

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Hull Royal Infirmary

Hull and East Yorkshire Hospitals 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).

Table of Contents

| | |
|---|----|
| Introduction to the appendices | 2 |
| Appendix A: Organisational checklist data | 3 |
| Appendix B: Patient demographics | 15 |
| Appendix C: Casenote audit data | 19 |
| Appendix D: Carer demographics | 28 |
| Appendix E: Carer questionnaire data | 29 |
| Appendix F: Staff demographics | 32 |
| Appendix G: Staff questionnaire data | 34 |
| Appendix H: Verbatim staff suggestions for your hospital, presented by job role | 40 |

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 |
| | | 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 | 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 | Yes | Yes |
| | 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 | 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 | No |

| 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 | No 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 | No 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 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 | Bi-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 | Yes |
| | 12a | <i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n) | 88.7% 173/195 | Yes | 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 | No | 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 | No |
| | 17a | <i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n) | 100% 196/196 | Yes | N/A |
| | 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 | N/A |
| | 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 | N/A |
| | 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 | N/A |
| 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 | N/A |
| 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 | N/A |
| 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: | | Ward 8 (HRI) | | New question for Round 3 |
| | Ward 2: | | Ward 80 (HRI) | | |
| | Ward 3: | | Ward 9 (HRI) | | |
| | Number of patients checked: | | - | 10 | New question for Round 3 |
| | Range | | 0-40 | - | - |
| | Median | | 10 | - | - |
| | Number of these patients where the information was present: | | - | 8 | New question for Round 3 |
| | Percentage of patients where the information was present: | | - | 80% | 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 | No |

| 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 | √ | N/A |
| | | 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 | √ | N/A |
| | | 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 | - | | |
| 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 | No |

| 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 | 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 | No |
| 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) | 32% (16) |
| 81 - 100 | 73% (7332) | 68% (34) |
| 101 - 108 | 0.4% (39) | 0% (0) |
| Unknown | 0.1% (10) | 0% (0) |

| Age | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------|----------------------------------|---------------------------------|
| Range | 34 - 108 | 68 - 96 |
| Mean | 84 | 84.3 |
| Median | 85 | 85 |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------|----------------------------------|---------------------------------|
| Male | 40.1% (4029) | 28% (14) |
| Female | 59.9% (6018) | 72% (36) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 82.1% (8250) | 98% (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) | 2% (1) |

| First language | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------------|----------------------------------|---------------------------------|
| English | 77.4% (7778) | 82% (41) |
| Welsh | 0.6% (61) | 0% (0) |
| Other European language | 1% (96) | 0% (0) |
| Asian language | 1.4% (144) | 0% (0) |
| Not documented | 19% (1909) | 18% (9) |
| 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) | 34% (17) |
| Fall | 13.3% (1332) | 6% (3) |
| Urinary/ renal | 9% (901) | 8% (4) |
| Hip dislocation/ hip fracture | 7.5% (754) | 8% (4) |
| Sepsis | 6.3% (633) | 6% (3) |
| Delirium/ confusion | 6% (604) | 4% (2) |
| Gastrointestinal | 5.9% (595) | 4% (2) |
| Cardiac/ vascular | 5.1% (517) | 8% (4) |
| Stroke | 3.8% (380) | 0% (0) |
| Neurological | 3.6% (364) | 4% (2) |
| Skin lacerations/ lesions | 2% (204) | 0% (0) |
| Impaired consciousness | 2% (198) | 0% (0) |
| Dementia** | 1.9% (195) | 2% (1) |
| Other | 1.9% (192) | 2% (1) |
| Unable to cope/ frailty | 1.6% (160) | 2% (1) |
| Dehydration | 1.4% (143) | 4% (2) |
| Haematology | 1.1% (115) | 2% (1) |
| Endocrine/ metabolic | 1.1% (112) | 4% (2) |
| 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) | 0% (0) |
| 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) | 60% (30) |
| General Medical | 23.5% (2359) | 6% (3) |
| Other Medical | 9.9% (999) | 14% (7) |
| Orthopaedics | 8.9% (892) | 6% (3) |
| Surgical | 6.8% (681) | 6% (3) |
| Stroke | 4.5% (456) | 2% (1) |
| Cardiac | 2.5% (248) | 4% (2) |
| Other | 1.4% (136) | 0% (0) |
| Nephrology | 0.5% (52) | 2% (1) |
| 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) | 8% (4) |
| 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) | 4.3% (2) |
| Received end of life care in hospital/ was on an end of life care plan | 13% (1302) | 10% (5) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| 2 - 10 days | 45.3% (4553) | 50% (25) |
| 11 – 20 days | 25.5% (2559) | 34% (17) |
| 21 – 30 days | 11.3% (1132) | 12% (6) |
| 31 – 40 days | 6.7% (671) | 4% (2) |
| 41 – 50 days | 4.2% (418) | 0% (0) |
| 51 – 60 days | 2.3% (230) | 0% (0) |
| 61 – 70 days | 1.7% (168) | 0% (0) |
| 71 – 80 days | 1% (102) | 0% (0) |
| 81 – 90 days | 0.6% (62) | 0% (0) |
| 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 | 3-34 |
| Median (days) | 12 | 10.5 |

| 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) | 48% (24) | 28.3% (13) |
| Respite care | 0.8% (80) | 1.6% (136) | 4% (2) | 13% (6) |
| Rehabilitation | 0.4% (37) | 2.4% (207) | 0% (0) | 0% (0) |
| Psychiatric ward | 0.5% (48) | 0.7% (62) | 0% (0) | 0% (0) |
| Carer's home | 2.1% (212) | 2.1% (181) | 0% (0) | 2.2% (1) |
| Intermediate care | 0.3% (27) | 2% (172) | 0% (0) | 0% (0) |
| Residential care | 16.9% (1701) | 17.7% (1551) | 32% (16) | 37% (17) |
| Nursing home | 19.7% (1981) | 28.7% (2511) | 16 (8) | 19.6% (9) |
| Palliative care | 0% (5) | 0.6% (54) | 0 (0) | 0% (0) |
| Transfer from another hospital | 1.4% (145) | 3.9% (343) | 0% (0) | 0% (0) |
| 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) | 73.9% (34) |
| Own/ carer's home to nursing/ residential care | 11.1% (972) | 10.9% (5) |

*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%) | 97.8% 44/45 | 97.5% 39/40 | |
| | 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%) | 97.9% 47/48 | 97.5% 39/40 | |
| | 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%) | 83% 39/47 | 34.2% 13/38 |
| | | Other action taken | 4% 352/8822 (2%, 0-5%) | 2.1% 1/47 | New answer options for Round 3 | |
| | Yes or other action taken | 89.9% 7932/2288 (93%, 85-98%) | 85.1% 40/47 | | | |
| 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%) | 98% 49/50 | 97.5% 39/40 | |
| 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%) | 89.4% 42/47 | 97.4% 37/38 | |
| 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%) | 84% 42/50 | 92.5% 37/40 | |

| 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%) | 45.7% 21/46 | 73.7% 28/38 |
| | | Yes, an occupational therapy and/or a physiotherapy assessment has taken place | 42.8% 3977/9294 (44%, 26-58%) | 39.1% 18/46 | New answer options for Round 3 |
| | | Yes, other | 1.7% 161/9294 (0%, 0-2%) | 4.3% 2/46 | |
| | | Yes (all options) | 89.8% 8350/9294 (92%, 85-96%) | 89.1% 41/46 | |

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%) | 56.8% 25/44 | 42.9% 15/35 |
| 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%) | 32% 16/50 | 22.5% 9/40 |
| | | Yes, but there was no indication that delirium may be present | 18.5% 1863/10047 (15%, 6-25%) | 18% 9/50 | 15% 6/40 |
| | | Yes (both options) | 44.5% 4466/10047 (42%, 27-60%) | 50% 25/50 | 37.5% 15/40 |
| 1.5 [2] | 21a | <i>(If Q21=Yes)</i> Has the patient been clinically assessed for delirium by a healthcare professional? (y/n) | 85.3% 2220/2603 (90%, 78-100%) | 75% 12/16 | 77.8% 7/9 |

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%) | 86% 43/50 | 15% 6/40 |
| | 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%) | 83.7% 36/43 | 33.3% 2/6 |
| | | Unknown* | 33.1% 1865/5626 (14%, 0-44%) | 0% 0/43 | 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%) | 88.1% 37/42 | New question for Round 3 |
| | | Unknown* | 34.1% 1916/5616 (16%, 3-48%) | 0% 0/42 | |
| | 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%) | 86% 37/43 | 50% 3/6 |
| | | Unknown* | 29.9% 1685/5631 (13%, 0-37%) | 0% 0/43 | 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%) | 51.2% 22/43 | 0% 0/6 |
| | | Unknown* | 37.8% 2110/5583 (20%, 5-50%) | 0% 0/43 | 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%) | 41.9% 18/43 | 0% 0/5 |
| | | Unknown* | 39.1% 2167/5539 (20%, 7-52%) | 0% 0/43 | 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%) | 53.5% 23/43 | 16.7% 1/6 |
| | | Unknown* | 35.3% 1977/5598 (17%, 3-46%) | 0% 0/43 | 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%) | 13.6% 6/44 | 5.9% 2/34 |
| | 23a | <i>(If 23=No)</i> Please comment: | | | |
| | | Patient too unwell/ not responsive | 3.3% 189/5690 | 2.6% 1/38 | New question for Round 3 |
| | | Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate) | 1.9% 110/5690 | 5.3% 2/38 | |
| | | Not routine/ not standard practice | 5.8% 331/5690 | 0% 0/38 | |
| | | Not documented/ unknown reason | 78.1% 4444/5690 | 60.5% 23/38 | |
| | Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment) | 10.8% 616/5690 | 31.6% 12/38 | | |
| | 24 | At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n) | 69.1% 5067/7329 (72%, 57-84%) | 68.2% 30/44 | 64.7% 22/34 |
| | 25 | Have there been any symptoms of delirium? (y/n) | 32.3% 2367/7329 (33%, 22-41%) | 25% 11/44 | 47.1% 16/34 |
| | 25a | <i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n) | 47.9% 1133/2367 (45%, 33-64%) | 63.6% 7/11 | 37.5% 6/16 |
| 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%) | 25% 11/44 | 29.4% 10/34 | |
| 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%) | 36.4% 4/11 | 60% 6/10 | |

| 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%) | 100% 14/14 | 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%) | 71.4% 10/14 | 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%) | 10% 1/10 | |
| | | The patient lacked requisite capacity and evidence of a best interests decision has been recorded | 69.9% 811/1161 (75%, 50-90%) | 70% 7/10 | |
| | | There is no record of either consent or best interest decision making* | 18.3% 212/1161 (14%, 0-33%) | 20% 2/10 | |
| | 27a (i) | There are no documented concerns about the patient's capacity to consent to the referral: | 29.6% 488/1649 (25%, 11-50%) | 28.6% 4/14 | |
| | 27a (iii) | The patients consent was requested and this is recorded | 29.1% 142/488 (25%, 0-50%) | 50% 2/4 | |
| | | There is no record of the patients consent* | 70.9% 346/488 (75%, 50-100%) | 50% 2/4 | |
| | 27a (ii & iii) | Consent or best interests (responses options combined) | 66.2% 1091/1649 (67%, 50-86%) | 71.4% 10/14 | |
| | | No consent or best interests (response options combined) | 33.8% 558/1649 (33%, 14-50%) | 28.6% 4/14 | |

*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%) | 100% 42/42 | 91.2% 31/34 |
| 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%) | 63.6% 21/33 | 37.5% 12/32 |
| | 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%) | 85.7% 36/42 | 78.8% 26/33 |
| | 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%) | 72.7% 32/44 | 97.1% 33/34 |
| | 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%) | 88.6% 39/44 | 100% 34/34 |
| 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%) | 90.9% 40/44 | 100% 34/34 |
| 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%) | 61% 25/41 | 45.5% 15/33 |
| 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%) | 77.5% 31/40 | 82.4% 28/34 |
| 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%) | 95.2% 40/42 | 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%) | 45.5% 5/11 | 76.5% 26/34 |
| | 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 | 84.8% 28/33 | -% -/- |
| | | Patient awaiting assessment | 9.1% 190/2088 | 0% 0/33 | -% -/- |
| | | Patient awaiting history/ results | 6.1% 127/2088 | 3% 1/33 | -% -/- |
| | | Patient awaiting surgery | 9.6% 200/2088 | 6.1% 2/33 | -% -/- |
| | | Patient presenting confusion | 5.7% 120/2088 | 6.1% 2/33 | -% -/- |
| | | Patient on end of life plan | 0% 1/2088 | 0% 0/33 | - - |
| | | Patient being transferred to another hospital | 0.1% 2/2088 | 0% 0/33 | -% -/- |
| | | Patient unresponsive | 0.3% 6/2088 | 0% 0/33 | -% -/- |
| | | Patient being discharged to nursing/ residential care | 6.5% 136/2088 | 0% 0/33 | -% -/- |
| | | Not recorded | - | - | -% -/- |
| Other | 0% 0/2088 | 0% 0/33 | -% -/- | | |

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 | 54.5% 24/44 | 14.7% 5/34 |
| | | 24 hours | 12.2% 897/7329 | 4.5% 2/44 | 8.8% 3/34 |
| | | 25 - 48 hours | 14.7% 1075/7329 | 2.3% 1/44 | 5.9% 2/34 |
| | | More than 48 hours | 27.1% 1985/7329 | 22.7% 10/44 | 58.8% 20/34 |
| | | No notice at all | 0.5% 35/7329 | 0% 0/44 | 0% 0/34 |
| | | Not documented | 24.2% 1770/7329 | 13.6% 6/44 | 11.8% 4/34 |
| | | No carer, family, friend/ could not contact | 1.8% 132/7329 | 2.3% 1/44 | 0% 0/34 |
| | | Patient specified information withheld | 0% 3/7329 | 0% 0/44 | 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%) | 85.7% 18/21 | 94.1% 16/17 |

Appendix D: Carer demographics

| Age range | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| 18 – 24 years | 1% (48) | 10.6% (5) |
| 25 – 34 years | 2.9% (133) | 4.3% (2) |
| 35 – 44 years | 5.6% (259) | 12.8% (6) |
| 45 – 54 years | 16.2% (749) | 19.1% (9) |
| 55 – 64 years | 25.8% (1193) | 14.9% (7) |
| 65 – 74 years | 20.8% (960) | 14.9% (7) |
| 75 – 84 years | 19.1% (885) | 12.8% (6) |
| 85 years or over | 7.4% (343) | 8.5% (4) |
| Prefer not to say | 1.2% (56) | 2.1% (1) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 30.6% (1413) | 42.6% (20) |
| Female | 68.1% (3150) | 57.4% (27) |
| 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) | 93.6% (44) |
| Black/ Black British | 3% (140) | 0% (0) |
| Asian/ Asian British | 3.3% (152) | 2.1% (1) |
| Mixed | 1% (44) | 0% (0) |
| Chinese | 0.2% (9) | 0% (0) |
| Other | 1.4% (64) | 2.1% (1) |
| Prefer not to say | 2.7% (124) | 2.1% (1) |

| Relationship to patient | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--|----------------------------------|---------------------------------|
| Spouse or partner | 33.5% (1558) | 25% (12) |
| Family member | 55.9% (2597) | 58.3% (28) |
| Friend | 4.4% (203) | 12.5% (6) |
| Professional carer (health or social care) | 5.4% (249) | 4.2% (2) |
| 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) | 54.2% (26) |

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 | 36.2% 17/47 |
| | | 43.3% 1980/4578 | 57.4% 27/47 |
| | | 10.2% 468/4578 | 6.4% 3/47 |
| 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 | 60.4% 29/48 |
| | | 36.4% 1672/4592 | 33.3% 16/48 |
| | | 9.4% 431/4592 | 6.3% 3/48 |
| 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% 29/46 |
| | | 34.2% 1515/4433 | 28.3% 13/46 |
| | | 10.4% 462/4433 | 8.7% 4/46 |
| 7.4 [2] | 4 | Was the person you look after treated with respect by hospital staff? | |
| | | 76% 3471/4569 | 78.7% 37/47 |
| | | 20.8% 952/4569 | 19.1% 9/47 |
| | | 3.2% 146/4569 | 2.1% 1/47 |

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 | 35.6% 16/45 |
| | | Yes, to some extent | 40.4% 1843/4566 | 48.9% 22/45 |
| | | No | 17.8% 815/4566 | 15.6% 7/45 |
| 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 | 37% 17/46 |
| | | Yes, to some extent | 36.4% 1637/4497 | 47.8% 22/46 |
| | | No | 16.1% 722/4497 | 15.2% 7/46 |
| 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 | 34.8% 16/46 |
| | | Yes, to some extent | 34.5% 1563/4524 | 34.8% 16/46 |
| | | No | 20.1% 908/4524 | 30.4% 14/46 |

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 | 25% 12/48 | |
| | | Very good | 33.9% 1575/4645 | 47.9% 23/48 | |
| | | Good | 17% 790/4645 | 18.8% 9/48 | |
| | | Fair | 9.6% 446/4645 | 8.3% 4/48 | |
| | | Poor | 5% 232/4645 | 0% 0/48 | |
| | 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 | 34.8% 16/46 |
| | | | Likely | 34.1% 1551/4544 | 47.8% 22/46 |
| | | | Neither likely nor unlikely | 14.3% 648/4544 | 10.9% 5/46 |
| | | | Unlikely | 4.8% 220/4544 | 4.3% 2/46 |
| | | | Extremely unlikely | 4.2% 192/4544 | 2.2% 1/46 |

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 | 58.7% 27/46 |
| | | Somewhat satisfied | 34% 1487/4379 | 30.4% 14/46 |
| | | Somewhat dissatisfied | 9.9% 434/4379 | 8.7% 4/46 |
| | | Very dissatisfied | 5.8% 254/4379 | 2.2% 1/46 |

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) | 32.8% (40) |
| 26 - 50% | 25.6% (3651) | 21.3% (26) |
| 51 - 75% | 24.4% (3489) | 22.1% (27) |
| More than 75% | 18.1% (2588) | 23.8% (29) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 15.7% (2260) | 19.4% (24) |
| Female | 83.2% (11954) | 80.6% (100) |
| 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) | 86.3% (107) |
| Black/ Black British | 4.1% (594) | 0% (0) |
| Asian/ Asian British | 8% (1150) | 5.6% (7) |
| Mixed | 1.3% (183) | 0% (0) |
| Chinese | 0.5% (73) | 0% (0) |
| Other | 4.5% (646) | 6.5% (8) |
| Prefer not to say | 1.7% (241) | 1.6% (2) |

| Job role | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Registered nurse (Band 5 or 6) | 29.9% (4300) | 28% (35) |
| Registered nurse (Band 7 or above) | 12.7% (1831) | 15.2% (19) |
| Healthcare assistant | 23.1% (3324) | 24% (30) |
| Doctor | 11.5% (1645) | 17.6% (22) |
| Allied healthcare professional | 11.9% (1713) | 8% (10) |
| Therapy assistant/ allied healthcare professional assistant | 2.6% (367) | 1.6% (2) |
| Student | 2.3% (332) | 0.8% (1) |
| Ward based administrators | 4% (571) | 3.2% (4) |
| Other/ unknown | 1.9% (279) | 1.6% (2) |

| Hours worked per week | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-----------------------|----------------------------------|---------------------------------|
| Up to 29 hours | 13% (1866) | 12.8% (16) |
| 30 hours or more | 87% (12458) | 87.2% (109) |

| Time worked in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|------------------------------------|--|---|
| Less than 6 months | 8% (1148) | 7.2% (9) |
| 6 - 11 months | 9.5% (1364) | 12% (15) |
| 1 - 2 years | 15.6% (2242) | 10.4% (13) |
| 3 - 5 years | 16.4% (2350) | 11.2% (14) |
| 6 - 10 years | 15.9% (2283) | 15.2% (19) |
| 11 - 15 years | 12.1% (1739) | 14.4% (18) |
| More than 15 years | 22.4% (3205) | 29.6% (37) |

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 | 31.6% 37/117 | 59.8% 70/117 | |
| | | Yes, most of the time | 32.9% 4614/14024 | | 28.2% 33/117 | | |
| | | Yes, sometimes | 26.8% 3760/14024 | - | 25.6% 30/117 | - | |
| | | No | 11.6% 1624/14024 | - | 14.5% 17/117 | - | |
| | | 1b | Out of office hours | | | | |
| | | | Yes, always | 7.8% 874/11207 | 23.5% 2637/11207 | 10.9% 11/101 | 26.7% 27/101 |
| | | | Yes, most of the time | 15.7% 1763/11207 | | 15.8% 16/101 | |
| | Yes, sometimes | | 27.9% 3129/11207 | - | 24.8% 25/101 | - | |
| | No | 48.6% 5441/11207 | - | 48.5% 49/101 | - | | |

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 | 62.1% 72/116 |
| | | 53.2% 7030/13205 | 46.6% 54/116 |
| | | 5.4% 713/13205 | 7.8% 9/116 |
| | | 7.7% 1018/13205 | 6.9% 8/116 |
| | | 7.3% 961/13205 | 5.2% 6/116 |
| | | 17.3% 2278/13205 | 16.4% 19/116 |
| | 2a | Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia? | |
| | | 42.2% 4502/10670 | 41.5% 39/94 |
| | | 50.5% 5390/10670 | 51.1% 48/94 |
| | 7.3% 778/10670 | 7.4% 7/94 | |

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 | 24% 30/125 | 67.2% 84/125 |
| | | Yes, most of the time | 38.5% 5525/14345 | | 43.2% 54/125 | |
| | | Yes, sometimes | 33% 4734/14345 | - | 28.8% 36/125 | - |
| | | No | 7.1% 1014/14345 | - | 4% 5/125 | - |
| | 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 | 30% 36/120 | 73.3% 88/120 |
| | | Yes, most of the time | 40.9% 5454/13329 | | 43.3% 52/120 | |
| | | Yes, sometimes | 30.6% 4074/13329 | - | 24.2% 29/120 | - |
| | | No | 1.9% 252/13329 | - | 2.5% 3/120 | - |
| 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 | 39.2% 49/125 | 68.8% 86/125 |
| | | Yes, most of the time | 33.2% 4759/14333 | | 29.6% 37/125 | |
| | | Yes, sometimes | 27.3% 3913/14333 | - | 19.2% 24/125 | - |
| | No | 10.6% 1516/14333 | - | 12% 15/125 | - | |

| 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 | 52.2% 59/113 |
| | | Occasionally | 37.2% 4636/12457 | 33.6% 38/113 |
| | | Almost Never | 9.7% 1210/12457 | 13.3% 15/113 |
| | | Never | 3.3% 408/12457 | 0.9% 1/113 |

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 | 31.7% 33/104 | 65.4% 68/104 |
| | | Yes, most of the time | 27.3% 3271/11978 | | 33.7% 35/104 | |
| | | Yes, sometimes | 16.1% 1927/11978 | - | 26% 27/104 | - |
| | | No | 5.4% 649/11978 | - | 8.7% 9/104 | - |
| 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 | 32.4% 36/111 | 73.9% 82/111 |
| | | Yes, most of the time | 50.1% 6149/12263 | | 41.4% 46/111 | |
| | | Yes, sometimes | 19.2% 2357/12263 | - | 23.4% 26/111 | - |
| | | No | 4.7% 576/12263 | - | 2.7% 3/111 | - |

| 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 | 32.9% 27/82 | 75.6% 62/82 |
| | | Yes, most of the time | 47.6% 4352/9148 | | 42.7% 35/82 | |
| | | Yes, sometimes | 18.7% 1708/9148 | - | 17.1% 14/82 | - |
| | | No | 3.3% 303/9148 | - | 7.3% 6/82 | - |
| | 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 | 3.7% 3/82 | 23.2% 19/82 |
| | | Yes, most of the time | 27.5% 2516/9143 | | 19.5% 16/82 | |
| | | Yes, sometimes | 42.5% 3887/9143 | - | 29.3% 24/82 | - |
| | | No | 19.3% 1763/9143 | - | 47.6% 39/82 | - |
| 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 | 17.1% 14/82 | 50% 41/82 |
| | | Yes, most of the time | 32.5% 2942/9047 | | 32.9% 27/82 | |
| | | Yes, sometimes | 27.7% 2506/9047 | - | 23.2% 19/82 | - |
| | No | 23.5% 2125/9047 | - | 26.8% 22/82 | - | |

| 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 | 28% 21/75 | 61.3% 46/75 |
| | | Yes, most of the time | 39.3% 3456/8788 | | 33.3% 25/75 | |
| | | Yes, sometimes | 16.8% 1476/8788 | - | 20% 15/75 | - |
| | | No | 15.6% 1368/8788 | - | 18.7% 14/75 | - |
| 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 | 50.7% 38/75 | 80% 60/75 |
| | | Yes, most of the time | 27.2% 2398/8822 | | 29.3% 22/75 | |
| | | Yes, sometimes | 22.5% 1983/8822 | - | 12% 9/75 | - |
| | | No | 12.3% 1085/8822 | - | 8% 6/75 | - |
| 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 | 56.1% 46/82 | 82.9% 68/82 |
| | | Yes, most of the time | 28.7% 2615/9119 | | 26.8% 22/82 | |
| | | Yes, sometimes | 20.7% 1886/9119 | - | 11% 9/82 | - |
| | | No | 6.1% 558/9119 | - | 6.1% 5/82 | - |
| 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 | 47.6% 39/82 | 85.4% 70/82 |
| | | Yes, most of the time | 33.4% 3039/9090 | | 37.8% 31/82 | |
| | | Yes, sometimes | 15.5% 1408/9090 | - | 9.8% 8/82 | - |
| | | No | 4.9% 444/9090 | - | 4.9% 4/82 | - |

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 Hull Royal Infirmary are provided.

| Registered Nurses (Band 5 or 6) |
|--|
| Additional support or staffing for parents who are confused with falls risks/ aggression. |
| Better communication between departments/ areas. Sometimes, we do not get informed that a patient has dementia prior to them coming for a procedure - this can have possible effects in terms of the consent process. I understand the need for not 'labelling' people, however in some situations it would be appropriate for this information to be recorded on procedure requests and passed onto the receiving area/ department. |
| By having more staff trained in dealing with patients with dementia. |
| Coloured doors on toilets. People with dementia get disorientated and may become incontinent if they cannot find the toilet. |
| Dementia champions or similar should be available out of hours as dementia care is continuous 24 hours, 7 days a week. |
| Extra support when attending x-rays, scans etc. |
| If the ward area has managed to find staff to cover short falls, or to help with 1 to 1 dementia patients (especially on a night shift), that the trust honours this and does not take that staff member to another area. |
| Improving staffing levels (qualified and non-qualified nurses) - in this way, we will be able to improve the care delivered to vulnerable patients. |
| Managers not over ruling patient movement in the evening and at night. |
| More communication between all members of the team. More staff!!! |
| More dementia training for staff. |
| More engagement to stop them getting bored and withdrawn e.g. dominoes, music, old films. |
| More staffing. That said, we have recently employed an activities coordinator to help occupy the day for those with dementia. |
| Our ward is very good at looking after patients with dementia. Have butterfly screen, relatives also are helpful with staff regarding patients likes and dislikes. We also have volunteers who come onto the ward to do patients nails, listen to music, look at old photographs. |
| Specific dementia care units. |
| Staffing levels increased. |
| Staffing to help look after and meet needs of dementia patients. More varied diet offered. |
| Started by appointing a dementia lead nurse. |
| Sticking to not moving patients with dementia to whenever possible, instead of citing clinical need whenever the move becomes out of hours. |
| Support workers to communicate with dementia people better. |
| The staff should be encouraged to do the extra training that is available and given time to complete it. |
| Treat them more as a person and not a number. I think it should be considered – not many dementia patients who we feel a move could make their dementia worse i.e. to another ward (I understand bed pressures). |

Registered Nurses (Band 5 or 6)

Unregistered staff could be made available to talk/ spend time with patients with dementia - which in turn could help to keep them safe from falls and improve their involvement in their care. This may also free up time for registered staff to focus on tasks that only registered staff can legally do.

We could improve the care by having more staff so we can have time to look after the patients properly.

Registered Nurses (Band 7 or above)

All dementia training should be mandatory to enable all staff to access the important issues and better understanding of dementia care.

Any information included in a patient passport could be summarised and included in the nursing and medical notes. Including likes, dislikes and preferences of the patient.

Appointing lead dementia nurse will make a difference; allowing staff levels to accommodate the care for these patients. Better environments to nurse patients more effectively.

Being more open from a nutrition point of view - we have looked at getting a finger food menu for dementia patients but because there are non-dementia patients on the ward, the catering department won't deliver a part and part service; it has to be one or the other. This is excluding one group of patients whichever way we choose.

Implementation of John's Campaign. Greater staff awareness.

Mandatory dementia study day.

Mandatory training. Open visiting times for patients with dementia.

More staff on wards where dementia patients are cared for. Maybe no uniform? Mandatory training for all staff on dementia care.

More training for staff to help understand behaviours in order to prevent conflict arising.

Open visiting to carers. Improved dayroom/ dining facilities on wards for inpatients.

Provide extra staff if required, to care for people with dementia who may require one to one care.

The trust has made great steps towards being dementia friendly with key areas leading by example. Unfortunately, the needs of the dementia patient not nursed on these key wards (which would be recognised by completing the butterfly scheme), are missed. This in turn prevents fundamental care being individually planned with the patient and their relatives/ primary care providers.

We are awaiting the development of the day room in a reminiscence theme. We could use a full time recreational coordinator on the ward rather than sharing one across two wards as it is at the moment.

Healthcare Assistants

Activities like reminiscence and need more staffing to interact with the patients. Needs more staff to meet the needs of patients.

Activities like reminiscence and need more staffing to interact with the patients. Needs more staff to meet the needs of patients.

Could do with more support with dementia patients with staff for one to one to reduce falls.

Depending on how advanced the dementia is, some patients require one nurse most of the time. With how busy the wards are e.g. buzzers and turns, we just can't give the patient the time and attention needed for satisfactory care. Perhaps a new staff role could be created, someone trained fully in dementia could sit with them, keep them company, give them the attention they want.

Healthcare Assistants

| |
|---|
| Have a little more time to spend with them. |
| Having the "reach out to me" form filled in for all dementia patients. Not all patients have a "reach out to me" form filled in or come with a patient passport - both of these are useful resources. |
| Increase staffing levels. |
| In-house training. |
| It seems more people are getting admitted into hospital with dementia, and the staffing level doesn't help the situation to care for these patients. Also, I do not think that there is enough training offered. The butterfly scheme seems to be a good idea, but again this isn't always implemented i.e. handing over in handover the relevant information i.e. REACH (remind, explain, arrange, check and history) - which can give you information of the needs of the patient with dementia. |
| Maybe encourage more carers/ care homes/ GPs to provide the dementia patient with a passport of needs. Patients are very rarely admitted with information regarding preferences to food/ drink etc. Also, I think it would be beneficial for a carer to stay with the patient for familiarity and to help us to know the patient's needs/ likes/ dislikes. |
| More finger foods at hand and also more signage for all patients and mainly dementia patients. Also, twiddle muffs for dementia patients to keep their hands busy and make them feel at ease more. |
| More information about the patients i.e. occupation. |
| More staff should be trained and more advanced training should be available. |
| More staff to support these patients with dementia and to give them more time in helping with meals, showers, toilet needs etc. Less falls. Giving them time assistance with meals as we should not be rushing them, causing confusion. |
| More staffing for wards with dementia patients. |
| My hospital needs a day room, somewhere safe for our patients to sit and engage in normal day to day activities. |
| Need more staff, skill mix, too many overseas nurses which causes a language barrier between staff and dementia patients. Too many newly qualified nurses under pressure to do job. Not enough staff, if we have the time allocated to staff on shift, staff are taken off for the short fall on other wards. Patients are moved regardless of whether they have dementia or not, mealtimes were kept free [of clinical activity] but not now - pressure for beds. Finger foods need to be looked at -some of it is not suitable for patients so there is a lot of waste. |
| Needs one to one sometimes. |
| Not necessarily more staff, but team work. |
| Provide more staff for wards accommodating large proportions of patients with dementia and not take staff of department of elderly medicine wards to staff [illegible], whose activity is much lower. |
| Providing nurse specialists who are trained in dementia patients who can be contacted at night as staffing levels low at night, stressed nurses, confused anxious patients results in more falls. Music, signs to remind patients where they are. |
| Some patients could benefit from a one to one care. |
| Sometimes need more help when trying to feed patients. |
| Sometimes when short staffed, if there are two auxiliary nurses on a day shift, time and interaction with dementia patients is reduced. It would be great if we could work fully staffed everyday as it would also improve on patient safety too, as a lot of dementia patients do walk with a purpose, and are liable to walk off the ward, fall etc. Free TV would be nice too as some dementia patients need some entertainment, especially those who have no visitors - and those who do not have dementia. |

Healthcare Assistants

We do all that we can for patients with dementia and they will receive their scans with relatives with them, relations will answer all of the questions relevant for them to have a scan.

Doctors

Allowing relatives/ carers to stay (comfortably) overnight to reduce agitation.

Better liaison with discharge planning and primary care/ community to ensure only spend time in hospital that is truly necessary.

Ensure butterfly scheme is implemented at the front door (i.e. on admission).

I feel ward staff are overstretched and struggle to care for dementia patients while doing more important tasks like delivering medicines, doing admissions, preparing patients for theatre. There should be a dedicated member of staff for dementia since you have a couple of patients [with dementia] in each ward. They can go around and do a dedicated service - like pain service staff do.

I think the greatest difficulty we face is staffing levels. Patients with dementia require more one to one support and sometimes, particularly on acute wards, this is difficult to provide due to staffing levels, even if fully staffed.

Improve dementia friendly environment.

More background information gathering about dementia and how it affects their quality of life.

More facilities for carers.

Multi-team discussions about care and involving carers at all levels. Training for all staff who handle dementia patients.

Sensory rooms when agitated.

Speed up the wait for medications while these patients are waiting to be transferred home/ 24-hour care.

The geriatric team should employ more consultants so that they can take care of all the elderly patients getting admitted to the hospital. The hospital should recruit more nurses so that all the wards are adequately staffed.

Very good with my limited exposure, I'm aware of the butterfly scheme implemented but was not aware of it till later on in the year, so could be made aware earlier in the year of F1.

Allied Healthcare Professionals

Better layout of the wards with colour coding for toilets etc.

Ensuring the butterfly scheme is always completed. And making sure Butterflies are appropriately used - and not left on patient whiteboards when that patient moves beds; this reduces the reliability of the butterfly scheme.

I think there could be more snacks available for patients with dementia. I am aware this is something that certain departments are working towards, but often people with dementia prefer to have small amounts to eat and this is often not at 'mealtimes'. If a patient has family who come to visit, they often bring snacks in for them to have at their bedside - but if a patient has no family that can visit, this does not happen. It can be especially difficult to provide extra snacks that the hospital currently supplies, if a patient is on a modified diet.

Introduction of a 'dementia friendly menu' to encourage patients to make their own choices of food preferences e.g. photographs of typical meals and snacks so non-verbal patients could point to their

Allied Healthcare Professionals

preference. Patients are more likely to eat something that they have actively chosen and know that they enjoy. I would ideally like to spend more time with these patients but unfortunately there are time pressures to see more patients. Ring-fenced time/ protected time or group sessions may help with this.

It would be helpful to know who the specialist dementia team are, if we have one.

More thorough training to raise awareness on effective treatment and management approaches for people with dementia i.e. twiddle muff, logic/ research background etc.

Security to have training when they provide one to one with patients. Provide more training, such as dementia care mapping or Bradford Dementia care training, that's more in depth.

Teaching to staff that support patients with dementia at mealtimes. This teaching would include how to adapt the environment to make it more appealing, correct postures for feeding, social skills around supporting a patient with eating and drinking - as well as knowledge regarding modifying diet and fluid consistencies for patients with dementia who have dysphagia.

The size of the specialist dementia team and range of professions within the team could be expanded.

Students

Put their likes/ dislikes or special dementia needs on the white board next to their bed so it is easily accessible by all members of the multidisciplinary team and does not take much extra time to read.

Therapy Assistants & Allied Healthcare Professional Assistants

No comments from therapy assistants and allied healthcare professional assistants for your hospital.

Ward-based Administrators

Although great inroads have been made regarding a dementia friendly environment on the elderly wards, this needs to be replicated on all wards/ clinical areas.

Other / Unknown

All staff to be aware of patients' needs with dementia, not just nurses.

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