

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Royal Surrey County Hospital

Royal Surrey County NHS Foundation Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

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

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

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Introduction to the appendices

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

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

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

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

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

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

Appendix A: Organisational checklist data

Governance and delivery of care

| Std no. [Type] | Question number and text | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den | |
|------------------------|--------------------------|--|---|---|--------------------------|
| 4.1 [2] | 1 | A care pathway or bundle for patients with dementia is in place: | | | |
| | | Yes | 60.8% 121/199 | Yes | In development |
| | | 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 | No | 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 | 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 | 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 | 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 | No 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 | N/A | 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 | Yes | New question for Round 3 | |

Discharge and transfer monitoring

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

Use of personal information documents

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

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den |
|-------------------|---|---|--|---|---|
| 1.14 [1] | 19 | (If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n) | 93.4% 183/196 | Yes | 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: | | Eashing | | New question for Round 3 |
| | Ward 2: | | Hindhead | | |
| | Ward 3: | | Ewhurst | | |
| | Number of patients checked: | | - | 15 | New question for Round 3 |
| | Range | | 0-40 | - | - |
| | Median | | 10 | - | - |
| | Number of these patients where the information was present: | | - | 10 | New question for Round 3 |
| | Percentage of patients where the information was present: | | - | 67% | 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] | <i>(If Q21=Yes)</i> Please say what this is: | | | | |
| | 21a | A visual indicator, symbol or marker | 91.1% 164/180 | √ | A visual indicator, symbol or marker |
| | | 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 | No |
| | <i>(If Q22=Yes)</i> Please say what this is: | | | | |
| | 22a | 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 | - | | |
| 9.13 [2] | 23 | The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n) | 81.9% 163/199 | Yes | 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 | Yes | Yes |
| 7.5 [3] | 27 | What format is used to deliver basic dementia awareness training? | | | |
| | | eLearning module | 72.9% 145/199 | - | New question for Round 3 |
| | | Workshop or study day | 91% 181/199 | ✓ | |
| | | Higher education module | 22.6% 45/199 | ✓ | |
| | | Other | 29.1% 58/199 | - | |

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

Specific resources supporting people with dementia

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den |
|-------------------|--------------------------|--|--|---|---|
| 6.2 [2] | 30 | The hospital has access to intermediate care services, which will admit people with dementia: (y/n) | 93% 185/199 | Yes | 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) | 1.8% (1) |
| 66 - 80 | 24.3% (2445) | 23.6% (13) |
| 81 - 100 | 73% (7332) | 74.5% (41) |
| 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 | 64 - 96 |
| Mean | 84 | 85.7 |
| Median | 85 | 88 |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------|----------------------------------|---------------------------------|
| Male | 40.1% (4029) | 54.5% (30) |
| Female | 59.9% (6018) | 45.5% (25) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 82.1% (8250) | 94.5% (52) |
| 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) | 3.6% (2) |
| Other | 12.4% (1250) | 1.8% (1) |

| First language | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------------|----------------------------------|---------------------------------|
| English | 77.4% (7778) | 23.6% (13) |
| Welsh | 0.6% (61) | 0% (0) |
| Other European language | 1% (96) | 1.8% (1) |
| Asian language | 1.4% (144) | 0% (0) |
| Not documented | 19% (1909) | 74.5% (41) |
| 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) | 7.3% (4) |
| Fall | 13.3% (1332) | 23.6% (13) |
| Urinary/ renal | 9% (901) | 3.6% (2) |
| Hip dislocation/ hip fracture | 7.5% (754) | 10.9% (6) |
| Sepsis | 6.3% (633) | 9.1% (5) |
| Delirium/ confusion | 6% (604) | 12.7% (7) |
| Gastrointestinal | 5.9% (595) | 5.5% (3) |
| Cardiac/ vascular | 5.1% (517) | 1.8% (1) |
| Stroke | 3.8% (380) | 3.6% (2) |
| Neurological | 3.6% (364) | 3.6% (2) |
| Skin lacerations/ lesions | 2% (204) | 1.8% (1) |
| Impaired consciousness | 2% (198) | 1.8% (1) |
| Dementia** | 1.9% (195) | 1.8% (1) |
| Other | 1.9% (192) | 0% (0) |
| Unable to cope/ frailty | 1.6% (160) | 3.6% (2) |
| Dehydration | 1.4% (143) | 0% (0) |
| Haematology | 1.1% (115) | 1.8% (1) |
| Endocrine/ metabolic | 1.1% (112) | 1.8% (1) |
| Other fractures | 1% (96) | 0% (0) |
| Cancer | 0.9% (94) | 1.8% (1) |
| Surgical/ non-surgical procedure | 0.9% (86) | 0% (0) |
| 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) | 1.8% (1) |
| Psychiatric | 0.4% (42) | 0% (0) |
| Adverse reaction to medication/ allergy/ overdose | 0.3% (28) | 1.8% (1) |
| 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) | 40% (22) |
| General Medical | 23.5% (2359) | 12.7% (7) |
| Other Medical | 9.9% (999) | 12.7% (7) |
| Orthopaedics | 8.9% (892) | 10.9% (6) |
| Surgical | 6.8% (681) | 7.3% (4) |
| Stroke | 4.5% (456) | 5.5% (3) |
| Cardiac | 2.5% (248) | 10.9% (6) |
| Other | 1.4% (136) | 0% (0) |
| Nephrology | 0.5% (52) | 0% (0) |
| Obstetrics/ Gynaecology | 0.4% (41) | 0% (0) |
| Critical Care | 0.2% (23) | 0% (0) |
| Oncology | 0.2% (22) | 0% (0) |
| Unknown | 0.1% (13) | 0% (0) |

| Patients who: | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Died in hospital | 12.8% (1285) | 12.7% (7) |
| 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) | 4.2% (2) |
| Received end of life care in hospital/ was on an end of life care plan | 13% (1302) | 12.7% (7) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| 2 - 10 days | 45.3% (4553) | 40% (22) |
| 11 – 20 days | 25.5% (2559) | 27.3% (15) |
| 21 – 30 days | 11.3% (1132) | 10.9% (6) |
| 31 – 40 days | 6.7% (671) | 9.1% (5) |
| 41 – 50 days | 4.2% (418) | 9.1% (5) |
| 51 – 60 days | 2.3% (230) | 1.8% (1) |
| 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) | 1.8% (1) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| Range | 2-775 | 3-91 |
| Median (days) | 12 | 13 |

| 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) | 76.4% (42) | 60.4% (29) |
| Respite care | 0.8% (80) | 1.6% (136) | 1.8% (1) | 0% (0) |
| Rehabilitation | 0.4% (37) | 2.4% (207) | 0% (0) | 4.2% (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) | 0% (0) |
| Residential care | 16.9% (1701) | 17.7% (1551) | 5.5% (3) | 2.1% (1) |
| Nursing home | 19.7% (1981) | 28.7% (2511) | 14.5% (8) | 29.2% (14) |
| Palliative care | 0% (5) | 0.6% (54) | 0% (0) | 0% (0) |
| Transfer from another hospital | 1.4% (145) | 3.9% (343) | 1.8% (1) | 4.2% (2) |
| 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) | 70.8% (34) |
| Own/ carer's home to nursing/ residential care | 11.1% (972) | 12.5% (6) |

*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%) | 97.9% 47/48 | 97.2% 35/36 | |
| | 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%) | 94.2% 49/52 | 85% 34/40 | |
| | 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%) | 95.9% 47/49 | 94.1% 32/34 |
| | | Other action taken | 4% 352/8822 (2%, 0-5%) | 0% 0/49 | New answer options for Round 3 | |
| | Yes or other action taken | 89.9% 7932/2288 (93%, 85-98%) | 95.9% 47/49 | | | |
| 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%) | 96.4% 53/55 | 90% 36/40 | |
| 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%) | 98.1% 53/54 | 94.7% 36/38 | |
| 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%) | 94.4% 51/54 | 92.3% 36/39 | |

| 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%) | 46.9% 23/49 | 64.7% 22/34 |
| | | Yes, an occupational therapy and/or a physiotherapy assessment has taken place | 42.8% 3977/9294 (44%, 26-58%) | 51% 25/49 | New answer options for Round 3 |
| | | Yes, other | 1.7% 161/9294 (0%, 0-2%) | 2% 1/49 | |
| | | Yes (all options) | 89.8% 8350/9294 (92%, 85-96%) | 100% 49/49 | |

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%) | 87.5% 42/48 | 80% 28/35 |
| 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%) | 27.3% 15/55 | 12.5% 5/40 |
| | | Yes, but there was no indication that delirium may be present | 18.5% 1863/10047 (15%, 6-25%) | 10.9% 6/55 | 0% 0/40 |
| | | Yes (both options) | 44.5% 4466/10047 (42%, 27-60%) | 38.2% 21/55 | 12.5% 5/40 |
| 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%) | 26.7% 4/15 | 60% 3/5 |

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%) | 94.4% 51/54 | 60% 24/40 |
| | 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%) | 37.3% 19/51 | 72.7% 16/22 |
| | | Unknown* | 33.1% 1865/5626 (14%, 0-44%) | 62.7% 32/51 | 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%) | 31.4% 16/51 | New question for Round 3 |
| | | Unknown* | 34.1% 1916/5616 (16%, 3-48%) | 66.7% 34/51 | |
| | 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%) | 42% 21/50 | 90.9% 20/22 |
| | | Unknown* | 29.9% 1685/5631 (13%, 0-37%) | 58% 29/50 | 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%) | 29.4% 15/51 | 59.1% 13/22 |
| | | Unknown* | 37.8% 2110/5583 (20%, 5-50%) | 68.6% 35/51 | 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%) | 29.4% 15/51 | 26.3% 5/19 |
| | | Unknown* | 39.1% 2167/5539 (20%, 7-52%) | 68.6% 35/51 | 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%) | 25.5% 13/51 | 59.1% 13/22 |
| | | Unknown* | 35.3% 1977/5598 (17%, 3-46%) | 66.7% 34/51 | 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%) | 41.5% 17/41 | 43.8% 14/32 |
| | 23a | <i>(If 23=No)</i> Please comment: | | | |
| | | Patient too unwell/ not responsive | 3.3% 189/5690 | 4.2% 1/24 | New question for Round 3 |
| | | Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate) | 1.9% 110/5690 | 4.2% 1/24 | |
| | | Not routine/ not standard practice | 5.8% 331/5690 | 0% 0/24 | |
| | | Not documented/ unknown reason | 78.1% 4444/5690 | 62.5% 15/24 | |
| | Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment) | 10.8% 616/5690 | 29.2% 7/24 | | |
| | 24 | At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n) | 69.1% 5067/7329 (72%, 57-84%) | 92.7% 38/41 | 87.5% 28/32 |
| | 25 | Have there been any symptoms of delirium? (y/n) | 32.3% 2367/7329 (33%, 22-41%) | 41.5% 17/41 | 9.4% 3/32 |
| | 25a | <i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n) | 47.9% 1133/2367 (45%, 33-64%) | 64.7% 11/17 | 66.7% 2/3 |
| 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%) | 29.3% 12/41 | 25% 8/32 | |
| 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%) | 50% 6/12 | 62.5% 5/8 | |

| 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% 8/8 | 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%) | 75% 6/8 | 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% 0/6 | |
| | | The patient lacked requisite capacity and evidence of a best interests decision has been recorded | 69.9% 811/1161 (75%, 50-90%) | 100% 6/6 | |
| | | There is no record of either consent or best interest decision making* | 18.3% 212/1161 (14%, 0-33%) | 0% 0/6 | |
| | 27a (i) | There are no documented concerns about the patient's capacity to consent to the referral: | 29.6% 488/1649 (25%, 11-50%) | 25% 2/8 | |
| | 27a (iii) | The patients consent was requested and this is recorded | 29.1% 142/488 (25%, 0-50%) | 50% 1/2 | |
| | | There is no record of the patients consent* | 70.9% 346/488 (75%, 50-100%) | 50% 1/2 | |
| | 27a (ii & iii) | Consent or best interests (responses options combined) | 66.2% 1091/1649 (67%, 50-86%) | 87.5% 7/8 | |
| | | No consent or best interests (response options combined) | 33.8% 558/1649 (33%, 14-50%) | 12.5% 1/8 | |

*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%) | 97.6% 40/41 | 87.5% 28/32 |
| 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%) | 87.1% 27/31 | 76.9% 20/26 |
| | 29b | Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na) | 80.7% 5597/6935 (82%, 71-91%) | 100% 38/38 | 93.3% 28/30 |
| | 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%) | 97.6% 40/41 | 93.8% 30/32 |
| | 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%) | 95.1% 39/41 | 100% 32/32 |
| 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%) | 65.9% 27/41 | 59.4% 19/32 |
| 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%) | 87.2% 34/39 | 80% 24/30 |
| 5.8 [1] | 32 | Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na) | 80.6% 5621/6975 (94%, 72-100%) | 94.6% 35/37 | 56.3% 18/32 |
| 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%) | 100% 40/40 | 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%) | 66.7% 10/15 | 53.3% 8/15 |
| | 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 | 34.6% 9/26 | 35.3% 6/17 |
| | | Patient awaiting assessment | 9.1% 190/2088 | 26.9% 7/26 | 11.8% 2/17 |
| | | Patient awaiting history/ results | 6.1% 127/2088 | 15.4% 4/26 | 5.9% 1/17 |
| | | Patient awaiting surgery | 9.6% 200/2088 | 11.5% 3/26 | 35.3% 6/17 |
| | | Patient presenting confusion | 5.7% 120/2088 | 3.8% 1/26 | 5.9% 1/17 |
| | | Patient on end of life plan | 0% 1/2088 | 0% 0/26 | - |
| | | Patient being transferred to another hospital | 0.1% 2/2088 | 0% 0/26 | 0% 0/17 |
| | | Patient unresponsive | 0.3% 6/2088 | 0% 0/26 | 0% 0/17 |
| | | Patient being discharged to nursing/ residential care | 6.5% 136/2088 | 7.7% 2/26 | 5.9% 1/17 |
| | | Not recorded | - | - | 0% 0/17 |
| Other | 0% 0/2088 | 0% 0/26 | 0% 0/17 | | |

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 | 24.4% 10/41 | 18.8% 6/32 |
| | | 24 hours | 12.2% 897/7329 | 14.6% 6/41 | 0% 0/32 |
| | | 25 - 48 hours | 14.7% 1075/7329 | 19.5% 8/41 | 46.9% 15/32 |
| | | More than 48 hours | 27.1% 1985/7329 | 14.6% 6/41 | 18.8% 6/32 |
| | | No notice at all | 0.5% 35/7329 | 0% 0/41 | 0% 0/32 |
| | | Not documented | 24.2% 1770/7329 | 24.4% 10/41 | 15.6% 5/32 |
| | | No carer, family, friend/ could not contact | 1.8% 132/7329 | 2.4% 1/41 | 0% 0/32 |
| | | Patient specified information withheld | 0% 3/7329 | 0% 0/41 | 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%) | 94.7% 18/19 | 71.4% 5/7 |

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) | 2.5% (1) |
| 35 – 44 years | 5.6% (259) | 2.5% (1) |
| 45 – 54 years | 16.2% (749) | 5% (2) |
| 55 – 64 years | 25.8% (1193) | 32.5% (13) |
| 65 – 74 years | 20.8% (960) | 20% (8) |
| 75 – 84 years | 19.1% (885) | 22.5% (9) |
| 85 years or over | 7.4% (343) | 12.5% (5) |
| Prefer not to say | 1.2% (56) | 2.5% (1) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 30.6% (1413) | 22.5% (9) |
| Female | 68.1% (3150) | 75% (30) |
| Other | 0.1% (4) | 0% (0) |
| Prefer not to say | 1.2% (57) | 2.5% (1) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 88.4% (4079) | 95% (38) |
| Black/ Black British | 3% (140) | 0% (0) |
| Asian/ Asian British | 3.3% (152) | 2.5% (1) |
| Mixed | 1% (44) | 0% (0) |
| Chinese | 0.2% (9) | 0% (0) |
| Other | 1.4% (64) | 0% (0) |
| Prefer not to say | 2.7% (124) | 2.5% (1) |

| Relationship to patient | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--|----------------------------------|---------------------------------|
| Spouse or partner | 33.5% (1558) | 47.5% (19) |
| Family member | 55.9% (2597) | 45% (18) |
| Friend | 4.4% (203) | 2.5% (1) |
| Professional carer (health or social care) | 5.4% (249) | 2.5% (1) |
| Other | 0.9% (41) | 2.5% (1) |

| One of main carers for patient | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| Yes | 77.8% (3356) | 70.6% (24) |

Appendix E: Carer questionnaire data

Patient care

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den |
|-------------------|--------------------------|---|---|--|
| 9.3 [1] | 1 | Do you feel that hospital staff were well informed and understood the needs of the person you look after? | | |
| | | Yes, definitely | 46.5% 2130/4578 | 65% 26/40 |
| | | Yes, to some extent | 43.3% 1980/4578 | 27.5% 11/40 |
| | | No | 10.2% 468/4578 | 7.5% 3/40 |
| 7.4 [2] | 2 | Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after? | | |
| | | Yes, definitely | 54.2% 2489/4592 | 62.5% 25/40 |
| | | Yes, to some extent | 36.4% 1672/4592 | 30% 12/40 |
| | | No | 9.4% 431/4592 | 7.5% 3/40 |
| 1.14 [1] | 3 | Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i> | | |
| | | Yes, definitely | 55.4% 2456/4433 | 51.3% 20/39 |
| | | Yes, to some extent | 34.2% 1515/4433 | 41% 16/39 |
| | | No | 10.4% 462/4433 | 7.7% 3/39 |
| 7.4 [2] | 4 | Was the person you look after treated with respect by hospital staff? | | |
| | | Yes, definitely | 76% 3471/4569 | 85% 34/40 |
| | | Yes, to some extent | 20.8% 952/4569 | 12.5% 5/40 |
| | | No | 3.2% 146/4569 | 2.5% 1/40 |

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 | 57.5% 23/40 |
| | | Yes, to some extent | 40.4% 1843/4566 | 35% 14/40 |
| | | No | 17.8% 815/4566 | 7.5% 3/40 |
| 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 | 60% 24/40 |
| | | Yes, to some extent | 36.4% 1637/4497 | 35% 14/40 |
| | | No | 16.1% 722/4497 | 5% 2/40 |
| 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 | 59% 23/39 |
| | | Yes, to some extent | 34.5% 1563/4524 | 30.8% 12/39 |
| | | No | 20.1% 908/4524 | 10.3% 4/39 |

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 | 50% 20/40 | |
| | | Very good | 33.9% 1575/4645 | 30% 12/40 | |
| | | Good | 17% 790/4645 | 7.5% 3/40 | |
| | | Fair | 9.6% 446/4645 | 10% 4/40 | |
| | | Poor | 5% 232/4645 | 2.5% 1/40 | |
| | 9 | 9 | How likely would you be to recommend the service to friends and family if they needed similar care or treatment? | | |
| | | | Extremely likely | 42.5% 1933/4544 | 56.4% 22/39 |
| | | | Likely | 34.1% 1551/4544 | 23.1% 9/39 |
| | | | Neither likely nor unlikely | 14.3% 648/4544 | 12.8% 5/39 |
| | | | Unlikely | 4.8% 220/4544 | 2.6% 1/39 |
| | | | Extremely unlikely | 4.2% 192/4544 | 5.1% 2/39 |

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 | 71.4% 25/35 |
| | | Somewhat satisfied | 34% 1487/4379 | 20% 7/35 |
| | | Somewhat dissatisfied | 9.9% 434/4379 | 2.9% 1/35 |
| | | Very dissatisfied | 5.8% 254/4379 | 5.7% 2/35 |

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) | 32.6% (61) |
| 26 - 50% | 25.6% (3651) | 25.1% (47) |
| 51 - 75% | 24.4% (3489) | 23.5% (44) |
| More than 75% | 18.1% (2588) | 18.7% (35) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 15.7% (2260) | 21.1% (40) |
| Female | 83.2% (11954) | 75.8% (144) |
| Other | 0.2% (34) | 1.1% (2) |
| Prefer not to say | 0.8% (113) | 2.1% (4) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 79.9% (11467) | 63.7% (121) |
| Black/ Black British | 4.1% (594) | 1.6% (3) |
| Asian/ Asian British | 8% (1150) | 18.4% (35) |
| Mixed | 1.3% (183) | 0.5% (1) |
| Chinese | 0.5% (73) | 0.5% (1) |
| Other | 4.5% (646) | 10.5% (20) |
| Prefer not to say | 1.7% (241) | 4.7% (9) |

| Job role | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Registered nurse (Band 5 or 6) | 29.9% (4300) | 35.4% (68) |
| Registered nurse (Band 7 or above) | 12.7% (1831) | 10.4% (20) |
| Healthcare assistant | 23.1% (3324) | 15.6% (30) |
| Doctor | 11.5% (1645) | 12% (23) |
| Allied healthcare professional | 11.9% (1713) | 14.1% (27) |
| Therapy assistant/ allied healthcare professional assistant | 2.6% (367) | 1% (2) |
| Student | 2.3% (332) | 1% (2) |
| Ward based administrators | 4% (571) | 7.8% (15) |
| Other/ unknown | 1.9% (279) | 2.6% (5) |

| Hours worked per week | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-----------------------|----------------------------------|---------------------------------|
| Up to 29 hours | 13% (1866) | 14.2% (27) |
| 30 hours or more | 87% (12458) | 85.8% (163) |

| Time worked in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|------------------------------------|--|---|
| Less than 6 months | 8% (1148) | 8.9% (17) |
| 6 - 11 months | 9.5% (1364) | 12.6% (24) |
| 1 - 2 years | 15.6% (2242) | 17.9% (34) |
| 3 - 5 years | 16.4% (2350) | 13.7% (26) |
| 6 - 10 years | 15.9% (2283) | 16.8% (32) |
| 11 - 15 years | 12.1% (1739) | 13.2% (25) |
| More than 15 years | 22.4% (3205) | 16.8% (32) |

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 | 25.1% 46/183 | 62.8% 115/183 | |
| | | Yes, most of the time | 32.9% 4614/14024 | | 37.7% 69/183 | | |
| | | Yes, sometimes | 26.8% 3760/14024 | - | 27.3% 50/183 | - | |
| | | No | 11.6% 1624/14024 | - | 9.8% 18/183 | - | |
| | | 1b | Out of office hours | | | | |
| | | | Yes, always | 7.8% 874/11207 | 23.5% 2637/11207 | 7.2% 10/139 | 22.3% 31/139 |
| | | | Yes, most of the time | 15.7% 1763/11207 | | 15.1% 21/139 | |
| | Yes, sometimes | | 27.9% 3129/11207 | - | 34.5% 48/139 | - | |
| | No | 48.6% 5441/11207 | - | 43.2% 60/139 | - | | |

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 | 12.6% 22/175 |
| | | 53.2% 7030/13205 | 52.6% 92/175 |
| | | 5.4% 713/13205 | 2.9% 5/175 |
| | | 7.7% 1018/13205 | 2.3% 4/175 |
| | | 7.3% 961/13205 | 9.1% 16/175 |
| | | 17.3% 2278/13205 | 32% 56/175 |
| | 2a | Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia? | |
| | | 42.2% 4502/10670 | 46% 52/113 |
| | | 50.5% 5390/10670 | 52.2% 59/113 |
| | 7.3% 778/10670 | 1.8% 2/113 | |

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 | 25.5% 49/192 | 66.7% 128/192 |
| | | Yes, most of the time | 38.5% 5525/14345 | | 41.1% 79/192 | |
| | | Yes, sometimes | 33% 4734/14345 | - | 27.6% 53/192 | - |
| | | No | 7.1% 1014/14345 | - | 5.7% 11/192 | - |
| | 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 | 29.4% 53/180 | 70% 126/180 |
| | | Yes, most of the time | 40.9% 5454/13329 | | 40.6% 73/180 | |
| | | Yes, sometimes | 30.6% 4074/13329 | - | 29.4% 53/180 | - |
| | | No | 1.9% 252/13329 | - | 0.6% 1/180 | - |
| 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 | 35.4% 68/192 | 73.4% 141/192 |
| | | Yes, most of the time | 33.2% 4759/14333 | | 38% 73/192 | |
| | | Yes, sometimes | 27.3% 3913/14333 | - | 20.3% 39/192 | - |
| | No | 10.6% 1516/14333 | - | 6.3% 12/192 | - | |

| 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 | 57.7% 94/163 |
| | | Occasionally | 37.2% 4636/12457 | 34.4% 56/163 |
| | | Almost Never | 9.7% 1210/12457 | 5.5% 9/163 |
| | | Never | 3.3% 408/12457 | 2.5% 4/163 |

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 | 43.7% 69/158 | 72.2% 114/158 |
| | | Yes, most of the time | 27.3% 3271/11978 | | 28.5% 45/158 | |
| | | Yes, sometimes | 16.1% 1927/11978 | - | 22.8% 36/158 | - |
| | | No | 5.4% 649/11978 | - | 5.1% 8/158 | - |
| 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 | 23% 37/161 | 76.4% 123/161 |
| | | Yes, most of the time | 50.1% 6149/12263 | | 53.4% 86/161 | |
| | | Yes, sometimes | 19.2% 2357/12263 | - | 18% 29/161 | - |
| | | No | 4.7% 576/12263 | - | 5.6% 9/161 | - |

| 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 | 34.8% 40/115 | 82.6% 95/115 |
| | | Yes, most of the time | 47.6% 4352/9148 | | 47.8% 55/115 | |
| | | Yes, sometimes | 18.7% 1708/9148 | - | 13.9% 16/115 | - |
| | | No | 3.3% 303/9148 | - | 3.5% 4/115 | - |
| | 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 | 12.2% 14/115 | 39.1% 45/115 |
| | | Yes, most of the time | 27.5% 2516/9143 | | 27% 31/115 | |
| | | Yes, sometimes | 42.5% 3887/9143 | - | 48.7% 56/115 | - |
| | | No | 19.3% 1763/9143 | - | 12.2% 14/115 | - |
| 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 | 28.1% 32/114 | 57% 65/114 |
| | | Yes, most of the time | 32.5% 2942/9047 | | 28.9% 33/114 | |
| | | Yes, sometimes | 27.7% 2506/9047 | - | 30.7% 35/114 | - |
| | No | 23.5% 2125/9047 | - | 12.3% 14/114 | - | |

| 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 | 21.8% 24/110 | 61.8% 68/110 |
| | | Yes, most of the time | 39.3% 3456/8788 | | 40% 44/110 | |
| | | Yes, sometimes | 16.8% 1476/8788 | - | 25.5% 28/110 | - |
| | | No | 15.6% 1368/8788 | - | 12.7% 14/110 | - |
| 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 | 31.5% 34/108 | 60.2% 65/108 |
| | | Yes, most of the time | 27.2% 2398/8822 | | 28.7% 31/108 | |
| | | Yes, sometimes | 22.5% 1983/8822 | - | 29.6% 32/108 | - |
| | | No | 12.3% 1085/8822 | - | 10.2% 11/108 | - |
| 3.11 [2] | 14 | Can you access snacks for people with dementia in between meals? | | | | |
| | | Yes, always | 44.5% 4060/9119 | 73.2% 6675/9119 | 46.6% 54/116 | 79.3% 92/116 |
| | | Yes, most of the time | 28.7% 2615/9119 | | 32.8% 38/116 | |
| | | Yes, sometimes | 20.7% 1886/9119 | - | 16.4% 19/116 | - |
| | | No | 6.1% 558/9119 | - | 4.3% 5/116 | - |
| 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 | 44% 51/116 | 81.9% 95/116 |
| | | Yes, most of the time | 33.4% 3039/9090 | | 37.9% 44/116 | |
| | | Yes, sometimes | 15.5% 1408/9090 | - | 14.7% 17/116 | - |
| | | No | 4.9% 444/9090 | - | 3.4% 4/116 | - |

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 Royal Surrey County Hospital are provided.

| Registered Nurses (Band 5 or 6) |
|---|
| A safe place for them to walk or a sitting room so they have somewhere else to go other than by their bed. Patients with dementia should have minimal hospital stays as the environment of an acute hospital is detrimental to their wellbeing. |
| A separate bay or unit that is limited to dementia patients only can be helpful for dementia centred care to be maximised instead of mixing them with non-dementia patients. |
| Activity coordinator undertaking planned organised activities with our patients on a daily basis. Building on the environmental changes in the older person unit and also implementing them across the hospital, for example, more quiet areas/ areas to undertake activities within the bays etc. |
| Allowing extra time for appointments. |
| Being able to book an additional staff member (likely band 2 HCA) when there are dementia patients who need more time and attention to make them feel safe. Would be very reassuring for their relatives, likely improve their nutritional intake, rehab etc. all thereby leading to a shorter length of stay. |
| By bringing back day rooms. Patient can interact with others and maybe join in activities other than currently in place. Quiz game to stimulate brains including word games. Participating in i.e. painting, reading corners (out loud) etc. |
| By employing a qualified activities coordinator for each ward. |
| By providing more time to sit with patients and take things more slowly with them. |
| Create a dementia bay in our ward. Provide more trainings to improve staff in dealing with patients with dementia. |
| Day rooms for patients. |
| Encouraging everyone to fill out or read dementia care passports. Care passports are very helpful tools in dementia care. Dementia care can be improved by proper staffing of course but we don't always get that. It can be challenging to meet nutritional needs of patients especially if you get 4-5 red trays in one bay all at the same time. This is where float nurses/ volunteers can be really helpful. |
| Filling all the "this is my passports" in because you can see all the likes and dislikes and a lot of things about your patient there. In my opinion, all the wards with people with dementia should have more staff. If not, we cannot focus on our patients. |
| For staff to be more on the ball about getting "this is me" passports completed. |
| Having a visit by dementia specialist team more often, following the patient in a better way. Having a room in which the dementia patients could play games, watch movies, or communicate with therapist staff. |
| I would suggest that they should be admitted in a medical dementia ward where most nurses got training on how to look after dementia patients. |
| If the hospital could please provide good/ enough staffing levels to enable the staff to take the time to communicate and interact with the patients instead of trying to fit all the tasks into a shift, and not having time for conversation -tends to be always hurried because of this. |
| Increasing more staff. |
| It is difficult to manage a bay with dementia patients - it would be great to have someone to help and we would have more time to interact with them. |

Registered Nurses (Band 5 or 6)

It would be good if patients with dementia will have more activities that they can get involved with to keep them occupied. There has been plans for activity coordinator but I believe it needs to be implemented properly and regularly. It is difficult for occupational therapists/ physiotherapists/ nurses to organise this due to the nature of the ward, it can be very hectic with other poorly patients.

More of the hospitals regular staff, not agency, and not necessarily bank nurses, as a patient's need also to become familiar with the nurse and the nurse to be more aware of the particular patients' needs. More dementia training days and regular updates.

More staff to provide care and less unnecessary paperwork because it looks like we are focusing more on paperwork than on patients.

More training, ability to put out shifts for extra staff to assist, sitter/ befriender/ activity staff should be more readily available.

Need more staffing to help support people with dementia. They can be confused and need more staff to help.

Open visiting for all patients, but especially patients with dementia - not wait to be invited, but as routine [practice]. Would reduce falls and improve eating and ensure care is given when patient not able to express needs.

Our ward, we have raised funds to develop activities for people with dementia which helps with enhancing mental exercise and battle boredom. The hospital should also contribute to improve these materials and add more, instead of funds only from staff.

Picture books could be provided to all of them as much as possible.

Proper support of staff - adequate staffing because sometimes it can be challenging to take care of dementia patients, especially those that present with aggressiveness or those that are wandering, which can hinder the routine activity of the shift.

Provide activities to help improve cognitive and mental abilities. Have a specific team per ward to deal and interact with patients with dementia since sometimes nurses and healthcare assistants become so busy.

Provide additional staff; staffing numbers, in my opinion, could only cater to personal care (e.g. washes and feeding) as well as their medical needs (e.g. drug administration/ nursing procedures) which are basic for every patient. There is less time available to deliver specific needs for patients with dementia as well as less time to get to know them, unless they are long term patients. I also wish that the workload for paperwork would be minimised to give more time for patient interaction. Often paperwork would amount to 1-2 hours of work. One solution would be to use electronic means of documenting (e.g. London hospitals) to cut down the writings. Thank you.

Provide more staff in dementia bay.

Shorter stays in hospital - unnecessarily long sometimes. Introduce outside entertainment/ increase volunteers to speak to patients, lift spirits.

Some patients need specialising for safety but such would require matron's approval which is difficult to get on nights and weekends. Could help if the nurse in charge was allowed to request for special without waiting for matrons. This way the patients', and other patients', safety will not be compromised as we often have to reallocate staff for the bay to special the dementia patient leaving other patients with less support.

Strict use or application of care passport.

The kitchen to supply more snack products for patients or have a supply on the ward.

We need more staff in order to have more time to spend with them, having activities.

We use "This is my Passport". This helps me to know better the patients and understand how they are feeling.

Registered Nurses (Band 7 or above)

Day rooms/ memory rooms/ sensory rooms on the ward. Quiet room for patients and their relatives to sit in. Full time activity worker to work with patients, volunteers aren't consistent in coming to work.

From a personal experience, the level of dementia for a patient was not considered relevant and family members not kept involved although the patient's dementia was severe and instructions etc. given to the patient themselves were inappropriate as they did not remember, so the family and patient should have been spoken to at the same time.

Having a suitable dementia friendly day room.

Improved training for those not exposed to dementia patients that often, so we don't confuse it with a long-term delirium and ensure the best care is provided.

Increase specialist nurse service.

More training to be available.

Our hospital has made individualised patient care a priority for all patients, especially those with dementia. Every effort is made to ensure that there is a robust teaching programme for all staff in the multidisciplinary team in order to ensure full understanding of dementia and how this group of patients can be best cared for. There is available support and education for carers should they require it.

Review staffing levels and nurse to patient ratios.

Specialist training and team of dementia specials to visit wards where acutely unwell dementia patients are in so that the needs of the other patients can be met without having to prioritise one group over the needs of the other.

Healthcare Assistants

Additional staff/ less paperwork.

Allocate more staff to dementia units to facilitate a more in depth, personalised care to people with dementia.

Areas that are more dementia friendly. Less like hospital and less frightening on their visit to hospital or stay. Carers need more support and family. Finger food good idea! But have not chosen right foods.

By giving quality time to the patients who have dementia, like frequently talk to them or chatting with them or spending more time walking with them around the corridor or do some more activities like reading, playing cards etc. Allow the family or relatives to help their people who have dementia with their food during mealtimes is a big help. Sit them together on the dining table to have their meal together and at the same time, chat to each other. Give them a choice for what they like to do or what they want to eat. Give them quality time.

By providing more activities that improve their memory.

Consultant training and information about dementia.

I think relatives should be allowed to come and help their relatives during mealtimes.

I think the hospital can improve the care/ support by giving more information and lectures about dementia patients and how to deal with our patients in different scenarios. Maybe the lecture should be more detailed and give more examples.

More frequent visits from dementia care team. Opportunity to attend a more detailed training event.

More nurses with dementia training should be provided or allocated on all wards.

Need more staff to deal/ help with dementia patients.

Healthcare Assistants

Perhaps spend more time with patients without being rushed off feet constantly. Family should be more proactive or involved with it.

Some confused patients tend to stand up, wander and want to go home which needs close monitoring and can be difficult if the staff are attending to other patients. Additional staff may be needed to keep them safe.

Sometimes people with dementia can exhibit a range of challenging behaviours. Although given a lot of information on what dementia is, and how to provide person centred care, there is less information on how to deal successfully with challenging behaviours. Often, left up to initiatives of staff only. No structured sessions on how to deal with challenging behaviour in dementia. Finger food supplied is cold and many patients don't enjoy cold food! E.g. cold broccoli, cold potatoes. Sausage rolls/ party type food would be better.

To provide more staff so we can allow the patient to have a less scary stay in hospital.

Training, to update and enhance the knowledge of staff with dementia. Provide activity co-ordinator, who's responsible for providing stimulating activities for elderly. More staff needed - nurses are not helping, or not able to help, HCAs because they are busy with their paperwork.

Doctors

Better education of all staff.

Educational session or eLearning to describe what support services are available to professionals working within the organisation and how to access them.

Emergency assessment unit is a very busy environment and not suited to patients with dementia. We need a frailty unit.

Finding your way around the hospital is difficult even for those who do not have dementia. The new signage in the main entrance is NOT dementia friendly. Occasionally a volunteer is there to help, but not often enough. More large simple signs e.g. EXIT are needed.

Have dementia bays on each ward, not just the care of the elderly wards. These bays would have additional staffing in order to ensure needs are better met.

In our intensive care unit, we have recently commenced using a 're-orientation' information board which is positioned at the end of the bed and is updated on each shift. This seems to help for those patients with both dementia and acute delirium.

Increased availability of one to one care.

More money to enable all works to be done. More volunteers.

More training for nursing staff, allied healthcare professionals and junior doctors on dementia.

Provide dementia bay on all wards with dementia trained staff.

Quality improvement initiative to recognise, treat and support patients with delirium.

Try to engage families more - increase visiting hours. Try to know patients' previous interests and help provide them if possible - music, reading etc.

Trying to encourage more group activities for example - sitting appropriate patients out round table for lunch, films etc.

We have a special older people's unit with trained staff to look after these frail patients. Front door assessment when patients with complex care needs admitted to the hospital (this service is only [currently] available within working hours).

Whole system quality improvement project on delirium.

Allied Healthcare Professionals

Allow family/ carers to support patient in hospital between visiting times.

By ensuring great compliance with "this is me", and carer passport.

Change the physical environment in A&E to make it more dementia friendly.

Encourage patients to participate in their own personal care, getting dressed in their day clothes each day. Promote a routine on the wards. Encourage social eating, i.e. around a table. Perhaps access to a radio/ music.

Ensure patients with dementia are supervised during mealtimes as they often benefit from social interaction and prompting when eating. This will ensure their nutritional needs are met and it improves their overall interaction with staff.

Have male dementia bay.

Having a 'dining area' where people with dementia can eat their meals in a natural setting rather than eating in their bed space. This would help them to obtain the social cues needed for successful eating, increase their oral intake, and has the potential to reduce the burden on nursing staff as patients are more likely to feed themselves when sitting at a dining table surrounded by other people eating.

I am unaware of who the dementia champion is. This is not well publicised.

I believe that family could be brought on board to be more proactive in helping with feeding, giving instructions to patients in a way that person is familiar with and in generally calming and helping make the hospital stay less frightening and easier to manage.

Increase availability of staff/ volunteers to spend time with patients who have dementia to reassure/ stimulate them.

Increase use of "this is me" passports.

More time for one to one care to be able to spend more time with individual.

More training to individual wards that aren't care of the elderly or in-services programs for different therapies.

Snacks and drinks need to be more readily available. More support needed at mealtimes.

To engage in activities/ occupations more regularly on the ward that are meaningful and a personal centred use of time.

We could have a dedicated person for dementia at the front of house.

Students

Care passports need to be utilised more.

Use the red trays for people who have dementia so everyone is aware they may need assistance when eating.

Therapy Assistants & Allied Healthcare Professional Assistants

Training for all staff.

Ward-based Administrators

A little day room with TV/ games etc. so that it seems more like a living room, rather than the clinical setting of their room/ six-bedded bay.

If only we had space, a dedicated 'activity/ day room' would be useful in which they could perhaps be stimulated by TV, facilities to make themselves a cup of tea etc. There is a large radio/ cd player in one of our bays but it would be good for the patients to get out of the 'hospital Bay' environment into a day room and to have their meals in there. However, I don't think we have the luxury of a spare room for this purpose, nor probably spare staff to 'man' the day room - although I'm sure volunteers could help.

Let administration staff go on an awareness course. Administration staff will have more knowledge.

More instruction from sisters and senior nurses to ward clerks on how best to deal with people with dementia.

Other / Unknown

24/7 availability of dementia nurse.

My hospital strives at all times to help any patient, no matter what their ailment.

We are seeing more and more long term patients with dementia, more staff are needed if the best care that we boast of is to be maintained anywhere.

More staff to give the needed time to care for dementia patients adequately.

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