

**National Audit of Dementia
Care in General Hospitals 2016-2017**

Local report appendices for:

Poole Hospital

Poole Hospital NHS Foundation Trust

July 2017

Commissioned by:

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 | No |
| | | 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 | N/A |
| 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 | No | 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 | Yes | 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 | Yes | Yes |
| 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 | 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 Yes | |
| | 4b | Complaints – analysed by age (y/n) | 52.3% 104/199 | Yes Yes | |
| | 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 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 | No Yes | |
| 4.11 [2] | 5 | There are champions for dementia at: | | | |
| | 5a | Directorate level (y/n) | 81.9% 163/199 | Yes Yes | |
| | 5b | Ward level (y/n) | 93.5% 186/199 | Yes 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 | Quarterly | 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 | Yes |
| | 12a | <i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n) | 88.7% 173/195 | No | 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 | Yes | 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 | 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 | 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 | 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 | No |
| | 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 | No |
| 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 | 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 | No | 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: | | Lytchett | | New question for Round 3 |
| | Ward 2: | | Lulworth | | |
| | Ward 3: | | Lilliput | | |
| | Number of patients checked: | | - | 14 | New question for Round 3 |
| | Range | | 0-40 | - | - |
| | Median | | 10 | - | - |
| | Number of these patients where the information was present: | | - | 13 | New question for Round 3 |
| | Percentage of patients where the information was present: | | - | 93% | 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 | 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 |
| | | 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 | No | |
| | 22a | <i>(If Q22=Yes)</i> Please say what this is: | | | |
| | | A visual indicator, symbol or marker | 87.1% 122/140 | N/A | Alert sheet |
| | | Alert sheet or electronic flag | 18.6% 26/140 | N/A | |
| | | A box to highlight or alert dementia condition in the notes or care plan | 20.7% 29/140 | N/A | |
| Other | | 17.9% 25/140 | N/A | | |
| 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 | New question for Round 3 | |

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 | 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 | No | No |
| 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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) | 26.5% (13) |
| 81 - 100 | 73% (7332) | 71.4% (35) |
| 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 | 71 - 103 |
| Mean | 84 | 86 |
| Median | 85 | 89 |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------|----------------------------------|---------------------------------|
| Male | 40.1% (4029) | 28.6% (14) |
| Female | 59.9% (6018) | 71.4% (35) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 82.1% (8250) | 100% (49) |
| Black/ Black British | 1.2% (123) | 0% (0) |
| 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) | 0% (0) |

| First language | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------------|----------------------------------|---------------------------------|
| English | 77.4% (7778) | 98% (48) |
| Welsh | 0.6% (61) | 0% (0) |
| Other European language | 1% (96) | 2% (1) |
| Asian language | 1.4% (144) | 0% (0) |
| Not documented | 19% (1909) | 0% (0) |
| Other | 0.6% (59) | 0% (0) |

| Primary diagnosis/ cause of admission* | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Respiratory | 19.9% (1998) | 10.2% (5) |
| Fall | 13.3% (1332) | 18.4% (9) |
| Urinary/ renal | 9% (901) | 8.2% (4) |
| Hip dislocation/ hip fracture | 7.5% (754) | 22.4% (11) |
| Sepsis | 6.3% (633) | 2% (1) |
| Delirium/ confusion | 6% (604) | 6.1% (3) |
| Gastrointestinal | 5.9% (595) | 0% (0) |
| Cardiac/ vascular | 5.1% (517) | 6.1% (3) |
| Stroke | 3.8% (380) | 8.2% (4) |
| Neurological | 3.6% (364) | 0% (0) |
| Skin lacerations/ lesions | 2% (204) | 2% (1) |
| Impaired consciousness | 2% (198) | 0% (0) |
| Dementia** | 1.9% (195) | 6.1% (3) |
| Other | 1.9% (192) | 0% (0) |
| Unable to cope/ frailty | 1.6% (160) | 6.1% (3) |
| Dehydration | 1.4% (143) | 0% (0) |
| Haematology | 1.1% (115) | 0% (0) |
| Endocrine/ metabolic | 1.1% (112) | 0% (0) |
| Other fractures | 1% (96) | 0% (0) |
| Cancer | 0.9% (94) | 0% (0) |
| Surgical/ non-surgical procedure | 0.9% (86) | 2% (1) |
| Pain/ swelling | 0.8% (85) | 2% (1) |
| Hepatology | 0.8% (84) | 0% (0) |
| Oral/ visual/ auditory | 0.4% (45) | 0% (0) |
| Rheumatic | 0.4% (45) | 0% (0) |
| Psychiatric | 0.4% (42) | 0% (0) |
| 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) | 57.1% (28) |
| General Medical | 23.5% (2359) | 6.1% (3) |
| Other Medical | 9.9% (999) | 0% (0) |
| Orthopaedics | 8.9% (892) | 26.5% (13) |
| Surgical | 6.8% (681) | 0% (0) |
| Stroke | 4.5% (456) | 8.2% (4) |
| Cardiac | 2.5% (248) | 0% (0) |
| Other | 1.4% (136) | 0% (0) |
| Nephrology | 0.5% (52) | 0% (0) |
| Obstetrics/ Gynaecology | 0.4% (41) | 2% (1) |
| 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) | 22.4% (11) |
| 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) | 0% (0) |
| Received end of life care in hospital/ was on an end of life care plan | 13% (1302) | 16.3% (8) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| 2 - 10 days | 45.3% (4553) | 36.7% (18) |
| 11 – 20 days | 25.5% (2559) | 24.5% (12) |
| 21 – 30 days | 11.3% (1132) | 12.2% (6) |
| 31 – 40 days | 6.7% (671) | 8.2% (4) |
| 41 – 50 days | 4.2% (418) | 0% (0) |
| 51 – 60 days | 2.3% (230) | 6.1% (3) |
| 61 – 70 days | 1.7% (168) | 6.1% (3) |
| 71 – 80 days | 1% (102) | 2% (1) |
| 81 – 90 days | 0.6% (62) | 4.1% (2) |
| More than 90 days | 1.5% (152) | 0% (0) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| Range | 2-775 | 3-88 |
| Median (days) | 12 | 17 |

| 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) | 71.4% (35) | 50% (19) |
| Respite care | 0.8% (80) | 1.6% (136) | 0% (0) | 5.3% (2) |
| Rehabilitation | 0.4% (37) | 2.4% (207) | 0% (0) | 5.3% (2) |
| Psychiatric ward | 0.5% (48) | 0.7% (62) | 0% (0) | 0% (0) |
| Carer's home | 2.1% (212) | 2.1% (181) | 0% (0) | 0% (0) |
| Intermediate care | 0.3% (27) | 2% (172) | 0% (0) | 2.6% (1) |
| Residential care | 16.9% (1701) | 17.7% (1551) | 14.3% (7) | 15.8% (6) |
| Nursing home | 19.7% (1981) | 28.7% (2511) | 14.3% (7) | 13.2% (5) |
| Palliative care | 0% (5) | 0.6% (54) | 0% (0) | 0% (0) |
| Transfer from another hospital | 1.4% (145) | 3.9% (343) | 0% (0) | 7.9% (3) |
| 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) | 68.4% (26) |
| Own/ carer's home to nursing/ residential care | 11.1% (972) | 7.9% (3) |

*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%) | 100% 46/46 | 97.4% 38/39 | |
| | 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%) | 95.9% 47/49 | 89.7% 35/39 | |
| | 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%) | 100% 47/47 | 97.1% 33/34 |
| | | Other action taken | 4% 352/8822 (2%, 0-5%) | 0% 0/47 | New answer options for Round 3 | |
| | Yes or other action taken | 89.9% 7932/2288 (93%, 85-98%) | 100% 47/47 | | | |
| 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% 49/49 | 97.4% 38/39 | |
| 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%) | 89.8% 44/49 | 34.2% 13/38 | |
| 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%) | 93.8% 45/48 | 94.9% 37/39 | |

| 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%) | 58.7% 27/46 | 30.8% 12/39 |
| | | Yes, an occupational therapy and/or a physiotherapy assessment has taken place | 42.8% 3977/9294 (44%, 26-58%) | 37% 17/46 | New answer options for Round 3 |
| | | Yes, other | 1.7% 161/9294 (0%, 0-2%) | 0% 0/46 | |
| | | Yes (all options) | 89.8% 8350/9294 (92%, 85-96%) | 95.7% 44/46 | |

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%) | 87% 40/46 | 75% 27/36 |
| 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%) | 22.4% 11/49 | 0% 0/39 |
| | | Yes, but there was no indication that delirium may be present | 18.5% 1863/10047 (15%, 6-25%) | 30.6% 15/49 | 0% 0/39 |
| | | Yes (both options) | 44.5% 4466/10047 (42%, 27-60%) | 53.1% 26/49 | 0% 0/39 |
| 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% 11/11 | -% N/A |

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%) | 85.1% 40/47 | 25.6% 10/39 |
| | 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%) | 41% 16/39 | 50% 5/10 |
| | | Unknown* | 33.1% 1865/5626 (14%, 0-44%) | 53.8% 21/39 | 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%) | 33.3% 13/39 | New question for Round 3 |
| | | Unknown* | 34.1% 1916/5616 (16%, 3-48%) | 59% 23/39 | |
| | 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%) | 41% 16/39 | 70% 7/10 |
| | | Unknown* | 29.9% 1685/5631 (13%, 0-37%) | 51.3% 20/39 | 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%) | 28.2% 11/39 | 30% 3/10 |
| | | Unknown* | 37.8% 2110/5583 (20%, 5-50%) | 64.1% 25/39 | 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%) | 12.8% 5/39 | 30% 3/10 |
| | | Unknown* | 39.1% 2167/5539 (20%, 7-52%) | 69.2% 27/39 | 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%) | 25.6% 10/39 | 50% 5/10 |
| | | Unknown* | 35.3% 1977/5598 (17%, 3-46%) | 66.7% 26/39 | 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%) | 50% 16/32 | 13.8% 4/29 |
| | 23a | <i>(If 23=No)</i> Please comment: | | | |
| | | Patient too unwell/ not responsive | 3.3% 189/5690 | 0% 0/16 | 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% 0/16 | |
| | | Not routine/ not standard practice | 5.8% 331/5690 | 25% 4/16 | |
| | | Not documented/ unknown reason | 78.1% 4444/5690 | 56.3% 9/16 | |
| | Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment) | 10.8% 616/5690 | 18.8% 3/16 | | |
| | 24 | At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n) | 69.1% 5067/7329 (72%, 57-84%) | 96.9% 31/32 | 69% 20/29 |
| | 25 | Have there been any symptoms of delirium? (y/n) | 32.3% 2367/7329 (33%, 22-41%) | 18.8% 6/32 | 48.3% 14/29 |
| | 25a | <i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n) | 47.9% 1133/2367 (45%, 33-64%) | 33.3% 2/6 | 35.7% 5/14 |
| 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%) | 3.1% 1/32 | 13.8% 4/29 | |
| 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%) | 0% 0/1 | 0% 0/4 | |

| 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%) | 56.3% 9/16 | 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%) | 33.3% 3/9 | 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%) | 0% 0/3 | |
| | | The patient lacked requisite capacity and evidence of a best interests decision has been recorded | 69.9% 811/1161 (75%, 50-90%) | 33.3% 1/3 | |
| | | There is no record of either consent or best interest decision making* | 18.3% 212/1161 (14%, 0-33%) | 66.7% 2/3 | |
| | 27a (i) | There are no documented concerns about the patient's capacity to consent to the referral: | 29.6% 488/1649 (25%, 11-50%) | 66.7% 6/9 | |
| | 27a (iii) | The patients consent was requested and this is recorded | 29.1% 142/488 (25%, 0-50%) | 33.3% 2/6 | |
| | | There is no record of the patients consent* | 70.9% 346/488 (75%, 50-100%) | 66.7% 4/6 | |
| | 27a (ii & iii) | Consent or best interests (responses options combined) | 66.2% 1091/1649 (67%, 50-86%) | 33.3% 3/9 | |
| | | No consent or best interests (response options combined) | 33.8% 558/1649 (33%, 14-50%) | 66.7% 6/9 | |

*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%) | 93.5% 29/31 | 17.2% 5/29 |
| 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%) | 76.7% 23/30 | 58.3% 14/24 |
| | 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%) | 93.8% 30/32 | 85.7% 24/28 |
| | 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%) | 84.4% 27/32 | 100% 29/29 |
| | 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%) | 93.8% 30/32 | 100% 29/29 |
| 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% 32/32 | 100% 29/29 |
| 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%) | 68.8% 22/32 | 78.6% 22/28 |
| 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%) | 83.9% 26/31 | 17.2% 5/29 |
| 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%) | 96.9% 31/32 | 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%) | 70% 21/30 | 67.9% 19/28 |
| | 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 | 0% 0/2 | 0% 0/1 |
| | | Patient awaiting assessment | 9.1% 190/2088 | 0% 0/2 | 0% 0/1 |
| | | Patient awaiting history/ results | 6.1% 127/2088 | 0% 0/2 | 0% 0/1 |
| | | Patient awaiting surgery | 9.6% 200/2088 | 50% 1/2 | 0% 0/1 |
| | | Patient presenting confusion | 5.7% 120/2088 | 0% 0/2 | 0% 0/1 |
| | | Patient on end of life plan | 0% 1/2088 | 0% 0/2 | - |
| | | Patient being transferred to another hospital | 0.1% 2/2088 | 0% 0/2 | 0% 0/1 |
| | | Patient unresponsive | 0.3% 6/2088 | 50% 1/2 | 0% 0/1 |
| | | Patient being discharged to nursing/ residential care | 6.5% 136/2088 | 0% 0/2 | 0% 0/1 |
| | | Not recorded | - | - | 100% 1/1 |
| | | Other | 0% 0/2088 | 0% 0/2 | 0% 0/1 |

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 | 28.1% 9/32 | 55.2% 16/29 |
| | | 24 hours | 12.2% 897/7329 | 3.1% 1/32 | 0% 0/29 |
| | | 25 - 48 hours | 14.7% 1075/7329 | 9.4% 3/32 | 6.9% 2/29 |
| | | More than 48 hours | 27.1% 1985/7329 | 15.6% 5/32 | 0% 0/29 |
| | | No notice at all | 0.5% 35/7329 | 0% 0/32 | 0% 0/29 |
| | | Not documented | 24.2% 1770/7329 | 43.8% 14/32 | 37.9% 11/29 |
| | | No carer, family, friend/ could not contact | 1.8% 132/7329 | 0% 0/32 | 0% 0/29 |
| | | Patient specified information withheld | 0% 3/7329 | 0% 0/32 | 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%) | 45% 9/20 | 0% 0/18 |

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) | 0% (0) |
| 35 – 44 years | 5.6% (259) | 0% (0) |
| 45 – 54 years | 16.2% (749) | 8.3% (1) |
| 55 – 64 years | 25.8% (1193) | 8.3% (1) |
| 65 – 74 years | 20.8% (960) | 41.7% (5) |
| 75 – 84 years | 19.1% (885) | 25% (3) |
| 85 years or over | 7.4% (343) | 16.7% (2) |
| Prefer not to say | 1.2% (56) | 0% (0) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 30.6% (1413) | 16.7% (2) |
| Female | 68.1% (3150) | 83.3% (10) |
| 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) | 91.7% (11) |
| 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) | 8.3% (1) |

| Relationship to patient | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--|----------------------------------|---------------------------------|
| Spouse or partner | 33.5% (1558) | 66.7% (8) |
| Family member | 55.9% (2597) | 33.3% (4) |
| Friend | 4.4% (203) | 0% (0) |
| 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) | 90.9% (10) |

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? | |
| | | 46.5% 2130/4578 | 83.3% 10/12 |
| | | 43.3% 1980/4578 | 16.7% 2/12 |
| | | 10.2% 468/4578 | 0% 0/12 |
| 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? | |
| | | 54.2% 2489/4592 | 91.7% 11/12 |
| | | 36.4% 1672/4592 | 8.3% 1/12 |
| | | 9.4% 431/4592 | 0% 0/12 |
| 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> | |
| | | 55.4% 2456/4433 | 63.6% 7/11 |
| | | 34.2% 1515/4433 | 36.4% 4/11 |
| | | 10.4% 462/4433 | 0% 0/11 |
| 7.4 [2] | 4 | Was the person you look after treated with respect by hospital staff? | |
| | | 76% 3471/4569 | 100% 12/12 |
| | | 20.8% 952/4569 | 0% 0/12 |
| | | 3.2% 146/4569 | 0% 0/12 |

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 | 75% 9/12 |
| | | Yes, to some extent | 40.4% 1843/4566 | 25% 3/12 |
| | | No | 17.8% 815/4566 | 0% 0/12 |
| 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 | 58.3% 7/12 |
| | | Yes, to some extent | 36.4% 1637/4497 | 33.3% 4/12 |
| | | No | 16.1% 722/4497 | 8.3% 1/12 |
| 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 | 66.7% 8/12 |
| | | Yes, to some extent | 34.5% 1563/4524 | 25% 3/12 |
| | | No | 20.1% 908/4524 | 8.3% 1/12 |

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 | 66.7% 8/12 |
| | | Very good | 33.9% 1575/4645 | 25% 3/12 |
| | | Good | 17% 790/4645 | 8.3% 1/12 |
| | | Fair | 9.6% 446/4645 | 0% 0/12 |
| | | Poor | 5% 232/4645 | 0% 0/12 |
| | 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 | 75% 9/12 |
| | | Likely | 34.1% 1551/4544 | 25% 3/12 |
| | | Neither likely nor unlikely | 14.3% 648/4544 | 0% 0/12 |
| | | Unlikely | 4.8% 220/4544 | 0% 0/12 |
| | | Extremely unlikely | 4.2% 192/4544 | 0% 0/12 |

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 | 75% 9/12 |
| | | Somewhat satisfied | 34% 1487/4379 | 25% 3/12 |
| | | Somewhat dissatisfied | 9.9% 434/4379 | 0% 0/12 |
| | | Very dissatisfied | 5.8% 254/4379 | 0% 0/12 |

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) | 35.1% (34) |
| 26 - 50% | 25.6% (3651) | 24.7% (24) |
| 51 - 75% | 24.4% (3489) | 21.6% (21) |
| More than 75% | 18.1% (2588) | 18.6% (18) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 15.7% (2260) | 13.5% (13) |
| Female | 83.2% (11954) | 86.5% (83) |
| 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) | 90.6% (87) |
| Black/ Black British | 4.1% (594) | 1% (1) |
| Asian/ Asian British | 8% (1150) | 3.1% (3) |
| Mixed | 1.3% (183) | 1% (1) |
| Chinese | 0.5% (73) | 2.1% (2) |
| Other | 4.5% (646) | 1% (1) |
| Prefer not to say | 1.7% (241) | 1% (1) |

| Job role | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Registered nurse (Band 5 or 6) | 29.9% (4300) | 23.7% (23) |
| Registered nurse (Band 7 or above) | 12.7% (1831) | 9.3% (9) |
| Healthcare assistant | 23.1% (3324) | 21.6% (21) |
| Doctor | 11.5% (1645) | 12.4% (12) |
| Allied healthcare professional | 11.9% (1713) | 22.7% (22) |
| Therapy assistant/ allied healthcare professional assistant | 2.6% (367) | 3.1% (3) |
| Student | 2.3% (332) | 1% (1) |
| Ward based administrators | 4% (571) | 4.1% (4) |
| Other/ unknown | 1.9% (279) | 2.1% (2) |

| Hours worked per week | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-----------------------|----------------------------------|---------------------------------|
| Up to 29 hours | 13% (1866) | 13.4% (13) |
| 30 hours or more | 87% (12458) | 86.6% (84) |

| Time worked in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|------------------------------------|--|---|
| Less than 6 months | 8% (1148) | 7.2% (7) |
| 6 - 11 months | 9.5% (1364) | 13.4% (13) |
| 1 - 2 years | 15.6% (2242) | 13.4% (13) |
| 3 - 5 years | 16.4% (2350) | 18.6% (18) |
| 6 - 10 years | 15.9% (2283) | 16.5% (16) |
| 11 - 15 years | 12.1% (1739) | 7.2% (7) |
| More than 15 years | 22.4% (3205) | 23.7% (23) |

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 | 22.1% 21/95 | 56.8% 54/95 |
| | | Yes, most of the time | 32.9% 4614/14024 | | 34.7% 33/95 | |
| | | Yes, sometimes | 26.8% 3760/14024 | - | 31.6% 30/95 | - |
| | | No | 11.6% 1624/14024 | - | 11.6% 11/95 | - |
| | 1b | Out of office hours | | | | |
| | | Yes, always | 7.8% 874/11207 | 23.5% 2637/11207 | 5.6% 4/72 | 25% 18/72 |
| | | Yes, most of the time | 15.7% 1763/11207 | | 19.4% 14/72 | |
| | | Yes, sometimes | 27.9% 3129/11207 | - | 16.7% 12/72 | - |
| | | No | 48.6% 5441/11207 | - | 58.3% 42/72 | - |

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] | 2 | What form did your dementia training at this hospital take? <i>Please tick all that apply:</i> | |
| | | 42.8% 5653/13205 | 8.9% 8/90 |
| | | 53.2% 7030/13205 | 70% 63/90 |
| | | 5.4% 713/13205 | 2.2% 2/90 |
| | | 7.7% 1018/13205 | 2.2% 2/90 |
| | | 7.3% 961/13205 | 8.9% 8/90 |
| | | 17.3% 2278/13205 | 20% 18/90 |
| | 2a | Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia? | |
| | | 42.2% 4502/10670 | 40.8% 29/71 |
| | | 50.5% 5390/10670 | 53.5% 38/71 |
| | 7.3% 778/10670 | 5.6% 4/71 | |

Information and communication

| 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) | |
|----------------|--------------------------|---|---|----------------------------------|--|-----------------------|
| 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 | 13.4% 13/97 | 58.8% 57/97 |
| | | Yes, most of the time | 38.5% 5525/14345 | | 45.4% 44/97 | |
| | | Yes, sometimes | 33% 4734/14345 | - | 30.9% 30/97 | - |
| | | No | 7.1% 1014/14345 | - | 10.3% 10/97 | - |
| | 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 | 25.3% 22/87 | 60.9% 53/87 |
| | | Yes, most of the time | 40.9% 5454/13329 | | 35.6% 31/87 | |
| | | Yes, sometimes | 30.6% 4074/13329 | - | 36.8% 32/87 | - |
| | | No | 1.9% 252/13329 | - | 2.3% 2/87 | - |
| 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 | 16.5% 16/97 | 57.7% 56/97 |
| | | Yes, most of the time | 33.2% 4759/14333 | | 41.2% 40/97 | |
| | | Yes, sometimes | 27.3% 3913/14333 | - | 28.9% 28/97 | - |
| | No | 10.6% 1516/14333 | - | 13.4% 13/97 | - | |

| 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 | 40% 34/85 |
| | | Occasionally | 37.2% 4636/12457 | 43.5% 37/85 |
| | | Almost Never | 9.7% 1210/12457 | 7.1% 6/85 |
| | | Never | 3.3% 408/12457 | 9.4% 8/85 |

Patient care and nutrition

| 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) | |
|-------------------|--------------------------|---|--|--|---|-----------------------|
| 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 | 37.2% 29/78 | 70.5% 55/78 |
| | | Yes, most of the time | 27.3% 3271/11978 | | 33.3% 26/78 | |
| | | Yes, sometimes | 16.1% 1927/11978 | - | 21.8% 17/78 | - |
| | | No | 5.4% 649/11978 | - | 7.7% 6/78 | - |
| 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 | 15% 12/80 | 75% 60/80 |
| | | Yes, most of the time | 50.1% 6149/12263 | | 60% 48/80 | |
| | | Yes, sometimes | 19.2% 2357/12263 | - | 20% 16/80 | - |
| | | No | 4.7% 576/12263 | - | 5% 4/80 | - |

| 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 | 30.8% 16/52 | 69.2% 36/52 |
| | | Yes, most of the time | 47.6% 4352/9148 | | 38.5% 20/52 | |
| | | Yes, sometimes | 18.7% 1708/9148 | - | 25% 13/52 | - |
| | | No | 3.3% 303/9148 | - | 5.8% 3/52 | - |
| | 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 | 1.9% 1/52 | 25% 13/52 |
| | | Yes, most of the time | 27.5% 2516/9143 | | 23.1% 12/52 | |
| | | Yes, sometimes | 42.5% 3887/9143 | - | 36.5% 19/52 | - |
| | | No | 19.3% 1763/9143 | - | 38.5% 20/52 | - |
| 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 | 15.4% 8/52 | 46.2% 24/52 |
| | | Yes, most of the time | 32.5% 2942/9047 | | 30.8% 16/52 | |
| | | Yes, sometimes | 27.7% 2506/9047 | - | 30.8% 16/52 | - |
| | No | 23.5% 2125/9047 | - | 23.1% 12/52 | - | |

| 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) | |
|-------------------|--------------------------|--|--|--|---|-----------------------|
| 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 | 30% 15/50 | 66% 33/50 |
| | | Yes, most of the time | 39.3% 3456/8788 | | 36% 18/50 | |
| | | Yes, sometimes | 16.8% 1476/8788 | - | 20% 10/50 | - |
| | | No | 15.6% 1368/8788 | - | 14% 7/50 | - |
| 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 | 90% 45/50 | 96% 48/50 |
| | | Yes, most of the time | 27.2% 2398/8822 | | 6% 3/50 | |
| | | Yes, sometimes | 22.5% 1983/8822 | - | 4% 2/50 | - |
| | | No | 12.3% 1085/8822 | - | 0% 0/50 | - |
| 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 | 50% 26/52 | 75% 39/52 |
| | | Yes, most of the time | 28.7% 2615/9119 | | 25% 13/52 | |
| | | Yes, sometimes | 20.7% 1886/9119 | - | 15.4% 8/52 | - |
| | | No | 6.1% 558/9119 | - | 9.6% 5/52 | - |
| 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 | 38.5% 20/52 | 76.9% 40/52 |
| | | Yes, most of the time | 33.4% 3039/9090 | | 38.5% 20/52 | |
| | | Yes, sometimes | 15.5% 1408/9090 | - | 17.3% 9/52 | - |
| | | No | 4.9% 444/9090 | - | 5.8% 3/52 | - |

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 Poole Hospital are provided.

| Registered Nurses (Band 5 or 6) |
|--|
| Be able to give the nurses more time, enable them to do more activities with them - more staff? |
| Become less task-orientated and for us to have the staff to care for people with dementia properly at their pace, instead of rushing to get tasks done as fast as possible. |
| Better patient staff ratio. |
| Dementia patients benefit from stimulation. Sadly, we do not have appropriate staffing levels to successfully accommodate this. Medically fit patients would benefit from an in-house day centre where staff could stimulate them with activities. This would reduce the risk of falls on the wards as unattended patients wander and increase the patients' mental alertness with activities. |
| Dementia patients can place a considerable stress on the ward staff if one to one nursing is required to maintain compliance with treatment and the safety of that patient and others. Ideally, an extra member of staff should be brought in to provide this care, so that the dementia patient does not suffer, or the other patients on the ward do not suffer due to their care being delayed, while staff are dealing with the dementia patient. This often does not happen. |
| Don't have enough staff to care for them properly. |
| Having adequate staffing, more specialist TV interaction re: memories, the old days etc... |
| Having the staff makes a difference. Extra time to support these patients. |
| I work in an emergency department. At times, clinical intervention takes priority over all else. A scenario that comes to mind is a lady who had an arterial bleed from her head post fall but was distressed, the priority was to stop the bleed. |
| Increased staff and specials for dementia patients who have complex needs such as assistance with nutritional needs, or are at a high risk of falls. |
| Increasing the number of staff. |
| Making sure that family members/ care homes fill in the appropriate paperwork to let nursing staff know all about the patients' activities of daily living - communication, drinking, feeding. |
| More finger food, more dementia friendly areas, we have finger mitts but often patients need carers/ family present which is not always the case. Staffing - if we have lots of confused patients and it is busy, it is hard to keep an eye on them as we only have a few observational trolley areas. |
| More staff and therefore more time, needs to be provided to increase the efficiency of care provided to these patients. |
| More training opportunities for specialised training. |
| Need to increase the number of staff on the floor so can spend more time with patients with dementia. Provide training for dementia. Need updates [re:] dementia. Need more staff on the floor so staff will give more time to the patient. |
| To provide an extra member of staff to those patients who require one to one nursing. Some patients need extra time to provide care required to avoid stress and anxiety to some patients. Dementia behaviour can vary with certain patients. At one point during the day, a patient can become very confused and paranoid [having been] settled and happy. Nurses find themselves protecting other patients from aggressive verbal and sometimes physical behaviour. Caring for dementia patients is very challenging with treating for |

Registered Nurses (Band 5 or 6)

delirium, aggressive behaviours and falling patients. Extra staff are needed to help maintain safety and encourage diet and fluids throughout the day and to ensure good care is given at all times.

We could provide them some entertainment, such as games and colouring books.

We use red plates and cups so that they can see the plate in front of them. Finger foods are excellent. We have used special volunteers in the past to come and help with feeding dementia patients on the ward if next of kin are unable to do so. I feel that some sort of 'day room' type ward for dementia patients would be amazing - they could have staff there to play games, do jigsaws, crafts, chat and tea/ biscuits etc. and make it like a lounge to try and help them to keep occupied and have company.

Would be useful to have activities/ resources available for all wards to avoid patients getting bored and agitated.

Registered Nurses (Band 7 or above)

Due to the dependency of the patients, it is difficult to spend the amount of time with them, that they require.

I feel a dementia activity support worker would be a positive benefit to the hospital. This role would provide engagement with patients which would hopefully in turn lead to reduced falls, reduced length of stay, improved nutrition, and see an improvement in their experience within a general hospital setting. I am aware of financial constraints within staffing budgets, however I feel this role could be trialled across the hospital to work with patients who are experiencing significant difficulties relating primarily to their dementia diagnosis.

I feel the trust has an excellent dementia team so can't suggest any improvements.

I work in an older people's unit and have many years experience working with dementia patients. Areas with less awareness need more support as we often get relatives stating that the specialist wards (e.g. orthopaedics etc.) do not have the same level of knowledge.

Investment in to a meaningful activities team to provide co-ordinated and individually tailored activity for patients with dementia.

Lunch clubs, activities.

More frequent study days and more awareness during induction.

More staff.

Healthcare Assistants

Allow relatives to come in and support the patients' needs, as they would have done, should they not be in hospital. If a particular person comes in to give them breakfast then this should be allowed and encouraged. More promotion of this, to aid a familiar routine which can help reduce confusion.

By means of using the "This is me" booklet and ensuring that is completed by those who know the patient best.

Communication cards.

Elderly care wards are still run on minimum staffing, meaning dementia patients do not always get the length of time they need spent on them.

Have more activities or things to do for them so they do not get bored. Have extra staff on so we have time to get to know the patient.

Healthcare Assistants

| |
|---|
| Having more staff working on the ward. |
| More practical aids and help for outpatients. |
| More staff on care of elderly wards to support patients/ carers with dementia. Only have one trained staff and one HCA to care for 10 patients with dementia that need extra support - who cares for the other patients? May take longer to assist with meals, other patients' food may go cold. |
| More staff to ensure safety. |
| More staff to help deal with patients with dementia i.e. one to one care. |
| More staff when we do have a high number of dementia patients that need extra care, which we can't always give as there is not enough time. |
| More staff. |
| Picture cards. |
| Provide more staff, especially on the elderly wards so we can spend the time with the patient. As having 4 staff to 20 patients is not good |
| Put more health care assistants in the ward. I have worked in an elderly ward for four years. The [number of] patients with [dementia has] increased [and are] also more dependent. So, I would like the management team [to think] about special dementia patient care and put more staff on the shift. |
| We could encourage patients with dementia to have mealtimes in the day room, rather than in their room if they wanted to. The bays and rooms should always look bright and welcoming. I think that all bays should have clocks on the wall and that all rooms should have a white board for the patient's family to write down any relevant information about that person. We should try to encourage volunteers to talk to dementia patients and to make them feel welcome and integrated with other patients on the ward (not singled out because they have dementia). We should have more snacks such as biscuits or fruit sent up for patients to have between meals. |
| With more healthcare assistants on a 1 to 1 basis. |

Doctors

| |
|--|
| Elderly care team very good at looking after dementia, but other specialities are not good at managing dementia. Perhaps ALL dementia patients should be seen by a geriatrician/ dementia specific nurse during their admission. |
| Encourage clinical directors to disseminate information and training information to doctors in the same specialty group. |
| I used to work in a hospital with a funded 'dementia day room'. This was on one of the elderly care wards, and had lots of activities for patients with dementia (books, puzzles, manicures, painting, crafts, cooking, memory talks, old pictures/ memorabilia), with a funded worker who would spend time with the patients, coordinating activities and talking with the patients. It often helped them to feel settled in the hospital and they seemed to enjoy the activities. It was less applicable to patients approaching end stages of the disease but had a really nice feel for patients who would have been able to attend a day centre. It would be great if this was spread to more hospitals, as it allowed stable patients some interaction and some enjoyment in a boring hospital stay. |
| Increased availability of 1:1 care in advanced dementia. |
| National funding for red coloured crockery for [inpatients] would be great. Expansion of dedicated dementia teams across the county, with strong leadership and full multidisciplinary representation. Insufficient staff to assist, lack of volunteers, but introduction of finger food menus great. Funding needed for coloured crockery but funding won't cover as of yet! |

Doctors

Providing dementia training courses for newly appointed staff and refresher courses throughout the year.

Specific dementia wards, a dementia referral team that come and visit those on other wards.

The medicine for elderly people wards have a good layout to help patients with dementia but the medical wards (patients under 80 years) are very poorly laid out and confusing.

Allied Healthcare Professionals

All patients over 70 years old attending the hospital as an outpatient who are due to undergo major surgery, especially if it is for a diagnosis of cancer, being screened by a dementia nurse to help with capacity/ best interest decisions regarding proposed treatment. Surgeons are not always the best people to be leading on these decisions.

At times, more information regarding a patient's temperament could aid radiographic examination.

Ensure everyone who has contact with people with dementia understand that they may need extra time to complete a task.

Ensuring the "This is Me" document is completed in a timely manner.

Every ward which may have a patient with dementia on, should be designed to be dementia friendly and have dementia champions to improve the patient experience e.g. trauma wards.

Have accurate notes available to us (we do not have any time to go searching for this info).

Have more 'specials' available to carry out one to one care for these individuals especially the patients that 'wander' with their dementia. Or have more volunteers/ activity coordinators who can keep these patients entertained/ occupied/ reassured on the ward.

Having a nursing assistant dedicated to providing nutritious snacks and drinks between meals would make a big difference. They could circulate between the care of the elderly wards, providing and assisting with snacks and nourishing drinks. Higher risk patients could be identified by each ward and offered extra support. I generally think the support is there for patients at mealtimes, but not so much between meals. Often this patient group needs to eat "little and often" throughout the day and need a lot of prompting and encouragement.

Improvement to maintain patients' normal toilet routine. Many are admitted continent but discharged incontinent.

Lytchett ward is not colour coded or very dementia friendly.

Making staff more aware of the availability of other foods and drinks on the wards. Introducing more of an afternoon tea approach to dementia wards, allowing patients to socialise as well as optimising their nutrition.

More communication between wards and departments as to the specific needs of the patient and how best to work with them in order to obtain the imaging required and give the patient the least distress.

Since dementia patients do not remember the way to a particular ward/ department, the hospital can display colourful objects or pictures or even commission paintings around wards and departments. This will help the dementia patients identify and remember their way through the hospital.

The doctors need to let us know that the patient has dementia as a starting point and I feel we need more training on how we could best approach these patients and support them.

To continue with excellent study days for ALL staff to improve knowledge. I am not sure if medical doctors have separate training by nurse specialists - especially regarding practical advice for environmental changes that can be simply adjusted to optimise conditions when interacting with dementia patients. Ideally ensuring there is a quiet room/ area free of distractions especially if doing more detailed cognitive

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assessments. Particularly as many [people with dementia] have additional age-related hearing and visual loss as well.

Use of red trays for meals to be delivered to the ward, so staff are aware that assistance may be required re: meals and to prompt patients to eat their meal. Use of environmental orientation tools (e.g. landmarks, coloured walls) around the hospital, rather than just on dementia wards. Allow time for staff to use their new skills re dementia - sometimes work demands and staffing does not allow time to use these skills all the time.

When sending the patient to another department for investigations i.e. X-rays, CT scans the department need to be made aware before the patient arrives. This would enable staff in radiology to prepare adequately. It is unfair to expect junior staff working in pairs to deal with an aggressive patient who they cannot placate. MORE escorts from the ward coming with the patient - they are a friendly familiar face to the patient but also are able to assist the radiographers in mobilising the patient. As a radiographer we are often provided with NO relevant information on the patient arriving in our department. We often have NO idea that the patient suffers dementia, is confused or can be violent. Often patients arrive in X-ray without an escort who knows them. Our attempts to placate the patient often cause the patient to become more distressed and confused.

Students

More staff. More 1:1 care.

Therapy Assistants & Allied Healthcare Professional Assistants

Further training.

The hospital could improve the level of care or support to people with dementia by having more 'dementia friendly' wards, such as Lulworth ward - with the environment adapted to be better suited to their needs. I have seen compassionate care provided to people with dementia, however their resources and time is often very stretched to be able to accommodate their individual needs when on the busier wards.

Ward-based Administrators

More staff to be able to give proper time to help their patients with dementia.

Possibly a colour coded alert on the Electronic Patient Register (EPR) as 98% of contact with patients is via telephone within this department and as EPR is the main point of information regarding patient telephone queries, this would be most helpful in identifying any issues to be aware of.

Someone should sit and talk to them.

Other / Unknown

No comments from other staff for your hospital.

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