**Staff Questionnaire coding framework**

**Instructions**

* Please read and get to know the coding framework before coding e.g. understanding the difference between items like 2.6 & 3.2 and 4.5 & 4.6.
* There is no minimum or maximum number of codes per suggestion. If there is no suggestion, this comment is not coded. If there are 20, these are all coded.
* Please code all suggestions for improvement of the hospital or trust. Include comments where the suggestion is implied (e.g. statement “never enough staff for activities” implies that more staff for activities are required). Please do not include comments which are not a suggestion and where the implied suggestion is not clear – these do not need to be coded at all.
* Please code any comments which are suggestions but do not relate to the hospital or trust under 9.1.
* Please code suggestions where it is not clear that it relates to a specific code (but where it is possible it may) as the more general code instead of the specific e.g. where there is a comment on staffing levels which do not specifically state more nursing staff, but this is supposed, code as 5.7 and not 5.1. In other words, unless specifically mentioned, do not code as something – favour the general choice instead.
* Each new suggestion (within a comment) should be coded even if this is using a code which has already been allocated for that comment – this should not be done of course if the phrase is expanding on a suggestion already made i.e. only code twice where there are two distinct suggestions for the same code.
  + If there is a comment like “more activities e.g. dominos, cards, books, iPads, music” this would be coded once as 6.2.
  + If there is a comment like “There should be free access to TV as many patients like to watch TV but cannot afford it. I think there should also be access for staff to give patients twiddle muffs as they seem to enjoy having this activity available to them”. This would be coded twice – 6.2 and 6.2.
* There can be more than one code in the same sentence/ few words e.g. “more volunteers who are especially trained to help with feeding patients” would be coded as 4.4 and 5.4.
* Please note the difference between 8.2 and 8.3. 8.2 refers to specific moves from one ward to another. 8.3 refers to comments about not putting patients in a free bed which is unrelated to the speciality of their medical needs. Please note the word outlying may be used in various scenarios e.g. “outlying overnight” is actually a ward move and a placement on a ward not appropriate to their needs so should be placed under both codes.
* If there are any terms used which you do not understand, please google them so that they can be coded. If a google does not help, please record the record ID number for the NAD project team to review.

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| 1 | Patient care |
| 1.1 | Better support skills e.g. listen, talking, treat people as individuals, encouraging to dress themselves |
| 1.2 | Better provision for/ response to care needs (e.g. dressing in own clothes, call bells, toileting, pain relief, end of life care, not using sedation, doing hearing tests, more therapy) |
| 1.3 | Better diagnosis practices e.g. not refusing diagnosis due to delirium |
| 1.4 | Other |

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| 2 | Patient nutrition and hydration |
| 2.1 | (Better) access to snacks and finger foods |
| 2.2 | (Better) access to food out of hours |
| 2.3 | Better/ more appropriate food choice and size/ food ordering systems (e.g. who takes order when) – not to include picture menus |
| 2.4 | Adapted equipment for nutrition e.g. beakers, adapted cutlery, coloured crockery, picture menus, easier food packaging |
| 2.5 | Better meal timings/ adhering to protected mealtimes |
| 2.6 | Improved system to show and record nutritional needs e.g. coloured tray to show need help with feeding, displaying nutritional needs by bed, completing food charts (not to include info on likes and dislikes) |
| 2.7 | Other |

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| 3 | Information and communication of patients’ dementia |
| 3.1 | More/ better use of visual indicator of dementia e.g. flower above bed |
| 3.2 | More/ better use of personal information e.g. likes, dislikes, “This is Me” |
| 3.3 | Better communication between departments of person’s dementia (including escort to other areas of hospital) |
| 3.4 | More handover/ “huddle” / other staff meeting |
| 3.5 | Other |

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| 4 | Training and information |
| 4.1 | More training for non-clinical staff – admin, catering, security, porters |
| 4.2 | More training for agency staff/ bank staff/ students |
| 4.3 | More training for doctors, nurses, HCAs and AHPs (including social workers) |
| 4.4 | More/ better training on specified subject area e.g. Mental Capacity Act, feeding, challenging behaviour |
| 4.5 | More/ more frequent training – general |
| 4.6 | Better training e.g. more in depth, more classroom based instead of eLearning |
| 4.7 | Make training mandatory/ train all staff |
| 4.8 | Better awareness/ knowledge of dementia in staff |
| 4.9 | More/ better written information on dementia for staff |
| 4.10 | Other |

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| 5 | Staffing |
| 5.1 | More nurses/ HCAs |
| 5.2 | More or introduction of activity staff e.g. activity coordinators |
| 5.3 | More/ better use of volunteers |
| 5.4 | More/ better nutritional support e.g. volunteers to help feeding, dietician input |
| 5.5 | More/ better access to 1 to 1 staffing |
| 5.6 | More/ better access to dementia specialist staffing incl. champions and mental health |
| 5.7 | More/ adequate staff – general comment or staffing group not specified above |
| 5.8 | More time (to care) – general comment |
| 5.9 | Other |

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| 6 | Environment and activities |
| 6.1 | Creation of/ more beds on specialist dementia ward or unit |
| 6.2 | (Better) access to activities e.g. pet therapy, singing sessions, TV, twiddle muffs |
| 6.3 | (Better) access to space away from bed e.g. garden, day room, dining table |
| 6.4 | (Better) hospital/ ward design e.g. colour scheme, flooring, signage, replicate design of another ward |
| 6.5 | (Better) hospital/ ward layout e.g. less single rooms, locked doors, cohorting bays |
| 6.6 | (Better) access to dementia related equipment e.g. clocks, calendars with day of week, falls sensors |
| 6.7 | Improve environment/ make more dementia friendly – general comment |
| 6.8 | Other |

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| 7 | Carers/ family |
| 7.1 | Written information about dementia available to provide to family and carers |
| 7.2 | (Consistent) open visiting for carers |
| 7.3 | Utilise more/ actively encourage/ involve carers in patients’ care e.g. encouraging to come in to help with feeding/ personal care/ bring in familiar items |
| 7.5 | Facilities for carers/ family e.g. somewhere to stay overnight, family room |
| 7.6 | Provide (more) support (services) for carers/ family |
| 7.7 | Other |

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| 8 | Governance/ hospital operations |
| 8.1 | (Better) access to dementia care plan/ pathway |
| 8.2 | Less/ no bed moves (at night) for dementia patients |
| 8.3 | Appropriate ward placement (straight away) |
| 8.4 | Hospital/ management acknowledge dementia patients need more time (than other patients) e.g. not moving staff to fill short fall on other wards |
| 8.5 | Hospital/ management to listen to staff |
| 8.6 | Better information systems e.g. changes to IT, less paperwork |
| 8.7 | Quicker discharge/ expedited discharge/ better discharge (on hospital’s part) |
| 8.8 | (Better) integrated working/ communication with other organisations/ services |
| 8.9 | Other |

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| 9 | Non-hospital recommendations |
| 9.1 | Recommendation – not for hospital |