

National Audit of Dementia
Care in General Hospitals 2016-2017

Local report appendices for:

Southmead Hospital

North Bristol NHS Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

Many thanks to Hwyl for permission to use the cover artwork. Hwyl is an art project run by Dementia Matters in Powys (DMiP) and Arts Alive Wales based at the Brecon War Memorial Hospital. The project focuses on working with elderly patients on hospital wards, with their families, carers, the ward staff and artists on a weekly basis.

With thanks to Rhiannon Davies (DMiP) and Tessa Waite (Arts Alive Wales).

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Introduction to the appendices

This is the appendices for your local report. Your local report is in a separate document. The appendices present data from Round 3 of the National Audit of Dementia, both at a national level and for your hospital. Data for your hospital in Round 2 is also shown where applicable. When comparing Round 2 data with Round 3 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Therefore, conclusions made from comparing the data should be with caution. Hospitals with less than five returns for the carer or staff questionnaires have not received any data and returns of 5 to 9 questionnaires have not received demographic information. The table below shows how the data tables in the appendices are laid out and what information you can find in each cell.

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
Standard reference and type. Standards document can be found on the audit website .	Question number. Orange items in the casenote audit appendix show low inter-rater reliability.	Question wording as in tool.	The national audit refers to all hospitals from England and Wales that participated in the Round 3 audit.	Data for your hospital from Round 3.	If the same question or a similar question was asked in Round 2, we have provided your Round 2 response for comparison. The carer and staff questionnaires are new tools and therefore this column has been excluded in these appendices.
			We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the appendices, depending on whether questions were routed (not asked in some instances), 'N/A' responses were chosen (these have been excluded from the analyses), or where staff and carers did not respond.		

For the organisational checklist, data from 199 hospitals are included in the national audit column (all the registered participants).

195 hospitals participated in the casenote audit, returning 10047 casenotes and this is shown in the national audit column. The national audit column for the casenote audit also shows the median and the inter quartile range for each question (where applicable). Question items which were found to have lower agreement in the inter-rater reliability analysis (see audit [website](#)) have been coloured orange.

196 hospitals returned carer questionnaires. Data from all questionnaires (4664) is presented in the carer questionnaire data tables in Appendix E.

198 hospitals returned staff questionnaires. Data from all questionnaires (14416) is presented in Appendix G. For some questionnaire items, the data for the two most positive answers have been combined, as well as being presented separately. This is provided both at a national level and for your hospital.

Appendix A: Organisational checklist data

Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	60.8% 121/199	Yes	-
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	Yes	-
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	65.9% 114/173	Yes	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	Yes	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	Yes	New question for Round 3
Pathway in development	24.4% 42/172				
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	No	-
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	31.7% 63/199	No	-
4.4 [2]	3	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	60.3% 120/199	Yes	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes	-
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	No	-
	4c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n/na (hospitals in Wales))	58.6% 106/181	Yes	-
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	67.3% 134/199	Yes	-
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	Yes	-
	5b	Ward level (y/n)	93.5% 186/199	Yes	-
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.		
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	76.9% 153/199	Yes	New question for Round 3
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?			
		Yes, more than once a year	41.2% 63/153	Yes, once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3
	9a	<i>(If Q9=Yes)</i> The group meets:			
		Annually	0.5% 1/186	Monthly	New question for Round 3
		Bi-annually	0.5% 1/186		
		Quarterly	30.1% 56/186		
		Six-weekly	4.3% 8/186		
		Monthly	33.3% 62/186		
		Bi-monthly	29% 54/186		
		Weekly	0.5% 1/186		
		Unknown	1.6% 3/186		
	9b	<i>(If Q9=Yes)</i> The group includes:			
		Healthcare professionals	100% 186/186	√	New question for Round 3
		Organisations e.g. Alzheimer's Society	64% 119/186	-	
Carer/ service user representation	66.1% 123/186	√			
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	Yes	-
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	-
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	88.9% 177/199	Yes	New question for Round 3

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	No	New question for Round 3

Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n)	98.5% 196/199	Yes	-
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	-
	17b	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n)	98.5% 193/196	Yes	-
	17c	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n)	100% 196/196	Yes	-
	17d	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes support or actions that can calm the person if they are agitated: (y/n)	99% 194/196	Yes	-
1.15 [3]	17e	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes life details which aid communication: (y/n)	99.5% 195/196	Yes	-
1.14 [1]	18	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes how the person with dementia communicates with others/ understands communication: (y/n)	99.5% 195/196	Yes	New question for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	19	(If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n)	93.4% 183/196	Yes	-
20	Documenting use of personal information in practice: Hospitals selected three wards (not mental health wards) which had the highest admissions of people with dementia. 10 patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me" (any patients with dementia who did not require a personal information document were excluded).				
	Ward 1:		Gate 28A		New question for Round 3
	Ward 2:		Gate 28B		
	Ward 3:		Gate 9B		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	7	New question for Round 3
	Percentage of patients where the information was present:		-	70%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them: (y/n)	90.5% 180/199	Yes	-

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	91.1% 164/180	√	-
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	√	
		Other	18.9% 34/180	-	
	22	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	√	-
		Alert sheet or electronic flag	18.6% 26/140	-	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	-	
Other		17.9% 25/140	-		
9.13 [2]	23	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	81.9% 163/199	Yes	

Training, learning and development

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
7.2 [2]	24	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia: (y/n)	95.5% 190/199	Yes	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia):			
		Dementia awareness training:			
		Doctors			
		Mandatory	46.2% 92/199	√	-
		Provided on induction	63.3% 126/199	√	-
		Provided in the last 12 months	58.8% 117/199	√	-
		Not provided in the last 12 months	8.5% 17/199	-	-
		Nurses			
		Mandatory	51.8% 103/199	√	-
		Provided on induction	74.4% 148/199	√	-
		Provided in the last 12 months	68.3% 136/199	√	-
		Not provided in the last 12 months	1% 2/199	-	-
		Healthcare assistants			
		Mandatory	51.8% 103/199	√	-
		Provided on induction	71.4% 142/199	√	-
		Provided in the last 12 months	68.3% 136/199	√	-
		Not provided in the last 12 months	1% 2/199	-	-
		Other allied healthcare professionals, e.g. physiotherapists, dieticians			
		Mandatory	47.7% 95/199	√	-
		Provided on induction	64.8% 129/199	√	-
		Provided in the last 12 months	67.8% 135/199	√	-
		Not provided in the last 12 months	3.5% 7/199	-	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
		Mandatory	41.2% 82/199	√	-
		Provided on induction	57.8% 115/199	√	-
		Provided in the last 12 months	63.8% 127/199	√	-
		Not provided in the last 12 months	11.1% 22/199	-	-
7.11 [3]	26	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff: (y/n)	82.4% 164/199	Yes	-
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	72.9% 145/199	√	New question for Round 3
		Workshop or study day	91% 181/199	√	
		Higher education module	22.6% 45/199	-	
		Other	29.1% 58/199	√	

7.5 [3]	28	Hospitals were asked to provide figures on the number of staff trained in dementia awareness. Only 34 hospitals could provide this for at least one of the years specified. Therefore, there is no data on training figures.
N7b [3]	29	What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2016? This information was to compare with question 28 so is therefore not included.

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	-
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	-
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	Yes	-
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	95.5% 190/199	Yes	-
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	92.6% 176/190	Yes	-
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	-
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	Yes	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N3b [2]	35	The hospital can provide finger foods for people with dementia (please select one option only):			New question for Round 3
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) on every day	65.3% 130/199	√	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	1% 2/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	0% 0/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	0% 0/199	-	
		Finger food consists of sandwiches/wraps only	33.7% 67/199	-	
		Patients who may be unable to use cutlery will never be admitted to the hospital	0% 0/199	-	
3.11 [2]	36	The hospital can provide 24 hour food services for people with dementia (please select one option only):			New question for Round 3
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	50.8% 101/199	-	
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	10.6% 21/199	-	
		Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	32.2% 64/199	√	
		Only snacks (biscuits, cake) are available 24 hours a day	3% 6/199	-	
Food is not available 24 hours a day	3.5% 7/199	-			
6.10 [2]	37	There is access to advocacy services with experience and training in working with people with dementia: (y/n)	95% 189/199	Yes	-

Environment

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
6.11 [3]	Opportunities for social interaction for patients with dementia are available (e.g. to eat/ socialise away from their bed area with other patients):				
	38	On all adult wards	15.1% 30/199	-	New question for Round 3
		On care of the elderly wards	38.7% 77/199	√	
		Other	30.2% 60/199	-	
		No	16.1% 32/199	-	
N8a [3]	The physical environment within the hospital has been reviewed using an appropriate tool (e.g. King's Fund Enhancing the Healing Environment) to establish whether it is "dementia-friendly":				
	39	Throughout the hospital	42.7% 85/199	√	New question for Round 3
		All adult wards/ areas	13.6% 27/199	-	
		All care of the elderly wards/ areas	18.1% 36/199	-	
		Designated dementia wards only	3% 6/199	-	
		Other	13.1% 26/199	-	
		No	9.5% 19/199	-	
	40	<i>(If Q39=Yes)</i> Environmental changes based on the review are:			
		Completed	15% 27/180	-	New question for Round 3
		Underway	56.7% 102/180	-	
		Planned but not yet underway	10% 18/180	-	
		Planned but funding has not been identified	15.6% 28/180	-	
		Plans are not in place	2.8% 5/180	√	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N8a [3]	<i>(If Q39=Yes)</i> Service users/ carers/ lay volunteers have been part of the team reviewing the environment:				
	41	Throughout the hospital	36.7% 66/180	√	New question for Round 3
		All adult wards/ areas	9.4% 17/180	-	
		All care of the elderly wards/ areas	13.3% 24/180	-	
		Designated dementia wards only	5% 9/180	-	
		Other	13.3% 24/180	-	
		They have not been part of the team	22.2% 40/180	-	
	<i>(If Q39=Yes)</i> There are plans to further review the changes implemented:				
	42	Yes, we are already undertaking/ have already done this	49.4% 89/180	√	New question for Round 3
		Yes, once the work is completed	40% 72/180	-	
		No plans are in place	10.6% 19/180	-	

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	0% (0)
66 - 80	24.3% (2445)	18% (9)
81 - 100	73% (7332)	80% (40)
101 - 108	0.4% (39)	2% (1)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	66 - 104
Mean	84	85.8
Median	85	86.5

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	30% (15)
Female	59.9% (6018)	70% (35)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	88% (44)
Black/ Black British	1.2% (123)	4% (2)
Asian/ Asian British	1.9% (193)	0% (0)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	0% (0)
Other	12.4% (1250)	8% (4)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	96% (48)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	2% (1)
Other	0.6% (59)	2% (1)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	12% (6)
Fall	13.3% (1332)	24% (12)
Urinary/ renal	9% (901)	6% (3)
Hip dislocation/ hip fracture	7.5% (754)	8% (4)
Sepsis	6.3% (633)	8% (4)
Delirium/ confusion	6% (604)	8% (4)
Gastrointestinal	5.9% (595)	6% (3)
Cardiac/ vascular	5.1% (517)	0% (0)
Stroke	3.8% (380)	2% (1)
Neurological	3.6% (364)	2% (1)
Skin lacerations/ lesions	2% (204)	4% (2)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	2% (1)
Unable to cope/ frailty	1.6% (160)	2% (1)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	4% (2)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	2% (1)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	2% (1)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	2% (1)
Psychiatric	0.4% (42)	4% (2)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	0% (0)
Not documented/ unknown	0.2% (21)	0% (0)

*Primary cause of admission was taken as the first reason entered on the casenote audit.

**Out of 195 noted with Dementia as cause of admission, 142 of these had dementia as the only cause of admission.

Speciality of the ward patients spent the longest time in	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Care of the Elderly/ Complex Care	41.1% (4125)	44% (22)
General Medical	23.5% (2359)	30% (15)
Other Medical	9.9% (999)	4% (2)
Orthopaedics	8.9% (892)	16% (8)
Surgical	6.8% (681)	4% (2)
Stroke	4.5% (456)	2% (1)
Cardiac	2.5% (248)	0% (0)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	6% (3)
Self-discharged from hospital	0.1% (12)	0% (0)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	23.4% (11)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	14% (7)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	28% (14)
11 – 20 days	25.5% (2559)	20% (10)
21 – 30 days	11.3% (1132)	18% (9)
31 – 40 days	6.7% (671)	8% (4)
41 – 50 days	4.2% (418)	12% (6)
51 – 60 days	2.3% (230)	4% (2)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	6% (3)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	4% (2)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-120
Median (days)	12	23

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	60% (30)	27.7% (13)
Respite care	0.8% (80)	1.6% (136)	0% (0)	4.3% (2)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	12.8% (6)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	6% (3)	4.3% (2)
Intermediate care	0.3% (27)	2% (172)	0% (0)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	22% (11)	17% (8)
Nursing home	19.7% (1981)	28.7% (2511)	12 (6)	31.9% (15)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	0% (0)	2.1% (1)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	51.1% (24)
Own/ carer's home to nursing/ residential care	11.1% (972)	19.1% (9)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	95.2% 40/42	-% -/-	
	15	An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	89.8% 8832/9837 (93%, 86-96%)	96% 48/50	-% -/-	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	85.9% 7580/8822 (89%, 79-96%)	60% 27/45	-% -/-
		Other action taken	4% 352/8822 (2%, 0-5%)	17.8% 8/45	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	77.8% 35/45			
1.10 [1]	16	Has a formal pressure ulcer risk assessment been carried out and score recorded? (y/n)	95.5% 9590/10044 (98%, 94-100%)	100% 50/50	-% -/-	
1.12 [1]	17	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/could not be assessed for recorded reasons)	88% 8572/9744 (92%, 85-97%)	87.2% 41/47	-% -/-	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	83.2% 8185/9840 (90%, 77-98%)	100% 49/49	-% -/-	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?			
		Yes, a standardised assessment has taken place	45.3% 4212/9294 (45%, 23-66%)	0% 0/36	-% -/-
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	86.1% 31/36	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/36	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	86.1% 31/36	

Mental state assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.3 [2]	20	Has a standardised mental status test been carried out? (y/n/could not be assessed for recorded reasons)	54% 4684/8682 (55%, 38-72%)	95.2% 40/42	-% -/-
1.4 [2]	21	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?			
		Yes, and there were indications that delirium may be present	25.9% 2603/10047 (24%, 14-36%)	44% 22/50	-% -/-
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	54% 27/50	-% -/-
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	98% 49/50	-% -/-
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	100% 22/22	-% -/-

Information about the person with dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	22	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (y/n)	57.2% 5727/10010 (58%, 31-85%)	100% 49/49	-% -/-
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	47.4% 2669/5626 (53%, 30-77%)	46.3% 19/41	-% -/-
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	19.5% 8/41	New answer option for Round 3
	22b	<i>(If Q22=Yes)</i> Has information been collected about the patient's food and drink preferences?			
		Yes	44.1% 2476/5616 (50%, 29-71%)	46.3% 19/41	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	19.5% 8/41	
	22c	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding reminders or support with personal care?			
		Yes	55.3% 3116/5631 (64%, 42-80%)	54.8% 23/42	-% -/-
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	16.7% 7/42	New answer option for Round 3
	22d	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?			
		Yes	32.6% 1818/5583 (35%, 18-56%)	46.3% 19/41	-% -/-
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	19.5% 8/41	New answer option for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	22e	(If Q22=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?			
		Yes	28.2% 1564/5539 (26%, 13-50%)	46.3% 19/41	-% -/-
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	19.5% 8/41	New answer option for Round 3
1.15 [3]	22f	(If Q22=Yes) Has information been collected about the patient regarding life details which aid communication?			
		Yes	43.1% 2413/5598 (50%, 25-70%)	51.2% 21/41	-% -/-
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	19.5% 8/41	New answer option for Round 3

*Unknown response options refer to situations in which the information is usually recorded in a document which accompanies the patient (e.g. "This is Me" or patient passport) and no copy is available in the notes.

Discharge

Assessment before discharge

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.3 [2]	23	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded: (y/n)	22.4% 1639/7329 (17%, 9-30%)	40% 12/30	-% -/-
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	22.2% 4/18	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	0% 0/18	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/18	
		Not documented/ unknown reason	78.1% 4444/5690	77.8% 14/18	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	0% 0/18		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	93.3% 28/30	-% -/-
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	43.3% 13/30	-% -/-
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	61.5% 8/13	-% -/-
26	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	19.4% 1425/7329 (19%, 13-26%)	23.3% 7/30	-% -/-	
26a	<i>(If Q26=Yes)</i> Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	44.5% 635/1426 (40%, 23-60%)	28.6% 2/7	-% -/-	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	91.7% 11/12	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	70.4% 1161/1649 (75%, 50-89%)	100% 11/11	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	9.1% 1/11	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	90.9% 10/11	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/11	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	0% 0/11	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/0	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	0% 0/0	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	100% 11/11	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	0% 0/11	

*Please note that these figures include 1.9% of casenotes where it was specified that the capacity assessment information is kept with social worker notes, which are unavailable to the auditor.

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	90% 27/30	-% -/-
5.4 [1]	29a	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person with dementia? (y/n/na)	53.9% 3327/6169 (55%, 38-72%)	77.8% 21/27	-% -/-
	29b	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na)	80.7% 5597/6935 (82%, 71-91%)	100% 27/27	-% -/-
	29c	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the consultant responsible for the patient's care? (y/n)	75.1% 5501/7329 (81%, 63-91%)	93.3% 28/30	-% -/-
	29d	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team? (y/n)	81.5% 5971/7329 (85%, 76-93%)	93.3% 28/30	-% -/-
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	100% 30/30	-% -/-
5.7 [2]	31	Are any support needs that have been identified documented in the discharge plan/ summary? (y/n/na)	60.2% 4211/6995 (61%, 44-79%)	90% 27/30	-% -/-
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	100% 30/30	-% -/-
N5b [2]	33	Was a copy of the discharge plan/ summary sent to the GP/ primary care team on the day of discharge? (y/n/na)	93.6% 6701/7156 (98%, 93-100%)	83.3% 25/30	New question for Round 3

Discharge planning

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.1 [2]	34	Was discharge planning initiated within 24 hours of admission? (y/n/na)	47.4% 2483/5242 (48%, 27-67%)	100% 9/9	-% -/-
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	33.3% 7/21	-% -/-
		Patient awaiting assessment	9.1% 190/2088	9.5% 2/21	-% -/-
		Patient awaiting history/ results	6.1% 127/2088	19% 4/21	-% -/-
		Patient awaiting surgery	9.6% 200/2088	4.8% 1/21	-% -/-
		Patient presenting confusion	5.7% 120/2088	0% 0/21	-% -/-
		Patient on end of life plan	0% 1/2088	0% 0/21	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/21	-% -/-
		Patient unresponsive	0.3% 6/2088	0% 0/21	-% -/-
		Patient being discharged to nursing/ residential care	6.5% 136/2088	33.3% 7/21	-% -/-
		Not recorded	-	-	-% -/-
		Other	0% 0/2088	0% 0/21	-% -/-

Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	19.5% 1432/7329	6.7% 2/30	-% -/-
		24 hours	12.2% 897/7329	13.3% 4/30	-% -/-
		25 - 48 hours	14.7% 1075/7329	16.7% 5/30	-% -/-
		More than 48 hours	27.1% 1985/7329	40% 12/30	-% -/-
		No notice at all	0.5% 35/7329	0% 0/30	-% -/-
		Not documented	24.2% 1770/7329	23.3% 7/30	-% -/-
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/30	-% -/-
		Patient specified information withheld	0% 3/7329	0% 0/30	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	67.3% 2605/3868 (70%, 50-88%)	50% 2/4	-% -/-

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	0% (0)
25 – 34 years	2.9% (133)	3.3% (1)
35 – 44 years	5.6% (259)	3.3% (1)
45 – 54 years	16.2% (749)	16.7% (5)
55 – 64 years	25.8% (1193)	20% (6)
65 – 74 years	20.8% (960)	23.3% (7)
75 – 84 years	19.1% (885)	20% (6)
85 years or over	7.4% (343)	13.3% (4)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	23.3% (7)
Female	68.1% (3150)	76.7% (23)
Other	0.1% (4)	0% (0)
Prefer not to say	1.2% (57)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	96.7% (29)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	0% (0)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	3.3% (1)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	53.3% (16)
Family member	55.9% (2597)	43.3% (13)
Friend	4.4% (203)	3.3% (1)
Professional carer (health or social care)	5.4% (249)	0% (0)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	85.2% (23)

Appendix E: Carer questionnaire data

Patient care

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.3 [1]	1	Do you feel that hospital staff were well informed and understood the needs of the person you look after?		
		Yes, definitely	46.5% 2130/4578	46.7% 14/30
		Yes, to some extent	43.3% 1980/4578	43.3% 13/30
		No	10.2% 468/4578	10% 3/30
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?		
		Yes, definitely	54.2% 2489/4592	44.8% 13/29
		Yes, to some extent	36.4% 1672/4592	51.7% 15/29
		No	9.4% 431/4592	3.4% 1/29
1.14 [1]	3	Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i>		
		Yes, definitely	55.4% 2456/4433	58.6% 17/29
		Yes, to some extent	34.2% 1515/4433	37.9% 11/29
		No	10.4% 462/4433	3.4% 1/29
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?		
		Yes, definitely	76% 3471/4569	86.7% 26/30
		Yes, to some extent	20.8% 952/4569	13.3% 4/30
		No	3.2% 146/4569	0% 0/30

Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	41.8% 1908/4566	33.3% 10/30
		Yes, to some extent	40.4% 1843/4566	53.3% 16/30
		No	17.8% 815/4566	13.3% 4/30
9.11 [2]	6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?		
		Yes, definitely	47.5% 2138/4497	34.5% 10/29
		Yes, to some extent	36.4% 1637/4497	48.3% 14/29
		No	16.1% 722/4497	17.2% 5/29
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	45.4% 2053/4524	33.3% 10/30
		Yes, to some extent	34.5% 1563/4524	46.7% 14/30
		No	20.1% 908/4524	20% 6/30

Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den		
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?			
		Excellent	34.5% 1602/4645	26.7% 8/30	
		Very good	33.9% 1575/4645	33.3% 10/30	
		Good	17% 790/4645	26.7% 8/30	
		Fair	9.6% 446/4645	13.3% 4/30	
		Poor	5% 232/4645	0% 0/30	
	9	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?		
			Extremely likely	42.5% 1933/4544	37.9% 11/29
			Likely	34.1% 1551/4544	41.4% 12/29
			Neither likely nor unlikely	14.3% 648/4544	17.2% 5/29
			Unlikely	4.8% 220/4544	3.4% 1/29
			Extremely unlikely	4.2% 192/4544	0% 0/29

Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	10	Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?		
		Very satisfied	50.3% 2204/4379	58.6% 17/29
		Somewhat satisfied	34% 1487/4379	34.5% 10/29
		Somewhat dissatisfied	9.9% 434/4379	0% 0/29
		Very dissatisfied	5.8% 254/4379	6.9% 2/29

Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	31.9% (4559)	43.9% (94)
26 - 50%	25.6% (3651)	21% (45)
51 - 75%	24.4% (3489)	20.6% (44)
More than 75%	18.1% (2588)	14.5% (31)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	13.5% (29)
Female	83.2% (11954)	86.5% (186)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	83.7% (180)
Black/ Black British	4.1% (594)	3.3% (7)
Asian/ Asian British	8% (1150)	6.5% (14)
Mixed	1.3% (183)	1.4% (3)
Chinese	0.5% (73)	0.5% (1)
Other	4.5% (646)	4.2% (9)
Prefer not to say	1.7% (241)	0.5% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	27.9% (60)
Registered nurse (Band 7 or above)	12.7% (1831)	7% (15)
Healthcare assistant	23.1% (3324)	25.6% (55)
Doctor	11.5% (1645)	12.1% (26)
Allied healthcare professional	11.9% (1713)	16.7% (36)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	3.3% (7)
Student	2.3% (332)	1.4% (3)
Ward based administrators	4% (571)	4.7% (10)
Other/ unknown	1.9% (279)	1.4% (3)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	21.9% (47)
30 hours or more	87% (12458)	78.1% (168)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	7% (15)
6 - 11 months	9.5% (1364)	8.8% (19)
1 - 2 years	15.6% (2242)	21.9% (47)
3 - 5 years	16.4% (2350)	12.6% (27)
6 - 10 years	15.9% (2283)	14.4% (31)
11 - 15 years	12.1% (1739)	12.1% (26)
More than 15 years	22.4% (3205)	23.3% (50)

Appendix G: Staff questionnaire data

Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)		
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>					
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>					
		Yes, always	28.7% 4026/14024	61.6% 8640/14024	30% 60/200	62.5% 125/200	
		Yes, most of the time	32.9% 4614/14024		32.5% 65/200		
		Yes, sometimes	26.8% 3760/14024	-	25% 50/200	-	
		No	11.6% 1624/14024	-	12.5% 25/200	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	8.4% 14/166	21.7% 36/166
			Yes, most of the time	15.7% 1763/11207		13.3% 22/166	
	Yes, sometimes		27.9% 3129/11207	-	31.3% 52/166	-	
	No	48.6% 5441/11207	-	47% 78/166	-		

Dementia care training

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
7.4 [2]	What form did your dementia training at this hospital take? <i>Please tick all that apply:</i>			
	2	eLearning	42.8% 5653/13205	52% 104/200
		Workshop/ study day	53.2% 7030/13205	80% 160/200
		Higher education module	5.4% 713/13205	3.5% 7/200
		Workbook	7.7% 1018/13205	7.5% 15/200
		Other	7.3% 961/13205	4.5% 9/200
		I have not received any dementia training at this hospital	17.3% 2278/13205	2% 4/200
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?		
		Yes, much better prepared	42.2% 4502/10670	35.4% 68/192
		Yes, somewhat better prepared	50.5% 5390/10670	55.7% 107/192
		No	7.3% 778/10670	8.9% 17/192

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	19.5% 42/215	58.1% 125/215
		Yes, most of the time	38.5% 5525/14345		38.6% 83/215	
		Yes, sometimes	33% 4734/14345	-	39.5% 85/215	-
		No	7.1% 1014/14345	-	2.3% 5/215	-
	3a	Do you have the opportunity to use this information to help you care for/ support people with dementia?				
		Yes, always	26.6% 3549/13329	67.5% 9003/13329	24.3% 51/210	65.2% 137/210
		Yes, most of the time	40.9% 5454/13329		41% 86/210	
		Yes, sometimes	30.6% 4074/13329	-	33.8% 71/210	-
		No	1.9% 252/13329	-	1% 2/210	-
7.4 [2]	4	In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? <i>E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward.</i>				
		Yes, always	28.9% 4145/14333	62.1% 8904/14333	24.3% 52/214	59.8% 128/214
		Yes, most of the time	33.2% 4759/14333		35.5% 76/214	
		Yes, sometimes	27.3% 3913/14333	-	31.3% 67/214	-
	No	10.6% 1516/14333	-	8.9% 19/214	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
7.12 [1]	6	As a team, how often do you talk about the way you care for/ support people with complex needs (including dementia)?		
		Frequently	49.8% 6203/12457	43.5% 80/184
		Occasionally	37.2% 4636/12457	34.2% 63/184
		Almost Never	9.7% 1210/12457	16.3% 30/184
		Never	3.3% 408/12457	6% 11/184

Patient care and nutrition

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.8 [1]	7	Can carers of people with dementia visit at any time on the ward(s) you work on? <i>i.e. visits are not limited to normal visiting hours and may include mealtimes.</i>				
		Yes, always	51.2% 6131/11978	78.5% 9402/11978	60.1% 101/168	90.5% 152/168
		Yes, most of the time	27.3% 3271/11978		30.4% 51/168	
		Yes, sometimes	16.1% 1927/11978	-	8.9% 15/168	-
		No	5.4% 649/11978	-	0.6% 1/168	-
7.18 [1]	8	Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on?				
		Yes, always	25.9% 3181/12263	76.1% 9330/12263	16.7% 30/180	69.4% 125/180
		Yes, most of the time	50.1% 6149/12263		52.8% 95/180	
		Yes, sometimes	19.2% 2357/12263	-	27.8% 50/180	-
		No	4.7% 576/12263	-	2.8% 5/180	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.9 [2]	9	Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? <i>E.g. pain relief, personal care, toileting, mobility assistance.</i>				
		Yes, always	30.4% 2785/9148	78% 7137/9148	22% 27/123	74% 91/123
		Yes, most of the time	47.6% 4352/9148		52% 64/123	
		Yes, sometimes	18.7% 1708/9148	-	22.8% 28/123	-
		No	3.3% 303/9148	-	3.3% 4/123	-
	10	Is additional staffing support provided if dependency needs on the ward(s) you work on increase?				
		Yes, always	10.7% 977/9143	38.2% 3493/9143	9.8% 12/123	47.2% 58/123
		Yes, most of the time	27.5% 2516/9143		37.4% 46/123	
		Yes, sometimes	42.5% 3887/9143	-	39.8% 49/123	-
		No	19.3% 1763/9143	-	13% 16/123	-
N3c [3]	11	Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on? <i>By night time bed moves, we mean bed moves between the evening meal and breakfast the next morning.</i>				
		Yes, always	16.3% 1474/9047	48.8% 4416/9047	6.6% 8/122	41.8% 51/122
		Yes, most of the time	32.5% 2942/9047		35.2% 43/122	
		Yes, sometimes	27.7% 2506/9047	-	31.1% 38/122	-
	No	23.5% 2125/9047	-	27% 33/122	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	17.6% 19/108	47.2% 51/108
		Yes, most of the time	39.3% 3456/8788		29.6% 32/108	
		Yes, sometimes	16.8% 1476/8788	-	28.7% 31/108	-
		No	15.6% 1368/8788	-	24.1% 26/108	-
N3b [2]	13	Can you access finger food (i.e. food which can be eaten without a knife/ fork/ spoon) for people with dementia as an alternative to main meals?				
		Yes, always	38% 3356/8822	65.2% 5754/8822	15.7% 17/108	46.3% 50/108
		Yes, most of the time	27.2% 2398/8822		30.6% 33/108	
		Yes, sometimes	22.5% 1983/8822	-	36.1% 39/108	-
		No	12.3% 1085/8822	-	17.6% 19/108	-
3.11 [2]	14	Can you access snacks for people with dementia in between meals?				
		Yes, always	44.5% 4060/9119	73.2% 6675/9119	34.1% 42/123	56.9% 70/123
		Yes, most of the time	28.7% 2615/9119		22.8% 28/123	
		Yes, sometimes	20.7% 1886/9119	-	32.5% 40/123	-
		No	6.1% 558/9119	-	10.6% 13/123	-
N3a [2]	15	Are the nutrition and hydration needs of people with dementia communicated at handovers/ safety briefings?				
		Yes, always	46.2% 4199/9090	79.6% 7238/9090	34.1% 42/123	71.5% 88/123
		Yes, most of the time	33.4% 3039/9090		37.4% 46/123	
		Yes, sometimes	15.5% 1408/9090	-	21.1% 26/123	-
		No	4.9% 444/9090	-	7.3% 9/123	-

Appendix H: Staff suggestions for your hospital

The staff questionnaire included a question asking staff to make one suggestion on how their hospital could improve care and support provided to people with dementia. Below, all suggestions from staff at Southmead Hospital are provided.

Registered Nurses (Band 5 or 6)
Allocate more staff.
Allowing staff to have the time to care for these patients properly without rushing them i.e. more staff on ward and ensuring all staff on ward have better training on how to care for these patients.
Audit numbers of patients with dementia on wards with the aim of staffing wards appropriately to allow these patients needs to be met at a slower pace, without impacting on the care of non-dementia patients.
Availability of 1:1 (enhanced care) is getting better, more finger food would be good, more support from dementia link nurses and aids are hard to get hold of e.g. mitts as we use bandages at present.
Better communication between staff and relatives to ensure normal routines are kept in order to minimise distress and disruption.
Better safety net to avoid unnecessary admissions.
By providing specialist training regarding dementia leadership aimed at the senior managers/ matrons/ ward manager level. There are many clinical champions across the trust who are very passionate about improving patient care, but some senior clinicians are not aware of the issues faced by people with dementia or their carers, and how these needs should affect the way services are delivered and improved.
Clear labels on doors e.g. toilet sign, coloured rails.
Communication between all to maintain a calming environment for each patient.
Dementia support nurses coming onto the ward, or being able to contact them more easily for extra support. Some floor or wall markings to orientate people to where they are... all wards and rooms look the same, this is confusing enough for people without dementia!
Dementia wards have worked better in the past.
Having only one person for 4 enhanced care patients who are high falls risk does not allow a patient to do as they wish, e.g. walk around ward. An extra member of staff would help. Maybe someone to perform planned activities. Limited access to snacks at night, sometimes sandwiches are available, would be beneficial to always have snacks available.
Having the time to sit and talk to them more but especially on nights, we don't have enough staff to meet this need.
I think it is not appropriate to call security when patients with dementia become distressed and try and leave the ward e.g. when they are determined to go home. It would be really helpful for the staff and the patients if there was a 24 hour team that could be called (like the crash team) to come and help settle the patient. People who wear uniforms similar to the police is not helpful and can make matters worse. I have personal experience of this and it was extremely distressing for my family member, they thought they had done something wrong.
I think it would be better if there was only a limited number of patients in the ward and if it exceeds the safe number of dementia patients, then there should be extra staffing provided to cater to all their complex needs. Sometimes one-to-one for the enhanced care bay is not enough if all of them are confused.
If there are enough nurses on each shift, it will help.
Increase the number of HCAs according to the needs of dementia patients to prevent falls.

Registered Nurses (Band 5 or 6)

Increase the staffing levels, care worker or support worker to involve in the care, family to sit with them, especially at night. Dementia patients are much better with familiar faces/ family/ care worker.
Less single rooms.
Make sure the patient is [treated] in a suitable ward.
More hands-on training - more support from dementia team. More activities for patients, better environment for dementia patients.
More nurses, more activities. Need more money. Need more nutritional knowledge and new types of nutrition.
More staff and awareness.
More staff available especially at mealtimes to assist the patients to eat. They usually take a long time to get through their meals and sometimes the food is taken away, deeming it cold.
More staff on the ward so there is a better staff to patient ratio. This would allow more time to help patients with feeding and taking medications and mobilising - helping aid a speedier recovery and less risk of urine and chest infections.
More staff on ward.
More staff to allow time to spend and talk to people with dementia. Including books, pictures etc. to aid discussion and get the person involved.
More staff, each ward needs a dementia champion(s) to help the patient chose food, offer reassurance, communication.
More staff.
More training for staff on how to deal with challenging behaviour. Have a dedicated team or volunteers to provide meaningful activities - it is impossible for nurses/ HCAs to do this. More work needs to be done on catering for patients with dementia, more cake, crisps, sandwiches, ice cream, fortified milk for cereal. Finger foods supplied by catering (not from ward budget). Picture menu cards. More snacks! To provide biscuits for our patients costs £3000 per year from our ward budget!
Most of the dementia patients, need to provide 1:1 care [for].
Not moving patients with dementia at night/ after dark - it happens all the time.
Recruit more HCAs.
Staffing issues need to be addressed more since the problem with patient to staff ratio affects the quality of care provided. Not only to dementia patients but also all patients in general.
Supply extra staff to cope with them, give them the time and support their needs.
Very busy ward - never enough staff to fully provide supportive personalised care for dementia patients.
We need more time to talk to our patients who have dementia, to be able to reassure them and support them properly. Many are confused and disorientated and although I would dearly love to sit with them for longer and find out who they are and what their concerns are for the future, this necessary time is a resource I rarely have.
With more staff/ extra staff, as dementia support requires patience and time.

Registered Nurses (Band 7 or above)

Access to old memories such as music they have listened to in the past.

Be helpful to have more input from dementia services - say a morning per week. We don't really see anyone unless we actively ask via email for help and advice. Fairly unsupported.

Dementia friendly environment.

Engagement in carers conversation throughout hospital journey. Use cognitive care bundle and "this is me".

Increase staffing levels of both registered and non-registered staff. 80% single rooms make it harder to nurse dementia patients.

Increased activities to help to distract/ focus activity.

More staff to give patients time to go off the ward for walks - more time for 1-1 care needs. Wellbeing support. A selection of food from a variety of areas. Patients of 80 years and over do not want hot meals and curry/ pasta - but would like rolls, meat, salad (not just a lettuce leaf).

Side rooms can be very isolating for patients.

The café works very well and there are champions on most wards, perhaps more advertising of the good things we do. Increase and actively promote family involvement, working on the launched John's campaign and better bedside sleeping options.

The pain assessment and pain management of patients with dementia still needs to improve - access to the Abbey Pain Scale and teaching on this is helping - gradually.

Healthcare Assistants

Arrange more activities to stimulate the patients both physically and mentally.

Better, secure ward instead of automatic doors, more staff. [Bed moves at night] should be banned and not allowed, stupid times to be moving beds. It only confuses the patient more.

By giving more activities and having one to one with the patient.

Create a medical ward, or room/ bay in wards, for dementia patients only, built, decorated, and illuminated using the latest research and have special dementia trained staff for them.

Dementia group sessions. Board, card or general group discussions.

Doing some activity.

Extra staffing. Provide training for staff on how to deal with aggressive patients who have dementia.

Give us more staff.

Giving better advice, not just play an activity with them, there's not always time and half the time doesn't help with the most agitated.

Have staffing levels appropriate to allow staff to spend time with patients with dementia to allow them to become at ease with their surroundings.

Having experts in to show us how to interact with dementia patients.

Helping them to do the things that they normally do at home like knitting and painting.

High staff to patient ratios on wards with more than 50% dementia patients. Dementia patients in bays instead of single rooms to allow staff to monitor better, encourage interaction and prevent isolation.

I believe the hospital standard should be that the clinical lead for dementia, a qualified nurse or specialist, should personally and individually assess every patient. The patient as standard must have a "this is me" booklet at bedside completed - this provides such good information on the background of the patient with a section for favourite foods and hobbies. Stickers and labels need to be clearly displayed above bedside, hand over information needs to be relevant, current and updated. I do not see the value of behaviour charts

Healthcare Assistants

in enhanced care wards, they only comment on behaviour and we already know the diagnosis so we can expect certain symptoms, it is extra paper work. Only things relevant and current need mentioning. As a healthcare assistant I am not able to give the medications or prescribe them so if a patient for example has Parkinson's disease with involuntary movements, only the nurse can administer this and I cannot speed up their process, only remind them. Also, I cannot do anything to really calm or sedate a hysterical cognitively impaired patient who is screaming and has dementia. At best, we can accompany them when walking down corridors, try to encourage them to stay in bed with bed rails up if very high risk of falls and also get them a hi-lo bed. I do feel playing music or radio or singing to them with songs from their generation does them good because they seem to remember their childhood days.

I feel that they are in the wrong place. They need to be stimulated, allowed out into gardens not shut up all day. Re-open Malvern ward.

I feel we need more regular and thorough training on dealing with patients with dementia and more time to meet their needs on the ward. Often housekeeping staff will just put something down for them for their meals when communication is difficult with the patient. We need more communication with family members where possible to ensure we give the patient something they like.

I think my hospital gives excellent care to people with dementia, however more training can only improve our ability to continue providing good care.

If on night duty hours, [always have] a healthcare worker allocated to a patient with dementia so that personal, individual care can be delivered effectively. It would be good if when a patient with dementia starts to get agitated that there was a memory room on hand to try to comfort and reassure them with pleasant reminders of history/ music/ things from the past to help reassure them and calm them down.

Insist that someone who knows them is to attend emergency department [with them].

Make sure that everyone who has dementia diagnosed, has a "forget me not" bundle, this should be done on every ward and filled out to make everyone aware. Also, the sign of the forget me not should be placed visible; every ward needs to do this. Stop patients being moved to different bed spaces to accommodate admissions. Or even moved to different wards.

Monthly/quarterly reports.

More help. More activities to keep them happy and busy.

More space of say a room where they can roam around and do more activities, a quiet room for them or some sort of room for dementia patients.

More staff at night. More snacks kept in fridge especially at night.

More staff on the ward, especially experienced in working with patients with dementia. It will be good to have more time or less patients to look after. Sometimes we have a few people who need to be fed or encouraged to eat and 1 member of staff (8 patients). Nurses never have time to support us. More help with fluid intake as on drug rounds. [There] is not enough time to toilet people regularly. Some patients like to walk [on their] own and our possibilities [to assist this] are very limited as we are seeing other patients. Sometimes I am wondering why we do not have special psychiatric or dementia support within our Southmead Hospital in Bristol. It would be good to have additional snacks and sandwiches and so on in our kitchen. The only thing I can provide between meals is tea and coffee, toast and sometimes biscuits. As we know, people with dementia are quiet often angry or upset. I can hardly provide something like toast, tea or coffee. Thanks for support.

More staff so we can spend more time with the patients or reopen Malvern ward where the dementia patients were more happy and relaxed. The hustle and bustle of these busy wards are too much for them and they get confused and disorientated.

More staff to be able to support people with dementia as not always able to spend time with them to allay their fears.

Healthcare Assistants

More staff to meet their needs. Allot of strain is put on staff i.e. if there is a wandering patient we don't always have the extra staff to accommodate that patient and still be able to put the safety of other patients in a bay first. More details should be handed over to assistants for their safety as well as the safety of the patients.

More staff would be helpful in providing more personal care; having time to spend talking rather than just washing and dressing.

More staff.

More staffing so more one to one and time can be spent with them. More staff e.g. [in] bays as almost all have dementia and high risk of falls [so] can't take one for wash and leave others unattended. More support with nutrition as dementia patients can't always tell you their likes and dislikes. Snack foods needed more as only ever have biscuits on ward if we have any. Families always ask for snacks for the patients.

More staffing to allow more time to provide person-centred care to patients with dementia.

More staffing to support the needs of dementia patient, and frequent rotation to help mental health of staff who are working with dementia patients, as they are very demanding.

More training provided on the ward maybe.

My ward operates the enhanced care system of work. We were a pilot ward for this and it has worked exceptionally well. The patients have TV monitors so that they can have movies and games and we interact with them. We also have cards and games and memory boards that all help stimulate their minds. There is nothing nicer than reminiscing with a patient when they have been looking at memory cards and they begin to talk about their past, because of the film, book or card.

Provide us with more equipment to help with communication and cognitive practice. Equipment currently provided is great but only in 4 bedded bays, maybe have more for patients in individual rooms.

Should have an activity coordinator, someone who can advise and support. Need more snacks supplied as [in the] afternoons, they get a bit more peckish. Relatives sometimes come in and then when they leave, the patient needs a distraction - a nice cup of tea and maybe a cake.

The dementia hand book to be completed. More family input about the patient we are looking after.

They can provide more staff to help support the others when the ward is in full demand.

To supply the wards with coloured plates, mugs and bowls so that people with dementia can see the food better and this in turn will increase the patient's food and fluid intake as shown in various studies. Another issue would be to make much more of an effort to fill in the "this is me" forms as they are sparsely completed a lot of the time.

We had a patient who was very aggressive, she used the locker key to scratch staff. She slapped the staff nurse twice within 10 minutes. Sometimes we need not just one to one, maybe we need two to one for this kind of patient.

Doctors

A dementia specialist nurse who could see people who are inpatients (particularly those being newly diagnosed or who need greater community support) and liaise with the community and families.

Better staffing levels on wards where complex care is taking place. More availability of care for these patients outside of the acute setting once medically fit. Better planning for appropriate levels of active interventions for these patients.

By not isolating patients in side rooms. By helping them to drink regularly.

Clocks in patient rooms/ ward to display day/ date/ year.

Doctors

Dementia awareness events supported by the senior management team. Ongoing dementia training for clinical staff in bite size portions.

Dementia nurse/ team support for people with alcohol related dementia.

Ensure all patients have "this is me" completed.

Given that dementia affects at least 25% of our hospital patients, the dementia team has a tiny resource. Key assessment information and advocacy are lacking for many of the patients despite dementia champions. Good care is practical, consistent and embedded. Although the trust has improved in the last few years there is a long way to go with reliably implementing the excellent carer bundles that have been developed. Key to this is ward-based culture, senior leadership nursing and medical and proactive involvement of carers from admission. Nursing staff/ dietician are critical to [properly implementing the care bundle] and often there are too few of them.

Greater staff numbers on the wards, especially at night, and especially at HCA level.

Need for staff to help at mealtimes to encourage oral intake in dementia patients.

Need more staff to be trained in getting accurate collateral histories and ensuring that the "this is me" is filled in. Provide sufficient nursing staff to help feed patients and push fluids and give patients time to express themselves. Get more volunteers to interact with patients. Train staff to recognise pain and distress in patients with difficulty communicating. Get better training around end of life and ceilings of care so staff feel comfortable having these conversations.

Reduce number of patient movements in first 48 hours of admission. E.g. emergency department to 31B to 31A to ward.

Utilise open areas or create more relaxed spaces for patients to sit, communal areas with activities.

Allied Healthcare Professionals

Availability of meaningful activity boxes across every ward.

Better access to this is me documents on the ward!

Better investigation into causes of memory loss before labelling a patient with dementia.

Better use of open spaces and walls to allow for presentation of information/ patient activities/ topic boards etc.

By all staff having a firm understanding of person centred care.

Commitment to using the Cognitive Care Bundle however, I recognise the bundle is viewed as a bit of a paper exercise among some staff...the "this is me" should be filled in every time though, this I try to stay on top of. Encourage and give time to good health care assistants to develop better skills in dementia care e.g. pay for courses and highlight even free online modules they could do. Encourage everyone to be a dementia champion!! Invest in meaningful activities for the ward, activities and games etc... boredom is a killer.

Having enough nursing staff on the ward to offer extra care and support to those patients with dementia. 'Releasing time to care'. More consistent use of 'this is me' booklets, both in the community and in the acute setting. This document should be available to both hospital and community staff to enable an effective handover of care and give all staff a greater understanding of the patient's wishes etc.

High level of completion and reading of "this is me" paperwork.

I feel there is more to be done to make the environments more "dementia friendly", our ward now has a clock in each patient room which is essential for orientating patients, calendars would also be brilliant to help orientate. I have been off [work] for a year recently. Since returning, I have noticed there are less

Allied Healthcare Professionals

"specials" - 1:1 nursing on ward that I work on and that the brilliant HCAs on my ward are often supporting multiple patient's within 4-bedded bays. Ideally, I would love it if we could have activity coordinators on the ward who could work with patients who are unsettled, wandering etc. rather than organising "specials". I also think it would be good if on admission to hospital, families/ carers were prompted to bring in things that patient needs such as hearing aids, glasses, day clothes etc. to support orientation, normal routine and quality of life. In my opinion, there have been occasions where nutritional needs could be better met by catering staff; there was one lady who had dementia and she was a vegetarian. This was clearly documented on her patient board and "This is Me", yet in her nutritional chart it was documented that she'd "declined cottage pie" or "did not eat ham sandwich", patient had declined her food for 3 days. I spoke with the catering staff that same lunchtime to clarify that she had a vegetarian meal that lunchtime, they reported that yes she did, when I asked what it was they said "Quiche Lorraine" I told the caterer that quiche Lorraine had meat in it and she was unaware that it did. I think it's important that catering staff are aware of what they are serving and that patients should be involved in choosing their meals, including carer when possible.

If both qualified and auxiliary staff had more time to provide basic care tasks, the quality of care would improve. This trust is currently improving access to community records - this will hopefully improve access to existing records such as "This is Me".

If the specialist dementia team/ dementia champions were more visible, so we know they are available.

Improve continuity of care such as dressing in own clothes and engaging in activities that patient enjoys.

Increase the number of mealtime volunteers available to provide assistance at mealtimes and in between meals to help patients meet their nutritional needs. Non-patient facing staff could be asked if they would wish to volunteer to provide assistance at one lunchtime per week.

Lots of snack options available on the ward to increase oral intake. Freezer to offer ice cream and sweet desserts/ foods.

More activities available for dementia patients, especially ones that are waiting for social services which may take some time (any day clinics available within hospital?) Adequate signage around the hospital in patient rooms, i.e. easy to read signage for toileting, pictures depicting where the toilet or bathroom is. Clocks on the walls, and calendars, in other wards. Music therapy and reminiscence boxes to be available on wards. Some more support with physically helping patients with eating and drinking may be worthwhile to explore. Sometimes, staff are so understaffed on the ward that patients are left to eat and drink on their own, however, with dementia, the patient may not initiate or be able to do this on their own.

More time to care.

More use of the "This is me" tool.

Nursing teams to be proactive with using the "This is Me" documents as soon as they arrive in hospital - in all areas.

Prior warning of patient's needs before radiology appointments are made, so that sufficient time is allowed to explain procedures and prepare the patient.

Private rooms/ apartments for dementia patient so their family/ carer can stay with them and make it a homely/ safer/ more comfortable environment.

We don't have finger foods although we have done a trial of them, the results were mixed; we would like to have more ice cream available but the freezer space is currently not available - looking to overcome this. There is still work to do [on nutrition needs]! Funding of catering system still a barrier.

Students

I found the training very good here at the hospital. Maybe more training on the wards after induction.

Perhaps by getting their families and friends more involved in the care of their loved ones.

Therapy Assistants & Allied Healthcare Professional Assistants

By having an awareness that sight loss/ hallucinations impact on a person's mobility and navigation that can lead to increased confusion. An example is having good contrast in kitchen utensils, bright light and lots of colour to help.

It would be helpful to receive better knowledge of the dementia patient - for example, what the patient wishes to be called. Small amounts of background information could be helpful in difficult situations to help make the patient more aware and feel as though they can trust us whilst they are in our care.

Provide support to enable people with dementia to leave their room or ward to alleviate boredom.

The face to face training workshop I attended with the dementia specialist nurse was very good and prepared me for working with patients with dementia. I could benefit from a refresher of this information in some way as it was years ago.

The introduction of a team of meaningful activities volunteers and continuing training for staff, particularly HCAs and trainee assistant practitioners, in meaningful engagement and activities, along with activities boxes on each ward and an increased programme of creative activities!

There are no TV's or radios for patients in Elgar House, there is often nothing to do and not enough staff to provide meaningful contact.

Ward-based Administrators

Engage all members of staff more, instead of segregating clinical groups, etc. As a clerical employee, I often work within clinical research and am very interested in attending additional workshops on a variety of areas/issues, including dementia.

More information for out of area patients to facilitate easier discharges.

More staff to support dementia patients so you can spend time with them.

They should have the ward on a ground level with a garden so they can have a little more freedom.

Other / Unknown

No comments from other staff for your hospital.

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