Evaluation of Acute Care Development Programme

Short Report
September 2016

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ACKNOWLEDGEMENTS

We would like to thank everyone who participated in this project. Thank you to the people with dementia and their carers and the hospital staff and volunteers for taking part in the interviews, observations, and focus groups; and to the staff in each hospital who facilitated our visits and helped us to locate participants. We would also like to thank anyone else who engaged with this project, we appreciate your time and honesty when sharing your experiences with us.

Thanks to Katherine Barbour from Wessex Academic Health Sciences Network (AHSN) for her support and input into this project, and to the Wessex AHSN for funding this research.
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BACKGROUND

We know that people with dementia over the age of 65 use up to one quarter of UK hospital beds at any one time, and are staying in hospital for longer than other people who go in for the same procedure; putting a resource strain on an already struggling health system. We also know that there are still areas that require improvement, including assessment for delirium, communication of relevant information at discharge, recording of information pertinent to patients’ care and dementia awareness training at staff inductions. The Care Quality Commission (2014) has also identified instances of poor care and inconsistent assessment, information sharing, planning and delivery of personalised care in hospitals. Similar concerns have been reported by carers, families and friends of people with dementia too. In a survey on Facebook in 2015 (see, Alzheimer’s Society, 2016), out of 570 respondents:

- only 2 per cent said that, in their experience, all hospital staff understood the specific needs of people with dementia;
- 57 per cent said they felt the person they care for was not treated with understanding and dignity in hospital;
- 90 per cent said they felt the person with dementia became more confused while in hospital;
- 92 per cent thought hospital environments were frightening for the person with dementia.

In a move to improve outcomes for people with dementia while in hospital in Wessex, the Academic Health Sciences Network (AHSN) has been working with eight acute hospitals on an Acute Care Development Programme, which set out to identify, spread and share good practice of dementia care in hospitals, determine what practices or interventions were making the greatest impact and assess their impact via quantitative and qualitative research.
Each Trust was engaged in a range of improvement activities and the work of Bournemouth University Dementia Institute (BUDI) was to evaluate whether and how the programme made a difference to patients with dementia and their family members in the participating hospitals. We also wanted to find out staff views and experiences of setting up and working with the interventions, with the aim of sharing successes and challenges across the region and beyond.

The questions we set out to answer were:

- What are the experiences of receiving and delivering the intervention?
- What impact does the intervention have on recipients, in terms of their well-being?

**WHAT WE DID**

We used a variety of methods (observations, interviews, focus groups and participant diaries) to gain feedback from patients, family carers and staff of the interventions that each hospital was undertaking. Using various methods allowed different types of information to be gathered about the hospital wards and interventions and allowed for a deeper understanding of each.

Over a five-month data collection period (between May and September 2016), researchers gathered data from each of the eight hospitals. One researcher spent two days in each hospital visiting between two and five different wards (dependent on the direction from the Dementia Lead at each hospital). We used different methods to gather information to address our research questions, as described below:

- Unstructured observations of the delivery of the intervention in each hospital. This involved the researcher writing down what she observed, including a description of the setting, the context for interactions and delivery of an intervention and descriptions of patients’ responses.
- Semi-structured interviews with patients in each hospital to explore their experience of the intervention and the impact it had on them. Patients were invited to participate in single interviews or in dyads with their family carers.
Interviews were carried out in the ward area and were focused on the experience of receiving the intervention and more generally on their stay in hospital. Patients were also asked to make suggestions for improving their hospital. We aimed to speak to up to 40 patients (5 per hospital); however in reality we spoke to between 0 and 3 patients in each hospital. There were many patients with dementia staying on the wards during our visits to each hospital, however a large number of those patients were either unable to provide informed consent due to the severity of their dementia, or unable to take part because of how unwell they were at the time of our visit. Potential participants for interviews were initially approached by a member of hospital staff who explained the research to them. If they expressed an interest in knowing more about the study then our researcher was then introduced to the patient and described the study both verbally and in writing using an information sheet (Appendix 1). Patients were then given time to decide whether or not they wished to participate in the interview, those who decided to participate were then asked to sign a consent form (Appendix 2). There were different versions of the information sheet (Appendix 3) and consent form (Appendix 4) for family carers. An interview guide was used in all interviews to guide the discussion (Appendix 5). Eight interviews were audio-recorded with participants’ consent and later transcribed, the researcher made notes during the remaining three interviews which she typed up afterwards.

- Semi-structured focus groups with staff involved in delivering or overseeing delivery of the interventions. Each focus group comprised a range of staff from each setting, including Nurses and Health Care Assistants. We hoped to recruit 8-10 staff and undertake 1 focus group in each hospital. In reality we held 6 focus groups in 5 of the hospitals (in 1 hospital we held 2 focus groups), with between 3 and 6 members of staff in each. Staff suggested that it was difficult to get a group of relevant staff released from the ward to take part in the focus groups as this would leave the ward short staffed. To overcome this, as part of the ward observations, the researcher spent time talking to relevant members of staff and volunteers and made notes on these conversations which they included in their field notes. Following introductions and an explanation of the research, all focus group participants were provided with an information sheet (Appendix 6) which they were invited to read and
had summarised where necessary. Once everyone had read and understood the information sheet and had had any questions answered, they were asked to sign a consent form (Appendix 7). A topic guide was used at all focus groups to guide the discussion (Appendix 8), all focus groups were audio-recorded with participants’ consent and later transcribed. Staff and volunteers were also asked to make suggestions for improving the well-being of patients with dementia in their hospital.

- We also asked participants to keep a diary over five days (Appendix 9 – staff and volunteer version; Appendix 10 – patient version). We asked them to record their experiences and thoughts of the intervention(s), its utility, benefit, challenges or areas for improvement. However, we had a really low response to this, receiving only one completed diary back from a member of staff at one hospital. Feedback received from staff and volunteers was that they are too busy to complete the diaries. Patients stated that they were being discharged home the day we interviewed them, or felt they were only able to take part in the interview as they were too ill to complete the diary.

### WHO WE INCLUDED IN THE RESEARCH

Our criteria for who was included in the research is in Table 1.

<table>
<thead>
<tr>
<th>INCLUSION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with dementia</td>
</tr>
<tr>
<td>A diagnosis of dementia</td>
</tr>
<tr>
<td>Able to give informed consent</td>
</tr>
<tr>
<td>A patient on the relevant ward</td>
</tr>
<tr>
<td>Not very ill or frail</td>
</tr>
</tbody>
</table>


EXCLUSION CRITERIA

<table>
<thead>
<tr>
<th>People with dementia</th>
<th>Family members of people with dementia</th>
<th>Staff and volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to give informed consent</td>
<td>Not visitors to the ward</td>
<td>Not working on the relevant ward</td>
</tr>
<tr>
<td>No diagnosis of dementia</td>
<td>Unable to give informed consent</td>
<td></td>
</tr>
<tr>
<td>Not a patient on the relevant ward</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very ill or frail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Participant inclusion and exclusion criteria

HOW WE INTERPRETED THE DATA

Each data set was interpreted separately before undertaking a comparative analysis and triangulation of the data (Denzin, 1978). Triangulation of the data allowed for a deeper, more comprehensive understanding of the hospital context and the impact of delivering or receiving the intervention. Data from unstructured observations were examined for contextual information relevant to the intervention. This formed the basis of a detailed description of the hospital setting where the intervention was taking place.

Interview and focus group voice files were fully transcribed. Transcripts were thoroughly read and re-read for emerging themes and concepts relating to delivery of the intervention and its reported impact on those delivering and receiving it. The data were managed in NVivo10: a qualitative data management tool. NVivo10 also allowed for comparative analysis of different data sets to identify areas of similarity, difference or contradictions between them.
ETHICAL CONSIDERATIONS

Ethical approval to undertake the research was obtained from the National Health Service Research Ethics Committee (NHS REC) and permission obtained from the Research and Development department of each participating hospital Trust. Principles of informed consent, right to withdraw, prevention of harm, confidentiality, anonymity and data security were adhered to. Of importance when researching with people with dementia is ensuring informed consent. We ensured this by writing information sheets and consent forms in Plain English. However, as this had to be balanced with the wording requirements of the REC, they were not as easily understood as we would have liked. We also allowed sufficient time for potential participants to digest the information and to ask questions before signing the consent form. We only recruited people with dementia deemed by the medical team, family carers or themselves as able to give informed consent, therefore all participants were able to provide informed consent. While we obtained written consent, the researcher adhered to the principle of ‘ongoing consent’ (Dewing 2002); that is, observing the participant for signs of withdrawal of consent, for example becoming disengaged or restless, and respecting their withdrawal.

We adhered to the following ethical principles throughout the data collection:

- One week prior to our visit to the hospital we asked staff to display a poster with information about our study on the relevant wards. On the first day of our visit we changed the posters to ‘we are here today’ posters (Appendix 13). Information sheets (Appendix 1 – patients; Appendix 3 – family carers; and Appendix 6 - staff and volunteers) explained why the research was being undertaken, what participation would involve for individuals and a description of issues of consent, voluntary participation, confidentiality and anonymity. Photographs of the researcher that would be undertaking the data collection along with their contact details were also included in case people needed further clarification. Prior to the start of each interview or focus group the researcher distributed the information sheets to the participants and talked through the content with them. Those who wished to participate were asked to
complete and sign a consent form (Appendix 2 – patients; Appendix 4 – family carers; and Appendix 7 - staff and volunteers).

- Participants were assured that participation was entirely voluntary and that they could stop, or leave, at any time.

- Participants were asked for permission to audio-record the interview and focus group conversations and were reassured that the data would only be used for this project, that any quotes used in the report to the funders or any publications would be anonymised and that no-one would be identifiable in any reports or publications.

- The audio recordings were transcribed by a university approved transcription service.

- Interview transcripts were anonymised prior to analysis and participants were assigned a code number in line with confidentiality and anonymity arrangements.

- To comply with the University's records management policy, all project files are stored on password protected network drives and data are not available to third parties.

- A lay summary of the findings will be sent to all the gatekeepers to circulate to the participants involved.

We had the audio files from focus groups and interviews transcribed by a University approved transcription company. All transcripts and observation notes were scrutinised and categorised into themes to illustrate the benefits and challenges of either delivering or receiving particular interventions. We only received one diary from a member of staff.

**WHAT WE FOUND**

We were given details of the interventions that were being delivered at each hospital by the Wessex AHSN prior to our visits, so that we knew what to evaluate in each hospital. Each hospital was delivering between one and five interventions according to this list. These interventions were: Carer’s Café, John’s Campaign, Dementia
Champions, Dementia Case Workers, Twiddlemits, Volunteer Ward Champions, Activity/Reminiscence rooms, Memory Boxes, Identifier Stickers/Magnets, Coloured Plate Scheme, and Arts in Health. See Table 2 for a full description of each intervention.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
<th>Hospitals currently implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer's Café,</td>
<td>A weekly opportunity for carers to meet with staff, have a cup of tea, talk to staff and obtain any information or support they may need. Supported by local charities in the health and social care sector who attended with information and wider knowledge of rights of carers.</td>
<td>2</td>
</tr>
<tr>
<td>John’s Campaign</td>
<td>Campaign for the right of people with dementia to be supported by their carers in hospital, to include open visiting hours for carers and overnight stays where appropriate. For further details see: John’s Campaign (2016).</td>
<td>7</td>
</tr>
<tr>
<td>Dementia Champions</td>
<td>Members of staff with an interest in dementia usually one or two on each ward. Raise awareness of dementia and challenge poor practice and negative language (for example staff using terms such as ‘dementia sufferer’).</td>
<td>3</td>
</tr>
<tr>
<td>Dementia case workers</td>
<td>Support patients with dementia and their carers/family throughout their journey in hospital. Level of support varies from one patient to the next but can include signposting to external agencies, help completing the This Is Me document, accompanying patients to x-rays or operations, and being a familiar face as patient’s move from emergency to a ward.</td>
<td>1</td>
</tr>
<tr>
<td>Twiddlemits</td>
<td>Tube shaped brightly knitted muffs with tactile items stitched onto them. Given to patients who are agitated or to distract from taking out hospital equipment such as</td>
<td>8</td>
</tr>
</tbody>
</table>

1 This does not form part of our research as it is being evaluated by another University.
Volunteer Ward Companions
Volunteers who were supporting staff on the wards by chatting to patients. In some hospitals they have access to an activity trolley of board games, cards, arts and crafts etc.

Activity/Reminiscence room
Room containing objects (books, DVDs, arts and crafts etc.) for patients to use - located on or near to the ward.

Memory Boxes
Themed boxes filled with objects to help facilitate conversation or reminiscence amongst staff, volunteers, families and patients. Examples of externally funded projects coming in to deliver memory box sessions with patients (Wessex Heritage, 2016), boxes borrowed on a monthly cycle from a local charity (Dorset Memory Box, 2016), and boxes created by ward staff and kept on the wards or in the Activity Room. In one hospital a member of staff had actually purchased the box and objects themselves, out of their own pocket.

Identifier Stickers/Magnets
Discreet way of identifying patients with dementia forget-me-nots, sunflowers and butterflies.

Coloured plate scheme
White plates being replaced with other colours of plates to help patients see their food more easily and encourage them to eat more. Examples of blue, red and orange plates being used. Also changing the colour of other crockery such as water glasses and jugs to encourage patients to drink more.

Arts in Health (music at the bedside)
Musicians playing and singing to patients on the wards (this does not form part of our evaluation as a pilot took place in 2015 which is being evaluated by another University).

Table 2: Description of interventions

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1 This does not form part of our research as it is being evaluated by another University.
In all eight cases the hospitals were providing other interventions, over and above those on our original list, meaning that in reality each hospital was delivering (or at least in the process of planning and/or seeking approval) five to eight interventions. See Appendix 12 for the amended list of the interventions per hospital. We planned to evaluate the interventions as they were happening on the wards during our two day visit. However, this was not always possible, for two reasons: either the interventions were not running on the days we were able to visit, or the interventions were not yet running as ward staff were waiting for approval from hospital managers or Boards of Directors. This did significantly limit the amount of time we were able to spend observing interventions happening.

A total of 39 people took part in 11 interviews and 6 focus groups. This equates to 22 members of staff, 3 volunteers, and 11 patients with dementia (8 single interviews and 3 dyad with carers present, 1 signing proxy consent on behalf of the patient with dementia who expressed a wish to participate but was unable to sign the form), as shown in Table 4. All interviews and focus groups were lively and many participants were eager to contribute their experiences and views. Interviews ranged in their duration from 6 to 28 minutes, whilst focus groups lasted between 35 and 55 minutes.

Our findings reveal that family carers experienced peace of mind that their family member in hospital had someone (often a volunteer) to keep them company or engage with them. They also appreciated the flexibility with visiting, car parking and access to meals that John’s Campaign allowed, and they experienced pleasure at seeing their relative with dementia enjoying creative activities. Findings from interviews and focus groups indicated that many interventions had the potential to uphold the personhood of patients with dementia, for example: activity boxes promoted conversation and interesting activity, memory boxes promoted conversation and reminiscence, familiar music facilitated a more familiar space and a dementia-friendly day room facilitated companionship between patients with dementia. Although not specifically mentioned by family carers, there was concern among staff that an intervention such as John’s Campaign that facilitates open
visiting, might serve to reduce the amount of rest or respite a family carer, particularly one who is older, might get whilst the their family member is in hospital.

We also identified benefits to staff and volunteers of some interventions. A key benefit to staff was having a member of staff whose sole role is a focus on patients with dementia and family carers. This role is broad and includes screening patients to diagnose dementia, signposting of information to carers, staff awareness raising and training, and co-ordinating care. Staff valued the signifiers that alerted them to the fact that a patient has dementia. Staff also felt that some of the interventions, particularly John’s Campaign served to formalise practices they were already undertaking, and this had a validating effect on them. However, they also noted that there was inconsistency within a hospital in how an intervention was understood and delivered; potentially causing confusion to patients and family carers. Our comparative findings also indicate there is inconsistency across hospitals in how the same intervention is delivered. Staff also raised concern that some interventions, particularly Twiddlemitts, might be used indiscriminately. This is linked with some staff reflections of insufficient knowledge of the purpose of an intervention and also linked with a recognised need for more staff awareness of interventions within and across hospitals; the consequences of which can impact on patients’ and family carers’ experiences while in hospital. Across the hospitals that had volunteer ward companions, there was acknowledgement that more volunteers would be helpful and that they might be able to offer more support with more targeted training and support. Our findings also highlight the fragility of relying on a group that is potentially transient and thereby, at times, not as committed to their work as they might be.

**Summary of benefits of interventions**

- Family carers appreciated having extended visiting time, such as that promoted by John’s campaign.
- Family carers were reported to value volunteer befrienders spending time talking to patients with dementia.
- Interventions can uphold personhood of patients with dementia.
• Activity boxes, memory boxes and scrap books are useful for stimulating conversations and facilitating reminiscence.
• Staff find methods for signifying that a patient has dementia useful.
• Some interventions have formalised existing innovative care practices.
• Some interventions can help with the complexities of caring for patients with dementia.
• Volunteer befrienders on the wards to talk with patients and keep them company are highly valued.
• Staff and volunteer ward companion’s value being able to participate in and benefit from innovative initiatives.
• Staff, volunteers and family carers value seeing the positive impact on patients with dementia of innovative initiatives.
• There is the potential for successful interventions to been extended beyond the population of people with dementia.

Staff spoke of many challenges, from organisational to individual level of implementing interventions. We identified two key factors that impacted on whether an intervention was developed and delivered successfully or not: management support and the presence of a member of staff or staff team to champion and drive the intervention forward. While sufficient funding was raised as a potential barrier to successful delivery of an intervention, in some cases the commitment and resourcefulness of staff in securing their own funding meant that an intervention was delivered successfully. Along with the fragility of relying on volunteers to fill workforce gaps, we suggest there is also fragility in using ad hoc fundraising to deliver or sustain innovative practices.

Summary of challenges of implementing interventions
• Interventions do not appear to operate consistently across Trusts.
• Even within hospitals, there seemed to be a difference between wards in their implementation or knowledge of particular interventions.
• Issues of cost or lack of funding was reported widely across the hospitals as being a challenge or barrier to implementing initiatives.
• The constraints of funding meant that some interventions were only partially implemented, not continued or delayed. However, staff are very committed to fundraising and seek local support for meeting costs of valued initiatives.
• An inequity in access to a service or intervention stemmed from lack of awareness that it exists, or its purpose.
• Lack of awareness of an intervention within a hospital can lead to incorrect information being given to family members.
• The value of having Dementia Champions to help take initiatives forward was raised as an important facilitator for change.
• Some staff had concerns over the level of training and support volunteers received.
• Some staff were concerned about the potential indiscriminate use of an intervention, without considering its utility, appropriateness or value for the patient.
• Different levels of support throughout the hospital are necessary to effect change – implementing interventions without management support is difficult.
• Finding appropriate space to deliver interventions can be a challenge.
• Hospital staff recognized that relatives of people with dementia may themselves be older and frail, or have other caring commitments; therefore they are concerned not to over-burden them.
• Some staff were concerned that interventions should not be used generically for all patients: that some patients will benefit from and value one intervention, while not benefitting from or valuing another.
• Insufficient personnel to deliver interventions is a widespread concern.
• Staff recognise the fragility of relying on volunteers to deliver an intervention.

We also provided a comparative description of the work being undertaken to improve the well-being of patients with dementia in the eight hospitals that participated in this study. We highlighted how the work to improve the well-being of patients with dementia and in these eight hospitals is meeting some of the principles of the RCN SPACE model (RCN, 2011), which in turn is meeting the objectives of the National Dementia Challenge. Using the RCN SPACE model (RCN, 2011) alongside these
examples of practice, may be useful for hospitals generally to compare and contrast their provision for patients with dementia.

In summary, this was a relatively small study allowing a snapshot of different types of non-pharmacological interventions to improve the experiences of people with dementia while in acute hospital, and also the experiences of family carers. All hospitals used a variety of interventions to meet different needs (for example nutrition, socialisation, comfort and additional support) in ways that had the potential to uphold the personhood of those with dementia. Using a ‘toolkit’ approach has the potential to meet the preferences and needs of the heterogeneous population of people with dementia in hospital. Such a toolkit could also be rolled out more widely, as indicated previously. We have identified key benefits to patients, family carers, staff and volunteers and identified two key facilitators of successful implementation of interventions: management support and a dedicated Dementia Champion or Dementia Team.

RECOMMENDATIONS

Our recommendations are developed from our findings and we suggest that Individual hospitals consider how to take them forward within the context of their own organisation.

- Scope the provision of interventions across each hospital to ensure consistency of access to patients and families and quality of practice.

- Develop a Dementia Strategy with clear actions and targets to underpin the direction of work and ensure that all staff (from Senior Management to Ward level) are aware of the commitment to dementia.

- Share good practice across each hospital and between hospitals so that staff and managers can learn from and be supported by others who are successfully engaging in particular interventions.
• Develop a bank of volunteers assigned to each ward and introduced to all staff. Provide clear roles and responsibilities supported by appropriate training and support.

• Develop a toolbox of interventions that can be used to meet patients’ preferences, including options by the bedside for those who are bed bound.

• Encourage more family members to contribute to the care of the patient with dementia, without over-burdening them.

• Expand training and support to volunteers to enable them to carry out more activities to meet patients’ needs. For example to go for a walk with a patient if they are restless.

• Ensure that ward refurbishments take into account the needs of patients with dementia by adhering to dementia-friendly environment principles.

• Where applicable, repurpose rooms on wards that are not used to their full potential such as day rooms or staff rooms to create activity/reminiscence rooms for patients to use.

• Consultation with staff, patients and visitors on what improvements might be made to improve patients’ time in hospital. For example, staff had useful ideas about possible initiatives that might improve patients’ experience. These are listed below:
  - Consider developing existing under-used spaces into step-down wards that are more homely and supportive of patients’ abilities – this could be a centralised space where patients with dementia from different wards could go.
  - Use objects that look more familiar – a record player, tape recorder rather than digital or modern equipment.
  - Purchase a Paro seal http://www.parorobots.com/ particularly for patients nearing the end of life or who are socially isolated.
  - Create a workshop for male patients with dementia.
  - Increase staffing numbers to support purposeful activities with people with dementia.
  - Move wards for people with dementia onto the ground floor.
  - Interesting pictures on walls.
- More appropriately sized jigsaws (1000 pieces are too many for people with dementia).
- More meaningful training for staff – role play, putting oneself into the patient’s shoes.

Family carers and patients with dementia also had suggestions on how to improve their stay in hospital, as listed below:

- Invite someone to give an interesting talk on different topics, using the talent already in the hospital.
- Provide a room for visitors who have a long distance to travel, particularly if they need to stay overnight.
- Provide an orientation screen or board with the day, season, weather etc.
- Provide free TV for people with dementia as many would not be able to operate the system.
REFERENCES


Appendix 1: Patient Information Sheet

INFORMATION ABOUT THE RESEARCH FOR PATIENTS

Title of Research: Evaluation of Acute Care Development Programme

Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the study is being done and what it would involve for you.

One of the researchers will go through this information sheet with you and answer any questions you have. This should take about 10 minutes.

- Part 1 tells you about this study and what will happen to you if you take part.
- Part 2 gives you more detailed information about how the study will be carried out.

Talk to others about the study if you wish, and ask us if there is anything that is not clear.

If you decide that you would like to take part in this study you will be given a copy of this information sheet and a signed consent form to keep.

PART 1 - PURPOSE OF THE STUDY

1.1 What is the purpose of the study?
The Acute Care Development Programme is being rolled out in eight hospitals across Wessex (Dorset, Hampshire and Isle of Wight) to improve the experiences of people with dementia and their families when they are in hospital. Each hospital is taking part in a variety of development projects under the programme and [name of Trust] is one of them. We are seeking your views on your experiences of the project(s) happening in [name of Trust]. Your views will help us work out
whether and how the project is making a difference, so that Wessex NHS can spread these across Wessex and nationally.

1.2 Why have I been invited?
You have been invited to take part because you are a patient at one of the eight hospitals that are delivering the Acute Care Development Programme. To find out your experiences, we would like to spend some time in the ward looking at what is happening and to talk with you about what it is like being in hospital as a patient. We would also like you to complete a five day diary. If you would prefer, a family member or carer can join the conversation with you.

1.3 Do I have to take part?
It is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

1.4 What will happen to me if I take part?
If you decide to take part, we will ask you to talk with us about your experiences of being a patient. The conversation will last as long as you want it to, but we expect it to take between 15 and 30 minutes. We would like to tape-record the conversation. If you are not comfortable with this, but would still like to talk with us, let us know and we can write your comments down.

We would also like to observe what is happening in the ward you are in and we will take notes of what we see.

Finally, we will ask you if you would like to keep a diary over five days to record your experiences and thoughts of the project that is happening in your ward. We will provide a note book and pens for this and guidance on what to include in the diary.

All the information we collect during our observations, conversations and through diaries will be treated in confidence, and only the research team will look at them.

We will write a report and other publications on our findings and may like to quote you to illustrate the points we make. If we do use your words we will not include your name – this ensures that you cannot be identified in any publications.
1.5 Expenses and payments
Participation in this study is voluntary; therefore no payments are available to those who chose to participate.

1.6 What are the possible disadvantages and risks of taking part?
We do not think there will be any disadvantages or risks if you choose to participate in this study.

1.7 What are the possible benefits of taking part?
We cannot promise the study will help you but the information we get will help improve the experience of other people with dementia staying in hospitals.

1.8 What happens when the research study stops?
After the research stops we will write a report and other publications on our findings. If you would like us to send you a summary of our findings after we have written these reports please tell the person going through this information sheet with you.

1.9 What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2 of this information sheet.

1.10 Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2. This completes Part 1.

*If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.*
PART 2 - CONDUCT OF THE STUDY

2.1 What if relevant new information becomes available?
If the study is stopped for any reason we will tell you. This will not impact on your continuing care.

2.2 What will happen if I don’t want to carry on with the study?
If you decide to withdraw from the study before we remove your name from the information you have given us, then we will be able to withdraw your data from the study completely. If you withdraw after we have removed your name from the information you have given us, then it will not be possible to withdraw your data from the study.

2.3 What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. You can speak to Dr Michelle Heward on 01202 962538. If you remain unhappy and wish to complain formally, you can do this by contacting Dr Jan Weiner on 01202 961822 or email jwiener@bournemouth.ac.uk.

2.4 Will my taking part in this study be kept confidential?
Yes, the information gathered through our observations, conversations and through diaries will all be kept confidential and stored securely, following Bournemouth University and Data Protection requirements.

Audio recordings will be kept until they have been transcribed, and then deleted. The transcription of audio recordings will be done by a trusted external company based in the UK. Transcripts will be kept for five years and then securely deleted. Participants will be anonymised on the transcripts before the transcripts are examined.

The information collected will only be used for this study and only members of the study team at Bournemouth University will look at it.

2.5 Involvement of the General Practitioner/Family doctor (GP)
We will write to your GP to tell them that you participated in this study.

2.6 What will happen to the results of the research study?
After we have analysed the information you have given us, we will write a report and other publications on our findings. We will also write up a summary of our findings to give to you if you would like a copy.
2.6 Who is organising and funding the research?
The Wessex Academic Health Science Network (AHSN) is funding this research. This research is being conducted by researchers who are employed by Bournemouth University. None of the Hospitals or any Doctors/Nurses are being paid to take part in this study.

2.7 Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by South Central – Hampshire A Research Ethics Committee.

2.8 Further information and contact details
For specific information about this research project, please contact:

Dr Michelle Heward

Bournemouth University Dementia Institute

Telephone: 01202 962582

Email: mheward@bournemouth.ac.uk
Appendix 2: Patient Consent Form

CONSENT FORM - PATIENT

Title of Project: Evaluation of Acute Care Development Programme

Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

1. I confirm that I have read and understand the information sheet dated 25/02/2016 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I understand that all of the data collected during this study will be kept confidential and stored securely by Bournemouth University Dementia Institute.

4. I agree that all of the data collected during this study can be used on condition that it is anonymised.

5. I give my permission for the researcher to observe what is happening in the ward and to take notes, on condition that notes will not contain identifiable information.

6. I give my permission for interviews to be audio-recorded.

7. I understand that all of the data collected during this study will only be seen by members of the study team, and anonymised transcripts of audio recordings will be kept for five years (this is in line with University and data protection requirements).

8. I agree to my GP being informed of my participation in the study.

9. I agree to take part in the above study.

Name of participant: Date: Signature:

Name of researcher: Date: Signature:

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.

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Appendix 3: Family Carer Information Sheet

INFORMATION ABOUT THE RESEARCH FOR FAMILY VISITORS

Title of Research: Evaluation of Acute Care Development Programme

Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the study is being done and what it would involve for you.

One of the researchers will go through this information sheet with you and answer any questions you have. This should take about 10 minutes.

- Part 1 tells you about this study and what will happen to you if you take part.
- Part 2 gives you more detailed information about how the study will be carried out.

Talk to others about the study if you wish, and ask us if there is anything that is not clear.

If you decide that you would like to take part in this study you will be given a copy of this information sheet and a signed consent form to keep.

PART 1 - PURPOSE OF THE STUDY

1.1 What is the purpose of the study?
The Acute Care Development Programme is being rolled out in eight hospitals across Wessex (Dorset, Hampshire and Isle of Wight) to improve the experiences of people with dementia and their families when they are in hospital. Each hospital is taking part in a variety of development projects under the programme and [name of Trust] is one of them. We are seeking your views on your experiences of the project(s) happening in [name of Trust]. Your views will help us work out
whether and how the project is making a difference, so that Wessex NHS can spread these across Wessex and nationally.

1.2 Why have I been invited?
You have been invited to take part because you are a visitor of a patient with dementia at one of the eight hospitals that are delivering the Acute Care Development Programme. To find out your experiences, we would like to spend some time in the ward looking at what is happening and to talk with you about what it is like being in the hospital as a visitor. We would also like you to complete a five day diary.

1.3 Do I have to take part?
It is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

1.4 What will happen to me if I take part?
If you decide to take part, we will ask you to talk with us about your experiences of being the visitor of a patient. The conversation will last as long as you want it to, but we expect it to take between 15 and 30 minutes. We would like to tape-record the conversation. If you are not comfortable with this, but would still like to talk with us, let us know and we can write your comments down.

We would also like to observe what is happening in the ward you are in and we will take notes of what we see.

Finally, we will ask you if you would like to keep a diary over five days to record your experiences and thoughts of the project that is happening in the ward. We will provide a note book and pens for this and guidance on what to include in the diary.

All the information we collect during our observations, conversations and through diaries will be treated in confidence, and only the research team will look at them.

We will write a report and other publications on our findings and may like to quote you to illustrate the points we make. If we do use your words we will not include your name – this ensures that you cannot be identified in any publications.
1.5 Expenses and payments
Participation in this study is voluntary; therefore no payments are available to those who chose to participate.

1.6 What are the possible disadvantages and risks of taking part?
We do not think there will be any disadvantages or risks if you choose to participate in this study.

1.7 What are the possible benefits of taking part?
We cannot promise the study will help you but the information we get will help improve the experience of other people with dementia staying in hospitals.

1.8 What happens when the research study stops?
After the research stops we will write a report and other publications on our findings. If you would like us to send you a summary of our findings after we have written these reports please tell the person going through this information sheet with you.

1.9 What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2 of this information sheet.

1.10 Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2. This completes Part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.
PART 2 - CONDUCT OF THE STUDY

2.1 What if relevant new information becomes available?
If the study is stopped for any reason we will tell you. This will not impact on the continuing care of the person you are visiting.

2.2 What will happen if I don’t want to carry on with the study?
If you decide to withdraw from the study before we remove your name from the information you have given us, then we will be able to withdraw your data from the study completely. If you withdraw after we have removed your name from the information you have given us, then it will not be possible to withdraw your data from the study.

2.3 What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. You can speak to Dr Michelle Heward on 01202 962538. If you remain unhappy and wish to complain formally, you can do this by contacting Dr Jan Weiner on 01202 961822 or email jwiener@bournemouth.ac.uk.

2.4 Will my taking part in this study be kept confidential?
Yes, the information gathered through our observations, conversations and through diaries will all be kept confidential and stored securely, following Bournemouth University and Data Protection requirements.

Audio recordings will be kept until they have been transcribed, and then deleted. The transcription of audio recordings will be done by a trusted external company based in the UK. Transcripts will be kept for five years and then securely deleted. Participants will be anonymised on the transcripts before the transcripts are examined.

The information collected will only be used for this study and only members of the study team at Bournemouth University will look at it.

2.5 What will happen to the results of the research study?
After we have analysed the information you have given us, we will write a report and other publications on our findings. We will also write up a summary of our findings to give to you if you would like a copy.
2.6 Who is organising and funding the research?
The Wessex Academic Health Science Network (AHSN) is funding this research. This research is being conducted by researchers who are employed by Bournemouth University. None of the Hospitals or any Doctors/Nurses are being paid to take part in this study.

2.7 Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by South Central – Hampshire A Research Ethics Committee.

2.8 Further information and contact details

For specific information about this research project, please contact:

Dr Michelle Heward

Bournemouth University Dementia Institute

Telephone: 01202 962582

Email: mhteward@bournemouth.ac.uk
Appendix 4: Family Carer Consent Form

**CONSENT FORM – FAMILY VISITOR**

**Title of Project: Evaluation of Acute Care Development Programme**

Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

Please initial box

1. I confirm that I have read and understand the information sheet dated 25/02/2016 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

3. I understand that all of the data collected during this study will be kept confidential and stored securely by Bournemouth University Dementia Institute.

4. I agree that all of the data collected during this study can be used on condition that it is anonymised.

5. I give my permission for the researcher to observe what is happening in the ward and to take notes, on condition that notes will not contain identifiable information.

6. I give my permission for interviews to be audio-recorded.

7. I understand that all of the data collected during this study will only be seen by members of the study team, and anonymised transcripts of audio recordings will be kept for five years (this is in line with University and data protection requirements).

8. I agree to take part in the above study

<table>
<thead>
<tr>
<th>Name of participant:</th>
<th>Date:</th>
<th>Signature:</th>
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<table>
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<tr>
<th>Name of researcher:</th>
<th>Date:</th>
<th>Signature:</th>
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*When completed: 1 for participant; 1 for researcher site file.*

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Appendix 5: Interview Guide

Topic guide to discuss the experiences of being in hospital

Introductions
Information sheet and consent forms
Demographic information

Can you describe what your experiences of being in hospital have been?

I would like to speak with you about xx (description of the intervention) – can you tell me what it is?
   • What does it feel like?
   • Do you like it? If yes, explain, if no, explain.
   • How does it help you to feel better?
   • Is there anything that could be improved with it?

What would you like to be able to do in hospital?

Does this intervention help you achieve this?

Is there anything else the hospital staff could do to help you have a better time in hospital?

Is there anything else you would like to tell us?

Finish up and thank you.
Appendix 6: Staff and Volunteers Information Sheet

INFORMATION ABOUT THE RESEARCH FOR STAFF AND VOLUNTEERS

Title of Project: Evaluation of Acute Care Development Programme

Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the study is being done and what it would involve for you.

One of the researchers will go through this information sheet with you and answer any questions you have. This should take about 10 minutes.

- Part 1 tells you about this study and what will happen to you if you take part.
- Part 2 gives you more detailed information about how the study will be carried out.

Talk to others about the study if you wish, and ask us if there is anything that is not clear.

If you decide that you would like to take part in this study you will be given a copy of this information sheet and a signed consent form to keep.

1.1 What is the purpose of the study?
The Acute Care Development Programme is being rolled out in eight hospitals across Wessex (Dorset, Hampshire and Isle of Wight) to improve the experiences of people with dementia and their families when they are in hospital. Each hospital is taking part in a variety of development projects under the programme and [name of Trust] is one of them. We are seeking your views on your experiences of the project(s) happening in [name of Trust]. Your views will help us work out whether and how the project is making a difference, so that Wessex NHS can spread these across Wessex and nationally.
1.2 Why have I been invited?
You have been invited to take part because you are a member of staff or volunteer at one of the eight hospitals that are delivering the Acute Care Development Programme. To find out your experiences, we would like to spend some time in the ward looking at what is happening and to talk with you about what it is like being in hospital as a member of staff or volunteer. We would like to talk with you in a small group with other staff or volunteers at this hospital. We would also like you to complete a five day diary.

1.3 Do I have to take part?
It is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect your role as a member of staff or volunteer.

1.4 What will happen to me if I take part?
If you decide to take part, we will ask you to talk with us about your experiences of being a member of staff or volunteer in a small group with other staff or volunteers from this hospital. The group discussion will last as long as you want it to, but we expect it to take around 40 minutes. We would like to tape-record the conversation. If you are not comfortable with this, but would still like to talk with us, let us know and we can write your comments down.

We would also like to observe what is happening in the ward you are in and we will take notes of what we see.

Finally, we will ask you if you would like to keep a diary over five days to record your experiences and thoughts of the project that is happening in your ward. We will provide a note book and pens for this and guidance on what to include in the diary.

All the information we collect during our observations, conversations and through diaries will be treated in confidence, and only the research team will look at them.

We will write a report and other publications on our findings and may like to quote you to illustrate the points we make. If we do use your words we will not include your name – this ensures that you cannot be identified in any publications.
1.5 Expenses and payments
Participation in this study is voluntary; therefore no payments are available to those who chose to participate.

1.6 What are the possible disadvantages and risks of taking part?
We do not think there will be any disadvantages or risks if you choose to participate in this study.

1.7 What are the possible benefits of taking part?
We cannot promise the study will help you but the information we get will help improve the experience for people with dementia staying in hospitals.

1.8 What happens when the research study stops?
After the research stops we will write a report and other publications on our findings. If you would like us to send you a summary of our findings after we have written these reports please tell the person going through this information sheet with you.

1.9 What if there is a problem?
Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2 of this information sheet.

1.10 Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2. This completes Part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.
PART 2 - CONDUCT OF THE STUDY

2.1 What if relevant new information becomes available?
If the study is stopped for any reason we will tell you. This will not impact on your role within the hospital.

2.2 What will happen if I don’t want to carry on with the study?
If you decide to withdraw from the study before we remove your name from the information you have given us, then we will be able to withdraw your data from the study completely. If you withdraw after we have removed your name from the information you have given us, then it will not be possible to withdraw your data from the study.

2.3 What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. You can speak to Dr Michelle Heward on 01202 962538. If you remain unhappy and wish to complain formally, you can do this by contacting Dr Jan Weiner on 01202 961822 or email jwiener@bournemouth.ac.uk.

2.4 Will my taking part in this study be kept confidential?
Yes, the information gathered through our observations, conversations and through diaries will all be kept confidential and stored securely, following Bournemouth University and Data Protection requirements.

Audio recordings will be kept until they have been transcribed, and then deleted. The transcription of audio recordings will be done by a trusted external company based in the UK. Transcripts will be kept for five years and then securely deleted. Participants will be anonymised on the transcripts before the transcripts are examined.

The information collected will only be used for this study and only members of the study team at Bournemouth University will look at it.

2.5 What will happen to the results of the research study?
After we have analysed the information you have given us, we will write a report and other publications on our findings. We will also write up a summary of our findings to give to you if you would like a copy.

2.6 Who is organising and funding the research?
The Wessex Academic Health Science Network (AHSN) is funding this research. This research is being conducted by researchers who are
employed by Bournemouth University. None of the Hospitals or any Doctors/Nurses are being paid to take part in this study.

2.7 Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by South Central – Hampshire A Research Ethics Committee.

2.8 Further information and contact details

Dr Michelle Heward
Bournemouth University Dementia Institute
Telephone: 01202 962562
Email: mheedward@bournemouth.ac.uk
Appendix 7: Staff and Volunteers Consent Form

**CONSENT FORM – STAFF AND VOLUNTEERS**

Title of Project: Evaluation of Acute Care Development Programme  
Name of Researchers: Dr Fiona Kelly and Dr Michelle Heward

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I confirm that I have read and understand the information sheet dated 25/02/2016 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.</td>
</tr>
<tr>
<td>2.</td>
<td>I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.</td>
</tr>
<tr>
<td>3.</td>
<td>I understand that all of the data collected during this study will be kept confidential and stored securely by Bournemouth University Dementia Institute.</td>
</tr>
<tr>
<td>4.</td>
<td>I agree not to discuss the information shared in the focus group outside of the group meeting.</td>
</tr>
<tr>
<td>5.</td>
<td>I agree that all of the data collected during this study can be used on condition that it is anonymised.</td>
</tr>
<tr>
<td>6.</td>
<td>I give my permission for the researcher to observe what is happening in the ward and to take notes, on condition that notes will not contain identifiable information.</td>
</tr>
<tr>
<td>7.</td>
<td>I give my permission for group discussions to be audio-recorded.</td>
</tr>
<tr>
<td>8.</td>
<td>I understand that all of the data collected during this study will only be seen by members of the study team, and anonymised transcripts of audio recordings will be kept for five years (this is in line with University and data protection requirements).</td>
</tr>
<tr>
<td>9.</td>
<td>I agree to take part in the above study.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of participant:</th>
<th>Date:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of researcher:</td>
<td>Date:</td>
<td>Signature:</td>
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</tbody>
</table>

When completed: 1 for participant; 1 for researcher site file.  
IRAS number 192712  
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Page 1 of 1  
25/02/2016
Appendix 8: Focus Group Topic Guide

**Topic guide for staff and volunteers to discuss experiences of delivering the intervention(s)**

**Introductions**
Information sheet and consent forms
Demographic information

Can you describe what intervention you are delivering in this ward?

What was the process of getting it off the ground?
- Who was involved in setting it up
- What were the challenges?
- What was easy about setting it up
- What advice would you give to anyone else wanting to do something similar?

Can you describe your experiences with delivering the intervention?
- Hard, challenging aspects?
- Rewarding, easy aspects?
- Patients’ responses?

What do you think are the consequences for 1) patients, 2) family visitors 3) you of this intervention?

Is there anything you would change to make the intervention more effective?

Anything else to tell us?

Finish up and thanks.
Evaluation Acute Care Programme

STAFF AND VOLUNTEER DIARY

Please write in your diary for the next five days. You can write in your diary as many times you would like to. You can write about your experiences on the ward, including the delivery of interventions, or anything else that you would like to share with us that you think is relevant for this study.

Some suggested questions that you might like to think about when you write in your diary.

1. Tell us what happened/what intervention was delivered…
2. What did it feel like?
3. What were the good points?
4. What were the not so good points?
5. How could your experience be improved in the future?
6. Any other comments you would like to share with us?

At the end of the five days please give your diary to NAME OF STAFF MEMBER, they will pass it on to us securely.

Many thanks for taking the time to complete your diary and sharing your experiences with us.
Appendix 10: Patient and Family Carer Diary

Evaluation Acute Care Programme

PATIENT AND FAMILY VISITOR DIARY

Please write in your diary for the next five days. You can write in your diary as many times you would like to. You can write about things that have happened whilst you have been staying on the ward, including any activities you have taken part in, or anything else that you would like to share with us that you think is relevant to this study.

Some suggested questions that you might like to think about when you write in your diary.

1. Tell us what happened....
2. What did it feel like?
3. What were the good points?
4. What were the not so good points?
5. How could your experience be improved in the future?
6. Any other comments you would like to share with us?

At the end of the five days please give your diary to ?, they will pass it on to us securely.

Many thanks for taking the time to complete your diary and sharing your experiences with us.
Appendix 11: Original list interventions per hospital

Table to show the original list of interventions per hospital.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project 1</th>
<th>Project 2</th>
<th>Project 3</th>
<th>Project 4</th>
<th>Project 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Carer's Café</td>
<td>Coloured plate scheme</td>
<td>Dementia volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Arts in Health</td>
<td>John's Campaign</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Arts in Health</td>
<td>Dementia care workers</td>
<td>Reminiscence room</td>
<td>John’s Campaign</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Butterfly Scheme</td>
<td>Dementia Champions</td>
<td>Coloured plate scheme</td>
<td>Twiddlemitts</td>
<td>John’s Campaign</td>
</tr>
<tr>
<td>E</td>
<td>Arts in Health</td>
<td>Dementia volunteers</td>
<td>Memory Boxes</td>
<td>John’s Campaign</td>
<td>Twiddlemitts</td>
</tr>
<tr>
<td>F</td>
<td>John’s Campaign</td>
<td></td>
<td></td>
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<tr>
<td>G</td>
<td>Carer’s Café</td>
<td>Memory Boxes</td>
<td>Ward based training</td>
<td>Dementia volunteers</td>
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<td>H</td>
<td>Memory Boxes</td>
<td>John’s Campaign</td>
<td>Coloured plate scheme</td>
<td>Dementia Champions</td>
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</table>
### Appendix 12: Amended list of the actual interventions per hospital

Table to show the amended list of interventions per hospital.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Project 1</th>
<th>Project 2</th>
<th>Project 3</th>
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<tr>
<td>A</td>
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<td>Coloured plate scheme</td>
<td>Dementia volunteers</td>
<td>John’s Campaign</td>
<td>Twiddlemッツ</td>
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<tr>
<td>B</td>
<td>Arts in Health</td>
<td>John’s Campaign (awaiting approval from the Board before being implemented)</td>
<td>Finger food menu</td>
<td>Carers Advisor in post</td>
<td>Forget-me-not magnets</td>
<td>Twiddlemッツ</td>
<td></td>
<td>Activity room with memorabilia boxes</td>
</tr>
<tr>
<td>C</td>
<td>Arts in Health</td>
<td>Dementia care workers supporting ED/MAU</td>
<td>Activity room</td>
<td>Reminiscence therapy player</td>
<td>Pat Cat and Dog Therapy</td>
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<tr>
<td>D</td>
<td>Butterfly Scheme</td>
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<td>Coloured plate scheme</td>
<td>Twiddlemッツ</td>
<td>John’s Campaign</td>
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<td>John’s Campaign</td>
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<tr>
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<td>John’s Campaign</td>
<td>Activity room</td>
<td>Therapy Garden</td>
<td>Twiddlemitty</td>
<td>Dog Therapy</td>
<td>Developing picture menus</td>
<td>Dementia champions</td>
<td>Memory box borrowed from local charity</td>
</tr>
<tr>
<td>F</td>
<td>Carer's Café</td>
<td>Memory Boxes</td>
<td>Ward based training</td>
<td>Dementia volunteers</td>
<td>Twiddlemitty</td>
<td>Reminiscence music therapy player</td>
<td>Ice Lollies</td>
<td>Johns Campaign</td>
</tr>
<tr>
<td>G</td>
<td>Memory Boxes (on each ward)</td>
<td>John’s Campaign</td>
<td>Coloured plate scheme</td>
<td>Dementia Champions</td>
<td>Twiddlemitty</td>
<td>Dementia Volunteers</td>
<td>Forget-me-not magnets</td>
<td>Sporadic activities such as tea dance and coffee mornings</td>
</tr>
</tbody>
</table>
Appendix 13: Poster displayed on hospital wards

Researchers from Bournemouth University Dementia Institute (BUDI) are on this ward today to find out what it is like to be in hospital when living with dementia or memory problems.

Michelle is here today and would like to chat with you about your time in hospital.

Dr Michelle Heward
mheward@bournemouth.ac.uk
Telephone: 01202 962538 or 07809 225207

Participation is voluntary, you can choose whether or not to take part. You are also free to withdraw from the study at any time.
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