National Audit of Dementia
Care in general hospitals 2018-2019

King's Mill Hospital

Sherwood Forest Hospitals NHS Trust

Local report

Authors

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Content is advised and approved by all members of the Steering Group. Please see our website for full details of the [Steering Group members](#) and the [Project Team](#).

Artwork

Cover design features A Walk in the Country by Harry Bridgman. All entries in the NAD art prize can be seen on our [website](#). We would like to thank all entrants for sending us their impressive work and permitting us to display it.

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Introduction

Background

The National Audit of Dementia (NAD) care in general hospitals examines aspects of care received by people with dementia in general hospitals in England and Wales. The audit is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England/NHS Improvement and the Welsh Government, as part of the National Clinical Audit Programme. The audit is managed by the Royal College of Psychiatrists in partnership with:

- Age UK
- Alzheimer's Society
- British Geriatrics Society (BGS)
- John's Campaign
- National Dementia Action Alliance (NDAA)
- Royal College of Nursing (RCN)
- Royal College of Physicians (RCP)

Data collection

Round 4 of NAD collected data between April and October 2018. The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward which admit adults over the age of 65. In England and Wales, 195 hospitals (97% of eligible hospitals) took part in this round, a list of participating hospitals is on our website.

Participating hospitals were asked to complete:

- A hospital level organisational checklist
- A retrospective casenote audit with a minimum target of 50 sets of patient notes
- A survey of carer experience of quality of care
- A staff questionnaire on providing care and support to people with dementia

Table 1: National and your hospital's data received in Round 4 of the audit

Tool	National	Your hospital
Organisational checklist	195	1
Casenotes	9782	53
Staff questionnaires	14154	86
Carer questionnaires	4736	29

Audit standards

The NAD measures the performance of general hospitals against standards relating to care delivery which are known to impact upon people with dementia while in hospital. These standards are derived from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter, and reports from Alzheimer's Society, Age UK and Royal Colleges. A full list of these standards and associated references can be found in the 'Round 4 resources' section on the NAD website.

How the findings are presented

This local report contains a full presentation of your results for Round 4 of the NAD alongside the national results from all participating hospitals. If your hospital participated in Round 3, these results are also shown where applicable.

The national data and data from your hospital are presented in three ways in this report:

1. Key findings, scores and recommendations from this round's National Report
2. A full breakdown of your data by audit theme
3. Staff suggestions and carer comments for your hospital

Hospitals which submitted less than five carer or staff questionnaires have not received any data in their local report in order to protect anonymity. Hospitals which submitted five to nine of either questionnaire have not received the demographic information for that questionnaire.

Key findings

This section of the report presents some of the data and recommendations associated with the key findings in Round 4. For local reporting, we have included graphical representations of data related to the key findings to allow for comparison between your hospital and the national results. Each figure shows the national mean average results next to the data for your hospital to allow for easy comparison. All percentages have been rounded up to a whole number which means some results may calculate to just under or over 100%. The national averages include data collected from 195 hospitals across England and Wales. Null responses were not included at both national and hospital level, therefore sample sizes can differ between questions from the same tool.

The exact sample sizes for both the national sample and the sample for your hospital are presented in the graphs. Very low sample sizes (below ten) should be interpreted with caution.

National key findings

Shown below are the five key findings derived from the national data set for the fourth round of the National Audit of Dementia.

58% of casenotes had an **initial assessment or delirium noted** on admission

Personal information collected in casenotes to support care:

36% noted factors which cause distress

32% noted actions which could calm or reassure

53% of hospitals were able to submit data on the number of staff who had received Tier 1/informed **dementia awareness training**

Trusts/Health Boards can identify the proportion of people with dementia who experience:

inpatient falls
64%
of Trusts/Health Boards

delayed discharges
40% of
Trusts/Health Boards

re-admissions
37% of
Trusts/Health Boards

Overall, many results show **improvements** from those reported in Round 3 (2017).

Key findings and your hospital

Key finding: assessments for delirium

Effective prevention, diagnosis and management of delirium in people with dementia admitted to hospital is essential. People with dementia are at considerable risk of developing delirium[1]. When delirium is superimposed on dementia, it can be challenging to distinguish[2]. As a result, it is important that hospitals have robust mechanisms in place for identifying indications of delirium in people with dementia.

Figure 1: Initial assessment for indications of delirium.
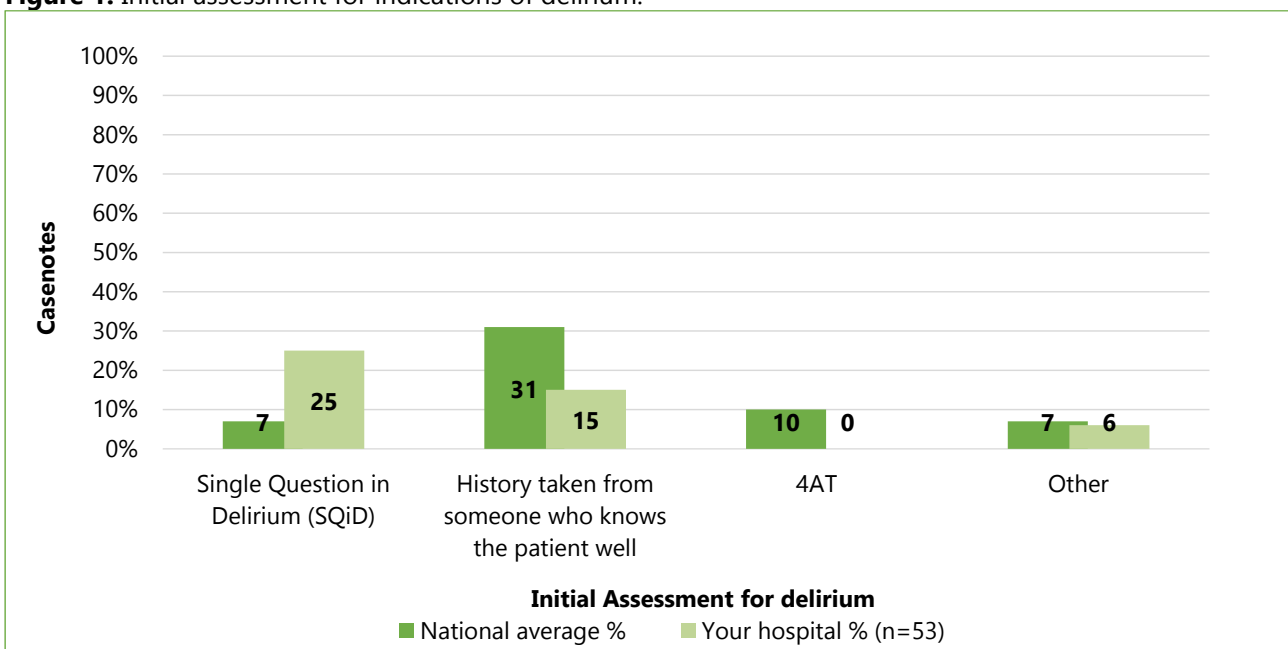
NB: 0 patient(s) had delirium noted on admission and were also considered to have an initial assessment for indications of delirium.

(See Q21 CA in Assessment data tables for your hospital comparison to Round 3)

NICE guidelines for delirium[1] specify that when indications of delirium are identified a clinical assessment should be carried out to confirm diagnosis.

Table 2: Full assessment for delirium

	National average %	Your hospital %
Initial assessment for indications of delirium	58% (n=9147)	45% (n=53)
Clinical assessment following indications of delirium	66% (n=2458)	N/A% (n=0)

NB: 2 patient(s) was/were not included in the initial assessment figure as they went straight to assessment. Those who could not be assessed for recorded reasons were excluded from the clinical assessment figure.

Key recommendations: Delirium

Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)[1] and consider the symptom of pain as a contributory factor.

Key finding: personal information collected to support care

Details recorded about the person with dementia should help staff to understand and anticipate their needs and involve them in decisions about their care. Nearly all hospitals (97%, 190/195) said that they had a formal system in place for collecting personal information (99%, Round 3). This included documents such as [This is Me][3], [Forget-me-Not][4] and the [Butterfly Scheme][5].

When looking at casenotes of people with dementia, 61% (5955/9782) contained this type of information, a slight increase from Round 3 (57%). However, not all the information relevant to providing care was consistently collected (Figure 2).

Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.
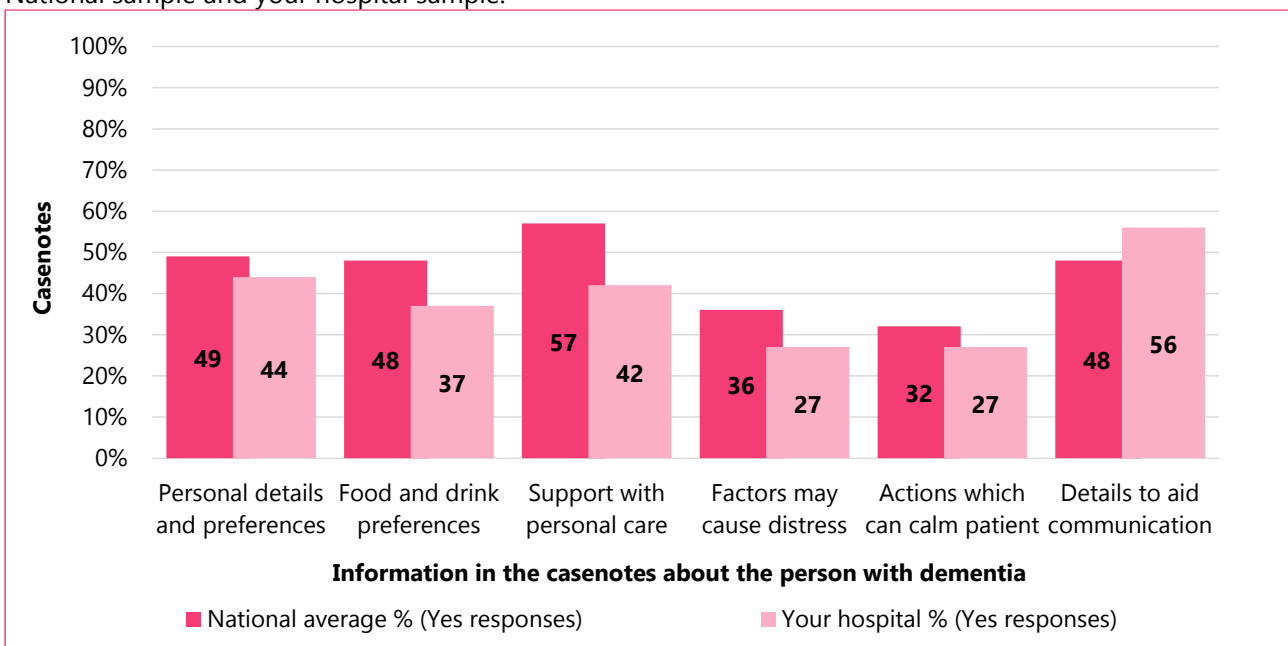
(See [Q23a-f CA] in Information and Communication data tables for your hospital comparison to Round 3 and sample sizes)

A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10 patients, checking to see if a personal information document was present at the bed side or in the daily notes folder. Figure 4 shows the percentage of patient casenotes which were checked and had a personal information document.

Figure 3: Results from the 'mini audit' on personal information documents.
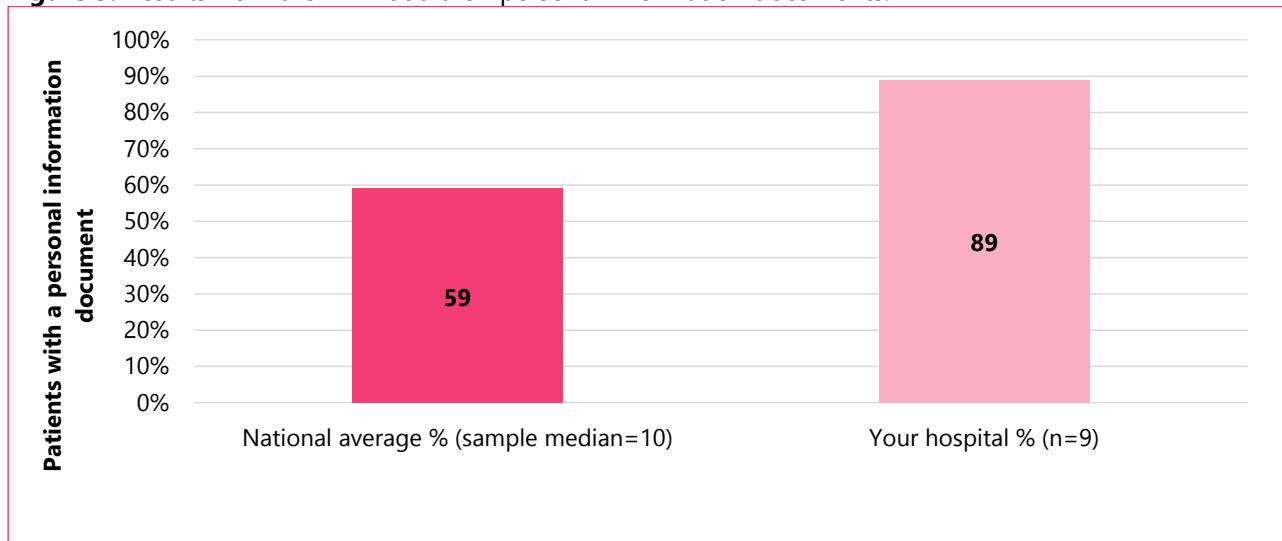
(See Q15b OC in Information and Communication data tables for your hospital comparison to Round 3)

Figure 4: Carers' perspective on how well informed staff were about the needs of the person with dementia.
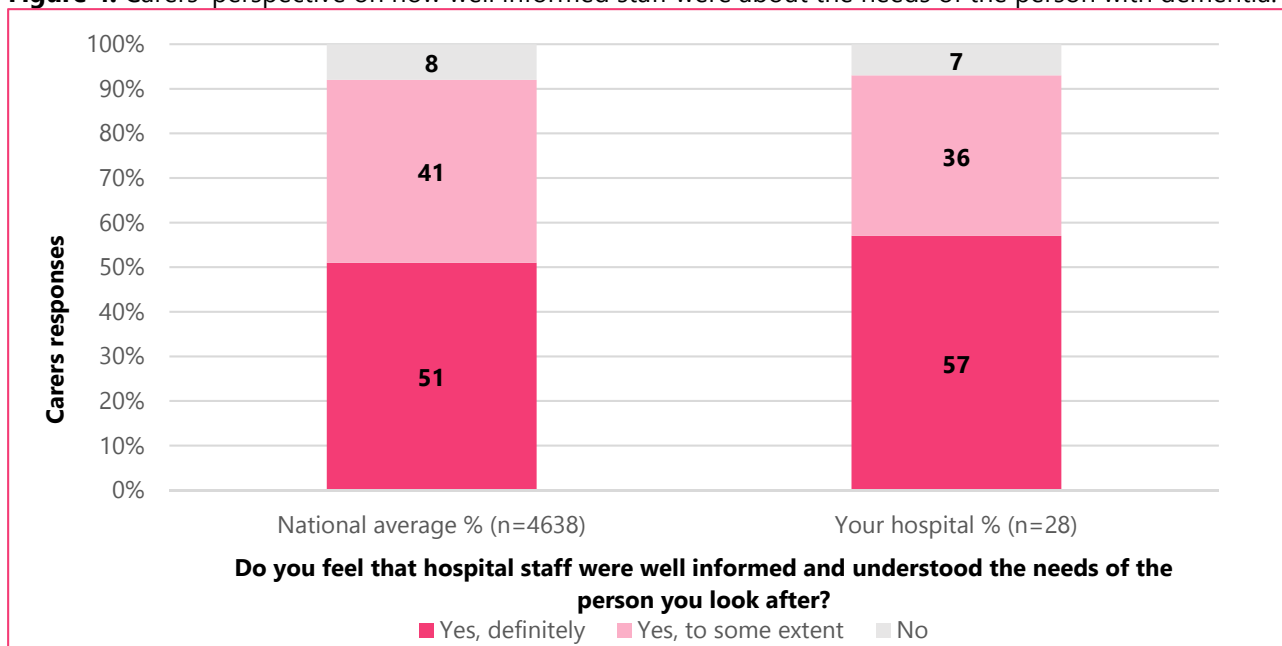
(See Q1 CQ in Information and Communication data tables for your hospital comparison to Round 3)

Figure 5: Staff perspective on the availability of personal information to help them care for/support people with dementia.

In your current role, do you think that personal information is available to you to help you care for/support people with dementia?

■ Yes, always   ■ Yes, most of the time   ■ Yes, sometimes   ■ No
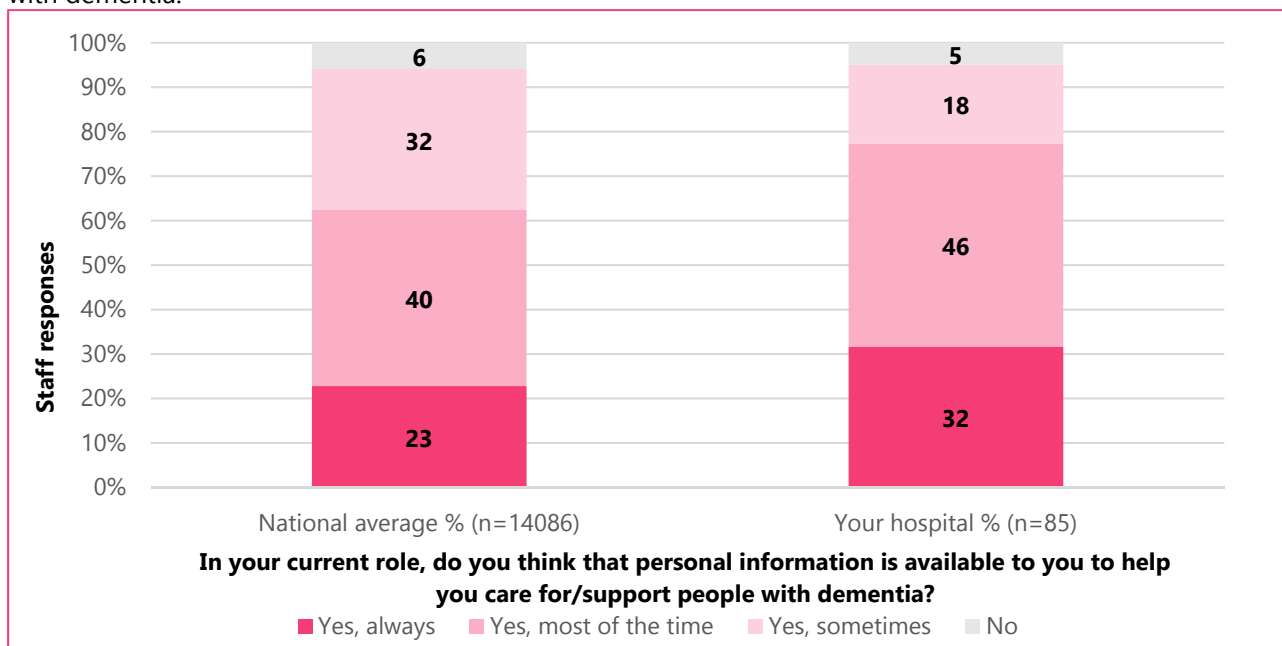
(See Q3 SQ in Information and Communication data tables for your hospital comparison to Round 3)

Figure 6: Staff perspective on the opportunity to use personal information when available to help them care for/support people with dementia.

Do you have the opportunity to use this information to help you care for/support people with dementia?

■ Yes, always   ■ Yes, most of the time   ■ Yes, sometimes   ■ No
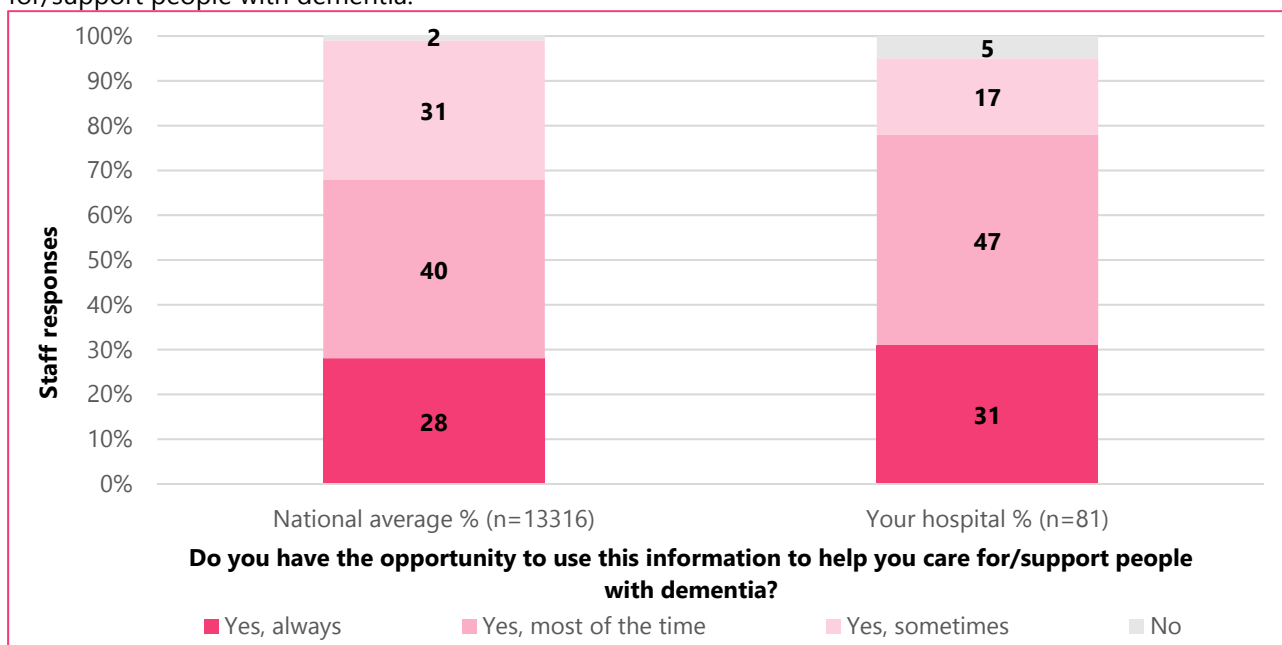
(See Q3a SQ in Information and Communication data tables for your hospital comparison Round 3)

Key recommendation: Personal information

Directors of Nursing should ensure that initial routine assessment of people with dementia includes:

- Information about factors that can cause distress or agitation
- Steps that can be taken to prevent these

Key finding: dementia awareness training

The Alzheimer's Society's Fix Dementia Care hospitals campaign[6] and the Dementia Friendly Hospital Charter (2018)[7] state that all hospitals should publish reports which monitor dementia training among staff. We asked how many staff were provided with training in at least Tier 1/informed dementia awareness during a one-year period. Staff training data is still not being consistently recorded so it is not possible to calculate the proportion of dementia trained staff in hospitals. On a national level only 53% of hospitals were able to provide any figures on the proportion of staff trained.

Table 3: Number of staff equipped with at least Tier 1/basic awareness training between 1st April 2017 and 31st March 2018.

	National average (Interquartile range)	Your hospital
Number of staff equipped with at least tier 1/basic awareness training identified at **Trust level** (n=151)	2128 (754-3015)	787
Number of staff equipped with at least tier 1/basic awareness training identified at **hospital level** (n=104)	1100 (433-1238)	Unknown
Total number of adult beds excluding maternity and mental health beds at 31st March 2018 at hospital level (n=195)	506 (325-650)	600

The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

Table 4: Proportion of staff reporting that they received some form of dementia training from the hospital they currently work at and what form of training(s)

	National average % (n=13407)	Your hospital % (n=86)
eLearning	52%	34%
Workbook	8%	13%
Workshop/study day	55%	72%
Higher education module	5%	9%
Other form of training	8%	11%
Did not receive dementia training	10%	7%

(See Q2 SQ in Staffing and Training data tables for your hospital comparison to Round 3)

Figure 7: Staff response on level of preparedness following training provided by their current hospital.
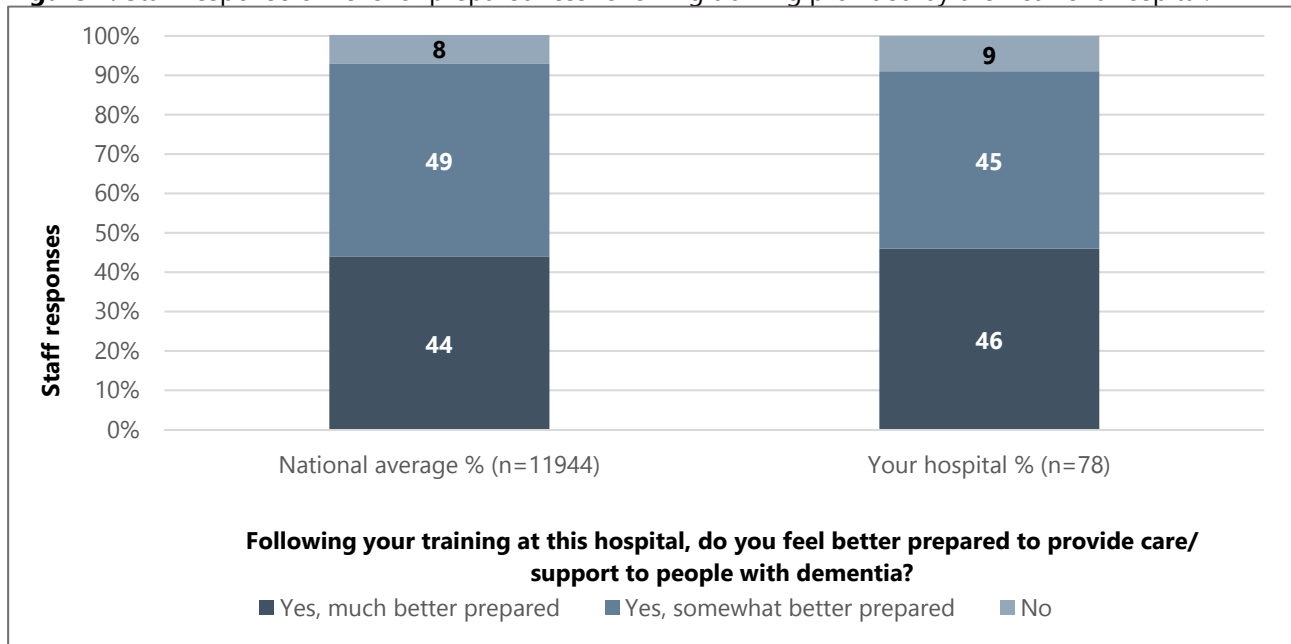
(See Q2a SQ in Staffing and Training data tables for your hospital comparison to Round 3)

Key recommendation: Dementia awareness training

Trust Chief Executive Officer should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:

- Delirium and its relationship to dementia is included in the training
- Information about the number of staff who received dementia training is recorded
- The proportion of staff who have received dementia training is included in the annual Quality Account Report

Key finding: Trust/Health Boards involvement in dementia care

More Trust/Health Boards can identify the patient population with dementia, when reviewing collated information on patient safety indicators. Although there have been notable increases, less than half of Trust/Health Boards were able to identify patients with dementia when reviewing readmissions and delayed discharges.

Table 5: Trust/Health Board involvement when reviewing information.

Health boards can identify patients with dementia when looking at information about:	Round 4 (National n=195)	Round 3 (National n=199)	Round 2 (National n=210)	Round 1 (National n=210)
Your hospital in-hospital falls	No (64%)	No (60%)	No (47%)	Yes (31%)
Your hospital delayed discharges	No (40%)	No (32%)	No (35%)	No (20%)
Your hospital re-admissions	No (37%)	No (32%)	No (28%)	No (8%)

Key recommendation: Trust/Health Boards involvement in dementia care

Trust Executive Directors should ensure that information is presented to the Board which clearly identifies the proportion of people with dementia within reporting on patients who experience:

- A fall during their admission
- A delay to their discharge
- Readmission within 30 days of discharge

Key finding: overall improvement in care in general hospitals

Overall, Round 4 results show slight improvements from those reported in Round 3 (2017). Average hospital scores across England and Wales have increased across all 7 scoring items since Round 3.

Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and should be viewed independently. A hospital's highest score may not reflect its area of greatest achievement, if it is a theme in which all hospitals have scored highly. The method for the scoring can be found on the audit website.

Table 6: Your hospital's scores and rankings

Scoring	National Score Round 4	Your hospital score Round 4	Your hospital rank Round 4 (out of)	Your hospital score Round 3	Your hospital rank Round 3 (out of)
Governance	**68%**	**50**	147 (195)	**21.9**	194 (199)
Nutrition	**89%**	**100**	1 (195)	**80**	112 (199)
Discharge	**76%**	**93.1**	29 (191)	**32.3**	190 (195)
Assessment	**87%**	**88.9**	92 (191)	**69.3**	185 (195)
Staff rating communication	**66%**	**75.3**	16 (182)	**70**	27 (182)
Carer rating: communication	**66%**	**70.9**	44 (141)	**79**	15 (148)
Carer rating of patient care	**73%**	**81**	26 (141)	**84.3**	14 (148)

NB: To receive a full set of scores hospitals were required to provide: 1 complete organisational checklist; More than 19 casenotes; 20 or more eligible staff questionnaires; 10 or more carer questionnaires (hospitals with fewer than the required number were unable to be scored for the carer rating of patient care)

Figure 8: Your hospital's scores against the national range.
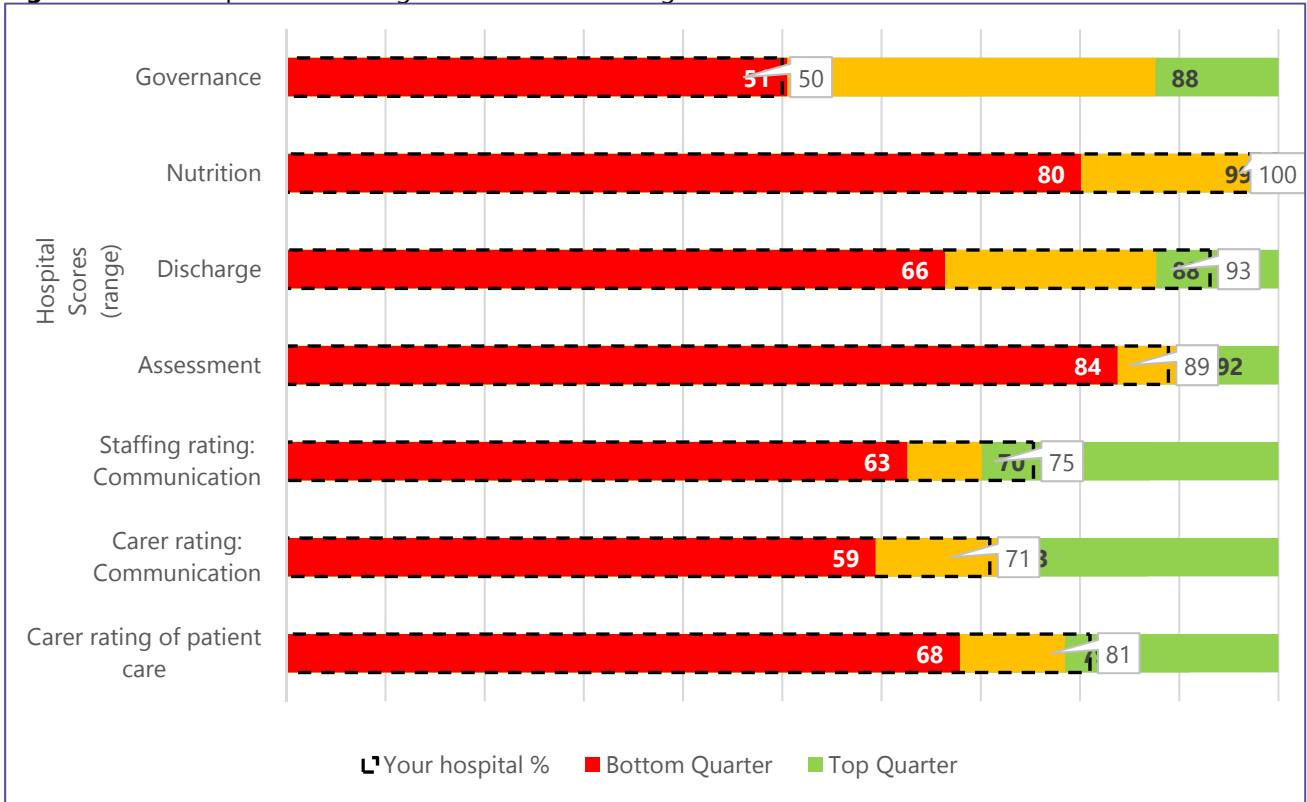
The dashed bar and call-out box indicate your hospital score for each scoring item. The middle section (yellow) represents the interquartile range where 50% of hospitals have scored. The cut off values for the interquartile range are indicated on each bar. If your hospital score is in the top quarter (green), your score is in the top 25% of scores. The bottom quarter (red) represents the lowest 25% of scores.

Key recommendation:

Trust/Health Boards and their Chief Executive Officers should:
- Work to implement these recommendations by World Alzheimer's Day 2020
- Publish progress made on implementing dementia recommendations in an annual Trust statement on dementia care
- Include other dementia friendly hospital initiatives, such as self-assessment based on the Dementia Action Alliance 2018 charter[7]

Data breakdown by audit theme

Audit standards are measured across the audit tools. Therefore, data submitted are presented thematically, with data from different tools presented together.

1. Carer rating of patient care

Data from the carer questionnaire. This looks at how carers would rate the care received by the person they look after during the hospital stay.

2. Assessment

Data from the casenote audit. This looks at whether people with dementia admitted to hospital have received a comprehensive assessment, and how well each element of assessment is carried out.

3. Information and communication

Data from the organisational checklist, casenote audit, staff and carer questionnaires. This looks at communication systems in use in the hospital, evidence of their use in casenotes and presents feedback from carers and staff about the quality of communication.

4. Staffing and training

Data from the organisational checklist, staff questionnaire and carer questionnaire. This looks at staffing provision, the extent of training delivery in hospitals and presents feedback from staff on training quality.

5. Nutrition

Data from the organisational checklist and staff questionnaire. This looks at whether hospitals have services that provide for the needs of people with dementia and presents feedback from staff on service quality.

6. Discharge

Data from the organisational checklist and casenote audit. This looks at the extent of planning for discharge from hospital for people with dementia and whether they and their carers are adequately informed.

7. Governance

Data from the organisational checklist, staff questionnaire and carer questionnaire. This looks at the involvement of hospital leads and the Executive Board in leading, planning and monitoring care, review of the environment and carer engagement.

Data tables in audit theme chapters

Table 7: Explanation of how data tables are presented in audit theme chapters

Question number, tool and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
Round 4 question number and audit tool that item appears in	Wording of question as in Round 4 tool	% (Interquartile Range*) (Num/Den) This refers to all hospitals from England and Wales that participated in Round 4 of the audit	% (Num/Den) Data for your hospital from Round 4	% (Num/Den) If the same question or a similar question was asked in Round 3, we have provided your Round 3 data for comparison

* For casenote audit questions only.

Audit tool abbreviations shown with the question number will come from 1 of the 4 audit tools used in Round 4:

- OC – Organisational Checklist
- CA – Casenote Audit
- SQ – Staff Questionnaire
- CQ – Carer Questionnaire

We have provided:

- Percentage 'yes' response (unless otherwise indicated)
- Numerator/denominator (num/den).

The denominator will change throughout the report, depending on:

- Whether questions were routed (not asked in some instances)
- 'N/A' responses chosen (these have been excluded from the analyses)
- Staff and carers did not respond to a question.

When comparing Round 3 data with Round 4 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Comparison of the data should be made with caution.

Carer Rating of Patient Care

Items presented in this section are from the carer questionnaire. The questions ask about carer opinion on patient care.

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
8 CQ	Rating of the care received by the person they care for during the hospital stay			
	Excellent	**38.2%** (1798/4704)	**44.8%** (13/29)	**48.6%** (17/35)
	Very good	**33.6%** (1580/4704)	**41.4%** (12/29)	**40%** (14/35)
	Good	**15.8%** (745/4704)	**6.9%** (2/29)	**11.4%** (4/35)
	Fair	**8.5%** (402/4704)	**6.9%** (2/29)	**0%** (0/35)
	Poor	**3.8%** (179/4704)	**0%** (0/29)	**0%** (0/35)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment			
	Extremely likely	**46.1%** (2126/4608)	**37.9%** (11/29)	**51.4%** (18/35)
	Likely	**34.1%** (1571/4608)	**48.3%** (14/29)	**45.7%** (16/35)
	Neither likely nor unlikely	**12%** (551/4608)	**13.8%** (4/29)	**2.9%** (1/35)
	Unlikely	**4.4%** (205/4608)	**0%** (0/29)	**0%** (0/35)
	Extremely unlikely	**3.4%** (155/4608)	**0%** (0/29)	**0%** (0/35)
10 CQ	Satisfaction with the support **they** received from this hospital to help them in their role as a carer			
	Very satisfied	**53.8%** (2354/4377)	**67.9%** (19/28)	**64.7%** (22/34)
	Somewhat satisfied	**32.4%** (1420/4377)	**21.4%** (6/28)	**32.4%** (11/34)
	Somewhat dissatisfied	**9.4%** (413/4377)	**7.1%** (2/28)	**2.9%** (1/34)
	Very dissatisfied	**4.3%** (190/4377)	**3.6%** (1/28)	**0%** (0/34)

Assessment

Items presented in this theme are from the casenote audit and refer to assessments completed upon or during admission. Assessments completed for discharge can be found in the discharge theme chapter.

Multidisciplinary assessment

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
14 CA	Assessment of mobility performed by a healthcare professional	**93.7%** (96.2, 92-98) (8451/9024)	**92%** (46/50)	**86.5%** (32/37)
15 CA	Assessment of nutritional status performed by a healthcare professional	**92.5%** (94.3, 90-98) (8824/9538)	**94.3%** (50/53)	**69.8%** (30/43)
15a CA	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight			
	Yes, there is a recording of the patient's BMI or weight	**85.1%** (91.95, 77-98) (7506/8824)	**100%** (50/50)	**93.3%** (28/30)
	Other action taken	**3.2%** (0, 0-4) (281/8824)	**0%** (0/50)	**3.3%** (1/30)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	**95.7%** (98, 94-100) (9362/9782)	**100%** (53/53)	**100%** (47/47)
17 CA	Patient asked about any continence needs	**89.1%** (95.1, 85-99) (8429/9457)	**88.7%** (47/53)	**71.4%** (30/42)
18 CA	Patient assessed for the presence of any pain	**85.4%** (91.75, 79-98) (8201/9600)	**98.1%** (52/53)	**67.4%** (31/46)
19 CA	Assessment of functioning			
	Standardised assessment	**52.1%** (52.9, 25-78) (4795/9199)	**68.6%** (35/51)	**30%** (12/40)
	Occupational therapy assessment	**43.6%** (43.35, 27-60) (4015/9199)	**64.7%** (33/51)	**35%** (14/40)
	Physiotherapy assessment	**55.6%** (58.3, 36-73) (5115/9199)	**78.4%** (40/51)	
	Yes, other	**7.6%** (2.8, 0-8) (697/9199)	**2%** (1/51)	**0%** (0/40)
	Yes (all options)	**91.2%** (94.8, 86-98) (8390/9199)	**98%** (50/51)	**65%** (26/40)

Mental state assessment

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
20 CA	Cognitive testing using a validated structured instrument carried out	**54.3%** (53.05, 37-73) (4603/8475)	**96%** (48/50)	**76.7%** (33/43)
21 CA	Screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium			
	Single Question in Delirium (SQiD)	**7.3%** (1.35, 0-6) (710/9753)	**24.5%** (13/53)	New to Round 4
	History taken from someone who knows the patient well in which they were asked about any recent changes in cognition/behaviour	**30.5%** (25.9, 14-44) (2977/9753)	**15.1%** (8/53)	
	4AT	**10%** (4.15, 2-10) (978/9753)	**0%** (0/53)	
	Other	**7%** (3.9, 0-8) (680/9753)	**5.7%** (3/53)	
	Combined	**49.7%** (4851/9760)	**45.3%** (24/53)	**10.6%** (5/47)
21a CA	Initial assessment above found evidence that delirium may be present	**50.8%** (53.8, 40-67) (2455/4832)	**0%** (0/24)	**2.1%** (1/47)
	Initial assessment above found no evidence of delirium	**49.2%** (46.2, 33-60) (2377/4832)	**100%** (24/24)	**8.5%** (4/47)
22 CA	**A healthcare professional** (trained and competent in the diagnosis of delirium) completed an assessment for delirium			
	4AT	**9.4%** (4.6, 0-12) (621/6623)	**0%** (0/28)	**0%** (0/1)
	Confusion Assessment Method (CAM) – short or long form	**5.3%** (0, 0-6) (351/6623)	**0%** (0/28)	
	Other	**14.9%** (9.4, 2-20) (988/6623)	**7.1%** (2/28)	
22a CA	Diagnosis of delirium confirmed	**80.5%** (83.3, 67-98) (1524/1892)	**0%** (0/2)	New to Round 4

Information and Communication

Items presented in this theme are from the organisational checklist, casenote audit, staff questionnaire and carer questionnaire. The questions relate to personal information collected about people with dementia, communication between staff members and communication between staff and carers.

Using personal information to improve care

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
13 OC	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia	**97.4%** (190/195)	**Yes**	**Yes**
Information collected by the pro-forma includes:				
13a OC	Personal details, preferences and routines	**100%** (190/190)	**Yes**	**Yes**
13b OC	Reminders or support with personal care	**99.5%** (189/190)	**Yes**	**Yes**
13c OC	Recurring factors that may cause or exacerbate distress	**99.5%** (189/190)	**Yes**	**Yes**
13d OC	Support or actions that can calm the person if they are agitated	**98.9%** (188/190)	**Yes**	**Yes**
13e OC	Life details which aid communication	**99.5%** (189/190)	**Yes**	**Yes**
13f OC	How the person with dementia communicates with others/understands communication	**97.4%** (185/190)	**Yes**	**Yes**

Availability of personal information

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
23 CA	The care assessment contains a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well	**60.9%** (61.85, 36-92) (5955/9784)	**100%** (53/53)	**59.6%** (28/47)
Information collected about:				
23a CA	Personal details, preferences and routines			
	Yes	**49.4%** (55.2, 34-75) (2889/5851)	**44.2%** (23/52)	**21.4%** (6/28)
	Unknown	**31.1%** (14.3, 0-42) (1819/5851)	**46.2%** (24/52)	**3.6%** (1/28)
23b CA	Food and drink preferences			
	Yes	**48.1%** (55.6, 30-74) (2810/5845)	**36.5%** (19/52)	**28.6%** (8/28)

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
	Unknown	**30.80%** (15, 0-42) (1800/5845)	**51.9%** (27/52)	**25%** (7/28)
23c CA	Reminders or support with personal care			
	Yes	**56.8%** (64, 39-82) (3326/5852)	**42.3%** (22/52)	**46.4%** (13/28)
	Unknown	**28.3%** (9.4, 0-42) (1654/5852)	**48.1%** (25/52)	**3.6%** (1/28)
23d CA	Recurring factors that may cause or exacerbate distress			
	Yes	**36.1%** (38.3, 20-58) (2101/5822)	**26.9%** (14/52)	**10.7%** (3/28)
	Unknown	**35.1%** (17.5, 0-50) (2041/5822)	**55.8%** (29/52)	**0%** (0/28)
23e CA	Support or actions that can calm the person if they are agitated			
	Yes	**31.8%** (30, 17-50) (1841/5794)	**26.9%** (14/52)	**14.3%** (4/28)
	Unknown	**36.0%** (18.9, 0-51) (2085/5794)	**57.7%** (30/52)	**0%** (0/28)
23f CA	How the person with dementia communicates with others/understands communication			
	Yes	**47.7%** (51.9, 33-74) (2784/5838)	**55.8%** (29/52)	**28.6%** (8/28)
	Unknown	**31.3%** (15.8, 0-43) (1825/5838)	**34.6%** (18/52)	**3.6%** (1/28)
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	**94.2%** (179/190)	**Yes**	**Yes**
15 OC	Documenting use of personal information in practice: Hospitals selected three adult inpatient wards which had the highest admissions of people with dementia. Ten patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me"			
15a OC	Number of patients checked		**9**	**10**
	Range	**0-33**	N/A	N/A
	Mean	**10**		
15b OC	Number of these patients where the information was present		**8**	**4**
	Percentage of patients where the information was present	**59.4%**	**88.9%**	**40%**
	Range	**0-20**	N/A	N/A
	Mean	**6**		

Involvement of carers and people with dementia

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
5 CQ	Kept clearly informed about care and progress during the hospital stay			
	Yes, definitely	**45.9%** (2115/4609)	**41.4%** (12/29)	**62.9%** (22/35)
	Yes, to some extent	**38.5%** (1776/4609)	**48.3%** (14/29)	**28.6%** (10/35)
	No	**15.6%** (718/4609)	**10.3%** (3/29)	**8.6%** (3/35)
6 CQ	Involved as much as you wanted to be in decisions about care			
	Yes, definitely	**51.1%** (2317/4535)	**51.7%** (15/29)	**65.7%** (23/35)
	Yes, to some extent	**34.8%** (1577/4535)	**34.5%** (10/29)	**28.6%** (10/35)
	No	**14.1%** (641/4535)	**13.8%** (4/29)	**5.7%** (2/35)
18 OC	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	**70.3%** (137/195)	**Yes**	-
7 CQ	Hospital staff asked about the needs of the person to help plan their care			
	Yes, definitely	**48.3%** (2193/4545)	**67.9%** (19/28)	**60%** (21/35)
	Yes, to some extent	**34.3%** (1561/4545)	**21.4%** (6/28)	**40%** (14/35)
	No	**17.4%** (791/4545)	**10.7%** (3/28)	**0%** (0/35)
1 CQ	Hospital staff were well informed and understood the needs of the person			
	Yes, definitely	**51.1%** (2368/4638)	**57.1%** (16/28)	**77.1%** (27/35)
	Yes, to some extent	**40.7%** (1888/4638)	**35.7%** (10/28)	**22.9%** (8/35)
	No	**8.2%** (382/4638)	**7.1%** (2/28)	**0%** (0/35)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person			
	Yes, definitely	**58.7%** (2728/4649)	**65.5%** (19/29)	**71.4%** (25/35)
	Yes, to some extent	**33.8%** (1571/4649)	**31%** (9/29)	**28.6%** (10/35)
	No	**7.5%** (350/4649)	**3.4%** (1/29)	**0%** (0/35)
4 CQ	The person was treated with respect by hospital staff			
	Yes, definitely	**77.5%** (3598/4640)	**89.7%** (26/29)	**88.6%** (31/35)
	Yes, to some extent	**20.2%** (939/4640)	**10.3%** (3/29)	**11.4%** (4/35)
	No	**2.2%** (103/4640)	**0%** (0/29)	**0%** (0/35)

Staff communication

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
3 SQ	Personal information is available to help care for/support people with dementia			
	Yes, always	**22.5%** (3171/14086)	**31.8%** (27/85)	**23.8%** (10/42)
	Yes, most of the time	**39.5%** (5557/14086)	**45.9%** (39/85)	**40.5%** (17/42)
	Yes, sometimes	**31.7%** (4467/14086)	**17.6%** (15/85)	**31%** (13/42)
	No	**6.3%** (891/14086)	**4.7%** (4/85)	**4.8%** (2/42)
3a SQ	Can use personal information to help care for/support people with dementia			
	Yes, always	**27.7%** (3644/13166)	**30.9%** (25/81)	**30%** (12/40)
	Yes, most of the time	**40%** (5266/13166)	**46.9%** (38/81)	**40%** (16/40)
	Yes, sometimes	**30.8%** (4058/13166)	**17.3%** (14/81)	**30%** (12/40)
	No	**1.5%** (198/13166)	**4.9%** (4/81)	**0%** (0/40)
4 SQ	Encouraged to accommodate the individual needs and preferences of people with dementia			
	Yes, always	**31.5%** (4435/14078)	**42.9%** (36/84)	**28.6%** (12/42)
	Yes, most of the time	**34.6%** (4864/14078)	**34.5%** (29/84)	**42.9%** (18/42)
	Yes, sometimes	**25.3%** (3566/14078)	**16.7%** (14/84)	**19%** (8/42)
	No	**8.6%** (1213/14078)	**6%** (5/84)	**9.5%** (4/42)
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team			
	Frequently	**50.6%** (7120/14060)	**65.9%** (56/85)	**66.7%** (24/36)
	Occasionally	**35.5%** (4987/14060)	**28.2%** (24/85)	**30.6%** (11/36)
	Almost Never	**10.6%** (1496/14060)	**4.7%** (4/85)	**2.8%** (1/36)
	Never	**3.3%** (457/14060)	**1.2%** (1/85)	**0%** (0/36)

Use of information systems

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
16 OC	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	**92.8%** (181/195)	**Yes**	**Yes**
16a	(If Q16=Yes) Please say what this is			

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
OC	A visual indicator, symbol or marker	**97.2%** (176/181)	**Yes**	**Yes**
	Alert sheet or electronic flag	**8.8%** (16/181)	**-**	**-**
	A box to highlight or alert dementia in the notes or care plan	**38.1%** (69/181)	**-**	**-**
	Other	**18.8%** (34/181)	**Yes**	**-**
17 OC	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	**77.4%** (151/195)	**Yes**	**Yes**
	(If Q17=Yes) Please say what this is			
	A visual indicator, symbol or marker	**88.7%** (134/151)	**Yes**	**Yes**
17a OC	Alert sheet or electronic flag	**7.9%** (12/151)	**-**	**-**
	A box to highlight or alert dementia condition in the notes or care plan	**33.8%** (51/151)	**-**	**-**
	Other	**20.5%** (31/151)	**-**	**-**

Staffing and Training

Items presented in this theme are from the organisational checklist, staff questionnaire and carer questionnaire. Questions relate to hospital staffing levels and the training available to staff on dementia care.

Staffing levels

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
8 OC	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis			
	Yes, on the trust website	**46.7%** (91/195)	-	**Yes**
	Yes, on the wards	**71.8%** (140/195)	**Yes**	
9 OC	An evidence-based tool is used for establishing ward staffing levels	**96.9%** (189/195)	**Yes**	**Yes**
9a OC	The tool takes into account patient dependency and acuity	**99.5%** (188/189)	**Yes**	New to Round 4
6 SQ	The ward is able to respond to the individual needs of people with dementia as they arise			
	Yes, always	**27.2%** (3689/13577)	**45.9%** (39/85)	**42.3%** (11/26)
	Yes, most of the time	**43.5%** (5903/13577)	**42.4%** (36/85)	**42.3%** (11/26)
	Yes, sometimes	**23.3%** (3160/13577)	**5.9%** (5/85)	**15.4%** (4/26)
	No	**6.1%** (825/13577)	**5.9%** (5/85)	**0%** (0/26)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase			
	Yes, always	**10.4%** (1340/12942)	**13.6%** (11/81)	**11.5%** (3/26)
	Yes, most of the time	**26.3%** (3405/12942)	**44.4%** (36/81)	**42.3%** (11/26)
	Yes, sometimes	**42.8%** (5538/12942)	**34.6%** (28/81)	**38.5%** (10/26)
	No	**20.5%** (2659/12942)	**7.4%** (6/81)	**7.7%** (2/26)
3 CQ	The person you look after was given enough help with personal care from hospital staff			
	Yes, definitely	**58.5%** (2641/4518)	**73.1%** (19/26)	**76.5%** (26/34)
	Yes, to some extent	**32.6%** (1473/4518)	**19.2%** (5/26)	**23.5%** (8/34)
	No	**8.9%** (404/4518)	**7.7%** (2/26)	**0%** (0/34)

Guidance for staff

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
27 OC	There is a named dignity lead to provide guidance, advice and consultation to staff	**73.8%** (144/195)	**Yes**	-

Training and knowledge framework

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
19 OC	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	**95.9%** (187/195)	**Yes**	**No**
21 OC	The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers	**81.5%** (159/195)	**Yes**	**No**

Dementia training formats

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Format used to deliver basic dementia awareness training			
	eLearning module	**73.8%** (144/195)	**Yes**	**Yes**
	Workshop or study day	**82.1%** (160/195)	**Yes**	**Yes**
22 OC	Higher education module	**15.4%** (30/195)	-	-
	Workbook	**22.1%** (43/195)	-	New to Round 4
	Other	**18.5%** (36/195)	-	-
	Form of dementia training received at the hospital			
	eLearning module	**51.8%** (6939/13407)	**33.7%** (29/86)	**23.1%** (9/39)
	Workshop or study day	**54.9%** (7355/13407)	**72.1%** (62/86)	**76.9%** (30/39)
2 SQ	Higher education module	**5.3%** (713/13407)	**9.3%** (8/86)	**7.7%** (3/39)
	Workbook	**8.1%** (1086/13407)	**12.8%** (11/86)	**15.4%** (6/39)
	Other	**8.2%** (1094/13407)	**10.5%** (9/86)	**10.3%** (4/39)
	I have not received any dementia training at this hospital	**10.7%** (1439/13407)	**7%** (6/86)	**7.7%** (3/39)
2a	(If Q2=any form of training) Staff feel better prepared to provide care/ support to people with dementia following training at this hospital			

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
SQ	Yes, much better prepared	**43.6%** (5209/11944)	**46.2%** (36/78)	**40%** (14/35)
	Yes, somewhat better prepared	**48.7%** (5811/11944)	**44.9%** (35/78)	**51.4%** (18/35)
	No	**7.7%** (924/11944)	**9%** (7/78)	**8.6%** (3/35)

Staff data on dementia training

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
20 OC	The question below is about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia)			
	Doctors			
	Mandatory	**52.8%** (103/195)	-	-
	Provided on induction	**64.1%** (125/195)	**Yes**	-
	Provided in the last 12 months	**54.4%** (106/195)	**Yes**	**Yes**
	Not provided in the last 12 months	**6.7%** (13/195)	-	-
	Nurses			
	Mandatory	**63.1%** (123/195)	**Yes**	**Yes**
	Provided on induction	**69.2%** (135/195)	**Yes**	**Yes**
	Provided in the last 12 months	**61%** (119/195)	**Yes**	-
	Not provided in the last 12 months	**1%** (2/195)	-	-
	Healthcare assistants			
	Mandatory	**63.1%** (123/195)	**Yes**	**Yes**
	Provided on induction	**66.7%** (130/195)	**Yes**	**Yes**
	Provided in the last 12 months	**59.5%** (116/195)	**Yes**	-
	Not provided in the last 12 months	**1%** (2/195)	-	-
	Other allied healthcare professionals, e.g. physiotherapists, dieticians			
	Mandatory	**57.4%** (112/195)	**Yes**	**Yes**
	Provided on induction	**58.5%** (114/195)	**Yes**	**Yes**
	Provided in the last 12 months	**56.9%** (111/195)	**Yes**	-
	Not provided in the last 12 months	**3.6%** (7/195)	-	-
	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
	Mandatory	**49.7%** (97/195)	-	**Yes**

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Provided on induction	**53.3%** (104/195)	**-**	**Yes**
	Provided in the last 12 months	**51.8%** (101/195)		-
	Not provided in the last 12 months	**11.3%** (22/195)	**Yes**	-
25 OC	Contracts with external providers (for services such as catering and security) where staff will come into contact with people with dementia, specify that the staff should have training in dementia awareness			
	Yes, all contracts	**35.9%** (70/195)	**All contracts**	New to Round 4
	Yes, other	**23.6%** (46/195)		
	No	**40.5%** (79/195)		

Nutrition

Items presented in this theme are from the organisational checklist and staff questionnaire. Questions relate to the provision of food and drink for people with dementia and hospital schemes such as protected mealtimes.

Mealtimes policies and initiatives

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
10 OC	Protected mealtimes are established in all wards that admit adults with known or suspected dementia	**97.9%** (191/195)	**Yes**	**Yes**
10a OC	(If Q10=Yes) Wards' adherence to protected mealtimes is reviewed and monitored	**87.4%** (167/191)	**Yes**	**Yes**
11 SQ	In the last week (except in emergency situations), patient mealtimes kept free of any clinical activity on the ward(s) you work on			
	Yes, always	**31.5%** (3677/11673)	**45.9%** (34/74)	**38.5%** (10/26)
	Yes, most of the time	**40.9%** (4772/11673)	**35.1%** (26/74)	**46.2%** (12/26)
	Yes, sometimes	**13.8%** (1611/11673)	**12.2%** (9/74)	**7.7%** (2/26)
	No	**13.8%** (1613/11673)	**6.8%** (5/74)	**7.7%** (2/26)
11 OC	The hospital has in place a scheme/programme which allows identified carers of people with dementia to visit at any time including at mealtimes	**95.9%** (187/195)	**Yes**	**Yes**
8 SQ	Carers of people with dementia can visit at any time on the ward(s)			
	Yes, always	**63.3%** (7943/12543)	**52.6%** (41/78)	**51.4%** (18/35)
	Yes, most of the time	**22.3%** (2801/12543)	**20.5%** (16/78)	**28.6%** (10/35)
	Yes, sometimes	**10.5%** (1318/12543)	**16.7%** (13/78)	**11.4%** (4/35)
	No	**3.8%** (481/12543)	**10.3%** (8/78)	**8.6%** (3/35)

Finger foods and 24-hour food services

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
30 OC	The hospital can provide finger foods for people with dementia			
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) every day	**75.4%** (147/195)	**Every day**	**Sandwiches and wraps only**

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	**1%** (2/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	**0.5%** (1/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	**0.0%** (0/195)		
	Finger food consists of sandwiches/wraps only	**23.1%** (45/195)		
12 SQ	Ability to access finger food for people with dementia as an alternative to main meals			
	Yes, always	**44.2%** (4971/11253)	**56%** (42/75)	**57.7%** (15/26)
	Yes, most of the time	**27.3%** (3074/11253)	**26.7%** (20/75)	**26.9%** (7/26)
	Yes, sometimes	**18.4%** (2068/11253)	**14.7%** (11/75)	**11.5%** (3/26)
	No	**10.1%** (1140/11253)	**2.7%** (2/75)	**3.8%** (1/26)
31 OC	The hospital can provide 24 hour food services for people with dementia			
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	**60%** (117/195)	**24 hours a day**	**24 hours a day**
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	**8.2%** (16/195)		
	Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	**27.2%** (53/195)		
	Only snacks (biscuits, cake) are available 24 hours a day	**4.1%** (8/195)		
	Food is not available 24 hours a day	**0.5%** (1/195)		
13 SQ	Ability to access snacks for people with dementia in between meals			
	Yes, always	**47.7%** (5581/11694)	**77.3%** (58/75)	**65.4%** (17/26)
	Yes, most of the time	**27%** (3160/11694)	**9.3%** (7/75)	**23.1%** (6/26)
	Yes, sometimes	**19.7%** (2305/11694)	**13.3%** (10/75)	**7.7%** (2/26)
	No	**5.5%** (648/11694)	**0%** (0/75)	**3.8%** (1/26)

Communication of nutrition and hydration needs

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
14 SQ	Nutrition and hydration needs of people with dementia are communicated at handovers/safety briefings			
	Yes, always	**43.7%** (5060/11591)	**41.6%** (32/77)	**53.8%** (14/26)
	Yes, most of the time	**32.9%** (3810/11591)	**46.8%** (36/77)	**26.9%** (7/26)
	Yes, sometimes	**17.4%** (2017/11591)	**7.8%** (6/77)	**15.4%** (4/26)
	No	**6.1%** (704/11591)	**3.9%** (3/77)	**3.8%** (1/26)

Overall

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
10 SQ	People with dementia have their nutritional needs met while on the ward(s)			
	Yes, always	**29.9%** (3732/12498)	**43.2%** (35/81)	**37.1%** (13/35)
	Yes, most of the time	**47.8%** (5978/12498)	**43.2%** (35/81)	**57.1%** (20/35)
	Yes, sometimes	**18.5%** (2311/12498)	**7.4%** (6/81)	**2.9%** (1/35)
	No	**3.8%** (477/12498)	**6.2%** (5/81)	**2.9%** (1/35)

Governance

Items presented in this theme are from the organisational checklist, staff questionnaire and carer questionnaire. The questions relate to such topics as the environment in the hospital, involvement of the executive board, services available to carers and patients and engagement with carers.

Care pathway

	Question number and text	National audit Round 4:	Your hospital Round 4	Your hospital Round 3
1 OC	A care pathway or bundle for patients with dementia is in place			
	Yes	**76.9%** (150/195)	**Yes**	**Yes**
	In development	**15.4%** (30/195)		
1a OC	(If Q1=Yes or In development) A senior clinician is responsible for implementation and/ or review of the care pathway	**97.8%** (176/180)	**Yes**	**Yes**
1b OC	(If Q1=Yes or In development) There is a care pathway/bundle for			
	Delirium			
	Yes	**64.4%** (116/180)	**Yes**	New to Round 4
	Pathway in development	**27.8%** (50/180)		
	Stroke			
	Yes	**93.9%** (169/180)	**Yes**	New to Round 4
	Pathway in development	**1.1%** (2/180)		
	Fractured neck of femur			
	Yes	**91.7%** (165/180)	**Yes**	New to Round 4
	Pathway in development	**2.8%** (5/180)		
1c OC	(If Q1=Yes or In development) The dementia care pathway/bundle is integrated within or linked to the following care pathways			
	Delirium	**94.6%** (157/166)	**Yes**	
	Stroke	**47.4%** (81/171)	-	Round 3 not comparable
	Fractured neck of femur	**58.2%** (99/170)	**Yes**	

Reviewing dementia care in hospitals

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
2c OC	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	**64.1%** (125/195)	**No**	**No**
3 OC	The Executive Board regularly receives feedback from			
3a OC	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant	**81%** (158/195)	**Yes**	**Yes**
3b OC	Complaints – analysed by age	**48.7%** (95/195)	**Yes**	**No**
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	**63.6%** (112/176)	**Yes**	**No**
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	**68.2%** (133/195)	**Yes**	**No**
2 OC	The Executive Board regularly reviews information collected on			
2a OC	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted	**36.9%** (72/195)	**No**	**No**
2b OC	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers	**40%** (78/195)	**No**	**No**
7 OC	A Dementia Working Group is in place and reviews the quality of services provided in the hospital	**92.3%** (180/195)	**Yes**	**No**
7a OC	(If Q7=Yes) The group meets			
	Quarterly	**31.7%** (57/180)	**Monthly**	**N/A**
	Monthly	**28.9%** (52/180)		
	Bi-monthly	**38.9%** (70/180)		
	Other	**0.6%** (1/180)		
7b OC	(If Q7=Yes) The group includes			
	Healthcare professionals	**100%** (180/180)	**Yes**	**N/A**
	Organisations which support people with dementia e.g. Alzheimer's Society	**73.3%** (132/180)	**-**	**N/A**
	Carer/service user representation	**65.6%** (118/180)	**-**	**N/A**

Continuity of care

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
12 OC	Instances of night time bed moves are noted and reported at Executive Board level			
	Yes, for all patients, and patients with cognitive memory impairment (including dementia and delirium) can be identified	**24.1%** (47/195)	**No**	**No**
	Yes, for all patients but with no breakdown	**30.8%** (60/195)		
	Yes, for patients with cognitive memory impairment (including dementia and delirium) only	**4.1%** (8/195)		
	No	**41%** (80/195)		
9 SQ	Night time bed moves for people with dementia avoided where possible on the ward(s)			
	Yes, always	**16.6%** (1835/11033)	**17.1%** (13/76)	**15.4%** (4/26)
	Yes, most of the time	**32.7%** (3611/11033)	**27.6%** (21/76)	**38.5%** (10/26)
	Yes, sometimes	**24.7%** (2723/11033)	**30.3%** (23/76)	**23.1%** (6/26)
	No	**26%** (2864/11033)	**25%** (19/76)	**23.1%** (6/26)
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	**87.7%** (171/195)	**Yes**	**Yes**
26a OC	(If Q26=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	**82.5%** (141/171)	**Yes**	**Yes**

Specialist services for dementia care

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
4 OC	There are champions for dementia a			
4a OC	Directorate level	**77.4%** (151/195)	**Yes**	-
4b OC	Ward level	**88.7%** (173/195)	**Yes**	**Yes**
5 OC	Full Time Equivalent (FTE) Dementia Specialist Nurses employed to work in the trust/health board	**Mean 1.66** Range 0-9	**1**	New to Round 4

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
1 SQ	Supported by specialist services for dementia in the hospital			
1a SQ	During office hours *i.e. Monday-Fri, 9am-5pm*			
	Yes, always	**30.1%** (4133/13710)	**39%** (32/82)	**26.2%** (11/42)
	Yes, most of the time	**32.1%** (4401/13710)	**28%** (23/82)	**45.2%** (19/42)
	Yes, sometimes	**26.5%** (3638/13710)	**28%** (23/82)	**23.8%** (10/42)
	No	**11.2%** (1538/13710)	**4.9%** (4/82)	**4.8%** (2/42)
1b SQ	Out of office hours			
	Yes, always	**8.6%** (942/10960)	**11.8%** (9/76)	**3.3%** (1/30)
	Yes, most of the time	**15.9%** (1739/10960)	**23.7%** (18/76)	**20%** (6/30)
	Yes, sometimes	**28.6%** (3139/10960)	**28.9%** (22/76)	**33.3%** (10/30)
	No	**46.9%** (5140/10960)	**35.5%** (27/76)	**43.3%** (13/30)

Engagement with carers

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
6 OC	A strategy or plan for carer engagement been produced	**75.9%** (148/195)	**No**	**No**
6a OC	(If Q6=Yes) Implementation of the strategy or plan scheduled for review			
	Yes, more than once a year	**31.1%** (46/148)	**N/A**	**N/A**
	Yes, once a year	**45.3%** (67/148)		
	Yes, less than once a year	**19.6%** (29/148)		
	No	**4.1%** (6/148)		
29 OC	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies	**85.6%** (167/195)	**Yes**	**No**
32 OC	There is access to advocacy services with experience and training in working with people with dementia	**93.3%** (182/195)	**Yes**	**Yes**

Environment

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
34 OC	The physical environment within the hospital has been reviewed using an appropriate tool to establish whether it is "dementia-friendly"			
	Throughout the hospital	**53.3%** (104/195)	**Throughout the hospital**	**All adult wards/areas**
	All adult wards/areas	**9.2%** (18/195)		
	All care of the elderly wards/areas	**14.9%** (29/195)		
	Designated dementia wards only	**3.6%** (7/195)		
	Other	**11.8%** (23/195)		
	No	**7.2%** (14/195)		
34a OC	(If Q34=Yes) Environmental changes based on the review are			
	Completed	**15.3%** (28/183)	**Underway**	**Underway**
	Underway	**62.8%** (115/183)		
	Planned but not yet underway	**13.1%** (24/183)		
	Planned but funding has not been identified	**7.1%** (13/183)		
	Plans are not in place	**1.6%** (3/183)		
34b OC	(If Q34=Yes) Service users/carers/lay volunteers have been part of the team reviewing the environment			
	Throughout the hospital	**63.9%** (117/183)	**Throughout the hospital**	**Designated dementia wards only**
	All adult wards/areas	**3.8%** (7/183)		
	All care of the elderly wards/areas	**6%** (11/183)		
	Designated dementia wards only	**2.2%** (4/183)		
	Other	**9.3%** (17/183)		
	They have not been part of the team	**14.8%** (27/183)		
34c OC	(If Q34=Yes) There are plans to further review the changes implemented			
	Yes, we are already undertaking/have already done this	**48.1%** (88/183)	**Once the work is completed**	**Undertaking/have already done this**
	Yes, once the work is completed	**40.4%** (74/183)		
	No plans are in place	**11.5%** (21/183)		
33 OC	Opportunities for social interaction for patients with dementia are available			
	On all adult wards	**17.4%** (34/195)	**All adult wards**	**Care of the elderly wards**
	On care of the elderly wards	**35.9%** (70/195)		
	Other	**41%** (80/195)		
	No	**5.6%** (11/195)		

Discharge

Items presented in this theme are from the organisational checklist and the casenote audit. The questions ask about discharge planning, assessment for discharge and discharge notice.

Discharge coordination

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
28 OC	There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia	**91.8%** (179/195)	**Yes**	**Yes**
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	**88.3%** (158/179)	**Yes**	**Yes**
28b OC	(If Q28=Yes) This person/team has experience of working with people with dementia and their carers:	**98.9%** (177/179)	**Yes**	**Yes**
29 CA	Named person/identified team co-ordinated the discharge plan	**85.3%** (91.15, 80-98) (5950/6975)	**44.4%** (16/36)	**51.5%** (17/33)
Evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with				
30a CA	The person with dementia	**56.5%** (54.35, 41-75) (3386/5994)	**81.8%** (18/22)	**16.7%** (4/24)
30b CA	The person's carer/relative	**83.1%** (85.2, 76-94) (5613/6754)	**95.5%** (21/22)	**51.9%** (14/27)
30c CA	The consultant responsible for the patient's care	**76.5%** (82.3, 65-94) (5514/7211)	**97.2%** (35/36)	**21.2%** (7/33)
30d CA	Other members of the multidisciplinary team	**85.1%** (87.5, 78-96) (6134/7211)	**94.4%** (34/36)	**39.4%** (13/33)

Discharge planning

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
31 CA	A single plan/summary for discharge with clear updated information has been produced	**85.8%** (93.5, 82-100) (5988/6975)	**97.2%** (35/36)	**66.7%** (22/33)
32 CA	Support needs documented in the discharge plan/summary	**61.5%** (60.65, 47-80) (4288/6975)	**77.8%** (28/36)	**36.7%** (11/30)
33 CA	Patient and/or carer received a copy of the plan/ summary	**88.1%** (97.1, 87-100	**100%** (36/36)	**84.4%** (27/32)

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
		(5886/6679)		
34 CA	Copy of the discharge plan/summary sent to the GP/primary care team	**94.3%** (97.75, 94-100) (6575/6975)	**100%** (36/36)	**96.9%** (31/32)
35 CA	Discharge planning initiated within 24 hours of admission	**51.3%** (50, 30-77) (2665/5191)	**93.5%** (29/31)	**51.5%** (17/33)
35a CA	(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours			
	Patient acutely unwell	**61.3%** (61.7, 42-82) (1239/2020)	**40%** (2/5)	**-%** (N/A)
	Patient awaiting assessment	**8.8%** (0, 0-13) (177/2020)	**0%** (0/5)	**-%** (N/A)
	Patient awaiting history/results	**7.7%** (0, 0-10) (156/2020)	**0%** (0/5)	**-%** (N/A)
	Patient awaiting surgery	**9.6%** (0, 0-14) (193/2020)	**40%** (2/5)	**-%** (N/A)
	Patient presenting confusion	**5.8%** (0, 0-9) (118/2020)	**0%** (0/5)	**-%** (N/A)
	Patient on end of life plan	**0.0%** (0, 0-0) (1/2020)	**0%** (0/5)	**-%** (N/A)
	Patient being transferred to another hospital	**0.2%** (0, 0-0) (5/2020)	**0%** (0/5)	**-%** (N/A)
	Patient unresponsive	**0.3%** (0, 0-0) (7/2020)	**0%** (0/5)	**-%** (N/A)
	Patient being discharged to nursing/ residential care	**5%** (0, 0-6) (100/2020)	**0%** (0/5)	**-%** (N/A)
	Other	**1.2%** (0, 0-0) (24/2020)	**20%** (1/5)	**-%** (N/A)

Involving the person with dementia in decision making

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
28 CA	Recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence	**59.7%** (63.4, 47-80) (1444/2419)	**40%** (2/5)	**66.7%** (4/6)
28a (i) CA	(If Q28=Yes)			
	There are documented concerns about the patient's capacity to consent to the referral	**69.5%** (72.7, 55-89) (1003/1444)	**0%** (0/2)	**25%** (1/4)
28a (ii) CA	The patient had capacity on assessment and their consent is documented	**11%** (0, 0-17) (110/1003)	**-%** (-/0)	**0%** (0/1)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	**71.5%** (80, 50-100) (717/1003)	**-%** (-/0)	**0%** (0/1)
	There is no record of either consent or best interest decision making*	**17.5%** (0, 0-29) (176/1003)	**-%** (-/0)	**100%** (1/1)
28a (i) CA	There are no documented concerns about the patient's capacity to consent to the referral	**30.5%** (27.3, 11-45) (441/1444)	**100%** (2/2)	**75%** (3/4)
28a (iii) CA	The patients consent was requested and this is recorded	**27.7%** (0, 0-50) (122/441)	**0%** (0/2)	**0%** (0/3)
	There is no record of the patients consent*	**72.3%** (100, 50-100) (319/441)	**100%** (2/2)	**100%** (3/3)
28a (ii & iii) CA	Consent or best interests (responses options combined)	**65.7%** (66.7, 50-84) (949/1444)	**0%** (0/2)	**0%** (0/4)
	No consent or best interests (response options combined)	**34.3%** (33.3, 16-50) (495/1444)	**100%** (2/2)	**100%** (4/4)

Carer involvement and support

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
36 CA	Carers or family have received notice of discharge and this is documented			
	Less than 24 hours	**20.7%** (18.05, 8-31) (1493/7211)	**5.6%** (2/36)	**24.2%** (8/33)
	24 hours	**12.3%** (9.1, 3-18) (889/7211)	**11.1%** (4/36)	**12.1%** (4/33)
	25 - 48 hours	**15.8%** (13, 7-22) (1140/7211)	**22.2%** (8/36)	**9.1%** (3/33)

	More than 48 hours	**26.3%** (23.2, 11-41) (1897/7211)	**19.4%** (7/36)	**21.2%** (7/33)
	No notice at all	**0.5%** (0, 0-0) (37/7211)	**0%** (0/36)	**0%** (0/33)
	Not documented	**22.6%** (20.6, 10-30) (1627/7211)	**38.9%** (14/36)	**33.3%** (11/33)
	No carer, family, friend/could not contact	**1.7%** (0, 0-3) (124/7211)	**2.8%** (1/36)	**0%** (0/33)
	Patient specified information to be withheld	**0.1%** (0, 0-0) (4/7211)	**0%** (0/36)	**0%** (0/33)
37 CA	An assessment of the carer's current needs has taken place in advance of discharge	**68.6%** (72.45, 53-89) (2478/3611)	**100%** (11/11)	**70%** (7/10)

Assessment before discharge

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
24 CA	Cognitive testing, using a validated structured instrument carried out at point of discharge	**10.7%** (5.3, 2-13) (771/7211)	**2.8%** (1/36)	**24.2%** (8/33)
24a CA	(If 24=No) Reasons why was this not completed			
	Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	**12.5%** (7.95, 3-19) (806/6440)	**2.9%** (1/35)	**8%** (2/25)
	Not documented/unknown	**79.6%** (86.25, 71-95) (5125/6440)	**97.1%** (34/35)	**92**% (23/25)
	Other	**7.9%** (2.65, 0-8) (509/6440)	**0%** (0/35)	**0**% (0/25)
25 CA	Cause of cognitive impairment was summarised and recorded	**70.6%** (76.4, 57-87) (5092/7211)	**88.9%** (32/36)	**60.6%** (20/33)
26 CA	Symptoms of delirium	**36%** (36.65, 24-47) (2594/7211)	**11.1%** (4/36)	**0%** (0/33)
26a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	**46.6%** (42.1, 26-64) (1210/2594)	**0%** (0/4)	**-%** (N/A)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	**18%** (16.7, 11-24) (1299/7211)	**8.3%** (3/36)	**6.1%** (2/33)

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
27a CA	(If Q27=Yes) Behavioural and psychological symptoms of dementia summarised for discharge	**44.2%** (42.9, 23-67) (574/1299)	**66.7%** (2/3)	**0%** (0/2)

Staff Suggestions and Carer Comments

Staff Suggestions

The staff questionnaire explored how well staff felt supported to provide good quality care/support to inpatients with dementia/possible dementia and provided a free text box for staff to give suggestions on how their hospital could improve. A full list of staff suggestions by job role can be found in Appendix D.

Carer comments

The carer questionnaire asked carers about the care of people with dementia, communication with hospital staff and support for the carer. There was also a free text comment box for any additional feedback about the service provided by the hospital to the person they look after.

How tables are presented for staff suggestions and carer comments

Each topics percentage of comments or suggestions and the numerator and denominator (num/den) are presented.

Please note: This is calculated from the total number of comments or suggestions received and not by the total number of questionnaires. For example:

- 1 carer questionnaire may contain 5 comments about your hospital or;
- 1 staff questionnaire may have 0 suggestions for your hospital.

Table 8: Explanation of how comments and suggestions are presented in tables

Breakdown of by topic	National audit Round 4 % (Num/Den)	Your hospital Round 4 % (Num/Den)	Your hospital Round 3 % (Num/Den)
Topic heading • Examples of subtopic included in this heading	The national figure refers to all hospitals in England and Wales that have comments/suggestions submitted	Data from your hospital in Round 4	Your Round 3 data

Comparison of the data between Round 3 and Round 4 should be made with caution. Please be aware of differences in sample sizes. The staff suggestions and carer comments coding framework can be found on the [NAD website](#).

Staff Suggestions

In total, there were 13800 suggestions made by staff in the national sample. Hospitals with less than 30 suggestions should interpret the below with caution.

Breakdown of staff suggestions by topic	National	Your hospital Round 4 (n= 90)	Your hospital Round 3 (n= 65)
Staffing • General comments on more staffing • Better access to dementia specialist staff including champions	**39%** (5320/13800)	**41.1%** (37/90)	**43%** (28/65)
Environment and activities • Better access to activities • Better access to space away from bed e.g. garden, day room • General comments: making environment 'dementia friendly'	**18%** (2430/13800)	**15.6%** (14/90)	**25%** (16/65)
Training and information • More and better training • Making training mandatory • Training on a specified subject e.g. the Mental Capacity Act	**15%** (2096/13800)	**16.7%** (15/90)	**18%** (12/65)
Governance/hospital operations • Less/no bed moves for patients with dementia • Quicker/better discharge • Better integrated working with other services/organisations	**9%** (1171/13800)	**8.9%** (8/90)	**3%** (2/65)
Information and communication of patients' dementia • More/better use of personal information e.g. 'This is Me' • Better communication between departments of patients' dementia	**7%** (897/13800)	**2.2%** (2/90)	**6%** (4/65)
Patient care • Better support skills e.g. listening, speaking with patient • Better provision for/response to care needs e.g. pain relief, toileting, therapy provision	**5%** (648/13800)	**5.6%** (5/90)	**5%** (3/65)
Carers/family • Utilise/actively encourage carers in patient care • Open visiting for carers • Better facilities for carers in the hospital	**4%** (485/13800)	**4.4%** (4/90)	**0%** (0/65)

Patient nutrition and hydration • Better access to snacks and finger foods • Better/more food related equipment e.g. adapted cutlery, coloured crockery, drinking beakers • Improved systems including ordering systems and food charts	**5%** (704/13800)	**5.6%** (5/90)	**0%** (0/65)
Non-hospital recommendations	**0.4%** (49/13800)	**0%** (0/90)	**0%** (0/65)

Carer Comments

In total, there were 7015 comments made by carers in the national sample. Hospitals with a total of less than 30 comments should interpret the below with caution. The breakdown is shown as percentages of the total number of comments received at a national and hospital level, per topic.

Breakdown of comments by topic		National:	Your hospital Round 4 (n= 13):	Your hospital Round 3 (n= 19):
Patient care • Staff well informed and understood person with dementia's needs • Quality of care including personal care, provision of activities, help with food/drink • Medical care and treatment	**Positive**	**12%** (843/7015)	**23.1%** (3/13)	**37%** (7/19)
	Negative	**19%** (1335/7015)	**15.4%** (2/13)	**0%** (0/19)
Communication • Carer involved/not involved in care including decisions and care planning • Staff communicate to carers and between staff well/poorly • Written communication is good/bad	**Positive**	**4%** (261/7015)	**0%** (0/13)	**0%** (0/19)
	Negative	**15%** (1075/7015)	**7.7%** (1/13)	**16%** (3/19)
Perceptions of staff • Staff characteristics e.g. helpful/unhelpful, caring/uncaring • Positive/negative effect on the patient • Good/ poor qualities of particular staffing groups	**Positive**	**20%** (1366/7015)	**23.1%** (3/13)	**21% (4/19)**
	Negative	**6%** (442/7015)	**0%** (0/13)	**0%** (0/19)
Staffing levels • Understaffed • Staff too busy/overworked	**Positive**	**0.2%** (17/7015)	**0%** (0/13)	**0%** (0/19)
	Negative	**5%** (353/7015)	**7.7%** (1/13)	**0%** (0/19)
Discharge • Unsafe/poor discharge • Failed discharge • Carer not informed of discharge	**Positive**	**0.2%** (13/7015)	**0%** (0/13)	**0%** (0/19)
	Negative	**5%** (341/7015)	**7.7%** (1/13)	**5%** (1/19)
Environment Ward is clean/dirty	**Positive**	**1%** (65/7015)	**7.7%** (1/13)	**0%** (0/19)

	Negative	**1%** (95/7015)	**0%** (0/13)	**0%** (0/19)
Support for carers • Carer support • Facilities for carers in the hospital	**Positive**	**2%** (170/7015)	**7.7%** (1/13)	**0%** (0/19)
	Negative	**2%** (131/7015)	**0%** (0/13)	**0%** (0/19)
Other • General positive/negative	**Positive**	**4%** (261/7015)	**0%** (0/13)	**21%** (4/19)
	Negative	**2%** (157/7015)	**0%** (0/13)	**0%** (0/19)
Adverse incidents • Falls, weight loss, injury	**Negative**	**1%** (90/7015)	**0%** (0/13)	**0 %** (0/19)

Recommendations

Assessment

1   **Medical Directors and Directors of Nursing** should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)[1] and consider the symptom of pain as a contributory factor.

Information and communication

2   **Directors of Nursing** should ensure that initial routine assessment of people with dementia includes:
- Information about factors that can cause distress or agitation
- Steps that can be taken to prevent these.

3   **Trust Chief Executive Officers** should ensure that, throughout the hospital, there is clear ongoing communication with the families and carers of people with dementia, including:
- Information and written resources on admission
- A private space for discussions
- A record of discussions in patient notes
- Provision for out of hours visiting.

Staffing and training

4   **Trust Chief Executive Officers** should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:
- Delirium and its relationship to dementia is included in the training
- Information about the number of staff who received dementia training is recorded
- The proportion of staff who have received dementia training is included in the annual Quality Account Report.

5   **Trust Chief Executive Officers** should ensure that contracts with external providers of services to the hospital include the requirement that service staff regularly working with people with dementia have received at least Tier 1 training in dementia (or higher, appropriate to their role).

Nutrition

6 **Directors of Nursing** should ensure that the nutrition and hydration needs of patients with dementia are included in the nurse shift handovers.

7 **Trust Chief Executive Officers** should ensure that hospital external catering contracts and internal catering provision includes the requirement for the ready availability of finger foods and snacks for people with dementia

Discharge

8 **Hospital discharge teams** should ensure that discussions take place with people with dementia and their carers and include:
- The place of discharge
- Support needs
- A record of discussions should be recorded in the notes.

9 **Medical Directors** should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10[8]) and the transmission of information at transfer home[9] including:
- The occurrence of delirium and behavioural symptoms of dementia
- Recommendations for ongoing assessment or referral (for example to a memory clinic or community team) post-discharge.

Governance

10 **Trust Chief Executive Officers** should use the King's Fund environmental assessment tools[37] or another structured tool such as PLACE[10] to:
- Conduct environmental reviews across the hospital
- Implement improvements based upon the review findings.

11 **Trust Chief Executive Officers, Medical Directors and Directors of Nursing** should ensure that hospitals have developed policies that cover 'minimising moving patients at night' including information about:
- Only moving patients with dementia between wards when there is a clinical need
- Collation of information about inappropriate moves and reporting this to the Trust Board for review on at least an annual basis.

12   Trust Executive Directors should ensure that information is presented to the Board which clearly identifies the proportion of people with dementia within reporting on patients who experience:

- A fall during their admission
- A delay to their discharge
- Readmission within 30 days of discharge.

13   Trust Dementia Leads should ensure that people with dementia/carers are represented and can comment on aspects of the hospital's dementia strategy and action plans via the Dementia Working Group, Patient Experience Group or other appropriate forum.

Overall

14   Trust/Health Boards and their Chief Executive Officers should:

- Work to implement these recommendations by World Alzheimer's Day 2020
- Publish progress made on implementing dementia recommendations in an annual Trust statement on dementia care
- Include other dementia friendly hospital initiatives, such as self-assessment based on the National Dementia Action Alliance 2018 charter[7].

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Appendices

A full presentation of your results for the fourth round of the National Audit of Dementia can found separately in your data local report document.

How the appendices are presented

Data are presented from Round 4 of the National Audit of Dementia, both at a national level and for your hospital. The national audit refers to all hospitals from England and Wales that participated in Round 4 of the audit. Where applicable, we have provided your Round 3 data, for comparison.

We have provided the percentage 'yes' response and the numerator. Please note the following exceptions to protect the anonymity of participants:

- Where the numerator is below three, and the second lowest numerator is below five, this data has been suppressed and you will see '*' to indicate this
- If several responses had low numerators these have been combined into the 'Other' category
- If your hospital did not submit the minimum criteria to receive demographic information this data has been omitted

Appendix	Audit tool	Minimum criteria to receive this information
A. Patient Demographics	Casenote Audit	At least 20 casenote submissions
B. Carer Demographics	Carer Questionnaire	At least 10 questionnaires returned
C. Staff Demographics	Staff Questionnaire	At least 10 questionnaires returned
D. Staff Suggestions by Job Role		

Appendix A

Patient Demographics- King's Mill Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
Min-65	2.3% (228)	*	0% (0)
66-80	24.4% (2386)	**20.8%** (11)	**29.8%** (14)
81-100	73% (7146)	**71.7%** (38)	**70.2%** (33)
101-108	0.2% (19)	*	0% (0)
Unknown	0% (3)	**0%** (0)	**0%** (0)
Range	19-105	**57 - 103**	**68 - 97**
Mean	84	**84.4**	**84.8**
Gender			
Male	41.4% (4054)	**37.7%** (20)	**38.3%** (18)
Female	58.6% (5728)	**62.3%** (33)	**61.7%** (29)
Ethnicity			
White/White British	80.7% (7898)	**94.3%** (50)	**93.6%** (44)
Asian/Asian British	2.5% (245)	**0%** (0)	**0%** (0)
Black/Black British	1.5% (150)	**0%** (0)	**0%** (0)
Other	15.2% (1489)	*	*
First Language			
English	77.7% (7602)	**94.3%** (50)	**93.6%** (44)
Welsh	0.6% (62)	**0%** (0)	**0%** (0)
Other	21.6%	*	*

	(2118)		

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Speciality of the ward patients spent the longest time in			
Care of the elderly	42.8% (4184)	**54.7%** (29)	**25.5%** (12)
General medical	22.9% (2239)	**17%** (9)	**10.6%** (5)
Orthopaedics	9% (881)	**7.5%** (4)	**14.9%** (7)
Other medical	8.5% (829)	**5.7%** (3)	**40.4%** (19)
Surgical	5.3% (520)	**1.9%** (1)	**2.1%** (1)
Stroke	4.3% (417)	**5.7%** (3)	**2.1%** (1)
Cardiac	2.6% (250)	**3.8%** (2)	**2.1%** (1)
Other	4.7% (462)	**3.8%** (2)	**2.1%** (1)
Unknown	Removed for Round 4	N/A	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Patients who:			
Died in hospital	11.3% (1100)	*	**10.6%** (5)
Self-discharged from hospital (**NB:** excludes patients who died)	0.2% (15)	**0%** (0)	**0%** (0)
Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/expedited with family agreement for	6.9% (597)	**23.5%** (12)	**21.4%** (9)

recorded reasons (**NB:** excludes patients who died or were self-discharged)			
Received end of life care in hospital/was on end of life care plan	12.5% (1227)	**7.5%** (4)	*

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Primary diagnosis/cause of admission			
Respiratory	19% (1861)	**18.9%** (10)	**21.3%** (10)
Fall	14.8% (1449)	**18.9%** (10)	**14.9%** (7)
Urinary/renal	8.7% (849)	**11.3%** (6)	**6.4%** (3)
Hip dislocation	6.4% (627)	**5.7%** (3)	**12.8%** (6)
Cardiac/vascular	6.4% (628)	**7.5%** (4)	**0%** (0)
Delirium/confusion	6.2% (604)	**0%** (0)	**0%** (0)
Sepsis	6% (586)	**5.7%** (3)	**17%** (8)
Gastrointestinal	4.5% (442)	**5.7%** (3)	**12.8%** (6)
Unable to cope/frailty/social/ dementia/psychiatric behaviour	4% (398)	**3.8%** (2)	**4.3%** (2)
Stroke	3.2% (316)	**1.9%** (1)	**0%** (0)
Brain/neurological	2.4% (230)	**1.9%** (1)	**2.1%** (1)
Other	2.2% (218)	**0%** (0)	**0%** (0)
Skin lacerations or lesions	2.1% (202)	**3.8%** (2)	**0%** (0)
Other fractures	1.9% (184)	**5.7%** (3)	**4.3%** (2)
Pain/swelling	1.8% (177)	**1.9%** (1)	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Impaired consciousness	1.7% (166)	**1.9%** (1)	**0%** (0)
Endocrine or metabolic	1.5% (146)	**1.9%** (1)	**2.1%** (1)
Haematology	1.5% (143)	**0%** (0)	**2.1%** (1)
Dehydration	1.4% (134)	**0%** (0)	**0%** (0)
Liver related/hepatology	0.9% (92)	**0%** (0)	**0%** (0)
Cancer	0.7% (70)	**1.9%** (1)	**0%** (0)
Not documented/unknown	0.6% (59)	**1.9%** (1)	**0%** (0)
Rheumatic	0.5% (52)	**0%** (0)	**0%** (0)
Surgical/non-surgical procedure	0.5% (50)	**0%** (0)	**0%** (0)
Oral/visual	0.4% (39)	**0%** (0)	**0%** (0)
Adverse reaction/allergy	0.4% (37)	**0%** (0)	**0%** (0)
Injury/trauma	0.2% (15)	**0%** (0)	**0%** (0)

		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
Place of residence before/after admission				
Own home	**Before**	59% (5776)	**50.9 %** (27)	**36.2%** (17)
	After	42% (3648)	**35.3%** (18)	**19%** (8)
Respite care	**Before**	0.8% (74)	**0%** (0)	**0%** (0)
	After	1.5% (134)	**0%** (0)	*
Rehabilitation ward	**Before**	0.3% (31)	**0%** (0)	**0%** (0)
	After	1.6% (135)	**0%** (0)	*
Psychiatric ward	**Before**	0.5% (46)	**0%** (0)	**0%** (0)
	After	0.6% (51)	**0%** (0)	**0%** (0)
Carer's home	**Before**	1.4% (138)	*	*
	After	1.3% (114)	*	*
Intermediate care	**Before**	0.7% (73)	**0%** (0)	*
	After	4.3% (373)	*	*
Residential care	**Before**	17.9% (1753)	**18.9%** (10)	**31.9%** (15)
	After	19.8% (1723)	**25.5%** (13)	**35.7%** (15)
Nursing home	**Before**	18.1% (1775)	**26.4%** (14)	**27.7** (13)
	After	25.8% (2241)	**29.4%** (15)	**33.3%** (14)
Palliative care	**Before**	0% (3)	**0%** (0)	**0%** (0)
	After	0.6% (51)	**0%** (0)	**0%** (0)
Transfer to another hospital	**Before**	0.9% (90)	**0%** (0)	**0%** (0)
	After	2.1% (185)	*	**0%** (0)
Long stay care	**Before**	0.2% (23)	* (0)	**0%** (0)
	After	0.3%	*	**0%**

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
	(27)	(0)	(0)
No change in residence	84.3% (6544)	**87.5%** (42)	**78.6%** (33)
Own/carer's home to nursing/residential care	7.7% (937)	**11.3%** (6)	**9.5%** (4)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Length of stay in the hospital:			
2-10 days	47.7% (4662)	**50.9%** (27)	**57.4%** (27)
11-20 days	25.8% (2523)	**26.4%** (14)	**21.3%** (10)
21-30 days	11.5% (1127)	**11.3%** (6)	**12.8%** (6)
31-40 days	6.3% (613)	**9.4%** (5)	**2.1%** (1)
41-50 days	3.3% (319)	**0%** (0)	**6.4%** (3)
51-60 days	2.2% (212)	**0%** (0)	**0%** (0)
61-70 days	1.4% (134)	**1.9%** (1)	**0%** (0)
71-80 days	0.7% (70)	**0%** (0)	**0%** (0)
81-90 days	0.5% (46)	**0%** (0)	**0%** (0)
90 days or more	0.8% (76)	**0%** (0)	**0%** (0)
Range	3-391	**2 - 67**	**2 -45**
Median	11	**10**	**9**

Appendix B

Carer Demographics - King's Mill Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
18-24	1% (46)	**0%** (0)	**0%** (0)
25-34	3.3% (154)	**0%** (0)	**0%** (0)
35-44	6% (280)	*****	**11.4%** (4)
45-54	16.9% (787)	**24.1%** (7)	**17.1%** (6)
55-64	24.5% (1139)	**20.7%** (6)	**17.1%** (6)
65-74	18.9% (879)	**27.6%** (8)	**20%** (7)
75-84	20.1% (934)	*****	**34.3%** (12)
85 years or older	8.2% (384)	*****	**0%** (0)
Prefer not to say	1.2% (55)	**0%** (0)	**0%** (0)
Gender			
Male	31.5% (1460)	**31%** (9)	**34.3%** (12)
Female	67.4% (3128)	**69%** (20)	**65.7%** (23)
Other	0.1% (3)	**0%** (0)	**0%** (0)
Prefer not to say	1.1% (50)	**0%** (0)	**0%** (0)
Ethnicity			
White/White British	87.2% (4003)	**100%** (26)	**100%** (35)
Black/Black British	3.6% (167)	**0%** (0)	**0%** (0)
Asian/Asian British	3.9% (177)	**0%** (0)	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Other	3.1% (143)	**0%** (0)	**0%** (0)
Prefer not to say	2.2% (103)	**0%** (0)	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Relationship to person			
Spouse or partner	32.5% (1529)	**20.7%** (6)	**51.4%** (18)
Family member	56.3% (2649)	**65.5%** (19)	**37.1%** (13)
Friend	5.5% (261)	*	**11.4%** (4)
Professional carer (health or social care)	4.7% (221)	*	**0%** (0)
Other	1% (49)	*	**0%** (0)
One of main carers for patient			
Yes	76% (3268)	**44%** (12)	**54.3%** (19)

Appendix C

Staff Demographics - King's Mill Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
% of patients encountered in role who have dementia/ possible dementia			
Up to 25%	30.5% (4295)	**12.8%** (11)	*
26 - 50%	26.7% (3764)	**8.1%** (7)	**17.1%** (7)
51 - 75%	25% (3514)	**26.7%** (23)	**41.5%** (17)
More than 75%	17.8% (2502)	**52.3%** (45)	**34.1%** (14)
Gender			
Male	14.9% (2113)	**23.3%** (20)	*
Female	83.7% (11843)	**76.7%** (66)	**95.1%** (39)
Other	0.2% (34)	**0%** (0)	**0%** (0)
Prefer not to say	1.2% (164)	**0%** (0)	**0%** (0)
Ethnicity			
White/White British	76.3% (10802)	**89.5%** (77)	**85.4%** (35)
Asian/Asian British	10% (1421)	*	*
Black/Black British	4.8% (684)	*	*
Other	6.4% (902)	**7%** (6)	*
Prefer not to say	2.4% (345)	**0%** (0)	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Job role			
Registered nurse (Band 5 or 6)	29.9% (4215)	**34.9%** (30)	**26.8%** (11)
Registered nurse (Band 7 or above)	10.9% (1542)	**5.8%** (5)	*
Healthcare assistant	25.4% (3587)	**38.4%** (33)	**34.1%** (14)
Doctor	9.7% (1370)	**4.7%** (4)	**12.2%** (5)
Allied healthcare professional	11.4% (1601)	**5.8%** (5)	**9.8%** (4)
Other	12.7% (1784)	**10.5%** (9)	**9.7%** (4)
Hours worked per week			
Up to 29 hours	13.3% (1873)	**20.9%** (18)	**9.8%** (4)
30 hours or more	86.7% (12217)	**79.1%** (68)	**90.2%** (37)
Time worked in the hospital			
Less than 6 months	6.8% (958)	**7%** (6)	*
6 - 11 months	9.1% (1284)	**10.5%** (9)	**17.1%** (7)
1 - 2 years	16.4% (2307)	**12.8%** (11)	**9.8%** (4)
3 - 5 years	20.1% (2828)	**16.3%** (14)	*
6 - 10 years	14.7% (2076)	**14%** (12)	**26.8%** (11)
11 - 15 years	10.6% (1490)	**14%** (12)	**19.5%** (8)
More than 15 years	22.4% (3150)	**25.6%** (22)	**12.2%** (5)

Appendix D: Staff Suggestions

Registered Nurses (Band 5 or 6)

More staff required.
Dementia specialist roles be more clear and defined. Instead of one dementia nurse specialist, have one then a small team under the [illegible].
Fewer internal transfers.
Provide safer staffing levels when people have increased needs due to dementia.
I feel we need 1 more healthcare assistant on during meal times. I felt it helped more when staff came on at 12:00 hours for a late shift as there was more staff to help at mealtimes. Having one extra staff, healthcare assistant, would help as staff could spend a bit of time with dementia patients. Q1a. Could do with the dementia specialist presence more on the ward.
Clearer signs/directions to ward areas or main entrance, i.e. there used to be a guideline on the floor from accident & emergency to x-ray.
Dementia events in main reception.
Assistance with feeding when the need is there, sometimes it can take a long time.
Comprehensive assessment before patients with Dementia are sent onto the ward, and transfer patients with Dementia in daytime.
Create a 'dining room' or 'television room' or ideally both, so that patients can interact rather than sitting alone in a cubicle for long hours.
Talk to them frequently. Take them to the day room, sit and play with them. Support them, listen to them.
Provide more staff so support can be given appropriately to make the ward area more dementia friendly with activities especially for patients with dementia.
I feel that the amount of times that people with dementia are moved from ward to ward should be minimised.
To have more staff on the ward to assist in feeding, hygiene needs and one-on-one care with people with dementia.
Ensure better staffing levels and supply materials for activities.
Have more frequent study days available and also stands available with information for relatives/patients.
Better dementia lead nurse - not seen in our ward. Would like to be given more opportunities to have activities such as choir/animal visits/interactive activities and resources.
Implementing an activity coordinator to assist the patients to keep their minds active. Research shows that cognitive decline can happen within as little as 24 hours from admission. An activity coordinator would improve quality of care for patients with dementia.
Better staffing levels to provide safety and emotional support.

Registered Nurses (Band 7 or above)

Staffing and training.

More focus on nutrition. Avoiding bed/ward moves where possible. More training.

Better support to staff from dementia leads, more visibility & resources.

Healthcare Assistants

Check understanding of all information given. Sometimes during stressful times, not all conversations are absorbed. This would stop/reduce time wasted on repetitive and sometimes information changes. This would reduce anxiety levels.

I feel we would benefit from having an extra carer at times to give more time for the little things that matter.

To get the staff needed for 1:1 care to make sure they are safe when sent out and not to keep pulling in-charge nurse off to cover other wards when short staffed.

We could do with more staff at times as it can be demanding. Also, an area for activities and someone to help.

Extra staff to allow more time for patients. When fully staffed not moving staff to other wards.

Having more time to interact with the patient and having conversations. Sometimes this is not always possible due to being busy most of the time.

More staff/patient ratio to be able to provide care to dementia patients at a pace they deserve and prevent patients from not being able to see staff members for a specific time due to not having enough people to meet their needs at that time.

It would be nice to be able to give patients' relatives more information on different types of dementia, e.g. leaflets or a leaflets advice centre between [ward].

More staffing available to spend time with dementia patients who have no family or are not visited often, especially at meal times.

Our hospital does have a virtual ward but even then issues with 1:1 staffing, constant, close observations cannot be met.

Have a wider variety of finger foods. The menu is generic for the whole hospital which could benefit from some variety.

Do not mover around to other wards.

Avoid bed moves at night times, speak to families or care homes and impress on them how important it is for the patient to have their personal clothes and toiletries with them, so we do not have the poor person wandering around in hospital nighties and no self-respect for them. Stop being afraid to expect families to provide for their relatives' needs, give a voice to the dementia patient.

Help and support very poor on [ward], over half are patients with dementia/confused. We're always the last for extra staff. We don't get volunteers. Never seen or met dementia lead nurse. I, myself, have paid out of my own pocket for activities for dementia patients. I've asked hundreds of times for dementia team for help/funding but never got any support. [Staff member] on [ward] does all dementia activities with no support, the poor relatives, no-one cares.

We should be given regular study days to keep us up to date with new things and catch up session on the wards.

More staff and different layout of the wards. More home comforts to make them feel more comfortable in their surroundings. Free TV, telephone, hairdressers, craft mornings, etc. There should be more variety of home cooking; cakes, biscuits, fruit, coffee in the mornings.

Carrying on with the 'This is me' information available helps us to understand certain things.

Still need more staff; one extra person isn't always enough when you have 75% dementia patients.

I think finger food i.e. sandwiches, crisps, cakes etc. would be a good idea at tea time as a lot of patients don't want a full dinner hot meal as they had one at dinner time.

Doctors

More trained staff. More support for the Rapid Response Liaison Psychiatry team.

Understand the importance of increasing capacity of services for older people/dementia/frailty. Increase workforce so more liaison work with dementia and geriatricians can take place.

Patients are admitted to the ward in the middle of the night/early hours of the morning, this only confuses them more. I understand that sometimes this is not avoidable, but I do feel it should be made to accommodate.

Allied Healthcare Professionals

I work in [ward], I think more knowledge could be implemented in other wards within the trust as lots of patients are admitted to them.

Training included in mandatory update. Face to face sessions.

Potentially more education/support when it comes to challenging behaviour in dementia patients and break away training more regularly - especially bank staff.

Other

More staff when required to attend to the needs of all patients including those with or without dementia. Additional mandatory training/support.

More understanding of dementia in the hospital. Listen and learn more about it.

Training for all ward staff even administration.

To enhance care, more staff would be required however from experience, staff will try their best to accommodate the patient as best as possible.