

# Annual Census Day

## Frequently Asked Questions

Below is a list of questions, and corresponding answers, that have been raised by clinicians and audit leads regarding the 2026 Annual Census Day spot audit. The is a living document and can be updated as needed.

Please note that Annual Census Day consists of 3 parts:

- Part 1: Whole hospital census
- Part 2: Spot audit - Person Information Document
- Part 3: Spot audit - 'Sat out' of bed

Question	Answer
When is the annual census day?	The spot audit can be conducted on any day between <b>8 – 12 June</b> (Carer's week).
Do the mini spot audits (Parts 2 & 3) need to be conducted on the same day as the whole hospital census (Part 1)?	No, the whole hospital census (part 1) and spot audits (Parts 2 & 3) can be completed on different days.  If necessary, the whole hospital census can be conducted on more than one day in the week – you can enter the date for each ward separately.
Which wards and/or patients are <b>excluded</b> from the whole hospital census?	The following departments are excluded from the whole hospital census: <ul style="list-style-type: none"> <li>• Maternity and paediatric wards</li> <li>• Intensive care (ICU)</li> <li>• High dependency units (HDU)</li> <li>• Any psychiatric / mental health wards on your hospital site</li> <li>• Any non-acute wards (e.g. rehabilitation) on your hospital site</li> <li>• Hospital at home/ virtual wards</li> <li>• Outpatients/ day surgery/ any non-admitted patients.</li> <li>• A&amp;E or Same Day Emergency Care (SDEC).</li> <li>• Patients being cared for in corridor areas, as in many cases it will be difficult to distinguish admitted patients.</li> </ul>
Should patients in <b>corridor or escalation spaces</b> be included? (patients with no bed but waiting)	The spot audit will include all <b>admitted patients</b> . However, those in corridor and escalation spaces should not be included.

Should hospitals collect <b>contextual data</b> on the rationale for patients not being sat out of bed?	No, however there will be a comment box where hospitals can add contextual information at the end of the form.
Should wards be told in advance if included in the mini spot audits?	There is an assumption that Trust leads will inform hospitals and wards of the audit and that three wards will be spot checked, but not which wards will be audited. Guidance is not prescriptive, but best practice: <ul style="list-style-type: none"> <li>• <b>Do not give specific wards advance notice</b></li> <li>• This provides a more accurate “snapshot” of usual practice</li> </ul>
Should all wards be counted in <b>total</b> ward numbers for the census?	Only <b>eligible wards</b> (adult inpatient acute wards) should be counted. Ineligible wards should not be included in the count.
<b>How many wards</b> should be included in the mini spot audits?	<b>3 wards</b>  Preferably different types (e.g. medical, surgical, elderly care)
<b>How many patients per ward</b> should be included in the mini spot audits?	<b>10 patients per ward</b> should be included in each spot audit. This will allow a comparison between wards.
For mini spot audits, can hospital wards be combined if they have less than 10 patients per ward?	If there are fewer than 10 patients on a ward, please record the <b>actual number of patients with dementia on the ward</b> (for example, if there are 6 patients with dementia on ward X, then record 6 patients for ward X).  Wards <b>can be combined where they are of the same type</b> (e.g. two surgical wards), and <b>both have fewer than 10 patients</b> . For example, you may combine patients from Surgical Ward 1 and Surgical Ward 2 to reach the required number. The form will allow inclusion of up to 6 wards for mini spot audits
The Annual Census Day form allows inclusion of 30 wards. What if my hospital has more than 30 eligible wards?	Contact NAD for a separate form to continue recording the totals of occupied beds/ people with dementia per ward if your N eligible wards is over 30.