

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

Local report appendices for:

Bristol Royal Infirmary

University Hospitals Bristol 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 | No |
| | | In development | 26.1% 52/199 | | |
| 4.2 [2] | 1a | <i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n) | 97.1% 168/173 | Yes | N/A |
| 4.1 [2] | 1b | <i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways: | | | |
| | | Delirium | | | |
| | | Yes | 65.9% 114/173 | 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 | No | No |
| | 2b | Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n) | 31.7% 63/199 | No | No |
| 4.4 [2] | 3 | The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n) | 60.3% 120/199 | Yes | Yes |

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

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

Use of personal information documents

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den |
|----------------|--------------------------|---|-----------------------------------|----------------------------------|----------------------------------|
| 1.14 [1] | 16 | There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n) | 98.5% 196/199 | Yes | Yes |
| | 17a | <i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n) | 100% 196/196 | Yes | Yes |
| | 17b | <i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n) | 98.5% 193/196 | Yes | Yes |
| | 17c | <i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n) | 100% 196/196 | Yes | 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: | | A400 (Older Persons Assessment Unit) | | New question for Round 3 |
| | Ward 2: | | A528 | | |
| | Ward 3: | | C808 | | |
| | Number of patients checked: | | - | 10 | New question for Round 3 |
| | Range | | 0-40 | - | - |
| | Median | | 10 | - | - |
| | Number of these patients where the information was present: | | - | 9 | New question for Round 3 |
| | Percentage of patients where the information was present: | | - | 90% | New question for Round 3 |
| | Range | | 0-100% | - | - |
| | Mean | | 49% | - | - |
| Median | | 50% | - | - | |

Recognition of dementia

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

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den |
|---|---|--|--|--|---|
| 9.3 [1] | 21a | <i>(If Q21=Yes)</i> Please say what this is: | | | |
| | | A visual indicator, symbol or marker | 91.1% 164/180 | √ | 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 | √ | |
| | 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 | |
| | 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 | - | | |
| 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 | No | No |
| 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 | No | 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): | | | |
| | | Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) on every day | 65.3% 130/199 | √ | New question for Round 3 |
| | | 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): | | | |
| | | 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 | √ | New question for Round 3 |
| | | 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 | √ | |
| | <i>(If Q39=Yes)</i> Environmental changes based on the review are: | | | | |
| | 40 | Completed | 15% 27/180 | N/A | New question for Round 3 |
| | | Underway | 56.7% 102/180 | N/A | |
| | | Planned but not yet underway | 10% 18/180 | N/A | |
| | | Planned but funding has not been identified | 15.6% 28/180 | N/A | |
| | | Plans are not in place | 2.8% 5/180 | N/A | |

| 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 | N/A | New question for Round 3 |
| | | All adult wards/ areas | 9.4% 17/180 | N/A | |
| | | All care of the elderly wards/ areas | 13.3% 24/180 | N/A | |
| | | Designated dementia wards only | 5% 9/180 | N/A | |
| | | Other | 13.3% 24/180 | N/A | |
| | | They have not been part of the team | 22.2% 40/180 | N/A | |
| | <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 | N/A | New question for Round 3 |
| | | Yes, once the work is completed | 40% 72/180 | N/A | |
| | | No plans are in place | 10.6% 19/180 | N/A | |

Appendix B: Patient demographics

| Age range | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-----------|----------------------------------|---------------------------------|
| 34 - 65 | 2.2% (221) | 3.9% (2) |
| 66 - 80 | 24.3% (2445) | 25.5% (13) |
| 81 - 100 | 73% (7332) | 70.6% (36) |
| 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 | 59 - 95 |
| Mean | 84 | 83.5 |
| Median | 85 | 85 |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------|----------------------------------|---------------------------------|
| Male | 40.1% (4029) | 51% (26) |
| Female | 59.9% (6018) | 49% (25) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 82.1% (8250) | 96.1% (49) |
| Black/ Black British | 1.2% (123) | 0% (0) |
| Asian/ Asian British | 1.9% (193) | 0% (0) |
| Chinese | 0.1% (10) | 2% (1) |
| Mixed | 0.1% (11) | 0% (0) |
| Not documented | 2.1% (210) | 2% (1) |
| Other | 12.4% (1250) | 0% (0) |

| First language | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------------|----------------------------------|---------------------------------|
| English | 77.4% (7778) | 92.2% (47) |
| Welsh | 0.6% (61) | 0% (0) |
| Other European language | 1% (96) | 2% (1) |
| Asian language | 1.4% (144) | 0% (0) |
| Not documented | 19% (1909) | 3.9% (2) |
| Other | 0.6% (59) | 2% (1) |

| Primary diagnosis/ cause of admission* | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Respiratory | 19.9% (1998) | 29.4% (15) |
| Fall | 13.3% (1332) | 13.7% (7) |
| Urinary/ renal | 9% (901) | 5.9% (3) |
| Hip dislocation/ hip fracture | 7.5% (754) | 2% (1) |
| Sepsis | 6.3% (633) | 0% (0) |
| Delirium/ confusion | 6% (604) | 3.9% (2) |
| Gastrointestinal | 5.9% (595) | 5.9% (3) |
| Cardiac/ vascular | 5.1% (517) | 5.9% (3) |
| Stroke | 3.8% (380) | 7.8% (4) |
| Neurological | 3.6% (364) | 7.8% (4) |
| Skin lacerations/ lesions | 2% (204) | 2% (1) |
| Impaired consciousness | 2% (198) | 2% (1) |
| Dementia** | 1.9% (195) | 3.9% (2) |
| Other | 1.9% (192) | 0% (0) |
| Unable to cope/ frailty | 1.6% (160) | 0% (0) |
| Dehydration | 1.4% (143) | 0% (0) |
| Haematology | 1.1% (115) | 2% (1) |
| Endocrine/ metabolic | 1.1% (112) | 3.9% (2) |
| Other fractures | 1% (96) | 0% (0) |
| Cancer | 0.9% (94) | 2% (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) | 2% (1) |
| 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) | 43.1% (22) |
| General Medical | 23.5% (2359) | 9.8% (5) |
| Other Medical | 9.9% (999) | 25.5% (13) |
| Orthopaedics | 8.9% (892) | 5.9% (3) |
| Surgical | 6.8% (681) | 3.9% (2) |
| Stroke | 4.5% (456) | 11.8% (6) |
| Cardiac | 2.5% (248) | 0% (0) |
| Other | 1.4% (136) | 0% (0) |
| Nephrology | 0.5% (52) | 0% (0) |
| Obstetrics/ Gynaecology | 0.4% (41) | 0% (0) |
| Critical Care | 0.2% (23) | 0% (0) |
| Oncology | 0.2% (22) | 0% (0) |
| Unknown | 0.1% (13) | 0% (0) |

| Patients who: | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Died in hospital | 12.8% (1285) | 15.7% (8) |
| 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) | 2.3% (1) |
| Received end of life care in hospital/ was on an end of life care plan | 13% (1302) | 15.7% (8) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| 2 - 10 days | 45.3% (4553) | 47.1% (24) |
| 11 – 20 days | 25.5% (2559) | 19.6% (10) |
| 21 – 30 days | 11.3% (1132) | 11.8% (6) |
| 31 – 40 days | 6.7% (671) | 5.9% (3) |
| 41 – 50 days | 4.2% (418) | 5.9% (3) |
| 51 – 60 days | 2.3% (230) | 2% (1) |
| 61 – 70 days | 1.7% (168) | 2% (1) |
| 71 – 80 days | 1% (102) | 3.9% (2) |
| 81 – 90 days | 0.6% (62) | 0% (0) |
| More than 90 days | 1.5% (152) | 2% (1) |

| Length of stay in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--------------------------------|----------------------------------|---------------------------------|
| Range | 2-775 | 3-111 |
| Median (days) | 12 | 11 |

| 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) | 78.4% (40) | 58.1% (25) |
| Respite care | 0.8% (80) | 1.6% (136) | 0% (0) | 0% (0) |
| 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) | 0% (0) |
| Intermediate care | 0.3% (27) | 2% (172) | 0% (0) | 0% (0) |
| Residential care | 16.9% (1701) | 17.7% (1551) | 3.9% (2) | 7% (3) |
| Nursing home | 19.7% (1981) | 28.7% (2511) | 13.7% (7) | 30.2% (13) |
| Palliative care | 0% (5) | 0.6% (54) | 0% (0) | 0% (0) |
| Transfer from another hospital | 1.4% (145) | 3.9% (343) | 2% (1) | 2.3% (1) |
| Long stay care | 0.2% (18) | 0.3% (26) | 2% (1) | 2.3% (1) |

| Change in residence* | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--|----------------------------------|---------------------------------|
| No change | 73.4% (6428) | 79.1% (34) |
| Own/ carer's home to nursing/ residential care | 11.1% (972) | 18.6% (8) |

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den (Median, IQR) | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den | |
|-------------------|---------------------------|--|---|--|--|----------------|
| 1.9 [1] | 14 | An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons) | 93.8% 8558/9126 (96%, 91-98%) | 100% 51/51 | 100% 39/39 | |
| | 15 | An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons) | 89.8% 8832/9837 (93%, 86-96%) | 96% 48/50 | 100% 40/40 | |
| | 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%) | 97.9% 47/48 | 97.4% 38/39 |
| | | Other action taken | 4% 352/8822 (2%, 0-5%) | 2.1% 1/48 | New answer options for Round 3 | |
| | Yes or other action taken | 89.9% 7932/2288 (93%, 85-98%) | 100% 48/48 | | | |
| 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% 50/51 | 100% 40/40 | |
| 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%) | 56% 28/50 | 90% 36/40 | |
| 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%) | 64.7% 33/51 | 100% 40/40 | |

| 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%) | 19.1% 9/47 | 62.5% 25/40 |
| | | Yes, an occupational therapy and/or a physiotherapy assessment has taken place | 42.8% 3977/9294 (44%, 26-58%) | 74.5% 35/47 | New answer options for Round 3 |
| | | Yes, other | 1.7% 161/9294 (0%, 0-2%) | 4.3% 2/47 | |
| | | Yes (all options) | 89.8% 8350/9294 (92%, 85-96%) | 97.9% 46/47 | |

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%) | 77.3% 34/44 | 72.7% 24/33 |
| 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%) | 21.6% 11/51 | 12.5% 5/40 |
| | | Yes, but there was no indication that delirium may be present | 18.5% 1863/10047 (15%, 6-25%) | 15.7% 8/51 | 20% 8/40 |
| | | Yes (both options) | 44.5% 4466/10047 (42%, 27-60%) | 37.3% 19/51 | 32.5% 13/40 |
| 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%) | 90.9% 10/11 | 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%) | 90.2% 46/51 | 95% 38/40 |
| | 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%) | 38.6% 17/44 | 51.4% 19/37 |
| | | Unknown* | 33.1% 1865/5626 (14%, 0-44%) | 20.5% 9/44 | 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%) | 64.4% 29/45 | New question for Round 3 |
| | | Unknown* | 34.1% 1916/5616 (16%, 3-48%) | 17.8% 8/45 | |
| | 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%) | 48.9% 22/45 | 75.7% 28/37 |
| | | Unknown* | 29.9% 1685/5631 (13%, 0-37%) | 20% 9/45 | 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%) | 26.7% 12/45 | 25% 9/36 |
| | | Unknown* | 37.8% 2110/5583 (20%, 5-50%) | 28.9% 13/45 | 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%) | 24.4% 11/45 | 19.4% 7/36 |
| | | Unknown* | 39.1% 2167/5539 (20%, 7-52%) | 28.9% 13/45 | 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%) | 29.5% 13/44 | 18.9% 7/37 |
| | | Unknown* | 35.3% 1977/5598 (17%, 3-46%) | 29.5% 13/44 | 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%) | 43.6% 17/39 | 13.5% 5/37 |
| | 23a | <i>(If 23=No)</i> Please comment: | | | |
| | | Patient too unwell/ not responsive | 3.3% 189/5690 | 0% 0/22 | New question for Round 3 |
| | | Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate) | 1.9% 110/5690 | 0% 0/22 | |
| | | Not routine/ not standard practice | 5.8% 331/5690 | 4.5% 1/22 | |
| | | Not documented/ unknown reason | 78.1% 4444/5690 | 77.3% 17/22 | |
| | Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment) | 10.8% 616/5690 | 18.2% 4/22 | | |
| | 24 | At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n) | 69.1% 5067/7329 (72%, 57-84%) | 84.6% 33/39 | 78.4% 29/37 |
| | 25 | Have there been any symptoms of delirium? (y/n) | 32.3% 2367/7329 (33%, 22-41%) | 25.6% 10/39 | 35.1% 13/37 |
| | 25a | <i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n) | 47.9% 1133/2367 (45%, 33-64%) | 80% 8/10 | 53.8% 7/13 |
| 26 | Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n) | 19.4% 1425/7329 (19%, 13-26%) | 15.4% 6/39 | 18.9% 7/37 | |
| 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%) | 66.7% 4/6 | 42.9% 3/7 | |

| Std no. [Type] | Question number and text | | National audit Round 3: % Num/Den (Median, IQR) | Your hospital Round 3: % Num/Den | Your hospital Round 2: % Num/Den |
|-------------------|--------------------------|---|---|--|--|
| 5.3 [2] | 27 | Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence? | 65.5% 1649/2519 (71%, 53-89%) | 76.9% 10/13 | New question for Round 3 |
| | 27a (i) | <i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral: | 70.4% 1161/1649 (75%, 50-89%) | 100% 10/10 | 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%) | 50% 5/10 | |
| | | The patient lacked requisite capacity and evidence of a best interests decision has been recorded | 69.9% 811/1161 (75%, 50-90%) | 30% 3/10 | |
| | | 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%) | 0% 0/10 | |
| | 27a (iii) | The patients consent was requested and this is recorded | 29.1% 142/488 (25%, 0-50%) | 0% 0/0 | |
| | | There is no record of the patients consent* | 70.9% 346/488 (75%, 50-100%) | 0% 0/0 | |
| | 27a (ii & iii) | Consent or best interests (responses options combined) | 66.2% 1091/1649 (67%, 50-86%) | 80% 8/10 | |
| | | No consent or best interests (response options combined) | 33.8% 558/1649 (33%, 14-50%) | 20% 2/10 | |

*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%) | 94.9% 37/39 | 40.5% 15/37 |
| 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%) | 75.7% 28/37 | 77.4% 24/31 |
| | 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%) | 91.9% 34/37 | 94.4% 34/36 |
| | 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%) | 94.9% 37/39 | 100% 37/37 |
| | 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%) | 89.7% 35/39 | 100% 37/37 |
| 5.6 [1] | 30 | Has a single plan/ summary for discharge with clear updated information been produced? (y/n) | 85.1% 6234/7329 (92%, 77-97%) | 100% 39/39 | 62.2% 23/37 |
| 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%) | 71.8% 28/39 | 32.4% 12/37 |
| 5.8 [1] | 32 | Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na) | 80.6% 5621/6975 (94%, 72-100%) | 100% 39/39 | 100% 37/37 |
| 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% 39/39 | 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%) | 81.3% 13/16 | 81.3% 26/32 |
| | 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 | 60.9% 14/23 | 40% 2/5 |
| | | Patient awaiting assessment | 9.1% 190/2088 | 8.7% 2/23 | 0% 0/5 |
| | | Patient awaiting history/ results | 6.1% 127/2088 | 17.4% 4/23 | 20% 1/5 |
| | | Patient awaiting surgery | 9.6% 200/2088 | 4.3% 1/23 | 40% 2/5 |
| | | Patient presenting confusion | 5.7% 120/2088 | 8.7% 2/23 | 0% 0/5 |
| | | Patient on end of life plan | 0% 1/2088 | 0% 0/23 | - |
| | | Patient being transferred to another hospital | 0.1% 2/2088 | 0% 0/23 | 0% 0/5 |
| | | Patient unresponsive | 0.3% 6/2088 | 0% 0/23 | 0% 0/5 |
| | | Patient being discharged to nursing/ residential care | 6.5% 136/2088 | 0% 0/23 | 0% 0/5 |
| | | Not recorded | - | - | 0% 0/5 |
| Other | 0% 0/2088 | 0% 0/23 | 0% 0/5 | | |

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 | 30.8% 12/39 | 16.2% 6/37 |
| | | 24 hours | 12.2% 897/7329 | 20.5% 8/39 | 27% 10/37 |
| | | 25 - 48 hours | 14.7% 1075/7329 | 12.8% 5/39 | 27% 10/37 |
| | | More than 48 hours | 27.1% 1985/7329 | 17.9% 7/39 | 21.6% 8/37 |
| | | No notice at all | 0.5% 35/7329 | 0% 0/39 | 0% 0/37 |
| | | Not documented | 24.2% 1770/7329 | 15.4% 6/39 | 8.1% 3/37 |
| | | No carer, family, friend/ could not contact | 1.8% 132/7329 | 2.6% 1/39 | 0% 0/37 |
| | | Patient specified information withheld | 0% 3/7329 | 0% 0/39 | 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%) | 0% 0/9 | 100% 20/20 |

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) | 9.5% (4) |
| 35 – 44 years | 5.6% (259) | 2.4% (1) |
| 45 – 54 years | 16.2% (749) | 19% (8) |
| 55 – 64 years | 25.8% (1193) | 16.7% (7) |
| 65 – 74 years | 20.8% (960) | 16.7% (7) |
| 75 – 84 years | 19.1% (885) | 23.8% (10) |
| 85 years or over | 7.4% (343) | 9.5% (4) |
| Prefer not to say | 1.2% (56) | 2.4% (1) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 30.6% (1413) | 33.3% (14) |
| Female | 68.1% (3150) | 64.3% (27) |
| Other | 0.1% (4) | 0% (0) |
| Prefer not to say | 1.2% (57) | 2.4% (1) |

| Ethnicity | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|----------------------|----------------------------------|---------------------------------|
| White/ White British | 88.4% (4079) | 90.5% (38) |
| Black/ Black British | 3% (140) | 0% (0) |
| Asian/ Asian British | 3.3% (152) | 2.4% (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) | 7.1% (3) |

| Relationship to patient | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|--|----------------------------------|---------------------------------|
| Spouse or partner | 33.5% (1558) | 35.7% (15) |
| Family member | 55.9% (2597) | 52.4% (22) |
| Friend | 4.4% (203) | 4.8% (2) |
| Professional carer (health or social care) | 5.4% (249) | 7.1% (3) |
| 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) | 74.4% (29) |

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 | 58.5% 24/41 |
| | | 43.3% 1980/4578 | 34.1% 14/41 |
| | | 10.2% 468/4578 | 7.3% 3/41 |
| 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 | 70.7% 29/41 |
| | | 36.4% 1672/4592 | 26.8% 11/41 |
| | | 9.4% 431/4592 | 2.4% 1/41 |
| 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 | 71.4% 30/42 |
| | | 34.2% 1515/4433 | 26.2% 11/42 |
| | | 10.4% 462/4433 | 2.4% 1/42 |
| 7.4 [2] | 4 | Was the person you look after treated with respect by hospital staff? | |
| | | 76% 3471/4569 | 88.1% 37/42 |
| | | 20.8% 952/4569 | 9.5% 4/42 |
| | | 3.2% 146/4569 | 2.4% 1/42 |

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 | 57.1% 24/42 |
| | | Yes, to some extent | 40.4% 1843/4566 | 31% 13/42 |
| | | No | 17.8% 815/4566 | 11.9% 5/42 |
| 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 | 56.1% 23/41 |
| | | Yes, to some extent | 36.4% 1637/4497 | 39% 16/41 |
| | | No | 16.1% 722/4497 | 4.9% 2/41 |
| 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 | 53.7% 22/41 |
| | | Yes, to some extent | 34.5% 1563/4524 | 36.6% 15/41 |
| | | No | 20.1% 908/4524 | 9.8% 4/41 |

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 | 48.8% 20/41 |
| | | Very good | 33.9% 1575/4645 | 34.1% 14/41 |
| | | Good | 17% 790/4645 | 12.2% 5/41 |
| | | Fair | 9.6% 446/4645 | 4.9% 2/41 |
| | | Poor | 5% 232/4645 | 0% 0/41 |
| | 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 | 59.5% 25/42 |
| | | Likely | 34.1% 1551/4544 | 26.2% 11/42 |
| | | Neither likely nor unlikely | 14.3% 648/4544 | 14.3% 6/42 |
| | | Unlikely | 4.8% 220/4544 | 0% 0/42 |
| | | Extremely unlikely | 4.2% 192/4544 | 0% 0/42 |

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 | 61% 25/41 |
| | | Somewhat satisfied | 34% 1487/4379 | 31.7% 13/41 |
| | | Somewhat dissatisfied | 9.9% 434/4379 | 4.9% 2/41 |
| | | Very dissatisfied | 5.8% 254/4379 | 2.4% 1/41 |

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) | 29.2% (31) |
| 26 - 50% | 25.6% (3651) | 17.9% (19) |
| 51 - 75% | 24.4% (3489) | 26.4% (28) |
| More than 75% | 18.1% (2588) | 26.4% (28) |

| Gender | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-------------------|----------------------------------|---------------------------------|
| Male | 15.7% (2260) | 11.2% (12) |
| Female | 83.2% (11954) | 88.8% (95) |
| 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) | 84.9% (90) |
| Black/ Black British | 4.1% (594) | 2.8% (3) |
| Asian/ Asian British | 8% (1150) | 8.5% (9) |
| Mixed | 1.3% (183) | 0.9% (1) |
| Chinese | 0.5% (73) | 0% (0) |
| Other | 4.5% (646) | 2.8% (3) |
| Prefer not to say | 1.7% (241) | 0% (0) |

| Job role | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|---|----------------------------------|---------------------------------|
| Registered nurse (Band 5 or 6) | 29.9% (4300) | 28.3% (30) |
| Registered nurse (Band 7 or above) | 12.7% (1831) | 9.4% (10) |
| Healthcare assistant | 23.1% (3324) | 25.5% (27) |
| Doctor | 11.5% (1645) | 18.9% (20) |
| Allied healthcare professional | 11.9% (1713) | 8.5% (9) |
| Therapy assistant/ allied healthcare professional assistant | 2.6% (367) | 1.9% (2) |
| Student | 2.3% (332) | 2.8% (3) |
| Ward based administrators | 4% (571) | 2.8% (3) |
| Other/ unknown | 1.9% (279) | 1.9% (2) |

| Hours worked per week | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|-----------------------|----------------------------------|---------------------------------|
| Up to 29 hours | 13% (1866) | 11.4% (12) |
| 30 hours or more | 87% (12458) | 88.6% (93) |

| Time worked in the hospital | National audit Round 3: % (N) | Your hospital Round 3: % (N) |
|------------------------------------|--|---|
| Less than 6 months | 8% (1148) | 7.7% (8) |
| 6 - 11 months | 9.5% (1364) | 9.6% (10) |
| 1 - 2 years | 15.6% (2242) | 16.3% (17) |
| 3 - 5 years | 16.4% (2350) | 8.7% (9) |
| 6 - 10 years | 15.9% (2283) | 21.2% (22) |
| 11 - 15 years | 12.1% (1739) | 10.6% (11) |
| More than 15 years | 22.4% (3205) | 26% (27) |

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 | 42.3% 44/104 | 73.1% 76/104 | |
| | | Yes, most of the time | 32.9% 4614/14024 | | 30.8% 32/104 | | |
| | | Yes, sometimes | 26.8% 3760/14024 | - | 18.3% 19/104 | - | |
| | | No | 11.6% 1624/14024 | - | 8.7% 9/104 | - | |
| | | 1b | Out of office hours | | | | |
| | | | Yes, always | 7.8% 874/11207 | 23.5% 2637/11207 | 4.7% 4/85 | 20% 17/85 |
| | | | Yes, most of the time | 15.7% 1763/11207 | | 15.3% 13/85 | |
| | Yes, sometimes | | 27.9% 3129/11207 | - | 31.8% 27/85 | - | |
| | No | 48.6% 5441/11207 | - | 48.2% 41/85 | - | | |

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 | 61.6% 61/99 |
| | | 53.2% 7030/13205 | 52.5% 52/99 |
| | | 5.4% 713/13205 | 4% 4/99 |
| | | 7.7% 1018/13205 | 12.1% 12/99 |
| | | 7.3% 961/13205 | 12.1% 12/99 |
| | | 17.3% 2278/13205 | 16.2% 16/99 |
| | 2a | Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia? | |
| | | 42.2% 4502/10670 | 47.6% 39/82 |
| | | 50.5% 5390/10670 | 47.6% 39/82 |
| | 7.3% 778/10670 | 4.9% 4/82 | |

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 | 18.7% 20/107 | 73.8% 79/107 |
| | | Yes, most of the time | 38.5% 5525/14345 | | 55.1% 59/107 | |
| | | Yes, sometimes | 33% 4734/14345 | - | 26.2% 28/107 | - |
| | | No | 7.1% 1014/14345 | - | 0% 0/107 | - |
| | 3a | Do you have the opportunity to use this information to help you care for/ support people with dementia? | | | | |
| | | Yes, always | 26.6% 3549/13329 | 67.5% 9003/13329 | 25.2% 27/107 | 69.2% 74/107 |
| | | Yes, most of the time | 40.9% 5454/13329 | | 43.9% 47/107 | |
| | | Yes, sometimes | 30.6% 4074/13329 | - | 29% 31/107 | - |
| | | No | 1.9% 252/13329 | - | 1.9% 2/107 | - |
| 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 | 30.8% 33/107 | 64.5% 69/107 |
| | | Yes, most of the time | 33.2% 4759/14333 | | 33.6% 36/107 | |
| | | Yes, sometimes | 27.3% 3913/14333 | - | 29.9% 32/107 | - |
| | No | 10.6% 1516/14333 | - | 5.6% 6/107 | - | |

| 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 | 54.8% 51/93 |
| | | Occasionally | 37.2% 4636/12457 | 35.5% 33/93 |
| | | Almost Never | 9.7% 1210/12457 | 7.5% 7/93 |
| | | Never | 3.3% 408/12457 | 2.2% 2/93 |

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 | 47.8% 43/90 | 72.2% 65/90 |
| | | Yes, most of the time | 27.3% 3271/11978 | | 24.4% 22/90 | |
| | | Yes, sometimes | 16.1% 1927/11978 | - | 20% 18/90 | - |
| | | No | 5.4% 649/11978 | - | 7.8% 7/90 | - |
| 7.18 [1] | 8 | Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on? | | | | |
| | | Yes, always | 25.9% 3181/12263 | 76.1% 9330/12263 | 16.1% 15/93 | 71% 66/93 |
| | | Yes, most of the time | 50.1% 6149/12263 | | 54.8% 51/93 | |
| | | Yes, sometimes | 19.2% 2357/12263 | - | 24.7% 23/93 | - |
| | | No | 4.7% 576/12263 | - | 4.3% 4/93 | - |

| 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 | 23.4% 15/64 | 82.8% 53/64 |
| | | Yes, most of the time | 47.6% 4352/9148 | | 59.4% 38/64 | |
| | | Yes, sometimes | 18.7% 1708/9148 | - | 15.6% 10/64 | - |
| | | No | 3.3% 303/9148 | - | 1.6% 1/64 | - |
| | 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 | 3.1% 2/64 | 40.6% 26/64 |
| | | Yes, most of the time | 27.5% 2516/9143 | | 37.5% 24/64 | |
| | | Yes, sometimes | 42.5% 3887/9143 | - | 53.1% 34/64 | - |
| | | No | 19.3% 1763/9143 | - | 6.3% 4/64 | - |
| 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 | 21.9% 14/64 | 54.7% 35/64 |
| | | Yes, most of the time | 32.5% 2942/9047 | | 32.8% 21/64 | |
| | | Yes, sometimes | 27.7% 2506/9047 | - | 29.7% 19/64 | - |
| | No | 23.5% 2125/9047 | - | 15.6% 10/64 | - | |

| 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 | 23% 14/61 | 62.3% 38/61 |
| | | Yes, most of the time | 39.3% 3456/8788 | | 39.3% 24/61 | |
| | | Yes, sometimes | 16.8% 1476/8788 | - | 31.1% 19/61 | - |
| | | No | 15.6% 1368/8788 | - | 6.6% 4/61 | - |
| 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 | 23% 14/61 | 60.7% 37/61 |
| | | Yes, most of the time | 27.2% 2398/8822 | | 37.7% 23/61 | |
| | | Yes, sometimes | 22.5% 1983/8822 | - | 23% 14/61 | - |
| | | No | 12.3% 1085/8822 | - | 16.4% 10/61 | - |
| 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 | 47.7% 31/65 | 81.5% 53/65 |
| | | Yes, most of the time | 28.7% 2615/9119 | | 33.8% 22/65 | |
| | | Yes, sometimes | 20.7% 1886/9119 | - | 15.4% 10/65 | - |
| | | No | 6.1% 558/9119 | - | 3.1% 2/65 | - |
| 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 | 33.8% 22/65 | 72.3% 47/65 |
| | | Yes, most of the time | 33.4% 3039/9090 | | 38.5% 25/65 | |
| | | Yes, sometimes | 15.5% 1408/9090 | - | 12.3% 8/65 | - |
| | | No | 4.9% 444/9090 | - | 15.4% 10/65 | - |

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 Bristol Royal Infirmary are provided.

| Registered Nurses (Band 5 or 6) |
|---|
| Better communication/ teaching. |
| Clinical site managers not to move patients with dementia after 8pm, or at all if the patient is used to the staff on the ward and have made a connection to them, regardless of whether they are medically fit awaiting a bed in the community or care packages at home to commence. |
| Enough staff to be able to spend time with patients. |
| Ensure all staff have appropriate training. |
| Extra nursing staff - often there is not enough to meet the needs that patients require. Extra socialisation is also required - designated areas such as dining rooms/ TV rooms would be beneficial as cabin fever sets when they are in the bed space for long periods of time. I feel that the Swedish model is a perfect example of how dementia care can be delivered. Our bigger problem is care of the elderly wards staffing ratio does not reflect what our patients needs actually are. However, more funding for extra staff to provide quality time with dementia patients is needed. We work very hard with limited resources for people with dementia and other cognitive impairments - more staffing, better ward environment such as separate dining room/ TV room. Also, a tool kit with comforts such as dolls, teddies as they help calm dementia patients. Also, we need better/ quicker discharge processes - as far too often dementia patients are waiting upon social work allocation/ placement/ programme of care. |
| Giving staff time to help people with dementia. |
| I think that less busy and noisy surroundings would benefit the care of a person with dementia, and more staff to free up time to spend with them for reassurance would improve care, but acute wards and emergency admissions are unable to provide this due to the nature of the work done, and the need to observe and monitor the dementia patients at the same time as providing care for other patients means that they can't always have the quiet space that they may need. |
| I think the trust could improve the care and support for people with dementia by a comprehensive education/ teaching plan supported by dementia specialist team/ nurses to ensure greater knowledge and understanding for all members of staff, from all disciplines, with ongoing support and advice from a specialist dementia team/ nurses within the clinical setting. |
| Increase volunteers (train them) and use their skills to occupy patients and meet their cognitive needs 24 hours a day. Patients require stimulation - garden would be nice. The whole team should discuss patients' needs and work out the "tasks" so that one person meets the particular needs of those who are distressed or worried, while the rest of the team meet other patients' needs. Feeders - stimulators should be identified at mealtimes. Nutritional supplements should be highlighted and time set aside to ensure they are taken (not rushing to complete all jobs). |
| It would be helpful to have more dementia specialists for 1:1 patients, or assistants that have extra training in terms of dementia and challenging behaviour. |
| Make the online training easier to find - when I've asked, nobody has been able to tell me how to access it. I have no knowledge that finger foods are available but think it is a great idea. Snacks are available but not always on our ward so sometimes have to go to other wards. |
| More staff and more training. |
| More staff on wards with many dementia patients. |

Registered Nurses (Band 5 or 6)

More staff training to get to know the stages of dementia, and how it will affect a patient.

More staff training, especially around post diagnosis support and pathways. Providing resources for activities on wards, not enough to do.

More staff.

More visual aids for wandering (patients) - we are now introducing blue plates to help patients eat more so they can see better.

New hospital build does not accommodate a dementia friendly environment.

Perhaps a dedicated service of extra staff to help with feeding patients around mealtimes. As meals coincide with the drug round and dinner service which the nursing assistants have to serve. Who is left available to feed a patient??? By the time the meals are served, a patient's meal could either be cold or if not, will have to be interrupted. Reducing or making the transfer of confused, delirious or any patient with dementia or history of cognitive impairment overnight a no, no. It still happens and 90% of the time, patients become disorientated, unsettled and their dementia is normally exacerbated when moved in the night.

Provide enough staffing for patients that need enhanced supervision.

They need to provide enough staff to look for our patients who have dementia, especially if they wander - sometimes not enough staff so we can't really provide all care to the rest and the patient because we need to look after patients who wander and are high risk of falling.

To have access to appropriate finger foods for patients throughout the day and night.

Transfer escalation plan. "This is Me" leaflet - gives accurate information about a patient.

Registered Nurses (Band 7 or above)

Activities for those with dementia. More volunteers 7 days per week to sit and engage with them.

Better communication between departments when transferring patients. Patients' needs put ahead of trust requirements to move patients at inappropriate times.

Empowering staff to spend quality time engaging with their patients and their carers.

Ensure patients are not moved wards.

I feel that the care of patients with dementia has improved greatly over the last 10 years. We will often book 1:1 nursing to ensure patients are supported and cared for to a high standard as we are a surgical ward and a very acute setting but we do still have the occasional patient with a cognitive impairment. "This is me" is used almost always and staff are very used to using red lid jugs and drinking glasses etc. There are so many patients with dementia nowadays throughout the hospital but to ensure all the correct tasks are performed for these patients, it would be a good thing on e-handover if there was a specific button to say if a patient had a cognitive impairment or dementia and as soon as you pressed this, a checklist appeared to remind staff what they should do for these patients, such as red glass, red lid, abbey pain score, "this is me", cognitive behaviour care plan, "forget me not" magnets etc. Then all these things would get done!! Simple really.

Healthcare Assistants

"This is me" documents are not always filled in/ not always filled in in thorough detail. This can make it hard to understand certain mannerisms which may give clues to any issues e.g. pain. Also, it can make socialising with patients a bit more difficult in terms of what is and isn't suitable subject matter.

1. Provide more staff. 2. Provide more training. 3. Provide someone who would interact with the patient all the time as the staffing levels don't allow us to spend more time with the patients. More staff is the key.

By providing staff with up to date strategies/ teachings for supporting/ motivating/ engaging/ managing patients with dementia.

Employing extra staff to accommodate the extra needs of dementia patients, as on my ward we are very busy and don't always have the time or staff to see to the patients with dementia who require the extra help/ time.

Extra help at mealtimes would be appreciated to ensure all patients that need extra help eating, or observation, are given the time and care needed. It is not a nice feeling to have to choose which patient gets to eat their food hot and who will have to eat it cold. Our ward also makes nursing assistants assist with serving food, this means all patient's that need help or encouragement are served last, so they can be helped which again is not fair on the patient.

Have some word puzzles for them to do - this would be for those that are not suffering from advanced dementia. I think that some patients with dementia can still do crosswords.

I think our patients would benefit from a room within the ward to use as relax room for example, TV/ computer/ sofa where patients can feel more comfortable.

Increased staff to patient ratio. Allow more time to communicate and do things at the patient's preferred pace.

It would be helpful to have nurses/ HCAs that are specifically trained to assist individuals with dementia, especially those that are relatively independent thus making time for other individuals who are less able.

More regular training.

More staff on the ward so we can carry on implementing changes and more activities we are already doing.

More staff to help support the patients.

Replace all the specialist roles that have sprung up with people who can take people with dementia off wards to do meaningful things when they are medically fit for discharge. Need more people to keep these people safe, not sat about talking about how important it is to safeguard their roles. What about all the specialist nurses/ practitioners helping out at mealtimes?

Staff to be given more time.

Staffing levels to provide adequate care without affecting other patients time/ care. Have to manage - feeling unsupported and undervalued.

To treat each patient as an individual. Just because they have dementia, not all symptoms/ care are the same for everyone. Just because it works today, doesn't mean it's going to work tomorrow, or even in an hour's time.

Doctors

Better communication of who has dementia e.g. in handover document. Training junior doctors. More activities on the ward - games, dinner table etc.

Compare staffing numbers (far too few for far too many patients). Better accommodation (space, sitting area for patients).

Doctors

Disseminate learning and good practice from the care of the elderly department into other medical and non-medical wards and departments.

I think carers of patients with dementia that normally eat meals with their partner/ relative/ friend should be provided a hospital meal (possibly with a monetary contribution or supported by charity) to allow patients with dementia to have a more normal feeding environment/ encourage better eating whilst in hospital.

Making the environment more dementia friendly.

More consistent with use of "this is me" documents. More staff so the patients get more input.

More flexible visiting for carers of those with dementia. More staff or volunteers to be able to walk with patients who want to wander. Less patient moves around the hospital. The activity boxes from bright ideas have been a fab idea and very helpful, especially the twiddle-muffs which the patients enjoy. I think carers, especially those who come to help with personal care and meals, should not have their time of visiting restricted and should get discounts off their parking.

More things for distraction entertainment, places to walk too.

Allied Healthcare Professionals

Always complete "This is me" document. Better recognise those in need of help.

Dementia team could have more of a presence on the wards. Would be nice to have more speech therapists to refer patients with communication difficulties to for advice. Would be helpful to have more adaptive cutlery and cups on the ward to issue to patients.

Give training to all allied healthcare professionals on how best to communicate with patients with dementia.

Having dedicated staff to allow for care/ activities.

More stimulation and engagement i.e. activities. More flexible food arrangements.

More time/ staff needed for 1:1 care for people with dementia.

More training for all healthcare professionals, especially nurse assistants and hospitality staff. Dementia activities on older persons assessment unit.

Normalise daily routine to maintain function.

Students

More activities for staff to keep them calm and occupied i.e. simple games/ activities. More time to spend putting them at ease. More coloured props to help encourage eating and drinking.

More stimulating things for dementia patients to do. i.e. provide twiddle muffs or maybe even people to come around and engage with the patients.

Staff who are more patient with the patients, and whose accent aren't as heavy due to confusion.

Therapy Assistants & Allied Healthcare Professional Assistants

Staffing levels increased so time with dementia patients would not be so limited.

The introduction of coloured crockery.

Ward-based Administrators

Include clerical staff in the support as well as clinical - it seems always an afterthought, but we are part of the team as well.

Less inpatient ward moves.

We need more items to help to occupy the patient i.e. puzzles etc. At times, we need extra staff but they are not always available. It would be nice if more people volunteered to come and sit and talk to the patients, this would ease the pressure on the nurses.

Other / Unknown

No comments from other staff for your hospital.

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