National Audit of Dementia
(care in general hospitals)

Programme Management Pack:
all you need to know about taking part
Welcome

Thank you for registering with the National Audit of Dementia (care in general hospitals). This pack has been designed to help you set up and run the audit within your hospital. The contents have been drawn largely from the experiences of running national quality improvement programmes within the College Centre for Improvement (CCQI) for many years.

This guidance is not exhaustive and will be enhanced by further information and support throughout the programme, but you should find it a helpful starting point.

For further advice at any stage, please contact a member of the Audit Team

National Audit of Dementia
The Royal College of Psychiatrists’ Centre for Quality Improvement
4th Floor, Standon House
21 Mansell Street
London E1 8AA

020 7977 4976

agandesha@cru.rcpsych.ac.uk
chood@cru.rcpsych.ac.uk
rsouza@cru.rcpsych.ac.uk
www.nationalauditofdementia.org.uk
Acknowledgements

We would like to thank the following for their input, advice and support for the audit:

Steering Group

Dr Dave Anderson, Chair of the Faculty for Old Age Psychiatry, Royal College of Psychiatrists and Consultant Old Age Psychiatrist and Medical Director, Mersey Care NHS Trust
Dr Andy Barker, Senior Policy Advisor, Older People’s Mental Health, Department of Health
Professor Dawn Brooker, Director, University of Worcester Association for Dementia
Professor Peter Crome, Professor of Geriatric Medicine, Keele. (Chair)
Janet Husk, Project Manager, Healthcare of Older People Programme, Clinical Effectiveness and Evaluation Unit, Royal College of Physicians
Louise Lakey, Senior Policy Officer, Alzheimer's Society
Dr Paul Lelliott, Director, College Centre for Quality Improvement
Dr Kim Manley, Learning & Development Manager: Resources for Learning and Improving at the Royal College of Nursing
Maureen McGeorge, Implementation Team Manager, Royal College of Psychiatrists’ Centre for Quality Improvement
Dr Martin Orrell, Professor of Ageing and Mental Health, University College London, Associate Medical Director, North East London Foundation Trust
Dr Jonathan Potter, Clinical Director, Clinical Effectiveness and Evaluation Unit, Royal College of Physicians
Dr Imran Rafi, Medical Director Royal College of General Practitioners-CIRC
Dr Daphne Wallace, Living With Dementia
Rosemary Woolley, Research Fellow, Bradford Institute for Health Research
Dr John Young, Professor of Elderly Care Medicine at Leeds University, honorary consultant geriatrician at Bradford Teaching Hospitals NHS Trust

Consultation responses

Steering Group
Admiral Nurses
Association of Directors of Adult Social Services
Alzheimer’s Society
British Geriatrics Society
Clinical Evaluation and Effectiveness Unit, RCP
Personal Social Services Research Unit
National Council for Palliative Care
Royal College of General Practitioners
Dr Jacqui Bussin
Brian Hills
Sandra Magnus
John Maxted
Dr Jessica Read  
Louise Robinson, Ageing and Elderly People's Health and Wellbeing Champion, RCGP  
Dr Nainal Shah  
Penny Smith  
Ian Thomas, Alzheimers’ Society Wales  
Jaleh Van Wagner  
Sally Ann Yates  
Daphne Zackon

Piloting:

Fordementia  
Joy Watkins  
Staff of Kent and Canterbury Hospital  
Naomi Dickson, East Kent Hospitals University NHS Foundation Trust  
Staff of University College Hospital London  
Sarah Priestley, University College London Hospitals NHS Trust  
Linda Wright, Basildon and Thurrock University Hospitals NHS Foundation Trust

Main pilot phase:

Lynne Bowers, Hereford Hospitals NHS Trust  
Dr Christopher Byatt, Hereford Hospitals NHS Trust  
Dr Angharad Ruttley, Imperial College Healthcare NHS Trust  
Dr Bharath Lakappa, Kettering General Hospital NHS Foundation Trust  
Sandra Rider, Royal Wolverhampton Hospitals NHS Trust  
Jim Fan, Royal Wolverhampton Hospitals NHS Trust  
Dr Daryl Leung, Royal Wolverhampton Hospitals NHS Trust  
Dr Jacqui Bussin, St Helen and Knowsley Hospitals NHS Trust  
Jane Buswell, University Hospitals Bristol NHS Trust  
Dr Nainal Shah, University Hospitals of Leicester NHS Trust  
Dr Nicolette Morgan, University Hospitals of Leicester NHS Trust

Other staff and carers at the above trusts

Preview and feedback:

Thanks to all those who contacted us with queries and clarifications. Special thanks to

Jane Buswell, University Hospitals Bristol NHS Trust  
Professor Rowan Harwood, Nottingham University Hospitals NHS Trust
Introduction

The National Dementia Strategy (England) made improved care for people with dementia in hospital a key objective. The National Dementia Plan for Wales will also focus on this topic. Patients and carers view this as a high priority.

This audit is funded by the Healthcare Quality Improvement Partnership and is being managed by the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI), who will be working in close partnership with the following organisations:

- the Royal College of Psychiatrists;
- the British Geriatrics Society;
- the Royal College of Nursing;
- the Royal College of Physicians;
- the Royal College of General Practitioners;
- the Alzheimer’s Society.

The College website contains further information about other networks managed by the CCQI (http://www.rcpsych.ac.uk/ccqi).

The programme is underwritten by a manual of standards. These standards have been developed from a literature review and in consultation with stakeholder groups (see appendix and acknowledgements).

The full set of standards is aspirational and it is unlikely that any service would meet all of them.

A full bibliography of the sources for the standards can be found at www.nationalauditofdementia.org.uk

Stages of standards development:

In 2008/2009, a literature review identified documents containing relevant standards, including national and professional guidance, on care of people with dementia in hospital and areas of carer/patient priority.

From this, a comprehensive manual of standards and criteria was produced with 23 identifiable high level standards or topic areas. These were presented with associated criteria and linked to their source documents.

The high level standards or topic areas, together with example criteria or measurements, were presented as a prioritisation/comment exercise for consultation.

The consultation identified priority topics and areas within topics. This was added to information on national priority and carer/patient priority. Following on from this, a feasibility study examined which criteria identified could be measured within the remit of the audit.
From the measurable criteria, audit tools were produced, linked to the standards. These were piloted between August and October 2009.

The pilot stage data and feedback from participants led to further amendments to the standards and audit tools.

The final stage of standards development is to weight the standards which will add depth and context to local and national reporting.
Background and overview of the audit

The admission of dementia patients to general hospitals has been identified as a time of high risk and can often lead to deterioration in health. Consequently, improving the consistency and standards of care that dementia patients receive in general hospitals has been recognized as a great priority.

The audit will identify areas of good practice in general hospitals and compare performance against national standards. This will support participating hospitals to identify areas for improvement which should lead to the provision of better services for dementia patients - a main objective of the National Dementia Strategy in England and the National Dementia Plan for Wales.

Participation in the core audit (see page 19) is open to all general acute hospitals across England and Wales, or those providing general acute services on more than one ward. The audit will generate national data relating to the structures, policies and training that support the care of people with dementia, and the quality of admission, assessment and discharge.

A sample of hospitals will also participate in the enhanced ward-level audit (see page 21). This will gather information about the ward environment and organisation, and information will be collected from staff, carers and patients concerning their experiences in relation to dementia. Staff from participating hospitals will also be trained to carry out structured observations relating to the quality of the care transactions between staff and patients.

Pilot stage
The audit tools for core audit and enhanced audit were piloted on 7 sites. The pilot data and feedback from the pilot audit teams have led to amendments to standards and the audit tools.

Piloting of the observation module will take part in late spring 2010 and there are still pilot places for wards available. If you are interested in being involved, more information is available on page 28, or please contact the audit team.

Recruitment
At time of writing, 85% of hospitals, representing 95% of trusts across England and Wales have registered for the core and/ or enhanced audit.
## The audit timeline

<table>
<thead>
<tr>
<th>Tool</th>
<th>Start date</th>
<th>Deadline for data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational Audit</td>
<td>15 March 2010</td>
<td>14 May 2010</td>
</tr>
<tr>
<td>Casenote Audit</td>
<td>22 March 2010</td>
<td>16 July 2010</td>
</tr>
<tr>
<td><strong>Enhanced Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Audit</td>
<td>1 April 2010</td>
<td>11 June 2010</td>
</tr>
<tr>
<td>Ward Organisational Audit</td>
<td>1 April 2010</td>
<td>28 May 2010</td>
</tr>
<tr>
<td>Carer/ patient Questionnaire</td>
<td>1 April 2010</td>
<td>13 August 2010</td>
</tr>
<tr>
<td>Staff questionnaire</td>
<td>1 April 2010</td>
<td>16 July 2010</td>
</tr>
<tr>
<td>Observation training</td>
<td>From October 2010</td>
<td>N/A</td>
</tr>
<tr>
<td>Observation module</td>
<td>From October 2010</td>
<td>February 2011</td>
</tr>
</tbody>
</table>


General information about the audit programme

The college website
Participating hospitals will be listed on the Royal College of Psychiatrists’ webpage (www.nationalauditofdementia.org.uk).

Publicity materials
Hospital wards participating in the enhanced audit will receive leaflets about the audit for patients and carers to let them know about the work you are undertaking. Wards will also receive a poster to display about the audit, on which they can give details of their local contact for staff, carers and patients to request questionnaires.

A general poster will be available to download from the website. Hospitals can use this to raise staff and general public awareness of their participation.

Sharing knowledge throughout the network
The real experts caring for people with dementia are those that work in, or use the service. The central audit team at the CCQI will support the sharing of information and ideas through a range of methods.

Email discussion group
Throughout the period of audit, staff from participating hospitals will have access to advice and support from the Royal College of Psychiatrists and their peers through the email discussion group. An email discussion group can provide a forum for networking and sharing best practice, raising questions and reflecting on recommendations for the future. The National Audit of Dementia email discussion group is open to all staff participating in data collection at hospital or ward level. To subscribe please send an email with the word ‘Join’ in the subject line to NAD@cru.rcpsych.ac.uk, or contact your local audit lead.

Newsletters
The central audit team will compile regular newsletters, and participants are invited to contribute to this. If you have ideas or experiences that you think other participants would benefit from (i.e. a new innovation or best practice tip) please contact us and we will feature your achievement in the newsletter. We will also regularly update you on frequently asked questions about the audit. Newsletters will be sent to audit contacts and also available via the website.
Checklist: Key stages of the programme

Below is a checklist outlining key stages of the programme, directing you to various sections of the pack for further information.

<table>
<thead>
<tr>
<th>What do you need to do?</th>
<th>Typical timescales</th>
<th>More info (pg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Getting started</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Ensure your nominated audit lead is listed as the main link between your hospital and the central audit team (please let the NAD team know as soon as possible about changes in contact details)</td>
<td>Jan-Mar 2010</td>
<td>12</td>
</tr>
<tr>
<td>▪ Choose other members of the team(s) that will support the programme in your hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developing your communication strategy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Join the email discussion group</td>
<td>Jan-Mar 2010</td>
<td>16</td>
</tr>
<tr>
<td>▪ Hold first project team meeting(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Publicise the audit to the wider trust/organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Publicise the audit in local newsletters/meetings/bulletin boards/intra-net systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taking part in the Core Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Read through the core audit tools and decide who will be involved in data collection</td>
<td>March 15-May 14 2010</td>
<td>19</td>
</tr>
<tr>
<td>▪ Read the guidance notes about the data collection tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Circulate the data collection tools to colleagues (mostly email links to online surveys). <strong>NOTE:</strong> respondents will have a specified period to return the forms to the CCQI audit team.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Taking part in the Enhanced Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Read the guidance notes we will send you about the data collection tools</td>
<td>April 2010-Feb 2011</td>
<td>21</td>
</tr>
<tr>
<td>▪ Circulate the data collection tools to colleagues (mostly email links to online surveys). <strong>NOTE:</strong> respondents will have a specified period to return the forms to the CCQI audit team. Full guidance will be provided to everyone involved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Register to attend the one-day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>observation training session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Making improvements to your service</strong></td>
<td>From Autumn 2010</td>
<td>26</td>
</tr>
<tr>
<td>- Your final reports will describe your hospital’s achievements and suggested areas for improvement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Meet with your team(s), using the report to formulate tangible action plans to make improvements.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- You will be invited to attend an action planning/feedback event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Disseminate your report and action plan to senior managers within your trust/organisation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 1: Getting started

Setting up your Project Team

Making sure your colleagues are involved
The majority of staff feel committed to improving the quality of the services they provide, but if real achievements are to be made, the programme will need to be ‘owned’.

- It is vital that the people who will be expected to have a role in or be affected by the programme are involved from the outset and throughout the audit programme
- Their role may be active (i.e. direct involvement in collecting data and attending meetings) or passive (i.e. being consulted or receiving regular updates)

We would recommend that you establish a team of people who will lead and manage the project in your organisation or service. The role of your Project Team will include the following:

- ensuring the project is integrated within existing quality and audit structures;
- ensuring that appropriate support/resources are available to the project;¹
- highlighting the benefits of supporting the project;
- generating enthusiasm and motivating by example;
- monitoring adherence to local and national time-scales;
- ‘trouble-shooting’ when problems or delays are experienced;
- linking with the audit team at the CCQI;
- fostering networking with other participating organisations;
- devising and overseeing a communication strategy (see pages 16-18 – Developing a Communication Strategy).

Audit lead
The nominated audit lead will be the link person with the audit team at the CCQI who are running the programme and this will normally be the designated local lead for the audit indicated on your registration form. It is important that you are clear about whose role this is. This avoids duplication of effort and means that channels of communication can be clearly defined.

¹ An accurate assessment of the resources required in terms of manpower, time and materials is essential to ensure change is managed successfully. The Project Team may have all the necessary skills and abilities within it to do this. However, they may need support from management, information technology departments, or clinical audit department (Pruce and Aggarwal, 1999).
communication between your hospital and the CCQI are clear. If contact details change, please inform the NAD project team.

When deciding who should fulfil this role, you should consider the following:

- **Seniority:** this person will need to have the authority to make things happen, both in relation to data collection and in implementing improvements in the future.
- **Respect, credibility and breadth:** the ultimate success of the programme necessitates the involvement of a wide section of people and the lead will need to work effectively with all of these groups. He or she needs to be someone that staff will listen to.
- **Time available:** the programme has several deadlines. The person you choose will need to be available throughout to ensure that deadlines are met. The central audit team will ensure that input is at a reasonable level and manageable for the person involved, but it will require some time.
- **Learning opportunities:** the role of audit lead is well suited to someone with a keen interest in using and enhancing their project management, research, audit or quality improvement skills.

If you choose someone who does not possess the necessary authority, the programme is likely to be unsuccessful, unless a more experienced member of staff is also visibly and actively supporting the work alongside them.

### Choosing other Team Members

The composition of your local Project Team is extremely important. A highly committed group can influence others. This will be important when it comes to achieving broad ownership for the project, its findings, and any recommended service improvements.

- **We strongly suggest** that you involve service users/lay representatives/carers on your team from the very beginning. This is the best way you can find out directly the best ways of winning support for the project from this group. Think about inviting at least two people so that they do not feel out-numbered by professionals and identify key areas for their input.
- **Avoid ‘re-inventing the wheel’**. It may be that the membership of an existing group could be tailored to meet the needs of the project. Not only will this save time, it will mean that you have a core cohesive team to work with from the start.
- Involving senior people from within the organisation demonstrates to those inside and outside that there is commitment to the work.
- Involving individuals who are respected by their colleagues means that your team’s work will have greater credibility.
- Involving clinical audit, quality, research or other support staff could give you access to specialised skills and perhaps people who can have a ‘hands-on’ role collecting the audit data.
Other considerations

- Are there people in your organisation who have been known to obstruct initiatives of this kind? If so, it might be better to get them actively involved from the start.
- Are there people in your organisation who are generally very supportive of initiatives of this kind? If so, it would be good to get them on the team.
- It may not be possible for senior level staff to play an active role in running your local project. Make sure that clear channels of communication are defined from the outset (see pages 16-18 – Developing a Communication Strategy).
- Stability of membership will increase the productivity of the team.

Methods of working

At the earliest point, the ‘ground rules’ for your team should be established. The sooner team members know what is expected of them, the more likely it is that they will work together effectively. You may wish to consider the following:

- How often will you meet?
- Where will you meet?
- When will you meet? (NOTE: providing a sandwich lunch can enhance attendance figures)
- How long will meetings last?
- Will the meetings be formal/informal?
- How will ‘actions’ from the meeting be recorded and circulated?

Reviewing membership

It is important to keep checking the appropriateness of the membership of your Project Team. Often people sign up to new groups and then find that they are over-committed. If this happens, it may be appropriate to invite replacements, otherwise, you may end up with problems, for example:

- resistance from groups of people who feel their views have not been adequately represented in setting up the audit locally;
- a small group of people feeling overwhelmed trying to manage the local data collection;
- loss of momentum.

At worst, it could end up that the audit becomes yet another paper exercise that does not lead to any discernible improvements.
You may also consider **co-opting** people onto the team for particular parts of the audit programme, e.g. your Estates Manager or a non-executive member of the Board for the Environmental Audit.

It is likely that you will identify far more people than can reasonably be accommodated on a working group. This is when you need to consider how you will keep the less ‘actively’ involved people up-to-date with what is happening. You will need to plan and create a **communication strategy**.
Developing your communication strategy

To be successful, this programme needs to be supported by a lot of people. A communication strategy will help you to understand your audience and be clear about who will carry information and feedback to your various ‘stakeholder’ groups.

Who to communicate with
Within the Project Team: team members should meet regularly to report progress and to discuss solutions to potential problems that may have been encountered. This will engender co-operation between team members and a sense of individual responsibility working toward a collective goal. Your team will have a wealth of knowledge and skills and it is important to make full use of these. Ensure that all team members are able to contribute and, most importantly, are listened to by their colleagues on the team.

Within the wider trust: since change does not occur in a vacuum, a change in practice in one area may result in knock-on effects for other processes. For this reason, informing related groups within your trust, or parts of your trust, will help ensure that the activities associated with the programme - e.g. getting staff to fill in questionnaires - will be supported. Looked at conversely, if people hear about the work indirectly, they may feel that their contribution or involvement is not important and therefore may feel less committed to the implementation of any changes that are identified through the programme.

Secondly, quality improvement activities are often perceived as cost-cutting exercises. Keeping people informed can help dispel any fears.

Finally, this type of initiative can be seen as something ‘imposed’ by management, rather than as a response to a perceived issue. Telling people what is happening from the start can stop this from happening.

Within management: this programme will generate information that is likely to relate not only to the services that are taking part, but also to other departments, e.g. estates, training. The potential areas for improvement that will be identified are equally wide-ranging.

Your project team must have direct access to support from senior managers from your trust.

You should be able to expect a number of things from them:
• support around carrying out the various processes associated with the audit programme;
• interest in hearing regular updates on progress;
• commitment to agreeing areas for improvement;
• support in identifying appropriate action plans;
• interest in monitoring completion of action plans.

The more visible the involvement of management, the better. As well as the practical supports they can provide, management endorsement will lend credibility to the improvement activities and they will stand a better chance of being accepted and implemented.

It is important that senior management ensures that your Trust Board (or equivalent) is kept regularly informed of the progress and outcomes of the programme.

**How to communicate**

Again, try to avoid re-inventing any wheels. Find out what systems are already in place and then use them.

*Some examples:*

• local newsletters (staff and service user/carer groups);
• open meetings with senior management;
• bulletin boards, i.e. in the staff room, canteen;
• existing meetings, e.g. management or service meetings, CPD sessions;
• intra-net systems.

In addition, you may wish to use one or more of the following approaches:

• plan early meetings with all key stakeholders, i.e. your carer group, local commissioners, your staff team, etc. to discuss how they are going to be involved;
• nominate ‘link people’ from your local team who will keep specified groups informed of progress e.g. a consultant may undertake to communicate with all other staff from his/her discipline; a member of your team may offer to attend the carers meetings to provide a bi-monthly update.

**What to communicate**

**The content of the programme: (p 19 onwards)** that you may wish to use to give an overview of what the programme will involve. As the work progresses, you may want to let people know about **key events and dates.** Later you will want to communicate back **key findings** from the process and **planned improvements** resulting from the findings.
**Hopes and fear:** as indicated earlier, people may have all sorts of concerns about the impact of the programme on them. It is advisable to provide a forum where these can be discussed openly.

**Benefits of involvement:** try to stress the potential benefits of supporting the programme. Staff are more likely to be supportive if they can see clearly the link between the programme and the impact on the lives of the people who use or work in the services they provide.
Taking part in the Core Audit

The Core Audit is open to all general acute hospitals in England and Wales and contains two modules: the organisational checklist, and the audit of casenotes.

Organisational checklist

This audit will consider the context within the general hospital that supports the care of people with dementia, such as:

- Governance (including development of care pathway for dementia)
- Delivery of care
- Mental health needs
- Discharge policy
- Information
- Recognition of dementia
- Training, learning and development
- Specific resources supporting people with dementia

<table>
<thead>
<tr>
<th>When?</th>
<th>Between 15 March and 14 May 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who?</td>
<td>All participating hospitals are expected to complete this part of the audit programme. This is likely to require input from the following:</td>
</tr>
<tr>
<td></td>
<td>your local audit lead;</td>
</tr>
<tr>
<td></td>
<td>senior staff from your clinical governance team/board;</td>
</tr>
<tr>
<td></td>
<td>clinical audit and/or junior doctors.</td>
</tr>
<tr>
<td>What?</td>
<td>The information required will involve examination of policies, protocols and procedures, and participants will also be asked to submit documents such as the local patient leaflet with general information about discharge arrangements. These will be used to collate information about good practice at a national level, and will not be shared.</td>
</tr>
<tr>
<td>How long to complete?</td>
<td>Feedback from pilots suggests that a staged approach is best:</td>
</tr>
<tr>
<td></td>
<td>your local audit lead should meet with a senior member of the clinical governance team initially for an hour to go through the questions, allocate responsibility for providing the information, and identify other colleagues who may need to be involved;</td>
</tr>
<tr>
<td></td>
<td>a date should be set for a future 2-hour meeting at which any necessary colleagues are present and the necessary information provided. This group will then agree and sign off the data provided, which should then be entered via the online tool. This will take a further twenty-thirty minutes.</td>
</tr>
<tr>
<td>Data entry</td>
<td>Data will be completed and returned online using SNAP.</td>
</tr>
<tr>
<td>method?</td>
<td>Usernames and passwords which will allow you to access the audit tools online will be sent out to your local audit leads by March.</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Data reporting</td>
<td>Participants will receive a report with national and site-level data in the autumn of 2010.</td>
</tr>
</tbody>
</table>

## Casenote audit

This part of the audit programme will elicit evidence that standards relating to clinical care and treatment have been met for individual patients with dementia admitted to your hospital. This will include:

- Demographic information
- Assessment (e.g. medical assessment; cognitive assessment; social and environmental assessment; information about the person with dementia; distress, agitation and behaviour that challenges; discharge planning)
- Discharge planning (e.g. assessment before discharge; discharge coordination and MDT input; support for carers and family)
- Access to liaison psychiatry
- Outcomes (e.g. patient’s usual residence at admission and discharge destination; changes to needs and abilities; length of stay)
- Other (e.g. continuity of care; record keeping)

<table>
<thead>
<tr>
<th>When?</th>
<th>Between 15 March and 16 July 2010</th>
</tr>
</thead>
</table>
| Who?  | All participating hospitals are expected to complete this part of the audit programme. This is likely to require input from the following:  
  - your local audit lead;  
  - the lead for dementia, or a senior clinician working in this area;  
  - staff who normally undertake casenote audit, i.e. audit or information staff, or junior doctors. |
| What? | Casenotes will be identified through HES codes and 40 sets of notes will be audited retrospectively (full guidance will be provided on how to identify eligible sets of notes and how to collect the data will be sent out to your local audit leads by March). |
| How long to complete? | Estimates from the pilot suggest the first set of notes will take around 1-hour, but that subsequent sets will take 30-minutes or less. |
| Data entry method? | Data will be completed and returned online using SNAP. Usernames and passwords which will allow you to access the audit tools online will be sent out to your local audit lead by March. |
| Data reporting | Participants will receive a report with national and site-level data in the autumn of 2010. |
Taking part in the Enhanced Audit

Participation in this part of the programme has been limited to up to between 50-75 hospitals, each nominating either two or three wards, with a total or no greater than 150 wards.

Dementia is unlikely to be the primary reason for admission, and people with dementia may be admitted to a variety of wards. Each participating hospital in the enhanced audit has been asked to nominate the following (as a minimum):

- one general medical, or other medical ward admitting adults of all ages;
- one orthopaedic or surgical ward admitting adults of all ages.

Note: we have chosen to focus on wards that do not specialise in elderly care, as such wards may already be more geared to the needs of people with dementia than others – for example, staff caring for patients on these wards may be more likely to have experience and training in working with people with dementia. These chosen ward-types were selected as they tend to admit many elderly patients, who are the most likely group to have any type of dementia.

Hospitals in the enhanced audit also have the option of nominating a third ward of their own choice and many have opted to nominate a care of the elderly ward.

The enhanced audit will evaluate the quality of person-centred care provided at ward level and the experience of patients and carers. It contains five modules, which will collect data about delivery of care on individual wards.

<table>
<thead>
<tr>
<th>Ward organisational audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>This module will look into input, policies and supports to the participating wards in relation to the care of people with dementia, such as:</td>
</tr>
<tr>
<td>- Staffing</td>
</tr>
<tr>
<td>- Information available on the ward</td>
</tr>
<tr>
<td>- Nutrition</td>
</tr>
<tr>
<td>- Communication</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When?</th>
<th>Between 1 April and 28 May 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who?</td>
<td>All participating wards are expected to complete this part of the audit programme. This is likely to require input from the following:</td>
</tr>
<tr>
<td></td>
<td>- each participating ward’s sister/manager or equivalent;</td>
</tr>
<tr>
<td></td>
<td>- your modern matron(s) may wish to be involved;</td>
</tr>
<tr>
<td></td>
<td>- local audit leads or dignity champions may also wish to be involved.</td>
</tr>
</tbody>
</table>

| What? | This checklist will request information on the above, involving |
examination of ward policies and procedures.

<table>
<thead>
<tr>
<th>How long to complete?</th>
<th>Around 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data entry method?</td>
<td>Data will be completed and returned online using SNAP. Usernames and passwords which will allow you to access the audit tools online will be sent out your local audit leads by March.</td>
</tr>
<tr>
<td>Data reporting</td>
<td>Participants will receive a report with national and (where relevant) site-level data in the autumn of 2010.</td>
</tr>
</tbody>
</table>

### Environmental audit

This part of the audit programme will gather information about aspects of the wards’ physical environment known to impact on people with dementia, for example:

- Signage
- Floor surfaces
- Orientation cues
- Accessible toilet and bathing facilities

<table>
<thead>
<tr>
<th>When?</th>
<th>Between 1 April and 11 June 2010</th>
</tr>
</thead>
</table>
| Who?                       | All participating wards are expected to complete this part of the audit programme. This is likely to require input from the following:  
  - each participating ward’s sister/manager or equivalent;  
  - audit lead or member of your local Project Team;  
  - a lay person e.g. a carer representative, Board member, or advocate. |
| What?                      | The team carrying out the audit will be provided with a checklist of criteria. Their job will be to audit the environment and as a team, agree whether each criterion has been met. |
| How long to complete?      | Estimates from the pilot suggest that this will take up to an hour and occasionally more, depending on ward layout. |
| Data entry method?         | Data will be completed and returned online using SNAP. Usernames and passwords which will allow you to access the audit tools online will be sent out your local audit leads by March. |
| Data reporting             | Participants will receive a report with national and (where relevant) site-level data in the autumn of 2010. |
Staff questionnaire (anonymous)

This module will provide feedback from staff about awareness of dementia and about the support offered to patients with dementia on their ward. This will include information about staff’s experiences of:

- Learning and development (relating to the care of people with dementia)
- Support for staff in providing care
- Communication and information sharing between staff
- Communication and information sharing between staff and carers/patients
- Nutritional support for patients

<table>
<thead>
<tr>
<th>When?</th>
<th>Between 1 April and 16 July 2010</th>
</tr>
</thead>
</table>
| Who?  | All participating wards are expected to complete this part of the audit programme. This will require input from all of the ward staff, including:
  - All nursing staff (qualified and unqualified);
  - Medical staff of all grades who regularly conduct or attend ward rounds on the ward;
  - Ward clerks and other administrative staff;
  - Any other disciplines that provide regular input to the ward e.g. liaison psychiatry, occupational therapy, physiotherapy. |
| What? | A questionnaire to be completed online by staff of all grades and disciplines working on the ward. A minimum return number will be indicated for each ward. |
| How long to complete? | Estimates from the pilot suggest the questionnaire generally takes 15 minutes per person to complete, depending upon the extent to which people wish to add free text comments. |
| Data entry method? | Data will be completed and returned online using SNAP. Usernames and passwords which will allow you to access the audit tools online will be sent out to your local audit leads. |
| Data reporting | Participants will receive a report with national and (where relevant) site-level data in the autumn of 2010 |

Carer/patient questionnaire (anonymous)

This part of the audit evaluates carers’ experiences of the supports that they have received from the ward staff, and patients’ overall perception of the quality of care on the ward. This includes people’s views and experiences in relation to:

- Information and communication
- Discharge planning
The ward and its staff
- Food and drink
- Experiences of care
- Privacy and dignity

**When?** | Between 1 April and 13 August 2010
---|---
**Who?** | All participating wards are expected to complete this part of the audit programme. This is likely to require input from the following:
- Ward staff: to distribute questionnaires, information leaflets and freepost envelopes in the run up to discharge.
- **Note:** feedback from the pilot suggests that the involvement of the ward clerk who prepares the discharge documents can be very helpful.

**What?** | A 2 part questionnaire:
- Carer questionnaire to be answered by the carer about their experiences;
- Carer/patient questionnaire to be answered by the patient, carer or both about the patient’s experiences

**How long to complete?** | This will be dependent on how many comments respondents wish to make. This questionnaire has a paper questionnaire and extensive response period to allow time and encourage as many responses as possible.

**Data entry method?** | The questionnaire and information leaflet will be given to carers/patients in hard copy with a freepost envelope for them to complete and return directly to the national project team.

**Data reporting** | Participants will receive a report with national and (where relevant) site-level data in the autumn of 2010

---

**Observation of care interactions**

This module will evaluate the quality of the hour-to-hour provision of care to people with dementia using a bespoke tool that is currently being developed and piloted by the Academic Unit of Elderly Care and Rehabilitation, part of Bradford Teaching Hospitals NHS Foundation Trust and the University of Leeds (see Appendix 2 for more information about the observation module and about opportunities to become involved in the pilot testing of the instrument). The observations will focus around the following:

- The provision of person-centred care
- Support and communication

**Note:** the aim is to provide ward staff with objective data that they can use to reflect upon the extent to which they are delivering person-centred care. The observations will look at the care being delivered, though the eyes of the person...
It is not an observation of members of staff involved in caring for the person.

| When? | **Training sessions**: from October 2010  
**Observations undertaken**: from February 2011 |
| --- | --- |
| Who? | All participating wards are expected to complete this part of the audit programme. This will require input from two members of staff per ward:  
• each to attend a one-day training session in how to carry out the observations;  
• to conduct the observations.  
Note: at a later stage in the pilot testing, details will be provided about how to select these staff and the amount of time they will need to dedicate to carrying out the observations. |
| What? | A series of observations using a semi-structured, bespoke observational tool. |
| **How long to complete?** | To be advised. |
| **Data entry method?** | To be advised. |
| **Data reporting** | To be advised. |
Section 4: Improving your service

The main aim of the audit is to help wards and hospitals to improve the quality of the service that they provide to people with dementia. In order to support this, your hospital is expected to produce an action plan detailing how you intend to take forward improvements that you identify through the various modules of the audit. You will be able to begin work on this from autumn 2010 when you receive your first reports, but will not receive all of your findings until the end of the year. The deadline for submission of action plans to the CCQI is currently March 2011. An action planning guide and template has been included at Appendix 4.
Appendix 1:
Some hints and tips on maximising responses to questionnaires

Below are a few ideas from us and from pilot participants about the possible ways you can encourage staff on wards and carers and patients to complete questionnaires. If you have any suggestions that may be useful, please share them with us!

- Speak to your I.T department and ask them if they can put a link to the staff questionnaire on the hospital intranet to increase awareness of the project. If they feature on a main page this could serve as a useful reminder to people to complete it if they have not already done so, as well as providing easy access to the questionnaire.

- Put a link to staff questionnaire on a computer desktop in a particular department – and let people know that they can use this computer to complete the survey. The person completing the casenote audit might also want a shortcut on their desktop to save them having to paste or type the URL repeatedly. To create a shortcut on your desktop you simply need to:
  - right click on the desktop
  - select new, then shortcut
  - then type in the relevant URL address

- Putting posters and flyers around the ward – this can remind staff to complete the questionnaire if they have not yet done so, and can make patients and carers aware that there is the opportunity to comment on the service they have received. We can send you extra posters and flyers if you feel that this would be helpful.

- Give patients/carers their questionnaire when discharge is in preparation, rather than when they are leaving the ward, so that they have the opportunity to think about it and ask any questions or contact us for more information.

- Asking patients/carers to complete the questionnaire before leaving the hospital. Of course they may not wish to and they should never feel obliged to. Instead of asking them to hand the questionnaire back to the ward staff, it is preferable to have an alternative, for example a ‘post box’ (cardboard box with a slit in the top) where they can leave their answers, sealed, in the envelopes we provide. A member of staff can then put them in the internal post at the end of each day. However you do this, you should ensure that respondents know their anonymity will be respected.
Appendix 2: The Observation Module and opportunities to get involved in piloting

Overview of the Observation Module

A key part of the enhanced audit will be an observation of the culture for person-centred care. This will be measured using an instrument that is being developed specifically for the acute ward environment. Once completed, this instrument will help us to obtain the perspectives of patients who may not be able to tell us directly about their experiences because they have dementia, delirium or another condition which affects their memory or ability to communicate. We would also like to capture examples of excellent patient care, as well as examples of care which could be improved. The key aim of this module is to help the ward staff teams reflect on the care provided and to draw up plans to develop their care practices.

The research to develop the instrument is being managed by Rosemary Woolley (a researcher) and Professor John Young (a consultant geriatrician), based in the Academic Unit of Elderly Care and Rehabilitation, part of Bradford Teaching Hospitals NHS Foundation Trust and the University of Leeds. The unit has a record of more than 15 years of health services research using multi-method research designs.

Getting involved in the piloting: what will it involve?

We would like to invite you to pilot-test the tool we are developing in two-three hospital wards. We need a sample of hospital wards to cover a range of different ward types (medical, surgical and elderly care), size and patient characteristics. This will help us to ensure that the tool is appropriate for use in a range of hospitals and is acceptable to staff and patients.

Being a pilot site will involve Research Fellow Rosemary Woolley discussing the project further with senior staff, and confirming that your hospital would be happy to take part.

The tool is to be used by one or two members of ward staff or a volunteer in each hospital for a period of a few hours over 1-3 weeks, with full support on how to do this from the research team. The Research Fellow will decide with you on the appropriate person(s) (‘local observers’) who might use the tool, when piloting would take place, and how this would occur in practice.

During the pilot, the observer(s) will observe in the ward areas, talk to some of the patients and staff involved and look in care plans (hospital staff only).

If you would like to take part in the pilot study, please return the ‘Hospital ward expression of interest’ form which can be downloaded from our website: www.nationalauditofdementia.org.uk, or ring the team if you require more information.
### Appendix 3 – Action Planning Guide
Guidance to read before completing the form overleaf

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify area for improvement</strong></td>
<td><strong>Who needs to be involved/informed and how?</strong></td>
<td><strong>Sources of support/information to develop plan</strong></td>
<td><strong>Human, financial and time resources needed</strong></td>
<td><strong>Lead for each section and deadlines</strong></td>
</tr>
<tr>
<td>Identify and record the area for improvement.</td>
<td>Think about all those who may be affected by the action taken and how you aim to communicate with those involved.</td>
<td>Write in here any initiatives you can tap into – e.g. other trusts, national organisations</td>
<td>Write in the resources you think you may need</td>
<td>You can organise this section to suit the project</td>
</tr>
</tbody>
</table>

Before naming the identified area that you wish to target for change you may wish to consult with:
- local audit report findings
- the staff team
- service users
- other relevant agencies, if appropriate.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who needs to be actively involved? Record name and contact details.</td>
<td>Who do you simply need to keep informed?</td>
<td>How do you aim to maintain communication?</td>
<td>At what time points will you need to communicate?</td>
<td></td>
</tr>
</tbody>
</table>

What funds will be required?

How many hours a week or month will be required from staff in order to implement the action plan?

Project target (describe) & name of person responsible: Date
National Audit of Dementia (care in general hospitals)  
**Action Planning Form**

Please complete for each targeted improvement – and then return to audit team.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify area for</td>
<td>Who needs to be</td>
<td>Sources of support/information to develop plan</td>
<td>Human, financial and time resources needed</td>
<td>Lead for each section and deadlines</td>
</tr>
<tr>
<td>improvement</td>
<td>involved/informed and how?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deadline</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4:  
Mailing list for standards consultation

Steering Group:

Alzheimer’s Society  
British Geriatrics Society  
Healthcare Commission  
Royal College of General Practitioners  
Royal College of Nursing  
Royal College of Physicians  
Royal College of Psychiatrists  
Professor Martin Orrell  
Professor John Young  
Dr Daphne Wallace  
Rosemary Woolley

Organisations:

Academy of Medical Royal Colleges  
Age Concern  
Alzheimer’s Concern Ealing  
Association of Directors of Social Services  
British Association of Social Workers  
CANDID  
Carers UK England  
Centre for Policy on Ageing  
College of Occupational Therapists Specialist Section - Older People  
Counsel and care  
Dementia Plus (West Midlands)  
Dementia Services Development Centre Wales  
DeNDRoN  
Director, Dementia North  
For Dementia  
Health and Social Care Advisory Service  
Healthcare Inspectorate Wales  
Help the Aged  
Institute for Aging and Health  
Institute of Neuroscience  
Institute of Psychiatry  
LSE Health and Social Care  
Manchester  
Mental Health Act Commission  
MIND  
MIND Cymru  
National Patient Safety Agency  
NC Palliative Care  
National Collaborating Centre for Mental Health  
Oxford Dementia Centre  
Personal Social Services Research Unit  
Policy Research Institute on Aging and Ethnicity (PRIAE)  
Psychology Specialists Working with Older People (PSIGE)  
Research Institute for the Care of the Elderly  
SLAM  
Social Care Workforce Research Unit
Other:

Individuals with experience or working in the field who expressed an interest via the website or other contact.