NAD
NATIONAL AUDIT OF DEMENTIA

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

National Audit of Dementia

Care in general hospitals 2018-2019

Salford Royal Hospital

Salford Royal NHS Foundation Trust

Local report

Authors

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

Partner Organisations

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

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- 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	50
Staff questionnaires	14154	417
Carer questionnaires	4736	36

Audit standards

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

How the findings are presented

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

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

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

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

Key findings

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

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

National key findings

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

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

Personal information collected in casenotes to support care:

36% noted factors which cause distress

32% noted actions which could calm or reassure

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

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

inpatient falls

64% of Trusts/Health Boards

delayed discharges

40% of Trusts/Health Boards

re-admissions

37% of Trusts/Health Boards

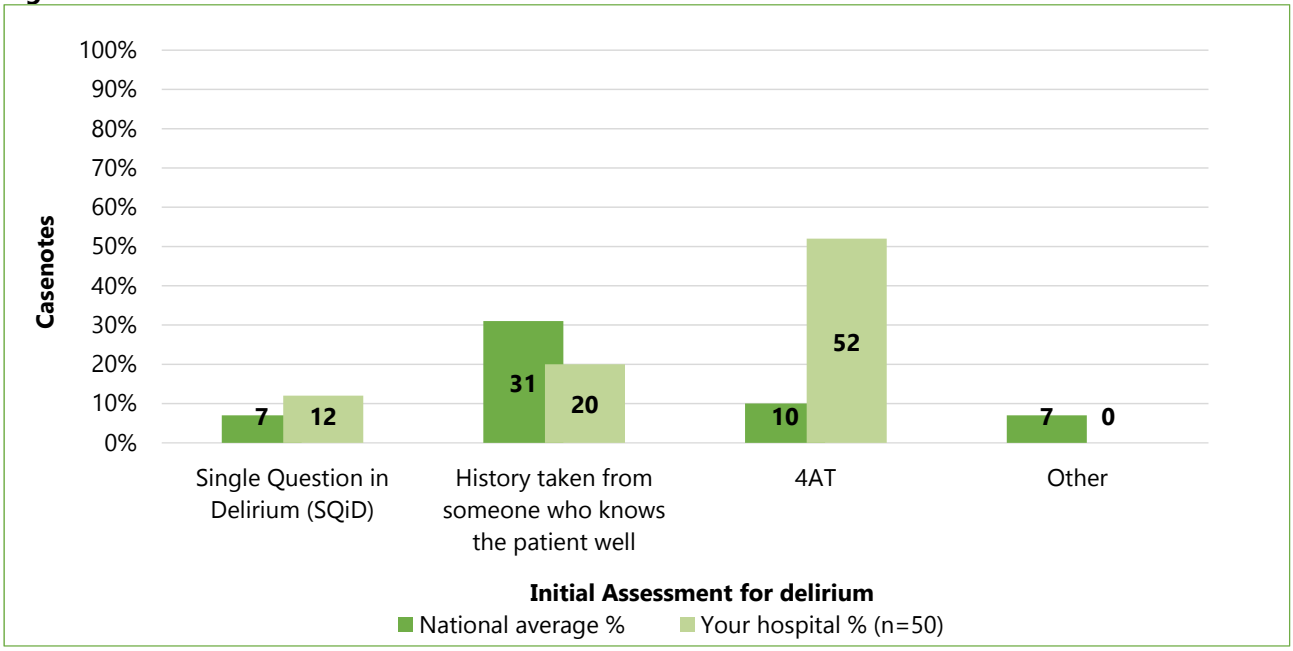
Overall, many results show **improvements** from those reported in Round 3 (2017).

Key findings and your hospital

Key finding: assessments for delirium

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

Figure 1: Initial assessment for indications of delirium.



NB: 6 patient(s) had delirium noted on admission and were also considered to have an initial assessment for indications of delirium.

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

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

Table 2: Full assessment for delirium

	National average %	Your hospital %
Initial assessment for indications of delirium	58% (n=9147)	72% (n=50)
Clinical assessment following indications of delirium	66% (n=2458)	77% (n=31)

NB: 1 patient(s) was/were not included in the initial assessment figure as they went straight to assessment. Those who could not be assessed for recorded reasons were excluded from the clinical assessment figure.

Key recommendations: Delirium

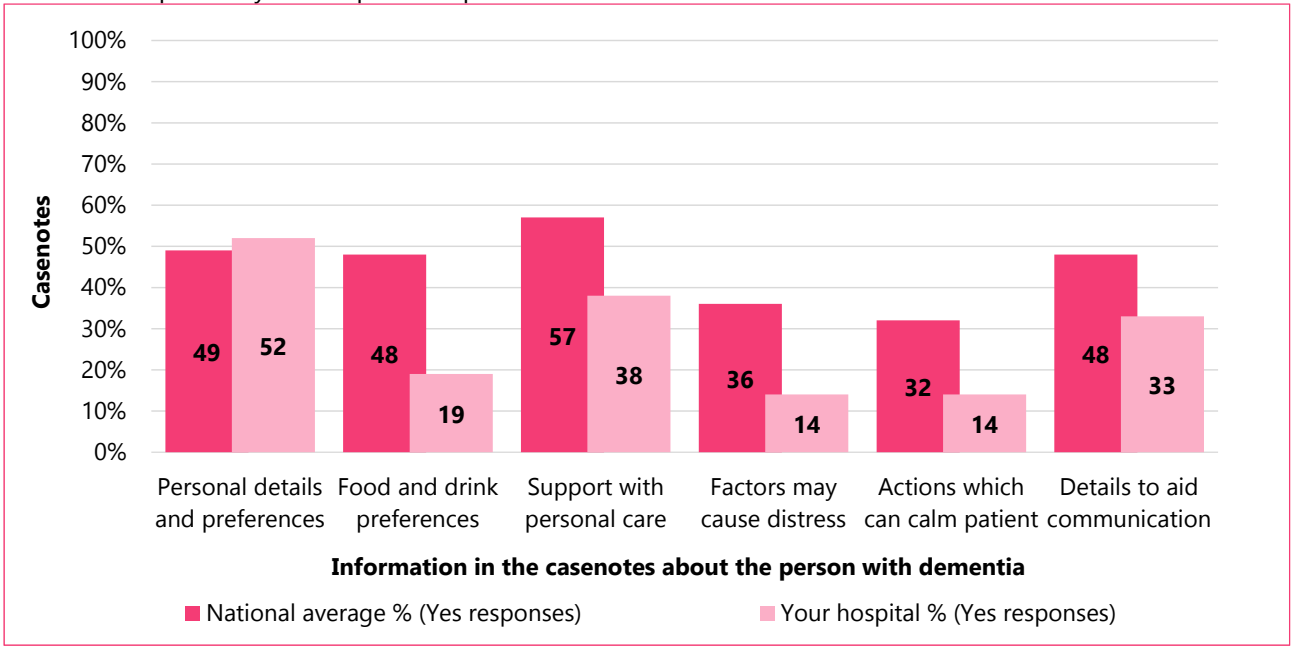
Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)[1] and consider the symptom of pain as a contributory factor.

Key finding: personal information collected to support care

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

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

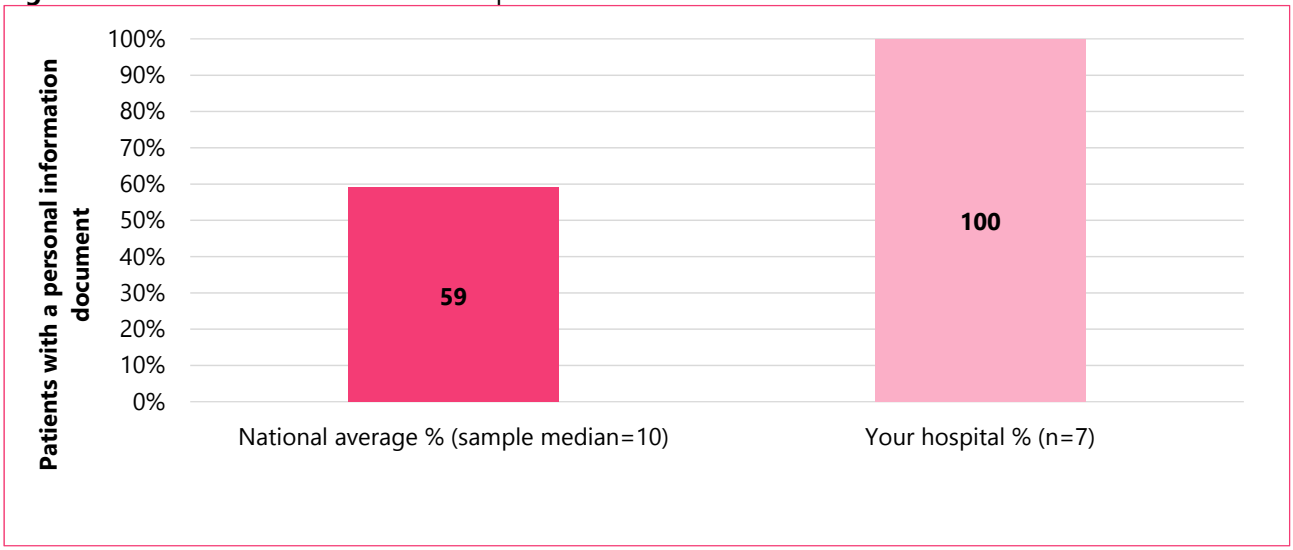
Figure 2: Percentage of casenotes where information about the person with dementia had been collected. National sample and your hospital sample.



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

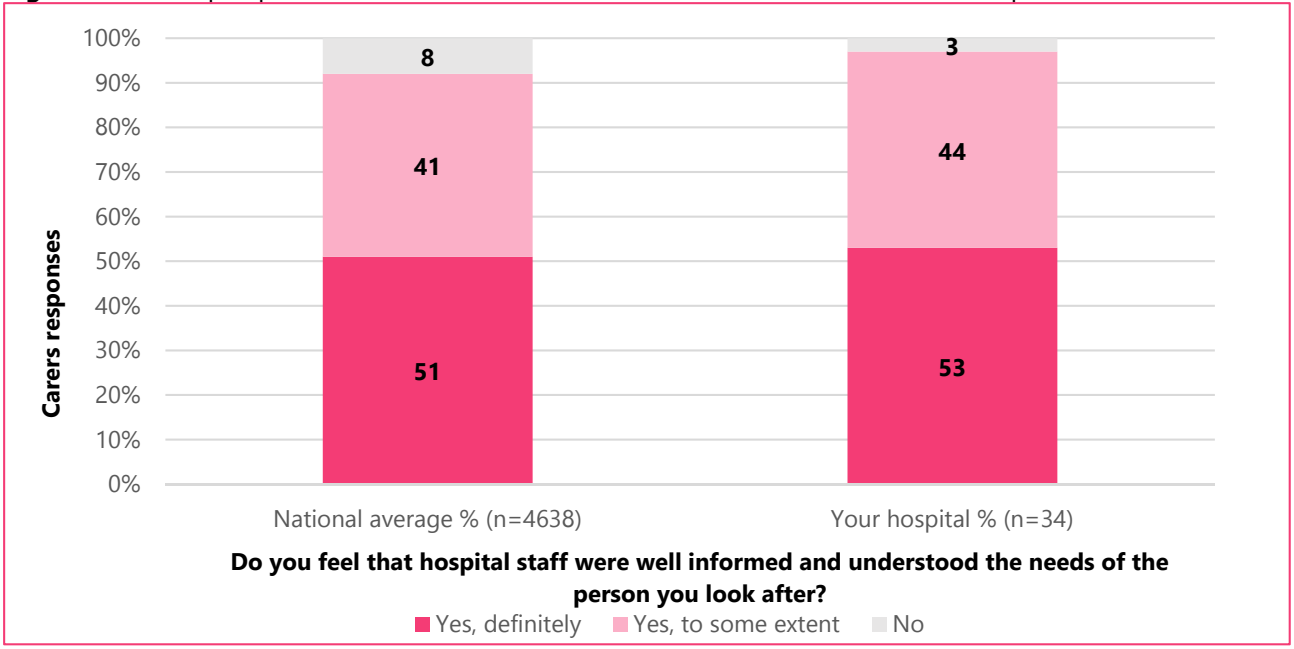
A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10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

Figure 3: Results from the 'mini audit' on personal information documents.



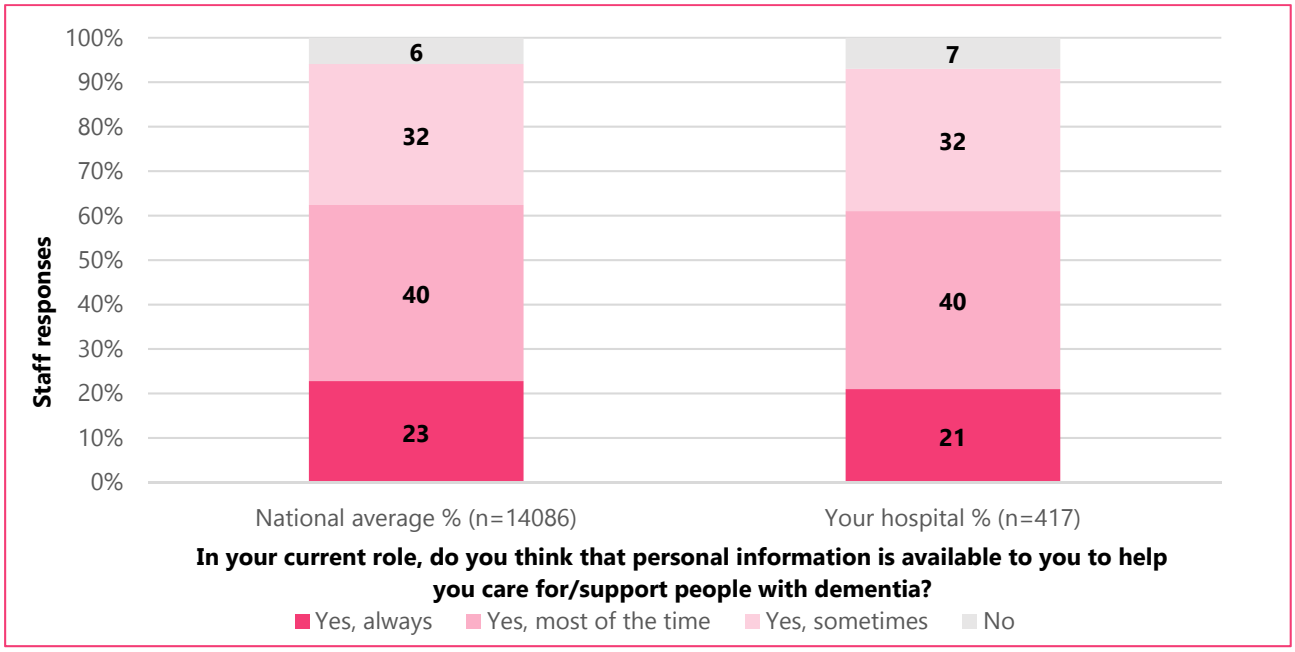
(See Q15b OC in Information and Communication data tables for your hospital comparison to Round 3)

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



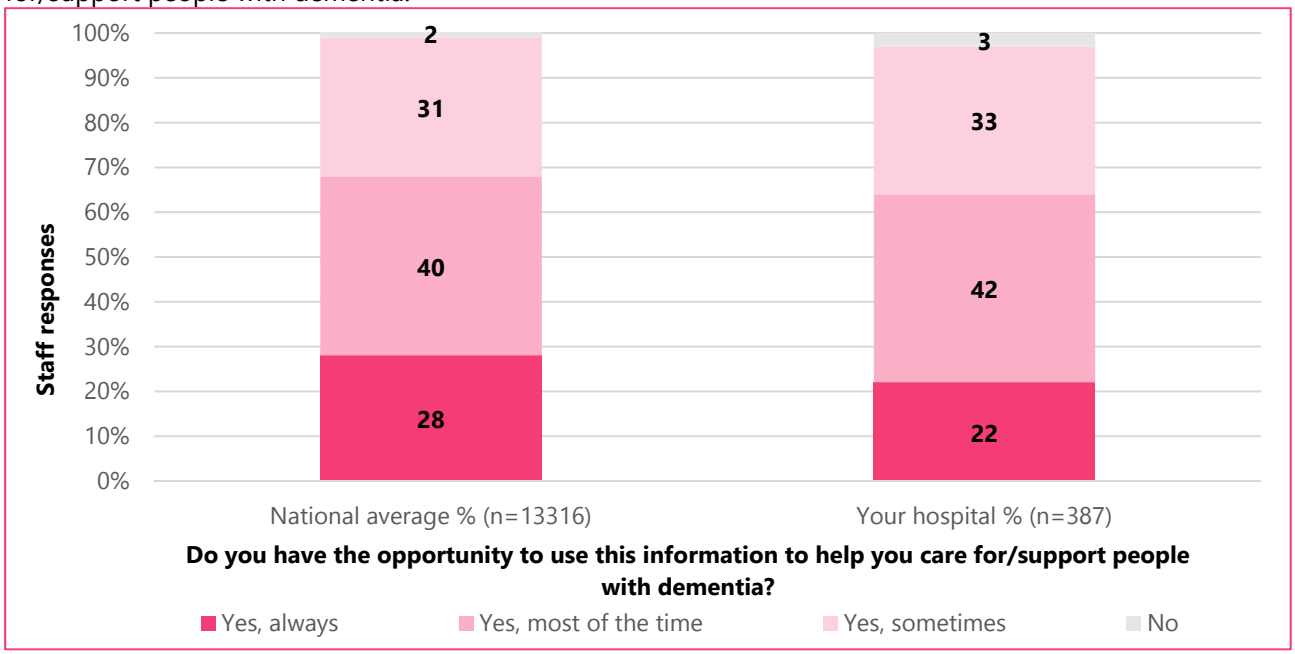
(See Q1 CQ in Information and Communication data tables for your hospital comparison to Round 3)

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



(See Q3 SQ in Information and Communication data tables for your hospital comparison to Round 3)

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



(See Q3a SQ in Information and Communication data tables for your hospital comparison Round 3)

Key recommendation: Personal information

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

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

Key finding: dementia awareness training

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

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

	National average (Interquartile range)	Your hospital
Number of staff equipped with at least tier 1/basic awareness training identified at **Trust level** (n=151)	2128 (754-3015)	317
Number of staff equipped with at least tier 1/basic awareness training identified at **hospital level** (n=104)	1100 (433-1238)	282
Total number of adult beds excluding maternity and mental health beds at 31st March 2018 at hospital level (n=195)	506 (325-650)	800

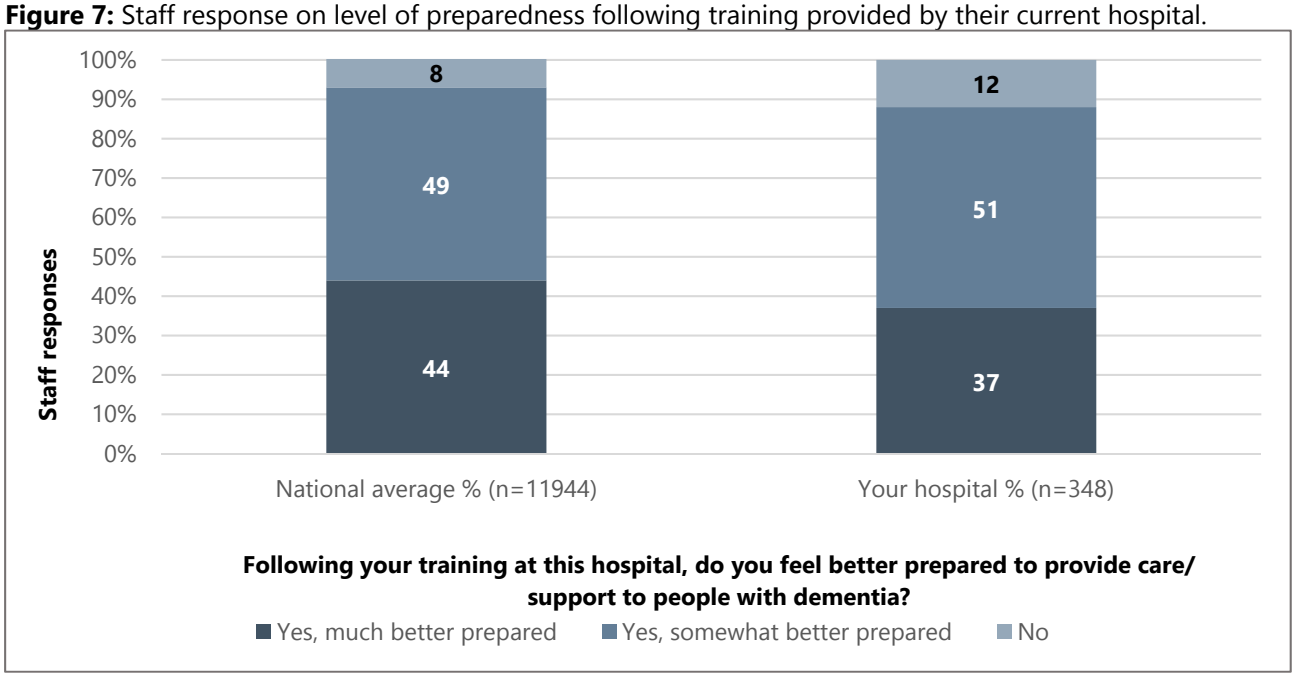
The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

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=351)
eLearning	52%	78%
Workbook	8%	7%
Workshop/study day	55%	50%
Higher education module	5%	2%
Other form of training	8%	4%
Did not receive dementia training	10%	1%

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

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



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

Key recommendation: Dementia awareness training

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

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

Key finding: Trust/Health Boards involvement in dementia care

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

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

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

Key recommendation: Trust/Health Boards involvement in dementia care

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

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

Key finding: overall improvement in care in general hospitals

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

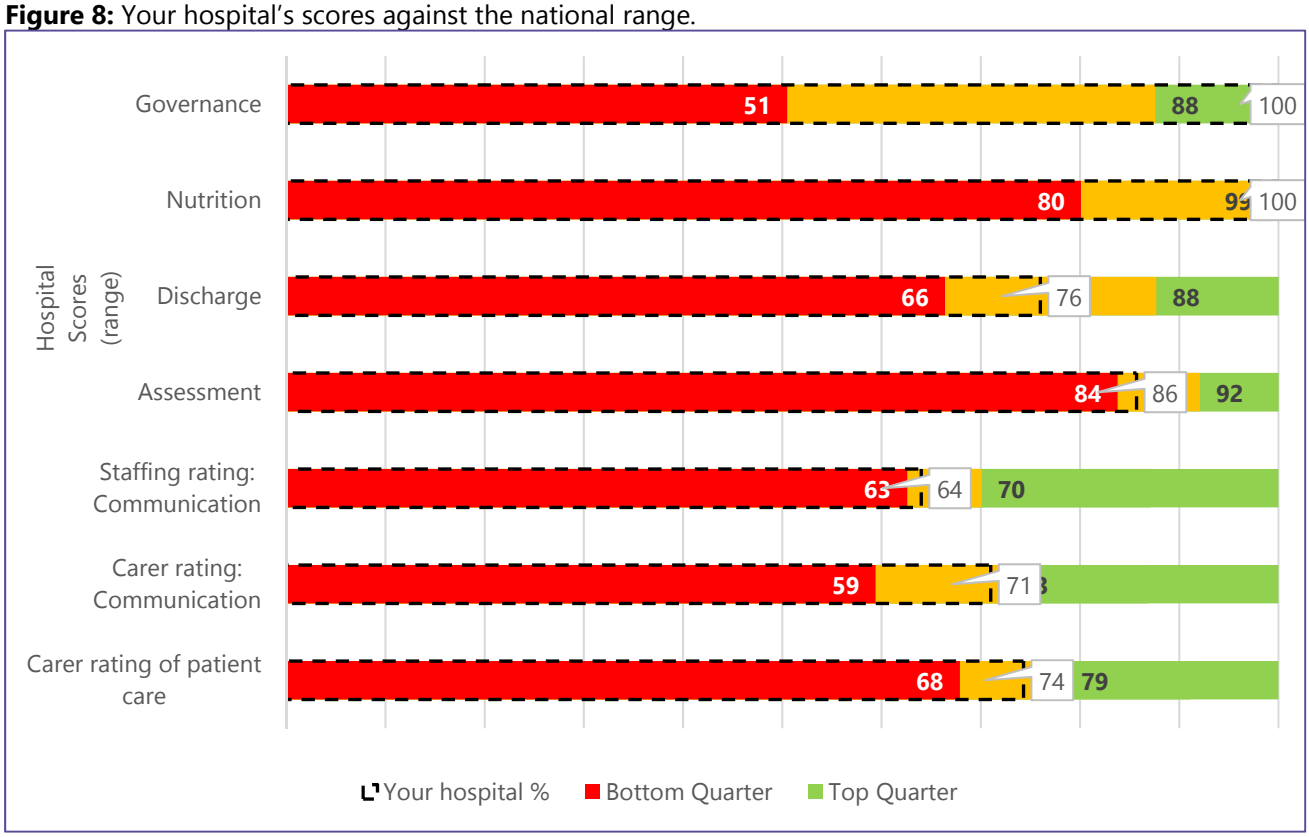
Below is the breakdown of your hospital's scores and rankings according to the 7 scoring items explored in the NAD. These scores are shown in comparison with both the average national score and your hospital score and ranking from Round 3 of the audit. Scores are derived from separate data sources and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

Table 6: Your hospital's scores and rankings

Scoring	National Score Round 4	Your hospital score Round 4	Your hospital rank Round 4 (out of)	Your hospital score Round 3	Your hospital rank Round 3 (out of)
Governance	**68%**	**100**	1 (195)	**100**	1 (199)
Nutrition	**89%**	**100**	1 (195)	**80**	112 (199)
Discharge	**76%**	**76**	99 (191)	**85.2**	47 (195)
Assessment	**87%**	**85.7**	125 (191)	**82.3**	123 (195)
Staff rating communication	**66%**	**64**	116 (182)	**61.2**	139 (182)
Carer rating: communication	**66%**	**71**	41 (141)	**67.4**	54 (148)
Carer rating of patient care	**73%**	**74.3**	63 (141)	**70.3**	90 (148)

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

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



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

Key recommendation:

Trust/Health Boards and their Chief Executive Officers should:

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

Data breakdown by audit theme

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

1. Carer rating of patient care

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

2. Assessment

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

3. Information and communication

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

4. Staffing and training

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

5. Nutrition

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

6. Discharge

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

7. Governance

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

Data tables in audit theme chapters

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

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

* For casenote audit questions only.

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

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

We have provided:

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

The denominator will change throughout the report, depending on:

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

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

Carer Rating of Patient Care

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

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
8 CQ	Rating of the care received by the person they care for during the hospital stay			
	Excellent	**38.2%** (1798/4704)	**45.7%** (16/35)	**34.4%** (11/32)
	Very good	**33.6%** (1580/4704)	**20%** (7/35)	**31.3%** (10/32)
	Good	**15.8%** (745/4704)	**22.9%** (8/35)	**21.9%** (7/32)
	Fair	**8.5%** (402/4704)	**8.6%** (3/35)	**6.3%** (2/32)
	Poor	**3.8%** (179/4704)	**2.9%** (1/35)	**6.3%** (2/32)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment			
	Extremely likely	**46.1%** (2126/4608)	**45.7%** (16/35)	**46.9%** (15/32)
	Likely	**34.1%** (1571/4608)	**31.4%** (11/35)	**31.3%** (10/32)
	Neither likely nor unlikely	**12%** (551/4608)	**17.1%** (6/35)	**12.5%** (4/32)
	Unlikely	**4.4%** (205/4608)	**0%** (0/35)	**6.3%** (2/32)
	Extremely unlikely	**3.4%** (155/4608)	**5.7%** (2/35)	**3.1%** (1/32)
10 CQ	Satisfaction with the support **they** received from this hospital to help them in their role as a carer			
	Very satisfied	**53.8%** (2354/4377)	**52.9%** (18/34)	**51.6%** (16/31)
	Somewhat satisfied	**32.4%** (1420/4377)	**38.2%** (13/34)	**32.3%** (10/31)
	Somewhat dissatisfied	**9.4%** (413/4377)	**2.9%** (1/34)	**9.7%** (3/31)
	Very dissatisfied	**4.3%** (190/4377)	**5.9%** (2/34)	**6.5%** (2/31)

Assessment

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

Multidisciplinary assessment

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
14 CA	Assessment of mobility performed by a healthcare professional	**93.7%** (96.2, 92-98) (8451/9024)	**90.7%** (39/43)	**92.9%** (39/42)
15 CA	Assessment of nutritional status performed by a healthcare professional	**92.5%** (94.3, 90-98) (8824/9538)	**88%** (44/50)	**97.9%** (47/48)
15a CA	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight			
	Yes, there is a recording of the patient's BMI or weight	**85.1%** (91.95, 77-98) (7506/8824)	**65.9%** (29/44)	**97.9%** (46/47)
	Other action taken	**3.2%** (0, 0-4) (281/8824)	**2.3%** (1/44)	**0%** (0/47)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	**95.7%** (98, 94-100) (9362/9782)	**98%** (49/50)	**100%** (50/50)
17 CA	Patient asked about any continence needs	**89.1%** (95.1, 85-99) (8429/9457)	**87.5%** (42/48)	**82.2%** (37/45)
18 CA	Patient assessed for the presence of any pain	**85.4%** (91.75, 79-98) (8201/9600)	**62%** (31/50)	**56%** (28/50)
19 CA	Assessment of functioning			
	Standardised assessment	**52.1%** (52.9, 25-78) (4795/9199)	**45.7%** (21/46)	**31%** (13/42)
	Occupational therapy assessment	**43.6%** (43.35, 27-60) (4015/9199)	**50%** (23/46)	**57.1%** (24/42)
	Physiotherapy assessment	**55.6%** (58.3, 36-73) (5115/9199)	**47.8%** (22/46)	
	Yes, other	**7.6%** (2.8, 0-8) (697/9199)	**4.3%** (2/46)	**0%** (0/42)
	Yes (all options)	**91.2%** (94.8, 86-98) (8390/9199)	**91.3%** (42/46)	**88.1%** (37/42)

Mental state assessment

	Question number and text	National audit Round 4	Your hospital Round 4	Your hospital Round 3
20 CA	Cognitive testing using a validated structured instrument carried out	**54.3%** (53.05, 37-73) (4603/8475)	**58.3%** (28/48)	**57.8%** (26/45)
21 CA	Screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium			
	Single Question in Delirium (SQiD)	**7.3%** (1.35, 0-6) (710/9753)	**12%** (6/50)	New to Round 4
	History taken from someone who knows the patient well in which they were asked about any recent changes in cognition/behaviour	**30.5%** (25.9, 14-44) (2977/9753)	**20%** (10/50)	
	4AT	**10%** (4.15, 2-10) (978/9753)	**52%** (26/50)	
	Other	**7%** (3.9, 0-8) (680/9753)	**0%** (0/50)	
	Combined	**49.7%** (4851/9760)	**72%** (36/50)	**54%** (27/50)
21a CA	Initial assessment above found evidence that delirium may be present	**50.8%** (53.8, 40-67) (2455/4832)	**86.1%** (31/36)	**34%** (17/50)
	Initial assessment above found no evidence of delirium	**49.2%** (46.2, 33-60) (2377/4832)	**13.9%** (5/36)	**20%** (10/50)
22 CA	**A healthcare professional** (trained and competent in the diagnosis of delirium) completed an assessment for delirium			
	4AT	**9.4%** (4.6, 0-12) (621/6623)	**47.6%** (20/42)	**100%** (17/17)
	Confusion Assessment Method (CAM) – short or long form	**5.3%** (0, 0-6) (351/6623)	**14.3%** (6/42)	
	Other	**14.9%** (9.4, 2-20) (988/6623)	**11.9%** (5/42)	
22a CA	Diagnosis of delirium confirmed	**80.5%** (83.3, 67-98) (1524/1892)	**84%** (21/25)	New to Round 4

Information and Communication

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

Using personal information to improve care

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

Availability of personal information

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
23 CA	The care assessment contains a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well	**60.9%** (61.85, 36-92) (5955/9784)	**42%** (21/50)	**76%** (38/50)
Information collected about:				
23a CA	Personal details, preferences and routines			
	Yes	**49.4%** (55.2, 34-75) (2889/5851)	**52.4%** (11/21)	**29.7%** (11/37)
	Unknown	**31.1%** (14.3, 0-42) (1819/5851)	**23.8%** (5/21)	**64.9%** (24/37)
23b CA	Food and drink preferences			
	Yes	**48.1%** (55.6, 30-74) (2810/5845)	**19%** (4/21)	**33.3%** (12/36)

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
	Unknown	**30.80%** (15, 0-42) (1800/5845)	**33.3%** (7/21)	**63.9%** (23/36)
23c CA	Reminders or support with personal care			
	Yes	**56.8%** (64, 39-82) (3326/5852)	**38.1%** (8/21)	**35.1%** (13/37)
	Unknown	**28.3%** (9.4, 0-42) (1654/5852)	**38.1%** (8/21)	**59.5%** (22/37)
23d CA	Recurring factors that may cause or exacerbate distress			
	Yes	**36.1%** (38.3, 20-58) (2101/5822)	**14.3%** (3/21)	**21.6%** (8/37)
	Unknown	**35.1%** (17.5, 0-50) (2041/5822)	**42.9%** (9/21)	**67.6%** (25/37)
23e CA	Support or actions that can calm the person if they are agitated			
	Yes	**31.8%** (30, 17-50) (1841/5794)	**14.3%** (3/21)	**16.2%** (6/37)
	Unknown	**36.0%** (18.9, 0-51) (2085/5794)	**47.6%** (10/21)	**70.3%** (26/37)
23f CA	How the person with dementia communicates with others/understands communication			
	Yes	**47.7%** (51.9, 33-74) (2784/5838)	**33.3%** (7/21)	**30.6%** (11/36)
	Unknown	**31.3%** (15.8, 0-43) (1825/5838)	**42.9%** (9/21)	**63.9%** (23/36)
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	**94.2%** (179/190)	**Yes**	**Yes**
15 OC	Documenting use of personal information in practice: Hospitals selected three adult inpatient wards which had the highest admissions of people with dementia. Ten patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me"			
15a OC	Number of patients checked		**7**	**40**
	Range	**0-33**	N/A	N/A
	Mean	**10**		
15b OC	Number of these patients where the information was present		**7**	**6**
	Percentage of patients where the information was present	**59.4%**	**100%**	**15%**
	Range	**0-20**	N/A	N/A
	Mean	**6**		

Involvement of carers and people with dementia

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
5 CQ	Kept clearly informed about care and progress during the hospital stay			
	Yes, definitely	**45.9%** (2115/4609)	**42.9%** (15/35)	**53.1%** (17/32)
	Yes, to some extent	**38.5%** (1776/4609)	**40%** (14/35)	**31.3%** (10/32)
	No	**15.6%** (718/4609)	**17.1%** (6/35)	**15.6%** (5/32)
6 CQ	Involved as much as you wanted to be in decisions about care			
	Yes, definitely	**51.1%** (2317/4535)	**51.4%** (18/35)	**53.1%** (17/32)
	Yes, to some extent	**34.8%** (1577/4535)	**45.7%** (16/35)	**37.5%** (12/32)
	No	**14.1%** (641/4535)	**2.9%** (1/35)	**9.4%** (3/32)
18 OC	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	**70.3%** (137/195)	**No**	**Yes**
7 CQ	Hospital staff asked about the needs of the person to help plan their care			
	Yes, definitely	**48.3%** (2193/4545)	**57.1%** (20/35)	**35.5%** (11/31)
	Yes, to some extent	**34.3%** (1561/4545)	**37.1%** (13/35)	**51.6%** (16/31)
	No	**17.4%** (791/4545)	**5.7%** (2/35)	**12.9%** (4/31)
1 CQ	Hospital staff were well informed and understood the needs of the person			
	Yes, definitely	**51.1%** (2368/4638)	**52.9%** (18/34)	**45.2%** (14/31)
	Yes, to some extent	**40.7%** (1888/4638)	**44.1%** (15/34)	**48.4%** (15/31)
	No	**8.2%** (382/4638)	**2.9%** (1/34)	**6.5%** (2/31)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person			
	Yes, definitely	**58.7%** (2728/4649)	**66.7%** (22/33)	**46.9%** (15/32)
	Yes, to some extent	**33.8%** (1571/4649)	**21.2%** (7/33)	**43.8%** (14/32)
	No	**7.5%** (350/4649)	**12.1%** (4/33)	**9.4%** (3/32)
4 CQ	The person was treated with respect by hospital staff			
	Yes, definitely	**77.5%** (3598/4640)	**81.8%** (27/33)	**80.6%** (25/31)
	Yes, to some extent	**20.2%** (939/4640)	**18.2%** (6/33)	**19.4%** (6/31)
	No	**2.2%** (103/4640)	**0%** (0/33)	**0%** (0/31)

Staff communication

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
3 SQ	Personal information is available to help care for/support people with dementia			
	Yes, always	**22.5%** (3171/14086)	**20.9%** (87/417)	**22.3%** (58/260)
	Yes, most of the time	**39.5%** (5557/14086)	**39.6%** (165/417)	**33.1%** (86/260)
	Yes, sometimes	**31.7%** (4467/14086)	**32.4%** (135/417)	**33.8%** (88/260)
	No	**6.3%** (891/14086)	**7.2%** (30/417)	**10.8%** (28/260)
3a SQ	Can use personal information to help care for/support people with dementia			
	Yes, always	**27.7%** (3644/13166)	**22.2%** (86/387)	**25.9%** (60/232)
	Yes, most of the time	**40%** (5266/13166)	**41.9%** (162/387)	**37.1%** (86/232)
	Yes, sometimes	**30.8%** (4058/13166)	**33.3%** (129/387)	**34.9%** (81/232)
	No	**1.5%** (198/13166)	**2.6%** (10/387)	**2.2%** (5/232)
4 SQ	Encouraged to accommodate the individual needs and preferences of people with dementia			
	Yes, always	**31.5%** (4435/14078)	**28.5%** (119/417)	**25.4%** (66/260)
	Yes, most of the time	**34.6%** (4864/14078)	**36.2%** (151/417)	**26.9%** (70/260)
	Yes, sometimes	**25.3%** (3566/14078)	**23.3%** (97/417)	**32.3%** (84/260)
	No	**8.6%** (1213/14078)	**12%** (50/417)	**15.4%** (40/260)
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team			
	Frequently	**50.6%** (7120/14060)	**44.5%** (185/416)	**52.2%** (107/205)
	Occasionally	**35.5%** (4987/14060)	**37%** (154/416)	**33.7%** (69/205)
	Almost Never	**10.6%** (1496/14060)	**13%** (54/416)	**8.3%** (17/205)
	Never	**3.3%** (457/14060)	**5.5%** (23/416)	**5.9%** (12/205)

Use of information systems

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

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

Staffing and Training

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

Staffing levels

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
8 OC	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis			
	Yes, on the trust website	**46.7%** (91/195)	-	**Yes**
	Yes, on the wards	**71.8%** (140/195)	**Yes**	
9 OC	An evidence-based tool is used for establishing ward staffing levels	**96.9%** (189/195)	**Yes**	**Yes**
9a OC	The tool takes into account patient dependency and acuity	**99.5%** (188/189)	**Yes**	New to Round 4
6 SQ	The ward is able to respond to the individual needs of people with dementia as they arise			
	Yes, always	**27.2%** (3689/13577)	**23.2%** (85/366)	**33.3%** (46/138)
	Yes, most of the time	**43.5%** (5903/13577)	**43.7%** (160/366)	**42.8%** (59/138)
	Yes, sometimes	**23.3%** (3160/13577)	**25.4%** (93/366)	**18.1%** (25/138)
	No	**6.1%** (825/13577)	**7.7%** (28/366)	**5.8%** (8/138)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase			
	Yes, always	**10.4%** (1340/12942)	**10.9%** (38/349)	**8.6%** (12/139)
	Yes, most of the time	**26.3%** (3405/12942)	**27.8%** (97/349)	**20.9%** (29/139)
	Yes, sometimes	**42.8%** (5538/12942)	**39.8%** (139/349)	**43.9%** (61/139)
	No	**20.5%** (2659/12942)	**21.5%** (75/349)	**26.6%** (37/139)
3 CQ	The person you look after was given enough help with personal care from hospital staff			
	Yes, definitely	**58.5%** (2641/4518)	**60.6%** (20/33)	**45.2%** (14/31)
	Yes, to some extent	**32.6%** (1473/4518)	**30.3%** (10/33)	**41.9%** (13/31)
	No	**8.9%** (404/4518)	**9.1%** (3/33)	**12.9%** (4/31)

Guidance for staff

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

Training and knowledge framework

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
19 OC	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	**95.9%** (187/195)	**Yes**	**Yes**
21 OC	The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers	**81.5%** (159/195)	**Yes**	**Yes**

Dementia training formats

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
22 OC	Format used to deliver basic dementia awareness training			
	eLearning module	**73.8%** (144/195)	**Yes**	**Yes**
	Workshop or study day	**82.1%** (160/195)	**Yes**	**Yes**
	Higher education module	**15.4%** (30/195)	-	-
	Workbook	**22.1%** (43/195)	-	New to Round 4
	Other	**18.5%** (36/195)	-	-
2 SQ	Form of dementia training received at the hospital			
	eLearning module	**51.8%** (6939/13407)	**78.3%** (275/351)	**61.7%** (153/248)
	Workshop or study day	**54.9%** (7355/13407)	**50.1%** (176/351)	**47.6%** (118/248)
	Higher education module	**5.3%** (713/13407)	**1.7%** (6/351)	**2%** (5/248)
	Workbook	**8.1%** (1086/13407)	**6.6%** (23/351)	**8.9%** (22/248)
	Other	**8.2%** (1094/13407)	**4%** (14/351)	**1.6%** (4/248)
	I have not received any dementia training at this hospital	**10.7%** (1439/13407)	**0.9%** (3/351)	**22.2%** (55/248)
2a	(If Q2=any form of training) Staff feel better prepared to provide care/ support to people with dementia following training at this hospital			

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
SQ	Yes, much better prepared	**43.6%** (5209/11944)	**37.4%** (130/348)	**40.8%** (78/191)
	Yes, somewhat better prepared	**48.7%** (5811/11944)	**50.6%** (176/348)	**51.8%** (99/191)
	No	**7.7%** (924/11944)	**12.1%** (42/348)	**7.3%** (14/191)

Staff data on dementia training

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

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

Nutrition

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

Mealtimes policies and initiatives

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
10 OC	Protected mealtimes are established in all wards that admit adults with known or suspected dementia	**97.9%** (191/195)	**Yes**	**Yes**
10a OC	(If Q10=Yes) Wards' adherence to protected mealtimes is reviewed and monitored	**87.4%** (167/191)	**Yes**	**Yes**
11 SQ	In the last week (except in emergency situations), patient mealtimes kept free of any clinical activity on the ward(s) you work on			
	Yes, always	**31.5%** (3677/11673)	**30.1%** (83/276)	**28.1%** (36/128)
	Yes, most of the time	**40.9%** (4772/11673)	**42%** (116/276)	**35.2%** (45/128)
	Yes, sometimes	**13.8%** (1611/11673)	**14.9%** (41/276)	**14.8%** (19/128)
	No	**13.8%** (1613/11673)	**13%** (36/276)	**21.9%** (28/128)
11 OC	The hospital has in place a scheme/programme which allows identified carers of people with dementia to visit at any time including at mealtimes	**95.9%** (187/195)	**Yes**	**Yes**
8 SQ	Carers of people with dementia can visit at any time on the ward(s)			
	Yes, always	**63.3%** (7943/12543)	**63.4%** (208/328)	**48.1%** (90/187)
	Yes, most of the time	**22.3%** (2801/12543)	**23.2%** (76/328)	**27.8%** (52/187)
	Yes, sometimes	**10.5%** (1318/12543)	**8.5%** (28/328)	**18.7%** (35/187)
	No	**3.8%** (481/12543)	**4.9%** (16/328)	**5.3%** (10/187)

Finger foods and 24-hour food services

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

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	**1%** (2/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	**0.5%** (1/195)		
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	**0.0%** (0/195)		
	Finger food consists of sandwiches/wraps only	**23.1%** (45/195)		
12 SQ	Ability to access finger food for people with dementia as an alternative to main meals			
	Yes, always	**44.2%** (4971/11253)	**42.4%** (115/271)	**32.6%** (42/129)
	Yes, most of the time	**27.3%** (3074/11253)	**27.3%** (74/271)	**24%** (31/129)
	Yes, sometimes	**18.4%** (2068/11253)	**21.4%** (58/271)	**29.5%** (38/129)
	No	**10.1%** (1140/11253)	**8.9%** (24/271)	**14%** (18/129)
31 OC	The hospital can provide 24 hour food services for people with dementia			
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	**60%** (117/195)	**24 hours a day**	**24 hours a day**
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	**8.2%** (16/195)		
	Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	**27.2%** (53/195)		
	Only snacks (biscuits, cake) are available 24 hours a day	**4.1%** (8/195)		
	Food is not available 24 hours a day	**0.5%** (1/195)		
13 SQ	Ability to access snacks for people with dementia in between meals			
	Yes, always	**47.7%** (5581/11694)	**45.8%** (131/286)	**34.8%** (48/138)
	Yes, most of the time	**27%** (3160/11694)	**26.2%** (75/286)	**31.2%** (43/138)
	Yes, sometimes	**19.7%** (2305/11694)	**22.4%** (64/286)	**27.5%** (38/138)
	No	**5.5%** (648/11694)	**5.6%** (16/286)	**6.5%** (9/138)

Communication of nutrition and hydration needs

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
14 SQ	Nutrition and hydration needs of people with dementia are communicated at handovers/safety briefings			
	Yes, always	**43.7%** (5060/11591)	**51.9%** (148/285)	**56.9%** (78/137)
	Yes, most of the time	**32.9%** (3810/11591)	**28.4%** (81/285)	**21.2%** (29/137)
	Yes, sometimes	**17.4%** (2017/11591)	**12.3%** (35/285)	**13.9%** (19/137)
	No	**6.1%** (704/11591)	**7.4%** (21/285)	**8%** (11/137)

Overall

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
10 SQ	People with dementia have their nutritional needs met while on the ward(s)			
	Yes, always	**29.9%** (3732/12498)	**30.2%** (99/328)	**29.8%** (59/198)
	Yes, most of the time	**47.8%** (5978/12498)	**44.5%** (146/328)	**43.9%** (87/198)
	Yes, sometimes	**18.5%** (2311/12498)	**20.7%** (68/328)	**22.2%** (44/198)
	No	**3.8%** (477/12498)	**4.6%** (15/328)	**4%** (8/198)

Governance

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

Care pathway

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

Reviewing dementia care in hospitals

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
2c OC	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	**64.1%** (125/195)	**Yes**	**Yes**
3 OC	The Executive Board regularly receives feedback from			
3a OC	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant	**81%** (158/195)	**Yes**	**Yes**
3b OC	Complaints – analysed by age	**48.7%** (95/195)	**Yes**	**Yes**
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	**63.6%** (112/176)	**Yes**	**Yes**
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	**68.2%** (133/195)	**Yes**	**Yes**
2 OC	The Executive Board regularly reviews information collected on			
2a OC	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted	**36.9%** (72/195)	**Yes**	**Yes**
2b OC	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers	**40%** (78/195)	**Yes**	**Yes**
7 OC	A Dementia Working Group is in place and reviews the quality of services provided in the hospital	**92.3%** (180/195)	**Yes**	**Yes**
7a OC	(If Q7=Yes) The group meets			
	Quarterly	**31.7%** (57/180)	**Monthly**	**Monthly**
	Monthly	**28.9%** (52/180)		
	Bi-monthly	**38.9%** (70/180)		
	Other	**0.6%** (1/180)		
7b OC	(If Q7=Yes) The group includes			
	Healthcare professionals	**100%** (180/180)	**Yes**	**Yes**
	Organisations which support people with dementia e.g. Alzheimer's Society	**73.3%** (132/180)	-	-
	Carer/service user representation	**65.6%** (118/180)	-	-

Continuity of care

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
12 OC	Instances of night time bed moves are noted and reported at Executive Board level			
	Yes, for all patients, and patients with cognitive memory impairment (including dementia and delirium) can be identified	**24.1%** (47/195)	**For all patients and patients with dementia/delirium can be identified**	**Yes**
	Yes, for all patients but with no breakdown	**30.8%** (60/195)		
	Yes, for patients with cognitive memory impairment (including dementia and delirium) only	**4.1%** (8/195)		
	No	**41%** (80/195)		
9 SQ	Night time bed moves for people with dementia avoided where possible on the ward(s)			
	Yes, always	**16.6%** (1835/11033)	**20.5%** (62/303)	**24.5%** (34/139)
	Yes, most of the time	**32.7%** (3611/11033)	**39.9%** (121/303)	**28.8%** (40/139)
	Yes, sometimes	**24.7%** (2723/11033)	**20.1%** (61/303)	**22.3%** (31/139)
	No	**26%** (2864/11033)	**19.5%** (59/303)	**24.5%** (34/139)
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	**87.7%** (171/195)	**Yes**	**Yes**
26a OC	(If Q26=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	**82.5%** (141/171)	**Yes**	**Yes**

Specialist services for dementia care

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

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
1 SQ	Supported by specialist services for dementia in the hospital			
1a SQ	During office hours *i.e. Monday-Fri, 9am-5pm*			
	Yes, always	**30.1%** (4133/13710)	**30.2%** (119/394)	**26.8%** (67/250)
	Yes, most of the time	**32.1%** (4401/13710)	**33%** (130/394)	**34.4%** (86/250)
	Yes, sometimes	**26.5%** (3638/13710)	**28.4%** (112/394)	**24.8%** (62/250)
	No	**11.2%** (1538/13710)	**8.4%** (33/394)	**14%** (35/250)
1b SQ	Out of office hours			
	Yes, always	**8.6%** (942/10960)	**9.8%** (29/296)	**13.9%** (28/202)
	Yes, most of the time	**15.9%** (1739/10960)	**16.2%** (48/296)	**18.8%** (38/202)
	Yes, sometimes	**28.6%** (3139/10960)	**31.4%** (93/296)	**24.8%** (50/202)
	No	**46.9%** (5140/10960)	**42.6%** (126/296)	**42.6%** (86/202)

Engagement with carers

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

Environment

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

	No	**5.6%** (11/195)		

Discharge

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

Discharge coordination

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
28 OC	There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia	**91.8%** (179/195)	**Yes**	**Yes**
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	**88.3%** (158/179)	**Yes**	**Yes**
28b OC	(If Q28=Yes) This person/team has experience of working with people with dementia and their carers:	**98.9%** (177/179)	**Yes**	**Yes**
29 CA	Named person/identified team co-ordinated the discharge plan	**85.3%** (91.15, 80-98) (5950/6975)	**82.9%** (29/35)	**92.9%** (26/28)
Evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with				
30a CA	The person with dementia	**56.5%** (54.35, 41-75) (3386/5994)	**54.2%** (13/24)	**80%** (20/25)
30b CA	The person's carer/relative	**83.1%** (85.2, 76-94) (5613/6754)	**93.5%** (29/31)	**89.3%** (25/28)
30c CA	The consultant responsible for the patient's care	**76.5%** (82.3, 65-94) (5514/7211)	**71.4%** (25/35)	**85.7%** (24/28)
30d CA	Other members of the multidisciplinary team	**85.1%** (87.5, 78-96) (6134/7211)	**80%** (28/35)	**85.7%** (24/28)

Discharge planning

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
31 CA	A single plan/summary for discharge with clear updated information has been produced	**85.8%** (93.5, 82-100) (5988/6975)	**97.1%** (34/35)	**85.7%** (24/28)
32 CA	Support needs documented in the discharge plan/summary	**61.5%** (60.65, 47-80) (4288/6975)	**45.7%** (16/35)	**46.4%** (13/28)
33 CA	Patient and/or carer received a copy of the plan/ summary	**88.1%** (97.1, 87-100)	**94.1%** (32/34)	**89.3%** (25/28)

	Question number and text	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
		(5886/6679)		
34 CA	Copy of the discharge plan/summary sent to the GP/primary care team	**94.3%** (97.75, 94-100) (6575/6975)	**94.3%** (33/35)	**100%** (28/28)
35 CA	Discharge planning initiated within 24 hours of admission	**51.3%** (50, 30-77) (2665/5191)	**52%** (13/25)	**70.4%** (19/27)
35a CA	(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours			
	Patient acutely unwell	**61.3%** (61.7, 42-82) (1239/2020)	**60%** (6/10)	**100%** (1/1)
	Patient awaiting assessment	**8.8%** (0, 0-13) (177/2020)	**0%** (0/10)	**0%** (0/1)
	Patient awaiting history/results	**7.7%** (0, 0-10) (156/2020)	**10%** (1/10)	**0%** (0/1)
	Patient awaiting surgery	**9.6%** (0, 0-14) (193/2020)	**10%** (1/10)	**0%** (0/1)
	Patient presenting confusion	**5.8%** (0, 0-9) (118/2020)	**0%** (0/10)	**0%** (0/1)
	Patient on end of life plan	**0.0%** (0, 0-0) (1/2020)	**0%** (0/10)	**0%** (0/1)
	Patient being transferred to another hospital	**0.2%** (0, 0-0) (5/2020)	**0%** (0/10)	**0%** (0/1)
	Patient unresponsive	**0.3%** (0, 0-0) (7/2020)	**0%** (0/10)	**0%** (0/1)
	Patient being discharged to nursing/ residential care	**5%** (0, 0-6) (100/2020)	**20%** (2/10)	**0%** (0/1)
	Other	**1.2%** (0, 0-0) (24/2020)	**0%** (0/10)	**0%** (0/1)

Involving the person with dementia in decision making

Question number and text		National audit Round 4	Your hospital Round 4	Your hospital Round 3
28 CA	Recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence	**59.7%** (63.4, 47-80) (1444/2419)	**94.1%** (16/17)	**100%** (13/13)
28a (i) CA	(If Q28=Yes)			
	There are documented concerns about the patient's capacity to consent to the referral	**69.5%** (72.7, 55-89) (1003/1444)	**87.5%** (14/16)	**69.2%** (9/13)
28a (ii) CA	The patient had capacity on assessment and their consent is documented	**11%** (0, 0-17) (110/1003)	**0%** (0/14)	**33.3%** (3/9)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	**71.5%** (80, 50-100) (717/1003)	**71.4%** (10/14)	**66.7%** (6/9)
	There is no record of either consent or best interest decision making*	**17.5%** (0, 0-29) (176/1003)	**28.6%** (4/14)	**0%** (0/9)
28a (i) CA	There are no documented concerns about the patient's capacity to consent to the referral	**30.5%** (27.3, 11-45) (441/1444)	**12.5%** (2/16)	**30.8%** (4/13)
28a (iii) CA	The patients consent was requested and this is recorded	**27.7%** (0, 0-50) (122/441)	**50%** (1/2)	**0%** (0/4)
	There is no record of the patients consent*	**72.3%** (100, 50-100) (319/441)	**50%** (1/2)	**100%** (4/4)
28a (ii & iii) CA	Consent or best interests (responses options combined)	**65.7%** (66.7, 50-84) (949/1444)	**68.8%** (11/16)	**69.2%** (9/13)
	No consent or best interests (response options combined)	**34.3%** (33.3, 16-50) (495/1444)	**31.3%** (5/16)	**30.8%** (4/13)

Carer involvement and support

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
36 CA	Carers or family have received notice of discharge and this is documented			
	Less than 24 hours	**20.7%** (18.05, 8-31) (1493/7211)	**25.7%** (9/35)	**14.3%** (4/28)
	24 hours	**12.3%** (9.1, 3-18) (889/7211)	**14.3%** (5/35)	**3.6%** (1/28)
	25 - 48 hours	**15.8%** (13, 7-22) (1140/7211)	**14.3%** (5/35)	**35.7%** (10/28)

	More than 48 hours	**26.3%** (23.2, 11-41) (1897/7211)	**28.6%** (10/35)	**28.6%** (8/28)
	No notice at all	**0.5%** (0, 0-0) (37/7211)	**2.9%** (1/35)	**0%** (0/28)
	Not documented	**22.6%** (20.6, 10-30) (1627/7211)	**11.4%** (4/35)	**17.9%** (5/28)
	No carer, family, friend/could not contact	**1.7%** (0, 0-3) (124/7211)	**2.9%** (1/35)	**0%** (0/28)
	Patient specified information to be withheld	**0.1%** (0, 0-0) (4/7211)	**0%** (0/35)	**0%** (0/28)
37 CA	An assessment of the carer's current needs has taken place in advance of discharge	**68.6%** (72.45, 53-89) (2478/3611)	**71.4%** (10/14)	**58.3%** (7/12)

Assessment before discharge

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
24 CA	Cognitive testing, using a validated structured instrument carried out at point of discharge	**10.7%** (5.3, 2-13) (771/7211)	**14.3%** (5/35)	**28.6%** (8/28)
24a CA	(If 24=No) Reasons why was this not completed			
	Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	**12.5%** (7.95, 3-19) (806/6440)	**16.7%** (5/30)	**0%** (0/20)
	Not documented/unknown	**79.6%** (86.25, 71-95) (5125/6440)	**80%** (24/30)	**75**% (15/20)
	Other	**7.9%** (2.65, 0-8) (509/6440)	**3.3%** (1/30)	**25**% (5/20)
25 CA	Cause of cognitive impairment was summarised and recorded	**70.6%** (76.4, 57-87) (5092/7211)	**77.1%** (27/35)	**92.9%** (26/28)
26 CA	Symptoms of delirium	**36%** (36.65, 24-47) (2594/7211)	**62.9%** (22/35)	**39.3%** (11/28)
26a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	**46.6%** (42.1, 26-64) (1210/2594)	**81.8%** (18/22)	**72.7%** (8/11)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	**18%** (16.7, 11-24) (1299/7211)	**25.7%** (9/35)	**7.1%** (2/28)

Question number and text		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
27a CA	(If Q27=Yes) Behavioural and psychological symptoms of dementia summarised for discharge	**44.2%** (42.9, 23-67) (574/1299)	**44.4%** (4/9)	**50%** (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)
Topic heading • Examples of subtopic included in this heading	The national figure refers to all hospitals in England and Wales that have comments/suggestions submitted	Data from your hospital in Round 4	Your Round 3 data

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

Staff Suggestions

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

Breakdown of staff suggestions by topic	National	Your hospital Round 4 (n= 313)	Your hospital Round 3 (n= 238)
Staffing • General comments on more staffing • Better access to dementia specialist staff including champions	**39%** (5320/13800)	**41.2%** (129/313)	**45%** (107/238)
Environment and activities • Better access to activities • Better access to space away from bed e.g. garden, day room • General comments: making environment 'dementia friendly'	**18%** (2430/13800)	**10.9%** (34/313)	**16%** (39/238)
Training and information • More and better training • Making training mandatory • Training on a specified subject e.g. the Mental Capacity Act	**15%** (2096/13800)	**19.8%** (62/313)	**16%** (38/238)
Governance/hospital operations • Less/no bed moves for patients with dementia • Quicker/better discharge • Better integrated working with other services/organisations	**9%** (1171/13800)	**11.2%** (35/313)	**5%** (11/238)
Information and communication of patients' dementia • More/better use of personal information e.g. 'This is Me' • Better communication between departments of patients' dementia	**7%** (897/13800)	**6.7%** (21/313)	**4%** (10/238)
Patient care • Better support skills e.g. listening, speaking with patient • Better provision for/response to care needs e.g. pain relief, toileting, therapy provision	**5%** (648/13800)	**4.8%** (15/313)	**5%** (13/238)
Carers/family • Utilise/actively encourage carers in patient care • Open visiting for carers • Better facilities for carers in the hospital	**4%** (485/13800)	**2.9%** (9/313)	**4%** (10/238)

Patient nutrition and hydration • Better access to snacks and finger foods • Better/more food related equipment e.g. adapted cutlery, coloured crockery, drinking beakers • Improved systems including ordering systems and food charts	**5%** (704/13800)	**1.9%** (6/313)	**3%** (8/238)
Non-hospital recommendations	**0.4%** (49/13800)	**0.6%** (2/313)	**0.8%** (2/238)

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= 88):	Your hospital Round 3 (n= 97):
Patient care • Staff well informed and understood person with dementia's needs • Quality of care including personal care, provision of activities, help with food/drink • Medical care and treatment	**Positive**	**12%** (843/7015)	**10.2%** (9/88)	**12%** (12/97)
	Negative	**19%** (1335/7015)	**22.7%** (20/88)	**25%** (24/97)
Communication • Carer involved/not involved in care including decisions and care planning • Staff communicate to carers and between staff well/poorly • Written communication is good/bad	**Positive**	**4%** (261/7015)	**1.1%** (1/88)	**2%** (2/97)
	Negative	**15%** (1075/7015)	**20.5%** (18/88)	**9%** (9/97)
Perceptions of staff • Staff characteristics e.g. helpful/unhelpful, caring/uncaring • Positive/negative effect on the patient • Good/ poor qualities of particular staffing groups	**Positive**	**20%** (1366/7015)	**18.2%** (16/88)	**26%** (25/97)
	Negative	**6%** (442/7015)	**3.4%** (3/88)	**2%** (2/97)
Staffing levels • Understaffed • Staff too busy/overworked	**Positive**	**0.2%** (17/7015)	**0%** (0/88)	**0%** (0/97)
	Negative	**5%** (353/7015)	**9.1%** (8/88)	**6%** (6/97)
Discharge • Unsafe/poor discharge • Failed discharge • Carer not informed of discharge	**Positive**	**0.2%** (13/7015)	**0%** (0/88)	**0%** (0/97)
	Negative	**5%** (341/7015)	**1.1%** (1/88)	**8%** (8/97)
Environment Ward is clean/dirty	**Positive**	**1%** (65/7015)	**0%** (0/88)	**2%** (2/97)

	Negative	**1%** (95/7015)	**6.8%** (6/88)	**0%** (0/97)
Support for carers • Carer support • Facilities for carers in the hospital	**Positive**	**2%** (170/7015)	**2.3%** (2/88)	**0%** (0/97)
	Negative	**2%** (131/7015)	**3.4%** (3/88)	**0%** (0/97)
Other • General positive/negative	**Positive**	**4%** (261/7015)	**1.1%** (1/88)	**2%** (2/97)
	Negative	**2%** (157/7015)	**0%** (0/88)	**1%** (1/97)
Adverse incidents • Falls, weight loss, injury	**Negative**	**1%** (90/7015)	**0%** (0/88)	**4 %** (4/97)

Recommendations

Assessment

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

Information and communication

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

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

3 Trust Chief Executive Officers should ensure that, throughout the hospital, there is clear ongoing communication with the families and carers of people with dementia, including:

- Information and written resources on admission
- A private space for discussions
- A record of discussions in patient notes
- Provision for out of hours visiting.

Staffing and training

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

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

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

Nutrition

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

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

Discharge

8 **Hospital discharge teams** should ensure that discussions take place with people with dementia and their carers and include:

- The place of discharge
- Support needs
- A record of discussions should be recorded in the notes.

9 **Medical Directors** should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10[8]) and the transmission of information at transfer home[9] including:

- The occurrence of delirium and behavioural symptoms of dementia
- Recommendations for ongoing assessment or referral (for example to a memory clinic or community team) post-discharge.

Governance

10 **Trust Chief Executive Officers** should use the King's Fund environmental assessment tools[37] or another structured tool such as PLACE[10] to:

- Conduct environmental reviews across the hospital
- Implement improvements based upon the review findings.

11 **Trust Chief Executive Officers, Medical Directors and Directors of Nursing** should ensure that hospitals have developed policies that cover 'minimising moving patients at night' including information about:

- Only moving patients with dementia between wards when there is a clinical need
- Collation of information about inappropriate moves and reporting this to the Trust Board for review on at least an annual basis.

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

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

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

Overall

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

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

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Appendices

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

How the appendices are presented

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

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

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

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

Appendix A

Patient Demographics- Salford Royal Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
Min-65	2.3% (228)	*	*
66-80	24.4% (2386)	**24%** (12)	**22%** (11)
81-100	73% (7146)	**72%** (36)	**74%** (37)
101-108	0.2% (19)	**0%** (0)	**0%** (0)
Unknown	0% (3)	**0%** (0)	**0%** (0)
Range	19-105	**54 - 95**	**62 - 97**
Mean	84	**83.4**	**84.2**
Gender			
Male	41.4% (4054)	**34%** (17)	**26%** (13)
Female	58.6% (5728)	**66%** (33)	**74%** (37)
Ethnicity			
White/White British	80.7% (7898)	**96%** (48)	**98%** (49)
Asian/Asian British	2.5% (245)	**0%** (0)	*
Black/Black British	1.5% (150)	**0%** (0)	**0%** (0)
Other	15.2% (1489)	*	**0%** (0)
First Language			
English	77.7% (7602)	**94%** (47)	**90%** (45)
Welsh	0.6% (62)	**0%** (0)	**0%** (0)
Other	21.6%	*	**10%**

	(2118)		(5)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Speciality of the ward patients spent the longest time in			
Care of the elderly	42.8% (4184)	**54%** (27)	**46%** (23)
General medical	22.9% (2239)	**24%** (12)	**14%** (7)
Orthopaedics	9% (881)	**4%** (2)	**8%** (4)
Other medical	8.5% (829)	**2%** (1)	**8%** (4)
Surgical	5.3% (520)	**4%** (2)	**4%** (2)
Stroke	4.3% (417)	**2%** (1)	**14%** (7)
Cardiac	2.6% (250)	**2%** (1)	**4%** (2)
Other	4.7% (462)	**8%** (4)	**2%** (1)
Unknown	Removed for Round 4	N/A	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Patients who:			
Died in hospital	11.3% (1100)	**14%** (7)	**20%** (10)
Self-discharged from hospital (**NB:** excludes patients who died)	0.2% (15)	**0%** (0)	*
Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/expedited with family agreement for	6.9% (597)	*	**0%** (0)

recorded reasons (**NB:** excludes patients who died or were self-discharged)			
Received end of life care in hospital/was on end of life care plan	12.5% (1227)	**10%** (5)	**12%** (6)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Primary diagnosis/cause of admission			
Respiratory	19% (1861)	**14%** (7)	**8%** (4)
Fall	14.8% (1449)	**24%** (12)	**18%** (9)
Urinary/renal	8.7% (849)	**4%** (2)	*
Hip dislocation	6.4% (627)	**4%** (2)	*
Cardiac/vascular	6.4% (628)	**2%** (1)	**10%** (5)
Delirium/confusion	6.2% (604)	**12%** (6)	*
Sepsis	6% (586)	**2%** (1)	**16%** (8)
Gastrointestinal	4.5% (442)	**10%** (5)	**2%** (1)
Unable to cope/frailty/social/ dementia/psychiatric behaviour	4% (398)	**8%** (4)	**0%** (0)
Stroke	3.2% (316)	**4%** (2)	**12%** (6)
Brain/neurological	2.4% (230)	**2%** (1)	**2%** (1)
Other	2.2% (218)	**4%** (2)	**4%** (2)
Skin lacerations or lesions	2.1% (202)	**0%** (0)	**4%** (2)
Other fractures	1.9% (184)	**0%** (0)	**0%** (0)
Pain/swelling	1.8% (177)	**0%** (0)	**4%** (2)

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

		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
Place of residence before/after admission				
Own home	**Before**	59% (5776)	**46 %** (23)	**64%** (32)
	After	42% (3648)	**27.9%** (12)	**35%** (14)
Respite care	**Before**	0.8% (74)	*	*
	After	1.5% (134)	*	**0%** (0)
Rehabilitation ward	**Before**	0.3% (31)	**0%** (0)	**0%** (0)
	After	1.6% (135)	**0%** (0)	*
Psychiatric ward	**Before**	0.5% (46)	*	*
	After	0.6% (51)	* (0)	*
Carer's home	**Before**	1.4% (138)	*	*
	After	1.3% (114)	*	*
Intermediate care	**Before**	0.7% (73)	**4%** (2)	*
	After	4.3% (373)	*	*
Residential care	**Before**	17.9% (1753)	**28%** (14)	**14%** (7)
	After	19.8% (1723)	**23.3%** (10)	**15%** (6)
Nursing home	**Before**	18.1% (1775)	**10%** (5)	**12** (6)
	After	25.8% (2241)	**18.6%** (8)	**20%** (8)
Palliative care	**Before**	0% (3)	**0%** (0)	**0%** (0)
	After	0.6% (51)	**0%** (0)	*
Transfer to another hospital	**Before**	0.9% (90)	*	*
	After	2.1% (185)	*	**12.5%** (5)
Long stay care	**Before**	0.2% (23)	**0%** (0)	**0%** (0)
	After	0.3%	*	**0%**

		National audit Round 4:	Your hospital Round 4:	Your hospital Round 3
		(27)	(0)	(0)
No change in residence		84.3% (6544)	**71.8%** (28)	**52.5%** (21)
Own/carer's home to nursing/residential care		7.7% (937)	**4.3%** (2)	**10%** (4)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Length of stay in the hospital:			
2-10 days	47.7% (4662)	**48%** (24)	**48%** (24)
11-20 days	25.8% (2523)	**20%** (10)	**18%** (9)
21-30 days	11.5% (1127)	**10%** (5)	**22%** (11)
31-40 days	6.3% (613)	**8%** (4)	**4%** (2)
41-50 days	3.3% (319)	**6%** (3)	**4%** (2)
51-60 days	2.2% (212)	**2%** (1)	**0%** (0)
61-70 days	1.4% (134)	**2%** (1)	**2%** (1)
71-80 days	0.7% (70)	**0%** (0)	**2%** (1)
81-90 days	0.5% (46)	**0%** (0)	**0%** (0)
90 days or more	0.8% (76)	**4%** (2)	**0%** (0)
Range	3-391	**3 - 118**	**3 -73**
Median	11	**12**	**11**

Appendix B

Carer Demographics - Salford Royal Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Age range			
18-24	1% (46)	**0%** (0)	**0%** (0)
25-34	3.3% (154)	*	**0%** (0)
35-44	6% (280)	*	**0%** (0)
45-54	16.9% (787)	**11.4%** (4)	**21.9%** (7)
55-64	24.5% (1139)	**37.1%** (13)	**40.6%** (13)
65-74	18.9% (879)	**17.1%** (6)	**12.5%** (4)
75-84	20.1% (934)	**20%** (7)	**21.9%** (7)
85 years or older	8.2% (384)	*	*
Prefer not to say	1.2% (55)	*	**0%** (0)
Gender			
Male	31.5% (1460)	**38.2%** (13)	**28.1%** (9)
Female	67.4% (3128)	**61.8%** (21)	**71.9%** (23)
Other	0.1% (3)	**0%** (0)	**0%** (0)
Prefer not to say	1.1% (50)	*	**0%** (0)
Ethnicity			
White/White British	87.2% (4003)	**94.1%** (32)	**96.9%** (31)
Black/Black British	3.6% (167)	**0%** (0)	**0%** (0)
Asian/Asian British	3.9% (177)	**0%** (0)	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Other	3.1% (143)	**1%** (2.9)	*
Prefer not to say	2.2% (103)	*	**0%** (0)

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Relationship to person			
Spouse or partner	32.5% (1529)	**31.4%** (11)	**25%** (8)
Family member	56.3% (2649)	**62.9%** (22)	**68.8%** (22)
Friend	5.5% (261)	*	*
Professional carer (health or social care)	4.7% (221)	*	**0%** (0)
Other	1% (49)	**0%** (0)	**0%** (0)
One of main carers for patient			
Yes	76% (3268)	**73%** (22)	**75%** (21)

Appendix C

Staff Demographics - Salford Royal Hospital

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
% of patients encountered in role who have dementia/ possible dementia			
Up to 25%	30.5% (4295)	**58.8%** (245)	**46.7%** (122)
26 - 50%	26.7% (3764)	**23%** (96)	**26.8%** (70)
51 - 75%	25% (3514)	**11%** (46)	**14.2%** (37)
More than 75%	17.8% (2502)	**7.2%** (30)	**12.3%** (32)
Gender			
Male	14.9% (2113)	**21.3%** (89)	**18.4%** (48)
Female	83.7% (11843)	**77.7%** (324)	**80.8%** (211)
Other	0.2% (34)	*	*
Prefer not to say	1.2% (164)	*	*
Ethnicity			
White/White British	76.3% (10802)	**87.1%** (363)	**88.1%** (230)
Asian/Asian British	10% (1421)	**4.8%** (20)	**6.5%** (17)
Black/Black British	4.8% (684)	**2.4%** (10)	**1.9%** (5)
Other	6.4% (902)	**4.4%** (18)	**2.3%** (6)
Prefer not to say	2.4% (345)	**1.4%** (6)	*

	National audit Round 4:	Your hospital Round 4:	Your hospital Round 3:
Job role			
Registered nurse (Band 5 or 6)	29.9% (4215)	**35.3%** (147)	**25.7%** (67)
Registered nurse (Band 7 or above)	10.9% (1542)	**12.5%** (52)	**8%** (21)
Healthcare assistant	25.4% (3587)	**17.7%** (74)	**26.1%** (68)
Doctor	9.7% (1370)	**15.3%** (64)	**10.7%** (28)
Allied healthcare professional	11.4% (1601)	**9.6%** (40)	**15.7%** (41)
Other	12.7% (1784)	**9.5%** (40)	**13.8%** (36)
Hours worked per week			
Up to 29 hours	13.3% (1873)	**11%** (46)	**11.2%** (29)
30 hours or more	86.7% (12217)	**89%** (371)	**88.8%** (231)
Time worked in the hospital			
Less than 6 months	6.8% (958)	**3.1%** (13)	**4.6%** (12)
6 - 11 months	9.1% (1284)	**5.8%** (24)	**7.7%** (20)
1 - 2 years	16.4% (2307)	**16.8%** (70)	**13.5%** (35)
3 - 5 years	20.1% (2828)	**17.5%** (73)	**18.5%** (48)
6 - 10 years	14.7% (2076)	**18.2%** (76)	**22.8%** (59)
11 - 15 years	10.6% (1490)	**10.8%** (45)	**12%** (31)
More than 15 years	22.4% (3150)	**27.8%** (116)	**20.8%** (54)

Appendix D: Staff Suggestions

Registered Nurses (Band 5 or 6)
More activities for patients with dementia and their families whilst in hospital, more specialist dementia nurses.
Extra support staff to be available to support the nursing staff when patients require 1:1 supervision.
Involve relatives more.
I believe by using coloured glasses instead of clear glasses for drinks and improved beakers it would help people who live with dementia identify and take fluids better. By encouraging people who live with dementia to sit out of bed, it would take nutritional diet in a more constructive way. This is not something I see on the ward. To encourage round the table mealtimes where possible and make these things more achievable. To actually implement policies and take time to promote meaningful engagement for those patients who do have cognitive deficits.
Better face to face training such as dementia workshops to enable staff to understand how patients feel etc. and best ways to respond to their needs.
By allowing the patients' relatives to stay with the patient and give the basic care whilst in a strange environment, help them feel more secure and less frightened during their treatment within the hospital environment.
Extra staffing when necessary, it seems that 1:1 get ignored and bay tagging is the way we can deal with it.
Provide more special staff to do 1:1 on patients so nurses can focus only on rendering care, medications and documentations.
Bed managers need to be aware of patients with dementia before requesting wards to move patients.
A pool of support workers to go around the wards and support teams as required for this group of patients.
Assist with more staff sometimes - we generally receive staff when we require them. However, sometimes when we don't, in the day and overnight, it can become very unsafe for patients and staff if we have patients that require 1:1 care and there is not the staff to do it.
Ensure extra staff is always on hand.
FACE TO FACE TRAINING.
I think the hospital tried it's best, it’s the community social teams that let dementia patients down. Unnecessary longer lengths of stay are a disgrace but happens to at least one patient daily on my ward.
Ensuring extra staff and trained appropriately to assist.
I feel patients with any form of dementia should not be moved from ward to ward overnight as this makes their confusion even worse (going to sleep on one ward and waking up on another).
I think moving patients with even mild dementia should not be moved overnight as this can unsettle them and make them even more confused.

Dementia patients need lots of care if they are waiting on social issues, this does not mean they need less care, in fact they need more care as they cannot look after themselves at home. Most are very dependent, and should not be judged on their "acuteness". Staffing ratios should not be compromised for dementia patients. Lots of staff are required to look after dementia patients properly.
Care support dementia team to visit wards and assess patients with dementia and give them time, which will be highly supported with specialist up to date knowledge. Advice can then be given to ward team who may not have identified a specific need due to the workload they are already trying to manage, which will have a higher priority.
Provide more staff to support needs and stop cohorting patients with dementia.
Improvements to the environment in which most dementia patients are nursed - less clinical, no uniforms, less regimented.
More staff, listen to ward nurses when they raise issues. Lead nurses should do some clinical time as so far removed from reality!!!!! Less audits!!!! Staff are unable to spend time with patients as far too overworked and often no breaks available.
More training and support to raise awareness.
By providing extra staff for 1:1 especially during meal times. Also, kitchen staff need to allow extra time for this category of patients to finish their meals.
Have a lead dementia nurse.
Capacity assessments on admission.
Really just to improve staffing levels so we can spend more time with patients, its very difficult due to lack of nurses in general but everyone tries their best.
Ensure each ward has at least 1 volunteer for social activities which is currently lacking on my ward.
Better use of assessment tools, for example pain assessment tools.
Improve nurse to patient ratios in elderly care wards in order to be better able to meet patient needs.
Better staffing, when dementia patients are delirious quite often you cannot get specialing pool staff as they are needed elsewhere or your patient is deemed as not needing to be supervised by management.
I WORK IN THEATRES, SO A LOT OF THIS WAS DIFFICULT TO ANSWER BUT AT PRESENT WARD BEDS ARE NOT READY SO PATIENTS COULD SPEND ALL DAY IN RECOVERY WITH NO SERVICES TO HELP.
Provide better training to staff and provide regular updates, also provide adequate staff levels to manage the extra workload and time spent with dementia patients - who can be challenging at times.
Putting so many patients who have dementia, with a higher level of care needs, in one bay.
More support for families.
Always have access to space/facilities off the ward. For example, on my ward, our day room is off the ward on the other side of locked doors and therefore we are unable to allow patients with cognitive impairments to sit in there without 1:1 supervision which is not always available. Expecting a patient with dementia or other cognitive difficulties to sit in their chair or at the bedside all day is unreasonable but if they get up to move around they are seen as wandersome.
Minimize moves between wards during the night. Providing enough staff to support their needs.

Appoint more support workers, less paper work for nurses make nurses spend more time with patient care.
Families need to be encouraged to be more involved with the patients care as the majority of time the patients feel safe with family members there.
From personal experience with a gran who had Alzheimer's and vascular dementia I felt that she was brought to accident & emergency too often in her last few months of life. There was a lack of recognition that she was a dying lady and doing things in the patients' "best interests" often translates to mean prolonging/saving their life at all cost. The cost was great in my grans case, she had 4x accident & emergency attendances in the three months leading up to her death (not in this hospital). She even had a CT scan and had long waits on a corridor in a trolley, at one point she was incontinent with faeces on the corridor in front of everyone - no dignity, no respect. I feel that because she was unable to consent for herself she received more intervention than she would have liked. She had a Do Not Attempt Resuscitation but that does not prevent admissions. I feel that admission for patients with dementia who are thought to be in their last few months of life should be avoided.
Better training needed.
Somebody to contact at the weekend.
More care support workers, less useless & pointless audits that make no difference to patient care. Lead nurses are so far removed from reality & out of touch, do not support staff enough on the wards. Too much focus on Making Care Appropriate to Patients & Trendcare than patient care!!!!!!!!!!!!!!!!!!!!
More staff needed on elderly care wards as staff are stressed with workload caring for challenging and often violent patients with dementia. Dementia patients are moved at any time in the night from assessments unit adding to already confused patients. When the above patients are given one to one nursing, that member of staff is not transferred to next ward with patient.
More study days/training for all staff on how to meet the individual needs of patients, I feel dementia is an area of work that needs revising in order to keep standards high. Perhaps have a focus on how we communicate to our patients and encourage staff to offer advice to relatives; I have often used work by John Zeisel (2011), who suggests families use emotive language to help engage with their relatives and also allowing them to be part of the wider community or help them attend performing arts.
Link roles need to be rolled out, better communication between staff, clear information with regards to patients needs with dementia.
Stop moving dementia, confused or over 70 after 7pm. Dementia champions visit all wards routinely to check and offer support. Place people with a dementia diagnosis in areas with better staffing.
MORE LOCAL TRAININGS AND EXPLANATIONS TO JUNIOR STAFF ABOUT THE IMPORTANCE OF HYDRATION AND NUTRITION.
Ideal staffing levels.
I feel we could benefit from more volunteers to help with meal times and stimulating interactive activities; and/or a job role created for activities on the ward. Patients do not get enough stimulation and registered nurses and support workers do not have the time to help with interactive activities.
The point I have concerning patients with dementia, is staff understanding their needs and staffing numbers to care for a patient with dementia safely.

Volunteers could be utilized to assist at patient mealtimes.
Free televisions, activities throughout the day such as activity tables, volunteers who come in to offer activities or entertainment and specially trained staff.
More input from the specialist nurses for each individual patient.
Do not do more than one bed move and do not move late at night whilst sleeping or without letting patient and family know.
Possibly an online link to passport of care/This is me document to ensure care is continued with the patient's best interests at heart when patients are admitted to hospital. Especially useful when carers or family are not with the patient on admission, as this would enable nursing staff to develop patient centred care right from the beginning and for dementia patients who cannot communicate their needs.
Through training communication and awareness of the issue.
Increase staffing for support workers.
Continuous personal care and support from the same staff to encourage trust and familiarity, to enable their hospital stay to be in a less stressful environment. Specific personal care plan to be available with them describing all their needs physically and emotionally, needs a buddy or a family member to be allowed to stay with them during their stay.
They probably need to look at the level of safe staffing rather than cost cutting, as I observed in another trust, they provide more staff in same situation.
Ensure ever member of staff gets face to face training. Feel this could be done as part of the induction process. I found the training here much better than at previous hospital.
More staff to support patient with dementia and more training to support or care for patients with dementia.
Provide more care support workers for those that require more monitoring.
More food available - kitchen cannot always provide snacks and the portions we get per person aren't always enough if the patient is hungry.
Bed Managers and site co-ordinators out of hours (i.e. night shifts) need to be made aware of where and what bed patients with dementia are so that bed moves cannot be made to be done.
I feel my trust do support people with dementia. But I feel they should avoid putting patients on a busy surgical ward because we do not have the time to help these people, and we would like to offer the best care for them on my unit.
More support for dementia patients, especially at meal times who require assistance with feeding. Support/volunteers to engage dementia patients in activities on a daily basis in the bay/unit.
Less focus on audits, lead nurses be more clinical so they have some idea what is going on in the real world!
Maybe create a way of knowing what that patient likes and enjoys (i.e. a document that the patient's family could carry). Maybe someway of knowing what comforts him/her in stressful times.
Would always come down to staffing levels meeting the demands of the ward which it rarely does, so just making sure dementia patients of outside of the ward support when we are caring for them if it's needed.
Easier access to specialist services.

Open visit for carers.
Maybe further training for all staff in all departments.
Extra staff to support.
Staff not always allowed to attend training days or training days are cancelled.
Training given to staff regularly.
Have dementia support who can occupy the minds of dementia patients with games, movies, dancing etc as the nurses do not have time.
Face to face training for caring for patients with dementia.
One to one care for every patient with dementia who needs it, not to cohort patient who are not cohort able.
Every ward could have a dementia free zone room, where dementia patients could go when needed.
Look to have more staff and options available to individualise the care of people with dementia. They are currently treated as any other patient and often get confused or agitated because of it.
Communication.
More care staff available on wards and higher ratio of nursing staff will ultimately provide better care.
Allow family members and carers open visiting hours.
Make dementia training mandatory for all members of staff, from clinical support workers to nurses.
[When] patient [is] admitted from ITU or AE, they should arrange an extra support before moving the patient. We have enough staff according to patient load or sometimes under staff as well. In order to meet patient needs and avoid any falls such units (AE or ITU) should arrange ahead of time and ask the staff if ever cover to go to that particular ward/unit. Site coordinator at all times must also be informed and arrange before being moved to other ward or discussed the situation staffing level of that receiving ward/unit.
More staff to support people with dementia. Not enough hands on care available.
More dementia nurses.
Appropriate environment for people with dementia.
Making available extra staff to talk and chat with dementia patient.
Avoiding night transfers.
ICU nurse. BD discussions about patients evolving needs. ICU passports can double up as dementia help books however if it is more appropriate then we can start a dementia specific booklet.
More training
Lack of support workers for the patients who require assistance in feeding is usually left to the nurse if she/he has time. Dementia patients require patience and time, unfortunately time is not always there at meal times in a busy unit
Nor enough staff to feed patients, audits take priority
Not enough staff to address the basic needs of patients in acute areas such as Heart Care Unit, no support from Lead nurses

Registered Nurses (Band 7 or above)
Making more clinical areas "dementia friendly".
I FELL STAFF NEED FURTHER TRAINING - COMPLEX PATIENTS WITH DEMENTIA CAN BE CHALLENGING TO CARE FOR IN THE CORRECT WAY AND STAFF NEED TO BE EMPOWERED TO DO SO.
Encourage carers to continue to provide the care they usually do whilst the person they care for is in hospital. Always include and invite carers to any meetings regarding their loved ones in a timely manner.
Environment and staffing on acute wards.
Handover of dementia patients' nutritional requirements at safety huddles; bed boards and intentional rounding charts don't always correspond to the patient's needs and safety, such as thickened fluids or sloppy diets on bed side information, but it is in the electronic system.
Update estates to dementia friendly.
More volunteers to help occupy this group of patients especially when they are on acute surgical wards.
With more activities available that are provided by volunteers for example.
Avoid multiple ward moves for people with dementia.
Needs to be a streamlined approach, not just ward specific.
THEY ARE SOMETIMES MOVED FROM EMERGENCY ASSESSMENT UNIT LATE ON IN THE EVENING WHICH DISORIENTATES THEM, MAKES THEM CONFUSED AND AGITATED.
Provide music, comforters, massages and dimming of the lights to reduce stimulation.
Staffing levels do not currently support individualised care for dementia patients. Non-qualified staff need more training on dementia and challenging behaviours.
Team of dementia specialist nurses to in reach and provide support to wards.
Could dementia champions be present on all wards and this may come from existing staff but be part of their care which includes 1:1, support for families, interaction etc. They need more attention than they get.
Increased training.
For outpatient appointments a copy of the appointment should be sent to the carer or a text message so they are aware of appointments. At these appointments it should be already known the patient has dementia so the carer doesn't have to constantly repeat this information. Dementia specialist nurses should be visible on the wards at least weekly for advice and feedback.
Due to the lack of staff during the day we cannot provide the one to one care that is sometimes required for dementia patients. This is not a funding problem... bank staff just don't cover the shifts. Although we try and spend time with the patients that require extra time it is extremely difficult.
Part of my role as a [specialty role] is working to support patients with cancer, I do visit patients on wards and often see there is not enough staff to care for patients and not enough resource to help.
More pictorial signage rather than just words to help people navigate the hospital.
More training days and refresher courses. Additional staffing for patients who are admitted with dementia due to complex needs. I don't mean specialling. I mean staff who can spend time with the patient to assist with their needs reducing anxiety and helping them to feel safe.

Dementia training mandatory.
More staff are needed to provide the 1:1 care that some of these patients require.
Additional support workers with specific dementia training would assist in improving the safety and experience of dementia patients and their relatives.
In honest truth, safe staffing are the main key in order to provide quality care for each individual patients.
I think extending the programme for supporting this patient group such as daily ward outreach teams and maybe designated areas on wards (such as a side room which can be used if free) to care for those with dementia that may have appropriate environmental changes, decoration etc to offer a calming/reassuring environment for patients.
Staffing is always an issue particularly if need to provide closer supervision. Sometimes patient flow requires ward moves that would ideally be avoided for those with dementia.

Healthcare Assistants

More training to be given frequently to all staff.
MORE TRAINING AND WORKSHOP DAYS.
I do not work on a dementia ward, however, I have banked on elderly care wards where most of the patients have some form of dementia. More staff are desperately needed if we are to provide a high level of care and ensure the patient receives the best possible support whilst with us.
NEED MORE CARE SUPPORT WORKERS.
Be more pro-active when dementia patient is admitted or identified.
Giving to staff more information about particular patient with dementia - more details about needs, habits and lifestyle.
Regular courses and up dates of any changes within line of dementia.
EXTRA STAFF WHEN NEEDED.
Staffing levels affect 1:1 caring.
If a patient comes from a home they are in they should take them back to find alternative accommodation hospital is not for patients with dementia who are fit and well to go back to the home that they know and are used to.
I think that the hospital staff should all work closer together to help get patients with dementia out of hospital and back to their normal surroundings, as quick and as safe as possible, with the right package of care in place.
Provide appropriate staffing.
They could improve it by not moving patients with dementia at night time.
More communication about individuals with dementia given at handover. More information in patient notes i.e. personal passport so that all staff working can read and act upon information given.
Activity worker on the ward would be ideal.
As always, the same for most thing extra hands on the wards to be able to give the patients your time just to be able to sit and listen and talk for ten minutes.
More training and orientation equipment, calendars for example.
To look at staffing levels and employ more staff for health, wellbeing and safety for staff and patients.
MORE STAFFING AND TRAINING.

More training should be provided to staff, so we understand how to give the correct care and know how to deal with the behaviour of people with dementia and also how to understand dementia a little bit better.
Attend all training.
Having a nice sitting area where they all could go and meet would be nice with some old fashioned décor and old music.
Activities to help occupy patients, nursing staff are not able to accommodate the needs of dementia patients
Making it clear that the friends and relatives of the patients with dementia can have open visiting, as [it's] not always clear to relatives.
To have one on ones with patients with dementia who are at higher risk of falls.
Improvement for care and support can be achieved through staffing as regards to one to one special and maintaining a good environment.
To have in house training and regular updates.
There should be someone to contact at night.
Putting more staff on duty to give the dementia patients the care they need.
I think training days and online learning could be more realistic to the patients we often see within the ward. The learning we receive tends to deal with the early onset of dementia, and the latter stages when we are more likely to nurse these patients is overlooked.
Make more of an effort with the dementia garden/areas.
More support staff would be advantageous at meal times. To sit and encourage patients to eat. Encouragement to take fluids is very important, and I think that time at regular intervals needs to be set aside each day for someone to sit with each dementia patient and encourage them to drink some fluids.
More training and workshops for all staff.
More staff to interact with patients when wards are busy. Volunteers to play board games, cards, etc.
Training should be offered to outpatients staff.
Extra staffing and training.
all staff should have training in dealing with dementia
I do not agree patients with dementia should be moved to the discharge lounge in the hospital before discharge.

Doctors

We need an activity coordinator or someone who can help organise events (i.e. bingo, film sessions, etc.) to provide stimulation for inpatients. They are far too often left to sit in a chair with nothing to do.
If medications left by the patient’s bedside and not self-administered, they should be given to the patient by care staff after a set time.
Ensure ward environment is more dementia friendly. Ensure all staff focused on engaging patients with dementia rather than simply managing risks of falls/challenging behaviour etc.
Training/dedicated dementia support nurses.

Better nursing presence and leadership on the wards, providing practical support and help to our precious ward nursing staff. Where is the nursing lead for dementia? I'm a consultant physician in this Trust and yet never met her. I'd be amazed if ward nurses knew who she was.
Dementia specialist support could identify if there are any issues. If more steps toward improvement of care for dementia patients need to be done, then they could inform of their results and provide suggestions/solutions.
More nursing support would benefit patients with dementia.
we need the ability to directly admit patients with cognitive impairment to our assessment unit rather than having to send them through emergency department but our bed occupancy is so high and they generally rely on ambulances (i.e. several hours delay from referral) so we cannot deliver this.
Ensure safe transport home for patients from the emergency department at night - let us avoid unnecessary admissions due to lack of transport and the associated risk of increased stress and possible delirium for our patients with dementia.
Expansion of Ageing & Complex Medicine service.
Employ a ward-based dementia specialist nurse.
Link with community to try and reduce possibility of admission to acute care setting.
Having more staff in the emergency department to support these patients - I would suggest a dedicated staff member on each shift as there are often multiple patients with dementia in a very busy department, with no windows, no one-to-one care which is disorientating for the patient and likely to contribute to the risk of delirium in these patients.
Avoid night time movement for people with dementia.
Adequate numbers of nurses/auxiliary nurses in Care of The Elderly wards. This would allow patients to get out of bed early, mobilize and interact with others, reducing complications such as constipation, falls, deconditioning, delirium...
It would help to have patients up and dressed and engaged in activities where possible - programmed activities in the day room would be a great idea.
By giving staff more training about caring for people with dementia.
Better support for patients with dementia having surgery as a day case. Many staff think dementia is a reason to not do surgery as a day case, keeping them in hospital and disrupting their routine.
Increase awareness.
1. I really wish that members of staff (nursing, medical and ancillary) would not assume that first names are a 'given' when addressing an elderly patient they do not know. It denies their maturity and fails to recognise that the person with dementia may well not remember them as someone they have met before. 2. Better division of day and night on wards (dark and quiet at night). 3. The playing of music in clinical spaces more appropriate to the ages of these patients and not simply what the staff prefer listening to.
Avoid moves which are undertaken to alleviate bed pressures.
More dementia training.
Sometimes it is as simple as providing education. Being reminded of the poem "Do not ask me to remember" and being given the tools to have practice patience or a helping hand from a care support worker to wander the corridors endlessly.

It would be useful to expand the number of wards and settings which have already been adapted for dementia care.
Avoiding unnecessarily long stays postoperatively in the recovery area due to bed shortages.
Ensuring safe staffing levels on the wards will provide the staff with the time to be more considerate and tolerant, doing things at the pace of dementia patients.
Difficult mental health issues on the Neurology ward need greater support from RMNs who are employed by a different organization.
Additional nursing staff to support additional time spent with patients with dementia and complex needs.
Time and lack of staff are the limiting factors. When there are plenty of nursing staff and not too many sick/difficult to nurse patients, then attention will be given to patients' food and fluid intake. Otherwise (most of the time), it is almost impossible to work out what the intake has been.

Allied Healthcare Professionals

Better staffing on wards. Clearer pathways and education for staff on use of passports, more training on communication and managing difficult behaviours etc.
Improved staffing to help de-escalate agitated patients as opposed to telling them to sit down.
An improved menu or ability to fortify foods, more available snacks and fortified milkshakes. More support staff to prompt patients e.g. with eating and drinking. Support staff to play games (dominoes etc.) or do activities on a regular basis rather than patients sitting in bed/chair all day.
Improved signs and wall/door colours.
Would benefit from increased level of physiotherapy/occupational therapy staffing to enable the therapists to work with people who are living with dementia and their families in a holistic & therapeutic way, enhancing wellbeing.
Staffing pool for people with dementia who have additional needs in order to free up ward nursing and support staff to care for other patients, whilst also ensuring dementia patient is supported appropriately.
In the case of [area], contact with teams and a better understanding of home support situations so continuity can be introduced to a clients stay in hospital.
Provide more staff to sit and chat/provide sensory support/walk with people with dementia on a consistent basis.
It is often difficult for nursing staff to support patients with dementia due to staffing levels (i.e. supporting with meals/feeding/providing 1:1 care).
Further support/training around situations you are likely faced with on a day to day basis with dementia patients.
Better training for bank staff that often provide 1:1 support for patients with dementia.
More interactive training.
More resources to assist these patients who have very individual needs and drivers.
More support could be given for those with dementia at meal times. Either with brighter coloured plates/cups/cutlery or via staff to assist with feeding or with more finger food for larger meal times.

More staff to provide one-to-one support as required, not merely to encourage them to remain seated at all times, but to mobilise with them as able, complete activities, stimulate the patient. I have that we label patients as 'bay tagged' if they try to leave their chair. We forget that if that were us, we wouldn't want to remain in a chair all day. Each ward would benefit from a day room to access with activities for all patients to do.
Better staff to patient ratio so we can take a more holistic approach to care.
Equity across the wards.
Increased awareness of dementia for support staff - enabling support staff to be freed from ward to complete training.
Better wider use of hospital passports and communication passports.
Improved understanding of cognitive screens used to assess patients at risk of dementia.
Increase in staff to enable more support to more complex patients with dementia to ensure their needs are being met.
Training available and offered as part of induction and mandatory training.
Further funding for one-to-one support where required.
More carers/volunteers to support with basic care needs

Other

Enough staff to enable us to take patients out to the dementia garden and also do activities.
More support staff when needed.
Ensuring patient passports are complete so we know more about the patient themselves and how to help/interact if we struggle.
WE NEED A DAY ROOM FOR THE PATIENTS TO SIT OUT IN OTHER THAN AT THEIR BED SIDE.
Think we should all be able to get further training to enable us to do the best we can for the patients. Every patient is different even if they have the same condition they should be treated as needed and not as 'they have all the same needs'.
Better staffing.
Communication between staff and colleges whether it is in the handover or throughout the course of your shift is the best way. Talk and pass on any results or downfalls that you have experienced with a patient and how you were able to win the patient's confidence over. Key point is to get to know their history and treat each as an individual.
Patients should not be bundled together as they need interaction with others to avoid isolation.
Ensure dementia passports are filled in appropriately and available at the bed side.
More/better training from day one for students and new staff members. Dementia champions doing regular talks, mandatory attendance.
The most useful improvement in the care and support of those with dementia is MORE TIME. This could be provided if there were INCREASED STAFF NUMBERS and these staff receive HIGH QUALITY training. With the best will in the world, if you don't have sufficient time to provide person centred care and support then, an individual will not get the care they need to improve the quality of their life with dementia.

More training for all staff and follow up refresher courses to ensure information is up to date. I feel that all staff even the ward clerks and secretaries on wards should be aware of patients' needs.
Staff given more time to sit and talk with patients with dementia. They often becomes confused as to where they are so to have someone to be able to sit and talk with these ones can put them at ease.
Improved staffing and more opportunity to stimulate the patients.
More staff needed and more training to meet the patients' needs.
More support workers to help with dementia patients.

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

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