff support/ training; 4. Environment*

2017 update: 7 day service in place, more funding would be required to dedicate more staff to this area – currently subject of proposals for fund raising appeal

- The RUH Dementia Ward Charter mark drives the very highest care on all wards. Specifically-
 - *All (relevant) wards are assessed for the charter mark*
 - *All achieve a GOLD standard by 2020.*
 - *A revised charter mark introduced during 2015-16 which is achieved by all older people’s wards*
 - *All wards with a charter mark must achieve the carer survey numbers and act on survey findings*
 - *Charter Marks are removed if concerns are identified, and rapid action is taken by the dementia team with the ward team to remedy the situation*

2017 update: Charter marks have been made tougher resulting in fewer Golds, carer surveys restarting;

- A volunteer coordinator project is introduced that supports 4800 hours of volunteer activity by 2018
 - A project is being developed and funding identified in 2015 to introduce and research the role of volunteers in dementia care
- 2017 update: Commenced in March 2017*

2. A highly trained workforce is developed that works proactively with carers

- A strategy is developed that ensures all staff receive training at an appropriate level at least consistent with Health Education England targets
- 2017 update: Recommend non-clinical staff receive Level 1 training; Level 2 at 76% for clinical staff*

3. An environment is created across the whole hospital that meets the King's Fund dementia friendly principles-

{Note: To close, refurbish all wards and departments in the RUH will take more than 5 years to achieve.}

- Agree design principles for all older people's wards and RUH West, consistent with the "Combe ward" redesign,
- To take opportunities to redevelop areas in each ward using dementia friendly principles such as the Emergency Department, Assessment Units, and all adult wards.
- Ensure all areas hallmarked for redevelopment adopt dementia friendly design
- A member of the Estates team is an integral part of the dementia strategy group
- The atrium and other communal spaces are assessed, signage reviewed and revamped as necessary
- All outpatient areas are reviewed and fracture clinic revamped utilising dementia friendly principles
- A telecare demonstration suite is redeveloped

- A dementia simulation suite (virtual reality) and environmental stimulation lounges (former day rooms) are scoped and introduced
2017 update: Estates team work with dementia strategy group; funding limited and so a fund raising appeal is best approach

4. Cutting edge innovation and research is developed with key staff appointed, partnering RICE, Designability, AWP Mental Health Trust, and the Universities of Bath & Bristol:

- Patients are able to participate in high quality research
- Research is focused on improving care systems and patient/ carer experience
- Innovative practice is rapidly adopted
- Delirium research is developed
- The benefits of music, art, and the environment are researched and championed
- Parkinson's dementia
- Research in the ED/ MAU
- Research outcomes and innovation from other studies or units are rapidly adopted

2017 update: 2 new RICE clinical academics in place part funded by RUH (for clinical); music research being prioritised.

5. A fund –raising strategy would be developed to support the vision

- Forever Friends Appeal Team are working with the dementia strategy group
- A volunteer coordinator project has been developed and part funding identified in 2015 so far

2017 update: the group works closely with Forever Friends and Trust Board to consider whether this should be next priority area as discussed in this paper.

- Partners are: Alzheimer's Support, Alzheimer's Society, Age UK, BaNES Carers' Centre, Wiltshire Carer Support, RICE, Designability

Appendix 2. Members of dementia strategy group

Carer representative

Martin Kirkby

Age UK

Karen John Amanda Stanson

Alzheimer's Society

Cat Medley Marco Van-Tintelen Brogan Knight

Alzheimer's Support

Stephany Bardzil

AWP

Brendan Baker Matt Jelley

Banes Carers Centre

Grace Moorton Tom Fox-Proverbs

RICE

Prof Julian Hughes

RUH: Julia Bennett Steve Boxall Edwina Bridgeman Victora Cooper Carolyn Davey, Jane Davies Rachel Davis Maggie Depledge Hetty Dupays Chris Dyer (chair)
Cate Everitt Tanya Harris Lydia Harvey Theresa Hegarty Tim Hobbs Mitchell Iles Angela Isherwood Jason Ovens Sharon Manhi