

National Audit of Dementia

Care in general hospitals 2018-2019



Broomfield Hospital
Mid Essex Hospital Services 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](#).

Partner Organisations

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)

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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	50
Staff questionnaires	14154	188
Carer questionnaires	4736	68

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).

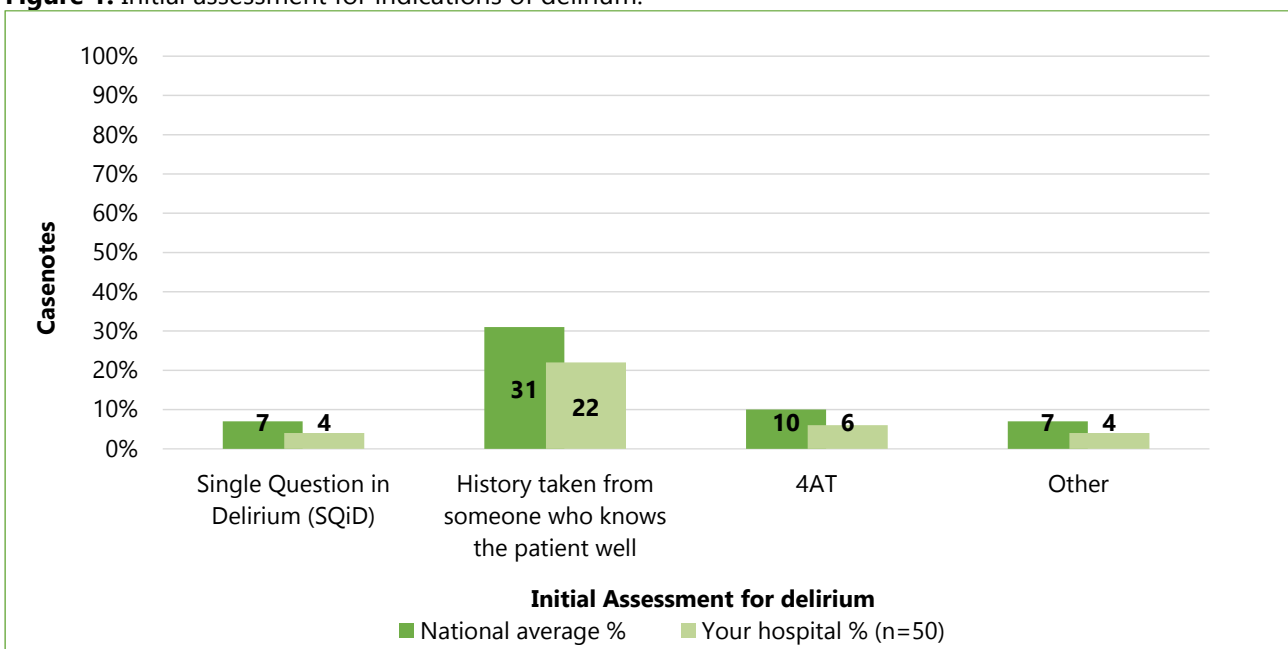


Key findings and your hospital

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 delirium¹. When delirium is superimposed on dementia, it can be challenging to distinguish². 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: 1 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)	36% (n=50)
Clinical assessment following indications of delirium	66% (n=2458)	25% (n=8)

NB: 0 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

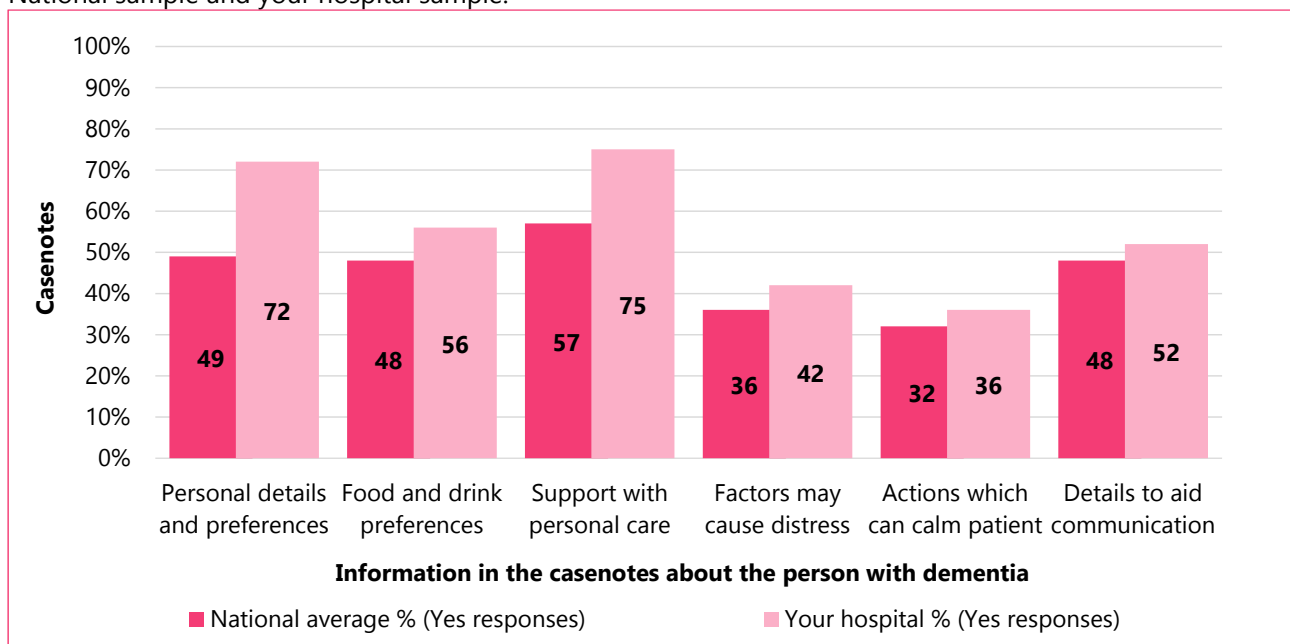
Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)¹ and consider the symptom of pain as a contributory factor.

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).

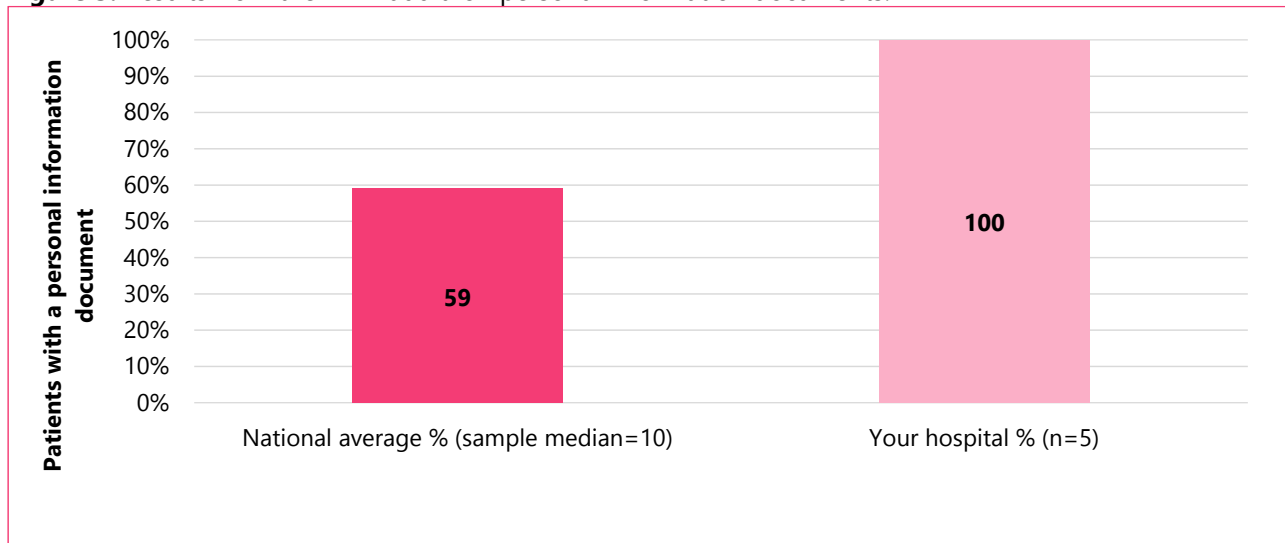
Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.



(See [Q23a-f CA](#) in Information and Communication data tables for your hospital comparison to Round 3 and sample sizes)

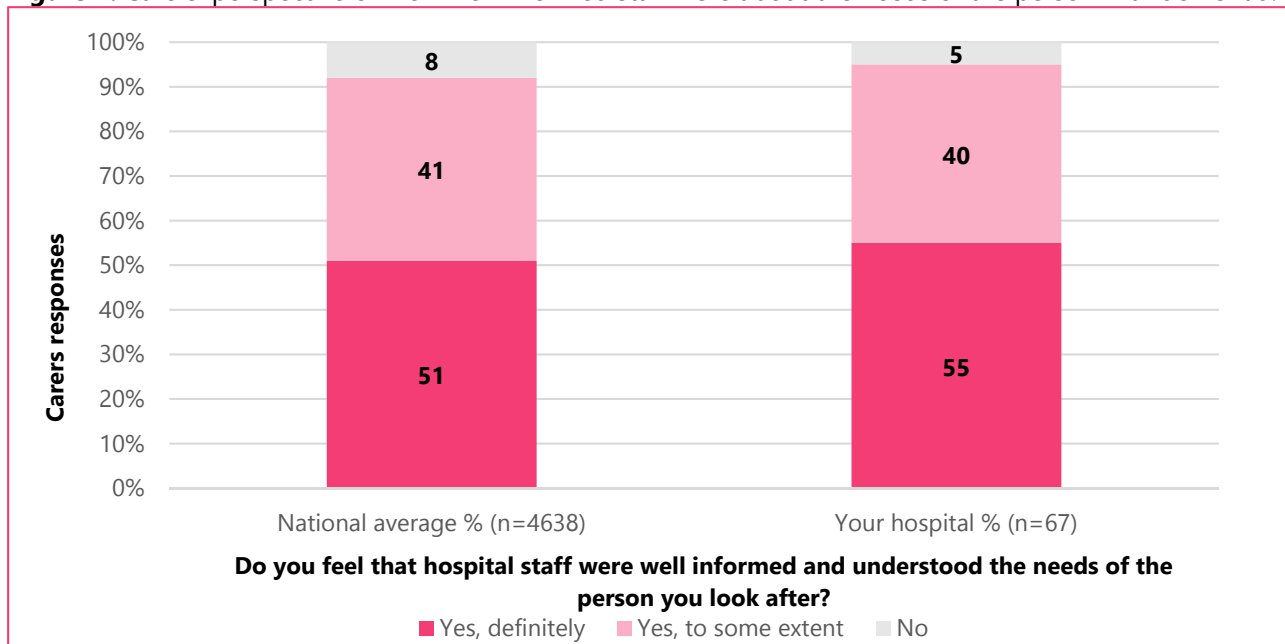
A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10 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.



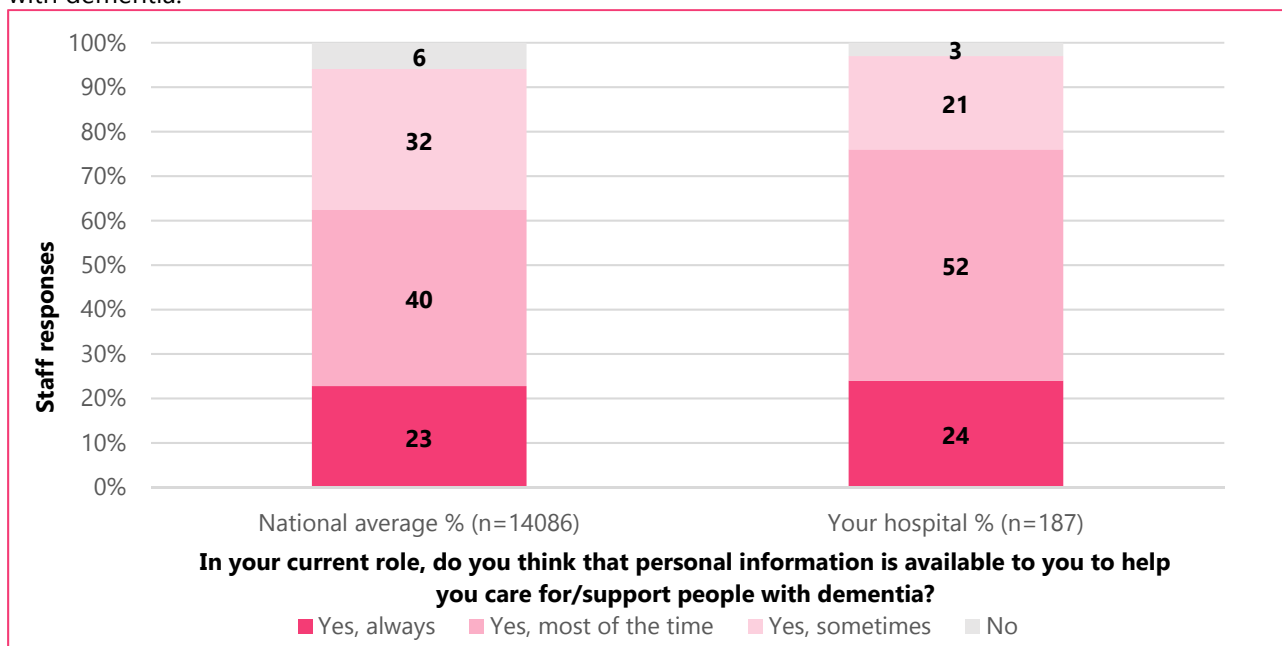
(See [Q15b OC](#) in Information and Communication data tables for your hospital comparison to Round 3)

Figure 4: Carers' perspective on how well informed staff were about the needs of the person with dementia.



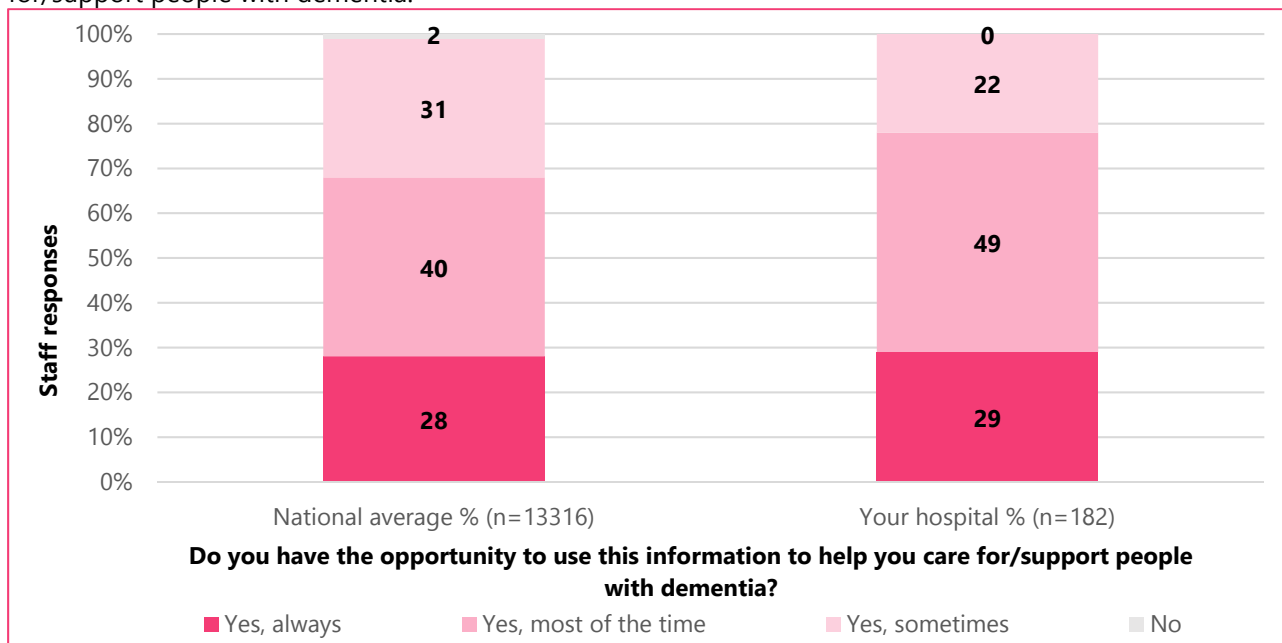
(See [Q1 CQ](#) in Information and Communication data tables for your hospital comparison to Round 3)

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



(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.



(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 campaign⁶ 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)	395
Number of staff equipped with at least tier 1/basic awareness training identified at hospital level (n=104)	1100 (433-1238)	395
Total number of adult beds excluding maternity and mental health beds at 31 st March 2018 at hospital level (n=195)	506 (325-650)	500

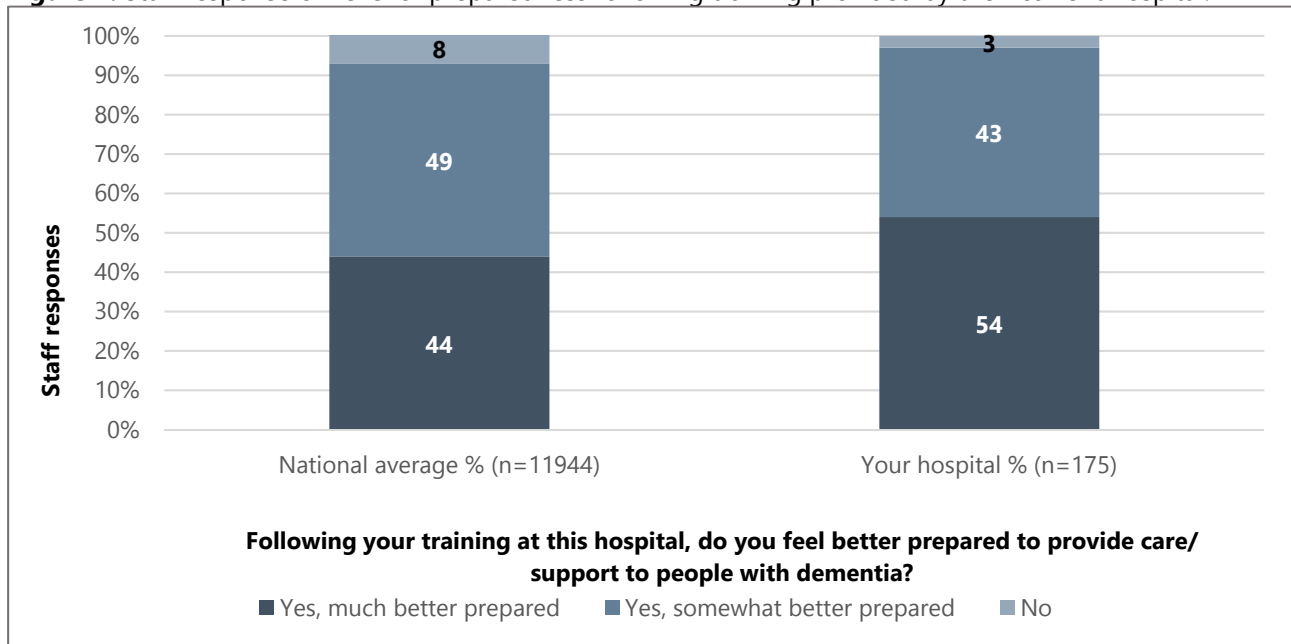
The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

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=177)
eLearning	52%	41%
Workbook	8%	12%
Workshop/study day	55%	79%
Higher education module	5%	2%
Other form of training	8%	8%
Did not receive dementia training	10%	1%

(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	Yes (64%)	Yes (60%)	No (47%)	No (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.

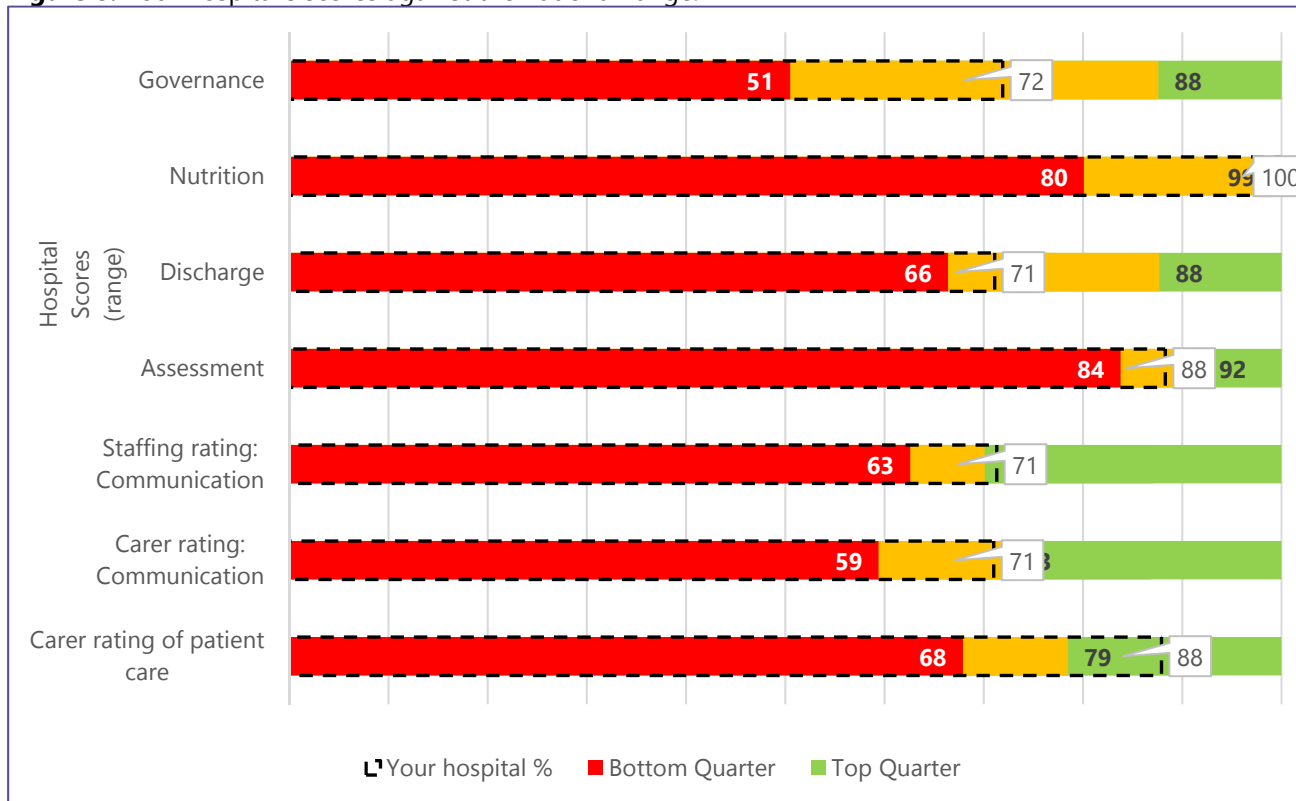
Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and 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%	71.9	82 (195)	68.8	84 (199)
Nutrition	89%	100	1 (195)	93.8	70 (199)
Discharge	76%	71.1	121 (191)	72.1	112 (195)
Assessment	87%	88.3	97 (191)	86.3	80 (195)
Staff rating communication	66%	71.3	38 (182)	69.5	30 (182)
Carer rating: communication	66%	71	41 (141)	80.7	10 (148)
Carer rating of patient care	73%	87.9	5 (141)	93.3	1 (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 charter⁷

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)	60.3% (41/68)	78% (32/41)
	Very good	33.6% (1580/4704)	32.4% (22/68)	17.1% (7/41)
	Good	15.8% (745/4704)	5.9% (4/68)	4.9% (2/41)
	Fair	8.5% (402/4704)	1.5% (1/68)	0% (0/41)
	Poor	3.8% (179/4704)	0% (0/68)	0% (0/41)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment			
	Extremely likely	46.1% (2126/4608)	66.2% (43/65)	80.5% (33/41)
	Likely	34.1% (1571/4608)	27.7% (18/65)	14.6% (6/41)
	Neither likely nor unlikely	12% (551/4608)	4.6% (3/65)	4.9% (2/41)
	Unlikely	4.4% (205/4608)	1.5% (1/65)	0% (0/41)
	Extremely unlikely	3.4% (155/4608)	0% (0/65)	0% (0/41)
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)	32.8% (21/64)	70.7% (29/41)
	Somewhat satisfied	32.4% (1420/4377)	45.3% (29/64)	14.6% (6/41)
	Somewhat dissatisfied	9.4% (413/4377)	17.2% (11/64)	12.2% (5/41)
	Very dissatisfied	4.3% (190/4377)	4.7% (3/64)	2.4% (1/41)



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)	98% (48/49)	95.7% (45/47)
15 CA	Assessment of nutritional status performed by a healthcare professional	92.5% (94.3, 90-98) (8824/9538)	96% (48/50)	91.7% (44/48)
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)	93.8% (45/48)	93.2% (41/44)
	Other action taken	3.2% (0, 0-4) (281/8824)	2.1% (1/48)	4.5% (2/44)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	95.7% (98, 94-100) (9362/9782)	94% (47/50)	95.9% (47/49)
17 CA	Patient asked about any continence needs	89.1% (95.1, 85-99) (8429/9457)	98% (49/50)	95.9% (47/49)
18 CA	Patient assessed for the presence of any pain	85.4% (91.75, 79-98) (8201/9600)	96% (48/50)	98% (48/49)
19 CA	Assessment of functioning			
	Standardised assessment	52.1% (52.9, 25-78) (4795/9199)	78% (39/50)	33.3% (15/45)
	Occupational therapy assessment	43.6% (43.35, 27-60) (4015/9199)	78% (39/50)	51.1% (23/45)
	Physiotherapy assessment	55.6% (58.3, 36-73) (5115/9199)	80% (40/50)	
	Yes, other	7.6% (2.8, 0-8) (697/9199)	2% (1/50)	0% (0/45)
	Yes (all options)	91.2% (94.8, 86-98) (8390/9199)	96% (48/50)	84.4% (38/45)

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)	36% (18/50)	39.1% (18/46)
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)	4% (2/50)	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)	22% (11/50)	
	4AT	10% (4.15, 2-10) (978/9753)	6% (3/50)	
	Other	7% (3.9, 0-8) (680/9753)	4% (2/50)	
Combined	49.7% (4851/9760)	36% (18/50)	40.8% (20/49)	
21a CA	Initial assessment above found evidence that delirium may be present	50.8% (53.8, 40-67) (2455/4832)	42.1% (8/19)	20.4% (10/49)
	Initial assessment above found no evidence of delirium	49.2% (46.2, 33-60) (2377/4832)	57.9% (11/19)	20.4% (10/49)
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)	5.3% (2/38)	90% (9/10)
	Confusion Assessment Method (CAM) – short or long form	5.3% (0, 0-6) (351/6623)	0% (0/38)	
Other	14.9% (9.4, 2-20) (988/6623)	0% (0/38)		
22a CA	Diagnosis of delirium confirmed	80.5% (83.3, 67-98) (1524/1892)	50% (1/2)	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)	64% (32/50)	38.8% (19/49)
Information collected about:				
23a CA	Personal details, preferences and routines			
	Yes	49.4% (55.2, 34-75) (2889/5851)	71.9% (23/32)	47.4% (9/19)
	Unknown	31.1% (14.3, 0-42) (1819/5851)	9.4% (3/32)	26.3% (5/19)
23b CA	Food and drink preferences			
	Yes	48.1% (55.6, 30-74) (2810/5845)	56.3% (18/32)	42.1% (8/19)

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
	Unknown	30.80% (15, 0-42) (1800/5845)	9.4% (3/32)	36.8% (7/19)
23c CA	Reminders or support with personal care			
	Yes	56.8% (64, 39-82) (3326/5852)	75% (24/32)	52.6% (10/19)
	Unknown	28.3% (9.4, 0-42) (1654/5852)	9.4% (3/32)	26.3% (5/19)
23d CA	Recurring factors that may cause or exacerbate distress			
	Yes	36.1% (38.3, 20-58) (2101/5822)	41.9% (13/31)	21.1% (4/19)
	Unknown	35.1% (17.5, 0-50) (2041/5822)	9.7% (3/31)	36.8% (7/19)
23e CA	Support or actions that can calm the person if they are agitated			
	Yes	31.8% (30, 17-50) (1841/5794)	35.5% (11/31)	15.8% (3/19)
	Unknown	36.0% (18.9, 0-51) (2085/5794)	9.7% (3/31)	36.8% (7/19)
23f CA	How the person with dementia communicates with others/understands communication			
	Yes	47.7% (51.9, 33-74) (2784/5838)	51.6% (16/31)	52.6% (10/19)
	Unknown	31.3% (15.8, 0-43) (1825/5838)	9.7% (3/31)	31.6% (6/19)
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		5	10
	Range	0-33	N/A	N/A
	Mean	10		
15b OC	Number of these patients where the information was present		5	5
	Percentage of patients where the information was present	59.4%	100%	50%
	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)	46.3% (31/67)	61.5% (24/39)
	Yes, to some extent	38.5% (1776/4609)	47.8% (32/67)	35.9% (14/39)
	No	15.6% (718/4609)	6% (4/67)	2.6% (1/39)
6 CQ	Involved as much as you wanted to be in decisions about care			
	Yes, definitely	51.1% (2317/4535)	54.5% (36/66)	64.1% (25/39)
	Yes, to some extent	34.8% (1577/4535)	40.9% (27/66)	33.3% (13/39)
	No	14.1% (641/4535)	4.5% (3/66)	2.6% (1/39)
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	Yes
7 CQ	Hospital staff asked about the needs of the person to help plan their care			
	Yes, definitely	48.3% (2193/4545)	43.3% (29/67)	68.3% (28/41)
	Yes, to some extent	34.3% (1561/4545)	49.3% (33/67)	26.8% (11/41)
	No	17.4% (791/4545)	7.5% (5/67)	4.9% (2/41)
1 CQ	Hospital staff were well informed and understood the needs of the person			
	Yes, definitely	51.1% (2368/4638)	55.2% (37/67)	75.6% (31/41)
	Yes, to some extent	40.7% (1888/4638)	40.3% (27/67)	22% (9/41)
	No	8.2% (382/4638)	4.5% (3/67)	2.4% (1/41)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person			
	Yes, definitely	58.7% (2728/4649)	54.4% (37/68)	80.5% (33/41)
	Yes, to some extent	33.8% (1571/4649)	38.2% (26/68)	19.5% (8/41)
	No	7.5% (350/4649)	7.4% (5/68)	0% (0/41)
4 CQ	The person was treated with respect by hospital staff			
	Yes, definitely	77.5% (3598/4640)	72.1% (49/68)	90.2% (37/41)
	Yes, to some extent	20.2% (939/4640)	25% (17/68)	9.8% (4/41)
	No	2.2% (103/4640)	2.9% (2/68)	0% (0/41)

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)	23.5% (44/187)	26.1% (35/134)
	Yes, most of the time	39.5% (5557/14086)	52.4% (98/187)	44.8% (60/134)
	Yes, sometimes	31.7% (4467/14086)	21.4% (40/187)	22.4% (30/134)
	No	6.3% (891/14086)	2.7% (5/187)	6.7% (9/134)
3a SQ	Can use personal information to help care for/support people with dementia			
	Yes, always	27.7% (3644/13166)	29.1% (53/182)	28% (35/125)
	Yes, most of the time	40% (5266/13166)	48.9% (89/182)	42.4% (53/125)
	Yes, sometimes	30.8% (4058/13166)	22% (40/182)	28% (35/125)
	No	1.5% (198/13166)	0% (0/182)	1.6% (2/125)
4 SQ	Encouraged to accommodate the individual needs and preferences of people with dementia			
	Yes, always	31.5% (4435/14078)	35.8% (67/187)	34.3% (46/134)
	Yes, most of the time	34.6% (4864/14078)	36.4% (68/187)	35.8% (48/134)
	Yes, sometimes	25.3% (3566/14078)	21.9% (41/187)	20.1% (27/134)
	No	8.6% (1213/14078)	5.9% (11/187)	9.7% (13/134)
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team			
	Frequently	50.6% (7120/14060)	55.6% (104/187)	55.3% (68/123)
	Occasionally	35.5% (4987/14060)	34.2% (64/187)	34.1% (42/123)
	Almost Never	10.6% (1496/14060)	7.5% (14/187)	8.9% (11/123)
	Never	3.3% (457/14060)	2.7% (5/187)	1.6% (2/123)

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	No
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	N/A
	Alert sheet or electronic flag	8.8% (16/181)	Yes	N/A
	A box to highlight or alert dementia in the notes or care plan	38.1% (69/181)	Yes	N/A
	Other	18.8% (34/181)	-	N/A
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	No
	(If Q17=Yes) Please say what this is			
17a OC	A visual indicator, symbol or marker	88.7% (134/151)	Yes	N/A
	Alert sheet or electronic flag	7.9% (12/151)	Yes	N/A
	A box to highlight or alert dementia condition in the notes or care plan	33.8% (51/151)	Yes	N/A
	Other	20.5% (31/151)	-	N/A



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
	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)	29.9% (55/184)	23.7% (18/76)
	Yes, most of the time	43.5% (5903/13577)	45.7% (84/184)	59.2% (45/76)
	Yes, sometimes	23.3% (3160/13577)	20.7% (38/184)	14.5% (11/76)
	No	6.1% (825/13577)	3.8% (7/184)	2.6% (2/76)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase			
	Yes, always	10.4% (1340/12942)	12.6% (22/175)	17.3% (13/75)
	Yes, most of the time	26.3% (3405/12942)	38.9% (68/175)	32% (24/75)
	Yes, sometimes	42.8% (5538/12942)	36% (63/175)	38.7% (29/75)
	No	20.5% (2659/12942)	12.6% (22/175)	12% (9/75)
3 CQ	The person you look after was given enough help with personal care from hospital staff			
	Yes, definitely	58.5% (2641/4518)	59.7% (40/67)	80% (32/40)
	Yes, to some extent	32.6% (1473/4518)	34.3% (23/67)	15% (6/40)
	No	8.9% (404/4518)	6% (4/67)	5% (2/40)

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	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	Yes
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	Yes

Dementia training formats

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
22 OC	Format used to deliver basic dementia awareness training			
	eLearning module	73.8% (144/195)	Yes	Yes
	Workshop or study day	82.1% (160/195)	-	-
	Higher education module	15.4% (30/195)	-	-
	Workbook	22.1% (43/195)	Yes	New to Round 4
	Other	18.5% (36/195)	-	-
2 SQ	Form of dementia training received at the hospital			
	eLearning module	51.8% (6939/13407)	40.7% (72/177)	38.4% (48/125)
	Workshop or study day	54.9% (7355/13407)	78.5% (139/177)	68.8% (86/125)
	Higher education module	5.3% (713/13407)	2.3% (4/177)	0.8% (1/125)
	Workbook	8.1% (1086/13407)	11.9% (21/177)	9.6% (12/125)
	Other	8.2% (1094/13407)	7.9% (14/177)	8% (10/125)
	I have not received any dementia training at this hospital	10.7% (1439/13407)	1.1% (2/177)	6.4% (8/125)
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)	53.7% (94/175)	56.9% (66/116)
	Yes, somewhat better prepared	48.7% (5811/11944)	43.4% (76/175)	34.5% (40/116)
	No	7.7% (924/11944)	2.9% (5/175)	8.6% (10/116)

Staff data on dementia training

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:	
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					
20 OC	Mandatory	52.8% (103/195)	Yes	Yes	
	Provided on induction	64.1% (125/195)	Yes	-	
	Provided in the last 12 months	54.4% (106/195)	-	-	
	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	-	
	Provided in the last 12 months	61% (119/195)	-	-	
	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	-	
	Provided in the last 12 months	59.5% (116/195)	-	-	
	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	-	
	Provided in the last 12 months	56.9% (111/195)	-	-	
	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	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)	-	-
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)	No	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)	20.9% (32/153)	16% (12/75)
	Yes, most of the time	40.9% (4772/11673)	49.7% (76/153)	50.7% (38/75)
	Yes, sometimes	13.8% (1611/11673)	14.4% (22/153)	16% (12/75)
	No	13.8% (1613/11673)	15% (23/153)	17.3% (13/75)
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)	81.8% (139/170)	72.7% (88/121)
	Yes, most of the time	22.3% (2801/12543)	12.4% (21/170)	10.7% (13/121)
	Yes, sometimes	10.5% (1318/12543)	5.3% (9/170)	14% (17/121)
	No	3.8% (481/12543)	0.6% (1/170)	2.5% (3/121)

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	Every day

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)		
	Ability to access finger food for people with dementia as an alternative to main meals			
12 SQ	Yes, always	44.2% (4971/11253)	61.8% (97/157)	49.3% (37/75)
	Yes, most of the time	27.3% (3074/11253)	26.1% (41/157)	29.3% (22/75)
	Yes, sometimes	18.4% (2068/11253)	10.2% (16/157)	16% (12/75)
	No	10.1% (1140/11253)	1.9% (3/157)	5.3% (4/75)
	The hospital can provide 24 hour food services for people with dementia			
31 OC	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	Less than 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)		
	Ability to access snacks for people with dementia in between meals			
13 SQ	Yes, always	47.7% (5581/11694)	55.5% (86/155)	49.3% (37/75)
	Yes, most of the time	27% (3160/11694)	34.2% (53/155)	28% (21/75)
	Yes, sometimes	19.7% (2305/11694)	9% (14/155)	16% (12/75)
	No	5.5% (648/11694)	1.3% (2/155)	6.7% (5/75)

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)	44.7% (71/159)	39.2% (29/74)
	Yes, most of the time	32.9% (3810/11591)	36.5% (58/159)	35.1% (26/74)
	Yes, sometimes	17.4% (2017/11591)	14.5% (23/159)	18.9% (14/74)
	No	6.1% (704/11591)	4.4% (7/159)	6.8% (5/74)

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)	31.3% (52/166)	24.8% (30/121)
	Yes, most of the time	47.8% (5978/12498)	49.4% (82/166)	57.9% (70/121)
	Yes, sometimes	18.5% (2311/12498)	18.1% (30/166)	13.2% (16/121)
	No	3.8% (477/12498)	1.2% (2/166)	4.1% (5/121)



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	Round 3 not comparable
	Stroke	47.4% (81/171)	Yes	
	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)	Yes	Yes
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)	No	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	Yes
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	Yes
	(If Q7=Yes) The group meets			
7a OC	Quarterly	31.7% (57/180)	Monthly	Bimonthly
	Monthly	28.9% (52/180)		
	Bi-monthly	38.9% (70/180)		
	Other	0.6% (1/180)		
	(If Q7=Yes) The group includes			
7b OC	Healthcare professionals	100% (180/180)	Yes	Yes
	Organisations which support people with dementia e.g. Alzheimer's Society	73.3% (132/180)	Yes	Yes
	Carer/service user representation	65.6% (118/180)	Yes	Yes

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)	23.2% (33/142)	24% (18/75)
	Yes, most of the time	32.7% (3611/11033)	38% (54/142)	30.7% (23/75)
	Yes, sometimes	24.7% (2723/11033)	20.4% (29/142)	29.3% (22/75)
	No	26% (2864/11033)	18.3% (26/142)	16% (12/75)
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	87.7% (171/195)	Yes	No
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)	No	N/A

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	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			
	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>			
1a SQ	Yes, always	30.1% (4133/13710)	35.8% (67/187)	48.5% (65/134)
	Yes, most of the time	32.1% (4401/13710)	34.2% (64/187)	29.9% (40/134)
	Yes, sometimes	26.5% (3638/13710)	23% (43/187)	14.9% (20/134)
	No	11.2% (1538/13710)	7% (13/187)	6.7% (9/134)
	Out of office hours			
1b SQ	Yes, always	8.6% (942/10960)	10% (16/160)	8% (9/113)
	Yes, most of the time	15.9% (1739/10960)	15% (24/160)	18.6% (21/113)
	Yes, sometimes	28.6% (3139/10960)	24.4% (39/160)	25.7% (29/113)
	No	46.9% (5140/10960)	50.6% (81/160)	47.8% (54/113)

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)	Yes	Yes
	(If Q6=Yes) Implementation of the strategy or plan scheduled for review			
6a OC	Yes, more than once a year	31.1% (46/148)	More than once a year	Less than once a year
	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	Yes
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	Throughout the hospital
	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	Throughout the hospital
	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	Once the work is completed
	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)	Other	No
	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)	97.6% (40/41)	66.7% (22/33)
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)	52.8% (19/36)	66.7% (20/30)
30b CA	The person's carer/relative	83.1% (85.2, 76-94) (5613/6754)	82.9% (34/41)	73.3% (22/30)
30c CA	The consultant responsible for the patient's care	76.5% (82.3, 65-94) (5514/7211)	56.1% (23/41)	80% (28/35)
30d CA	Other members of the multidisciplinary team	85.1% (87.5, 78-96) (6134/7211)	90.2% (37/41)	68.6% (24/35)

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)	95.1% (39/41)	74.3% (26/35)
32 CA	Support needs documented in the discharge plan/summary	61.5% (60.65, 47-80) (4288/6975)	85.4% (35/41)	40.6% (13/32)
33 CA	Patient and/or carer received a copy of the plan/ summary	88.1% (97.1, 87-100)	73.2% (30/41)	40% (14/35)

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)	97.6% (40/41)	97.1% (34/35)
35 CA	Discharge planning initiated within 24 hours of admission	51.3% (50, 30-77) (2665/5191)	82.1% (23/28)	68.8% (22/32)
(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours				
35a CA	Patient acutely unwell	61.3% (61.7, 42-82) (1239/2020)	15.4% (2/13)	33.3% (1/3)
	Patient awaiting assessment	8.8% (0, 0-13) (177/2020)	46.2% (6/13)	33.3% (1/3)
	Patient awaiting history/results	7.7% (0, 0-10) (156/2020)	0% (0/13)	0% (0/3)
	Patient awaiting surgery	9.6% (0, 0-14) (193/2020)	30.8% (4/13)	33.3% (1/3)
	Patient presenting confusion	5.8% (0, 0-9) (118/2020)	7.7% (1/13)	0% (0/3)
	Patient on end of life plan	0.0% (0, 0-0) (1/2020)	0% (0/13)	0% (0/3)
	Patient being transferred to another hospital	0.2% (0, 0-0) (5/2020)	0% (0/13)	0% (0/3)
	Patient unresponsive	0.3% (0, 0-0) (7/2020)	0% (0/13)	0% (0/3)
	Patient being discharged to nursing/residential care	5% (0, 0-6) (100/2020)	0% (0/13)	0% (0/3)
	Other	1.2% (0, 0-0) (24/2020)	0% (0/13)	0% (0/3)

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)	47.1% (8/17)	58.3% (7/12)
28a	(If Q28=Yes)			
(i) CA	There are documented concerns about the patient's capacity to consent to the referral	69.5% (72.7, 55-89) (1003/1444)	62.5% (5/8)	71.4% (5/7)
28a CA	The patient had capacity on assessment and their consent is documented	11% (0, 0-17) (110/1003)	0% (0/5)	0% (0/5)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	71.5% (80, 50-100) (717/1003)	100% (5/5)	100% (5/5)
	There is no record of either consent or best interest decision making*	17.5% (0, 0-29) (176/1003)	0% (0/5)	0% (0/5)
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)	37.5% (3/8)	28.6% (2/7)
28a (iii) CA	The patients consent was requested and this is recorded	27.7% (0, 0-50) (122/441)	33.3% (1/3)	0% (0/2)
	There is no record of the patients consent*	72.3% (100, 50-100) (319/441)	66.7% (2/3)	100% (2/2)
28a (ii & iii) CA	Consent or best interests (responses options combined)	65.7% (66.7, 50-84) (949/1444)	75% (6/8)	71.4% (5/7)
	No consent or best interests (response options combined)	34.3% (33.3, 16-50) (495/1444)	25% (2/8)	28.6% (2/7)

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)	48.8% (20/41)	2.9% (1/35)
	24 hours	12.3% (9.1, 3-18) (889/7211)	2.4% (1/41)	5.7% (2/35)
	25 - 48 hours	15.8% (13, 7-22) (1140/7211)	9.8% (4/41)	17.1% (6/35)

	More than 48 hours	26.3% (23.2, 11-41) (1897/7211)	14.6% (6/41)	31.4% (11/35)
	No notice at all	0.5% (0, 0-0) (37/7211)	0% (0/41)	0% (0/35)
	Not documented	22.6% (20.6, 10-30) (1627/7211)	24.4% (10/41)	37.1% (13/35)
	No carer, family, friend/could not contact	1.7% (0, 0-3) (124/7211)	0% (0/41)	0% (0/35)
	Patient specified information to be withheld	0.1% (0, 0-0) (4/7211)	0% (0/41)	0% (0/35)
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)	60.9% (14/23)	54.5% (12/22)

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)	4.9% (2/41)	11.4% (4/35)
(If 24=No) Reasons why was this not completed				
24a CA	Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	12.5% (7.95, 3-19) (806/6440)	7.7% (3/39)	0% (0/31)
	Not documented/unknown	79.6% (86.25, 71-95) (5125/6440)	92.3% (36/39)	96.8% (30/31)
	Other	7.9% (2.65, 0-8) (509/6440)	0% (0/39)	3.2% (1/31)
25 CA	Cause of cognitive impairment was summarised and recorded	70.6% (76.4, 57-87) (5092/7211)	48.8% (20/41)	57.1% (20/35)
26 CA	Symptoms of delirium	36% (36.65, 24-47) (2594/7211)	24.4% (10/41)	28.6% (10/35)
26a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	46.6% (42.1, 26-64) (1210/2594)	70% (7/10)	30% (3/10)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	18% (16.7, 11-24) (1299/7211)	17.1% (7/41)	14.3% (5/35)

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)	71.4% (5/7)	40% (2/5)

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 <ul style="list-style-type: none"> • 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= 143)	Your hospital Round 3 (n= 155)
Staffing <ul style="list-style-type: none"> General comments on more staffing Better access to dementia specialist staff including champions 	39% (5320/13800)	44.1% (63/143)	32% (50/155)
Environment and activities <ul style="list-style-type: none"> 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)	12.6% (18/143)	19% (29/155)
Training and information <ul style="list-style-type: none"> More and better training Making training mandatory Training on a specified subject e.g. the Mental Capacity Act 	15% (2096/13800)	14.7% (21/143)	12% (19/155)
Governance/hospital operations <ul style="list-style-type: none"> Less/no bed moves for patients with dementia Quicker/better discharge Better integrated working with other services/organisations 	9% (1171/13800)	9.1% (13/143)	12% (18/155)
Information and communication of patients' dementia <ul style="list-style-type: none"> More/better use of personal information e.g. 'This is Me' Better communication between departments of patients' dementia 	7% (897/13800)	6.3% (9/143)	7% (11/155)
Patient care <ul style="list-style-type: none"> 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)	4.9% (7/143)	8% (13/155)
Carers/family <ul style="list-style-type: none"> Utilise/actively encourage carers in patient care Open visiting for carers Better facilities for carers in the hospital 	4% (485/13800)	2.8% (4/143)	3% (5/155)

<p>Patient nutrition and hydration</p> <ul style="list-style-type: none"> • 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 	<p>5% (704/13800)</p>	<p>5.6% (8/143)</p>	<p>6% (9/155)</p>
<p>Non-hospital recommendations</p>	<p>0.4% (49/13800)</p>	<p>0% (0/143)</p>	<p>0.6% (1/155)</p>



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= 8):	Your hospital Round 3 (n= 32):
Patient care <ul style="list-style-type: none"> 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)	0% (0/8)	31% (10/32)
	Negative	19% (1335/7015)	62.5% (5/8)	0% (0/32)
Communication <ul style="list-style-type: none"> 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% (0/8)	0% (0/32)
	Negative	15% (1075/7015)	12.5% (1/8)	3% (1/32)
Perceptions of staff <ul style="list-style-type: none"> 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)	0% (0/8)	41% (13/32)
	Negative	6% (442/7015)	12.5% (1/8)	0% (0/32)
Staffing levels <ul style="list-style-type: none"> Understaffed Staff too busy/overworked 	Positive	0.2% (17/7015)	0% (0/8)	0% (0/32)
	Negative	5% (353/7015)	12.5% (1/8)	6% (2/32)
Discharge <ul style="list-style-type: none"> Unsafe/poor discharge Failed discharge Carer not informed of discharge 	Positive	0.2% (13/7015)	0% (0/8)	0% (0/32)
	Negative	5% (341/7015)	0% (0/8)	6% (2/32)
Environment Ward is clean/dirty	Positive	1% (65/7015)	0% (0/8)	9% (3/32)

	Negative	1% (95/7015)	0% (0/8)	3% (1/32)
Support for carers <ul style="list-style-type: none"> • Carer support • Facilities for carers in the hospital 	Positive	2% (170/7015)	0% (0/8)	0% (0/32)
	Negative	2% (131/7015)	0% (0/8)	0% (0/32)
Other <ul style="list-style-type: none"> • General positive/negative 	Positive	4% (261/7015)	0% (0/8)	0% (0/32)
	Negative	2% (157/7015)	0% (0/8)	0% (0/32)
Adverse incidents <ul style="list-style-type: none"> • Falls, weight loss, injury 	Negative	1% (90/7015)	0% (0/8)	0 % (0/32)

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 1.5.10⁸) and the transmission of information at transfer home⁹ 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 tools³⁷ or another structured tool such as PLACE¹⁰ 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 charter⁷.

References

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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- Broomfield Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
Min-65	2.3% (228)	*	*
66-80	24.4% (2386)	8% (4)	22.4% (11)
81-100	73% (7146)	90% (45)	75.5% (37)
101-108	0.2% (19)	0% (0)	0% (0)
Unknown	0% (3)	0% (0)	0% (0)
Range	19-105	63 - 98	63 - 96
Mean	84	85.9	84.1
Gender			
Male	41.4% (4054)	30% (15)	44.9% (22)
Female	58.6% (5728)	70% (35)	55.1% (27)
Ethnicity			
White/White British	80.7% (7898)	54% (27)	18.4% (9)
Asian/Asian British	2.5% (245)	*	0% (0)
Black/Black British	1.5% (150)	0% (0)	0% (0)
Other	15.2% (1489)	44% (22)	81.6% (40)
First Language			
English	77.7% (7602)	62% (31)	71.4% (35)
Welsh	0.6% (62)	0% (0)	0% (0)
Other	21.6%	38%	28.6%

	(2118)	(19)	(14)
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	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)	28% (14)	44.9% (22)
General medical	22.9% (2239)	10% (5)	14.3% (7)
Orthopaedics	9% (881)	30% (15)	10.2% (5)
Other medical	8.5% (829)	10% (5)	12.2% (6)
Surgical	5.3% (520)	6% (3)	12.2% (6)
Stroke	4.3% (417)	6% (3)	2% (1)
Cardiac	2.6% (250)	2% (1)	4.1% (2)
Other	4.7% (462)	8% (4)	0% (0)
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)	*	22.4% (11)
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)	*	*

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)	*	18.4% (9)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Primary diagnosis/cause of admission			
Respiratory	19% (1861)	10% (5)	10.2% (5)
Fall	14.8% (1449)	20% (10)	20.4% (10)
Urinary/renal	8.7% (849)	4% (2)	10.2% (5)
Hip dislocation	6.4% (627)	16% (8)	*
Cardiac/vascular	6.4% (628)	6% (3)	*
Delirium/confusion	6.2% (604)	2% (1)	*
Sepsis	6% (586)	2% (1)	6.1% (3)
Gastrointestinal	4.5% (442)	6% (3)	14.3% (7)
Unable to cope/frailty/social/dementia/psychiatric behaviour	4% (398)	4% (2)	4.1% (2)
Stroke	3.2% (316)	2% (1)	0% (0)
Brain/neurological	2.4% (230)	4% (2)	0% (0)
Other	2.2% (218)	2% (1)	2% (1)
Skin lacerations or lesions	2.1% (202)	2% (1)	4.1% (2)
Other fractures	1.9% (184)	8% (4)	0% (0)
Pain/swelling	1.8% (177)	4% (2)	4.1% (2)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Impaired consciousness	1.7% (166)	2% (1)	2% (1)
Endocrine or metabolic	1.5% (146)	0% (0)	2% (1)
Haematology	1.5% (143)	0% (0)	2% (1)
Dehydration	1.4% (134)	0% (0)	2% (1)
Liver related/hepatology	0.9% (92)	0% (0)	0% (0)
Cancer	0.7% (70)	0% (0)	0% (0)
Not documented/unknown	0.6% (59)	0% (0)	0% (0)
Rheumatic	0.5% (52)	0% (0)	0% (0)
Surgical/non-surgical procedure	0.5% (50)	4% (2)	0% (0)
Oral/visual	0.4% (39)	2% (1)	0% (0)
Adverse reaction/allergy	0.4% (37)	0% (0)	2% (1)
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)	68 % (34)	59.2% (29)
	After	42% (3648)	49% (24)	50% (19)
Respite care	Before	0.8% (74)	0% (0)	0% (0)
	After	1.5% (134)	0% (0)	0% (0)
Rehabilitation ward	Before	0.3% (31)	0% (0)	0% (0)
	After	1.6% (135)	0% (0)	0% (0)
Psychiatric ward	Before	0.5% (46)	0% (0)	*
	After	0.6% (51)	0% (0)	*
Carer's home	Before	1.4% (138)	*	0% (0)
	After	1.3% (114)	0% (0)	*
Intermediate care	Before	0.7% (73)	2% (1)	0% (0)
	After	4.3% (373)	8.2% (4)	*
Residential care	Before	17.9% (1753)	20% (10)	24.5% (12)
	After	19.8% (1723)	26.5% (13)	34.2% (13)
Nursing home	Before	18.1% (1775)	8% (4)	*
	After	25.8% (2241)	12.2% (6)	*
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)	*
	After	2.1% (185)	*	0% (0)
Long stay care	Before	0.2% (23)	0% (0)	0% (0)
	After	0.3% (23)	0% (0)	0% (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
	(27)	(0)	(0)
No change in residence	84.3% (6544)	84.1% (37)	71.1% (27)
Own/carer's home to nursing/residential care	7.7% (937)	12% (6)	10.5% (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)	56% (28)	55.1% (27)
11-20 days	25.8% (2523)	22% (11)	18.4% (9)
21-30 days	11.5% (1127)	12% (6)	10.2% (5)
31-40 days	6.3% (613)	2% (1)	10.2% (5)
41-50 days	3.3% (319)	6% (3)	0% (0)
51-60 days	2.2% (212)	0% (0)	2% (1)
61-70 days	1.4% (134)	0% (0)	0% (0)
71-80 days	0.7% (70)	0% (0)	2% (1)
81-90 days	0.5% (46)	0% (0)	2% (1)
90 days or more	0.8% (76)	2% (1)	0% (0)
Range	3-391	3 - 99	2 -89
Median	11	8.5	8

Appendix B

Carer Demographics - Broomfield Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
18-24	1% (46)	*	*
25-34	3.3% (154)	19.1% (13)	*
35-44	6% (280)	14.7% (10)	9.8% (4)
45-54	16.9% (787)	11.8% (8)	17.1% (7)
55-64	24.5% (1139)	20.6% (14)	14.6% (6)
65-74	18.9% (879)	13.2% (9)	14.6% (6)
75-84	20.1% (934)	17.6% (12)	12.2% (5)
85 years or older	8.2% (384)	0% (0)	19.5% (8)
Prefer not to say	1.2% (55)	0% (0)	0% (0)
Gender			
Male	31.5% (1460)	38.2% (26)	46.3% (19)
Female	67.4% (3128)	61.8% (42)	53.7% (22)
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)	76.1% (51)	82.9% (34)
Black/Black British	3.6% (167)	22.4% (15)	9.8% (4)
Asian/Asian British	3.9% (177)	*	*

	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)	30.9% (21)	46.3% (19)
Family member	56.3% (2649)	54.4% (37)	29.3% (12)
Friend	5.5% (261)	11.8% (8)	14.6% (6)
Professional carer (health or social care)	4.7% (221)	*	9.8% (4)
Other	1% (49)	0% (0)	0% (0)
One of main carers for patient			
Yes	76% (3268)	86% (54)	92.5% (37)

Appendix C

Staff Demographics - Broomfield 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)	38.3% (72)	40.3% (54)
26 - 50%	26.7% (3764)	20.7% (39)	24.6% (33)
51 - 75%	25% (3514)	28.7% (54)	23.9% (32)
More than 75%	17.8% (2502)	12.2% (23)	11.2% (15)
Gender			
Male	14.9% (2113)	13.3% (25)	16.4% (22)
Female	83.7% (11843)	86.2% (162)	80.6% (108)
Other	0.2% (34)	0% (0)	*
Prefer not to say	1.2% (164)	*	*
Ethnicity			
White/White British	76.3% (10802)	82.4% (155)	76.1% (102)
Asian/Asian British	10% (1421)	7.4% (14)	6% (8)
Black/Black British	4.8% (684)	3.7% (7)	4.5% (6)
Other	6.4% (902)	4.3% (8)	8.9% (12)
Prefer not to say	2.4% (345)	2.1% (4)	4.5% (6)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Job role			
Registered nurse (Band 5 or 6)	29.9% (4215)	34.6% (65)	26.9% (36)
Registered nurse (Band 7 or above)	10.9% (1542)	14.9% (28)	16.4% (22)
Healthcare assistant	25.4% (3587)	27.7% (52)	14.2% (19)
Doctor	9.7% (1370)	3.2% (6)	20.1% (27)
Allied healthcare professional	11.4% (1601)	11.7% (22)	16.4% (22)
Other	12.7% (1784)	8% (15)	5.9% (8)
Hours worked per week			
Up to 29 hours	13.3% (1873)	17.1% (32)	8.2% (11)
30 hours or more	86.7% (12217)	82.9% (155)	91.8% (123)
Time worked in the hospital			
Less than 6 months	6.8% (958)	4.3% (8)	6% (8)
6 - 11 months	9.1% (1284)	11.2% (21)	19.4% (26)
1 - 2 years	16.4% (2307)	14.4% (27)	10.4% (14)
3 - 5 years	20.1% (2828)	22.9% (43)	20.9% (28)
6 - 10 years	14.7% (2076)	20.7% (39)	17.2% (23)
11 - 15 years	10.6% (1490)	7.4% (14)	6.7% (9)
More than 15 years	22.4% (3150)	19.1% (36)	19.4% (26)

Appendix D: Staff Suggestions

Registered Nurses (Band 5 or 6)

More staff (e.g. one to one) who can take them out to the garden or for a walk.

More support for staffing levels and a dementia specialist.

Increase staff level.

There needs to be more community information when patients admitted from home (community link support).

Support more research. Provide training for all healthcare professionals including social workers, family care givers, porters. Support early diagnosis and early interventions.

To employ more staff.

Improve nursing assessments (5Qs) to avoid delays in discharge due to funding issues from clinical commissioning groups in regards to nursing or residential placement.

Need a replacement dementia specialist nurse, new admiral nurse is based in [hospital].

Volunteers being able to take patients into the garden/sit and talk to patients.

Increase staffing levels. Enhanced support assistants available every shift. Equipment and engaging activities.

Sometimes we are short of staff. Most of them don't want to work because it is very hard.

Why can't you pay one person extra so we aren't short of staff.

Making the completion of Deprivation of Liberty Safeguards and Mental Capacity Act more of a priority to doctors when patients with dementia are in ill-being.

We try and make the room space more familiar by using photographs and other belongings which the patient might recognize and feel familiar with. I wish that we could use their own bed sheets from home instead of the hospital sheets or create a homely day room for patients to go to so they have solace from the busy hospital ward settings which can feel tense and stressful to them.

From my personal experience, dementia people are more well supported in the proper wards where special or better assistance is given to them. If they are in, for example, a surgical ward the care of the surgical staff will be less focused on the dementia people even if they do their best to care for everyone at the same level.

I really miss the old wards that used to have day rooms. They were a great opportunity for all types of patients to socialise and experience a level of normality away from an intense clinical setting. I think more areas like this would benefit patients with dementia and enhance wellbeing, set up with activities in a calm and friendly environment.

Protect their mealtimes, which is not being done.

Re-start our quarterly dementia update sessions/study days, I really miss going to these as I enjoyed relaying new ideas and progress on the wards to my colleagues.

Increased enhanced support workers.

It will be nice, if at times, we can have some people to entertain the individual with some programs/activities or even a pet visit.

We had specialist support workers trained to help patients with dementia but I think they have not been funded any more.

Less night time moves and more opportunity to give time to patients with dementia.

Try to ensure patients identified with dementia are cared for on the appropriate wards and not outlie to wards which are not safe and secure. I have always been passionate about elderly care and I know the hospital aspires to give all patients the highest standard of care so when I work on wards with patients that are not located under the speciality they should be, care unfortunately suffers.

Maybe having activity people because most of the time on my unit nurses are busy with 2:1 ratio and most of the time we have no healthcare assistants, hence we get busy and when the patients are bored they have no entertainment to keep them active and they end up sleeping quite a lot during the day. If activity people were present they could keep them entertained which means they will not be sleeping much during the day, which in return means they will sleep better during the night.

Afternoon day surgery - patients with dementia should not be brought in on 'all day lists' as it's distressing to wait for such long periods and to be nil by mouth for so long, this can often cause distress

Could improve by not transferring patients in the middle of the night whilst they are confused.

I think we are doing a great job, it would be difficult to improve, however it would be helpful to have more staff on the care of the elderly wards.

Alerts on computer to flag up their needs and level of cognition.

I feel that ward nurses need more time and greater staffing levels to fully understand and meet the needs of each individual patient. There is very little time to talk to patients unless carrying out a procedure or washing/dressing them. Undisturbed time to talk without undergoing anything is incredibly valuable for the nurse and patient to understand each other's needs and expectations.

Surgeons are not able to adapt to the protocols when consenting people with dementia. They don't realize that a Mental Capacity Act 2 form has to be completed even if the patient is undergoing a short procedure under local anaesthetic. It is necessary to organize the consent form in an adequate environment in order not to delay the operative list on the day of surgery. We need more communication, coordination and better management for patients with special needs.

Ensuring that all healthcare assistants undertake more in-depth dementia training, the same as is expected of the nurses.

Consent training for medical staff would be helpful as this causes issues.

When relatives visit their loved ones it would be helpful if there was someone who could give a handover about the current thinking and plan for care and or discharge.

Ensure good staffing levels.

Would feel I have given the very best care for people living with dementia given more time for number of patients.

Registered Nurses (Band 7 or above)

Musicians.

Our 2 elderly care wards have no designated day rooms for patients which would be beneficial for their wellbeing.

Ensure there is always one member of staff free to talk to the patients with dementia. To work with them and thereby enhance their inpatient experience.

The role of the dementia specialist nurse needs to come back.

Better access to day room facilities and opportunities for communal eating.

Need to improve staffing levels, wards are creative in how to address shortfalls but this may be at the cost of something else e.g. clinical duties carried out at the same time as mealtimes.

New dementia nurses, as ours has left for a new job. She was fab. 'This is me' completed right at the beginning of the hospital journey. Dementia packs completed and given to wards to give out to the patients.

Rebuild the dementia team to the level it was previously.

Provision of more overnight stay rooms/areas for relatives of people with dementia, especially if they live a significant distance away from the hospital site.

By bed office not moving patients at night.

Have a dedicated team/substantive post holder to support the wards.

Availability of the appropriate plates and cutlery.

EXTRA STAFF.

We need more staff at band 5 level and more support from dementia clinical nurse specialist team, who get involved too late and don't support the ward team.

More time to take patients off the ward (if it's safe to), go walking or use a wheelchair to get out of the hospital environment.

Our hospital needs to improve training updates/introductions for the care of dementia patients. E-learning is ok but to drive home the message we need to share learning in a classroom over the course of a morning or afternoon with active role play, group work and DVD coverage. The care of dementia patients is not a quick fix situation, staff need to be supported with regular updates to embed and understand the nature of fluctuating capacity and mood changes.

Have a clinical nurse specialist in post for dementia with additional support as was previously the case.

Healthcare Assistants

Regular meetings for enhanced support assistants to share our experiences and advise on how to deal with situations with patients who suffer from dementia - matron said she is already arranging this though. Apart from this, I do feel supported.

More staff and more help at meal times. Usually one healthcare assistant to assist 3+ people at once. End up assisting and running from patient to patient. No meal time companions and if we do have them, they help dish up food rather than feed patients.

Promote more to families to complete 'this is me' and why it's important. Faster services/investigation so patients with dementia aren't in hospital for as long, it can become very unsettling.

Staffing is the main issue, even when 'fully' staffed it is not enough to provide the good care and time to patients with dementia. More support from 'higher' staff i.e. doctors, it often seems it's just nurses or healthcare assistants responsibility.

At one time we used to use coloured plates/cups for patients with dementia, but this doesn't seem to happen anymore.

Serving smaller portions of food. Serving desserts after they have finished their main meal.

Have someone employed to do activities with the patients.

Getting the correct staff to support the patients i.e. enhanced support assistants.

Increase in the staffing levels. Better access to resources equipment. A more compassionate approach, by management, to the care staff (i.e. nurses, healthcare support workers, healthcare assistants). We are all one team.

Get more staff for dementia patients. More training for dementia staff.

Make it compulsory for family/carers of the patients to fill out the 'this is me' paperwork. As some family refuse as it is 'too much hard work' to fill in and can't be bothered.

Dementia specialists (when we have one) could do a full shift on the ward (not come down for 10 minutes).

Staffing at mealtimes are the main issue. Lots of our patients living with dementia require lots of assistance with care. Also, having many 1:1 care at times and not enough staff to care. 1:1 priority which leaves others not receiving as much care and input which is unfair. Also, lots require assistance with meals, healthcare assistants don't have enough assistance to feed patients and often have 4 or 5 in a meal time which means patients' meals get cold or aren't given the time they really need.

Activities.

More training to staff about how to deal with confusion and/or aggressiveness.

There is not enough information given about patient needs.

Sufficient staffing. With this weather, condition hospital to provide better environment.

By providing activities for patients such as books or puzzles for example.

Have special staff available to be able to assist on wards with patients that have delicate needs. This would give them specialized 1:1 care when required.

To have a zone, within the ward, safely accessible to give dementia patients quality time, where infection prevention is applied. I feel that a zone that is treated like a "normal" area rather than a hospital bay would benefit patients healing, e.g. a dementia patient sat in the therapy room looking on the computer, to print off pictures to colour in and help to write a list of things to put in the activities trolley. I would like a table and chairs so that patients can sit in this area and have afternoon tea, listen to music, watch a film or just relax in a more homely environment.

Training staff.

More things for them to do.

More staff should have dementia training especially healthcare assistants because they are the ones spending more time with the patients.

Allowing additional time for talking to patients about their lives and more encouragement for carers to get involved when visiting.

More staff to care for patients with dementia.

I feel as a team we could do more activities with the patients with dementia if only we had more staff. Also, all staff should stop what they are doing and help with feeding.

Increase staffing levels and provide 1:1 care. Frequently, 1:1 care is not available due to inadequate staffing and recent experience has found me pursuing two doubly incontinent patients around the ward, whilst trying to carry out observations, perform BMs and give full assistance with feeding to a further two patients. It can't be done, and means care is sub optimal.

I feel, on a personal level, that the idea of eLearning is anathema. There should be more relevant training on the ward or other workplace.

A lot of the time, meal times are not protected from doctors/social worker assessments. Doctors, occupational therapists and physiotherapists often do not respect protected mealtimes.

Sometimes there is not enough staff about to help with the feeding of dementia patients
Sometimes we need more people to feed patients, not all staff are willing to do this.

Doctors

1. Family room to have sensitive discussions. 2. Attend to nutrition more regularly. 3. Improve staffing for 1:1 nursing for dementia patients with challenging behaviours. Better links to dementia specialist nurses and resources.

Dedicated ward with dedicated nurses, who are not rushed off their feet and are adequately trained in dementia. Low threshold for augmenting numbers when patients require help to deal with aggression, wandering etc.

Allied Healthcare Professionals

Having suitable 1:1 caring staff to support those patients who require it. Also, having these staff trained further to provide meaningful activities.

To have a personal care folder with each patient.

Provide more frequent dementia training. Ability to access dementia specialists more easily.

Give all staff more time to update training. Make both dementia and diversity training films part of the mandatory yearly training, even if only online. Make it easier for families to report failings on the behalf of patients. Set up clearer confidential anonymous reporting points for staff to report their concerns about hospital care. Treat whistle-blowers as heroes, not a threat.

Radiology support for patients with dementia - we do not have access to an assessment of the patient's needs.

Dementia only wards, more 1:1 care to offer more reassurance and time to talk.

Increased staffing to allow the time required to meet a higher standard of care for patients with dementia i.e. meals, personal care, mobility, functional tasks/meaningful tasks.

Encouraging family/carers to be present as much as possible and providing a bed for them to stay in the room.

More formal training - access to Dementia Level 3 training.

A sticker on the front of patients notes to advise staff who have never met the patient before.

Have volunteers available to sit with patients who have dementia and occupy their time, ensure they have belongings from home etc.

More staffing on wards (particularly in the morning when they get out of bed) with patients with dementia to allow healthcare assistants the time to be patient with transferring people with dementia out of bed.

More dementia training/awareness of support earlier in staff training/induction.

More meaningful activities and more staff (support workers on each ward) to complete these activities with patients.

Patients would benefit from additional staffing. Sadly, patients' needs i.e. mobility assistance do not always get met due to lack of staff and therefore time.

Other

More staff, more 1:1 (care support assistants) needed.

Music.

By providing a Safeguarding Dementia Nurse.

Readily available information on the intranet which is easily accessible.

Offer education and support for visitors/carers/outpatients/family as well as patients.

Offer wider information/support to areas such as administration, HR, education etc. We encounter many people in our work in the NHS even though we are not directly dealing with patients.

improve the quality of staff within the elderly wards to ensure continuity of a level of care we would all expect if we were the patient.

More staff required.

The National Audit of Dementia (care in general hospitals) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England/NHS Improvement, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies www.hqip.org.uk/national-programmes.

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