

National Audit of Dementia

Care in general hospitals 2018-2019



North Middlesex University Hospital
North Middlesex University Hospital NHS Trust
Local report

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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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Table of Contents

Introduction	6
Background.....	6
Data collection.....	6
Audit standards	6
How the findings are presented	7
Key findings	7
National key findings	8
Key findings and your hospital.....	9
Key finding: assessments for delirium.....	9
Key recommendations: Delirium	10
Key finding: personal information collected to support care	11
Key recommendation: Personal information	14
Key finding: dementia awareness training.....	15
Key recommendation: Dementia awareness training	16
Key finding: Trust/Health Boards involvement in dementia care.....	17
Key recommendation: Trust/Health Boards involvement in dementia care	17
Key finding: overall improvement in care in general hospitals	18
Key recommendation:	19
Data breakdown by audit theme.....	20
Data tables in audit theme chapters	21
Carer Rating of Patient Care.....	22
Assessment.....	23
Multidisciplinary assessment	23
Mental state assessment.....	24
Information and Communication.....	25
Using personal information to improve care	25
Availability of personal information	25
Involvement of carers and people with dementia	27
Staff communication	28
Use of information systems.....	28
Staffing and Training.....	30
Staffing levels.....	30
Guidance for staff	31
Training and knowledge framework.....	31

Dementia training formats	31
Staff data on dementia training	32
Nutrition	34
Mealtimes policies and initiatives	34
Finger foods and 24-hour food services	34
Communication of nutrition and hydration needs	36
Overall	36
Governance	37
Care pathway.....	37
Reviewing dementia care in hospitals.....	38
Continuity of care	39
Specialist services for dementia care	39
Engagement with carers.....	40
Environment	40
Discharge	42
Discharge coordination	42
Discharge planning	42
Involving the person with dementia in decision making.....	44
Carer involvement and support.....	44
Assessment before discharge.....	45
Staff Suggestions and Carer Comments.....	47
Staff Suggestions.....	47
Carer comments.....	47
Staff Suggestions.....	48
Carer Comments.....	50
Recommendations	52
Assessment.....	52
Information and communication	52
Staffing and training	52
Nutrition	53
Discharge	53
Governance	53
Overall	54
References	55
Appendices.....	56

List of Figures and Tables

Figure 1: Initial assessment for indications of delirium.	9
Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.....	11
Figure 3: Results from the 'mini audit' on personal information documents.....	12
Figure 4: Carers' perspective on how well informed staff were about the needs of the person with dementia.	12
Figure 5: Staff perspective on the availability of personal information to help them care for/support people with dementia.	13
Figure 6: Staff perspective on the opportunity to use personal information when available to help them care for/support people with dementia.	13
Figure 7: Staff response on level of preparedness following training provided by their current hospital.	16
Figure 8: Your hospital's scores against the national range.	19
Table 1: National and North Middlesex University Hospital's data received per hospital in Round 4 of the audit.....	6
Table 2: Full assessment for delirium.....	9
Table 3: Number of staff equipped with at least Tier 1/basic awareness training between 1 st April 2017 and 31 st March 2018.....	15
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).....	15
Table 5: Trust/Health Board involvement when reviewing information.....	17
Table 6: Your hospital's scores and rankings.....	18
Table 7: Explanation of how data tables are presented in audit theme chapters	21
Table 8: Explanation of how comments and suggestions are presented in tables	47

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	98
Carer questionnaires	4736	73

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).

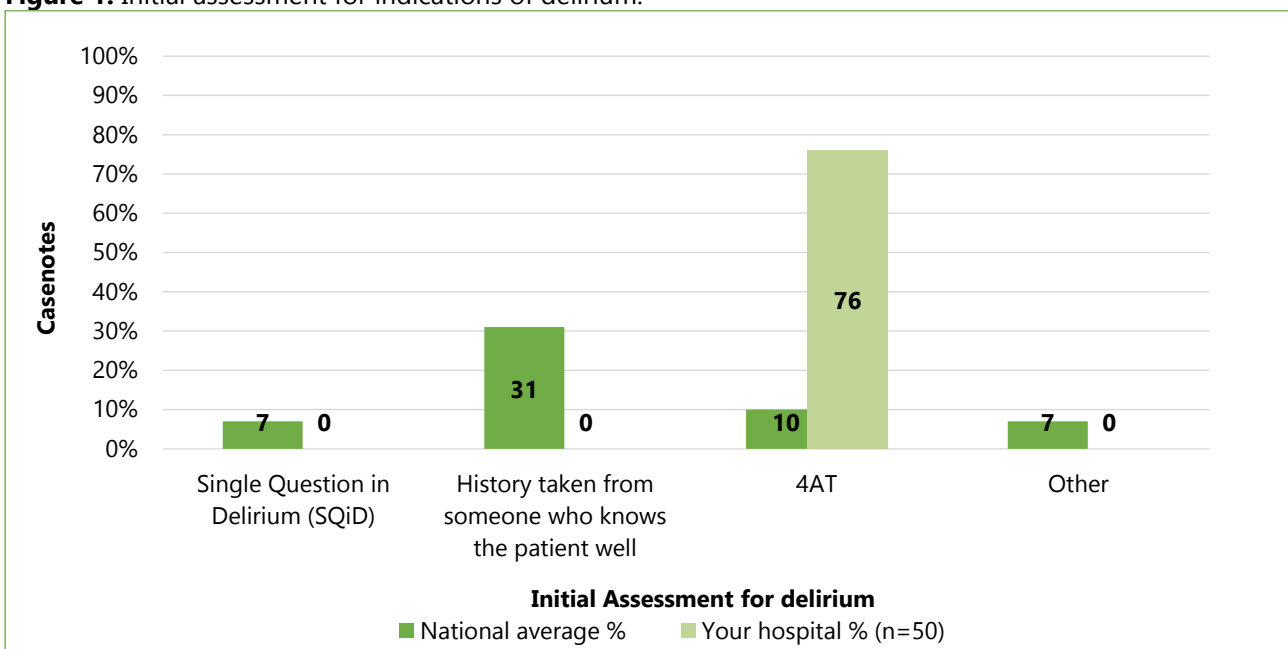


Key findings and your hospital

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

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

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

Table 2: Full assessment for delirium

	National average %	Your hospital %
Initial assessment for indications of delirium	58% (n=9147)	76% (n=50)
Clinical assessment following indications of delirium	66% (n=2458)	100% (n=18)

NB: 1 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

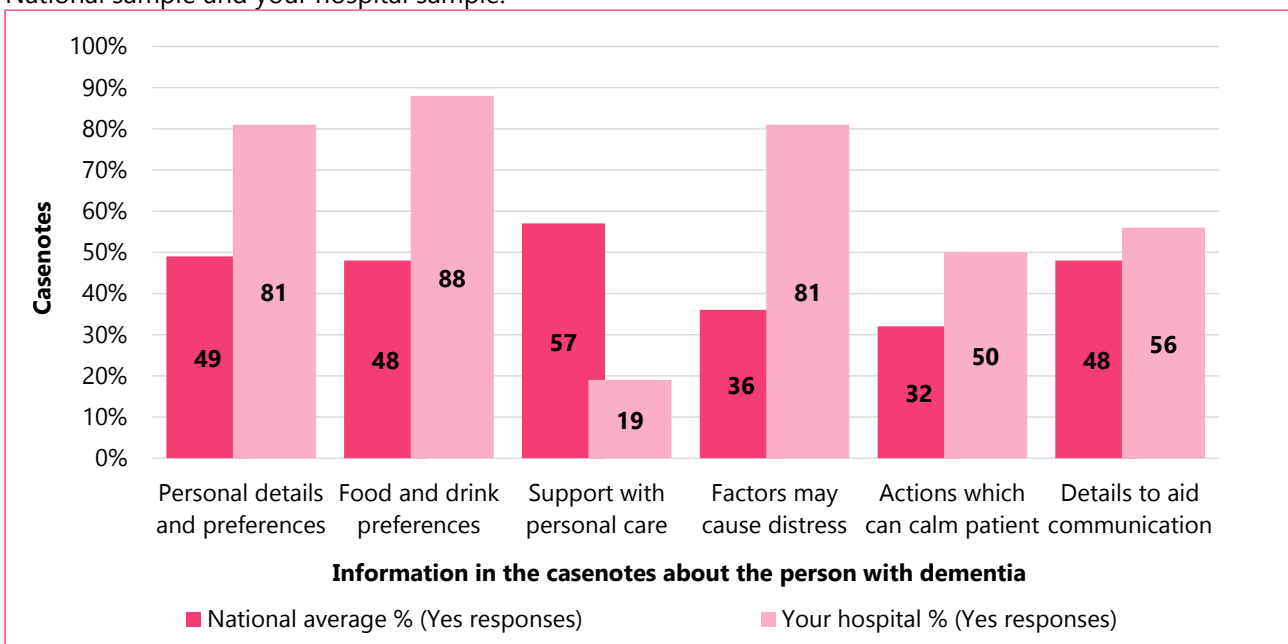
Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)¹ and consider the symptom of pain as a contributory factor.

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).

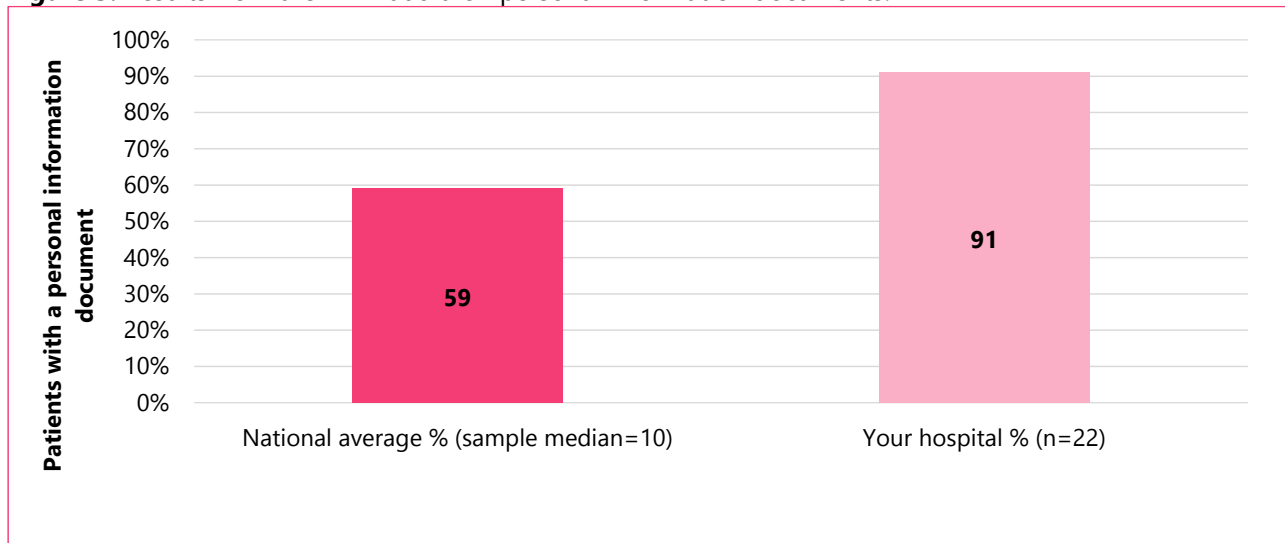
Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.



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

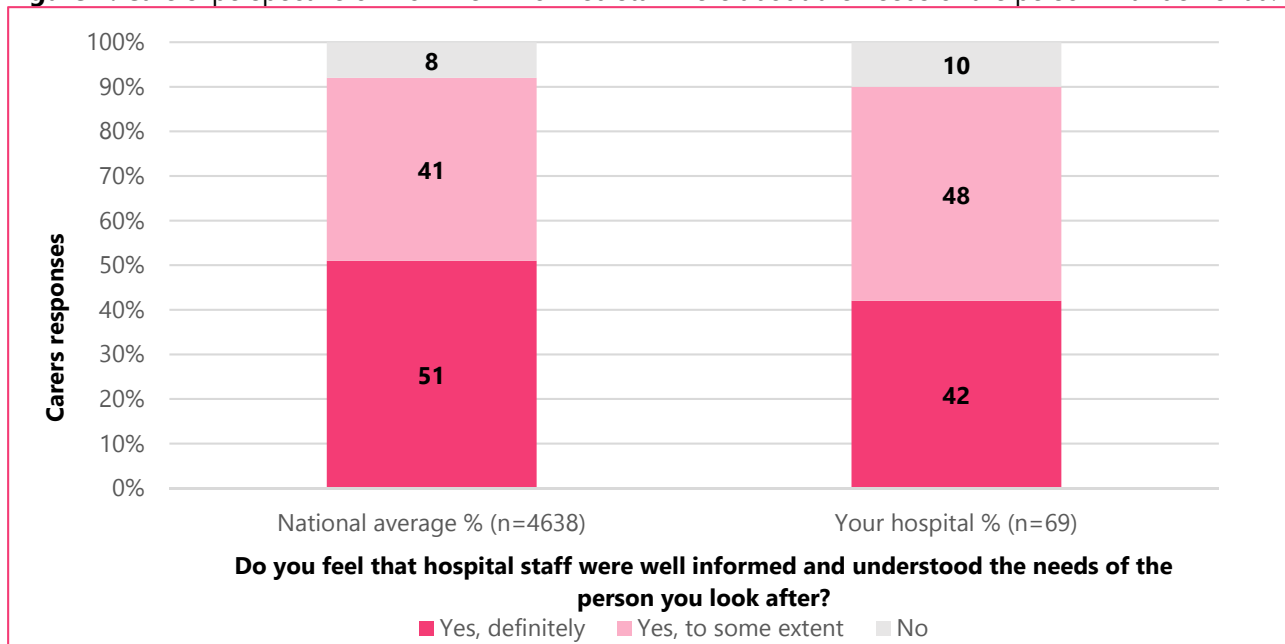
A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10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



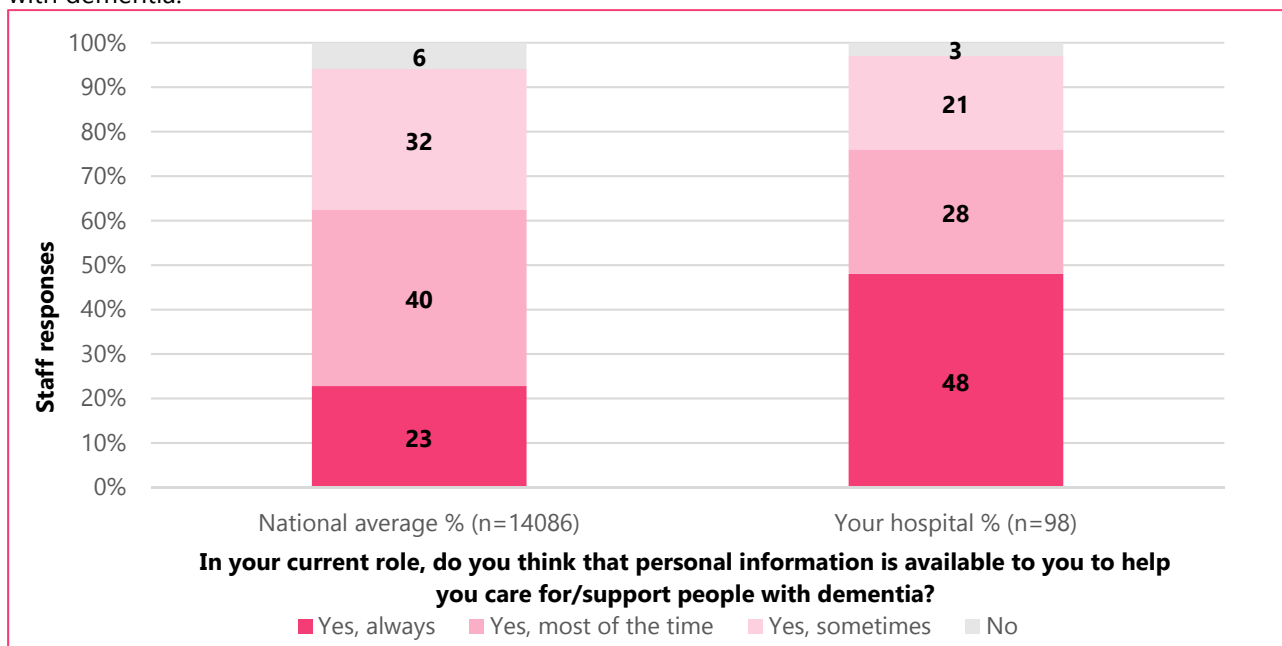
(See [Q15b OC](#) in Information and Communication data tables for your hospital comparison to Round 3)

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



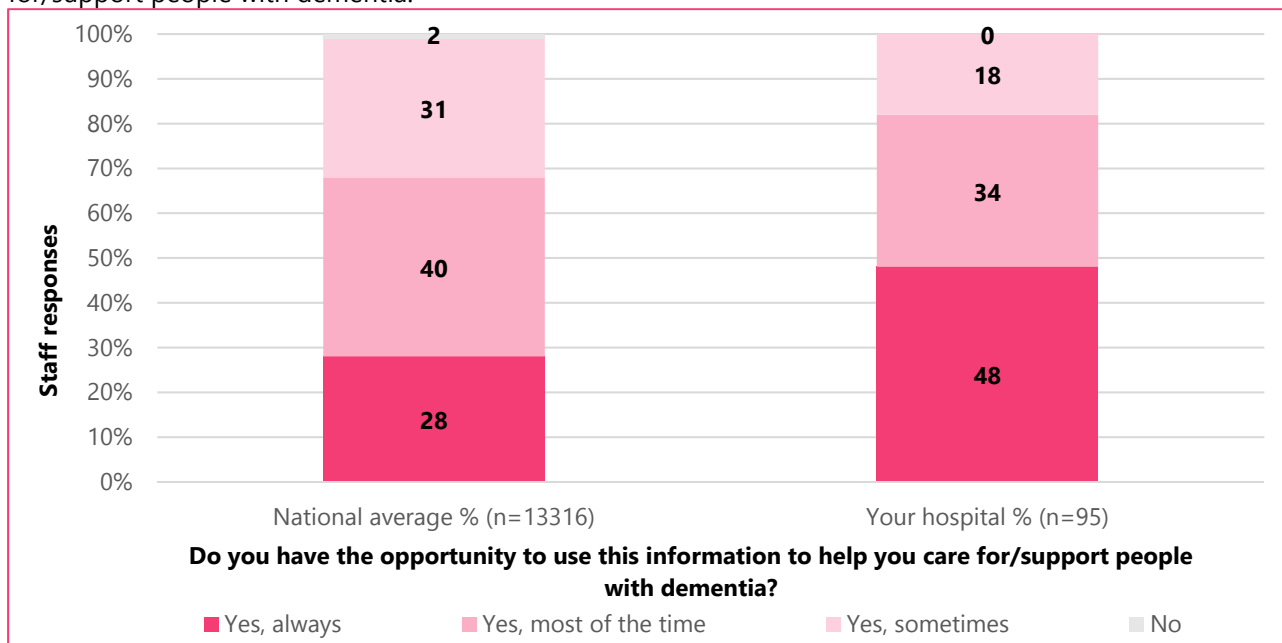
(See [Q1 CQ](#) in Information and Communication data tables for your hospital comparison to Round 3)

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)	Unknown
Number of staff equipped with at least tier 1/basic awareness training identified at hospital level (n=104)	1100 (433-1238)	559
Total number of adult beds excluding maternity and mental health beds at 31 st March 2018 at hospital level (n=195)	506 (325-650)	401

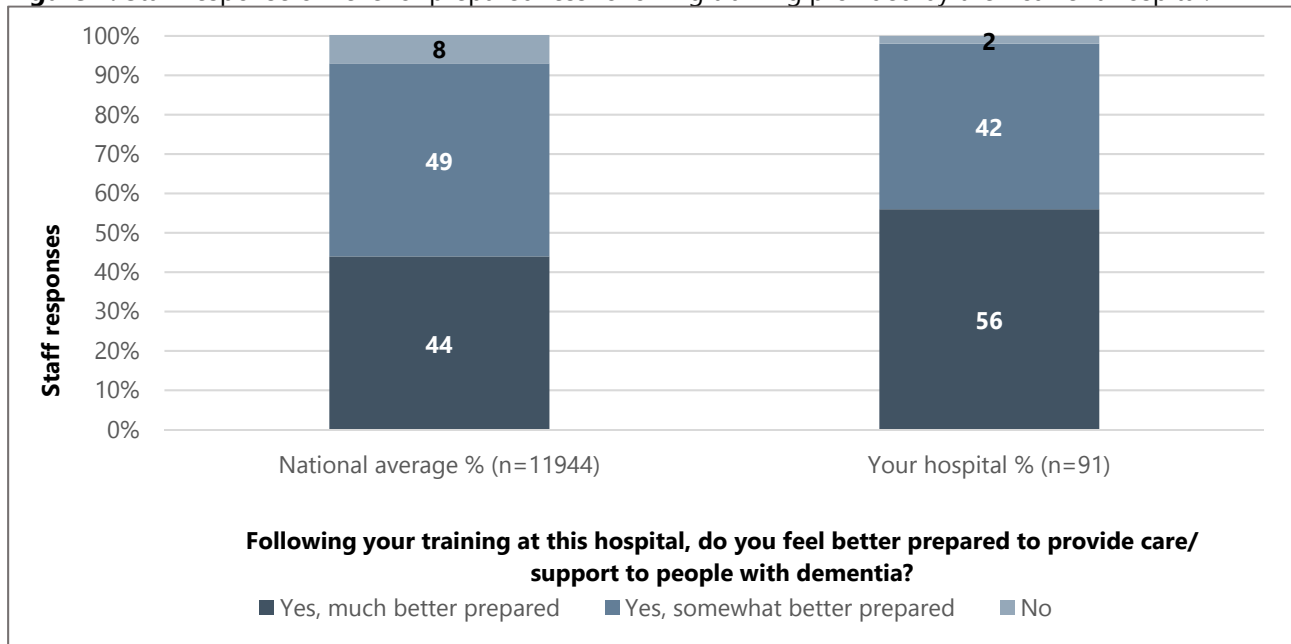
The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

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=95)
eLearning	52%	34%
Workbook	8%	3%
Workshop/study day	55%	72%
Higher education module	5%	6%
Other form of training	8%	11%
Did not receive dementia training	10%	4%

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

Figure 7: Staff response on level of preparedness following training provided by their current hospital.



(See [Q2a SQ](#) in Staffing and Training data tables for your hospital comparison to Round 3)

Key recommendation: Dementia awareness training

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

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

Key finding: Trust/Health Boards involvement in dementia care

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

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

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

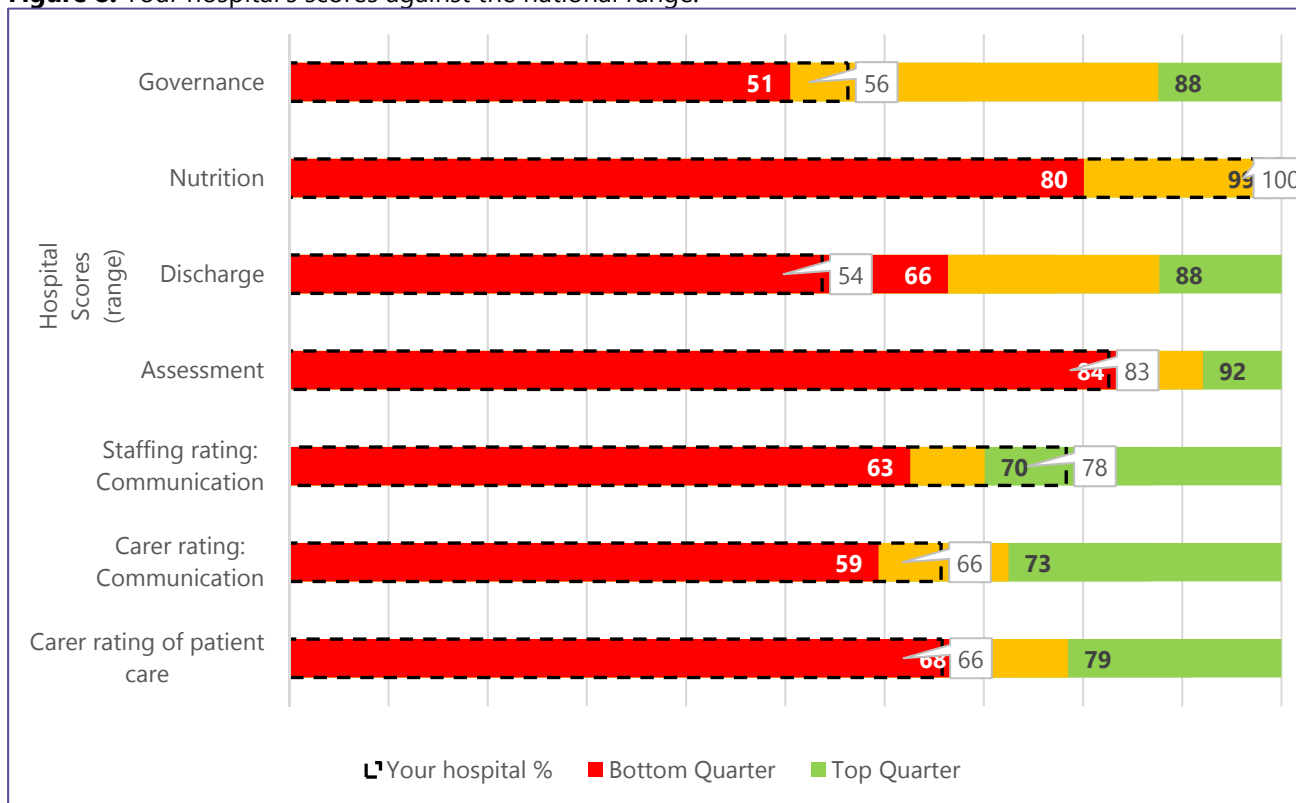
Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and 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%	56.3	122 (195)	40.6	171 (199)
Nutrition	89%	100	1 (195)	67.5	153 (199)
Discharge	76%	53.7	178 (191)	-	- (195)
Assessment	87%	82.6	149 (191)	-	- (195)
Staff rating communication	66%	78.3	6 (182)	-	- (182)
Carer rating: communication	66%	65.7	67 (141)	-	- (148)
Carer rating of patient care	73%	65.8	117 (141)	-	- (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)	27.4% (20/73)	-% (-/-)
	Very good	33.6% (1580/4704)	34.2% (25/73)	-% (-/-)
	Good	15.8% (745/4704)	19.2% (14/73)	-% (-/-)
	Fair	8.5% (402/4704)	12.3% (9/73)	-% (-/-)
	Poor	3.8% (179/4704)	6.8% (5/73)	-% (-/-)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment			
	Extremely likely	46.1% (2126/4608)	33.3% (21/63)	-% (-/-)
	Likely	34.1% (1571/4608)	31.7% (20/63)	-% (-/-)
	Neither likely nor unlikely	12% (551/4608)	20.6% (13/63)	-% (-/-)
	Unlikely	4.4% (205/4608)	9.5% (6/63)	-% (-/-)
	Extremely unlikely	3.4% (155/4608)	4.8% (3/63)	-% (-/-)
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)	45.5% (30/66)	75% (-/-)
	Somewhat satisfied	32.4% (1420/4377)	31.8% (21/66)	-% (-/-)
	Somewhat dissatisfied	9.4% (413/4377)	19.7% (13/66)	-% (-/-)
	Very dissatisfied	4.3% (190/4377)	3% (2/66)	-% (-/-)



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)	86.8% (33/38)	-% (-/-)
15 CA	Assessment of nutritional status performed by a healthcare professional	92.5% (94.3, 90-98) (8824/9538)	77.1% (37/48)	-% (-/-)
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)	100% (37/37)	-% (-/-)
	Other action taken	3.2% (0, 0-4) (281/8824)	0% (0/37)	-% (-/-)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	95.7% (98, 94-100) (9362/9782)	98% (49/50)	-% (-/-)
17 CA	Patient asked about any continence needs	89.1% (95.1, 85-99) (8429/9457)	54.3% (25/46)	-% (-/-)
18 CA	Patient assessed for the presence of any pain	85.4% (91.75, 79-98) (8201/9600)	94% (47/50)	-% (-/-)
19 CA	Assessment of functioning			
	Standardised assessment	52.1% (52.9, 25-78) (4795/9199)	11.9% (5/42)	-% (-/-)
	Occupational therapy assessment	43.6% (43.35, 27-60) (4015/9199)	52.4% (22/42)	-% (-/-)
	Physiotherapy assessment	55.6% (58.3, 36-73) (5115/9199)	59.5% (25/42)	
	Yes, other	7.6% (2.8, 0-8) (697/9199)	0% (0/42)	-% (-/-)
	Yes (all options)	91.2% (94.8, 86-98) (8390/9199)	78.6% (33/42)	-% (-/-)

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)	77.1% (37/48)	-% (-/-)
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)	0% (0/50)	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)	0% (0/50)	
	4AT	10% (4.15, 2-10) (978/9753)	76% (38/50)	
	Other	7% (3.9, 0-8) (680/9753)	0% (0/50)	
Combined	49.7% (4851/9760)	76% (38/50)	-% (-/-)	
21a CA	Initial assessment above found evidence that delirium may be present	50.8% (53.8, 40-67) (2455/4832)	47.4% (18/38)	-% (-/-)
	Initial assessment above found no evidence of delirium	49.2% (46.2, 33-60) (2377/4832)	52.6% (20/38)	-% (-/-)
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)	60% (18/30)	-% (-/-)
	Confusion Assessment Method (CAM) – short or long form	5.3% (0, 0-6) (351/6623)	0% (0/30)	
Other	14.9% (9.4, 2-20) (988/6623)	3.3% (1/30)		
22a CA	Diagnosis of delirium confirmed	80.5% (83.3, 67-98) (1524/1892)	57.9% (11/19)	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)	No	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)	No	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)	32% (16/50)	-% (-/-)
Information collected about:				
23a CA	Personal details, preferences and routines			
	Yes	49.4% (55.2, 34-75) (2889/5851)	81.3% (13/16)	-% (-/-)
	Unknown	31.1% (14.3, 0-42) (1819/5851)	0% (0/16)	-% (-/-)
23b CA	Food and drink preferences			
	Yes	48.1% (55.6, 30-74) (2810/5845)	87.5% (14/16)	-% (-/-)

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
	Unknown	30.80% (15, 0-42) (1800/5845)	0% (0/16)	-% (-/-)
23c CA	Reminders or support with personal care			
	Yes	56.8% (64, 39-82) (3326/5852)	18.8% (3/16)	-% (-/-)
	Unknown	28.3% (9.4, 0-42) (1654/5852)	0% (0/16)	-% (-/-)
23d CA	Recurring factors that may cause or exacerbate distress			
	Yes	36.1% (38.3, 20-58) (2101/5822)	81.3% (13/16)	-% (-/-)
	Unknown	35.1% (17.5, 0-50) (2041/5822)	0% (0/16)	-% (-/-)
23e CA	Support or actions that can calm the person if they are agitated			
	Yes	31.8% (30, 17-50) (1841/5794)	50% (8/16)	-% (-/-)
	Unknown	36.0% (18.9, 0-51) (2085/5794)	0% (0/16)	-% (-/-)
23f CA	How the person with dementia communicates with others/understands communication			
	Yes	47.7% (51.9, 33-74) (2784/5838)	56.3% (9/16)	-% (-/-)
	Unknown	31.3% (15.8, 0-43) (1825/5838)	0% (0/16)	-% (-/-)
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	94.2% (179/190)	No	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		22	10
	Range	0-33	N/A	N/A
	Mean	10		
15b OC	Number of these patients where the information was present		20	0
	Percentage of patients where the information was present	59.4%	90.9%	0%
	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)	44.9% (31/69)	-% (-/-)
	Yes, to some extent	38.5% (1776/4609)	37.7% (26/69)	-% (-/-)
	No	15.6% (718/4609)	17.4% (12/69)	-% (-/-)
6 CQ	Involved as much as you wanted to be in decisions about care			
	Yes, definitely	51.1% (2317/4535)	50.8% (32/63)	-% (-/-)
	Yes, to some extent	34.8% (1577/4535)	39.7% (25/63)	-% (-/-)
	No	14.1% (641/4535)	9.5% (6/63)	-% (-/-)
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)	No	Yes
7 CQ	Hospital staff asked about the needs of the person to help plan their care			
	Yes, definitely	48.3% (2193/4545)	44.6% (29/65)	-% (-/-)
	Yes, to some extent	34.3% (1561/4545)	36.9% (24/65)	-% (-/-)
	No	17.4% (791/4545)	18.5% (12/65)	-% (-/-)
1 CQ	Hospital staff were well informed and understood the needs of the person			
	Yes, definitely	51.1% (2368/4638)	42% (29/69)	-% (-/-)
	Yes, to some extent	40.7% (1888/4638)	47.8% (33/69)	-% (-/-)
	No	8.2% (382/4638)	10.1% (7/69)	-% (-/-)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person			
	Yes, definitely	58.7% (2728/4649)	53.6% (37/69)	-% (-/-)
	Yes, to some extent	33.8% (1571/4649)	36.2% (25/69)	-% (-/-)
	No	7.5% (350/4649)	10.1% (7/69)	-% (-/-)
4 CQ	The person was treated with respect by hospital staff			
	Yes, definitely	77.5% (3598/4640)	75.4% (52/69)	-% (-/-)
	Yes, to some extent	20.2% (939/4640)	23.2% (16/69)	-% (-/-)
	No	2.2% (103/4640)	1.4% (1/69)	-% (-/-)

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)	48% (47/98)	50% (8/16)
	Yes, most of the time	39.5% (5557/14086)	27.6% (27/98)	12.5% (2/16)
	Yes, sometimes	31.7% (4467/14086)	21.4% (21/98)	37.5% (6/16)
	No	6.3% (891/14086)	3.1% (3/98)	0% (0/16)
3a SQ	Can use personal information to help care for/support people with dementia			
	Yes, always	27.7% (3644/13166)	48.4% (46/95)	43.8% (7/16)
	Yes, most of the time	40% (5266/13166)	33.7% (32/95)	31.3% (5/16)
	Yes, sometimes	30.8% (4058/13166)	17.9% (17/95)	18.8% (3/16)
	No	1.5% (198/13166)	0% (0/95)	6.3% (1/16)
4 SQ	Encouraged to accommodate the individual needs and preferences of people with dementia			
	Yes, always	31.5% (4435/14078)	48% (47/98)	37.5% (6/16)
	Yes, most of the time	34.6% (4864/14078)	30.6% (30/98)	43.8% (7/16)
	Yes, sometimes	25.3% (3566/14078)	20.4% (20/98)	18.8% (3/16)
	No	8.6% (1213/14078)	1% (1/98)	0% (0/16)
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team			
	Frequently	50.6% (7120/14060)	63.3% (62/98)	66.7% (8/12)
	Occasionally	35.5% (4987/14060)	32.7% (32/98)	25% (3/12)
	Almost Never	10.6% (1496/14060)	4.1% (4/98)	8.3% (1/12)
	Never	3.3% (457/14060)	0% (0/98)	0% (0/12)

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)	-	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)	Yes	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)	-	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)	Yes	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, on the wards	71.8% (140/195)	-	
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)	39.6% (38/96)	62.5% (5/8)
	Yes, most of the time	43.5% (5903/13577)	32.3% (31/96)	0% (0/8)
	Yes, sometimes	23.3% (3160/13577)	24% (23/96)	25% (2/8)
	No	6.1% (825/13577)	4.2% (4/96)	12.5% (1/8)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase			
	Yes, always	10.4% (1340/12942)	22.6% (21/93)	37.5% (3/8)
	Yes, most of the time	26.3% (3405/12942)	25.8% (24/93)	12.5% (1/8)
	Yes, sometimes	42.8% (5538/12942)	38.7% (36/93)	50% (4/8)
	No	20.5% (2659/12942)	12.9% (12/93)	0% (0/8)
3 CQ	The person you look after was given enough help with personal care from hospital staff			
	Yes, definitely	58.5% (2641/4518)	56.5% (39/69)	-% (-/-)
	Yes, to some extent	32.6% (1473/4518)	30.4% (21/69)	-% (-/-)
	No	8.9% (404/4518)	13% (9/69)	-% (-/-)

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)	No	-

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	No

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)	-	-
	Workshop or study day	82.1% (160/195)	Yes	Yes
	Higher education module	15.4% (30/195)	-	-
	Workbook	22.1% (43/195)	-	New to Round 4
	Other	18.5% (36/195)	-	Yes
2 SQ	Form of dementia training received at the hospital			
	eLearning module	51.8% (6939/13407)	33.7% (32/95)	20% (3/15)
	Workshop or study day	54.9% (7355/13407)	71.6% (68/95)	40% (6/15)
	Higher education module	5.3% (713/13407)	6.3% (6/95)	13.3% (2/15)
	Workbook	8.1% (1086/13407)	3.2% (3/95)	0% (0/15)
	Other	8.2% (1094/13407)	10.5% (10/95)	13.3% (2/15)
	I have not received any dementia training at this hospital	10.7% (1439/13407)	4.2% (4/95)	20% (3/15)
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)	56% (51/91)	50% (6/12)
	Yes, somewhat better prepared	48.7% (5811/11944)	41.8% (38/91)	50% (6/12)
	No	7.7% (924/11944)	2.2% (2/91)	0% (0/12)

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				
	Mandatory	52.8% (103/195)	-	-
	Provided on induction	64.1% (125/195)	Yes	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)	-	-
	Provided on induction	69.2% (135/195)	Yes	Yes
	Provided in the last 12 months	61% (119/195)	-	-
	Not provided in the last 12 months	1% (2/195)	-	-
20 OC	Healthcare assistants			
		Mandatory	63.1% (123/195)	-
		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)	-
		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)	-

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Provided on induction	53.3% (104/195)	Yes	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)	No	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)	25.9% (22/85)	0% (0/8)
	Yes, most of the time	40.9% (4772/11673)	41.2% (35/85)	37.5% (3/8)
	Yes, sometimes	13.8% (1611/11673)	17.6% (15/85)	50% (4/8)
	No	13.8% (1613/11673)	15.3% (13/85)	12.5% (1/8)
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)	75.3% (67/89)	58.3% (7/12)
	Yes, most of the time	22.3% (2801/12543)	19.1% (17/89)	33.3% (4/12)
	Yes, sometimes	10.5% (1318/12543)	4.5% (4/89)	8.3% (1/12)
	No	3.8% (481/12543)	1.1% (1/89)	0% (0/12)

Finger foods and 24-hour food services

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

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	1% (2/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	0.5% (1/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	0.0% (0/195)		
	Finger food consists of sandwiches/wraps only	23.1% (45/195)		
	Ability to access finger food for people with dementia as an alternative to main meals			
12 SQ	Yes, always	44.2% (4971/11253)	20.3% (16/79)	0% (0/8)
	Yes, most of the time	27.3% (3074/11253)	29.1% (23/79)	12.5% (1/8)
	Yes, sometimes	18.4% (2068/11253)	34.2% (27/79)	62.5% (5/8)
	No	10.1% (1140/11253)	16.5% (13/79)	25% (2/8)
	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	Simple food supplies 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)	24.7% (19/77)	0% (0/8)
	Yes, most of the time	27% (3160/11694)	33.8% (26/77)	37.5% (3/8)
	Yes, sometimes	19.7% (2305/11694)	35.1% (27/77)	50% (4/8)
	No	5.5% (648/11694)	6.5% (5/77)	12.5% (1/8)

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)	49.4% (38/77)	50% (4/8)
	Yes, most of the time	32.9% (3810/11591)	27.3% (21/77)	12.5% (1/8)
	Yes, sometimes	17.4% (2017/11591)	22.1% (17/77)	37.5% (3/8)
	No	6.1% (704/11591)	1.3% (1/77)	0% (0/8)

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)	36.3% (33/91)	25% (3/12)
	Yes, most of the time	47.8% (5978/12498)	35.2% (32/91)	33.3% (4/12)
	Yes, sometimes	18.5% (2311/12498)	24.2% (22/91)	41.7% (5/12)
	No	3.8% (477/12498)	4.4% (4/91)	0% (0/12)



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	No
	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	N/A
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)	No	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)	Yes	No
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	63.6% (112/176)	No	No
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	68.2% (133/195)	No	No
2 OC	The Executive Board regularly reviews information collected on			
2a OC	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted	36.9% (72/195)	No	No
2b OC	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	40% (78/195)	Yes	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)	Bi-monthly	Quarterly
	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
Instances of night time bed moves are noted and reported at Executive Board level				
12 OC	Yes, for all patients, and patients with cognitive memory impairment (including dementia and delirium) can be identified	24.1% (47/195)	For all patients and patients with dementia/delirium can be identified	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)		
Night time bed moves for people with dementia avoided where possible on the ward(s)				
9 SQ	Yes, always	16.6% (1835/11033)	17.5% (14/80)	0% (0/8)
	Yes, most of the time	32.7% (3611/11033)	23.8% (19/80)	25% (2/8)
	Yes, sometimes	24.7% (2723/11033)	36.3% (29/80)	50% (4/8)
	No	26% (2864/11033)	22.5% (18/80)	25% (2/8)
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	87.7% (171/195)	Yes	Yes
26a OC	(If Q26=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	82.5% (141/171)	Yes	Yes

Specialist services for dementia care

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
4 OC	There are champions for dementia a			
4a OC	Directorate level	77.4% (151/195)	Yes	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)	50% (48/96)	7.1% (1/14)
	Yes, most of the time	32.1% (4401/13710)	20.8% (20/96)	42.9% (6/14)
	Yes, sometimes	26.5% (3638/13710)	24% (23/96)	42.9% (6/14)
	No	11.2% (1538/13710)	5.2% (5/96)	7.1% (1/14)
	Out of office hours			
1b SQ	Yes, always	8.6% (942/10960)	19.1% (13/68)	0% (0/11)
	Yes, most of the time	15.9% (1739/10960)	14.7% (10/68)	9.1% (1/11)
	Yes, sometimes	28.6% (3139/10960)	25% (17/68)	45.5% (5/11)
	No	46.9% (5140/10960)	41.2% (28/68)	45.5% (5/11)

Engagement with carers

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

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)	All care of the elderly wards/areas	No
	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)	Plans are not in place	N/A
	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)	Other	N/A
	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)	No plans are in place	N/A
	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)	Care of the elderly wards	Care of the elderly wards
	On care of the elderly wards	35.9% (70/195)		
	Other	41% (80/195)		
No	5.6% (11/195)			



Discharge

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

Discharge coordination

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
28 OC	There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia	91.8% (179/195)	Yes	Yes
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	88.3% (158/179)	No	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)	84.2% (32/38)	-% (-/-)
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)	46.7% (14/30)	-% (-/-)
30b CA	The person's carer/relative	83.1% (85.2, 76-94) (5613/6754)	45.9% (17/37)	-% (-/-)
30c CA	The consultant responsible for the patient's care	76.5% (82.3, 65-94) (5514/7211)	56.1% (23/41)	-% (-/-)
30d CA	Other members of the multidisciplinary team	85.1% (87.5, 78-96) (6134/7211)	63.4% (26/41)	-% (-/-)

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)	94.7% (36/38)	-% (-/-)
32 CA	Support needs documented in the discharge plan/summary	61.5% (60.65, 47-80) (4288/6975)	47.4% (18/38)	-% (-/-)
33 CA	Patient and/or carer received a copy of the plan/ summary	88.1% (97.1, 87-100)	97.4% (37/38)	-% (-/-)

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
		(5886/6679)		
34 CA	Copy of the discharge plan/summary sent to the GP/primary care team	94.3% (97.75, 94-100) (6575/6975)	100% (38/38)	-% (-/-)
35 CA	Discharge planning initiated within 24 hours of admission	51.3% (50, 30-77) (2665/5191)	54.2% (13/24)	-% (-/-)
(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)	76.5% (13/17)	-% (-/-)
	Patient awaiting assessment	8.8% (0, 0-13) (177/2020)	0% (0/17)	-% (-/-)
	Patient awaiting history/results	7.7% (0, 0-10) (156/2020)	0% (0/17)	-% (-/-)
	Patient awaiting surgery	9.6% (0, 0-14) (193/2020)	0% (0/17)	-% (-/-)
	Patient presenting confusion	5.8% (0, 0-9) (118/2020)	17.6% (3/17)	-% (-/-)
	Patient on end of life plan	0.0% (0, 0-0) (1/2020)	0% (0/17)	-% (-/-)
	Patient being transferred to another hospital	0.2% (0, 0-0) (5/2020)	0% (0/17)	-% (-/-)
	Patient unresponsive	0.3% (0, 0-0) (7/2020)	0% (0/17)	-% (-/-)
	Patient being discharged to nursing/residential care	5% (0, 0-6) (100/2020)	5.9% (1/17)	-% (-/-)
	Other	1.2% (0, 0-0) (24/2020)	0% (0/17)	-% (-/-)

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)	30% (3/10)	-% (-/-)
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)	66.7% (2/3)	-% (-/-)
28a (ii) CA	The patient had capacity on assessment and their consent is documented	11% (0, 0-17) (110/1003)	0% (0/2)	-% (-/-)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	71.5% (80, 50-100) (717/1003)	50% (1/2)	-% (-/-)
	There is no record of either consent or best interest decision making*	17.5% (0, 0-29) (176/1003)	50% (1/2)	-% (-/-)
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)	33.3% (1/3)	-% (-/-)
28a (iii) CA	The patients consent was requested and this is recorded	27.7% (0, 0-50) (122/441)	0% (0/1)	-% (-/-)
	There is no record of the patients consent*	72.3% (100, 50-100) (319/441)	100% (1/1)	-% (-/-)
28a (ii & iii) CA	Consent or best interests (responses options combined)	65.7% (66.7, 50-84) (949/1444)	33.3% (1/3)	-% (-/-)
	No consent or best interests (response options combined)	34.3% (33.3, 16-50) (495/1444)	66.7% (2/3)	-% (-/-)

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)	24.4% (10/41)	-% (-/-)
	24 hours	12.3% (9.1, 3-18) (889/7211)	2.4% (1/41)	-% (-/-)
	25 - 48 hours	15.8% (13, 7-22) (1140/7211)	14.6% (6/41)	-% (-/-)

	More than 48 hours	26.3% (23.2, 11-41) (1897/7211)	7.3% (3/41)	-% (-/-)
	No notice at all	0.5% (0, 0-0) (37/7211)	4.9% (2/41)	-% (-/-)
	Not documented	22.6% (20.6, 10-30) (1627/7211)	46.3% (19/41)	-% (-/-)
	No carer, family, friend/could not contact	1.7% (0, 0-3) (124/7211)	0% (0/41)	-% (-/-)
	Patient specified information to be withheld	0.1% (0, 0-0) (4/7211)	0% (0/41)	-% (-/-)
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)	29.6% (8/27)	-% (-/-)

Assessment before discharge

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
24 CA	Cognitive testing, using a validated structured instrument carried out at point of discharge	10.7% (5.3, 2-13) (771/7211)	2.4% (1/41)	-% (-/-)
(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)	30% (12/40)	-% (-/-)
	Not documented/unknown	79.6% (86.25, 71-95) (5125/6440)	70% (28/40)	-% (-/-)
	Other	7.9% (2.65, 0-8) (509/6440)	0% (0/40)	-% (-/-)
25 CA	Cause of cognitive impairment was summarised and recorded	70.6% (76.4, 57-87) (5092/7211)	92.7% (38/41)	-% (-/-)
26 CA	Symptoms of delirium	36% (36.65, 24-47) (2594/7211)	34.1% (14/41)	-% (-/-)
26a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	46.6% (42.1, 26-64) (1210/2594)	28.6% (4/14)	-% (-/-)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	18% (16.7, 11-24) (1299/7211)	12.2% (5/41)	-% (-/-)

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)	60% (3/5)	-% (-/-)

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= 96)	Your hospital Round 3 (n= 26)
Staffing <ul style="list-style-type: none"> General comments on more staffing Better access to dementia specialist staff including champions 	39% (5320/13800)	40.6% (39/96)	31% (8/26)
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)	13.5% (13/96)	27% (7/26)
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)	19.8% (19/96)	23% (6/26)
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)	9.4% (9/96)	0% (0/26)
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)	3.1% (3/96)	4% (1/26)
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)	2.1% (2/96)	8% (2/26)
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)	4.2% (4/96)	4% (1/26)

<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>7.3% (7/96)</p>	<p>0% (0/26)</p>
<p>Non-hospital recommendations</p>	<p>0.4% (49/13800)</p>	<p>0% (0/96)</p>	<p>3.8% (1/26)</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= 108):	Your hospital Round 3 (n= -):
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)	5.6% (6/108)	-% (-/-)
	Negative	19% (1335/7015)	25.9% (28/108)	-% (-/-)
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)	1.9% (2/108)	-% (-/-)
	Negative	15% (1075/7015)	20.4% (22/108)	-% (-/-)
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)	13.9% (15/108)	-% (-/-)
	Negative	6% (442/7015)	12% (13/108)	-% (-/-)
Staffing levels <ul style="list-style-type: none"> Understaffed Staff too busy/overworked 	Positive	0.2% (17/7015)	0.9% (1/108)	-% (-/-)
	Negative	5% (353/7015)	3.7% (4/108)	-% (-/-)
Discharge <ul style="list-style-type: none"> Unsafe/poor discharge Failed discharge Carer not informed of discharge 	Positive	0.2% (13/7015)	0% (0/108)	-% (-/-)
	Negative	5% (341/7015)	2.8% (3/108)	-% (-/-)
Environment Ward is clean/dirty	Positive	1% (65/7015)	0% (0/108)	-% (-/-)

	Negative	1% (95/7015)	0.9% (1/108)	-% (-/-)
Support for carers <ul style="list-style-type: none"> • Carer support • Facilities for carers in the hospital 	Positive	2% (170/7015)	1.9% (2/108)	-% (-/-)
	Negative	2% (131/7015)	2.8% (3/108)	-% (-/-)
Other <ul style="list-style-type: none"> • General positive/negative 	Positive	4% (261/7015)	1.9% (2/108)	-% (-/-)
	Negative	2% (157/7015)	4.6% (5/108)	-% (-/-)
Adverse incidents <ul style="list-style-type: none"> • Falls, weight loss, injury 	Negative	1% (90/7015)	0.9% (1/108)	- % (-/-)

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.

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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- North Middlesex University 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)	20% (10)	-
81-100	73% (7146)	76% (38)	-
101-108	0.2% (19)	*	-
Unknown	0% (3)	0% (0)	-
Range	19-105	63 - 103	-
Mean	84	84.6	-
Gender			
Male	41.4% (4054)	40% (20)	-
Female	58.6% (5728)	60% (30)	-
Ethnicity			
White/White British	80.7% (7898)	58% (29)	-
Asian/Asian British	2.5% (245)	12% (6)	-
Black/Black British	1.5% (150)	16% (8)	-
Other	15.2% (1489)	14% (7)	-
First Language			
English	77.7% (7602)	68% (34)	-
Welsh	0.6% (62)	0% (0)	-
Other	21.6%	32%	-

	(2118)	(16)	
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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)	58% (29)	-
General medical	22.9% (2239)	24% (12)	-
Orthopaedics	9% (881)	2% (1)	-
Other medical	8.5% (829)	0% (0)	-
Surgical	5.3% (520)	4% (2)	-
Stroke	4.3% (417)	10% (5)	-
Cardiac	2.6% (250)	2% (1)	-
Other	4.7% (462)	0% (0)	-
Unknown	Removed for Round 4	N/A	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Patients who:			
Died in hospital	11.3% (1100)	*	-
Self-discharged from hospital (NB: excludes patients who died)	0.2% (15)	0% (0)	-
Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/expedited with family agreement for	6.9% (597)	8.2% (4)	-

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)	*	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Primary diagnosis/cause of admission			
Respiratory	19% (1861)	14% (7)	-
Fall	14.8% (1449)	26% (13)	-
Urinary/renal	8.7% (849)	4% (2)	-
Hip dislocation	6.4% (627)	0% (0)	-
Cardiac/vascular	6.4% (628)	4% (2)	-
Delirium/confusion	6.2% (604)	0% (0)	-
Sepsis	6% (586)	12% (6)	-
Gastrointestinal	4.5% (442)	14% (7)	-
Unable to cope/frailty/social/dementia/psychiatric behaviour	4% (398)	4% (2)	-
Stroke	3.2% (316)	4% (2)	-
Brain/neurological	2.4% (230)	0% (0)	-
Other	2.2% (218)	0% (0)	-
Skin lacerations or lesions	2.1% (202)	6% (3)	-
Other fractures	1.9% (184)	0% (0)	-
Pain/swelling	1.8% (177)	0% (0)	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Impaired consciousness	1.7% (166)	0% (0)	-
Endocrine or metabolic	1.5% (146)	6% (3)	-
Haematology	1.5% (143)	2% (1)	-
Dehydration	1.4% (134)	2% (1)	-
Liver related/hepatology	0.9% (92)	0% (0)	-
Cancer	0.7% (70)	0% (0)	-
Not documented/unknown	0.6% (59)	0% (0)	-
Rheumatic	0.5% (52)	0% (0)	-
Surgical/non-surgical procedure	0.5% (50)	0% (0)	-
Oral/visual	0.4% (39)	0% (0)	-
Adverse reaction/allergy	0.4% (37)	2% (1)	-
Injury/trauma	0.2% (15)	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)	70 % (35)	-
	After	42% (3648)	57.1% (28)	-
Respite care	Before	0.8% (74)	0% (0)	-
	After	1.5% (134)	0% (0)	-
Rehabilitation ward	Before	0.3% (31)	0% (0)	-
	After	1.6% (135)	*	-
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)	0% (0)	-
	After	4.3% (373)	0% (0)	-
Residential care	Before	17.9% (1753)	10% (5)	-
	After	19.8% (1723)	*	-
Nursing home	Before	18.1% (1775)	16% (8)	-
	After	25.8% (2241)	32.7% (16)	-
Palliative care	Before	0% (3)	0% (0)	-
	After	0.6% (51)	0% (0)	-
Transfer to another hospital	Before	0.9% (90)	*	-
	After	2.1% (185)	0% (0)	-
Long stay care	Before	0.2% (23)	0% (0)	-
	After	0.3%	0%	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
	(27)	(0)	
No change in residence	84.3% (6544)	84.4% (38)	-
Own/carer's home to nursing/residential care	7.7% (937)	6.1% (3)	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Length of stay in the hospital:			
2-10 days	47.7% (4662)	48% (24)	-
11-20 days	25.8% (2523)	42% (21)	-
21-30 days	11.5% (1127)	8% (4)	-
31-40 days	6.3% (613)	0% (0)	-
41-50 days	3.3% (319)	0% (0)	-
51-60 days	2.2% (212)	0% (0)	-
61-70 days	1.4% (134)	0% (0)	-
71-80 days	0.7% (70)	0% (0)	-
81-90 days	0.5% (46)	0% (0)	-
90 days or more	0.8% (76)	2% (1)	-
Range	3-391	4 - 132	- - -
Median	11	11.5	-

Appendix B

Carer Demographics - North Middlesex University Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
18-24	1% (46)	*	-
25-34	3.3% (154)	*	-
35-44	6% (280)	*	-
45-54	16.9% (787)	24.7% (18)	-
55-64	24.5% (1139)	26% (19)	-
65-74	18.9% (879)	17.8% (13)	-
75-84	20.1% (934)	12.3% (9)	-
85 years or older	8.2% (384)	6.8% (5)	-
Prefer not to say	1.2% (55)	*	-
Gender			
Male	31.5% (1460)	43.7% (31)	-
Female	67.4% (3128)	56.3% (40)	-
Other	0.1% (3)	0% (0)	-
Prefer not to say	1.1% (50)	*	-
Ethnicity			
White/White British	87.2% (4003)	70.4% (50)	-
Black/Black British	3.6% (167)	9.9% (7)	-
Asian/Asian British	3.9% (177)	5.6% (4)	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Other	3.1% (143)	8% (11.3)	-
Prefer not to say	2.2% (103)	*	-

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Relationship to person			
Spouse or partner	32.5% (1529)	13.7% (10)	-
Family member	56.3% (2649)	74% (54)	-
Friend	5.5% (261)	5.5% (4)	-
Professional carer (health or social care)	4.7% (221)	5.5% (4)	-
Other	1% (49)	*	-
One of main carers for patient			
Yes	76% (3268)	75% (48)	-

Appendix C

Staff Demographics - North Middlesex University 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)	19.4% (19)	*
26 - 50%	26.7% (3764)	35.7% (35)	*
51 - 75%	25% (3514)	21.4% (21)	46.7% (7)
More than 75%	17.8% (2502)	22.4% (22)	33.3% (5)
Gender			
Male	14.9% (2113)	20.4% (20)	*
Female	83.7% (11843)	79.6% (78)	80% (12)
Other	0.2% (34)	0% (0)	0% (0)
Prefer not to say	1.2% (164)	0% (0)	0% (0)
Ethnicity			
White/White British	76.3% (10802)	34.7% (34)	42.9% (6)
Asian/Asian British	10% (1421)	16.3% (16)	*
Black/Black British	4.8% (684)	32.7% (32)	42.9% (6)
Other	6.4% (902)	13.2% (13)	*
Prefer not to say	2.4% (345)	*	0% (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Job role			
Registered nurse (Band 5 or 6)	29.9% (4215)	31.6% (31)	31.3% (5)
Registered nurse (Band 7 or above)	10.9% (1542)	9.2% (9)	*
Healthcare assistant	25.4% (3587)	20.4% (20)	*
Doctor	9.7% (1370)	12.2% (12)	0% (0)
Allied healthcare professional	11.4% (1601)	14.3% (14)	25% (4)
Other	12.7% (1784)	12.3% (12)	25.1% (4)
Hours worked per week			
Up to 29 hours	13.3% (1873)	10.3% (10)	0% (0)
30 hours or more	86.7% (12217)	89.7% (87)	100% (16)
Time worked in the hospital			
Less than 6 months	6.8% (958)	18.4% (18)	*
6 - 11 months	9.1% (1284)	8.2% (8)	*
1 - 2 years	16.4% (2307)	21.4% (21)	37.5% (6)
3 - 5 years	20.1% (2828)	26.5% (26)	*
6 - 10 years	14.7% (2076)	10.2% (10)	*
11 - 15 years	10.6% (1490)	10.2% (10)	*
More than 15 years	22.4% (3150)	5.1% (5)	*

Appendix D: Staff Suggestions

Registered Nurses (Band 5 or 6)

By increasing the amount of finger food options. Continue to support the wards when their workload increases. Continue to stress to assessment units that patients with cognitive decline should be the first to be transferred to the wards during the day.

Additional staff to help with activities on the ward, e.g. playing cards, knitting, painting etc.

Strict protected meal time.

Patients with dementia or delirium always require extra staff (patients to be treated like high dependency).

More training and special (extra staff) to stay with people with dementia when they are at risk of falls.

1. Enough staffing. 2. Need other staff to attend training on how to deal with and care for dementia patients.

If carer/family can support patient initially until patient is familiar with environment and staff. Familiarity helps dementia patients settle easily to an area. Having same/uniform colours and services across ward.

My hospital could improve the care of dementia patients with regular visits from the dementia nurse.

Activities in the hospital where patients can attend and socialise with other patients.

Stop moves of patients with dementia after 20:00. Provide extra snacks for all patients with dementia.

Avoid sudden/bed time moves and provide more finger foods/hobbies/activities for patients.

Increasing staff level whilst caring for patient with dementia.

Study days and workshop. Constantly creating awareness of dementia.

Continue the current awareness drive and improved training.

Registered Nurses (Band 7 or above)

It could be nice if there are more volunteers in the ward so they can do some activities with dementia patients in the dayroom.

By having dementia trained volunteers, at least 2 per shift to provide distraction therapy and reminiscence - currently staff are not able to provide this as workloads are too heavy.

Dementia leads in all wards to continue to have extra training sessions in order to identify dementia patients on admission.

To encourage families to come in and help at meal times; some patients eat better when their families are around.

Increase staffing levels.

Continue offering support to carers and family that come unto the wards.

More liaising with social services to speed up the discharge process, thus reducing other hospital acquired illnesses.

Providing more activities and individualised care plans.

A musical group or person that can do singalongs.

Staff to continue to encourage patient relative/carer to be involved.

Need more staff.

Healthcare Assistants

By providing more staff.

Need more staff on shift on 1:1 to deal with patients with dementia. Needs more time to feed and give the care and support they need.

Additional staff when the unit is flooded with dementia patients please especially when poor patients are aggressive and abrasive. It's not their fault but we need staffing. Thank you.

Patients should not be transferred in the night.

Continuous training is really required.

Give more staff so we can get a bit more time with the patients when feeding, sometimes we have to rush too much.

Need more trainings.

I think every single person admitted in the hospital should have a 1:1 when they have dementia as they need personal attention and care.

Employment of frontline staff.

Understanding of how to support when on the wards around behaviour, not just writing it off as mental health.

Better handovers, including patient's specific needs. Following the individualized care plans, when available.

Q7. We need more staff working in acute assessment unit/medical assessment unit, because we are a busy department and most especially with patients with dementia, they need 1:1 care.

[Regarding adherence to protected mealtimes in the last week]: Doctors always do their rounds, even at mealtimes.

Doctors

Dementia leaflets for families regarding disease progression.

More staff (nursing staff) and more encouragement of patients to e.g. sit in day room, engage in activities etc.

Greater awareness of using the dementia bundle on wards as soon as a dementia diagnosis is known, and communication to staff on the wards about which patients this is relevant to.

More support from senior nurses, matron, consultants. People don't tacit seriously. Small dementia team tries to help but not supported by trust culture.

Things to help reduce delirium in people with dementia - e.g. simple things like clocks on every wall orienting them to where they are.

Less ward moves.

Dementia care across the hospital could be more consistent. Some wards and staff (including older adult wards) could learn from staff who are able to take a more person centred and dementia friendly approach e.g. some of the surgical wards. There needs to

be more senior nursing management support for ward nurses and this needs to be more integrated with other staff working to improve dementia care in the hospital.

Allied Healthcare Professionals

Increase staffing level on care of the elderly wards especially for specialising patients 1:1 to ease the burden on the rest of the nurses in the ward. Improve awareness of differences between types of dementia to aid care of individual patients.

Increased healthcare assistant and nursing staff to ensure sufficient supervision and support is given to patients with dementia at mealtimes.

More support at mealtimes for patients with dementia.

Catering could increase options of finger foods, modified meals and be more flexible in what times people with dementia can order their food.

My hospital could consider increasing awareness of all staff members of how to communicate with people with dementia, e.g. through training.

Regular dementia training for all health professionals, multidisciplinary team training.

Dementia teams should be based on medicine for the elderly wards for parts of the week and participate in patient assessments and intervention provision.

Raise the profile of dementia champions.

The ward environment is not dementia friendly. This is also hindered by the staffing levels.

1:1 not possible most of the time due to staff shortages.

More nurses/healthcare assistants to assist patients with their meals/especially not trays. Also, more input of mental health team when needed. More nurses needed for personal care -> sometimes patient's [illegible] therapy intervention.

More time given to help patients with their nutrition. Better training for the healthcare assistants to manage the patient and not to tease them or placate them with incorrect information as this can upset and agitate the patient.

Provide more stimulating environment.

If patients with dementia have 1:1 I often notice that the healthcare assistant does not engage with the patient and will sit on their phone. It would be beneficial for the person providing 1:1 to have a 'pack' of 'tools' they can use to engage/calm/interact with the patient. Q5. As a therapy department - frequently. As a ward - almost never.

Nurses could be more prepared regarding giving 'extra time' for patients with dementia - but sometimes not possible due to staffing levels.

Other

Continue with training that is already provided and update training for new staff.

Ensure all indicative signs are in the right place at all times e.g. making sure that toilet has a sign on the door, in other words ensuring that the ward is as least confusing as possible.

I think we should not move dementia patients overnight as it adds to the confusion for them.

To have more staff on duty.

In our trust we have 'dementia' training for all clinical staff. There is no basic knowledge/information on intranet for staff to access. Line managers recommend online eLearning course for further dementia training.

More activities provided to dementia patients to keep them busy and less bored.

Television in every ward.

More training for all staff that haven't been trained in dealing with dementia patients.

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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