

National Audit of Dementia

Care in general hospitals 2018-2019



Northern General Hospital
Sheffield Teaching Hospitals NHS Foundation Trust
Local report

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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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- All the members of the [Steering Group](#) and especially our Chair, Peter Crome.

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 | 43 |
| Discharge coordination | 43 |
| Discharge planning | 43 |
| Involving the person with dementia in decision making..... | 45 |
| Carer involvement and support..... | 45 |
| Assessment before discharge..... | 46 |
| Staff Suggestions and Carer Comments..... | 48 |
| Staff Suggestions..... | 48 |
| Carer comments..... | 48 |
| Staff Suggestions..... | 49 |
| Carer Comments..... | 51 |
| Recommendations | 53 |
| Assessment..... | 53 |
| Information and communication | 53 |
| Staffing and training | 53 |
| Nutrition | 54 |
| Discharge | 54 |
| Governance | 54 |
| Overall | 55 |
| References | 56 |
| Appendices..... | 57 |

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 Northern General 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 | 48 |

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 | 39 |
| Carer questionnaires | 4736 | 36 |

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).

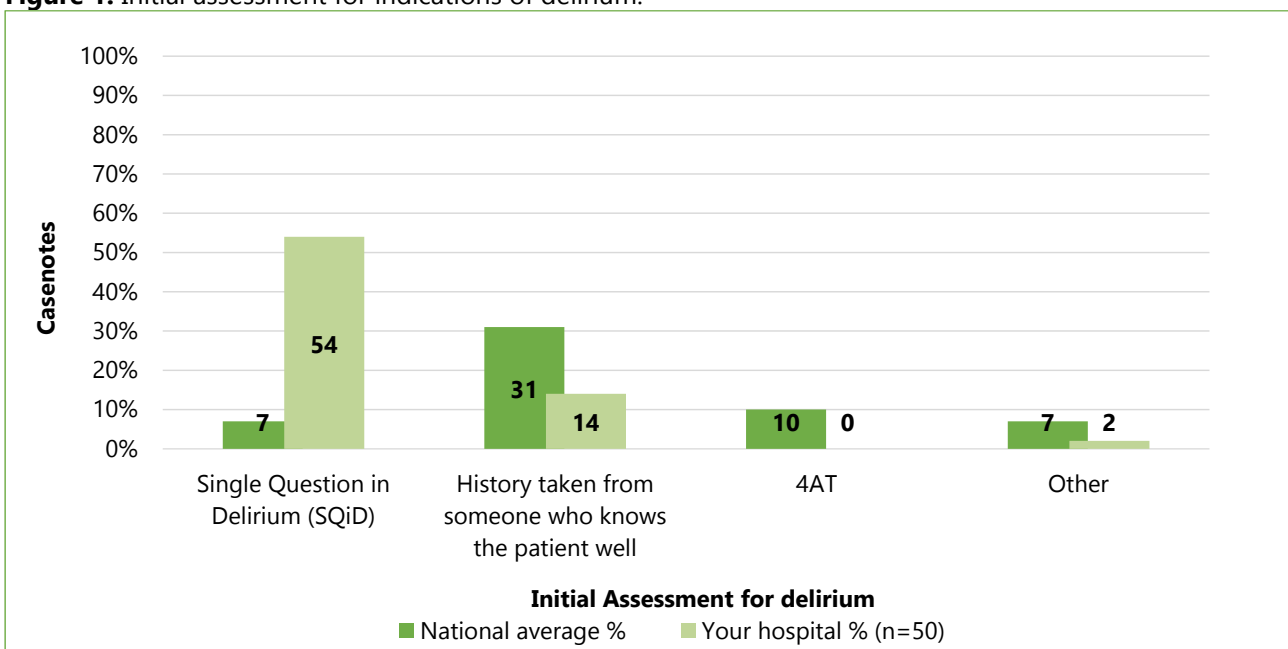


Key findings and your hospital

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: 3 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) | 66% (n=50) |
| Clinical assessment following indications of delirium | 66% (n=2458) | 44% (n=23) |

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

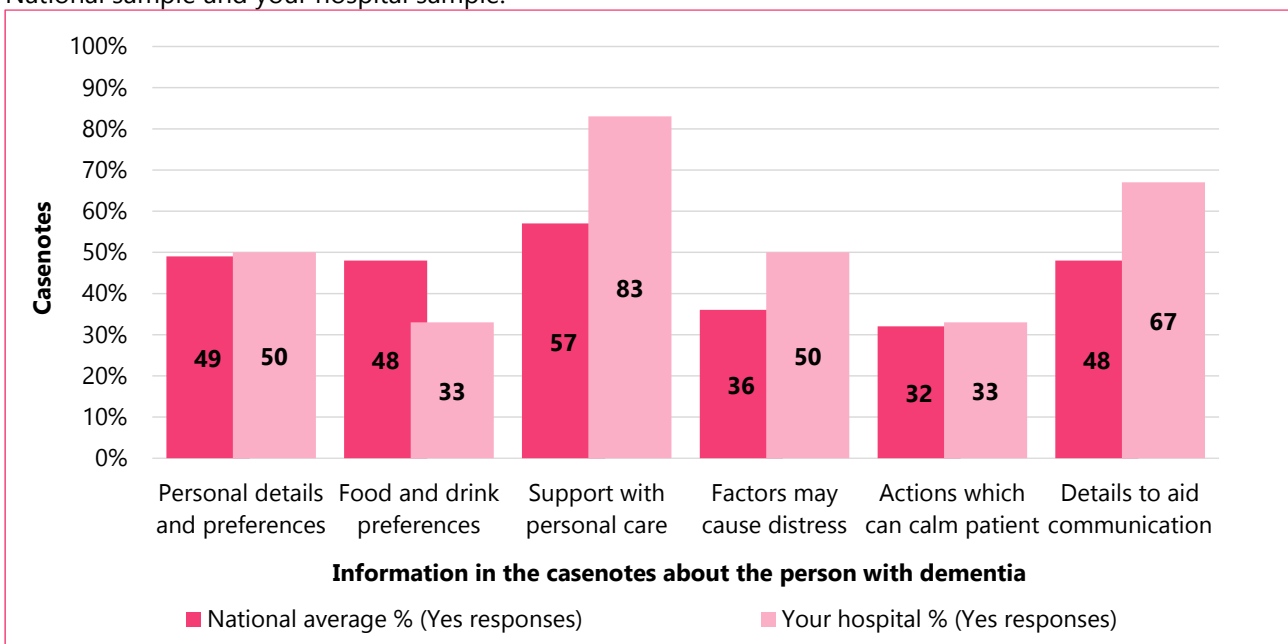
Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)¹ and consider the symptom of pain as a contributory factor.

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).

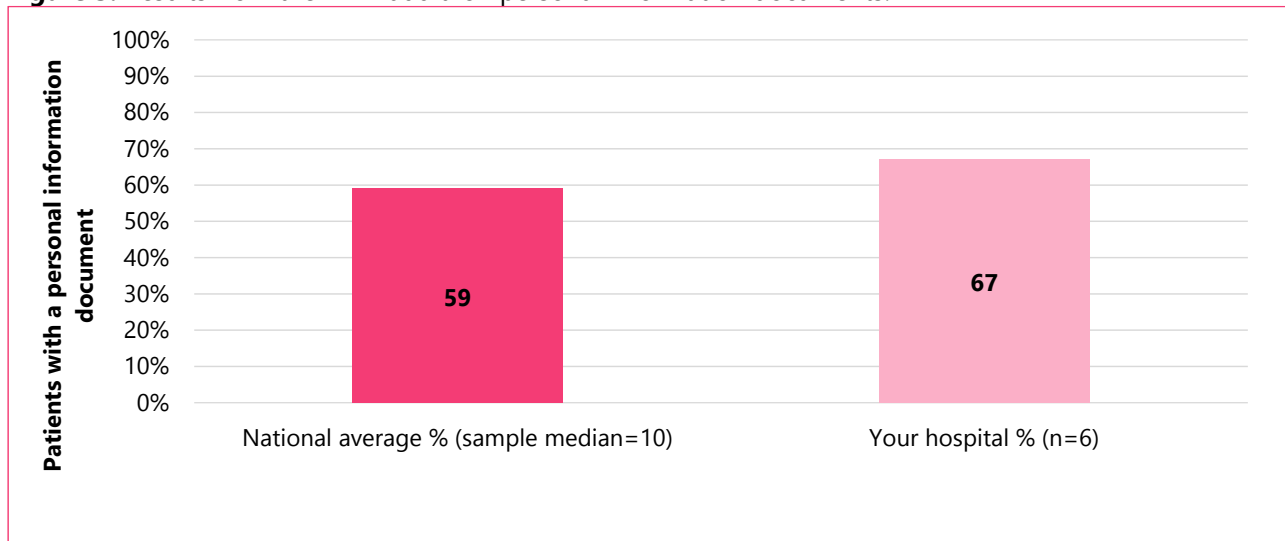
Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.



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

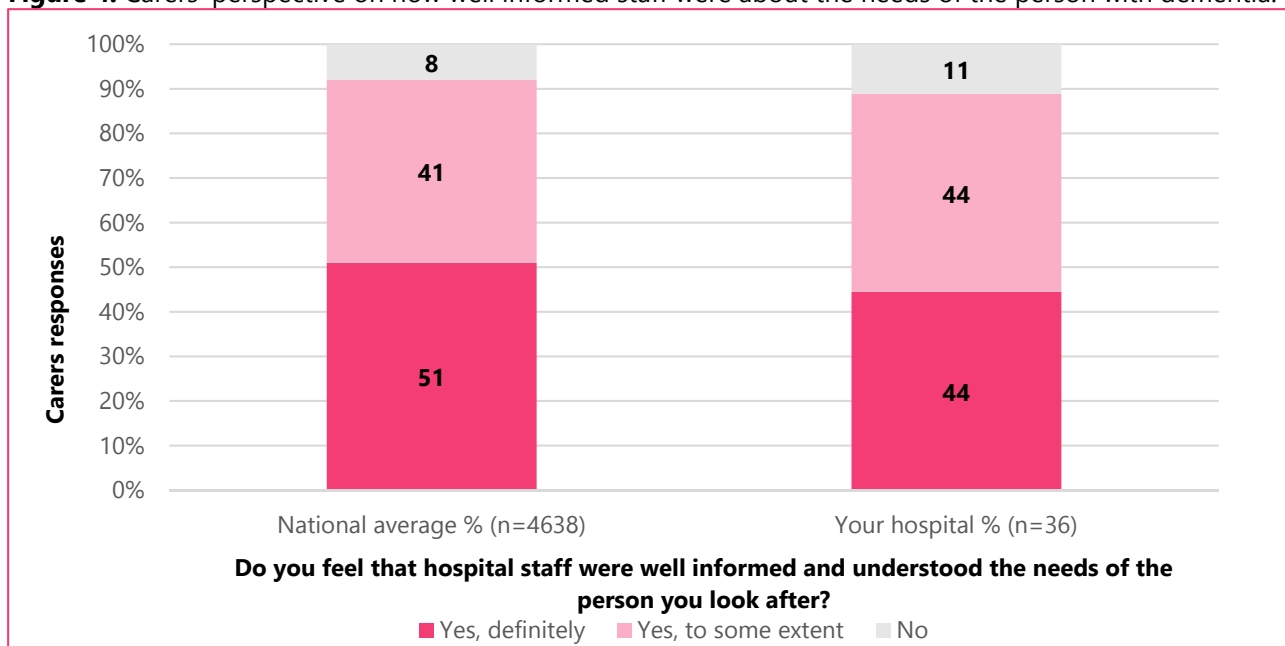
A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10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



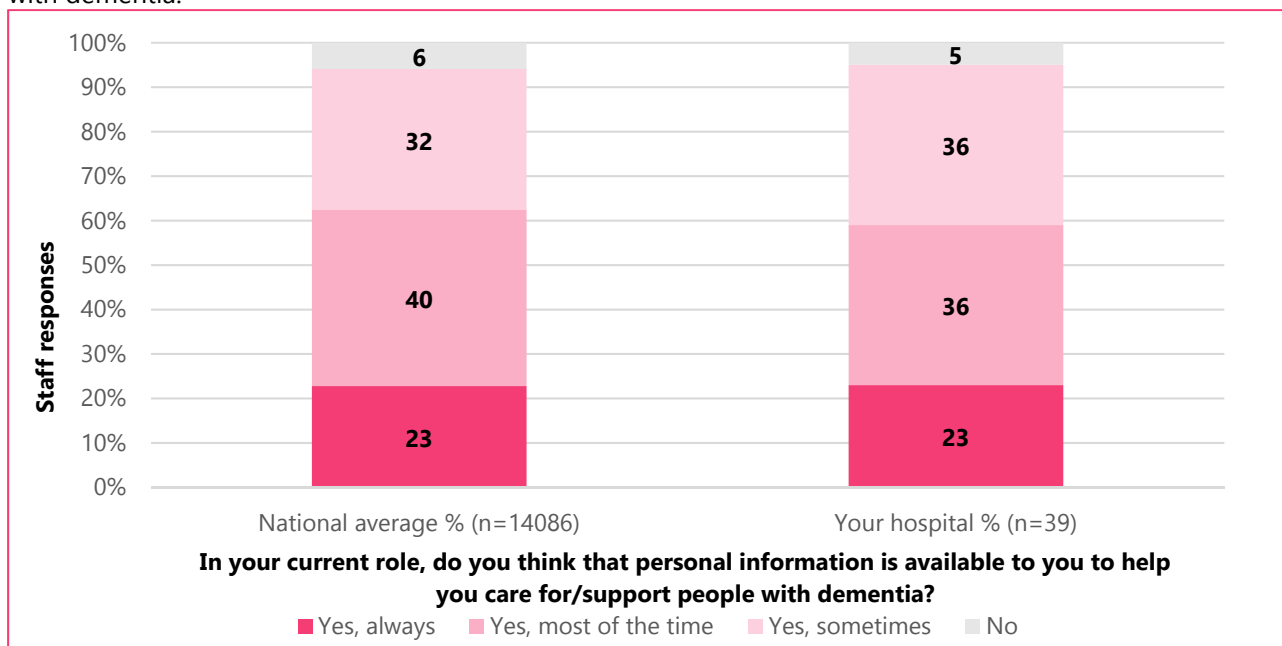
(See [Q15b OC](#) in Information and Communication data tables for your hospital comparison to Round 3)

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



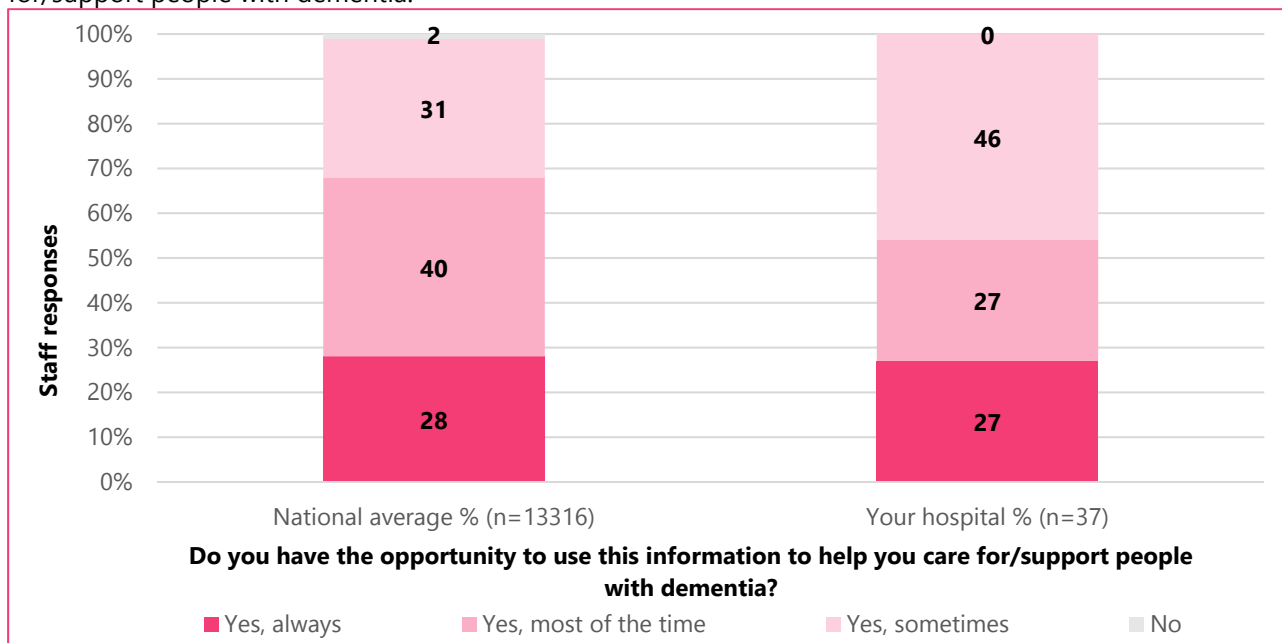
(See [Q1 CQ](#) in Information and Communication data tables for your hospital comparison to Round 3)

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) | 1559 |
| Number of staff equipped with at least tier 1/basic awareness training identified at hospital level (n=104) | 1100 (433-1238) | Unknown |
| Total number of adult beds excluding maternity and mental health beds at 31 st March 2018 at hospital level (n=195) | 506 (325-650) | 1031 |

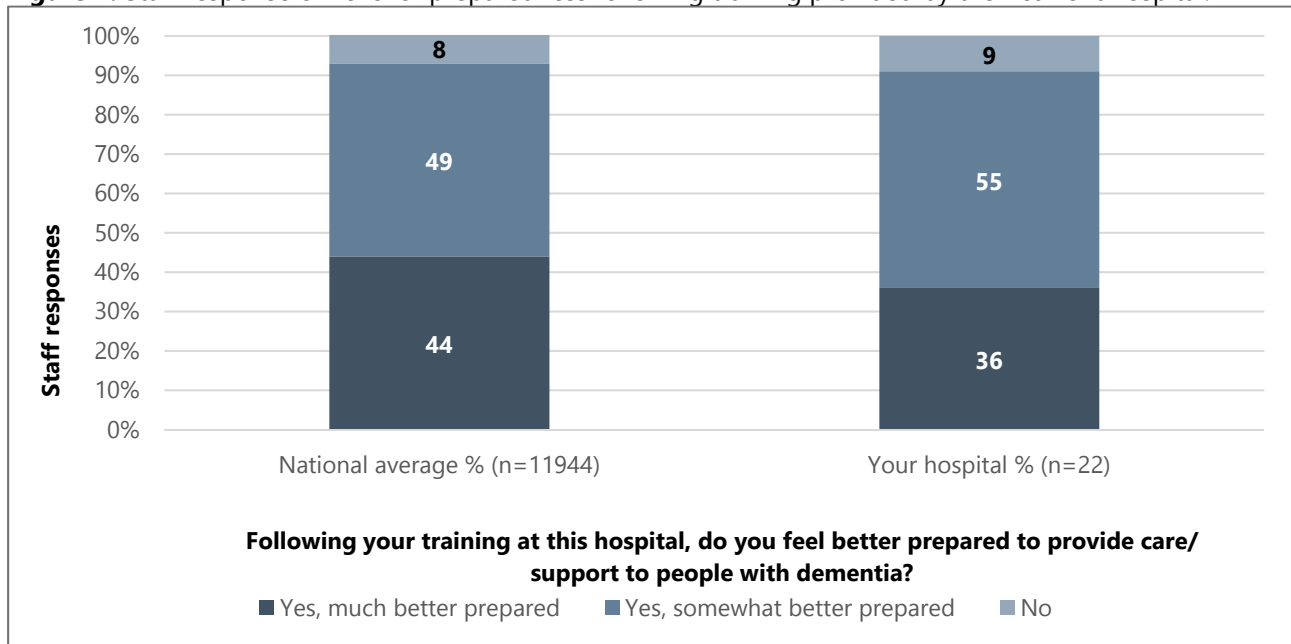
The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

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=39) |
|-----------------------------------|----------------------------------|------------------------|
| eLearning | 52% | 23% |
| Workbook | 8% | 8% |
| Workshop/study day | 55% | 36% |
| Higher education module | 5% | 3% |
| Other form of training | 8% | 8% |
| Did not receive dementia training | 10% | 44% |

(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 | Yes (40%) | No (32%) | No (35%) | No (20%) |
| Your hospital re-admissions | Yes (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.

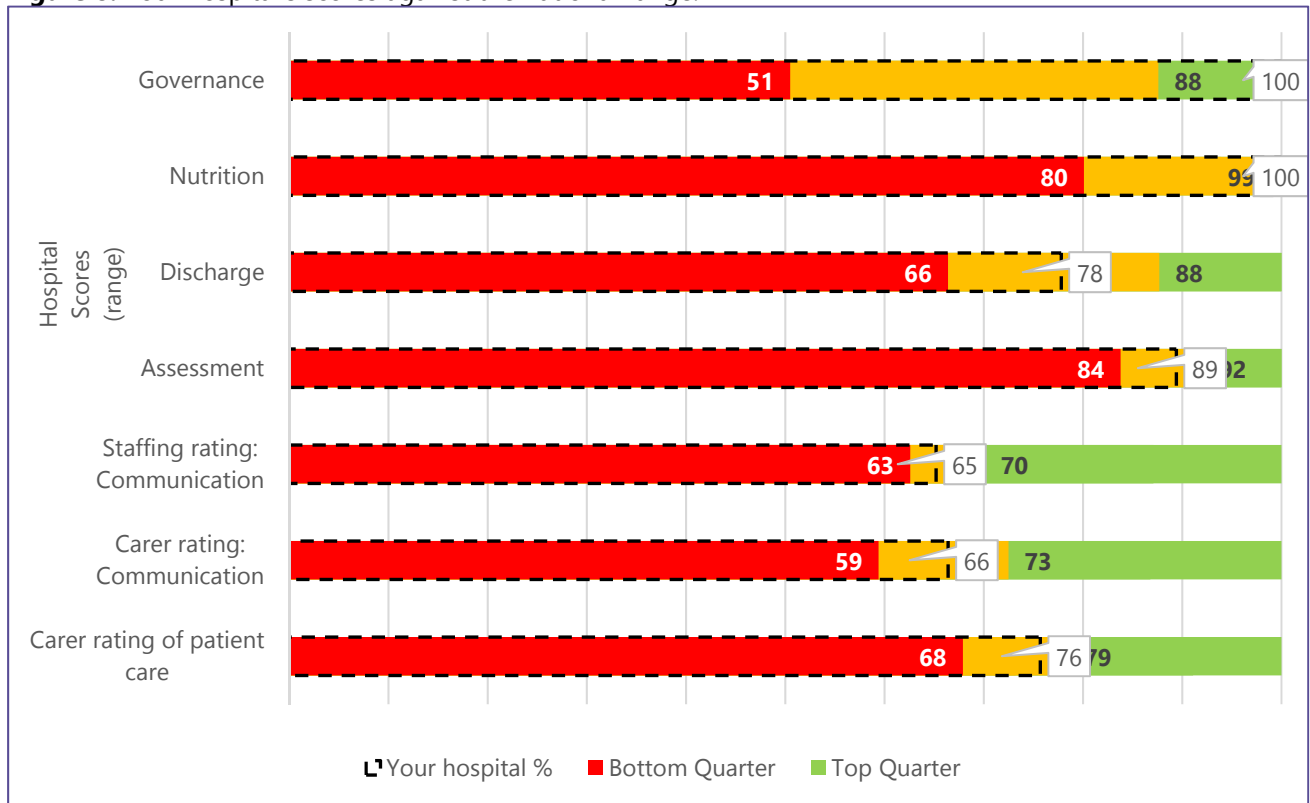
Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and 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% | 100 | 1 (195) | 68.8 | 84 (199) |
| Nutrition | 89% | 100 | 1 (195) | 100 | 1 (199) |
| Discharge | 76% | 77.8 | 91 (191) | 74.6 | 102 (195) |
| Assessment | 87% | 89.4 | 82 (191) | 77.7 | 161 (195) |
| Staff rating communication | 66% | 65.2 | 104 (182) | 55.7 | 173 (182) |
| Carer rating: communication | 66% | 66.4 | 64 (141) | - | - (148) |
| Carer rating of patient care | 73% | 75.7 | 52 (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) | 48.6% (17/35) | 0% (0/5) |
| | Very good | 33.6% (1580/4704) | 22.9% (8/35) | 60% (3/5) |
| | Good | 15.8% (745/4704) | 14.3% (5/35) | 0% (0/5) |
| | Fair | 8.5% (402/4704) | 11.4% (4/35) | 0% (0/5) |
| | Poor | 3.8% (179/4704) | 2.9% (1/35) | 40% (2/5) |
| 9 CQ | Likelihood to recommend the service to friends and family if they needed similar care or treatment | | | |
| | Extremely likely | 46.1% (2126/4608) | 48.5% (16/33) | 0% (0/5) |
| | Likely | 34.1% (1571/4608) | 24.2% (8/33) | 60% (3/5) |
| | Neither likely nor unlikely | 12% (551/4608) | 18.2% (6/33) | 0% (0/5) |
| | Unlikely | 4.4% (205/4608) | 6.1% (2/33) | 0% (0/5) |
| | Extremely unlikely | 3.4% (155/4608) | 3% (1/33) | 40% (2/5) |
| 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) | 56.3% (18/32) | 0% (0/4) |
| | Somewhat satisfied | 32.4% (1420/4377) | 31.3% (10/32) | 50% (2/4) |
| | Somewhat dissatisfied | 9.4% (413/4377) | 9.4% (3/32) | 0% (0/4) |
| | Very dissatisfied | 4.3% (190/4377) | 3.1% (1/32) | 50% (2/4) |



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) | 96% (48/50) | 89.4% (42/47) |
| 15 CA | Assessment of nutritional status performed by a healthcare professional | 92.5% (94.3, 90-98) (8824/9538) | 90% (45/50) | 77.6% (38/49) |
| 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) | 86.7% (39/45) | 94.7% (36/38) |
| | Other action taken | 3.2% (0, 0-4) (281/8824) | 0% (0/45) | 2.6% (1/38) |
| 16 CA | Formal pressure ulcer risk assessment carried out and score recorded | 95.7% (98, 94-100) (9362/9782) | 92% (46/50) | 94% (47/50) |
| 17 CA | Patient asked about any continence needs | 89.1% (95.1, 85-99) (8429/9457) | 96% (48/50) | 90% (45/50) |
| 18 CA | Patient assessed for the presence of any pain | 85.4% (91.75, 79-98) (8201/9600) | 100% (50/50) | 81.6% (40/49) |
| 19 CA | Assessment of functioning | | | |
| | Standardised assessment | 52.1% (52.9, 25-78) (4795/9199) | 67.3% (33/49) | 45.8% (22/48) |
| | Occupational therapy assessment | 43.6% (43.35, 27-60) (4015/9199) | 63.3% (31/49) | 37.5% (18/48) |
| | Physiotherapy assessment | 55.6% (58.3, 36-73) (5115/9199) | 65.3% (32/49) | |
| | Yes, other | 7.6% (2.8, 0-8) (697/9199) | 4.1% (2/49) | 0% (0/48) |
| | Yes (all options) | 91.2% (94.8, 86-98) (8390/9199) | 79.6% (39/49) | 83.3% (40/48) |

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) | 66.7% (30/45) | 45.7% (21/46) |
| Screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium | | | | |
| 21 CA | Single Question in Delirium (SQiD) | 7.3% (1.35, 0-6) (710/9753) | 54% (27/50) | 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) | 14% (7/50) | |
| | 4AT | 10% (4.15, 2-10) (978/9753) | 0% (0/50) | |
| | Other | 7% (3.9, 0-8) (680/9753) | 2% (1/50) | |
| | Combined | 49.7% (4851/9760) | 66% (33/50) | |
| 21a CA | Initial assessment above found evidence that delirium may be present | 50.8% (53.8, 40-67) (2455/4832) | 78.1% (25/32) | 22% (11/50) |
| | Initial assessment above found no evidence of delirium | 49.2% (46.2, 33-60) (2377/4832) | 21.9% (7/32) | 4% (2/50) |
| A healthcare professional (trained and competent in the diagnosis of delirium) completed an assessment for delirium | | | | |
| 22 CA | 4AT | 9.4% (4.6, 0-12) (621/6623) | 0% (0/39) | 90.9% (10/11) |
| | Confusion Assessment Method (CAM) – short or long form | 5.3% (0, 0-6) (351/6623) | 0% (0/39) | |
| | Other | 14.9% (9.4, 2-20) (988/6623) | 30.8% (12/39) | |
| 22a CA | Diagnosis of delirium confirmed | 80.5% (83.3, 67-98) (1524/1892) | 91.7% (11/12) | 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) | 12% (6/50) | 22% (11/50) |
| Information collected about: | | | | |
| 23a CA | Personal details, preferences and routines | | | |
| | Yes | 49.4% (55.2, 34-75) (2889/5851) | 50% (3/6) | 36.4% (4/11) |
| | Unknown | 31.1% (14.3, 0-42) (1819/5851) | 16.7% (1/6) | 18.2% (2/11) |
| 23b CA | Food and drink preferences | | | |
| | Yes | 48.1% (55.6, 30-74) (2810/5845) | 33.3% (2/6) | 45.5% (5/11) |

| Question number and text | | National audit Round 4 | Your hospital Round 4 | Your hospital Round 3 |
|--------------------------|--|--|-----------------------|------------------------|
| | Unknown | 30.80% (15, 0-42) (1800/5845) | 16.7% (1/6) | 18.2% (2/11) |
| 23c CA | Reminders or support with personal care | | | |
| | Yes | 56.8% (64, 39-82) (3326/5852) | 83.3% (5/6) | 63.6% (7/11) |
| | Unknown | 28.3% (9.4, 0-42) (1654/5852) | 16.7% (1/6) | 9.1% (1/11) |
| 23d CA | Recurring factors that may cause or exacerbate distress | | | |
| | Yes | 36.1% (38.3, 20-58) (2101/5822) | 50% (3/6) | 45.5% (5/11) |
| | Unknown | 35.1% (17.5, 0-50) (2041/5822) | 0% (0/6) | 9.1% (1/11) |
| 23e CA | Support or actions that can calm the person if they are agitated | | | |
| | Yes | 31.8% (30, 17-50) (1841/5794) | 33.3% (2/6) | 27.3% (3/11) |
| | Unknown | 36.0% (18.9, 0-51) (2085/5794) | 16.7% (1/6) | 18.2% (2/11) |
| 23f CA | How the person with dementia communicates with others/understands communication | | | |
| | Yes | 47.7% (51.9, 33-74) (2784/5838) | 66.7% (4/6) | 80% (8/10) |
| | Unknown | 31.3% (15.8, 0-43) (1825/5838) | 16.7% (1/6) | 10% (1/10) |
| 14 OC | (If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information | 94.2% (179/190) | 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 | | 6 | 27 |
| | Range | 0-33 | N/A | N/A |
| | Mean | 10 | | |
| 15b OC | Number of these patients where the information was present | | 4 | 8 |
| | Percentage of patients where the information was present | 59.4% | 66.7% | 29.6% |
| | 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) | 47.2% (17/36) | 0% (0/5) |
| | Yes, to some extent | 38.5% (1776/4609) | 38.9% (14/36) | 40% (2/5) |
| | No | 15.6% (718/4609) | 13.9% (5/36) | 60% (3/5) |
| 6 CQ | Involved as much as you wanted to be in decisions about care | | | |
| | Yes, definitely | 51.1% (2317/4535) | 60.6% (20/33) | 20% (1/5) |
| | Yes, to some extent | 34.8% (1577/4535) | 27.3% (9/33) | 40% (2/5) |
| | No | 14.1% (641/4535) | 12.1% (4/33) | 40% (2/5) |
| 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) | 45.7% (16/35) | 0% (0/5) |
| | Yes, to some extent | 34.3% (1561/4545) | 25.7% (9/35) | 20% (1/5) |
| | No | 17.4% (791/4545) | 28.6% (10/35) | 80% (4/5) |
| 1 CQ | Hospital staff were well informed and understood the needs of the person | | | |
| | Yes, definitely | 51.1% (2368/4638) | 44.4% (16/36) | 20% (1/5) |
| | Yes, to some extent | 40.7% (1888/4638) | 44.4% (16/36) | 40% (2/5) |
| | No | 8.2% (382/4638) | 11.1% (4/36) | 40% (2/5) |
| 2 CQ | Hospital staff delivered high quality care that was appropriate to the needs of the person | | | |
| | Yes, definitely | 58.7% (2728/4649) | 61.1% (22/36) | 0% (0/5) |
| | Yes, to some extent | 33.8% (1571/4649) | 36.1% (13/36) | 60% (3/5) |
| | No | 7.5% (350/4649) | 2.8% (1/36) | 40% (2/5) |
| 4 CQ | The person was treated with respect by hospital staff | | | |
| | Yes, definitely | 77.5% (3598/4640) | 72.2% (26/36) | 40% (2/5) |
| | Yes, to some extent | 20.2% (939/4640) | 27.8% (10/36) | 60% (3/5) |
| | No | 2.2% (103/4640) | 0% (0/36) | 0% (0/5) |

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) | 23.1% (9/39) | 12.6% (13/103) |
| | Yes, most of the time | 39.5% (5557/14086) | 35.9% (14/39) | 34% (35/103) |
| | Yes, sometimes | 31.7% (4467/14086) | 35.9% (14/39) | 40.8% (42/103) |
| | No | 6.3% (891/14086) | 5.1% (2/39) | 12.6% (13/103) |
| 3a SQ | Can use personal information to help care for/support people with dementia | | | |
| | Yes, always | 27.7% (3644/13166) | 27% (10/37) | 12.4% (11/89) |
| | Yes, most of the time | 40% (5266/13166) | 27% (10/37) | 42.7% (38/89) |
| | Yes, sometimes | 30.8% (4058/13166) | 45.9% (17/37) | 41.6% (37/89) |
| | No | 1.5% (198/13166) | 0% (0/37) | 3.4% (3/89) |
| 4 SQ | Encouraged to accommodate the individual needs and preferences of people with dementia | | | |
| | Yes, always | 31.5% (4435/14078) | 34.2% (13/38) | 14.6% (15/103) |
| | Yes, most of the time | 34.6% (4864/14078) | 26.3% (10/38) | 27.2% (28/103) |
| | Yes, sometimes | 25.3% (3566/14078) | 36.8% (14/38) | 38.8% (40/103) |
| | No | 8.6% (1213/14078) | 2.6% (1/38) | 19.4% (20/103) |
| 5 SQ | Talk about caring for/supporting people with complex needs (including dementia), as a team | | | |
| | Frequently | 50.6% (7120/14060) | 46.2% (18/39) | 43.9% (43/98) |
| | Occasionally | 35.5% (4987/14060) | 33.3% (13/39) | 33.7% (33/98) |
| | Almost Never | 10.6% (1496/14060) | 12.8% (5/39) | 21.4% (21/98) |
| | Never | 3.3% (457/14060) | 7.7% (3/39) | 1% (1/98) |

Use of information systems

| Question number and text | | National audit Round 4 | Your hospital Round 4 | Your hospital Round 3 |
|--------------------------|---|---------------------------|-----------------------|-----------------------|
| 16 OC | There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them | 92.8% (181/195) | Yes | Yes |
| 16a | (If Q16=Yes) Please say what this is | | | |

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



Staffing and Training

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

Staffing levels

| Question number and text | | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|--------------------------|---|------------------------------|------------------------|-------------------------|
| 8 OC | Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis | | | |
| | Yes, on the trust website | 46.7% (91/195) | Yes | Yes |
| | 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) | 31.6% (12/38) | 17.6% (9/51) |
| | Yes, most of the time | 43.5% (5903/13577) | 47.4% (18/38) | 47.1% (24/51) |
| | Yes, sometimes | 23.3% (3160/13577) | 18.4% (7/38) | 35.3% (18/51) |
| | No | 6.1% (825/13577) | 2.6% (1/38) | 0% (0/51) |
| 7 SQ | Additional staffing support is provided if dependency needs on the ward(s) increase | | | |
| | Yes, always | 10.4% (1340/12942) | 0% (0/39) | 0% (0/51) |
| | Yes, most of the time | 26.3% (3405/12942) | 15.4% (6/39) | 19.6% (10/51) |
| | Yes, sometimes | 42.8% (5538/12942) | 43.6% (17/39) | 56.9% (29/51) |
| | No | 20.5% (2659/12942) | 41% (16/39) | 23.5% (12/51) |
| 3 CQ | The person you look after was given enough help with personal care from hospital staff | | | |
| | Yes, definitely | 58.5% (2641/4518) | 74.2% (23/31) | 0% (0/5) |
| | Yes, to some extent | 32.6% (1473/4518) | 12.9% (4/31) | 100% (5/5) |
| | No | 8.9% (404/4518) | 12.9% (4/31) | 0% (0/5) |

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) | No | 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) | Yes | Yes |
| | Higher education module | 15.4% (30/195) | Yes | - |
| | 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) | 23.1% (9/39) | 30.4% (31/102) |
| | Workshop or study day | 54.9% (7355/13407) | 35.9% (14/39) | 32.4% (33/102) |
| | Higher education module | 5.3% (713/13407) | 2.6% (1/39) | 9.8% (10/102) |
| | Workbook | 8.1% (1086/13407) | 7.7% (3/39) | 4.9% (5/102) |
| | Other | 8.2% (1094/13407) | 7.7% (3/39) | 5.9% (6/102) |
| | I have not received any dementia training at this hospital | 10.7% (1439/13407) | 43.6% (17/39) | 41.2% (42/102) |
| 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) | 36.4% (8/22) | 30.9% (17/55) |
| | Yes, somewhat better prepared | 48.7% (5811/11944) | 54.5% (12/22) | 56.4% (31/55) |
| | No | 7.7% (924/11944) | 9.1% (2/22) | 12.7% (7/55) |

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) | Yes | Yes | |
| | Not provided in the last 12 months | 6.7% (13/195) | - | - | |
| | Nurses | | | | |
| | Mandatory | 63.1% (123/195) | Yes | - | |
| | Provided on induction | 69.2% (135/195) | Yes | Yes | |
| | Provided in the last 12 months | 61% (119/195) | - | Yes | |
| | Not provided in the last 12 months | 1% (2/195) | - | - | |
| | Healthcare assistants | | | | |
| | Mandatory | 63.1% (123/195) | Yes | Yes | |
| | Provided on induction | 66.7% (130/195) | Yes | Yes | |
| | Provided in the last 12 months | 59.5% (116/195) | - | Yes | |
| | Not provided in the last 12 months | 1% (2/195) | - | - | |
| | Other allied healthcare professionals, e.g. physiotherapists, dieticians | | | | |
| | Mandatory | 57.4% (112/195) | Yes | - | |
| | Provided on induction | 58.5% (114/195) | Yes | Yes | |
| | Provided in the last 12 months | 56.9% (111/195) | Yes | Yes | |
| | Not provided in the last 12 months | 3.6% (7/195) | - | - | |
| | Support staff in the hospital, e.g. housekeepers, porters, receptionists | | | | |
| Mandatory | 49.7% (97/195) | - | - | | |

| 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) | Yes | Yes |
| | 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) | 26.3% (10/38) | 11.8% (6/51) |
| | Yes, most of the time | 40.9% (4772/11673) | 39.5% (15/38) | 58.8% (30/51) |
| | Yes, sometimes | 13.8% (1611/11673) | 13.2% (5/38) | 2% (1/51) |
| | No | 13.8% (1613/11673) | 21.1% (8/38) | 27.5% (14/51) |
| 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) | 83.8% (31/37) | 34.7% (34/98) |
| | Yes, most of the time | 22.3% (2801/12543) | 8.1% (3/37) | 26.5% (26/98) |
| | Yes, sometimes | 10.5% (1318/12543) | 0% (0/37) | 27.6% (27/98) |
| | No | 3.8% (481/12543) | 8.1% (3/37) | 11.2% (11/98) |

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) | 50% (19/38) | 25.5% (13/51) |
| | Yes, most of the time | 27.3% (3074/11253) | 23.7% (9/38) | 43.1% (22/51) |
| | Yes, sometimes | 18.4% (2068/11253) | 10.5% (4/38) | 21.6% (11/51) |
| | No | 10.1% (1140/11253) | 15.8% (6/38) | 9.8% (5/51) |
| | 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 | 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) | 51.3% (20/39) | 31.4% (16/51) |
| | Yes, most of the time | 27% (3160/11694) | 12.8% (5/39) | 31.4% (16/51) |
| | Yes, sometimes | 19.7% (2305/11694) | 30.8% (12/39) | 29.4% (15/51) |
| | No | 5.5% (648/11694) | 5.1% (2/39) | 7.8% (4/51) |

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) | 37.8% (14/37) | 41.2% (21/51) |
| | Yes, most of the time | 32.9% (3810/11591) | 40.5% (15/37) | 39.2% (20/51) |
| | Yes, sometimes | 17.4% (2017/11591) | 18.9% (7/37) | 15.7% (8/51) |
| | No | 6.1% (704/11591) | 2.7% (1/37) | 3.9% (2/51) |

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) | 28.2% (11/39) | 22.4% (22/98) |
| | Yes, most of the time | 47.8% (5978/12498) | 53.8% (21/39) | 46.9% (46/98) |
| | Yes, sometimes | 18.5% (2311/12498) | 17.9% (7/39) | 24.5% (24/98) |
| | No | 3.8% (477/12498) | 0% (0/39) | 6.1% (6/98) |



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) | Yes | Yes |
| 3c OC | Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia | 63.6% (112/176) | Yes | No |
| 3d OC | Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia | 68.2% (133/195) | Yes | No |
| 2 OC | The Executive Board regularly reviews information collected on | | | |
| 2a OC | Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted | 36.9% (72/195) | Yes | 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 | 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) | - | - |

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) | 8.6% (3/35) | 7.8% (4/51) |
| | Yes, most of the time | 32.7% (3611/11033) | 25.7% (9/35) | 49% (25/51) |
| | Yes, sometimes | 24.7% (2723/11033) | 25.7% (9/35) | 25.5% (13/51) |
| | No | 26% (2864/11033) | 40% (14/35) | 17.6% (9/51) |
| 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 | 0 | 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) | 13.5% (5/37) | 13.6% (14/103) |
| | Yes, most of the time | 32.1% (4401/13710) | 27% (10/37) | 23.3% (24/103) |
| | Yes, sometimes | 26.5% (3638/13710) | 35.1% (13/37) | 39.8% (41/103) |
| | No | 11.2% (1538/13710) | 24.3% (9/37) | 23.3% (24/103) |
| | Out of office hours | | | |
| 1b SQ | Yes, always | 8.6% (942/10960) | 8.6% (3/35) | 6.3% (6/95) |
| | Yes, most of the time | 15.9% (1739/10960) | 11.4% (4/35) | 11.6% (11/95) |
| | Yes, sometimes | 28.6% (3139/10960) | 34.3% (12/35) | 17.9% (17/95) |
| | No | 46.9% (5140/10960) | 45.7% (16/35) | 64.2% (61/95) |

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) | Once a year | More 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) | Other | Other |
| | 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 | Other |
| | 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) | Undertaking/have already done this | Undertaking/have already done this |
| | Yes, once the work is completed | 40.4% (74/183) | | |
| | No plans are in place | 11.5% (21/183) | | |
| | | | | |
| 33 OC | Opportunities for social interaction for patients with dementia are available | | | |
| | On all adult wards | 17.4% (34/195) | Other | Other |
| | 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) | 88.2% (30/34) | 88.9% (32/36) |
| 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) | 51.6% (16/31) | 40% (14/35) |
| 30b CA | The person's carer/relative | 83.1% (85.2, 76-94) (5613/6754) | 82.4% (28/34) | 85.3% (29/34) |
| 30c CA | The consultant responsible for the patient's care | 76.5% (82.3, 65-94) (5514/7211) | 85.7% (30/35) | 81.1% (30/37) |
| 30d CA | Other members of the multidisciplinary team | 85.1% (87.5, 78-96) (6134/7211) | 88.6% (31/35) | 91.9% (34/37) |

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) | 100% (34/34) | 89.2% (33/37) |
| 32 CA | Support needs documented in the discharge plan/summary | 61.5% (60.65, 47-80) (4288/6975) | 29.4% (10/34) | 56.8% (21/37) |
| 33 CA | Patient and/or carer received a copy of the plan/ summary | 88.1% (97.1, 87-100) | 100% (34/34) | 55.6% (20/36) |

| 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% (34/34) | 100% (37/37) |
| 35 CA | Discharge planning initiated within 24 hours of admission | 51.3% (50, 30-77) (2665/5191) | 46.7% (14/30) | 48.6% (17/35) |
| (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) | 80% (4/5) | 100% (2/2) |
| | Patient awaiting assessment | 8.8% (0, 0-13) (177/2020) | 0% (0/5) | 0% (0/2) |
| | Patient awaiting history/results | 7.7% (0, 0-10) (156/2020) | 20% (1/5) | 0% (0/2) |
| | Patient awaiting surgery | 9.6% (0, 0-14) (193/2020) | 0% (0/5) | 0% (0/2) |
| | Patient presenting confusion | 5.8% (0, 0-9) (118/2020) | 0% (0/5) | 0% (0/2) |
| | Patient on end of life plan | 0.0% (0, 0-0) (1/2020) | 0% (0/5) | 0% (0/2) |
| | Patient being transferred to another hospital | 0.2% (0, 0-0) (5/2020) | 0% (0/5) | 0% (0/2) |
| | Patient unresponsive | 0.3% (0, 0-0) (7/2020) | 0% (0/5) | 0% (0/2) |
| | Patient being discharged to nursing/residential care | 5% (0, 0-6) (100/2020) | 0% (0/5) | 0% (0/2) |
| | Other | 1.2% (0, 0-0) (24/2020) | 0% (0/5) | 0% (0/2) |

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) | 25% (4/16) | 81.8% (9/11) |
| 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) | 75% (3/4) | 100% (9/9) |
| 28a CA | The patient had capacity on assessment and their consent is documented | 11% (0, 0-17) (110/1003) | 0% (0/3) | 11.1% (1/9) |
| | The patient lacked requisite capacity and evidence of a best interests decision has been recorded | 71.5% (80, 50-100) (717/1003) | 33.3% (1/3) | 88.9% (8/9) |
| | There is no record of either consent or best interest decision making* | 17.5% (0, 0-29) (176/1003) | 66.7% (2/3) | 0% (0/9) |
| 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) | 25% (1/4) | 0% (0/9) |
| 28a CA | The patients consent was requested and this is recorded | 27.7% (0, 0-50) (122/441) | 0% (0/1) | 0% (0/0) |
| | There is no record of the patients consent* | 72.3% (100, 50-100) (319/441) | 100% (1/1) | 0% (0/0) |
| 28a (ii & iii) CA | Consent or best interests (responses options combined) | 65.7% (66.7, 50-84) (949/1444) | 25% (1/4) | 100% (9/9) |
| | No consent or best interests (response options combined) | 34.3% (33.3, 16-50) (495/1444) | 75% (3/4) | 0% (0/9) |

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) | 28.6% (10/35) | 51.4% (19/37) |
| | 24 hours | 12.3% (9.1, 3-18) (889/7211) | 2.9% (1/35) | 8.1% (3/37) |
| | 25 - 48 hours | 15.8% (13, 7-22) (1140/7211) | 8.6% (3/35) | 8.1% (3/37) |

| | | | | |
|----------|--|---|----------------------|---------------------|
| | More than 48 hours | 26.3% (23.2, 11-41) (1897/7211) | 2.9% (1/35) | 8.1% (3/37) |
| | No notice at all | 0.5% (0, 0-0) (37/7211) | 0% (0/35) | 0% (0/37) |
| | Not documented | 22.6% (20.6, 10-30) (1627/7211) | 54.3% (19/35) | 24.3% (9/37) |
| | No carer, family, friend/could not contact | 1.7% (0, 0-3) (124/7211) | 2.9% (1/35) | 0% (0/37) |
| | Patient specified information to be withheld | 0.1% (0, 0-0) (4/7211) | 0% (0/35) | 0% (0/37) |
| 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) | 62.1% (18/29) | 75% (18/24) |

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) | 2.9% (1/35) | 24.3% (9/37) |
| (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) | 2.9% (1/34) | 0% (0/28) |
| | Not documented/unknown | 79.6% (86.25, 71-95) (5125/6440) | 97.1% (33/34) | 64.3% (18/28) |
| | Other | 7.9% (2.65, 0-8) (509/6440) | 0% (0/34) | 35.7% (10/28) |
| 25 CA | Cause of cognitive impairment was summarised and recorded | 70.6% (76.4, 57-87) (5092/7211) | 91.4% (32/35) | 62.2% (23/37) |
| 26 CA | Symptoms of delirium | 36% (36.65, 24-47) (2594/7211) | 57.1% (20/35) | 37.8% (14/37) |
| 26a CA | (If Q26=Yes) Symptoms of delirium summarised for discharge | 46.6% (42.1, 26-64) (1210/2594) | 40% (8/20) | 57.1% (8/14) |
| 27 CA | Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission | 18% (16.7, 11-24) (1299/7211) | 20% (7/35) | 27% (10/37) |

| 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) | 28.6% (2/7) | 60% (6/10) |

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= 44) | Your hospital Round 3 (n= 119) |
|---|----------------------------|-------------------------------|--------------------------------|
| Staffing <ul style="list-style-type: none"> General comments on more staffing Better access to dementia specialist staff including champions | 39% (5320/13800) | 63.6% (28/44) | 43% (51/119) |
| 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) | 2.3% (1/44) | 10% (12/119) |
| 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) | 25% (11/44) | 11% (13/119) |
| 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) | 4.5% (2/44) | 10% (12/119) |
| 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) | 2.3% (1/44) | 6% (7/119) |
| 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) | 0% (0/44) | 9% (11/119) |
| 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) | 2.3% (1/44) | 3% (4/119) |

| | | | |
|---|-----------------------------------|-----------------------------|--------------------------------|
| <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>0% (0/44)</p> | <p>5% (6/119)</p> |
| <p>Non-hospital recommendations</p> | <p>0.4% (49/13800)</p> | <p>0% (0/44)</p> | <p>2.5% (3/119)</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= 54): | Your hospital Round 3 (n= 11): |
|---|-----------------|---------------------------|--------------------------------|--------------------------------|
| 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) | 11.1% (6/54) | 0% (0/11) |
| | Negative | 19% (1335/7015) | 20.4% (11/54) | 27% (3/11) |
| 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) | 9.3% (5/54) | 0% (0/11) |
| | Negative | 15% (1075/7015) | 9.3% (5/54) | 18% (2/11) |
| 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) | 25.9% (14/54) | 9% (1/11) |
| | Negative | 6% (442/7015) | 5.6% (3/54) | 18% (2/11) |
| Staffing levels <ul style="list-style-type: none"> Understaffed Staff too busy/overworked | Positive | 0.2% (17/7015) | 0% (0/54) | 0% (0/11) |
| | Negative | 5% (353/7015) | 7.4% (4/54) | 0% (0/11) |
| Discharge <ul style="list-style-type: none"> Unsafe/poor discharge Failed discharge Carer not informed of discharge | Positive | 0.2% (13/7015) | 0% (0/54) | 0% (0/11) |
| | Negative | 5% (341/7015) | 1.9% (1/54) | 9% (1/11) |
| Environment Ward is clean/dirty | Positive | 1% (65/7015) | 0% (0/54) | 0% (0/11) |

| | | | | |
|---|-----------------|-------------------------|-----------------------|----------------------|
| | Negative | 1% (95/7015) | 1.9% (1/54) | 0% (0/11) |
| Support for carers <ul style="list-style-type: none"> • Carer support • Facilities for carers in the hospital | Positive | 2% (170/7015) | 0% (0/54) | 0% (0/11) |
| | Negative | 2% (131/7015) | 5.6% (3/54) | 0% (0/11) |
| Other <ul style="list-style-type: none"> • General positive/negative | Positive | 4% (261/7015) | 1.9% (1/54) | 0% (0/11) |
| | Negative | 2% (157/7015) | 0% (0/54) | 9% (1/11) |
| Adverse incidents <ul style="list-style-type: none"> • Falls, weight loss, injury | Negative | 1% (90/7015) | 0% (0/54) | 9 % (1/11) |

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- Northern General Hospital, Sheffield

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|------------------------|----------------------------|---------------------------|---------------------------|
| Age range | | | |
| Min-65 | 2.3% (228) | * | 0% (0) |
| 66-80 | 24.4% (2386) | 22% (11) | 22% (11) |
| 81-100 | 73% (7146) | 76% (38) | 78% (39) |
| 101-108 | 0.2% (19) | 0% (0) | 0% (0) |
| Unknown | 0% (3) | 0% (0) | 0% (0) |
| Range | 19-105 | 42 - 99 | 69 - 96 |
| Mean | 84 | 84.5 | 84.7 |
| Gender | | | |
| Male | 41.4% (4054) | 36% (18) | 36% (18) |
| Female | 58.6% (5728) | 64% (32) | 64% (32) |
| Ethnicity | | | |
| White/White British | 80.7% (7898) | 100% (50) | 84% (42) |
| Asian/Asian British | 2.5% (245) | 0% (0) | 0% (0) |
| Black/Black British | 1.5% (150) | 0% (0) | 0% (0) |
| Other | 15.2% (1489) | 0% (0) | 16% (8) |
| First Language | | | |
| English | 77.7% (7602) | 100% (50) | 98% (49) |
| Welsh | 0.6% (62) | 0% (0) | 0% (0) |
| Other | 21.6% | 0% | * |

| | | | |
|--|--------|-----|--|
| | (2118) | (0) | |
|--|--------|-----|--|

| | 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) | 74% (37) | 60% (30) |
| General medical | 22.9% (2239) | 2% (1) | 0% (0) |
| Orthopaedics | 9% (881) | 0% (0) | 2% (1) |
| Other medical | 8.5% (829) | 12% (6) | 26% (13) |
| Surgical | 5.3% (520) | 6% (3) | 2% (1) |
| Stroke | 4.3% (417) | 0% (0) | 6% (3) |
| Cardiac | 2.6% (250) | 0% (0) | 0% (0) |
| Other | 4.7% (462) | 6% (3) | 4% (2) |
| 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) | 14% (7) | 24% (12) |
| Self-discharged from hospital (NB: excludes patients who died) | 0.2% (15) | * (0) | 0% (0) |
| Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/'expedited with family agreement for | 6.9% (597) | 14.3% (6) | * |

| | | | |
|--|-----------------|--------------------|-------------------|
| 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) | 20% (10) | 14% (7) |

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|--|----------------------------|---------------------------|---------------------------|
| Primary diagnosis/cause of admission | | | |
| Respiratory | 19% (1861) | 20% (10) | 14% (7) |
| Fall | 14.8% (1449) | 10% (5) | 16% (8) |
| Urinary/renal | 8.7% (849) | 8% (4) | 8% (4) |
| Hip dislocation | 6.4% (627) | 0% (0) | * |
| Cardiac/vascular | 6.4% (628) | 8% (4) | * |
| Delirium/confusion | 6.2% (604) | 6% (3) | 16% (8) |
| Sepsis | 6% (586) | 6% (3) | 10% (5) |
| Gastrointestinal | 4.5% (442) | 6% (3) | 6% (3) |
| Unable to cope/frailty/social/dementia/psychiatric behaviour | 4% (398) | 2% (1) | 2% (1) |
| Stroke | 3.2% (316) | 0% (0) | 8% (4) |
| Brain/neurological | 2.4% (230) | 4% (2) | 0% (0) |
| Other | 2.2% (218) | 6% (3) | 2% (1) |
| Skin lacerations or lesions | 2.1% (202) | 4% (2) | 2% (1) |
| Other fractures | 1.9% (184) | 0% (0) | * |
| Pain/swelling | 1.8% (177) | 0% (0) | 0% (0) |

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|------------------------------------|----------------------------|---------------------------|---------------------------|
| Impaired consciousness | 1.7% (166) | 0% (0) | 0% (0) |
| Endocrine or metabolic | 1.5% (146) | 6% (3) | 0% (0) |
| Haematology | 1.5% (143) | 4% (2) | 2% (1) |
| Dehydration | 1.4% (134) | 0% (0) | 0% (0) |
| Liver related/hepatology | 0.9% (92) | 8% (4) | 2% (1) |
| 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) | 0% (0) | 0% (0) |
| Oral/visual | 0.4% (39) | 0% (0) | 0% (0) |
| Adverse reaction/allergy | 0.4% (37) | 2% (1) | 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) | 60 % (30) | 58% (29) |
| | After | 42% (3648) | 51.2% (22) | 44.7% (17) |
| Respite care | Before | 0.8% (74) | 0% (0) | 0% (0) |
| | After | 1.5% (134) | * | * |
| Rehabilitation ward | Before | 0.3% (31) | 0% (0) | * |
| | After | 1.6% (135) | 0% (0) | 0% (0) |
| Psychiatric ward | Before | 0.5% (46) | 0% (0) | 0% (0) |
| | After | 0.6% (51) | 0% (0) | 0% (0) |
| Carer's home | Before | 1.4% (138) | * | * |
| | After | 1.3% (114) | * | * |
| Intermediate care | Before | 0.7% (73) | 0% (0) | 0% (0) |
| | After | 4.3% (373) | * | 0% (0) |
| Residential care | Before | 17.9% (1753) | 12% (6) | 20% (10) |
| | After | 19.8% (1723) | 14% (6) | 26.3% (10) |
| Nursing home | Before | 18.1% (1775) | 18% (9) | 14 (7) |
| | After | 25.8% (2241) | 18.6% (8) | 23.7% (9) |
| Palliative care | Before | 0% (3) | 0% (0) | 0% (0) |
| | After | 0.6% (51) | 0% (0) | 0% (0) |
| Transfer to another hospital | Before | 0.9% (90) | 0% (0) | 0% (0) |
| | After | 2.1% (185) | 0% (0) | 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) | (0) |
| No change in residence | 84.3% (6544) | 88.1% (37) | 71.1% (27) |
| Own/carer's home to nursing/residential care | 7.7% (937) | 4.3% (2) | 18.4% (7) |

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|--|----------------------------|---------------------------|---------------------------|
| Length of stay in the hospital: | | | |
| 2-10 days | 47.7% (4662) | 58% (29) | 34% (17) |
| 11-20 days | 25.8% (2523) | 18% (9) | 18% (9) |
| 21-30 days | 11.5% (1127) | 16% (8) | 14% (7) |
| 31-40 days | 6.3% (613) | 6% (3) | 10% (5) |
| 41-50 days | 3.3% (319) | 0% (0) | 2% (1) |
| 51-60 days | 2.2% (212) | 2% (1) | 8% (4) |
| 61-70 days | 1.4% (134) | 0% (0) | 6% (3) |
| 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) | 0% (0) | 4% (2) |
| Range | 3-391 | 3 - 56 | 2 - 161 |
| Median | 11 | 9 | 19 |

Appendix B

Carer Demographics - Northern General Hospital, Sheffield

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|---------------------|----------------------------|---------------------------|---------------------------|
| Age range | | | |
| 18-24 | 1% (46) | 0% (0) | - |
| 25-34 | 3.3% (154) | 0% (0) | - |
| 35-44 | 6% (280) | 0% (0) | - |
| 45-54 | 16.9% (787) | 13.9% (5) | - |
| 55-64 | 24.5% (1139) | 22.2% (8) | - |
| 65-74 | 18.9% (879) | 41.7% (15) | - |
| 75-84 | 20.1% (934) | 16.7% (6) | - |
| 85 years or older | 8.2% (384) | * | - |
| Prefer not to say | 1.2% (55) | 0% (0) | - |
| Gender | | | |
| Male | 31.5% (1460) | 33.3% (12) | - |
| Female | 67.4% (3128) | 66.7% (24) | - |
| Other | 0.1% (3) | 0% (0) | - |
| Prefer not to say | 1.1% (50) | 0% (0) | - |
| Ethnicity | | | |
| White/White British | 87.2% (4003) | 100% (36) | - |
| Black/Black British | 3.6% (167) | 0% (0) | - |
| Asian/Asian British | 3.9% (177) | 0% (0) | - |

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

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|---|----------------------------|---------------------------|---------------------------|
| Relationship to person | | | |
| Spouse or partner | 32.5% (1529) | 27.8% (10) | - |
| Family member | 56.3% (2649) | 66.7% (24) | - |
| Friend | 5.5% (261) | * | - |
| Professional carer (health or social care) | 4.7% (221) | * | - |
| Other | 1% (49) | 0% (0) | - |
| One of main carers for patient | | | |
| Yes | 76% (3268) | 75% (24) | - |

Appendix C

Staff Demographics - Northern General Hospital, Sheffield

| | 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) | 0% (0) | 48.5% (50) |
| 26 - 50% | 26.7% (3764) | 12.8% (5) | 10.7% (11) |
| 51 - 75% | 25% (3514) | 28.2% (11) | 13.6% (14) |
| More than 75% | 17.8% (2502) | 59% (23) | 27.2% (28) |
| Gender | | | |
| Male | 14.9% (2113) | 10.3% (4) | 29.1% (30) |
| Female | 83.7% (11843) | 89.7% (35) | 70.9% (73) |
| 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) | 92.3% (36) | 83.5% (86) |
| Asian/Asian British | 10% (1421) | 0% (0) | 7.8% (8) |
| Black/Black British | 4.8% (684) | 0% (0) | * |
| Other | 6.4% (902) | * | 5.8% (6) |
| Prefer not to say | 2.4% (345) | * | * |

| | National audit Round 4: | Your hospital Round 4: | Your hospital Round 3: |
|---------------------------------------|----------------------------|---------------------------|---------------------------|
| Job role | | | |
| Registered nurse (Band 5 or 6) | 29.9% (4215) | 17.9% (7) | 20.4% (21) |
| Registered nurse (Band 7 or above) | 10.9% (1542) | * | 17.5% (18) |
| Healthcare assistant | 25.4% (3587) | 51.3% (20) | 12.6% (13) |
| Doctor | 9.7% (1370) | * | 40.8% (42) |
| Allied healthcare professional | 11.4% (1601) | * | 5.8% (6) |
| Other | 12.7% (1784) | 18% (7) | * |
| Hours worked per week | | | |
| Up to 29 hours | 13.3% (1873) | 21.1% (8) | 9.7% (10) |
| 30 hours or more | 86.7% (12217) | 78.9% (30) | 90.3% (93) |
| Time worked in the hospital | | | |
| Less than 6 months | 6.8% (958) | 10.5% (4) | * |
| 6 - 11 months | 9.1% (1284) | * | 7.8% (8) |
| 1 - 2 years | 16.4% (2307) | 21.1% (8) | 12.6% (13) |
| 3 - 5 years | 20.1% (2828) | 18.4% (7) | 8.7% (9) |
| 6 - 10 years | 14.7% (2076) | 13.2% (5) | 18.4% (19) |
| 11 - 15 years | 10.6% (1490) | 15.8% (6) | 19.4% (20) |
| More than 15 years | 22.4% (3150) | 15.8% (6) | 32% (33) |

Appendix D: Staff Suggestions

Registered Nurses (Band 5 or 6)

Ensuring we keep the staff that we are supposed to have. We should have an extra support worker to oversee patients whilst others give direct care. This is not often recognised.

Additional staff to be able to meet each patient's needs.

More training at all levels with regular updates.

More staff. Save dementia training for qualified nurses.

Often patients become upset and frustrated. Need more staff to address these issues, who focus solely on their needs.

More staff; more staff training.

We need to be trained as a specialist ward with the appropriate number of staff.

Need more staff on wards to care for Dementia patients and to provide support for families.

Registered Nurses (Band 7 or above)

Providing more staff to sit with and talk to patients. Poor ratio of staff to patients, currently 1 nurse to 9 patients.

Healthcare Assistants

More resources for patients with dementia.

More training.

There could be more information on how to deal with patients with dementia and also a team of dementia specialists to help with handling the behaviour of patients with dementia.

By not moving dementia patients onto a new ward in the middle of the night. By providing the right amount of staff to make sure all dementia patients can get the best care.

Enable support workers to spend more time talking to dementia patients and not rushed because other jobs need doing.

Nurses to assist at mealtimes and give medications at other times. Other wards put out specials for verbally disruptive patients; however our elderly wards do not have specials for physically aggressive patients. Surgical wards are awarded more money than medical wards. More needs to be done.

Employ more staff, give more dementia training. All staff at mealtimes to assist, nurses not to start doing other things and leaving support staff rushing around trying to feed patients.

Training staff. More staff needed.

Hospitals can support patients with dementia by discharging them on time when they are medically fit and with the appropriate care plan for them. In doing so, protecting them from hospital illnesses.

More staff to help feed and sit with and communicate with people with dementia.

More training and support.

More staff.

Have more staff.

More staff, better facilities.

Need more staff.

We never get any extra staff, if we do have plenty of staff someone is always sent to another ward. What people need to realise is we really need extra staff on every shift and employing more males to special our male patients.

More staff needed.

Doctors

Increasing the level of nursing staff would allow for more thorough care for patients with dementia, allowing more time for individual care.

Allied Healthcare Professionals

Increased use of the All About Me booklet. Increased availability of staff to "special" some people.

Other

More dementia training for all ward-based staff.

Having enough staff would help meet the needs of people with dementia.

For staff to be aware of the illness and be kept updated in training.

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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