National Audit of Dementia
(Care in General Hospitals)

Date: December 2010

National Results:

Core Audit Modules

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National Audit of Dementia (Care in General Hospitals)

National results - Core Audit modules

The data shown below are the aggregated national results from the two modules comprising the "core audit" of the National Audit of Dementia:

i. ***a hospital organisational checklist*** to audit the service structures, policies, care processes and key staff that impact on service planning and provision for people with dementia. This part of the audit was carried out between March and May 2010 and involved 210 hospitals.

ii. ***a retrospective casenote audit*** of the records of 40 patients with a diagnosis or current history of dementia. This compared actual practice with standards that relate to admission, assessment, care planning/delivery, and discharge. The sample of casenotes was of 7934 patients discharged between 1st September 2009 and 28th February 2010, and data was submitted by 206 hospitals. Audit was of a single admission, and eligible admissions were of five days or longer (see Appendix B for more information about casenote samples submitted).

Standards in the audit

The standards compiled for the audit, together with a full list of source documents, can be found at www.nationalauditofdementia.org.uk

Classification of standards in the audit

The classification of the standards is in accordance with the following broad principles:

Type 1: failure to meet these standards 100% would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

Type 2: standards that an organisation/ward would be expected to meet in normal practice;

Type 3: standards that an organisation/ward should meet to achieve excellent practice.

See standards document available at www.nationalauditofdementia.org.uk

Data collection for the audit

The data collection tools (checklists and questionnaires) used to collect data for this audit, together with full guidance provided to participants, are available at www.nationalauditofdementia.org.uk.

Data collection schedule

Organisational Checklist:

Data collection for this part of the audit was carried out between 15 March 2010 and 14 May 2010.

Casenote Audit:

Data collection for this part of the audit was carried out between 22 May 2010 and 16 July 2010.

Organisational checklist – full presentation of results

One checklist was requested from each participating hospital. Data collection for this part of the audit was carried out between 15 March 2010 and 14 May 2010.

Key for organisational checklist

Std	Type	Q		N	%	Related questions
Ref. from standards for audit	The type of the standard (see page 3)	Question number from audit tool	Text of the question from audit tool, with possible responses (e.g. Y/N/NA)	Total number of 'yes' responses received from the national sample for this question / Total number of responses received from the national sample for this question *	% of sites responding yes to this question	(Where relevant) Shows related questions in casenote audit tool

* Excludes N/A answers. Some totals are less due to question routing.

Section 1 – Governance

Std	Type	Q		N	%	Related questions
4.1	2	1	A care pathway for patients with dementia is in place (Y/N/In Development)	12/210	5.7	-
			Number answering "In development" (response for q1 only)	92/210	43.8	-
4.2	2	1a	A senior clinician is responsible for implementation and/ or review of the care pathway (Y/N/NA)	92/140	65.7	-
4.3	1	2	There is a named officer with designated responsibility for the protection of vulnerable adults (Y/N)	200/210	95.2	-
		3	*The Executive Board regularly reviews information collected on:*			
4.7	2	3a	Re-admission of patients with dementia (Y/N)	16/210	7.6	-
4.7	2	3b	Delayed transfers of people with dementia (Y/N)	41/210	19.5	-
4.4	2	4	The Executive Board regularly reviews the number of in-hospital falls and breakdown of the immediate causes, and patients with dementia can be identified within this number (Y/N)	66/210	31.4	-
		5	*The Executive Board regularly receives feedback from the following:*			
4.5	2	5a	The Clinical Leaders for older people and people with dementia including Modern Matrons/Nurse Consultants (Y/N)	100/210	47.6	-
4.5	2	5b	Complaints – analysed by age (Y/N)	88/210	41.9	-
4.5	2	5c	PALS – in relation to the services for older people and people with dementia (Y/N)	78/210	37.1	-
4.5	2	5d	Patient Forums or Local Involvement Networks – in relation to the services for older people and people with dementia (Y/N)	68/210	32.4	-
4.8	2	6	There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia (Y/N)	63/210	30	-

Std	Type	Q		N	%	Related questions
4.9	2	7	Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate (Y/N)	207/210	98.6	-
4.10	3	8	Audit (within the hospital) includes the percentage of people with suspected dementia for whom structural imaging, computed tomography (CT), scanning or magnetic resonance imaging (MRI) has been undertaken as part of assessment and diagnosis (Y/N)	18/210	8.6	-
		9	*There is a reporting mechanism to gather information on maximum response time to obtain specialist assessment in the following situations (tick N/A if there is no older people's multidisciplinary team):*			
4.6	2	9a	Access to an older people's multidisciplinary team in A&E/ MAU (Y/N/NA)	55/162	34	-
4.6	2	9b	Access to an older people's multidisciplinary team in non-elderly care wards (Y/N/NA)	45/164	27.4	-
4.6	2	9c	Access to an older people's multidisciplinary team for older people with mental health problems (Y/N/NA)	74/171	43.3	-

Section 2 – Delivery of Care

Std	Type	Q		N	%	Related questions
		10a	*Multidisciplinary assessment includes:*			
1.9	1	10a1	Problem list (Y/N)	188/210	89.5	2
1.9	1	10a2	Co morbid conditions (Y/N)	200/210	95.2	2a
1.9	1	10a3	Full current medication (Y/N)	204/210	97.1	2b,2c
1.9	1	10a4	Nutritional status (Y/N)	202/210	96.2	2e
1.9	1	10a5	Assessment of functioning using a standardised instrument – i.e. basic activities of daily living, instrumental activities of daily living, mobility (Y/N)	176/210	83.8	2d, 6
1.3	2	10a6	Assessment of mental state – i.e. mental status (cognitive) testing, mood (depression) testing (Y/N)	155/210	73.8	7, 7b
1.16	2	10b	Assessment includes social assessment – i.e. care input, voluntary agency support, family support, financial support (Y/N)	202/210	96.2	8, 8a, 8b
1.17	2	10c	Assessment includes environmental assessment – i.e. safety in the home environment, transportation needs (Y/N)	192/210	91.4	8c
1.9	1	11	As part of initial assessment, patients are weighed on admission (Y/N)	186/210	88.6	2e1
1.9	1	12	As part of initial assessment, patients' height is measured on admission (Y/N)	89/210	42.4	2e2
3.7	1	13	Protected mealtimes are established in all wards that admit frail elderly people (75+) (Y/N)	194/210	92.4	-
1.4	2	14	There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment are screened for delirium, using a standardised method (e.g. Confusion Assessment Method (CAM)) (Y/N)	70/210	33.3	7a

Std	Type	Q		N	%	Related questions
1.19	2	15	The care pathway for people with dementia interfaces with the palliative care pathway to ensure that people with dementia have equal access to palliative care (Y/N/NA)	50/106	47.2	-
3.5	2	16	The care pathway for people with dementia interfaces with the end of life care pathway to ensure that people with dementia have equal access to end of life care (Y/N/NA)	60/100	60	-
3.6	2	17	The end of life care pathway specifies that the health care team and consultant/ consultant nurse discuss any issues to do with end-of-life care with the patient and carers/relatives (including resuscitation and any advance decisions made by the person with dementia) (Y/N/NA)	173/193	89.6	-

Section 3 – Mental Health Needs

Std	Type	Q		N	%	Related questions
1.1	2	18	There are systems in place to ensure that where dementia is suspected but not yet diagnosed, this triggers a referral for assessment compliant with NICE guidance either in hospital or in the community (memory service) (Y/N)	102/210	48.6	-
1.2	2	19	An assessment of mental state is carried out on all patients over the age of 65 admitted to hospital (Y/N)	58/210	27.6	7
1.7	1	20	There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for use in patients with behavioural and psychological symptoms of dementia (BPSD) (in line with NICE-SCIE guideline) (Y/N)	71/210	33.8	-
1.8	1	20a	The protocol specifies that in care planning, restraint and sedation is used only as a final option and only if they can be justified in the best interest of the person with dementia (Y/N)	59/71	83.1	-
1.8	1	20b	The protocol specifies the precautions and risk assessments for any use of restraint or sedation in people with dementia and the frail elderly (Y/N)	53/71	74.6	-
5.3	2	21	There is a section or prompt in the general hospital discharge summary for mental health diagnosis and management (Y/N)	19/210	9	-

Section 4 – Discharge Policy

Std	Type	Q		N	%	Related questions
5.1	2	22	The discharge policy ensures that discharge is an actively managed process which begins within 24 hours of admission (Y/N)	197/210	93.8	17, 17a
5.2	2	23	The discharge policy specifies that information about discharge and support (written in plain English or other appropriate language) is made available to patients and their relatives on admission (Y/N)	120/210	57.1	10
		24	*The discharge policy specifies that clear guidance is in use for moving or discharging a person with dementia. This specifies:*			
3.1	3	24a	People with dementia should be moved only for reasons pertaining to their care and treatment (Y/N)	44/210	21	16, 16a
3.3	3	24b	The move should take place during the day (Y/N)	67/210	31.9	15a
3.4	3	24c	Relatives and carers should be kept informed of any move and given adequate notice (Y/N)	115/210	54.8	-

Section 5 – Information

Std	Type	Q		N	%	Related questions
1.14	1	25	There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia (Y/N)	63/210	30	9
		26	*Information collected by the pro-forma includes:*			
1.14	1	26a	Physical and mental health (Y/N)	59/63	93.7	-
1.14	1	26b	Routines and preferences (e.g. active time of day, activity to calm or distract) (Y/N)	46/63	73	9a, 9b, 9c, 9d
1.14	1	26c	Social information (e.g. family circumstances, preferred name, former or current occupation) (Y/N)	60/63	95.2	9a, 9e
1.14	1	27	The form prompts staff to approach carers or relatives to collate necessary information (Y/N)	45/63	71.4	-

Section 6 – Recognition of Dementia

Std	Type	Q		N	%	Related questions
9.3	1	28	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them and that other staff are aware whenever the person accesses other areas, e.g. for assessment (Y/N)	40/210	19	-
		29	*The patient's notes are organised in such a way that it is easy to:*			
9.10	2	29a	Identify any communication or memory problems (Y/N)	70/210	33.3	41
9.10	2	29b	See the care plan (Y/N)	129/210	61.4	42
9.13	2	30	There is a system in place to ensure that carers are advised about obtaining carer's assessment and support (Y/N)	120/210	57.1	28
		31	*There are clear guidelines regarding involvement of carers and information sharing. This includes:*			
9.14	2	31a	Making sure the carer knows what information will be shared with them and why (Y/N)	83/210	39.5	-
9.11	2	31b	Asking the carer about the extent they prefer to be involved with the care and support of the person with dementia whilst in the hospital (Y/N)	83/210	39.5	-
5.4	1	31c	Asking the carer about their wishes and ability to provide care and support of the person with dementia post discharge (Y/N)	110/210	52.4	-

Section 7 – Training, Learning and Development

Std	Type	Q		N	%	Related questions
7.4	2	32	Dementia awareness training relating to the care provision, systems, information and resources available in the hospital is mandatory for all acute healthcare staff involved in the care of people with dementia or who may have dementia (Y/N)	10/210	4.8	-
		32a	*Dementia awareness training is mandatory for the following staff:*			
		32a1	Doctors (Y/N)	7/200	3.5	-
		32a2	Registered nurses (Y/N)	10/200	5	-
		32a3	Healthcare assistant/ clinical support workers (Y/N)	12/200	6	-
		32a4	Speech and language therapists (Y/N)	7/200	3.5	-
		32a5	Physiotherapists (Y/N)	5/200	2.5	-
		32a6	Rehabilitation assistants (Y/N)	5/200	2.5	-
		32a7	Occupational therapists (Y/N)	11/200	5.5	-
		32a8	Other (Y/N)	17/200	8.5	-
7.2	2	33	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia (Y/N)	49/210	23.3	-
7.3	2	34	The training strategy specifies that staff of all grades and disciplines have access to communication skills training involving older service users (Y/N)	49/210	23.3	-

Std	Type	Q		N	%	Related questions
7.3	2	35	The training strategy specifies that staff working with people with dementia are trained to anticipate behaviour that challenges and how to manage violence, aggression and extreme agitation, including de-escalation techniques and methods of physical restraint (Y/N)	54/210	25.7	-
7.6	1	36	All staff working with people with dementia and older adults have training in protection of vulnerable adults (Y/N)	177/210	84.3	-
7.7	2	37	All staff have an awareness of how to support people with hearing/ visual impairments (Y/N)	116/210	55.2	-
7.8	2	38	Staff working with older people receive basic training in how to assess capacity and an understanding of the Mental Capacity Act (Y/N)	164/210	78.1	-
7.11	3	39	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff (This could be a presentation from a person with dementia and carer; use of patient/ carer diaries; use of feedback from questionnaires, audits and complaints relating to people with dementia) (Y/N)	60/210	28.6	-

Section 8 – Specific Resources Supporting People with Dementia

Std	Type	Q		N	%	Related questions
6.2	2	40	The hospital has access to intermediate care services, which will admit people with dementia (Y/N)	145/210	69	-
		40a	Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission (Y/N/NA)	106/144	73.6	-
7.1	2	41	There is a named dignity lead to provide guidance, advice and consultation to staff (Y/N)	165/210	78.6	-
6.4	2	42	There is a named person who takes responsibility for discharge co-ordination for people with dementia (Y/N)	68/210	32.4	-
6.5	2	42a	The person with overall responsibility for discharge coordination (as above) has training in ongoing needs of people with dementia (Y/N/NA)	38/68	55.9	-
6.6	2	42b	The person with overall responsibility for discharge coordination (as above) has experience of working with people with dementia and their carers (Y/N/NA)	57/68	83.8	-
6.7	2	43	There is a named person responsible for advising and supporting people with dementia and carers/ relatives with: Problems getting to and from hospital; benefits; residential and nursing care; help at home; difficulties for carers/ relatives such as illness, disability, stress or other commitments that may affect their ability to visit or to continue care (Y/N)	65/210	31	-

Std	Type	Q		N	%	Related questions
6.8	1	44	There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating (Y/N)	204/210	97.1	-
		44a	*Specialist assessment and advice can be obtained from:*			
		44a1	Speech and language therapist (Y/N)	204/204	100	-
		44a2	Dietician (Y/N)	204/204	100	-
		44a3	Other (Y/N)	96/204	47.1	-
6.9	3	45	There is access to an interpreting service which meets the needs of people with dementia in the hospital (Y/N)	127/210	60.5	-
6.10	2	46	There is access to advocacy services with experience and training in working with people with dementia (Y/N)	174/210	82.9	-

Section 9 – Liaison Psychiatry

Std	Type	Q		N	%	Related questions
2.1	2	47	The hospital provides access to a liaison psychiatry service which can provide assessment and treatment to adults throughout the hospital (Y/N)	189/210	90	-
2.1	2	47a	This includes assessment and treatment of older people (Y/N)	185/187	98.9	-
2.1	2	47b	This includes emergency/ urgent assessment (Y/N)	154/185	83.2	-
		47c	*Please indicate the times when liaison psychiatry is available:*			
		47c1	Day (Y/N)	189/189	100	-
		47c2	Evening (Y/N)	66/189	34.9	-
		47c3	Weekend (Y/N)	65/189	34.4	-
2.1	2	48	Liaison psychiatry is provided by a specialist mental health team (Y/N)	172/189	91	-
		48a	*Please indicate who does provide liaison psychiatry:*			
			Psychiatrist	7/17	41.2	-
			Nurse Consultant	0/17	0	-
			Nurse	9/17	52.9	-
			Other	1/17	5.9	-
2.2	2	49	There is a named Psychiatrist for consultation/ liaison (Y/N)	142/189	75.1	-
2.3	2	49a	The Consultant Psychiatrist has dedicated time in his/ her job plan to carry out consultation liaison (Y/N)	117/142	82.4	-
2.4	2	49b	The Consultant Psychiatrist specialises in the care and treatment of older people (Y/N)	113/142	79.6	-

Std	Type	Q		N	%	Related questions
		50	*Other members of the liaison service are:*			
		50a1	Psychiatrist (Y/N)	149/189	78.8	-
		50a2	Psychologist (Y/N)	26/189	13.8	-
		50a3	Neuropsychologist (Y/N)	4/189	2.1	-
		50a4	Consultant MH nurse (Y/N)	14/189	7.4	-
		50a5	MH nurse (Y/N)	173/189	91.5	-
		50a6	Other(s) (Y/N)	48/189	25.4	-
		50b	If other(s), please specify:	-		
2.5	2	50c	All liaison practitioners have protected time to perform consultation-liaison duties (Y/N/NA)	146/184	79.4	-
7.10	3	51	Liaison teams from local mental health and learning disability services offer regular training for healthcare professionals in the hospital who provide care for people with dementia (Y/N)	81/189	42.9	-

Casenote audit – full presentation of results

The sample of casenotes was selected using discharge dates falling into the period 1 September 2009 – 28 February 2010. Audit was of a single admission, and eligible admissions were of 5 days or longer (see page 44 and 53).

Total number of casenote submitted nationally = **7934**

Key for casenote audit

				National data		**Benchmarking information (%)**			
Std	Type	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
Ref. from standards for audit	The type of the standard (see page 3)	Question number from audit tool	Text of the question from audit tool, with possible responses e.g. (Y/N/NA)	Total number of 'yes' responses received from the national sample for this question / Total number of responses received from the national sample for this question*	% of all casenotes where response was 'yes'	Lowest % - Highest %	Interquartile Range showing a spread of the data between the 1st quartile (25%) and 3rd quartile (75%)	median % from all sites	(Where relevant) Shows related question in organisational checklist

* Excludes N/A answers. Some totals are less due to question routing and any missing data (see page 54).

Section 1 - Demographic Information

Age		
Maximum Age	110	
Minimum Age	34	
Average Age	83	
Age range	**N casenotes**	**% casenotes**
0-65	187	2.4
66-80	2043	25.7
81-100	5692	71.7
101+	12	0.2
Site Averages		
Lowest Site Sample Average Age	78	
Highest Site Sample Average Age	88	

Gender		
	N	**%**
Male	2851	35.9
Female	5083	64.1

Ethnicity		
	N	**%**
White British	5974	75.3
Not documented	1483	18.7
Other	476	6.0

Further detail of 'Other' category for ethnicity		
	N	**%**
Other White/European background	144	30.2
Black/Black British	89	18.7
Asian/Asian British	85	17.9
Mixed	8	1.7
British not stated	115	24.1
Unable to determine	36	7.5

First Language		
	National	
	N	**%**
English	5557	70.0
Other	195	2.5
Not documented	2182	27.5

Further detail of 'Other' category (national sample) for first language		
	N	**%**
Bengali	7	3.6
Bulgarian	1	0.5
Cantonese	4	2.1
Croatian	3	1.5
Danish	1	0.5
Farsi	2	1.0
Finnish	1	0.5
French	3	1.5
German	7	3.6
Greek	9	4.6
Gujarati	11	5.6
Hebrew	1	0.5
Hindi	6	3.1
Hungarian	1	0.5

	N	%
Irish	1	0.5
Italian	15	7.7
Korean	1	0.5
Lithuanian	2	1.0
Mandarin	1	0.5
Persian	1	0.5
Polish	24	12.3
Portuguese	1	0.5
Punjabi	13	6.7
Russian	1	0.5
Somali	4	2.1
Spanish	2	1.0
Turkish	4	2.1
Ukrainian	3	1.5
Unable to determine	22	11.3
Urdu	8	4.1
Vietnamese	1	0.5
Welsh	34	17.4

Ward Specialty		
	N	%
Cardiac	137	1.7
Care of the Elderly	3467	43.7
Critical Care	17	0.2
General Medicine	2583	32.6
Nephrology	29	0.4
Obstetrics/Gynaecology	22	0.3
Oncology	12	0.2
Orthopaedics	840	10.6
Surgery	352	4.4
Other	475	6.0

Further detail of 'Other' category (national sample) for ward specialty		
	N	**%**
Acute Assessment Units/A&E	34	0.4
ENT	8	0.1
Gastroenterology	51	0.6
Intermediate	4	0.1
Medical	117	1.5
Neurology	38	0.5
Nurse led	3	0.04
Ophthalmology	2	0.03
Orthogeriatric	17	0.2
Outlyer/Overflow/Extra capacity/Winter pressure	5	0.1
Plastic	7	0.1
Rehab	18	0.2
Renal	5	0.1
Short Stay	3	0.04
Stroke	120	1.5
Surgery (other)	29	0.4
Other	7	0.1
Blank/unknown	7	0.1

Section 2 – Assessment

Guidance provided for this section: "This section asks about the assessments carried out during the admission episode (or pre admission evaluation), and/or during the patient's stay. This can be carried out on or after admission, i.e. once the patient becomes well enough. **NB:** elements of assessment may be found in medical and in other notes, e.g. nursing assessment, OT assessment, or sometimes Social Worker interview (e.g. financial assessment, carer input)". For guidance on individual questions, see www.nationalauditofdementia.org.uk.

				National data		Benchmarking information (%)			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
COMPREHENSIVE ASSESSMENT OF THE OLDER PERSON (COMPREHENSIVE GERIATRIC ASSESSMENT)									
1.6	1	1	Is the patient's mental health history recorded – dementia or other conditions or symptoms (e.g. Alzheimer's disease, depression, memory problems)? (Y/N/NA)	7190/7664	93.8	73.2 - 100	90.4 - 97.5	94.9	-
1.9	1	2	The medical assessment includes problem list (Y/N)	7182/7933	90.5	7.5 - 100	85 - 100	95	10a1
1.9	1	2a	The medical assessment includes co morbid conditions (Y/N/NA)	7637/7896	96.7	79.5 - 100	95 - 100	97.5	10a2
1.9	1	2b	The assessment includes a record of current medications for physical conditions (Y/N/NA)	7262/7760	93.6	65.8 - 100	90.2 - 97.5	94.7	10a3
1.9	1	2c	The assessment includes a record of current medication for mental health conditions (Y/N/NA)	3784/5095	74.3	7.1 - 100	64.8 - 88.6	78.4	10a3
1.9	1	2d	The medical assessment includes assessment of mobility (Y/N/NA)	6721/7717	87.1	12.9 - 100	81.6 - 95.8	90	10a5

				National data		Benchmarking information			
Std	Type	Q		N	%	Range	IQR	Median	Related questions
1.9	1	2e	The medical assessment includes assessment of nutritional status (Y/N)	5536/7934	69.8	2.6 - 100	57.5 - 87.5	74.4	10a4
1.9	1	2e1	The assessment of nutritional status includes recording of weight (Y/N/NA)	3337/5338	62.5	0 - 100	42.2 - 85.7	68.6	11
1.9	1	2e2	The assessment of nutritional status includes recording of height (Y/N/NA)	1999/5280	37.9	0 - 100	7.6 - 65.1	30.5	12
1.9	1	2e3	The assessment of nutritional status includes whether referral is needed for specialist input, e.g. dietetics (Y/N)	3887/5535	70.2	0 - 100	52.5 - 85.4	71.4	-
1.9	1	2e4	The assessment of nutritional status includes identification of any help needed with eating/drinking (Y/N)	4110/5535	74.3	3.6 - 100	61.5 - 90.9	76.5	-
1.9	1	2e5	If help needed with eating/drinking is identified, is this recorded in the care/management plan? (Y/N)	3406/4110	82.9	0 - 100	73.5 - 96.7	87.7	-
1.20	1	2f	There is a management plan for medical condition (Y/N)	7701/7934	97.1	80.8 - 100	95 - 100	97.6	-
1.21	1	2g	There is a nursing management plan for the dementia or symptoms of dementia or “confusional state” (Y/N)	2115/7933	26.7	0 - 97.4	10 - 40	21.1	-

				National data		Benchmarking information (%)			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
1.10	1	3	Has a formal pressure sore risk assessment been carried out and score recorded? (Y/N)	6863/7934	86.5	5 - 100	82.5 - 96.5	90.8	-
1.12	1	4	As part of the assessment has the patient been asked about any continence needs? (Y/N/NA)	6080/7467	81.4	18 - 100	71.7 - 94.9	87.5	-
1.11	1	5	As part of the assessment has the patient been asked about the presence of any pain? (Y/N/NA)	5736/7534	76.1	10.5 - 100	66.7 - 91.1	80	-
1.13	1	6	Has an assessment of functioning, using a standardised assessment, been carried out? (Y/N)	2051/7932	25.9	0 - 100	5 - 42.6	17.5	10a5
1.3	2	7	Has a standardised mental status test been carried out? (Y/N)	3422/7934	43.1	5.7 - 100	28-57.2	42.5	10a6, 19
1.4	2	7a	Has a screen for delirium been carried out? (Y/N)	676/7934	8.5	0 - 85	0 - 11.7	2.5	14
1.5	2	7b	Has a standard mood (depression) testing been carried out? (Y/N)	190/7934	2.4	0 - 30.8	0 - 2.5	0	10a6
1.16	2	8	Has an assessment of support provided to the person 'informally' been carried out? (Y/N/NA)	5484/6451	85	25 - 100	78.8 - 94.9	88.9	10b

				National data		Benchmarking information (%)			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
1.17	2	8a	Has a formal care provision assessment been carried out? (Y/N/NA)	4171/5792	72	12.5 - 100	62.9 - 85.7	76	10b
1.18	3	8b	Has a financial support assessment been carried out? (Y/N/NA)	1637/4552	36	0 - 100	14.3 - 55.7	36.3	10b
1.19	2	8c	Has a home safety assessment been carried out? (Y/N/NA)	2821/4324	65.2	5.1 - 100	49.7 - 83.3	69.6	10c

INFORMATION ABOUT THE PERSON WITH DEMENTIA									
This sub section looks at whether there is a formal system in place for collating information about the person with dementia necessary to their care. **NB:** this system need not be in use only for patients with dementia									
1.14	1	9	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (Y/N/NA)	3094/7185	43.1	0 - 100	15.7 - 68.6	43.1	25
			Does this assessment request details of:						
1.14	1	9a	Personal details, preferences and routines (Y/N/NA)	1339/3000	44.6	0 - 100	19.3 - 66.7	50	26b, 26c
1.14	1	9b	Whether the person needs reminders or support with personal care (Y/N/NA)	2210/3014	73.3	0 - 100	57.5 - 93.3	80	26b
1.14	1	9c	Recurring factors that may cause or exacerbate distress (Y/N/NA)	720/2959	24.3	0 - 100	0 - 40	16.7	26b
1.14	1	9d	Support or actions that can calm the person if they are agitated (Y/N/NA)	524/2887	18.2	0 - 100	0 - 26.6	7	26b

				National data		Benchmarking information (%)			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
1.15	3	9e	Does the assessment also ask about life details which aid communication?(Y/N/NA)	987/2929	33.7	0 - 100	6.7 - 51.1	25	26c
5.2	2	10 *	Has information about support on discharge been given to the patient and/or the carer? (Y/N)	1278/2152	59.4	0 - 100	40.5 - 82.8	62.5	23

* Patients identified as having died during admission or transferred to another hospital have been excluded from the analysis of Q10.

DISTRESS, AGITATION AND BEHAVIOUR THAT CHALLENGES			
This section looks at whether and how antipsychotics are used in managing symptoms of dementia.			
		National data	
Q		**N**	**%**
11	On admission, was the patient taking antipsychotics due to an existing regular prescription? (Y/N)	1641/7932	20.7
12	Is a PRN prescription for antipsychotics in place for this admission? (Y/N)	1039/7934	13.1
12a	(If yes), has the PRN been administered during this admission? (Y/N)	710/1039	68.3
13	Has the patient been prescribed antipsychotics during this admission, in addition to any regular prescription or as a new prescription? (Y/N)	634/7934	8

Patients who were prescribed antipsychotic drugs (further analysis of Q11-13)

	National data	
	N	%
All patients who received antipsychotics during admission but had no existing prescription…		
Patients who had a PRN administered during their admission [Q12a] OR were prescribed additional/new antipsychotics during their admission [Q13] (excludes patients who had an existing prescription of antipsychotics on admission [Q11])	599/7934	7.5
All patients who received antipsychotics during admission…		
Patients who were taking antipsychotics, during their hospital stay (could either be an existing prescription [Q11] OR a PRN [Q12a] OR a new prescription [Q13])	2241/7934	28.2
All patients with an existing prescription and a PRN administered…		
Patients who had an existing prescription for antipsychotics on admission [Q11] AND a PRN administered during their admission [Q12a] (excludes patients who had additional/new antipsychotics prescribed to them during their admission [Q13])	164/7934	2.1
All patients with an existing prescription and additional antipsychotics prescribed …		
Patients who had an existing prescription for antipsychotics on admission [Q11] AND were prescribed additional/new antipsychotics during their admission [Q13] (excludes patients who had a PRN administered during their admission [Q12a])	32/7934	0.4
All patients with a PRN administered during admission and additional antipsychotics prescribed…		
Patients who had a PRN administered during their admission [Q12a] AND were prescribed additional/new antipsychotics during their admission [Q13] (excludes patients who had an existing prescription of antipsychotics on admission [Q11])	212/7934	2.7
All patients with an existing prescription, PRN administered and additional antipsychotics prescribed …		
Patients who had an existing prescription for antipsychotics on admission [Q11], AND a had a PRN administered during their admission [Q12a], AND were prescribed additional/new antipsychotics during their admission [Q13]	129/7934	1.6

Q		National data	
14	What is the main or primary reason recorded for prescription of antipsychotics?	N	%
	Co-morbid psychotic disorder *	47/1002	4.7
	Immediate risk of harm to self/others *	26/1002	2.6
	Severe distress, not responsive to other intervention *	28/1002	2.8
	Need to carry out investigation	4/1002	0.4
	Need to carry out treatment	9/1002	0.9
	Need to carry out nursing care	0/1002	0
	Agitation/anxiety **	424/1002	42.4
	Aggression/threatening behaviour **	162/1002	16.2
	Disturbance through noise	16/1002	1.6
	Disturbance through wandering, obsessive behaviour, mannerisms, tics	46/1002	4.6
	Not recorded	183/1002	18.3
	Other	57/1002	5.7

*These reasons for prescription are in line with NICE guidance

** The audit did not gather information on whether other interventions were attempted prior to prescription. Therefore it is not possible to state whether these prescriptions are in line with NICE guidance

Other reasons for prescription (if antipsychotic drugs have been prescribed for other reasons not listed, auditors were asked to specify the reason)

Q		National data	
14a	If other, please specify:	N	%
	Delirium	3/1002	0.3
	Hallucinations/delusions	9/1002	0.9
	End of life	20/1002	2
	Nausea	3/1002	0.3
	Low mood/depression	3/1002	0.3
	Other	14/1002	1.3
	N/A	5/1002	0.5

CONTINUITY OF CARE			
Q		National data	
		N	%
15	How many moves between wards/ care settings took place overall (after admission and excluding medical assessment unit)?		
	0	4674/7904	59.1
	1	2319/7904	29.3
	2	682/7904	8.6
	3	171/7904	2.2
	4	45/7904	0.6
	5	10/7904	0.1
	6	3/7904	0.03
15a	Did any moves take place at night (after 20:00)? (Y/N/No move took place)		
	Yes	706/7865	9
	No	2873/7865	36.5
	No move took place	4286/7865	54.5

		National data	
Q		N	%
16	Were any moves unplanned?	316/7886	0.04
16a	Did unplanned moves take place for urgent medical reasons which are documented?		
	Yes	97/316	30.7
	No	219/316	69.3

				National data		Benchmarking information (%)			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
5.1	2	17	Was discharge planning initiated within 24 hours of admission? (Y/N/NA)	2828/6629	42.7	0 - 100	22.8 - 61.6	40	22

Delays to discharge planning (if there was a recorded reason why discharge planning could not be initiated within 24 hours of admission, auditors were asked to specify this reason – when Q17 was answered NA)

Q		**National data**	
17a	Please enter recorded reason why discharge planning could not be initiated within 24 hours:	**N**	**%**
	Acutely unwell	467/1305	35.8
	Awaiting assessment	134/1305	10.3
	Awaiting history/ results	209/1305	16
	Awaiting surgery	94/1305	7.2
	Confusion	26/1305	2
	Dying	110/1305	8.4
	Nursing/Residential home	21/1305	1.6
	Patient transferred	15/1305	1.1
	Unresponsive	71/1305	5.4
	Not recorded	153/1305	11.7
	Other	5/1305	0.4

Section 3 – Discharge *

Guidance provided for this section: "This section asks about appropriate discharge planning and procedures including support and information for patients and carers". For guidance on individual questions, see www.nationalauditofdementia.org.uk.

* Casenotes of patients identified as having died during admission/at end of life/as self discharged/transferred e.g. rehabilitation, psychiatric ward, intermediate care, palliative hospital or another hospital, have been excluded from the analysis of section 3.

				National data		Benchmarking information (%)			
Std	**Type**		**Q**	**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
ASSESSMENT BEFORE DISCHARGE									
			At the point of discharge, the following information is summarised and recorded:						
5.3	2	18a	The patient's level of cognitive impairment using a standardised assessment, e.g. MMSE, AMT (Y/N)	1020/6009	17	0 - 69.4	7.1 - 22.4	13.6	-
5.3	2	18b	The cause of cognitive impairment (Y/N)	3666/6009	61	3.6 - 100	45.4 - 78.9	62.6	-
5.3	2	19	If there are any symptoms of delirium, is this summarised for discharge? (Y/N/NA)	693/2552	27.2	0 - 100	7.7 - 41.2	25	-
5.3	2	20	If there have been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting), is this summarised for discharge? (Y/N/NA)	718/2554	28.1	0 - 100	14.3 - 43.1	27.3	-
5.3	2	21	If there have been any symptoms of depression, is this summarised for discharge? (Y/N/NA)	175/1624	10.8	0 - 100	0 - 20	0	-

				National data		Benchmarking information (%)			
Std	Type	Q		N	%	Range	IQR	Median	Related questions
DISCHARGE COORDINATION AND MDT INPUT									
6.4	2	22	The discharge plan has been coordinated by a named discharge coordinator (Y/N/NA)	2727/5697	47.9	0 - 100	25.8 - 70	45.5	-
		23	*Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed (or received information about) appropriate place of discharge and support needs with:*						
5.4	1	23a	The person with dementia (Y/N/NA)	2007/4751	42.2	0 - 100	25.6 - 54.7	40	-
5.4	1	23b	The person's carer/relative (Y/N/NA)	4336/5421	80	25 - 100	72.6 - 91.2	80.9	-
5.4	1	23c	The medical consultant responsible for the patient's care (Y/N)	4235/6009	70.5	2.8 - 100	57.6 - 87.2	75	-
5.4	1	23d	Other members of the multi-disciplinary team (Y/N)	4841/6009	80.6	4 - 100	73.9 - 92.2	84.6	-
5.6	2	24	Has a single plan for discharge with clear updated information been produced? (Y/N)	3995/6009	66.5	0 - 100	49.6 - 85.4	71.2	-
5.8	1	25	Has the patient and/or carer received a copy of the plan or summary? (Y/N)	2471/6008	41.1	0 - 100	15.3 - 65.7	38.1	-
5.7	2	26	Are any support needs that have been identified documented in the discharge plan or summary (Y/N/NA)	2759/4781	57.7	9.5 - 100	41.6 - 75	58.4	-

SUPPORT FOR CARERS AND FAMILIES					
				National data	
Std	**Type**	**Q**		**N**	**%**
5.10	2	27	*Carers or family have received advance notice of discharge and this is documented:*		
			Less than 24 hours	977/6009	16.3
			24 hours	832/6009	13.8
			24-48 hours	1263/6009	21
			More than 48 hours	1935/6009	32.2
			No notice at all	368/6009	6.1
			N/A	552/6009	9.2
			Not documented	82/6009	1.4

				National data		**Benchmarking information (%)**			
Std	**Type**	**Q**		**N**	**%**	**Range**	**IQR**	**Median**	**Related questions**
5.5	2	28	An assessment of the carer's current needs has taken place in advance of discharge (Y/N/NA)	2281/3060	74.5	0 - 100	58.6 - 91.7	80.4	-

Section 4 – Liaison Psychiatry

Guidance provided for this section: "This section is relevant to those patients who have been referred to a liaison psychiatry service during their stay. Standards are drawn from Royal College of Psychiatrists (2005) *Who Cares Wins*." For guidance on individual questions, see www.nationalauditofdementia.org.uk.

NB: It is not a standard for this audit that all patients with a diagnosis of dementia should receive an inpatient referral to a liaison psychiatry service. The purpose of the section is to gather information on the process and outcome of referrals.

This section is divided into 2 parts:
Part 1 – Information about those patients referred to a liaison psychiatry service
Part 2 – Information about those patients who were not referred to a liaison psychiatry service

Part 1 – Referral to liaison psychiatry

		National data		Benchmarking information (%)			
Q		N (Yes)	%	Range	IQR	Median	Related questions
29	Has any referral been made to psychiatric consultation/liaison? (Y/N)	1345/7928	17	0 – 97.5	9.9 - 22.5	15	-

Time between referral and appointment to liaison psychiatry

NATIONAL DATA								
		29b2. Please indicate time between referral and appointment						**Total**
		Within 60 minutes	Within 24 hours	Within 24-48 hours	Within 48-72 hours	Within 72-96 hours	Longer than 96 hours (4 days)	
29b1. Is it stated whether the referral is emergency, urgent, routine or not stated?	Emergency	1	14	3	0	2	2	22
	Urgent	1	50	39	19	10	48	170
	Routine	3	70	117	58	42	154	451
	Not Stated	10	118	131	65	52	280	701
Total		15	252	290	142	106	484	1344

NB: Some casenotes recorded missing data for time between referral and appointment

Reasons for referral to liaison psychiatry (Q29b3)

	National data	
Q	**N**	**%**
Aggression/risk to others (+ others)	108/1345	8
Agitation/mood change/anxiety (+ others)	89/1345	6.6
Assessment and review (incl. care planning/management)	275/1345	20.4
Cognitive impairment/deterioration (+ others)	79/1345	5.9
Community referral	7/1345	0.5
Confusion (+ others)	148/1345	11
Delirium (+ others)	5/1345	0.4
Depression/low mood (+ others)	58/1345	4.3
Diagnosis/capacity	135/1345	10
Hallucinations/delusions (+ others)	22/1345	1.6
Harm to self (inc suicide threat, refusal to eat/drink)	38/1345	2.8
Medication review	42/1345	3.1
No communication/communications problems/withdrawn	4/1345	0.3
Not specific e.g. dementia/unknown/routine/not stated/blank	233/1345	17.3
Psychiatric review	7/1345	0.5
Support on discharge	64/1345	4.8
Wandering/behavioural problems (+ others)	31/1345	2.3

		National data	
Q		N	%
30	Was the patient seen before discharge from hospital? (Y/N/NOT KNOWN)	1138/1345	84.6
	If yes, was the patient seen by any of the following?		
30a1	Consultant Psychiatrist	283/1138	24.9
30a2	Associate Specialist Psychiatrist	117/1138	10.3
30a3	Trainee Psychiatrist	113/1138	9.9
30a4	Psychologist	5/1138	0.4
30a5	Neuropsychologist	4/1138	0.4
30a6	Consultant MH Nurse	41/1138	3.6
30a7	MH Nurse	713/1138	62.7
30a8	Other	80/1138	7

		National data		Benchmarking information (%)			
Q		N	%	Range	IQR	Median	Related questions
31	Has a mental health assessment been recorded as a result of this appointment? (Y/N)	959/1137	84.3	0 - 100	66.7 - 100	92.3	-
32	Has any direction been given for care, treatment and discharge of the patient? (Y/N)	1043/1137	91.7	0 - 100	85.7 - 100	100	-

Part 2 – No referral to liaison psychiatry

Q		National data		Benchmarking information (%)			
		N (No)	**%**	**Range**	**IQR**	**Median**	**Related questions**
29	Has any referral been made to psychiatric consultation/liaison? (Y/N)	6583/7934	83	2.5 – 100	77.5 – 90.1	85	-

Q		National data	
		N	**%**
29a1	Has any need for a referral to liaison psychiatry been noted on admission or during further assessment? (Y/N)	126/6574	1.9
29a2	Has a follow up referral to community based mental health services been made on discharge (Y/N/NA)	22/126	17.5

Section 5 – Outcomes

This section asked about the place of residence for each patient pre (Q33) and post (Q34) audited admission (if surviving). The listed options provided were:

- Own home
- Respite care
- Rehabilitation/long stay care
- Psychiatric ward
- Carer's home
- Intermediate care
- Residential care
- Nursing care
- Palliative care

Change in place of residence

- **No change** - indicates that the place of residence remained the same.
- **Higher dependency** - indicates that change to residence post admission suggests increased care/ support needs. E.g. Own Home - Residential; Residential – Nursing.
- **Lower dependency -** indicates that change suggests decreased care/ support needs. E.g. Rehabilitation - Own home or carer's home
- **Temporary change -** indicates that the new place of residence is not long term. E.g. own home to respite, intermediate or rehabilitation.
- **Other change** - indicates a change in residence, but that it is not possible to make an assumption about the extent of changes to care or support needs. E.g. residential care to psychiatric care, or psychiatric care to residential care.

	National data	
	N	**%**
No change	4624/7934	58.3
Higher dependency	1468/7934	18.5
Lower dependency	45/7934	0.6
Temporary change	553/7934	7.0
Deceased during admission	1211/7934	15.3
Other change	33/7934	0.4

CHANGES TO NEEDS AND ABILITIES			
		National data	
		N	%
35	Has a standardised test of cognitive ability been carried out on admission and on discharge? (Y/N)	409/6723	6.1
35a	*Test score on discharge is:*		
	Higher	122/409	29.8
	Lower	52/409	12.7
	The same	146/409	35.7
	N/A	89/409	21.8
36	Has the patient's weight/BMI been recorded on admission and on discharge? (Y/N)	865/6723	12.9
36a	*Weight/BMI on discharge is:*		
	Higher	227/865	26.2
	Lower	364/865	42.1
	The same	226/865	26.1
	N/A	47/865	5.4

LENGTH OF STAY	
Length of stay	**National Sample (number of days) N=7835**
Range	4 – 407
Median	15

NB: it was decided to include those casenotes where dates appeared to indicate 4 days, as this represented 4 overnight stays and therefore 5 days admission

Length of stay has been displayed in percentiles. This is to identify the distribution of patients' length of stay at selected intervals. By displaying the data, at 10 percent spacing's, it is easy to identify the length of stay of a percentage of patients from the sample; for example 70% of patients from the national sample were in hospital for at least 9 days.

Breakdown of length of stay

	National data
% of Patients from Casenote Sample	**Number of days**
90	6
80	7
70	9
60	12
50	15
40	19
30	25
20	34
10	50

Section 6 – Record Keeping

				National data		Benchmarking information (%)			
Std	Type	Q		N	%	Range	IQR	Median	Related questions
9.10	2	41	Is information about the person's dementia quickly found in a specified place in the file? (Y/N)	3279/7923	41.4	0 - 100	5.8 - 72.5	40	29a
9.10	2	42	Is information about related care and support needs quickly found in a specified place in the file? (Y/N)	3077/7923	38.8	0 - 100	12.5 - 62.9	37	29b

National Audit of Dementia
(Care in general hospitals)

Appendices

A – Inter-rater Reliability Analyses

B – Limitations of the Data

C – Steering Group and Project Team

D – List of Participating Trusts and Hospitals

E – Participation by Region

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Appendix A – Inter-rater Reliability Analyses

Summary of results

The 206 participating sites were asked to re-audit their first 5 cases, using a different auditor. 185 sites submitted 891 cases. Sites identified their own reliability cases when entering data into the audit.

Reliability (agreement between auditors) is not the same as validity (accuracy of measure). However establishing good agreement between auditors is an important part of the process of validation as valid data by definition will have to be reliable.

For categorical data the kappa statistic was used to measure agreement. Kappa values of 0.41 to 0.60 are said to indicate moderate agreement, values of 0.61 – 0.80 indicate good agreement whilst values of over 0.80 are very good. In practice any value of kappa much below 0.50 will indicate inadequate agreement.

The kappa statistic does not measure the nature of any disagreement between auditors and for this we need to inspect the raw data tables. Any future attempt to improve on the reliability of any audit item will bear most fruit if it focuses on the more frequent discrepancies in judgement.

Sometimes the overall kappa value gives an assessment of agreement that is an amalgamation of separate components. One component is agreement between auditors as to whether or not they find the required information, another is whether information is applicable and another is agreement in the codes/categories of auditors when both have found information that is relevant.

The McNemar-Bowker Test: this tests for systematic bias between main and repeat auditors in their responses to particular questions. A lack of significance for a question implies the data are consistent with there being no bias, which was the situation in the vast majority of tests in this audit. Significant test P values are stated where applicable.

Summary

The levels of agreement were generally ‘reasonable’ to ‘good’ with almost all kappa values over 0.50 and about half of kappa values over 0.60. Kappa values below 0.60 were however a feature of section 3 (Q18 to Q28). There were very few instances of significant systematic bias between the Main and Repeat auditors, and in practice the shifts were relatively minor and this is not an issue in these results.

There will be a need however to use caution when performing analyses that correlate one variable with another when one or both variables have displayed less than good inter-auditor reliability – associations between such variables may become diluted as a consequence.

A summary table is given next in which Kappa values below 0.50 are highlighted.

Q	Variable label	Overall Kappa value	Kappa value excluding, not documented, N/A, Not stated, Not recorded
	Gender	0.96	
	Ward specialty	0.77	
	Ethnicity	0.66	0.85
	First language	0.55	0.86
	Age group (derived)	0.96	
	LOS group (derived)	0.93	
1	Is the patient's mental health history recorded – dementia or other conditions or symptoms	0.53	0.56
2	The medical assessment includes problem list	0.40	
2a	The medical assessment includes co morbid conditions	0.47	0.52
2b	The assessment includes a record of current medications for physical conditions	0.64	0.65
2c	The assessment includes a record of current medications for mental health conditions	0.59	0.73
2d	The medical assessment includes assessment of mobility	0.43	0.46
2e	The medical assessment includes assessment of nutritional status	0.59	
2e1	The assessment of nutritional status includes recording of weight	0.71	0.78
2e2	The assessment of nutritional status includes recording of height	0.68	0.75
2e3	The assessment of nutritional status includes whether referral is needed for specialist input	0.52	
2e4	The assessment of nutritional status includes identification of any help needed with eating/ drinking	0.49	
2e5	If help needed with eating/drinking is identified, is this recorded in the care plan	0.57	
2f	There is a management plan for medical condition	0.35	
2g	There is a nursing management plan for the dementia or symptoms of dementia or "confusional state"	0.52	
3	Has a formal pressure sore risk assessment been carried out and score recorded	0.61	
4	As part of the assessment has the patient been asked about any continence needs	0.47	0.52
5	As part of the assessment has the patient been asked about the presence of any pain	0.48	0.54
6	Has an assessment of functioning, using a standardised assessment scale, been carried out	0.48	
7	Has a standardised mental status test been carried out?	0.78	
7a	Has a screen for delirium been carried out?	0.54	

Q	Variable label	Overall Kappa value	Kappa value excluding, not documented, N/A, Not stated, Not recorded
7b	Has a standard mood (depression) test been carried out	0.58	
8	Has an assessment of support provided to the person 'informally' been carried out	0.54	0.52
8a	Has a formal care provision assessment been carried out?	0.54	0.66
8b	Has a financial support assessment been carried out?	0.48	0.73
8c	Has a home safety assessment been carried out?	0.56	0.64
9	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well?	0.51	0.58
9a	Does this include: Personal details, preferences and routines (this could include preferred name, need to walk at certain times, time of rising, likes/dislikes re food)	0.68	0.72
9b	Whether the person needs reminders or support with personal care (this could include washing or dressing, toileting and hygiene, eating and drinking, taking medication)	0.67	0.66
9c	Recurring factors that may cause or exacerbate distress (this could include physical factors such as illness or pain, environmental factors such as noise, darkness)	0.58	0.61
9d	Support or actions that can calm the person if they are agitated (this could include information about indicators, especially non-verbal, of distress or pain; any techniques that could help with distress, e.g. reminders of where they are, conversation to distract, or favourite picture or object)	0.56	0.59
9e	Does the assessment also ask about life details which aid communication? (e.g. family situation, interests and past or current occupation)	0.59	0.61
10	Has information about support on discharge been given to the patient and/ or the carer	0.54	
11	On admission, was the patient taking antipsychotics due to an existing regular prescription	0.82	
12	Is a PRN prescription for antipsychotics in place for this admission	0.83	
121	Is a PRN prescription for antipsychotics in place for this admission	0.69	
12a	Has the PRN been administered during this admission?	0.78	
13	Has the patient been prescribed antipsychotics during this admission	0.63	
14	What is the main or primary reason recorded for prescription of antipsychotics?	0.61	0.69
15	How many moves between wards/care settings took place overall	0.57	
15a	Did any moves take place at night (after 20:00)?	0.54	
16	Were any moves unplanned?	0.54	
16a	Did unplanned moves take place for urgent medical reasons which are documented?	1.00	
17	Was discharge planning initiated within 24 hours of admission?	0.48	0.55
18a	At the point of discharge the following information is summarised and recorded:	0.57	

Q	Variable label	Overall Kappa value	Kappa value excluding, not documented, N/A, Not stated, Not recorded
	The patient's level of cognitive impairment using a standardised assessment, e.g. MMSE, AMT		
18b	The cause of cognitive impairment	0.49	
19	If there are any symptoms of delirium, is this summarised for discharge	0.44	0.67
20	If there have been any persistent behavioural and psychiatric symptoms of dementia, is this summarised for discharge?	0.54	0.75
21	If there have been any symptoms of depression, is this summarised for discharge?	0.49	0.78
22	The discharge plan has been coordinated by a named discharge co-ordinator	0.54	0.57
23a	(Is there evidence in the notes that the discharge co-ordinator has discussed appropriate place of discharge and support needs with) The person with dementia	0.50	0.59
23b	The person's carer/relative	0.51	0.55
23c	The medical consultant responsible for the patient's care	0.51	
23d	Other members of the multi-disciplinary team	0.59	
24	Has a single plan for discharge with clear updated information been produced	0.50	
25	Has the patient and/or carer received a copy of the plan or summary	0.52	
26	Are any support needs that have been identified documented in the discharge plan	0.49	0.60
27	Carers or family have received advance notice of discharge	0.49	0.54
28	An assessment of the carer's current needs has taken place in advance of discharge	0.49	0.57
29	Has any referral been made to psychiatric consultation/liaison	0.87	
29a1	Has any need for a referral to liaison psychiatry been noted	0.60	
29a2	Has a follow up referral to community based mental health services been made on discharge	0.70	
29b1	Is it stated whether the referral was emergency, urgent or routine	0.56	0.66
29b2	Please indicate time between referral and appointment:	0.66	
30	Was the patient seen before discharge from hospital?	0.64	0.72
30a1	Consultant Psychiatrist	0.84	
30a2	Associate Specialist Psychiatrist	0.66	
30a3	Trainee Psychiatrist	0.68	
30a4	Psychologist	1.00	
30a5	Neuropsychologist	1.00	
30a6	Consultant MH Nurse	0.65	
30a7	MH Nurse	0.78	

Q	Variable label	Overall Kappa value	Kappa value excluding, not documented, N/A, Not stated, Not recorded
30a8	Other	0.47	
31	Has a mental health assessment been recorded as a result of this appointment	0.43	
32	Has any direction been given for care, treatment and discharge	0.58	
33	Please indicate the place in which the person was living before admission	0.85	
33a	Did the person die during their stay in the hospital?	0.98	
34	Please indicate the place in which the person is living or receiving care after discharge	0.84	
	Change in residence (derived)	0.90	
35	Has a standardised test of cognitive ability been carried out on admission and on discharge	0.55	
35a	Test score on discharge is:	0.73	0.82
36	Has the patient's weight/BMI been recorded on admission and on discharge	0.66	
36a	Weight/BMI on discharge is:	-	0.92
41	Is information about the person's dementia quickly found in a specified place in the file	0.54	
42	Is information about related care and support needs quickly found in a specified place in the file	0.51	

Appendix B - Limitations of the Data

Sample size

A minority of hospitals were not able to return 40 or more casenotes for this part of the audit.

206/210 hospitals registered submitted data for the casenote audit.

Breakdown of casenotes per site returned.

Sample size	Number of hospitals	% hospitals
40 casenotes or more	162	78.6
30-39 casenotes	29	14.1
20-29 casenotes	11	5.3
10-19 casenotes	4	1.9
Total	206	99.9

What does this mean for local results?

The majority of participating hospitals submitted a sample of at least 40 casenotes as requested.

A small minority of hospitals (7.3%) submitted 29 casenotes or less. These samples have been included in the national data set, and local reports for each have been produced.

Local reports based on a smaller sample size may show an impact on results – for example, giving larger percentages of casenotes at the high and low extremes than would occur in a larger sample. Care should be taken in interpreting such results.

Sample size may also have been affected by casenotes excluded from this audit. This has occurred where:

- auditors have commented to the effect that there is no record of any history or diagnosis of dementia;
- the length of stay is less than 5 days (**NB:** it was decided to include those casenotes where dates appeared to indicate 4 days, as this represented 4 overnight stays and therefore 5 days admission).

Inter rater reliability analyses

For each hospital site the first five casenotes submitted were re-audited by a second auditor and results compared. A report can be found at Appendix A.

Casenotes excluded from sections of the audit

The audit asked participants to identify those patients who had died during the admission, and to identify the final discharge destination.

Casenotes of patients who died during admission were excluded from reporting of questions 10 and 18-28, relating to discharge.

Casenotes of patients identified either from responses or auditor comments as having self discharged, transferred to another hospital or transferred on end of life care pathway have also been excluded from reporting of these questions.

It has not proved possible to consistently identify from comments casenotes of those patients who were dying from the point of admission, and the audit did not specifically ask about this. Responses from these casenotes are therefore included throughout. It is possible that this may affect some local results on questions regarding assessment. The number of comments received was not high enough to impact on the national sample.

Changes to the data

In a small percentage of responses, it was possible to confidently identify errors in responses from comments returned – i.e. auditors had answered “No” instead of “Yes” and vice versa. In each case, these responses were marked and the answer changed. Where it was not possible to identify error with complete confidence from the comment, no change was made.

A further small percentage of comments indicated that, although an answer required by the online form had been given, the true answer would have been “missing” or “not recorded”. In these cases, responses have been deleted (any exceptions to this rule have been noted in the data presentation). This affects the denominator of responses for these questions, which is therefore lower wherever this occurs (**NB:** Denominator is also lower wherever there is a “Not Applicable” response option as these responses have been excluded from the total).

Data was also deleted for dates of admission and discharge where there was clear error (e.g. negative length of stay).

Appendix C - Steering Group

Professor Peter Crome, Professor of Geriatric Medicine, Keele, Consultant Geriatrician, North Staffordshire Combined Healthcare NHS Trust (Chair)

Dr Dave Anderson, former 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, Consultant in Old Age Psychiatry and Vice Chair, Royal College of Psychiatrists Faculty of Old Age Psychiatry

Professor Dawn Brooker, Director, University of Worcester Association for Dementia

Janet Husk, Programme Manager, Healthcare of Older People, Clinical Effectiveness and Evaluation Unit (CEEU), Royal College of Physicians

Louise Lakey, Policy Manager, Alzheimer's Society

Dr Paul Lelliott, Director, Royal College of Psychiatrists' 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

Professor 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 (CEEU), 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

Professor John Young, Head, Academic Unit of Elderly Care & Rehabilitation, Leeds University and Bradford Teaching Hospitals NHS Trust

Project Team

Lucy Palmer, Senior Programme Manager

Chloë Hood, Programme Manager

Aarti Gandesha, Project Worker

Renata Souza, Project Worker

Stacey Dicks, Project Worker

Appendix D - Participating Trusts and Hospitals

Key: Hospitals submitting Organisational Checklist only

Trust	Hospital
Abertawe Bro Morgannwg University NHS Trust	Morriston Hospital
Abertawe Bro Morgannwg University NHS Trust	Neath Port Talbot Hospital
Abertawe Bro Morgannwg University NHS Trust	Princess of Wales Hospital
Abertawe Bro Morgannwg University NHS Trust	Singleton Hospital
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree
Airedale NHS Trust	Airedale Teaching Hospital
Aneurin Bevan Health Board	Nevill Hall Hospital
Aneurin Bevan Health Board	Royal Gwent Hospital
Ashford & St Peter's Hospitals NHS Trust	St Peter's Hospital
Barking, Havering & Redbridge Hospitals NHS Trust	King George Hospital
Barking, Havering & Redbridge Hospitals NHS Trust	Queen's Hospital
Barnet & Chase Farm Hospitals NHS Trust	Barnet General Hospital
Barnet & Chase Farm Hospitals NHS Trust	Chase Farm Hospital
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital
Barts & the London NHS Trust	The Royal London Hospital, Whitechapel
Basildon & Thurrock University Hospitals NHS Foundation Trust	Basildon Hospital
Basingstoke & North Hampshire NHS Foundation Trust	Basingstoke & North Hampshire Hospital
Bedford Hospital NHS Trust	Bedford Hospital
Betsi Cadwaladr University Local Health Board Trust	Wrexham Maelor Hospital
Betsi Cadwaladr University Local Health Board Trust	Ysbyty Glan Clwyd
Betsi Cadwaladr University Local Health Board Trust	Ysbyty Gwynedd
Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust	Blackpool & Victoria Hospital
Bolton Hospitals NHS Trust	Royal Bolton Hospital
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary
Brighton & Sussex University Hospitals NHS Trust	The Princess Royal Hospital
Brighton & Sussex University Hospitals NHS Trust	The Royal Sussex County Hospital
Buckinghamshire Hospitals NHS Trust	Stoke Mandeville Hospital
Buckinghamshire Hospitals NHS Trust	Wycombe Hospital
Burton Hospitals NHS Foundation Trust	Queen's Hospital
Calderdale & Huddersfield NHS Foundation Trust	Calderdale Royal Hospital
Calderdale & Huddersfield NHS Foundation Trust	Huddersfield Royal Infirmary
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke’s Hospital
Cardiff & Vale NHS Trust	Llandough Hospital
Cardiff & Vale NHS Trust	University Hospital of Wales
Central Manchester University Hospitals NHS	Manchester Royal Infirmary

Trust	Hospital
Foundation Trust	
Chelsea & Westminster Hospital NHS Foundation Trust	Chelsea & Westminster Hospital
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal Hospital
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital
County Durham & Darlington NHS Foundation Trust	Darlington Memorial Hospital
County Durham & Darlington NHS Foundation Trust	University Hospital North Durham
Cwm Taf Local Health Board	Prince Charles Hospital
Cwm Taf Local Health Board	Royal Glamorgan Hospital
Dartford & Gravesham NHS Trust	Darent Valley Hospital
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital
Dudley Group of Hospitals NHS Trust	Russells Hall Hospital
Ealing Hospital NHS Trust	Ealing Hospital
East & North Hertfordshire NHS Trust	Lister Hospital
East & North Hertfordshire NHS Trust	Queen Elizabeth II Hospital
East Cheshire NHS Trust	Macclesfield District General Hospital
East Kent Hospitals Foundation Trust	Kent & Canterbury Hospital
East Kent Hospitals Foundation Trust	Queen Elizabeth the Queen Mother Hospital, Margate
East Kent Hospitals Foundation Trust	William Harvey Hospital, Ashford
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital
East Sussex Hospitals NHS Trust	Conquest Hospital
East Sussex Hospitals NHS Trust	Eastbourne District General Hospital
Epsom & St Helier University Hospitals NHS Trust	Epsom General Hospital
Epsom & St Helier University Hospitals NHS Trust	St Helier Hospital
Frimley Park Hospital NHS Foundation Trust	Frimley Park Hospital
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital
George Eliot Hospital NHS Trust	George Eliot Hospital
Gloucestershire Hospitals NHS Foundation Trust	Cheltenham General Hospital
Gloucestershire Hospitals NHS Foundation Trust	Gloucester Royal Hospital
Great Western Hospitals NHS Foundation Trust	Great Western Hospital
Guy's & St Thomas' NHS Foundation Trust	St Thomas' Hospital
Harrogate & District NHS Foundation Trust	Harrogate District Hospital
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital
Heart of England NHS Foundation Trust	Good Hope Hospital
Heart of England NHS Foundation Trust	Solihull Hospital
Heatherwood & Wexham Park Hospitals NHS Foundation Trust	Wexham Park Hospital
Hereford Hospitals NHS Trust	County Hospital
Hinchinbrook Health Care NHS Trust	Hinchingbrooke Hospital

Trust	Hospital
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary
Hywel Dda NHS Trust	Bronglais General Hospital
Hywel Dda NHS Trust	Prince Philip Hospital
Hywel Dda NHS Trust	West Wales General Hospital
Hywel Dda NHS Trust	Withybush Hospital
Imperial College Healthcare NHS Trust	Charing Cross Hospital
Imperial College Healthcare NHS Trust	Hammersmith Hospital
Imperial College Healthcare NHS Trust	St Mary's Hospital
Ipswich Hospital NHS Trust	Ipswich Hospital
Isle of Wight NHS Primary Care Trust	St Mary's Hospital
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital
King's College Hospital NHS Foundation Trust	Kings College Hospital
Kingston Hospital NHS Trust	Kingston Hospital
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley & South Ribble Hospital
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary
Leeds Teaching Hospitals NHS Trust	St James' University Hospital
Lewisham Hospital NHS Trust	University Hospital Lewisham
Luton & Dunstable Hospital NHS Foundation Trust	Luton & Dunstable Hospital
Maidstone & Tunbridge Wells NHS Trust	Kent & Sussex Hospital
Maidstone & Tunbridge Wells NHS Trust	Maidstone Hospital
Mayday Healthcare NHS Trust	Mayday University Hospital
Mid Essex Hospital Services NHS Trust	Broomfield Hospital
Mid Staffordshire NHS Foundation Trust	Staffordshire General Hospital
Mid Yorkshire Hospitals NHS Trust	Dewsbury & District Hospital
Mid Yorkshire Hospitals NHS Trust	Pontefract General Infirmary
Milton Keynes Hospital NHS Foundation Trust	Milton Keynes Hospital
Newham University Hospital NHS Trust	Newham University Hospital
Norfolk & Norwich University Hospital NHS Foundation Trust	Norfolk & Norwich University Hospital
North Bristol NHS Trust	Frenchay Hospital
North Bristol NHS Trust	Southmead Hospital
North Cumbria Acute Hospitals NHS Trust	Cumberland Infirmary
North Cumbria Acute Hospitals NHS Trust	West Cumberland Hospital
North Middlesex University NHS Trust	North Middlesex University NHS Trust
North Tees & Hartlepool NHS Foundation Trust	University Hospital of Hartlepool
North Tees & Hartlepool NHS Foundation Trust	University Hospital of North Tees
North West London Hospitals NHS Trust	Central Middlesex Hospital
North West London Hospitals NHS Trust	Northwick Park & St Mark's Hospitals
Northampton General Hospital NHS Trust	Northampton General Hospital
Northern Devon Healthcare NHS Trust	North Devon District Hospital
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital

Trust	Hospital
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital
Nottingham University Hospitals NHS Trust	Nottingham City Hospital
Nottingham University Hospitals NHS Trust	Queen's Medical Centre
Oxford Radcliffe Hospitals NHS Trust	Horton Hospital
Oxford Radcliffe Hospitals NHS Trust	John Radcliffe Hospital
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital
Pennine Acute Hospitals NHS Trust	North Manchester General Hospital
Pennine Acute Hospitals NHS Trust	Rochdale Infirmary
Pennine Acute Hospitals NHS Trust	Royal Oldham Hospital
Peterborough & Stamford Hospitals NHS Foundation Trust	Edith Cavell Hospital
Peterborough & Stamford Hospitals NHS Foundation Trust	Peterborough District Hospital
Plymouth Hospitals NHS Trust	Derriford Hospital
Poole Hospital NHS Foundation Trust	Poole Hospital
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth Hospital
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital
Royal Devon & Exeter NHS Foundation Trust	Royal Devon & Exeter Hospital (Wonford)
Royal Free Hampstead NHS Trust	Royal Free Hospital
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Broadgreen Site
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Royal Liverpool Site
Royal Surrey County Hospital NHS Trust	Royal Surrey County Hospital
Royal United Hospital Bath NHS Trust	Royal United Hospital
Royal Wolverhampton Hospitals NHS Trust	New Cross Hospital
Salford Royal NHS Foundation Trust	Salford Royal Hospital
Salisbury NHS Foundation Trust	Salisbury District Hospital
Sandwell & West Birmingham Hospitals NHS Trust	City Hospital
Sandwell & West Birmingham Hospitals NHS Trust	Sandwell General Hospital
Scarborough & North East Yorkshire Healthcare NHS Trust	Scarborough Hospital
Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital
Shrewsbury & Telford Hospital NHS Trust	Princess Royal Hospital
Shrewsbury & Telford Hospital NHS Trust	Royal Shrewsbury Hospital
South Devon Healthcare NHS Foundation Trust	Torbay District General Hospital
South London Healthcare NHS Trust	Princess Royal University Hospital
South London Healthcare NHS Trust	Queen Elizabeth Hospital

Trust	Hospital
South London Healthcare NHS Trust	Queen Mary's Hospital
South Tees Hospitals NHS Trust	Friarage Hospital
South Tees Hospitals NHS Trust	James Cook University Hospital
South Tyneside NHS Foundation Trust	South Tyneside District Hospital
South Warwickshire General Hospitals NHS Trust	Warwick Hospital
Southampton University Hospitals NHS Trust	Southampton General Hospital
Southend University Hospital NHS Foundation Trust	Southend Hospital
Southport & Ormskirk Hospital NHS Trust	Southport & Formby District General Hospital
St George's Healthcare NHS Trust	St George's Hospital
St Helens & Knowsley Hospitals NHS Trust	Whiston Hospital
Stockport NHS Foundation Trust	Stepping Hill Hospital
Surrey & Sussex Healthcare NHS Trust	East Surrey Hospital
Tameside Hospital NHS Foundation Trust	Tameside General Hospital
Taunton & Somerset NHS Foundation Trust	Musgrove Park Hospital
The Hillingdon Hospital NHS Trust	The Hillingdon Hospital
The Medway NHS Foundation Trust	Medway Maritime Hospital
The Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Freeman Hospital
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Newcastle General Hospital
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary
The Queen Elizabeth Hospital King's Lynn NHS Trust	The Queen Elizabeth Hospital
The Rotherham NHS Foundation Trust	Rotherham District General Hospital
The Whittington Hospital NHS Trust	The Whittington Hospital
Trafford Healthcare NHS Trust	Trafford General Hospital
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital
University College Hospital London NHS Trust	University College Hospital London
University Hospital Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Birmingham
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary
University Hospitals Coventry & Warwickshire NHS Trust	Hospital of St Cross
University Hospitals Coventry & Warwickshire NHS Trust	University Hospital
University Hospitals of Leicester NHS Trust	Leicester General Hospital
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary
University Hospitals of Morecambe bay NHS Trust	Furness General Hospital
University Hospitals of Morecambe bay NHS Trust	Royal Lancaster Infirmary
Walsall Hospitals NHS Trust	Manor Hospital
Warrington & Halton Hospitals NHS Foundation Trust	Warrington General Hospital
West Hertfordshire Hospitals NHS Trust	Watford General Hospital
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital

Trust	Hospital
West Suffolk Hospitals NHS Trust	West Suffolk Hospital
Western Sussex Hospitals NHS Trust	St Richards Hospital
Western Sussex Hospitals NHS Trust	Worthing & Southlands Hospital
Weston Area Health NHS Trust	Weston General Hospital
Whipps Cross University Hospital NHS Trust	Whipps Cross University Hospital
Winchester & Eastleigh Healthcare NHS Trust	Royal Hampshire County Hospital
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital
Worcestershire Acute Hospitals NHS Trust	Alexandra Hospital
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital
Wrightington, Wigan & Leigh NHS Trust	Royal Albert Edward Infirmary
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital
York Hospitals NHS Foundation Trust	York District Hospital

Appendix E - Participation Breakdown by Region

Region	Total Sites in Region Eligible for Audit	Total Sites in Region Participating in Audit	% of Sites Eligible and Participating in Audit
London	34	31	91.2
South Central	13	11	84.6
South East Coast	19	16	84.2
South West	21	19	90.5
West Midlands	23	21	91.3
East Midlands	15	10	66.7
East Of England	22	18	81.8
North East	16	15	93.8
North West	35	30	85.7
Yorkshire & The Humber	26	18	69.2
North Wales	3	3	100
Mid & West Wales	8	8	100
South East Wales	6	6	100
Total	241	206	85.5

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