Organisational Checklist

Round 4 and Round 3 National data results

\* = a statistically significant difference between R3 and R4 (p<0.05)

# Governance and delivery of care

| **Question** | **Responses** | **National Audit**  **Round 4**  **%**  **Num/Den** | **National Audit**  **Round 3**  **%**  **Num/Den** |
| --- | --- | --- | --- |
| 1. A care pathway or bundle for patients with dementia is in place: | Yes | **76.9%\***  150/195 | **60.8**%  121/199 |
| In development | **15.4%\***  30/195 | **26.1%**  52/199 |
| 1a. A senior clinician is responsible for implementation and/ or review of the care pathway | Yes | **97.8%**  176/180 | **97.1%**  168/173 |
| 1b. There is a care pathway bundle for:  Delirium | Yes | **64.4%**  116/180 | New for R4 |
| In development | **27.8%**  50/180 | New for R4 |
| 1b. There is a care pathway bundle for:  Stroke | Yes | **93.9%**  169/180 | New for R4 |
| In development | **1.1%**  2/180 | New for R4 |
| 1b. There is a care pathway bundle for:  Fractured neck of femur | Yes | **91.7%**  165/180 | New for R4 |
| In development | **2.8%**  5/180 | New for R4 |
| 1c. It is/will be integrated with the dementia pathway (Delirium) | Yes | **94.6%**  157/166 | **92.5%**  160/173 |
| 1c. It is/will be integrated with the dementia pathway (Stroke) | Yes | **47.4%**  81/171 | **54.3%**  94/173 |
| 1c. It is/will be integrated with the dementia pathway (Fractured neck of femur) | Yes | **58.2%**  99/170 | **67.7%**  117/173 |
| 2a. The Executive Board regularly reviews information collected on:   * Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted | Yes | **36.9%**  72/195 | **31.7%**  63/199 |
| 2b. The Executive Board regularly reviews information collected on:   * Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers | Yes | **40%**  78/195 | **31.7%**  63/199 |
| 2c. The Executive Board regularly reviews information collected on:   * The number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified | Yes | **64.1%**  125/195 | **60.3%**  120/199 |
| 3a. The Executive Board regularly receives feedback from the following:   * Clinical Leads for older people and people with dementia including Modern Matrons/Nurse consultants | Yes | **81%**  158/195 | **84.9%**  169/199 |
| 3b. The Executive Board regularly receives feedback from the following:   * Complaints - analysed by age | Yes | **48.7%**  95/195 | **52.3%**  104/199 |
| 3c. The Executive Board regularly receives feedback from the following:   * Patient Advice and Liaison Services (PALS) – in relation to services for older people with dementia | Yes | **63.6%**  112/176 | **58.6%**  106/181 |
| 3d. The Executive Board regularly receives feedback from the following:   * Patient/public forums or local healthwatch – in relation to services for older people and people with dementia | Yes | **68.2%**  133/195 | **67.3%**  134/199 |
| 4a. There are champions for dementia at:   * Directorate level | Yes | **77.4%**  151/195 | **81.9%**  163/199 |
| 4b. There are champions for dementia at:   * Ward level | Yes | **88.7%**  173/195 | **93.5%**  186/199 |
| 5. How many Full Time Equivalent (FTE) Dementia Specialist Nurses are employed to work in the trust/health board |  | **Mean 1.66**  Range 0-9 | New for R4 |
| 6. Has a strategy or plan for carer engagement been produced(For example. using Triangle of Care self-assessment tool or similar)? | Yes | **75.9%**  148/195 | **76.9%**  153/199 |
| 6a. Is implementation of the strategy or plan scheduled for review? | No | **4.1%**  6/148 | **3.9%**  6/153 |
| Yes, less than once a year | **19.6%**  29/148 | **20.3%**  31/153 |
| Yes, more than once a year | **31.1%\***  46/148 | **41.2%**  63/153 |
| Yes, once a year | **45.3%\***  67/148 | **34.6%**  53/153 |
| Yes, combined | **95.9%**  142/148 | **96.1%**  147/153 |
| 7. A Dementia Working Group is in place and reviews the quality of services provided in the hospital: | Yes | **92.3%**  180/195 | **93.5%**  186/199 |
| 7a. The group meets: | Quarterly | **31.7%**  57/180 | **30.1%**  56/186 |
| Bi-monthly | **38.9%\***  70/180 | **29%**  54/186 |
| Monthly | **28.9%**  52/180 | **33.3%**  62/186 |
| Other | **0.6%\***  1/180 | **7.4%**  14/186 |
| 7b. The group includes: | Healthcare professionals | **100%**  180/180 | **100%**  186/186 |
| Organisations which support people with dementia e.g. Alzheimer’s Society | **73.3%\***  132/180 | **64%**  127/186 |
| Carer/service user representation | **65.6%**  118/180 | **66.1%**  123/186 |
| 8. 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 on a monthly basis | **46.7%**  91/195 | **88.4%**  176/199 |
| Yes, on the wards | **71.8%**  140/195 |
| 9. An evidence-based tool is used for establishing ward staffing levels: | Yes | **96.9%**  189/195 | **99%**  197/199 |
| 9a. Does the tool take into account patient dependency and acuity | Yes | **99.5%**  188/189 | New for R4 |
| 10. Protected mealtimes are established in all wards that admit adults with known or suspected dementia | Yes | **97.9%**  191/195 | **98%**  195/199 |
| 10a. Wards’ adherence to protected mealtimes is reviewed and monitored | Yes | **87.4%**  167/191 | **88.7%**  173/195 |
| 11. The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer’s Passport) | Yes | **95.9%**  187/195 | **88.9%**  177/199 |

# Discharge and transfer monitoring

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit**  **%**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 12. Instances of night time bed moves (ie. between the evening and breakfast the next morning) 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 | **38.2%**  76/199 |
| Yes, for all patients but with no break down | **30.8%**  60/195 |
| Yes, for patients with cognitive/memory impairment (including dementia and delirium) only | **4.1%**  8/195 |
| No | **41%\***  80/195 | **61.8%**  123/199 |

# Information

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit %**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 13. 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 | Yes | **97.4%**  190/195 | **98.5%**  196/199 |
| 13a. Information collected by the pro-forma includes personal details, preferences and routines | Yes | **100%**  190/190 | **100%**  196/196 |
| 13b. Information collected by the pro-forma includes reminders or support with personal care | Yes | **99.5%**  189/190 | **98.5%**  193/196 |
| 13c. Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress | Yes | **99.5%**  189/190 | **100%**  196/196 |
| 13d. Information collected by the pro-forma includes support or actions that can calm the person if they are agitated | Yes | **98.9%**  188/190 | **99%**  194/196 |
| 13e. Information collected by the pro-forma includes life details which aid communication | Yes | **99.5%**  189/190 | **99.5%**  195/196 |
| 13f. Information collected by the pro-forma includes how the person with dementia communicates with others/understands | Yes | **97.4%**  185/190 | **99.5%**  195/196 |
| 14. The form prompts staff to approach carers or relatives to collate necessary information | Yes | **94.2%**  179/190 | **93.4%**  183/196 |
| 15. Documenting use of personal information in practice | Average number of patients checked | 10 | 13 |
| Range | 0-33 | 0-40 |
| Average number of these patients where the information was present: | 6 | 6 |
| Range | 0-100%  0-20 | 0-100%  0-23 |
| %Mean | 59.45% | 49.48% |

# Recognition of Dementia

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit**  **%**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 16. 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 | Yes | **92.8%**  181/195 | **90.5%**  180/199 |
| 16a. Please say what this is | A visual indicator, symbol or marker | **97.2%**  176/181 | **91.1%**  164/180 |
| Alert sheet | **8.8%**  16/181 | **11.7%**  21/180 |
| Alert sheet or electronic flagging |  | **23.9%**  43/180 |
| A box to highlight or alert dementia condition in the notes or care plan | **38.1%**  69/181 | **33.9%**  61/180 |
| Other | **18.8%**  34/181 | **18.9%**  34/180 |
| 17. 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 | Yes | **77.4%**  151/195 | **70.4%**  140/199 |
| 17a. Please say what this is | A visual indicator, symbol or marker | **88.7%**  134/151 | **87.1%**  122/140 |
| Alert sheet | **7.9%**  12/151 | **10%**  14/140 |
| Alert sheet or electronic flagging |  | **18.6%**  26/140 |
| A box to highlight or alert dementia condition in the notes or care plan | **33.8%\***  51/151 | **20.7%**  29/140 |
| Other | **20.5%**  31/151 | **17.9%**  25/140 |
| 18. The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them | Yes | **70.3%\***  137/195 | **81.9%**  163/199 |

# Training, Learning and Development

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit**  **%**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 19. There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia | Yes | **95.9%**  187/195 | **95.5%**  190/199 |
| Questions 20 to 24 are about training that is provided to acute healthcare staff employed directly by the hospital who are involved in the care of people with dementia (or suspected dementia | | | |
| 20. Dementia awareness training for Doctors | Mandatory | **52.8%**  103/195 | **46.2%**  92/199 |
| Provided on induction | **64.1%**  125/195 | **63.3%**  126/199 |
| Provided in the last 12 months | **54.4%**  106/195 | **58.8%**  117/199 |
| Not provided in the last 12 months | **6.7%**  13/195 | **8.5%**  17/199 |
| 20. Dementia awareness training for Nurses | Mandatory | **63.1%\***  123/195 | **51.8%**  103/199 |
| Provided on induction | **69.2%**  135/195 | **74.4%**  148/199 |
| Provided in the last 12 months | **61%**  119/195 | **68.3%**  136/199 |
| Not provided in the last 12 months | **1%**  2/195 | **1%**  2/199 |
| 20. Dementia awareness training for Healthcare assistants | Mandatory | **63.1%\***  123/195 | **51.8%**  103/199 |
| Provided on induction | **66.7%**  130/195 | **71.4%**  142/199 |
| Provided in the last 12 months | **59.5%**  116/195 | **68.3%**  136/199 |
| Not provided in the last 12 months | **1%**  2/195 | **1%**  2/199 |
| 20. Dementia awareness training for other allied healthcare professionals, e.g. physiotherapists, dieticians | Mandatory | **57.4%**  112/195 | **47.7%**  95/199 |
| Provided on induction | **58.5%**  114/195 | **64.8%**  129/199 |
| Provided in the last 12 months | **56.9%\***  111/195 | **67.8%**  135/199 |
| Not provided in the last 12 months | **3.6%**  7/195 | **3.5%**  7/199 |
| 20. Dementia awareness training for support staff in the hospital, e.g. housekeepers, porters, receptionists | Mandatory | **49.7%**  97/195 | **41.2%**  82/199 |
| Provided on induction | **53.3%**  104/195 | **57.8%**  115/199 |
| Provided in the last 12 months | **51.8%**  101/195 | **63.8%**  127/199 |
| Not provided in the last 12 months | **11.3%**  22/195 | **11.1%**  22/199 |
| 21. The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers | Yes | **81.5%**  159/195 | **82.4%**  164/199 |
| 22. What format is used to deliver basic dementia awareness training? | eLearning module | **73.8%**  144/195 | **72.9%**  145/199 |
| Workbook | **22.1%**  43/195 | New for R4 |
| Workshop | **82.1%**  160/195 | **74.9%**  149/199 |
| Study Day | **-** | **63.3%**  126/199 |
| Higher education module | **15.4%**  30/195 | **22.6%**  45/199 |
| Other | **18.5%**  36/195 | **29.1%**  58/199 |
| 23. How many staff were provided with training in at least Tier 1/’Informed’/ dementia awareness between 1 April 2017 – 31 March 2018  (Round 3 1 April 2013 – 31 March 2014) |  | 231,283  N=151 | Unable to report |
| 23a. In the trust |  | Min: 50  Max: 10700  Mean: 2128  N: **77.4%** (151/195) | Unable to report |
| Don’t know | **22.6%**  (44/195) | N: |
| 23b. In the hospital |  | Min: 24  Max: 6928  Mean:1110  (104/195) | Unable to report |
| Don’t know | **46.6%**  (91/195) | 17%  (34/199) |
| 24. What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2018? \*\*R3 31 March 2016\*\* |  | Min: 90  Max: 1613  Mean: 506 | Min: 110  Max: 983  Mean:428 |
| 25. 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 | New for R4 |
| Yes, other | **23.6%**  46/195 | New for R4 |
| No | **40.5%**  79/195 | New for R4 |

# Specific resources supporting people with dementia

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit**  **%**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 26. The hospital has access to intermediate care services, which will admit people with dementia | Yes | **87.7%**  171/195 | **93%**  185/199 |
| 26a. Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission | Yes | **82.5%**  141/171 | **84.3%**  156/185 |
| 27. There is a named dignity lead to provide guidance, advice and consultation to staff | Yes | **73.8%**  144/195 | **70.4%**  140/199 |
| 28. There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia | Yes | **91.8%**  179/195 | **95.5%**  190/199 |
| 28a. This person/ team has training in ongoing needs of people with dementia | Yes | **88.3%**  158/179 | **92.6%**  176/190 |
| 28b. This person/ team has experience of working with people with dementia and their carers | Yes | **98.9%**  177/179 | **98.4%**  187/190 |
| 29. 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 | Yes | **85.6%\***  167/195 | **75.9%**  151/199 |
| 30. 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) on every day | **75.4%\***  147/195 | **65.3%**  130/199 |
| 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 | **1%**  2/199 |
| 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 | **0%**  0/199 |
| Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week | **0%**  0/195 | **0%**  0/199 |
| Finger food consists of sandwiches/wraps only | **23.1%**  45/195 | **33.7%**  67/199 |
| 31. 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 | **50.8%**  101/199 |
| 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 | **10.6%**  21/199 |
| Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day | **27.2%**  53/195 | **32.2%**  64/199 |
| Only snacks (biscuits, cake) are available 24 hours a day | **4.1%**  8/195 | **3%**  6/199 |
| Food is not available 24 hours a day | **0.5%**  1/195 | **3.5%**  7/199 |
| 32. There is access to advocacy services with experience and training in working with people with dementia | Yes | **93.3%**  182/195 | **95%**  189/199 |
| 33. Opportunities for social interaction for patients with dementia are available. e.g. to eat/socialise away from their bed area with other patients | Yes, on all adult wards | **17.4%**  34/195 | **15.1%**  30/199 |
| Yes, on care of the elderly wards | **35.9%**  70/195 | **38.7%**  77/199 |
| Yes, other – please specify: | **41%\***  80/195 | **30.2%**  60/199 |
| Yes, combined | **94.4%\***  184/195 | **83.9%**  167/199 |
| No | **5.6%\***  11/195 | **16.1%**  32/199 |

# Environment

| **Question** | **Responses** | **National Audit**  **%**  **Round 4**  **Num/Den** | **National Audit**  **%**  **Round 3**  **Num/Den** |
| --- | --- | --- | --- |
| 34. The physical environment within the hospital has been reviewed using an appropriate tool (for example, King’s Fund Enhancing the Healing Environment; Patient Led Assessment of the Care Environment etc.) to establish whether it is “dementia-friendly” | Throughout the hospital | **53.3%\***  104/195 | **42.7%**  85/199 |
| All adult wards/areas | **9.2%**  18/195 | **13.6%**  27/199 |
| All care of the elderly wards/areas | **14.9%**  29/195 | **18.1%**  36/199 |
| Designated dementia wards only | **3.6%**  7/195 | **3%**  6/199 |
| Other | **11.8%**  23/195 | **9.5%**  19/199 |
| No | **7.2%**  14/195 | **13.1%**  26/199 |
| 34a. Environmental changes based on the review are | Completed | **15.3%**  28/183 | **15%**  27/180 |
| Underway | **62.8%**  115/183 | **56.7%**  102/180 |
| Completed and underway, combined | **78.1%**  143/183 | **71.7%**  129/180 |
| Planned but not yet underway | **13.1%**  24/183 | **10%**  18/180 |
| Planned but funding has not been identified | **7.1%\***  13/183 | **15.6%**  28/180 |
| Plans are not in place | **1.6%**  3/183 | **2.8%**  5/180 |
| No funding and no plans, combined | **10.1%\***  16/183 | **18.4%**  33/180 |
| 34b. Service users/ carers/ lay volunteers have been part of the team reviewing the environment: | Throughout the hospital | **63.9%\***  117/183 | **36.7%**  66/180 |
| All adult wards/ areas | **3.8%**  7/183 | **9.4%**  17/180 |
| All care of the elderly wards/ areas | **6%**  11/183 | **13.3%**  24/180 |
| Designated dementia wards only | **2.2%**  4/183 | **5%**  9/180 |
| Other | **9.3%\***  17/183 | **22.2%**  40/180 |
| They have not been part of the team | **14.8%**  27/183 | **13.3%**  24/180 |
| 34c. There are plans to further review the changes implemented | Yes, we are already undertaking/have already done this | **48.1%**  88/183 | **49.4%**  89/180 |
| Yes, once the work is completed | **40.4%**  74/183 | **40%**  72/180 |
| No plans are in place | **11.5%**  21/183 | **10.6%**  19/180 |