

# National Audit of Dementia

## Care in general hospitals 2018-2019



**Royal Berkshire Hospital**  
**Royal Berkshire NHS Foundation Trust**  
**Local report**

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## Partner Organisations

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

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- The audit leads, champions, and clinical audit staff for their hard work organising the data collection in their hospitals. (A list of participating hospitals is on our [website](#)).
- The participants in the Service User Review Panels held following Round 3, for their contribution to the content of Round 4 (a report on the panel discussions is on our [website](#)).
- 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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# 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	55
Staff questionnaires	14154	146
Carer questionnaires	4736	14

## Audit standards

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

## How the findings are presented

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

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

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

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

## Key findings

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

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

# National key findings

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

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



**Personal information** collected in casenotes to support care:



**36%** noted factors which cause distress



**32%** noted actions which could calm or reassure

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



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



**inpatient falls**  
**64%**

of Trusts/Health Boards



**delayed discharges**  
**40%** of

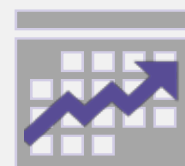
Trusts/Health Boards



**re-admissions**  
**37%** of

Trusts/Health Boards

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



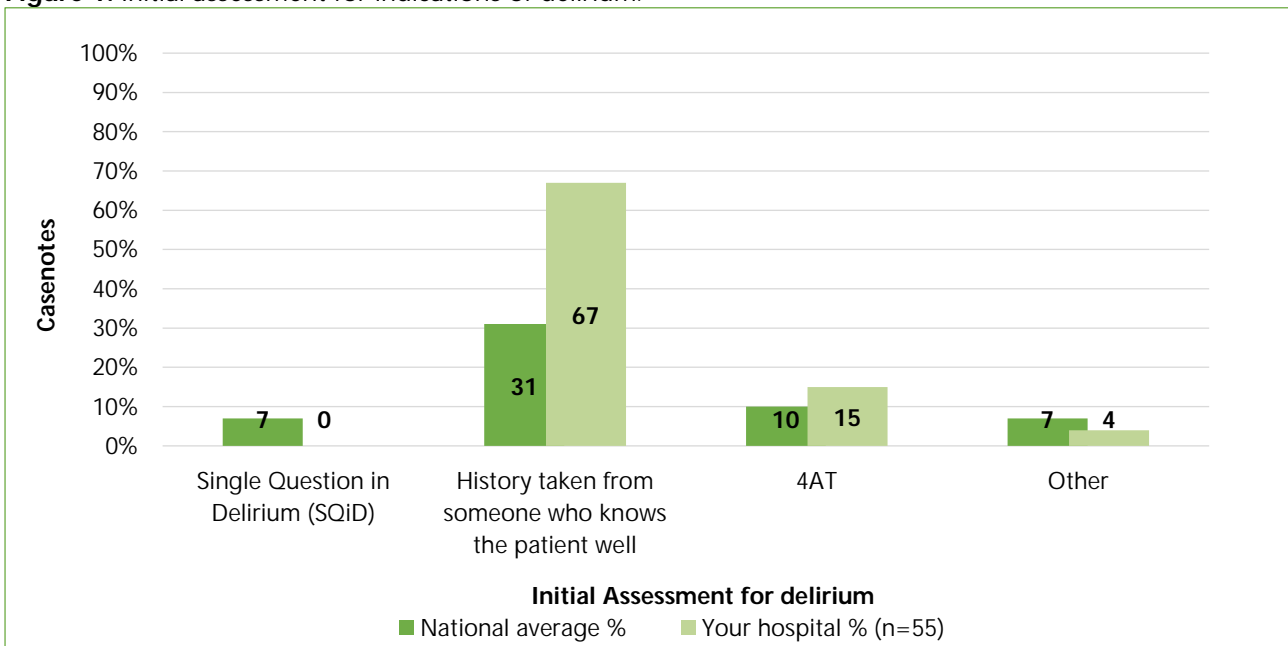


# Key findings and your hospital

## Key finding: assessments for delirium

Effective prevention, diagnosis and management of delirium in people with dementia admitted to hospital is essential. People with dementia are at considerable risk of developing delirium<sup>1</sup>. When delirium is superimposed on dementia, it can be challenging to distinguish<sup>2</sup>. 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:** 2 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](#)<sup>1</sup> specify that when indications of delirium are identified a clinical assessment should be carried out to confirm diagnosis.

**Table 2:** Full assessment for delirium

	National average %	Your hospital %
Initial assessment for indications of delirium	58% (n=9147)	76% (n=55)
Clinical assessment following indications of delirium	66% (n=2458)	76% (n=21)

**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

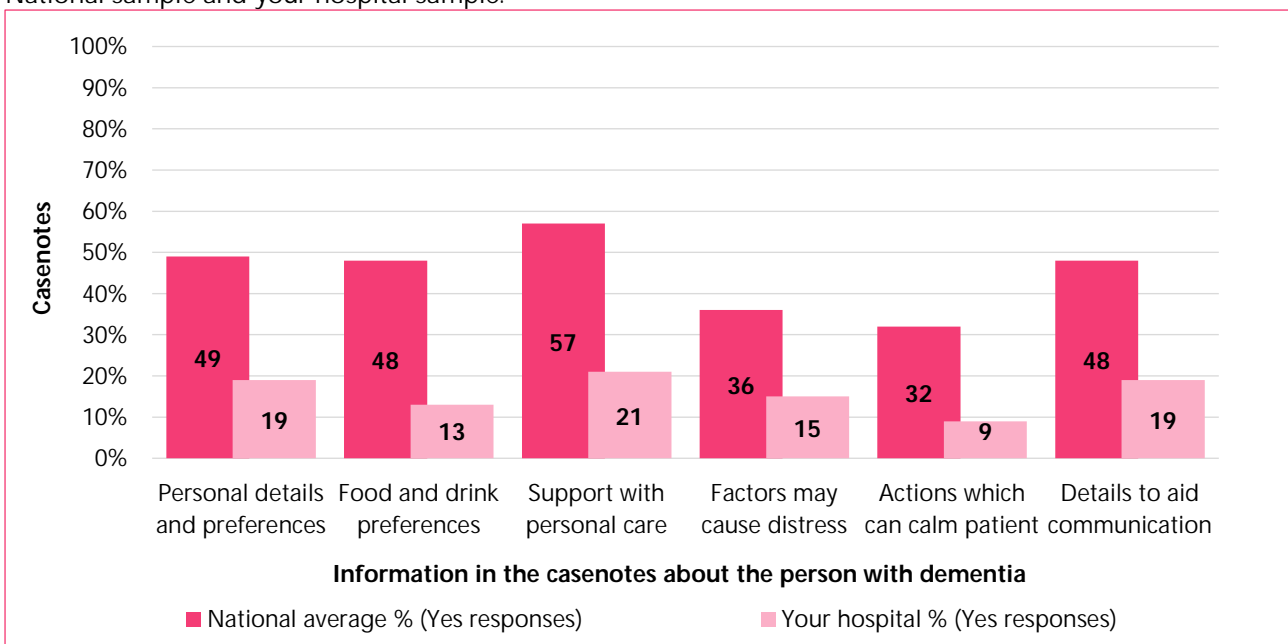
**Medical Directors and Directors of Nursing** should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)<sup>1</sup> and consider the symptom of pain as a contributory factor.

## 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](#)<sup>3</sup>, [Forget-me-Not](#)<sup>4</sup> and the [Butterfly Scheme](#)<sup>5</sup>.

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).

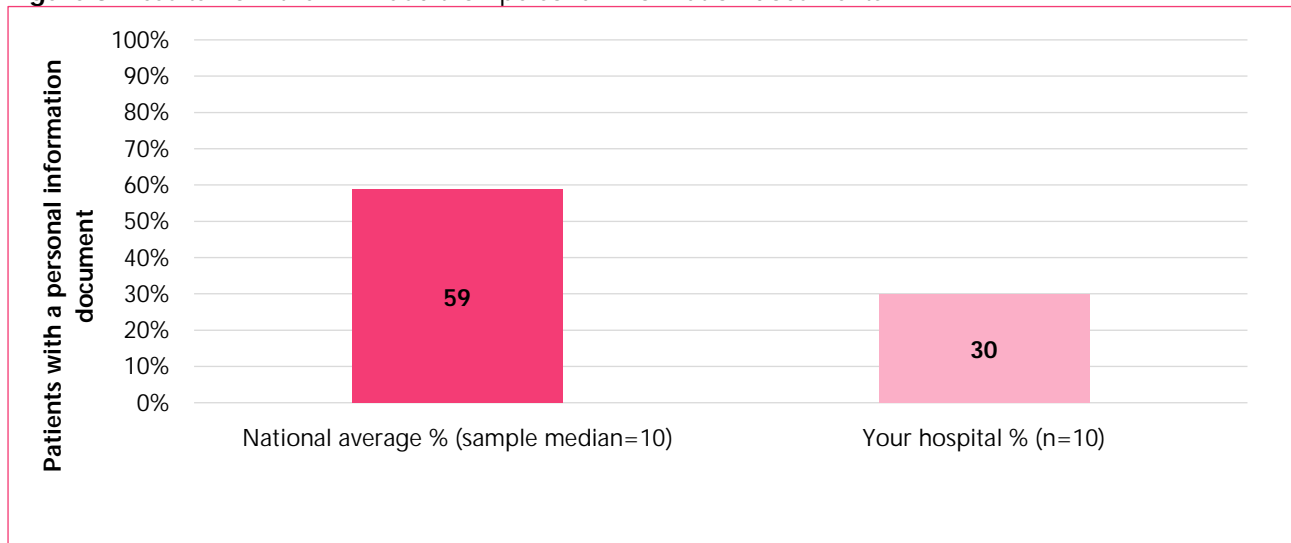
**Figure 2:** Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.



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

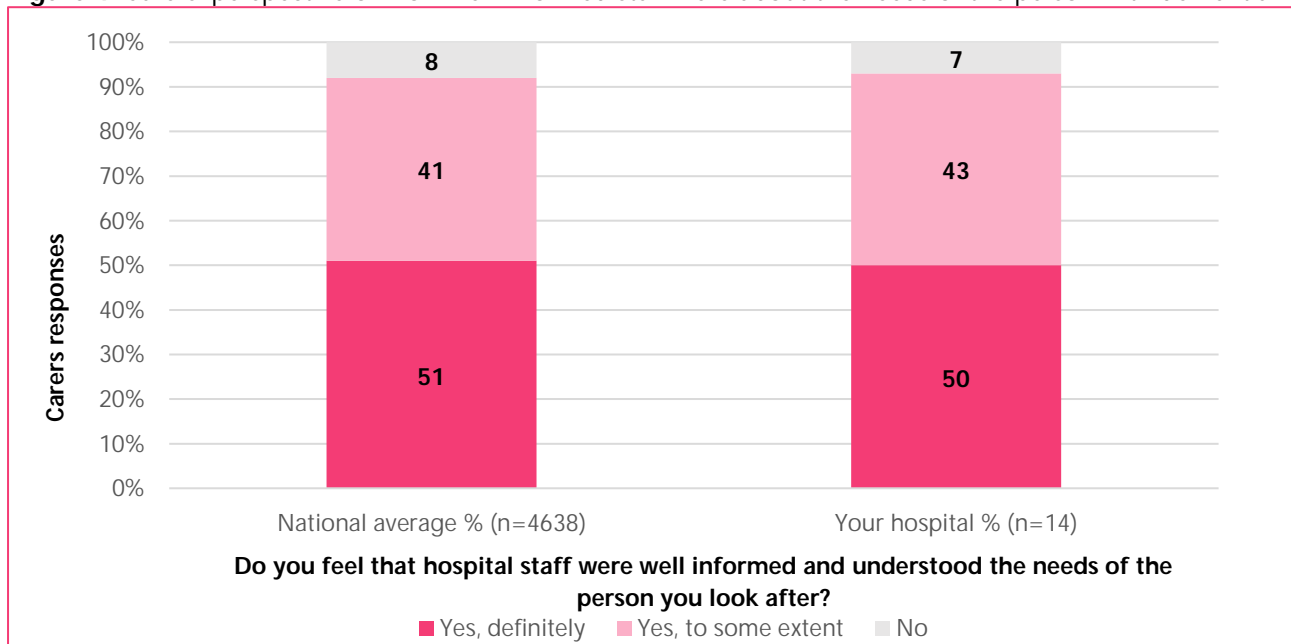
A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10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



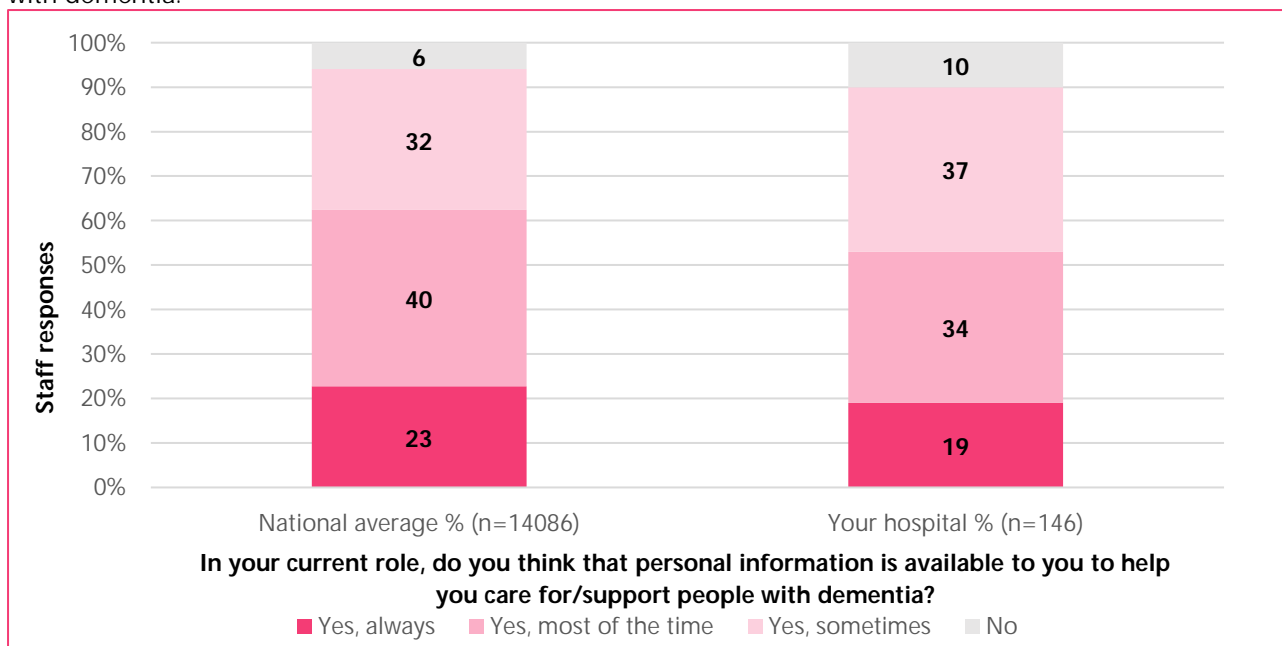
(See [Q15b OC](#) in Information and Communication data tables for your hospital comparison to Round 3)

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



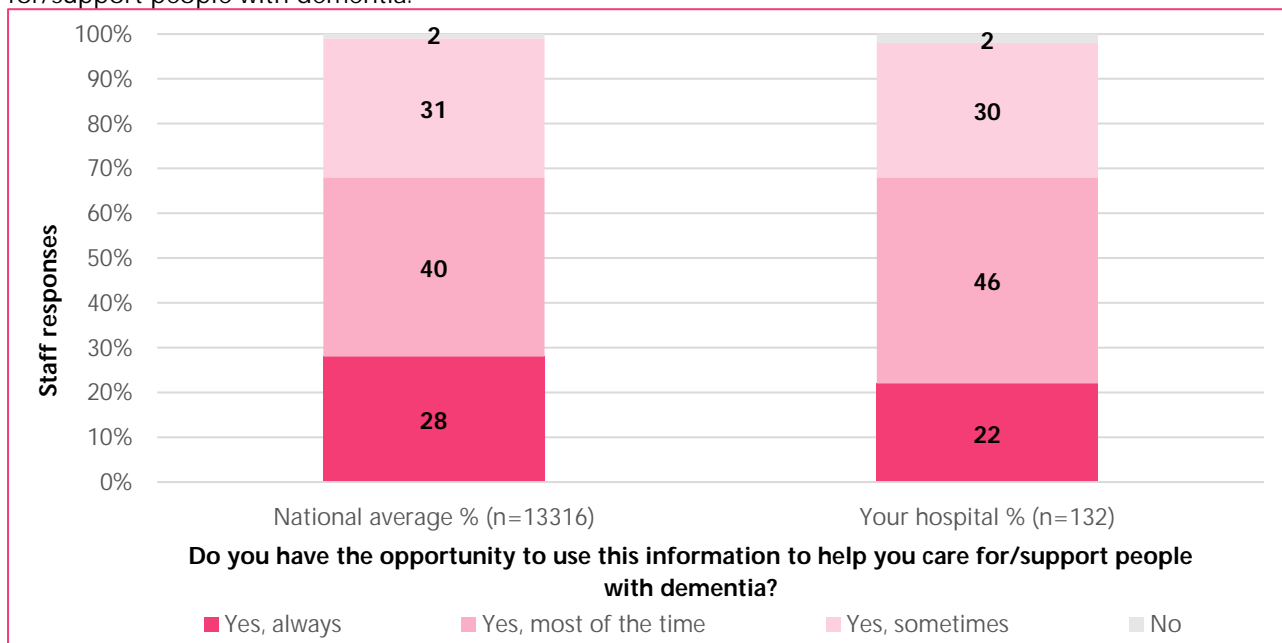
(See [Q1 CQ](#) in Information and Communication data tables for your hospital comparison to Round 3)

**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 campaign<sup>6</sup> and the Dementia Friendly Hospital Charter (2018)<sup>7</sup> 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 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018.

	National average (Interquartile range)	Your hospital
Number of staff equipped with at least tier 1/basic awareness training identified at <b>Trust level</b> (n=151)	2128 (754-3015)	971
Number of staff equipped with at least tier 1/basic awareness training identified at <b>hospital level</b> (n=104)	1100 (433-1238)	966
Total number of adult beds excluding maternity and mental health beds at 31 <sup>st</sup> March 2018 at hospital level (n=195)	506 (325-650)	610

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=133)
eLearning	52%	32%
Workbook	8%	4%
Workshop/study day	55%	77%
Higher education module	5%	3%
Other form of training	8%	14%
Did not receive dementia training	10%	2%

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

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



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

### Key recommendation: Dementia awareness training

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

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



## Key finding: Trust/Health Boards involvement in dementia care

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

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

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

## Key recommendation: Trust/Health Boards involvement in dementia care

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

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

## Key finding: overall improvement in care in general hospitals

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

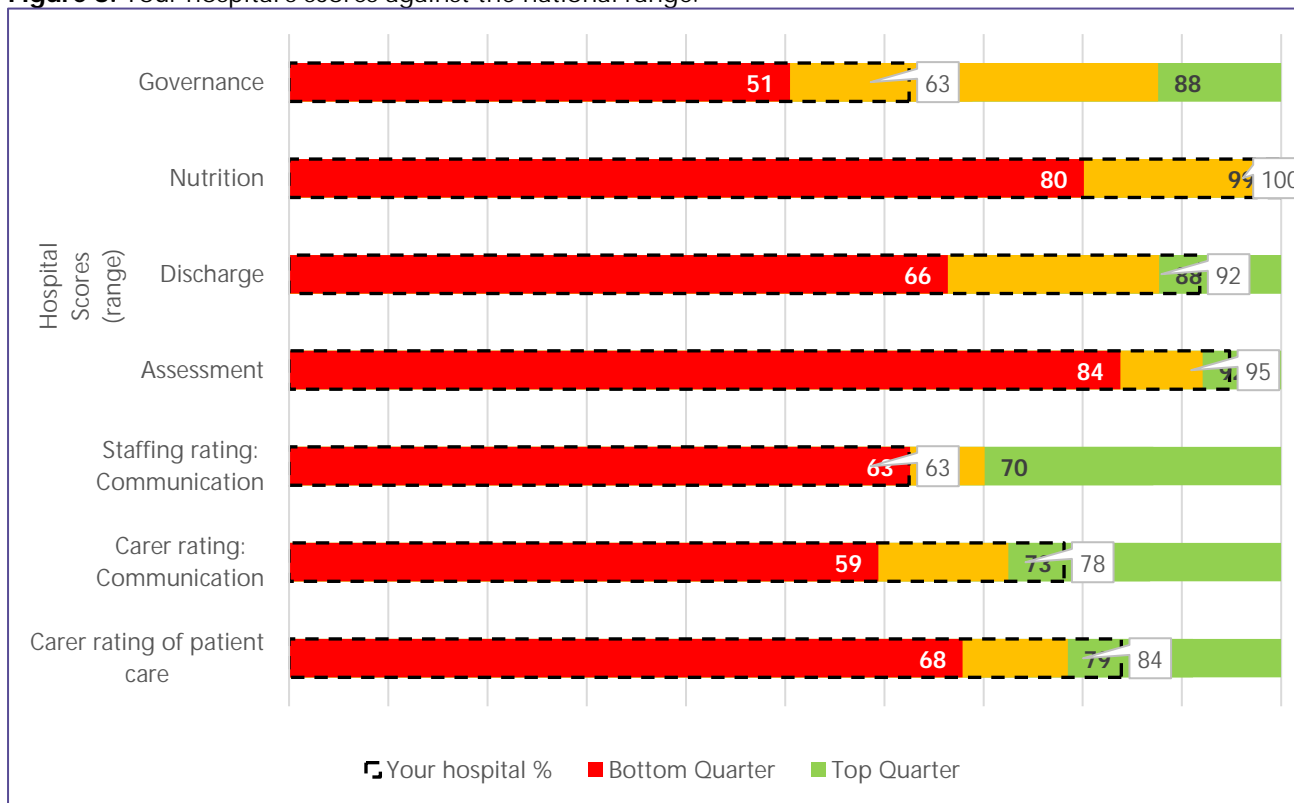
Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and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

**Table 6:** Your hospital's scores and rankings

Scoring	National Score Round 4	Your hospital score Round 4	Your hospital rank Round 4 (out of)	Your hospital score Round 3	Your hospital rank Round 3 (out of)
Governance	<b>68%</b>	<b>62.5</b>	105 (195)	<b>68.8</b>	84 (199)
Nutrition	<b>89%</b>	<b>100</b>	1 (195)	<b>75</b>	134 (199)
Discharge	<b>76%</b>	<b>91.8</b>	33 (191)	<b>91.8</b>	16 (195)
Assessment	<b>87%</b>	<b>94.8</b>	23 (191)	<b>87.1</b>	65 (195)
Staff rating communication	<b>66%</b>	<b>62.5</b>	137 (182)	<b>71.4</b>	19 (182)
Carer rating: communication	<b>66%</b>	<b>78.1</b>	14 (141)	<b>58</b>	104 (148)
Carer rating of patient care	<b>73%</b>	<b>83.9</b>	13 (141)	<b>64.7</b>	112 (148)

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

**Figure 8:** Your hospital's scores against the national range.



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

**Key recommendation:**

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

# 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	<b>38.2%</b> (1798/4704)	<b>64.3%</b> (9/14)	<b>11.8%</b> (2/17)
	Very good	<b>33.6%</b> (1580/4704)	<b>21.4%</b> (3/14)	<b>52.9%</b> (9/17)
	Good	<b>15.8%</b> (745/4704)	<b>7.1%</b> (1/14)	<b>23.5%</b> (4/17)
	Fair	<b>8.5%</b> (402/4704)	<b>0%</b> (0/14)	<b>5.9%</b> (1/17)
	Poor	<b>3.8%</b> (179/4704)	<b>7.1%</b> (1/14)	<b>5.9%</b> (1/17)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment			
	Extremely likely	<b>46.1%</b> (2126/4608)	<b>76.9%</b> (10/13)	<b>17.6%</b> (3/17)
	Likely	<b>34.1%</b> (1571/4608)	<b>7.7%</b> (1/13)	<b>52.9%</b> (9/17)
	Neither likely nor unlikely	<b>12%</b> (551/4608)	<b>7.7%</b> (1/13)	<b>23.5%</b> (4/17)
	Unlikely	<b>4.4%</b> (205/4608)	<b>0%</b> (0/13)	<b>5.9%</b> (1/17)
	Extremely unlikely	<b>3.4%</b> (155/4608)	<b>7.7%</b> (1/13)	<b>0%</b> (0/17)
10 CQ	Satisfaction with the support <b>they</b> received from this hospital to help them in their role as a carer			
	Very satisfied	<b>53.8%</b> (2354/4377)	<b>84.6%</b> (11/13)	<b>35.3%</b> (6/17)
	Somewhat satisfied	<b>32.4%</b> (1420/4377)	<b>7.7%</b> (1/13)	<b>52.9%</b> (9/17)
	Somewhat dissatisfied	<b>9.4%</b> (413/4377)	<b>7.7%</b> (1/13)	<b>11.8%</b> (2/17)
	Very dissatisfied	<b>4.3%</b> (190/4377)	<b>0%</b> (0/13)	<b>0%</b> (0/17)



# 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	<b>93.7%</b> (96.2, 92-98) (8451/9024)	<b>100%</b> (51/51)	<b>100%</b> (48/48)
15 CA	Assessment of nutritional status performed by a healthcare professional	<b>92.5%</b> (94.3, 90-98) (8824/9538)	<b>98.1%</b> (53/54)	<b>98.1%</b> (51/52)
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	<b>85.1%</b> (91.95, 77-98) (7506/8824)	<b>92.5%</b> (49/53)	<b>88.2%</b> (45/51)
	Other action taken	<b>3.2%</b> (0, 0-4) (281/8824)	<b>5.7%</b> (3/53)	<b>2%</b> (1/51)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	<b>95.7%</b> (98, 94-100) (9362/9782)	<b>100%</b> (55/55)	<b>96.2%</b> (50/52)
17 CA	Patient asked about any continence needs	<b>89.1%</b> (95.1, 85-99) (8429/9457)	<b>94.5%</b> (52/55)	<b>84.3%</b> (43/51)
18 CA	Patient assessed for the presence of any pain	<b>85.4%</b> (91.75, 79-98) (8201/9600)	<b>87.3%</b> (48/55)	<b>84.6%</b> (44/52)
19 CA	Assessment of functioning			
	Standardised assessment	<b>52.1%</b> (52.9, 25-78) (4795/9199)	<b>62.3%</b> (33/53)	<b>17.6%</b> (9/51)
	Occupational therapy assessment	<b>43.6%</b> (43.35, 27-60) (4015/9199)	<b>75.5%</b> (40/53)	<b>80.4%</b> (41/51)
	Physiotherapy assessment	<b>55.6%</b> (58.3, 36-73) (5115/9199)	<b>86.8%</b> (46/53)	
	Yes, other	<b>7.6%</b> (2.8, 0-8) (697/9199)	<b>1.9%</b> (1/53)	<b>0%</b> (0/51)
	Yes (all options)	<b>91.2%</b> (94.8, 86-98) (8390/9199)	<b>100%</b> (53/53)	<b>98%</b> (50/51)

## 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	<b>54.3%</b> (53.05, 37-73) (4603/8475)	<b>69.8%</b> (30/43)	<b>81%</b> (34/42)
21 CA	Screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium			
	Single Question in Delirium (SQiD)	<b>7.3%</b> (1.35, 0-6) (710/9753)	<b>0%</b> (0/55)	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	<b>30.5%</b> (25.9, 14-44) (2977/9753)	<b>67.3%</b> (37/55)	
	4AT	<b>10%</b> (4.15, 2-10) (978/9753)	<b>14.5%</b> (8/55)	
	Other	<b>7%</b> (3.9, 0-8) (680/9753)	<b>3.6%</b> (2/55)	
Combined	<b>49.7%</b> (4851/9760)	<b>76.4%</b> (42/55)	<b>48.1%</b> (25/52)	
21a CA	Initial assessment above found evidence that delirium may be present	<b>50.8%</b> (53.8, 40-67) (2455/4832)	<b>61.9%</b> (26/42)	<b>32.7%</b> (17/52)
	Initial assessment above found no evidence of delirium	<b>49.2%</b> (46.2, 33-60) (2377/4832)	<b>38.1%</b> (16/42)	<b>15.4%</b> (8/52)
22 CA	<b>A healthcare professional</b> (trained and competent in the diagnosis of delirium) completed an assessment for delirium			
	4AT	<b>9.4%</b> (4.6, 0-12) (621/6623)	<b>25.8%</b> (8/31)	<b>100%</b> (17/17)
	Confusion Assessment Method (CAM) – short or long form	<b>5.3%</b> (0, 0-6) (351/6623)	<b>12.9%</b> (4/31)	
Other	<b>14.9%</b> (9.4, 2-20) (988/6623)	<b>19.4%</b> (6/31)		
22a CA	Diagnosis of delirium confirmed	<b>80.5%</b> (83.3, 67-98) (1524/1892)	<b>82.4%</b> (14/17)	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	<b>97.4%</b> (190/195)	<b>Yes</b>	<b>Yes</b>
Information collected by the pro-forma includes:				
13a OC	Personal details, preferences and routines	<b>100%</b> (190/190)	<b>Yes</b>	<b>Yes</b>
13b OC	Reminders or support with personal care	<b>99.5%</b> (189/190)	<b>Yes</b>	<b>Yes</b>
13c OC	Recurring factors that may cause or exacerbate distress	<b>99.5%</b> (189/190)	<b>Yes</b>	<b>Yes</b>
13d OC	Support or actions that can calm the person if they are agitated	<b>98.9%</b> (188/190)	<b>Yes</b>	<b>Yes</b>
13e OC	Life details which aid communication	<b>99.5%</b> (189/190)	<b>Yes</b>	<b>Yes</b>
13f OC	How the person with dementia communicates with others/understands communication	<b>97.4%</b> (185/190)	<b>Yes</b>	<b>Yes</b>

## 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	<b>60.9%</b> (61.85, 36-92) (5955/9784)	<b>85.5%</b> (47/55)	<b>75%</b> (39/52)
Information collected about:				
23a CA	Personal details, preferences and routines			
	Yes	<b>49.4%</b> (55.2, 34-75) (2889/5851)	<b>19.1%</b> (9/47)	<b>10.3%</b> (4/39)
	Unknown	<b>31.1%</b> (14.3, 0-42) (1819/5851)	<b>76.6%</b> (36/47)	<b>87.2%</b> (34/39)
23b CA	Food and drink preferences			
	Yes	<b>48.1%</b> (55.6, 30-74) (2810/5845)	<b>12.8%</b> (6/47)	<b>10.3%</b> (4/39)

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
	Unknown	<b>30.80%</b> (15, 0-42) (1800/5845)	<b>72.3%</b> (34/47)	<b>84.6%</b> (33/39)
23c CA	Reminders or support with personal care			
	Yes	<b>56.8%</b> (64, 39-82) (3326/5852)	<b>21.3%</b> (10/47)	<b>35.9%</b> (14/39)
	Unknown	<b>28.3%</b> (9.4, 0-42) (1654/5852)	<b>76.6%</b> (36/47)	<b>64.1%</b> (25/39)
23d CA	Recurring factors that may cause or exacerbate distress			
	Yes	<b>36.1%</b> (38.3, 20-58) (2101/5822)	<b>14.9%</b> (7/47)	<b>5.3%</b> (2/38)
	Unknown	<b>35.1%</b> (17.5, 0-50) (2041/5822)	<b>76.6%</b> (36/47)	<b>92.1%</b> (35/38)
23e CA	Support or actions that can calm the person if they are agitated			
	Yes	<b>31.8%</b> (30, 17-50) (1841/5794)	<b>8.5%</b> (4/47)	<b>2.6%</b> (1/38)
	Unknown	<b>36.0%</b> (18.9, 0-51) (2085/5794)	<b>78.7%</b> (37/47)	<b>92.1%</b> (35/38)
23f CA	How the person with dementia communicates with others/understands communication			
	Yes	<b>47.7%</b> (51.9, 33-74) (2784/5838)	<b>19.1%</b> (9/47)	<b>10.5%</b> (4/38)
	Unknown	<b>31.3%</b> (15.8, 0-43) (1825/5838)	<b>72.3%</b> (34/47)	<b>86.8%</b> (33/38)
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	<b>94.2%</b> (179/190)	<b>Yes</b>	<b>Yes</b>
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		<b>10</b>	<b>19</b>
	Range	<b>0-33</b>	N/A	N/A
	Mean	<b>10</b>		
15b OC	Number of these patients where the information was present		<b>3</b>	<b>11</b>
	Percentage of patients where the information was present	<b>59.4%</b>	<b>30%</b>	<b>57.9%</b>
	Range	<b>0-20</b>	N/A	N/A
	Mean	<b>6</b>		

## 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	<b>45.9%</b> (2115/4609)	<b>71.4%</b> (10/14)	<b>35.3%</b> (6/17)
	Yes, to some extent	<b>38.5%</b> (1776/4609)	<b>14.3%</b> (2/14)	<b>52.9%</b> (9/17)
	No	<b>15.6%</b> (718/4609)	<b>14.3%</b> (2/14)	<b>11.8%</b> (2/17)
6 CQ	Involved as much as you wanted to be in decisions about care			
	Yes, definitely	<b>51.1%</b> (2317/4535)	<b>78.6%</b> (11/14)	<b>37.5%</b> (6/16)
	Yes, to some extent	<b>34.8%</b> (1577/4535)	<b>7.1%</b> (1/14)	<b>56.3%</b> (9/16)
	No	<b>14.1%</b> (641/4535)	<b>14.3%</b> (2/14)	<b>6.3%</b> (1/16)
18 OC	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	<b>70.3%</b> (137/195)	<b>Yes</b>	<b>Yes</b>
7 CQ	Hospital staff asked about the needs of the person to help plan their care			
	Yes, definitely	<b>48.3%</b> (2193/4545)	<b>69.2%</b> (9/13)	<b>23.5%</b> (4/17)
	Yes, to some extent	<b>34.3%</b> (1561/4545)	<b>7.7%</b> (1/13)	<b>47.1%</b> (8/17)
	No	<b>17.4%</b> (791/4545)	<b>23.1%</b> (3/13)	<b>29.4%</b> (5/17)
1 CQ	Hospital staff were well informed and understood the needs of the person			
	Yes, definitely	<b>51.1%</b> (2368/4638)	<b>50%</b> (7/14)	<b>23.5%</b> (4/17)
	Yes, to some extent	<b>40.7%</b> (1888/4638)	<b>42.9%</b> (6/14)	<b>58.8%</b> (10/17)
	No	<b>8.2%</b> (382/4638)	<b>7.1%</b> (1/14)	<b>17.6%</b> (3/17)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person			
	Yes, definitely	<b>58.7%</b> (2728/4649)	<b>85.7%</b> (12/14)	<b>29.4%</b> (5/17)
	Yes, to some extent	<b>33.8%</b> (1571/4649)	<b>7.1%</b> (1/14)	<b>64.7%</b> (11/17)
	No	<b>7.5%</b> (350/4649)	<b>7.1%</b> (1/14)	<b>5.9%</b> (1/17)
4 CQ	The person was treated with respect by hospital staff			
	Yes, definitely	<b>77.5%</b> (3598/4640)	<b>92.9%</b> (13/14)	<b>70.6%</b> (12/17)
	Yes, to some extent	<b>20.2%</b> (939/4640)	<b>7.1%</b> (1/14)	<b>29.4%</b> (5/17)
	No	<b>2.2%</b> (103/4640)	<b>0%</b> (0/14)	<b>0%</b> (0/17)

## 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	<b>22.5%</b> (3171/14086)	<b>19.2%</b> (28/146)	<b>14.7%</b> (11/75)
	Yes, most of the time	<b>39.5%</b> (5557/14086)	<b>34.2%</b> (50/146)	<b>49.3%</b> (37/75)
	Yes, sometimes	<b>31.7%</b> (4467/14086)	<b>37%</b> (54/146)	<b>34.7%</b> (26/75)
	No	<b>6.3%</b> (891/14086)	<b>9.6%</b> (14/146)	<b>1.3%</b> (1/75)
3a SQ	Can use personal information to help care for/support people with dementia			
	Yes, always	<b>27.7%</b> (3644/13166)	<b>22%</b> (29/132)	<b>21.6%</b> (16/74)
	Yes, most of the time	<b>40%</b> (5266/13166)	<b>46.2%</b> (61/132)	<b>44.6%</b> (33/74)
	Yes, sometimes	<b>30.8%</b> (4058/13166)	<b>30.3%</b> (40/132)	<b>31.1%</b> (23/74)
	No	<b>1.5%</b> (198/13166)	<b>1.5%</b> (2/132)	<b>2.7%</b> (2/74)
4 SQ	Encouraged to accommodate the individual needs and preferences of people with dementia			
	Yes, always	<b>31.5%</b> (4435/14078)	<b>25.3%</b> (37/146)	<b>42.7%</b> (32/75)
	Yes, most of the time	<b>34.6%</b> (4864/14078)	<b>41.1%</b> (60/146)	<b>32%</b> (24/75)
	Yes, sometimes	<b>25.3%</b> (3566/14078)	<b>26.7%</b> (39/146)	<b>18.7%</b> (14/75)
	No	<b>8.6%</b> (1213/14078)	<b>6.8%</b> (10/146)	<b>6.7%</b> (5/75)
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team			
	Frequently	<b>50.6%</b> (7120/14060)	<b>40.4%</b> (59/146)	<b>63.2%</b> (43/68)
	Occasionally	<b>35.5%</b> (4987/14060)	<b>40.4%</b> (59/146)	<b>32.4%</b> (22/68)
	Almost Never	<b>10.6%</b> (1496/14060)	<b>12.3%</b> (18/146)	<b>4.4%</b> (3/68)
	Never	<b>3.3%</b> (457/14060)	<b>6.8%</b> (10/146)	<b>0%</b> (0/68)

## 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	<b>92.8%</b> (181/195)	<b>Yes</b>	<b>Yes</b>
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	<b>97.2%</b> (176/181)	<b>Yes</b>	<b>Yes</b>
	Alert sheet or electronic flag	<b>8.8%</b> (16/181)	<b>Yes</b>	<b>Yes</b>
	A box to highlight or alert dementia in the notes or care plan	<b>38.1%</b> (69/181)	<b>Yes</b>	<b>Yes</b>
	Other	<b>18.8%</b> (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)	<b>77.4%</b> (151/195)	<b>Yes</b>	<b>Yes</b>
	(If Q17=Yes) Please say what this is			
17a OC	A visual indicator, symbol or marker	<b>88.7%</b> (134/151)	<b>Yes</b>	<b>Yes</b>
	Alert sheet or electronic flag	<b>7.9%</b> (12/151)	<b>Yes</b>	<b>Yes</b>
	A box to highlight or alert dementia condition in the notes or care plan	<b>33.8%</b> (51/151)	<b>Yes</b>	<b>Yes</b>
	Other	<b>20.5%</b> (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	<b>46.7%</b> (91/195)	<b>Yes</b>	<b>Yes</b>
	Yes, on the wards	<b>71.8%</b> (140/195)	<b>Yes</b>	
9 OC	An evidence-based tool is used for establishing ward staffing levels	<b>96.9%</b> (189/195)	<b>Yes</b>	<b>Yes</b>
9a OC	The tool takes into account patient dependency and acuity	<b>99.5%</b> (188/189)	<b>Yes</b>	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	<b>27.2%</b> (3689/13577)	<b>22.2%</b> (32/144)	<b>19.5%</b> (8/41)
	Yes, most of the time	<b>43.5%</b> (5903/13577)	<b>48.6%</b> (70/144)	<b>68.3%</b> (28/41)
	Yes, sometimes	<b>23.3%</b> (3160/13577)	<b>22.2%</b> (32/144)	<b>12.2%</b> (5/41)
	No	<b>6.1%</b> (825/13577)	<b>6.9%</b> (10/144)	<b>0%</b> (0/41)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase			
	Yes, always	<b>10.4%</b> (1340/12942)	<b>10.9%</b> (15/138)	<b>7.3%</b> (3/41)
	Yes, most of the time	<b>26.3%</b> (3405/12942)	<b>26.8%</b> (37/138)	<b>31.7%</b> (13/41)
	Yes, sometimes	<b>42.8%</b> (5538/12942)	<b>44.9%</b> (62/138)	<b>43.9%</b> (18/41)
	No	<b>20.5%</b> (2659/12942)	<b>17.4%</b> (24/138)	<b>17.1%</b> (7/41)
3 CO	The person you look after was given enough help with personal care from hospital staff			
	Yes, definitely	<b>58.5%</b> (2641/4518)	<b>71.4%</b> (10/14)	<b>35.3%</b> (6/17)
	Yes, to some extent	<b>32.6%</b> (1473/4518)	<b>21.4%</b> (3/14)	<b>58.8%</b> (10/17)
	No	<b>8.9%</b> (404/4518)	<b>7.1%</b> (1/14)	<b>5.9%</b> (1/17)

## 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	<b>73.8%</b> (144/195)	<b>Yes</b>	<b>Yes</b>

## 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	<b>95.9%</b> (187/195)	<b>Yes</b>	<b>Yes</b>
21 OC	The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers	<b>81.5%</b> (159/195)	<b>Yes</b>	<b>Yes</b>

## 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	<b>73.8%</b> (144/195)	<b>Yes</b>	<b>Yes</b>
	Workshop or study day	<b>82.1%</b> (160/195)	<b>Yes</b>	<b>Yes</b>
	Higher education module	<b>15.4%</b> (30/195)	-	-
	Workbook	<b>22.1%</b> (43/195)	-	New to Round 4
	Other	<b>18.5%</b> (36/195)	<b>Yes</b>	-
2 SQ	Form of dementia training received at the hospital			
	eLearning module	<b>51.8%</b> (6939/13407)	<b>31.6%</b> (42/133)	<b>46.3%</b> (31/67)
	Workshop or study day	<b>54.9%</b> (7355/13407)	<b>77.4%</b> (103/133)	<b>77.6%</b> (52/67)
	Higher education module	<b>5.3%</b> (713/13407)	<b>3%</b> (4/133)	<b>4.5%</b> (3/67)
	Workbook	<b>8.1%</b> (1086/13407)	<b>3.8%</b> (5/133)	<b>1.5%</b> (1/67)
	Other	<b>8.2%</b> (1094/13407)	<b>14.3%</b> (19/133)	<b>10.4%</b> (7/67)
	I have not received any dementia training at this hospital	<b>10.7%</b> (1439/13407)	<b>1.5%</b> (2/133)	<b>4.5%</b> (3/67)
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	<b>43.6%</b> (5209/11944)	<b>42.7%</b> (56/131)	<b>56.3%</b> (36/64)
	Yes, somewhat better prepared	<b>48.7%</b> (5811/11944)	<b>52.7%</b> (69/131)	<b>39.1%</b> (25/64)
	No	<b>7.7%</b> (924/11944)	<b>4.6%</b> (6/131)	<b>4.7%</b> (3/64)

## Staff data on dementia training

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



Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Provided on induction	<b>53.3%</b> (104/195)	<b>Yes</b>	<b>Yes</b>
	Provided in the last 12 months	<b>51.8%</b> (101/195)	<b>Yes</b>	<b>Yes</b>
	Not provided in the last 12 months	<b>11.3%</b> (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	<b>35.9%</b> (70/195)	<b>Other</b>	New to Round 4
	Yes, other	<b>23.6%</b> (46/195)		
	No	<b>40.5%</b> (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	<b>97.9%</b> (191/195)	<b>Yes</b>	<b>No</b>
10a OC	(If Q10=Yes) Wards' adherence to protected mealtimes is reviewed and monitored	<b>87.4%</b> (167/191)	<b>Yes</b>	<b>N/A</b>
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	<b>31.5%</b> (3677/11673)	<b>25.2%</b> (29/115)	<b>17.5%</b> (7/40)
	Yes, most of the time	<b>40.9%</b> (4772/11673)	<b>39.1%</b> (45/115)	<b>45%</b> (18/40)
	Yes, sometimes	<b>13.8%</b> (1611/11673)	<b>13.9%</b> (16/115)	<b>20%</b> (8/40)
	No	<b>13.8%</b> (1613/11673)	<b>21.7%</b> (25/115)	<b>17.5%</b> (7/40)
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	<b>95.9%</b> (187/195)	<b>Yes</b>	<b>Yes</b>
8 SQ	Carers of people with dementia can visit at any time on the ward(s)			
	Yes, always	<b>63.3%</b> (7943/12543)	<b>71.8%</b> (94/131)	<b>67.2%</b> (45/67)
	Yes, most of the time	<b>22.3%</b> (2801/12543)	<b>19.8%</b> (26/131)	<b>22.4%</b> (15/67)
	Yes, sometimes	<b>10.5%</b> (1318/12543)	<b>5.3%</b> (7/131)	<b>7.5%</b> (5/67)
	No	<b>3.8%</b> (481/12543)	<b>3.1%</b> (4/131)	<b>3%</b> (2/67)

### 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	<b>75.4%</b> (147/195)	<b>Every day</b>	<b>Every day</b>

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	<b>1%</b> (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	<b>0.5%</b> (1/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	<b>0.0%</b> (0/195)		
	Finger food consists of sandwiches/wraps only	<b>23.1%</b> (45/195)		
	Ability to access finger food for people with dementia as an alternative to main meals			
12 SQ	Yes, always	<b>44.2%</b> (4971/11253)	<b>27.8%</b> (30/108)	<b>23.1%</b> (9/39)
	Yes, most of the time	<b>27.3%</b> (3074/11253)	<b>29.6%</b> (32/108)	<b>28.2%</b> (11/39)
	Yes, sometimes	<b>18.4%</b> (2068/11253)	<b>14.8%</b> (16/108)	<b>41%</b> (16/39)
	No	<b>10.1%</b> (1140/11253)	<b>27.8%</b> (30/108)	<b>7.7%</b> (3/39)
	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	<b>60%</b> (117/195)	<b>24 hours a day</b>	<b>24 hours a day</b>
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	<b>8.2%</b> (16/195)		
	Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	<b>27.2%</b> (53/195)		
	Only snacks (biscuits, cake) are available 24 hours a day	<b>4.1%</b> (8/195)		
	Food is not available 24 hours a day	<b>0.5%</b> (1/195)		
	Ability to access snacks for people with dementia in between meals			
13 SQ	Yes, always	<b>47.7%</b> (5581/11694)	<b>42.2%</b> (49/116)	<b>39%</b> (16/41)
	Yes, most of the time	<b>27%</b> (3160/11694)	<b>29.3%</b> (34/116)	<b>34.1%</b> (14/41)
	Yes, sometimes	<b>19.7%</b> (2305/11694)	<b>18.1%</b> (21/116)	<b>17.1%</b> (7/41)
	No	<b>5.5%</b> (648/11694)	<b>10.3%</b> (12/116)	<b>9.8%</b> (4/41)

## 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	<b>43.7%</b> (5060/11591)	<b>34.5%</b> (38/110)	<b>26.8%</b> (11/41)
	Yes, most of the time	<b>32.9%</b> (3810/11591)	<b>31.8%</b> (35/110)	<b>53.7%</b> (22/41)
	Yes, sometimes	<b>17.4%</b> (2017/11591)	<b>23.6%</b> (26/110)	<b>17.1%</b> (7/41)
	No	<b>6.1%</b> (704/11591)	<b>10%</b> (11/110)	<b>2.4%</b> (1/41)

## 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	<b>29.9%</b> (3732/12498)	<b>25.2%</b> (31/123)	<b>16.2%</b> (11/68)
	Yes, most of the time	<b>47.8%</b> (5978/12498)	<b>52%</b> (64/123)	<b>70.6%</b> (48/68)
	Yes, sometimes	<b>18.5%</b> (2311/12498)	<b>17.1%</b> (21/123)	<b>13.2%</b> (9/68)
	No	<b>3.8%</b> (477/12498)	<b>5.7%</b> (7/123)	<b>0%</b> (0/68)



## 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	<b>76.9%</b> (150/195)	<b>Yes</b>	<b>Yes</b>
	In development	<b>15.4%</b> (30/195)		
1a OC	(If Q1=Yes or In development) A senior clinician is responsible for implementation and/ or review of the care pathway	<b>97.8%</b> (176/180)	<b>Yes</b>	<b>Yes</b>
1b OC	(If Q1=Yes or In development) There is a care pathway/bundle for			
	Delirium			
	Yes	<b>64.4%</b> (116/180)	<b>Yes</b>	New to Round 4
	Pathway in development	<b>27.8%</b> (50/180)		
	Stroke			
	Yes	<b>93.9%</b> (169/180)	<b>Yes</b>	New to Round 4
	Pathway in development	<b>1.1%</b> (2/180)		
	Fractured neck of femur			
Yes	<b>91.7%</b> (165/180)	<b>Yes</b>	New to Round 4	
Pathway in development	<b>2.8%</b> (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	<b>94.6%</b> (157/166)	<b>Yes</b>	Round 3 not comparable
	Stroke	<b>47.4%</b> (81/171)	<b>Yes</b>	
	Fractured neck of femur	<b>58.2%</b> (99/170)	<b>Yes</b>	

## 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	<b>64.1%</b> (125/195)	<b>No</b>	<b>Yes</b>
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	<b>81%</b> (158/195)	<b>Yes</b>	<b>Yes</b>
3b OC	Complaints – analysed by age	<b>48.7%</b> (95/195)	<b>Yes</b>	<b>Yes</b>
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	<b>63.6%</b> (112/176)	<b>Yes</b>	<b>Yes</b>
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	<b>68.2%</b> (133/195)	<b>Yes</b>	<b>Yes</b>
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	<b>36.9%</b> (72/195)	<b>No</b>	<b>No</b>
2b OC	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	<b>40%</b> (78/195)	<b>No</b>	<b>No</b>
7 OC	A Dementia Working Group is in place and reviews the quality of services provided in the hospital	<b>92.3%</b> (180/195)	<b>Yes</b>	<b>Yes</b>
	(If Q7=Yes) The group meets			
7a OC	Quarterly	<b>31.7%</b> (57/180)	<b>Quarterly</b>	<b>Quarterly</b>
	Monthly	<b>28.9%</b> (52/180)		
	Bi-monthly	<b>38.9%</b> (70/180)		
	Other	<b>0.6%</b> (1/180)		
	(If Q7=Yes) The group includes			
7b OC	Healthcare professionals	<b>100%</b> (180/180)	<b>Yes</b>	<b>Yes</b>
	Organisations which support people with dementia e.g. Alzheimer's Society	<b>73.3%</b> (132/180)	<b>Yes</b>	<b>Yes</b>
	Carer/service user representation	<b>65.6%</b> (118/180)	<b>Yes</b>	<b>Yes</b>

## Continuity of care

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
12 OC	Instances of night time bed moves are noted and reported at Executive Board level			
	Yes, for all patients, and patients with cognitive memory impairment (including dementia and delirium) can be identified	<b>24.1%</b> (47/195)	<b>No</b>	<b>No</b>
	Yes, for all patients but with no breakdown	<b>30.8%</b> (60/195)		
	Yes, for patients with cognitive memory impairment (including dementia and delirium) only	<b>4.1%</b> (8/195)		
	No	<b>41%</b> (80/195)		
9 SQ	Night time bed moves for people with dementia avoided where possible on the ward(s)			
	Yes, always	<b>16.6%</b> (1835/11033)	<b>14.6%</b> (15/103)	<b>5%</b> (2/40)
	Yes, most of the time	<b>32.7%</b> (3611/11033)	<b>41.7%</b> (43/103)	<b>25%</b> (10/40)
	Yes, sometimes	<b>24.7%</b> (2723/11033)	<b>13.6%</b> (14/103)	<b>45%</b> (18/40)
	No	<b>26%</b> (2864/11033)	<b>30.1%</b> (31/103)	<b>25%</b> (10/40)
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	<b>87.7%</b> (171/195)	<b>Yes</b>	<b>Yes</b>
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	<b>82.5%</b> (141/171)	<b>Yes</b>	<b>Yes</b>

## 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	<b>77.4%</b> (151/195)	<b>Yes</b>	-
4b OC	Ward level	<b>88.7%</b> (173/195)	<b>Yes</b>	<b>Yes</b>
5 OC	Full Time Equivalent (FTE) Dementia Specialist Nurses employed to work in the trust/health board	<b>Mean 1.66</b> Range 0-9	<b>0</b>	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	<b>30.1%</b> (4133/13710)	<b>25.7%</b> (37/144)	<b>36.5%</b> (27/74)
	Yes, most of the time	<b>32.1%</b> (4401/13710)	<b>40.3%</b> (58/144)	<b>45.9%</b> (34/74)
	Yes, sometimes	<b>26.5%</b> (3638/13710)	<b>26.4%</b> (38/144)	<b>14.9%</b> (11/74)
	No	<b>11.2%</b> (1538/13710)	<b>7.6%</b> (11/144)	<b>2.7%</b> (2/74)
	Out of office hours			
1b SQ	Yes, always	<b>8.6%</b> (942/10960)	<b>3.6%</b> (4/111)	<b>9.7%</b> (6/62)
	Yes, most of the time	<b>15.9%</b> (1739/10960)	<b>15.3%</b> (17/111)	<b>16.1%</b> (10/62)
	Yes, sometimes	<b>28.6%</b> (3139/10960)	<b>34.2%</b> (38/111)	<b>40.3%</b> (25/62)
	No	<b>46.9%</b> (5140/10960)	<b>46.8%</b> (52/111)	<b>33.9%</b> (21/62)

## 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	<b>75.9%</b> (148/195)	<b>Yes</b>	<b>Yes</b>
	(If Q6=Yes) Implementation of the strategy or plan scheduled for review			
6a OC	Yes, more than once a year	<b>31.1%</b> (46/148)	<b>More than once a year</b>	<b>More than once a year</b>
	Yes, once a year	<b>45.3%</b> (67/148)		
	Yes, less than once a year	<b>19.6%</b> (29/148)		
	No	<b>4.1%</b> (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	<b>85.6%</b> (167/195)	<b>Yes</b>	<b>Yes</b>
32 OC	There is access to advocacy services with experience and training in working with people with dementia	<b>93.3%</b> (182/195)	<b>Yes</b>	<b>Yes</b>

## 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	<b>53.3%</b> (104/195)	<b>Throughout the hospital</b>	<b>Throughout the hospital All care of the elderly wards/areas</b>
	All adult wards/areas	<b>9.2%</b> (18/195)		
	All care of the elderly wards/areas	<b>14.9%</b> (29/195)		
	Designated dementia wards only	<b>3.6%</b> (7/195)		
	Other	<b>11.8%</b> (23/195)		
	No	<b>7.2%</b> (14/195)		
34a OC	(If Q34=Yes) Environmental changes based on the review are			
	Completed	<b>15.3%</b> (28/183)	<b>Completed</b>	<b>Completed</b>
	Underway	<b>62.8%</b> (115/183)		
	Planned but not yet underway	<b>13.1%</b> (24/183)		
	Planned but funding has not been identified	<b>7.1%</b> (13/183)		
	Plans are not in place	<b>1.6%</b> (3/183)		
34b OC	(If Q34=Yes) Service users/carers/lay volunteers have been part of the team reviewing the environment			
	Throughout the hospital	<b>63.9%</b> (117/183)	<b>Throughout the hospital</b>	<b>All care of the elderly wards/areas</b>
	All adult wards/areas	<b>3.8%</b> (7/183)		
	All care of the elderly wards/areas	<b>6%</b> (11/183)		
	Designated dementia wards only	<b>2.2%</b> (4/183)		
	Other	<b>9.3%</b> (17/183)		
	They have not been part of the team	<b>14.8%</b> (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	<b>48.1%</b> (88/183)	<b>Undertaking/have already done this</b>	<b>Undertaking/have already done this</b>
	Yes, once the work is completed	<b>40.4%</b> (74/183)		
	No plans are in place	<b>11.5%</b> (21/183)		
33 OC	Opportunities for social interaction for patients with dementia are available			
	On all adult wards	<b>17.4%</b> (34/195)	<b>Care of the elderly wards</b>	<b>Care of the elderly wards</b>
	On care of the elderly wards	<b>35.9%</b> (70/195)		
	Other	<b>41%</b> (80/195)		

No		<b>5.6%</b> (11/195)		
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## 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	<b>91.8%</b> (179/195)	<b>Yes</b>	<b>Yes</b>
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	<b>88.3%</b> (158/179)	<b>Yes</b>	<b>Yes</b>
28b OC	(If Q28=Yes) This person/team has experience of working with people with dementia and their carers:	<b>98.9%</b> (177/179)	<b>Yes</b>	<b>Yes</b>
29 CA	Named person/identified team co-ordinated the discharge plan	<b>85.3%</b> (91.15, 80-98) (5950/6975)	<b>97.3%</b> (36/37)	<b>91.9%</b> (34/37)
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	<b>56.5%</b> (54.35, 41-75) (3386/5994)	<b>86.1%</b> (31/36)	<b>83.3%</b> (25/30)
30b CA	The person's carer/relative	<b>83.1%</b> (85.2, 76-94) (5613/6754)	<b>94.6%</b> (35/37)	<b>94.6%</b> (35/37)
30c CA	The consultant responsible for the patient's care	<b>76.5%</b> (82.3, 65-94) (5514/7211)	<b>91.9%</b> (34/37)	<b>91.9%</b> (34/37)
30d CA	Other members of the multidisciplinary team	<b>85.1%</b> (87.5, 78-96) (6134/7211)	<b>94.6%</b> (35/37)	<b>97.3%</b> (36/37)

### 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	<b>85.8%</b> (93.5, 82-100) (5988/6975)	<b>97.3%</b> (36/37)	<b>94.6%</b> (35/37)
32 CA	Support needs documented in the discharge plan/summary	<b>61.5%</b> (60.65, 47-80) (4288/6975)	<b>75.7%</b> (28/37)	<b>81.1%</b> (30/37)
33 CA	Patient and/or carer received a copy of the plan/ summary	<b>88.1%</b> (97.1, 87-100)	<b>91.7%</b> (33/36)	<b>91.9%</b> (34/37)

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	<b>94.3%</b> (97.75, 94-100) (6575/6975)	<b>100%</b> (37/37)	<b>97.3%</b> (36/37)
35 CA	Discharge planning initiated within 24 hours of admission	<b>51.3%</b> (50, 30-77) (2665/5191)	<b>80.6%</b> (25/31)	<b>73.3%</b> (22/30)
(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours				
35a CA	Patient acutely unwell	<b>61.3%</b> (61.7, 42-82) (1239/2020)	<b>83.3%</b> (5/6)	<b>42.9%</b> (3/7)
	Patient awaiting assessment	<b>8.8%</b> (0, 0-13) (177/2020)	<b>0%</b> (0/6)	<b>0%</b> (0/7)
	Patient awaiting history/results	<b>7.7%</b> (0, 0-10) (156/2020)	<b>0%</b> (0/6)	<b>0%</b> (0/7)
	Patient awaiting surgery	<b>9.6%</b> (0, 0-14) (193/2020)	<b>0%</b> (0/6)	<b>28.6%</b> (2/7)
	Patient presenting confusion	<b>5.8%</b> (0, 0-9) (118/2020)	<b>0%</b> (0/6)	<b>14.3%</b> (1/7)
	Patient on end of life plan	<b>0.0%</b> (0, 0-0) (1/2020)	<b>0%</b> (0/6)	<b>0%</b> (0/7)
	Patient being transferred to another hospital	<b>0.2%</b> (0, 0-0) (5/2020)	<b>0%</b> (0/6)	<b>0%</b> (0/7)
	Patient unresponsive	<b>0.3%</b> (0, 0-0) (7/2020)	<b>16.7%</b> (1/6)	<b>0%</b> (0/7)
	Patient being discharged to nursing/residential care	<b>5%</b> (0, 0-6) (100/2020)	<b>0%</b> (0/6)	<b>14.3%</b> (1/7)
	Other	<b>1.2%</b> (0, 0-0) (24/2020)	<b>0%</b> (0/6)	<b>0%</b> (0/7)

## 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	<b>59.7%</b> (63.4, 47-80) (1444/2419)	<b>54.5%</b> (6/11)	<b>73.3%</b> (11/15)
28a	(If Q28=Yes)			
(i) CA	There are documented concerns about the patient's capacity to consent to the referral	<b>69.5%</b> (72.7, 55-89) (1003/1444)	<b>83.3%</b> (5/6)	<b>81.8%</b> (9/11)
28a CA	The patient had capacity on assessment and their consent is documented	<b>11%</b> (0, 0-17) (110/1003)	<b>20%</b> (1/5)	<b>0%</b> (0/9)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	<b>71.5%</b> (80, 50-100) (717/1003)	<b>80%</b> (4/5)	<b>100%</b> (9/9)
	There is no record of either consent or best interest decision making*	<b>17.5%</b> (0, 0-29) (176/1003)	<b>0%</b> (0/5)	<b>0%</b> (0/9)
28a (i) CA	There are no documented concerns about the patient's capacity to consent to the referral	<b>30.5%</b> (27.3, 11-45) (441/1444)	<b>16.7%</b> (1/6)	<b>18.2%</b> (2/11)
28a (iii) CA	The patients consent was requested and this is recorded	<b>27.7%</b> (0, 0-50) (122/441)	<b>100%</b> (1/1)	<b>50%</b> (1/2)
	There is no record of the patients consent*	<b>72.3%</b> (100, 50-100) (319/441)	<b>0%</b> (0/1)	<b>50%</b> (1/2)
28a (ii & iii) CA	Consent or best interests (responses options combined)	<b>65.7%</b> (66.7, 50-84) (949/1444)	<b>100%</b> (6/6)	<b>90.9%</b> (10/11)
	No consent or best interests (response options combined)	<b>34.3%</b> (33.3, 16-50) (495/1444)	<b>0%</b> (0/6)	<b>9.1%</b> (1/11)

## 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	<b>20.7%</b> (18.05, 8-31) (1493/7211)	<b>5.4%</b> (2/37)	<b>16.2%</b> (6/37)
	24 hours	<b>12.3%</b> (9.1, 3-18) (889/7211)	<b>27%</b> (10/37)	<b>21.6%</b> (8/37)
	25 - 48 hours	<b>15.8%</b> (13, 7-22) (1140/7211)	<b>21.6%</b> (8/37)	<b>8.1%</b> (3/37)

	More than 48 hours	<b>26.3%</b> (23.2, 11-41) (1897/7211)	<b>32.4%</b> (12/37)	<b>48.6%</b> (18/37)
	No notice at all	<b>0.5%</b> (0, 0-0) (37/7211)	<b>0%</b> (0/37)	<b>0%</b> (0/37)
	Not documented	<b>22.6%</b> (20.6, 10-30) (1627/7211)	<b>13.5%</b> (5/37)	<b>5.4%</b> (2/37)
	No carer, family, friend/could not contact	<b>1.7%</b> (0, 0-3) (124/7211)	<b>0%</b> (0/37)	<b>0%</b> (0/37)
	Patient specified information to be withheld	<b>0.1%</b> (0, 0-0) (4/7211)	<b>0%</b> (0/37)	<b>0%</b> (0/37)
37 CA	An assessment of the carer's current needs has taken place in advance of discharge	<b>68.6%</b> (72.45, 53-89) (2478/3611)	<b>88.9%</b> (16/18)	<b>93.1%</b> (27/29)

## 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	<b>10.7%</b> (5.3, 2-13) (771/7211)	<b>13.5%</b> (5/37)	<b>13.5%</b> (5/37)
(If 24=No) Reasons why was this not completed				
24a CA	Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	<b>12.5%</b> (7.95, 3-19) (806/6440)	<b>6.3%</b> (2/32)	<b>12.6%</b> (4/32)
	Not documented/unknown	<b>79.6%</b> (86.25, 71-95) (5125/6440)	<b>93.8%</b> (30/32)	<b>84.4%</b> (27/32)
	Other	<b>7.9%</b> (2.65, 0-8) (509/6440)	<b>0%</b> (0/32)	<b>3.1%</b> (1/32)
25 CA	Cause of cognitive impairment was summarised and recorded	<b>70.6%</b> (76.4, 57-87) (5092/7211)	<b>75.7%</b> (28/37)	<b>94.6%</b> (35/37)
26 CA	Symptoms of delirium	<b>36%</b> (36.65, 24-47) (2594/7211)	<b>45.9%</b> (17/37)	<b>32.4%</b> (12/37)
26a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	<b>46.6%</b> (42.1, 26-64) (1210/2594)	<b>52.9%</b> (9/17)	<b>83.3%</b> (10/12)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	<b>18%</b> (16.7, 11-24) (1299/7211)	<b>13.5%</b> (5/37)	<b>5.4%</b> (2/37)

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	<b>44.2%</b> (42.9, 23-67) (574/1299)	<b>20%</b> (1/5)	<b>50%</b> (1/2)

# Staff Suggestions and Carer Comments

## Staff Suggestions

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

## Carer comments

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

## How tables are presented for staff suggestions and carer comments

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

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

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

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

Breakdown of by topic	National audit Round 4 % (Num/Den)	Your hospital Round 4 % (Num/Den)	Your hospital Round 3 % (Num/Den)
<b>Topic heading</b> • 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= 150)	Your hospital Round 3 (n= 83)
<b>Staffing</b> <ul style="list-style-type: none"> <li>General comments on more staffing</li> <li>Better access to dementia specialist staff including champions</li> </ul>	<b>39%</b> (5320/13800)	<b>35.3%</b> (53/150)	<b>35%</b> (29/83)
<b>Environment and activities</b> <ul style="list-style-type: none"> <li>Better access to activities</li> <li>Better access to space away from bed e.g. garden, day room</li> <li>General comments: making environment 'dementia friendly'</li> </ul>	<b>18%</b> (2430/13800)	<b>18.7%</b> (28/150)	<b>19%</b> (16/83)
<b>Training and information</b> <ul style="list-style-type: none"> <li>More and better training</li> <li>Making training mandatory</li> <li>Training on a specified subject e.g. the Mental Capacity Act</li> </ul>	<b>15%</b> (2096/13800)	<b>10.7%</b> (16/150)	<b>8%</b> (7/83)
<b>Governance/hospital operations</b> <ul style="list-style-type: none"> <li>Less/no bed moves for patients with dementia</li> <li>Quicker/better discharge</li> <li>Better integrated working with other services/organisations</li> </ul>	<b>9%</b> (1171/13800)	<b>4.7%</b> (7/150)	<b>12%</b> (10/83)
<b>Information and communication of patients' dementia</b> <ul style="list-style-type: none"> <li>More/better use of personal information e.g. 'This is Me'</li> <li>Better communication between departments of patients' dementia</li> </ul>	<b>7%</b> (897/13800)	<b>12.7%</b> (19/150)	<b>7%</b> (6/83)
<b>Patient care</b> <ul style="list-style-type: none"> <li>Better support skills e.g. listening, speaking with patient</li> <li>Better provision for/response to care needs e.g. pain relief, toileting, therapy provision</li> </ul>	<b>5%</b> (648/13800)	<b>5.3%</b> (8/150)	<b>6%</b> (5/83)
<b>Carers/family</b> <ul style="list-style-type: none"> <li>Utilise/actively encourage carers in patient care</li> <li>Open visiting for carers</li> <li>Better facilities for carers in the hospital</li> </ul>	<b>4%</b> (485/13800)	<b>1.3%</b> (2/150)	<b>7%</b> (6/83)

<p><b>Patient nutrition and hydration</b></p> <ul style="list-style-type: none"> <li>· Better access to snacks and finger foods</li> <li>· Better/more food related equipment e.g. adapted cutlery, coloured crockery, drinking beakers</li> <li>· Improved systems including ordering systems and food charts</li> </ul>	<p><b>5%</b> (704/13800)</p>	<p><b>10.7%</b> (16/150)</p>	<p><b>5%</b> (4/83)</p>
<p><b>Non-hospital recommendations</b></p>	<p><b>0.4%</b> (49/13800)</p>	<p><b>0.7%</b> (1/150)</p>	<p><b>0%</b> (0/83)</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= 37):	Your hospital Round 3 (n= 68):
<b>Patient care</b> <ul style="list-style-type: none"> <li>Staff well informed and understood person with dementia's needs</li> <li>Quality of care including personal care, provision of activities, help with food/drink</li> <li>Medical care and treatment</li> </ul>	<b>Positive</b>	<b>12%</b> (843/7015)	<b>16.2%</b> (6/37)	<b>3%</b> (2/68)
	<b>Negative</b>	<b>19%</b> (1335/7015)	<b>24.3%</b> (9/37)	<b>31%</b> (21/68)
<b>Communication</b> <ul style="list-style-type: none"> <li>Carer involved/not involved in care including decisions and care planning</li> <li>Staff communicate to carers and between staff well/poorly</li> <li>Written communication is good/bad</li> </ul>	<b>Positive</b>	<b>4%</b> (261/7015)	<b>0%</b> (0/37)	<b>4%</b> (3/68)
	<b>Negative</b>	<b>15%</b> (1075/7015)	<b>16.2%</b> (6/37)	<b>12%</b> (8/68)
<b>Perceptions of staff</b> <ul style="list-style-type: none"> <li>Staff characteristics e.g. helpful/unhelpful, caring/uncaring</li> <li>Positive/negative effect on the patient</li> <li>Good/ poor qualities of particular staffing groups</li> </ul>	<b>Positive</b>	<b>20%</b> (1366/7015)	<b>21.6%</b> (8/37)	<b>13%</b> (9/68)
	<b>Negative</b>	<b>6%</b> (442/7015)	<b>0%</b> (0/37)	<b>6%</b> (4/68)
<b>Staffing levels</b> <ul style="list-style-type: none"> <li>Understaffed</li> <li>Staff too busy/overworked</li> </ul>	<b>Positive</b>	<b>0.2%</b> (17/7015)	<b>0%</b> (0/37)	<b>0%</b> (0/68)
	<b>Negative</b>	<b>5%</b> (353/7015)	<b>5.4%</b> (2/37)	<b>15%</b> (10/68)
<b>Discharge</b> <ul style="list-style-type: none"> <li>Unsafe/poor discharge</li> <li>Failed discharge</li> <li>Carer not informed of discharge</li> </ul>	<b>Positive</b>	<b>0.2%</b> (13/7015)	<b>0%</b> (0/37)	<b>0%</b> (0/68)
	<b>Negative</b>	<b>5%</b> (341/7015)	<b>0%</b> (0/37)	<b>0%</b> (0/68)
<b>Environment</b> Ward is clean/dirty	<b>Positive</b>	<b>1%</b> (65/7015)	<b>0%</b> (0/37)	<b>0%</b> (0/68)

	<b>Negative</b>	<b>1%</b> (95/7015)	<b>0%</b> (0/37)	<b>6%</b> (4/68)
<b>Support for carers</b> · Carer support · Facilities for carers in the hospital	<b>Positive</b>	<b>2%</b> (170/7015)	<b>0%</b> (0/37)	<b>2%</b> (2/68)
	<b>Negative</b>	<b>2%</b> (131/7015)	<b>0%</b> (0/37)	<b>0%</b> (0/68)
<b>Other</b> · General positive/negative	<b>Positive</b>	<b>4%</b> (261/7015)	<b>5.4%</b> (2/37)	<b>4%</b> (3/68)
	<b>Negative</b>	<b>2%</b> (157/7015)	<b>8.1%</b> (3/37)	<b>3%</b> (2/68)
<b>Adverse incidents</b> · Falls, weight loss, injury	<b>Negative</b>	<b>1%</b> (90/7015)	<b>2.7%</b> (1/37)	<b>0 %</b> (0/68)

# 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)<sup>1</sup> and consider the symptom of pain as a contributory factor.

## Information and communication

- 2 **Directors of Nursing** should ensure that initial routine assessment of people with dementia includes:
  - Information about factors that can cause distress or agitation
  - Steps that can be taken to prevent these.
- 3 **Trust Chief Executive Officers** should ensure that, throughout the hospital, there is clear ongoing communication with the families and carers of people with dementia, including:
  - Information and written resources on admission
  - A private space for discussions
  - A record of discussions in patient notes
  - Provision for out of hours visiting.

## Staffing and training

- 4 **Trust Chief Executive Officers** should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:
  - Delirium and its relationship to dementia is included in the training
  - Information about the number of staff who received dementia training is recorded
  - The proportion of staff who have received dementia training is included in the annual Quality Account Report.
- 5 **Trust Chief Executive Officers** should ensure that contracts with external providers of services to the hospital include the requirement that service staff regularly working with people with dementia have received at least Tier 1 training in dementia (or higher, appropriate to their role).

## Nutrition

- 6 **Directors of Nursing** should ensure that the nutrition and hydration needs of patients with dementia are included in the nurse shift handovers.
- 7 **Trust Chief Executive Officers** should ensure that hospital external catering contracts and internal catering provision includes the requirement for the ready availability of finger foods and snacks for people with dementia

## Discharge

- 8 **Hospital discharge teams** should ensure that discussions take place with people with dementia and their carers and include:
  - The place of discharge
  - Support needs
  - A record of discussions should be recorded in the notes.
- 9 **Medical Directors** should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10<sup>8</sup>) and the transmission of information at transfer home<sup>9</sup> including:
  - The occurrence of delirium and behavioural symptoms of dementia
  - Recommendations for ongoing assessment or referral (for example to a memory clinic or community team) post-discharge.

## Governance

- 10 **Trust Chief Executive Officers** should use the King's Fund environmental assessment tools<sup>37</sup> or another structured tool such as PLACE<sup>10</sup> to:
  - Conduct environmental reviews across the hospital
  - Implement improvements based upon the review findings.
- 11 **Trust Chief Executive Officers, Medical Directors and Directors of Nursing** should ensure that hospitals have developed policies that cover 'minimising moving patients at night' including information about:
  - Only moving patients with dementia between wards when there is a clinical need
  - Collation of information about inappropriate moves and reporting this to the Trust Board for review on at least an annual basis.

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

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

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

## Overall

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

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

# References

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10. NHS Digital. Patient-Led Assessments of the Care Environment (PLACE). [Online] 2018. [Accessed 18 March 2018.] <https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place>.



# 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- Royal Berkshire Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Age range</b>			
Min-65	2.3% (228)	*	*
66-80	24.4% (2386)	<b>21.8%</b> (12)	<b>28.8%</b> (15)
81-100	73% (7146)	<b>74.5%</b> (41)	<b>69.2%</b> (36)
101-108	0.2% (19)	<b>0%</b> (0)	<b>0%</b> (0)
Unknown	0% (3)	<b>0%</b> (0)	<b>0%</b> (0)
Range	19-105	<b>55 - 97</b>	<b>65 - 100</b>
Mean	84	<b>84.4</b>	<b>84.5</b>
<b>Gender</b>			
Male	41.4% (4054)	<b>40%</b> (22)	<b>30.8%</b> (16)
Female	58.6% (5728)	<b>60%</b> (33)	<b>69.2%</b> (36)
<b>Ethnicity</b>			
White/White British	80.7% (7898)	<b>96.4%</b> (53)	<b>92.3%</b> (48)
Asian/Asian British	2.5% (245)	<b>0%</b> (0)	*
Black/Black British	1.5% (150)	*	*
Other	15.2% (1489)	*	*
<b>First Language</b>			
English	77.7% (7602)	<b>100%</b> (55)	<b>90.4%</b> (47)
Welsh	0.6% (62)	<b>0%</b> (0)	<b>0%</b> (0)
Other	21.6%	<b>0%</b>	<b>9.6%</b>

	(2118)	(0)	(5)
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	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Speciality of the ward patients spent the longest time in</b>			
Care of the elderly	42.8% (4184)	<b>58.2%</b> (32)	<b>50%</b> (26)
General medical	22.9% (2239)	<b>3.6%</b> (2)	<b>28.8%</b> (15)
Orthopaedics	9% (881)	<b>7.3%</b> (4)	<b>3.8%</b> (2)
Other medical	8.5% (829)	<b>5.5%</b> (3)	<b>7.7%</b> (4)
Surgical	5.3% (520)	<b>7.3%</b> (4)	<b>5.8%</b> (3)
Stroke	4.3% (417)	<b>7.3%</b> (4)	<b>1.9%</b> (1)
Cardiac	2.6% (250)	<b>5.5%</b> (3)	<b>1.9%</b> (1)
Other	4.7% (462)	<b>5.4%</b> (3)	<b>0%</b> (0)
Unknown	Removed for Round 4	N/A	<b>0%</b> (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Patients who:</b>			
Died in hospital	11.3% (1100)	<b>16.4%</b> (9)	<b>17.3%</b> (9)
Self-discharged from hospital <b>(NB: excludes patients who died)</b>	0.2% (15)	<b>0%</b> (0)	<b>0%</b> (0)
Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/'expedited with family agreement for	6.9% (597)	<b>17.4%</b> (8)	*

recorded reasons  ( <b>NB:</b> 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)	<b>18.2%</b> (10)	<b>26.9%</b> (14)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Primary diagnosis/cause of admission</b>			
Respiratory	19% (1861)	<b>18.2%</b> (10)	<b>23.1%</b> (12)
Fall	14.8% (1449)	<b>16.4%</b> (9)	<b>13.5%</b> (7)
Urinary/renal	8.7% (849)	<b>9.1%</b> (5)	<b>11.5%</b> (6)
Hip dislocation	6.4% (627)	<b>7.3%</b> (4)	<b>7.7%</b> (4)
Cardiac/vascular	6.4% (628)	<b>7.3%</b> (4)	<b>3.8%</b> (2)
Delirium/confusion	6.2% (604)	<b>1.8%</b> (1)	<b>3.8%</b> (2)
Sepsis	6% (586)	<b>5.5%</b> (3)	<b>5.8%</b> (3)
Gastrointestinal	4.5% (442)	<b>1.8%</b> (1)	<b>5.8%</b> (3)
Unable to cope/frailty/social/dementia/psychiatric behaviour	4% (398)	<b>0%</b> (0)	<b>5.8%</b> (3)
Stroke	3.2% (316)	<b>12.7%</b> (7)	<b>3.8%</b> (2)
Brain/neurological	2.4% (230)	<b>1.8%</b> (1)	<b>1.9%</b> (1)
Other	2.2% (218)	<b>5.5%</b> (3)	<b>0%</b> (0)
Skin lacerations or lesions	2.1% (202)	<b>3.6%</b> (2)	<b>5.8%</b> (3)
Other fractures	1.9% (184)	<b>0%</b> (0)	<b>1.9%</b> (1)
Pain/swelling	1.8% (177)	<b>1.8%</b> (1)	<b>0%</b> (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Impaired consciousness	1.7% (166)	<b>0%</b> (0)	<b>0%</b> (0)
Endocrine or metabolic	1.5% (146)	<b>1.8%</b> (1)	<b>1.9%</b> (1)
Haematology	1.5% (143)	<b>0%</b> (0)	<b>0%</b> (0)
Dehydration	1.4% (134)	<b>0%</b> (0)	<b>0%</b> (0)
Liver related/hepatology	0.9% (92)	<b>1.8%</b> (1)	<b>3.8%</b> (2)
Cancer	0.7% (70)	<b>0%</b> (0)	<b>0%</b> (0)
Not documented/unknown	0.6% (59)	<b>0%</b> (0)	<b>0%</b> (0)
Rheumatic	0.5% (52)	<b>0%</b> (0)	<b>0%</b> (0)
Surgical/non-surgical procedure	0.5% (50)	<b>3.6%</b> (2)	<b>0%</b> (0)
Oral/visual	0.4% (39)	<b>0%</b> (0)	<b>0%</b> (0)
Adverse reaction/allergy	0.4% (37)	<b>0%</b> (0)	<b>0%</b> (0)
Injury/trauma	0.2% (15)	<b>0%</b> (0)	<b>0%</b> (0)

		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
<b>Place of residence before/after admission</b>				
Own home	<b>Before</b>	59% (5776)	<b>58.2 %</b> (32)	<b>51.9%</b> (27)
	<b>After</b>	42% (3648)	<b>45.7%</b> (21)	<b>34.9%</b> (15)
Respite care	<b>Before</b>	0.8% (74)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	1.5% (134)	*	*
Rehabilitation ward	<b>Before</b>	0.3% (31)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	1.6% (135)	<b>0%</b> (0)	<b>0%</b> (0)
Psychiatric ward	<b>Before</b>	0.5% (46)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	0.6% (51)	<b>0%</b> (0)	<b>0%</b> (0)
Carer's home	<b>Before</b>	1.4% (138)	<b>0%</b> (0)	*
	<b>After</b>	1.3% (114)	<b>0%</b> (0)	*
Intermediate care	<b>Before</b>	0.7% (73)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	4.3% (373)	*	*
Residential care	<b>Before</b>	17.9% (1753)	<b>27.3%</b> (15)	<b>28.8%</b> (15)
	<b>After</b>	19.8% (1723)	<b>30.4%</b> (14)	<b>32.6%</b> (14)
Nursing home	<b>Before</b>	18.1% (1775)	<b>10.9%</b> (6)	<b>13.5</b> (7)
	<b>After</b>	25.8% (2241)	<b>17.4%</b> (8)	<b>20.9%</b> (9)
Palliative care	<b>Before</b>	0% (3)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	0.6% (51)	<b>0%</b> (0)	*
Transfer to another hospital	<b>Before</b>	0.9% (90)	*	*
	<b>After</b>	2.1% (185)	<b>0%</b> (0)	<b>0%</b> (0)
Long stay care	<b>Before</b>	0.2% (23)	<b>0%</b> (0)	<b>0%</b> (0)
	<b>After</b>	0.3%	<b>0%</b>	<b>0%</b>

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
	(27)	(0)	(0)
No change in residence	84.3% (6544)	<b>87.8%</b> (36)	<b>72.1%</b> (31)
Own/carer's home to nursing/residential care	7.7% (937)	<b>6.1%</b> (3)	<b>11.6%</b> (5)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Length of stay in the hospital:</b>			
2-10 days	47.7% (4662)	<b>47.3%</b> (26)	<b>36.5%</b> (19)
11-20 days	25.8% (2523)	<b>29.1%</b> (16)	<b>34.6%</b> (18)
21-30 days	11.5% (1127)	<b>9.1%</b> (5)	<b>13.5%</b> (7)
31-40 days	6.3% (613)	<b>7.3%</b> (4)	<b>7.7%</b> (4)
41-50 days	3.3% (319)	<b>0%</b> (0)	<b>0%</b> (0)
51-60 days	2.2% (212)	<b>5.5%</b> (3)	<b>3.8%</b> (2)
61-70 days	1.4% (134)	<b>0%</b> (0)	<b>3.8%</b> (2)
71-80 days	0.7% (70)	<b>0%</b> (0)	<b>0%</b> (0)
81-90 days	0.5% (46)	<b>0%</b> (0)	<b>0%</b> (0)
90 days or more	0.8% (76)	<b>1.8%</b> (1)	<b>0%</b> (0)
Range	3-391	<b>3 - 117</b>	<b>3 -66</b>
Median	11	<b>12</b>	<b>14</b>



# Appendix B

## Carer Demographics - Royal Berkshire Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Age range</b>			
18-24	1% (46)	<b>0%</b> (0)	<b>0%</b> (0)
25-34	3.3% (154)	<b>0%</b> (0)	<b>0%</b> (0)
35-44	6% (280)	<b>0%</b> (0)	<b>0%</b> (0)
45-54	16.9% (787)	<b>0%</b> (0)	*
55-64	24.5% (1139)	*	<b>35.3%</b> (6)
65-74	18.9% (879)	<b>28.6%</b> (4)	*
75-84	20.1% (934)	<b>42.9%</b> (6)	<b>35.3%</b> (6)
85 years or older	8.2% (384)	*	*
Prefer not to say	1.2% (55)	<b>0%</b> (0)	*
<b>Gender</b>			
Male	31.5% (1460)	*	<b>47.1%</b> (8)
Female	67.4% (3128)	<b>84.6%</b> (11)	<b>52.9%</b> (9)
Other	0.1% (3)	<b>0%</b> (0)	<b>0%</b> (0)
Prefer not to say	1.1% (50)	<b>0%</b> (0)	<b>0%</b> (0)
<b>Ethnicity</b>			
White/White British	87.2% (4003)	<b>92.9%</b> (13)	<b>100%</b> (17)
Black/Black British	3.6% (167)	<b>0%</b> (0)	<b>0%</b> (0)
Asian/Asian British	3.9% (177)	<b>0%</b> (0)	<b>0%</b> (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Other	3.1% (143)	<b>1%</b> (7.1)	<b>0%</b> (0)
Prefer not to say	2.2% (103)	<b>0%</b> (0)	<b>0%</b> (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Relationship to person</b>			
Spouse or partner	32.5% (1529)	<b>42.9%</b> (6)	<b>41.2%</b> (7)
Family member	56.3% (2649)	<b>50%</b> (7)	<b>58.8%</b> (10)
Friend	5.5% (261)	*	<b>0%</b> (0)
Professional carer (health or social care)	4.7% (221)	<b>0%</b> (0)	<b>0%</b> (0)
Other	1% (49)	<b>0%</b> (0)	<b>0%</b> (0)
<b>One of main carers for patient</b>			
Yes	76% (3268)	<b>93%</b> (13)	<b>100%</b> (16)

# Appendix C

## Staff Demographics - Royal Berkshire Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>% of patients encountered in role who have dementia/ possible dementia</b>			
Up to 25%	30.5% (4295)	<b>38.4%</b> (56)	<b>14.7%</b> (11)
26 - 50%	26.7% (3764)	<b>21.9%</b> (32)	<b>29.3%</b> (22)
51 - 75%	25% (3514)	<b>23.3%</b> (34)	<b>33.3%</b> (25)
More than 75%	17.8% (2502)	<b>16.4%</b> (24)	<b>22.7%</b> (17)
<b>Gender</b>			
Male	14.9% (2113)	<b>17.1%</b> (25)	<b>20%</b> (15)
Female	83.7% (11843)	<b>82.2%</b> (120)	<b>80%</b> (60)
Other	0.2% (34)	<b>0%</b> (0)	<b>0%</b> (0)
Prefer not to say	1.2% (164)	*	<b>0%</b> (0)
<b>Ethnicity</b>			
White/White British	76.3% (10802)	<b>78.1%</b> (114)	<b>73.3%</b> (55)
Asian/Asian British	10% (1421)	<b>11%</b> (16)	<b>9.3%</b> (7)
Black/Black British	4.8% (684)	<b>4.8%</b> (7)	<b>6.7%</b> (5)
Other	6.4% (902)	<b>6.2%</b> (9)	<b>9.4%</b> (7)
Prefer not to say	2.4% (345)	<b>0%</b> (0)	*

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
<b>Job role</b>			
Registered nurse (Band 5 or 6)	29.9% (4215)	<b>18.5%</b> (27)	<b>25.3%</b> (19)
Registered nurse (Band 7 or above)	10.9% (1542)	<b>10.3%</b> (15)	<b>16%</b> (12)
Healthcare assistant	25.4% (3587)	<b>21.2%</b> (31)	<b>18.7%</b> (14)
Doctor	9.7% (1370)	<b>15.8%</b> (23)	<b>29.3%</b> (22)
Allied healthcare professional	11.4% (1601)	<b>19.2%</b> (28)	<b>6.7%</b> (5)
Other	12.7% (1784)	<b>15.1%</b> (22)	*
<b>Hours worked per week</b>			
Up to 29 hours	13.3% (1873)	<b>14.4%</b> (21)	<b>13.3%</b> (10)
30 hours or more	86.7% (12217)	<b>85.6%</b> (125)	<b>86.7%</b> (65)
<b>Time worked in the hospital</b>			
Less than 6 months	6.8% (958)	<b>7.5%</b> (11)	<b>10.7%</b> (8)
6 - 11 months	9.1% (1284)	<b>11%</b> (16)	<b>12%</b> (9)
1 - 2 years	16.4% (2307)	<b>23.3%</b> (34)	<b>14.7%</b> (11)
3 - 5 years	20.1% (2828)	<b>15.1%</b> (22)	<b>21.3%</b> (16)
6 - 10 years	14.7% (2076)	<b>14.4%</b> (21)	<b>14.7%</b> (11)
11 - 15 years	10.6% (1490)	<b>4.8%</b> (7)	<b>10.7%</b> (8)
More than 15 years	22.4% (3150)	<b>24%</b> (35)	<b>16%</b> (12)

## Appendix D: Staff Suggestions

### Registered Nurses (Band 5 or 6)

More staff per shift, to promote independence and wellbeing of patients with dementia, who don't fit in usual routines of the wards.

Higher levels of staff will help to improve the care given to patients with dementia, or can even be more present for activities.

To provide extra staff when necessary to support people with dementia.

Highlighting patients with dementia better on the ward? Badges or use of stickers above the bed space.

**BETTER SIGNAGE.**

As it becomes more common for patients to have a form of dementia and the difficulties of getting extra staff do not get easier, maybe ward staffing levels should reflect the increased needs that they have to be provided for.

The importance of having good patient to staff ratios on wards with a number of patients with dementia seems to be neglected. People with dementia, cognitive impairment or confusion need a lot more time to have their care and social needs met but with the current staffing levels, nursing staff often feel they are not able to give all their patients the time and attention they need and deserve. It's understandable that there is limited funding for this area for very useful and effective solutions such as expanding the Care Crew. So perhaps the hospital could explore promoting volunteering on these wards, for example Dementia Friends. I have known this to work in other hospitals and volunteering is already proving effective at meal times on elderly care wards at this hospital. Having volunteers for other parts of the day will provide more social encounters and distractions for patients and take pressure off ward staff and Care Crew.

Providing extra support staff when needed i.e. 1:1.

Firstly, there is need for more staffing especially with the more confused ones. To my experience, staff has always been overworking to meet up care needs when faced with one or more people with dementia. This has brought down quality care and good documentation as well. However, it would be good if the bed managers begin to think of the immediate risk of moving these people at night times. This will reduce anxiety and confusion for people with dementia.

The presence of extra staff when a patient with dementia needs one makes every difference. The whole staff can do their jobs assured that the person's needs are being met, that they are safe and not likely to fall or cause harm to themselves if their staff nurse is with another patient.

Extra staffing should be authorised to help the staffing especially with dementia patients who are mobile & wandering.

More one to one staffing availability.

Proper handover should be given.

More availability of sensory things to help the patients.

Advertise short video about dementia on the hospital intranet window, provide dementia study day, encourage family members to get involved with care of dementia relatives.

Out of hours support.

Try to put the patients straight to a ward that they need. Or to discharge them if they do not need to be in hospital. Or maybe more volunteers who are trained to work with patients who are having dementia or acute delirium.

Higher levels of staff will help to cover the needs of patients with Dementia.

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## Registered Nurses (Band 7 or above)

Finger food availability 24 hours.

Dementia friendly environment across all areas, not just Elderly Care wards.

More dementia friendly environment. Better signage.

Outpatient departments need to be updated - old estate in most areas.

Areas could be better sign posted. Expand the care crew to all areas of the hospital not just networked care.

Employing Trust-wide a team of specialist support nurses would help. At the present time, there is a small team available for the elderly care wards only. However, it is perceived as successful by them. At times it would be better to obtain an agency staff member with specialist qualification but this will not always be approved/or achievable.

Improved staffing overnight.

Provide areas within the ward that promote a more peaceful and calmer atmosphere.

The ward environment in all of the elderly care specialty wards have been adapted to be dementia friendly with available provisions for extra staffing upon request for 1:1 care specializing.

More support overnight. Efforts are made to provide extra help to wards with dementia patients, however these shifts are not always filled or the staff are moved to cover other areas safely. Dedicated carers who are not counted as nursing staff as such & who are employed solely to provide company for patients with dementia overnight would be useful.

Access to a sensory garden, particularly at this time of year and in the heat, the patients have become agitated about being kept within the ward, there is no secure garden that staff can take them to. Many have memories of cottage type gardens from their childhood so to be able to sit in a garden with nursing staff or their families, in a secure environment, would be beneficial to them.

It may be advantageous to truly seek out information via carers/family/others involved with the care of the individual with a dementia illness. Making it a necessity to record meals enjoyed, tea, coffee preferences, colour coding outfits prior to illness phase. Just knowing the individual a little more than knowing of their illness.

It would be really helpful if we had folders similar to the ones for people with learning disabilities which contain information relevant to the person i.e. name, how they spend their day normally etc.

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## Healthcare Assistants

Mandatory training days. Red tray care. Care Crew assistance. Dementia package on arrival.

We need more staff in the dementia ward, we cannot compare with other wards because most dementia patients depend on others. They sometimes cannot express themselves, what is happening with them and why, or their needs. Also they get easily confused about

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what is happening around them and why, so we need to give them more time and we need to encourage them in lots of activities of their life.

More mind stimulating activities for patients. More 1:1 interaction.

Have every ward fill out the '8 things about me' leaflets above the patients beds to get a better understanding of them.

1) More stimulating activities. 2) More 1:1 staffing

'Information about me' is great & we need to use it more. More patient information/'about me' book use. Patients allowed to walk around & day room kept clear for patient use. Encourage use of radio by bedside. Decaffeinated tea & coffee (non-diuretic). Encourage exposure to sun! Vitamin D & change of scene. Encourage social dining more for these patients, fluids also need constant encouragement.

We need more mind stimulating activities for patients to help when they are on the ward.

Elderly wards and dementia patients shouldn't be treated as all ordinary patients. Environment, food, staff level - all of that should be adjusted in order to provide more holistic care. 1 nurse and 1 healthcare assistant looking after 7-8 patients can't deliver all of it. Sometimes even the most basic needs for food and drink aren't met! It is really sad.

Using the 'all about me' books more. Care homes to send in paper book to help fill out 'all about me' booklet.

More training.

I think we try to communicate with relatives more about dementia patient so we can understand them more. We use the 'forget me not' flower but I would like to get more information about them; how they like to be called, tea or coffee preference etc. Each patient can have a little note on their bed side slightly more detailed about 'who I am'.

Maybe having a dementia newsletter for refreshers of information. More support when a ward has numerous dementia patients as it can be difficult to divide time equally between all patients - especially if numerous patients are 1:1.

Patients often need more support during their stay in hospital which isn't always provided due to lack of staff.

When we first start our jobs someone comes and speaks to us about dementia patients, how we can communicate, help them and how it may feel having dementia. I feel like we need more example on how they will actually be on the ward and have a nurse or healthcare assistant come and speak to us about the different experiences they have had.

The hospital has many initiatives in place such as the 'Forget me not' sticker/wristband etc. To ultimately improve services then staff should be encouraged to get the 'About Me' booklet filled in by carers to insure staff has access to information that is important to the dementia patient.

The other would obviously be that there is enough staff on wards to meet needs of patient.

Make sure the about me book is done and is kept near the patient.

I Feel everyone who has dementia needs to be completing a 'getting to know you' leaflet. It is not being done enough and when taking handover the smallest thing like knowing how they enjoy their tea will make the difference.

I feel security should have dementia training as I have witnessed poor handling of dementia patients by them on many occasions. This can result in dementia patients falling and being manhandled unnecessarily.

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Being honest, I didn't get much training from this hospital about dementia. Their training gives only the baseline about dementia. If you compare training and practical, we need to deal with patients with advanced dementia and mental health problems. So we would like to have more higher training about dementia because we are dealing with more than 70% dementia patients in our wards in a day. I had a little more help from my previous training which is not from this trust to handle my patient.

Dementia patients should be holistically cared for and cared about. This is not happening as the care provision on the elderly wards is TASK ORIENTATED. They don't need another pill! Those are people who (mostly) are reaching the end of life. Elderly wards should shift its focus from curing to caring! Q3a. Personal information usually is not easily available to me. Q6. Definitely not. Q7. Yes, but rarely.

It would be great if 1-2-1 support would be more available.

When patient need one to one care, extra HCA can support to work as a team.

Patients with dementia often need prompting to eat, which is hugely time consuming, so many meals aren't eaten and go cold. Also, doctors interrupt social dining!

That's why we need more people to look after dementia patients so we can focus on their needs. Because we all want to help them but we cannot because we have lots of responsibilities that sometimes we forget out patients' small needs which are part of life.

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## Doctors

Front door elderly care doctor in emergency department rather than current therapy led service.

More awareness of dementia specialist team/dementia champions.

Better orientation on the wards, e.g. each bay to have digital clock with time, day and date.

Easier availability of extra staff if 1:1 care is needed. More support available in the community for admission avoidance or quick discharge, plus more awareness of what is already available.

Better awareness and support outside assessment medical unit of special so [illegible].

By creating more dementia friendly wards not just elderly care wards. There are patients over 65 years old in all (most) of the departments. I will suggest encouraging nursing staff to monitor nutrition and hydration much more closely. Referral to nutritionist/dietitian to get included.

Finger food menu would be great.

Introduce finger food and snacks in between main meals.

Recruitment of dementia clinical nurse specialist.

By providing one to one care and not changing staffs randomly who care for Pt with dementia

More geriatricians so all patients with dementia could be on Elderly Care wards.

Enhanced dementia team with specialist nurses and more geriatricians.

More booklets 'Information About Me' filled out.

Hire more staff to ease the burden on them.

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## Allied Healthcare Professionals

Dementia Education and Learning Through Simulation course at [hospital name] very useful and feel should continue.

Fortified foods.

More staffing to allow more time with patients with dementia.

More help for patients on non-elderly care wards. Elderly care wards are very good.

By involving family members of people with dementia.

More dementia champions.

Need to improve dementia friendly interior wall and floor covering across the hospital site.

Clearer signposting of areas in the hospital. It can be difficult to navigate sometimes and if found it's difficult anyway as the lack of clear signs can make people worried and distressed. You should be able to go from the front of the hospital using signs to get you to the required department. E.g. [Hospital] signposting excellent

Provide more resources to be used by dementia patients when having their radiotherapy treatments, for example stress balls or equipment which they can be holding or playing with as they have their treatment.

Not assuming people are incontinent and putting them in nappy style pads. On arrival to the ward, taking them straight to the toilet to both orientate them to the area and also to avoid hospital acquired incontinence. After a meal, having extra healthcare assistants around to do a toileting round of the patients. During medication rounds or meal times, asking people if they need to go to the toilet. This will also encourage people to get up, get moving and also wash their hands to reduce the risk of acquiring an infection. Possibly, having a healthcare assistant do the medication round with the nurse to take patients to the toilet. For doctor/ward rounds to be a bit more flexible, so that patients can go to the toilet without the fear that they will miss the doctor in the mornings. Encourage therapists to take patients to the toilet as part of their rehabilitation input to reduce risk of reconditioning. Do not use beakers! Most patients don't use these at home and are managing with mugs. Possibly, make better mugs rather than dainty cups with small handles. A hospital in Gainsborough has started using brightly coloured plates to help make meal times better for patients as they can see the colours easier. This is a great idea and would be worth following up on to monitor their outcomes of using brightly coloured plates.

Take time to fill out the 'information about me' booklets, which could help individualise how we approach patients.

MORE 1:1 SUPPORT WHEN NEEDED.

A designated member of staff not in the clinical numbers to assist with feeding patients and offering snacks and generally encouraging to eat and drink.

Raise awareness and training to staff of basic dementia care.

DEPARTMENTS TO HAVE A MEMBER OF THE PATIENTS FAMILY/FRIENDS TO FILL IN A FORM ABOUT THE PATIENT. INCLUDING FOOD THEY DO AND DO NOT LIKE, PREVIOUS JOB, HOBBIES ETC.

Finger foods for patients.

More staff to support at mealtimes and to ensure protected mealtimes are maintained.

Finger food menu and more assistance with eating at mealtimes.

Provide additional staffing support when needed and providing finger foods.

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Wards could be more dementia friendly in allowing people with dementia to wander safely (as this often keeps them content and occupied). To do this, the wards would require more staff i.e. care crew, to facilitate safe wandering.

Provide an activity/function room on most wards to facilitate activities, group work and leisure activities with patients.

Finger food.

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## Other

I think it would be a good idea to have a selection of finger foods available in the wards kitchen so patient needs can be met. All the likes/dislikes should be available by patient's bed i.e. 8 points about me.

More staffing if patient requires 1:1 care, staffing needs not always being met. Nurses are pushed to give 1:1 care and look after their other patients.

Fill in 'all about me' booklets and having more 1:1 care available.

Dementia box on each ward (in my last Trust each ward had a dementia box and it included memory cards with pictures from the past to help staff facilitate successful conversations and establish rapport with patients), activities (paper, pens, pencils, colouring books etc.). We also had a portable CD player with a radio and we would play CDs of older music to help patients where music relaxed them and all patients, including non-dementia, would like this.

Closer links with the community so they are aware of the Trust's policies concerning dementia. Also, because dementia is so common maybe include dementia awareness on induction and mandatory training, so all staff are up to date on the best possible practice.

BETTER STAFF RATIO AND ON THE APPROPRIATE WARD.

Need more one to one carers and snack food.

Having more 1:1 staff or volunteers available would be great to be able to give the patients the time that they need and deserve.

Dementia is a label - lots of people have dementia who have not been diagnosed - it is very difficult to get a general practitioner to diagnose dementia. Relatives and friends need their comments taken into account - not a checklist which says dementia yes/no. What happens if someone has dementia but it is not on their notes as a label?

Increased community services to allow swift discharge back to home environment.

Dementia activities would be nice.

Probably making dementia awareness part of trust inductions, as well as making dementia mandatory.

More use of the Forget Me Not flower and wristbands to make people more aware of patients with dementia. More training that involve carers experience - they know how to work and deal with people with dementia. A better understanding from real experiences would be useful.

Time restraints are too strict - people with dementia cannot be hurried and need people to be able to spend time with them and be patient. Rushing a person with dementia will only cause undue stress and frighten them.

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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](http://www.hqip.org.uk/national-programmes).

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