

National Audit of Dementia

Care in General Hospitals 2018-2019



North East and Yorkshire

Regional 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 View over Derwent water by Peter Montgomery. 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)

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](#).

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.

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

Reporting for Wales and England

In England and Wales, 195 hospitals (97% of eligible hospitals) took part in this round, a list of participating hospitals is on our [website](#). For this report, data in Round 4 has been grouped into 7 NHS England and NHS Improvement regions and Wales:

Table 1: Data received across England and Wales in Round 4 of audit

	Hospitals	Organisational checklist	Casenotes	Staff questionnaires	Carer questionnaires
National	195	195	9782	14154	4736
East of England	17	17	882	1529	467
London	27	27	1247	1638	873
Midlands	30	30	1531	1888	757
North East and Yorkshire	34	34	1699	2588	713
North West	25	25	1352	2197	660
South East	29	29	1468	2144	659
South West	17	17	865	1428	478
Wales	16	16	738	742	129

Please note: in Round 3 the regions in England were previously London, Midlands, North and South. This has been re-analysed to be comparable to Round 4 regional scores.

Data are presented in two ways in this report:

1. Key findings, scores and recommendations from the national results alongside results for your region
2. A full breakdown of data by audit theme across England and Wales

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:

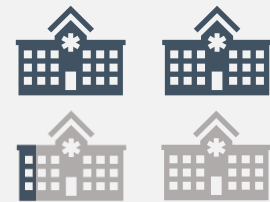


36% noted factors which cause distress



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**



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



inpatient falls
64%

of Trust/Health Boards



delayed discharges
40% of

Trust/Health Boards



re-admissions
37% of

Trust/Health Boards

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



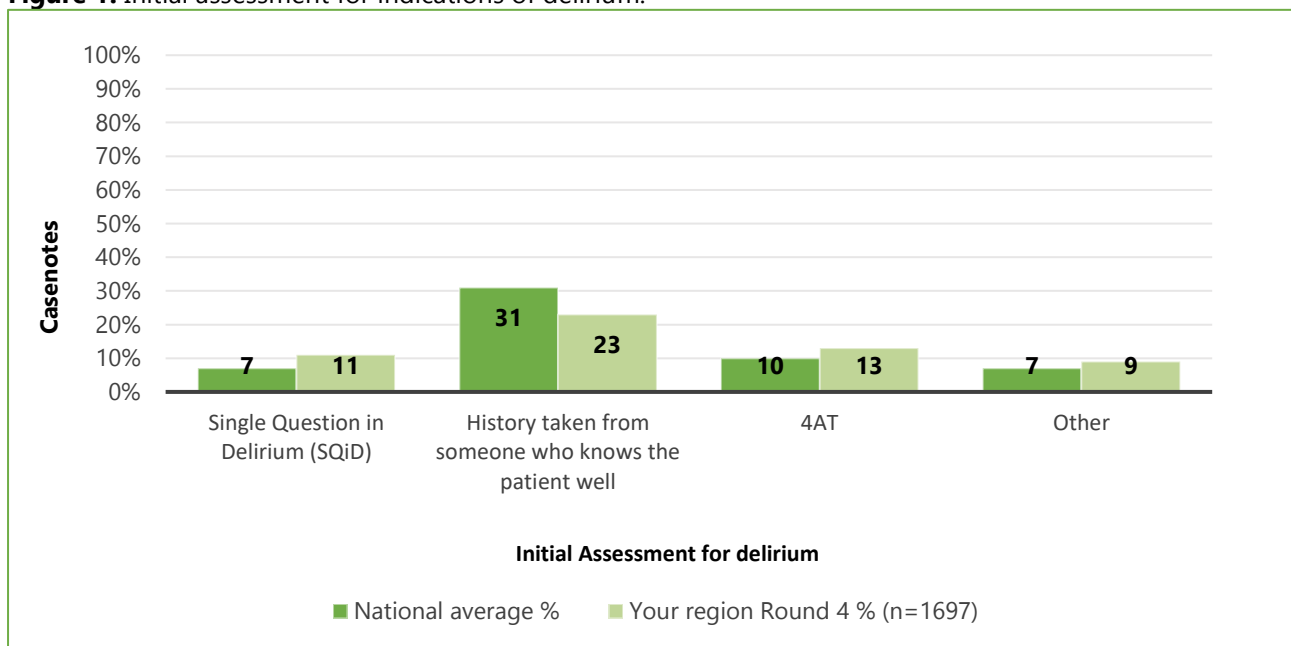
Key findings and your region

Each figure shows the national mean average results next to the data for your region 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. Round 3 results are also shown where applicable.

Key finding: assessments for delirium

Effective prevention, diagnosis and management of delirium in people with dementia admitted to hospital is essential. People with dementia are at considerable risk of developing delirium¹. When delirium is superimposed on dementia, it can be challenging to distinguish². As a result, it is important that hospitals have robust mechanisms in place for identifying indications of delirium in people with dementia.

Figure 1: Initial assessment for indications of delirium.



NB: 119 patient(s) had delirium noted on admission and were also considered to have an initial assessment for indications of delirium.

[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 region % Round 4	Your region % Round 3
Initial assessment for indications of delirium	58% (n=9147)	50% (n=841)	46% (n=817)
Clinical assessment following indications of delirium	66% (n=2458)	65% (n=311)	82% (n=399)

NB: 55 patient(s) was/were not included in this figure as they went straight to assessment

Key recommendations: Delirium

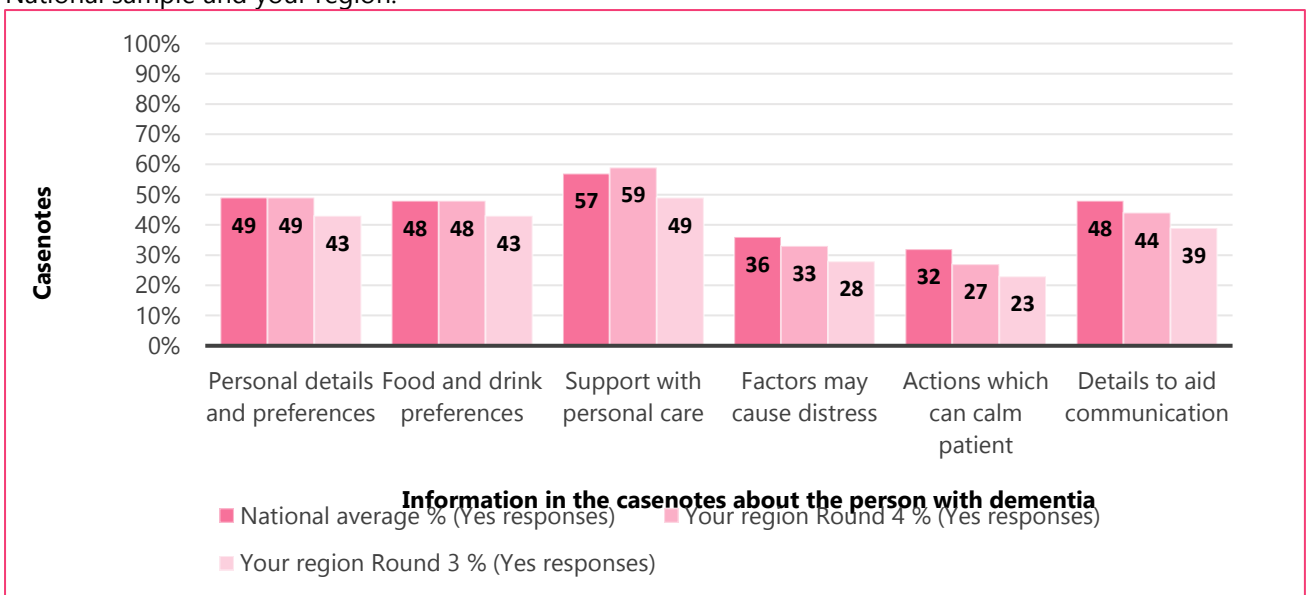
Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)¹ and consider the symptom of pain as a contributory factor.

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 Me³](#), [Forget-me-Not](#) and the [Butterfly Scheme⁴](#).

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 region.



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 3 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.

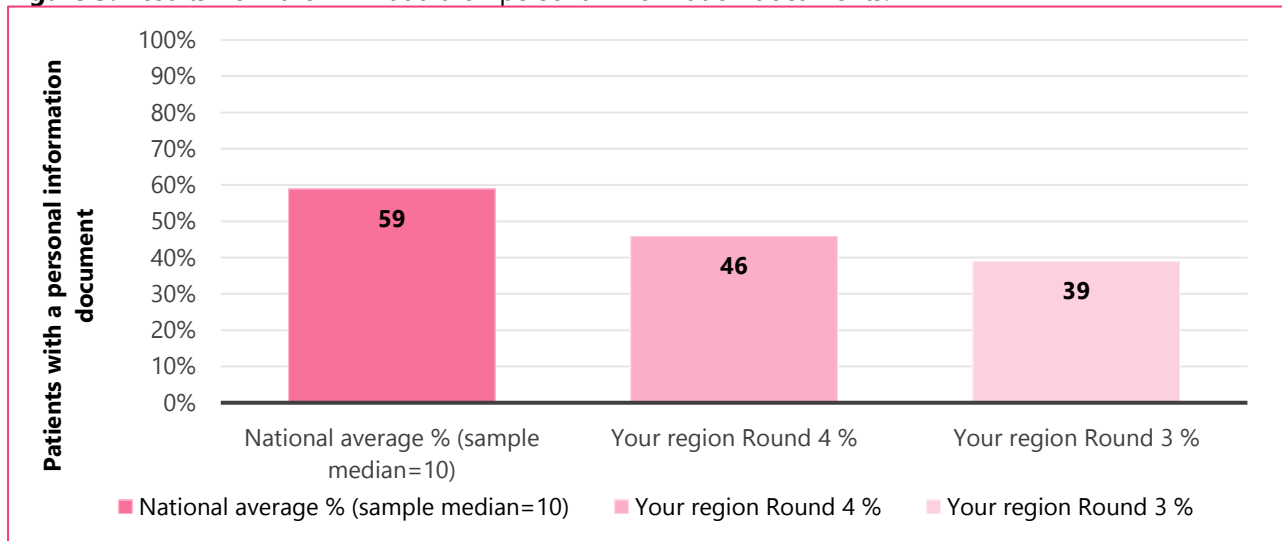


Figure 4: Carers' perspective on how well informed staff were about the needs of the person with dementia.

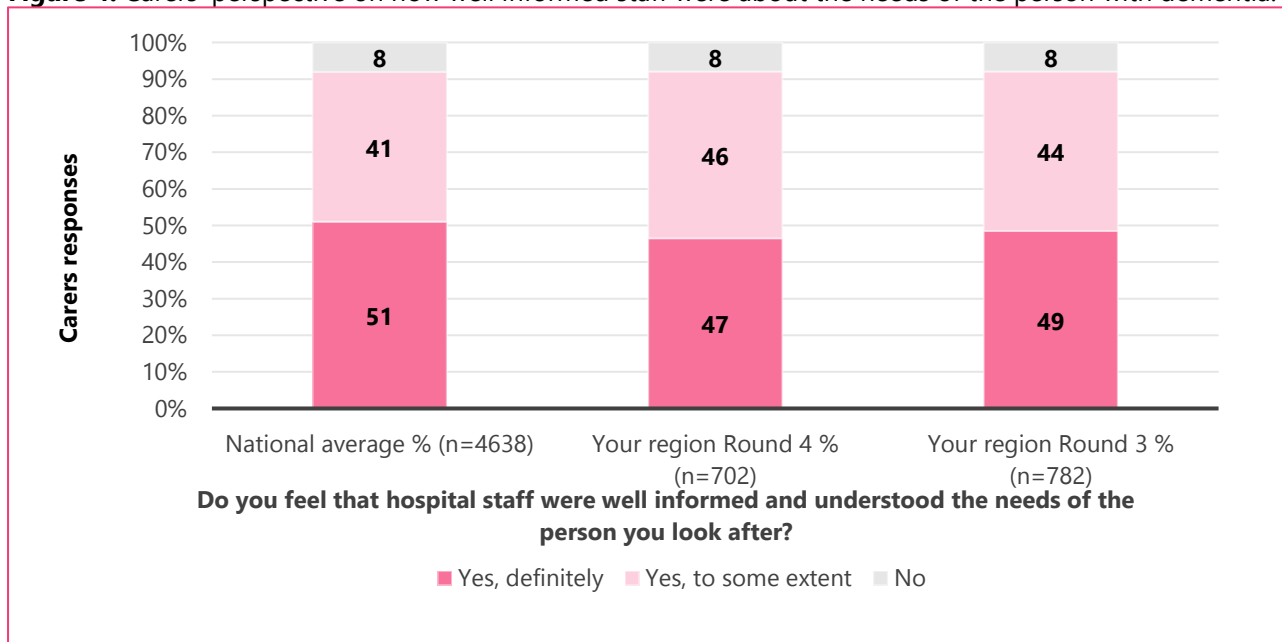


Figure 5: Staff perspective on the availability of personal information to help them care for/support people with dementia.

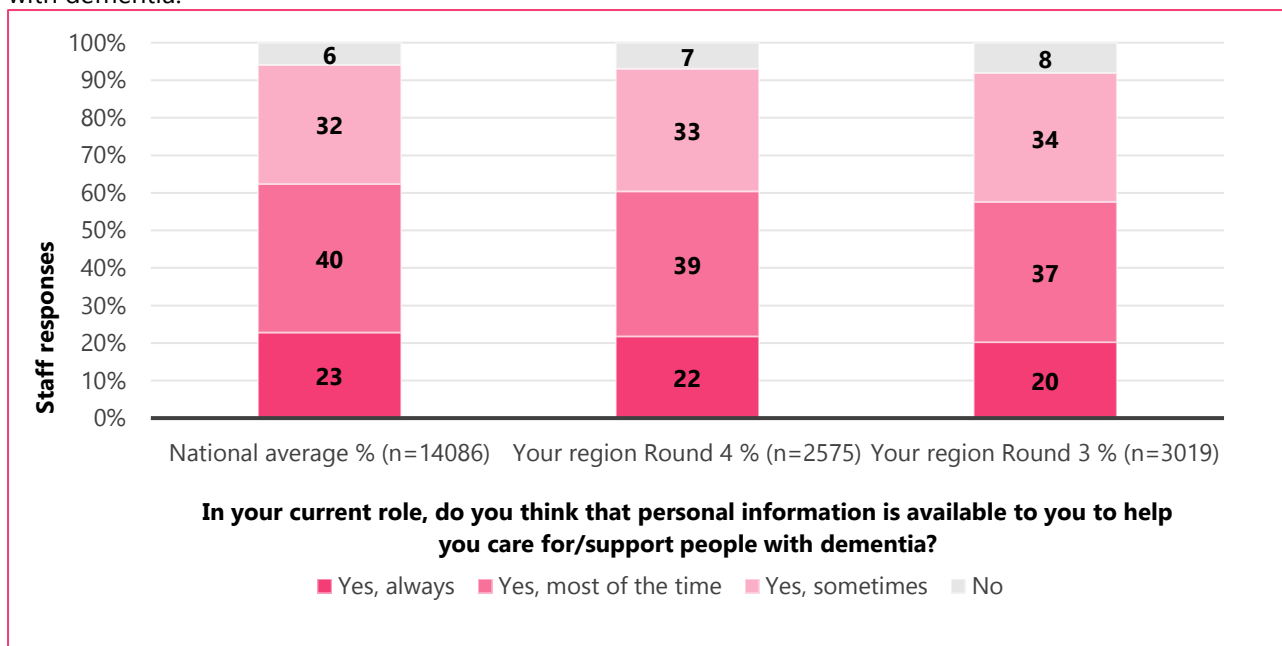
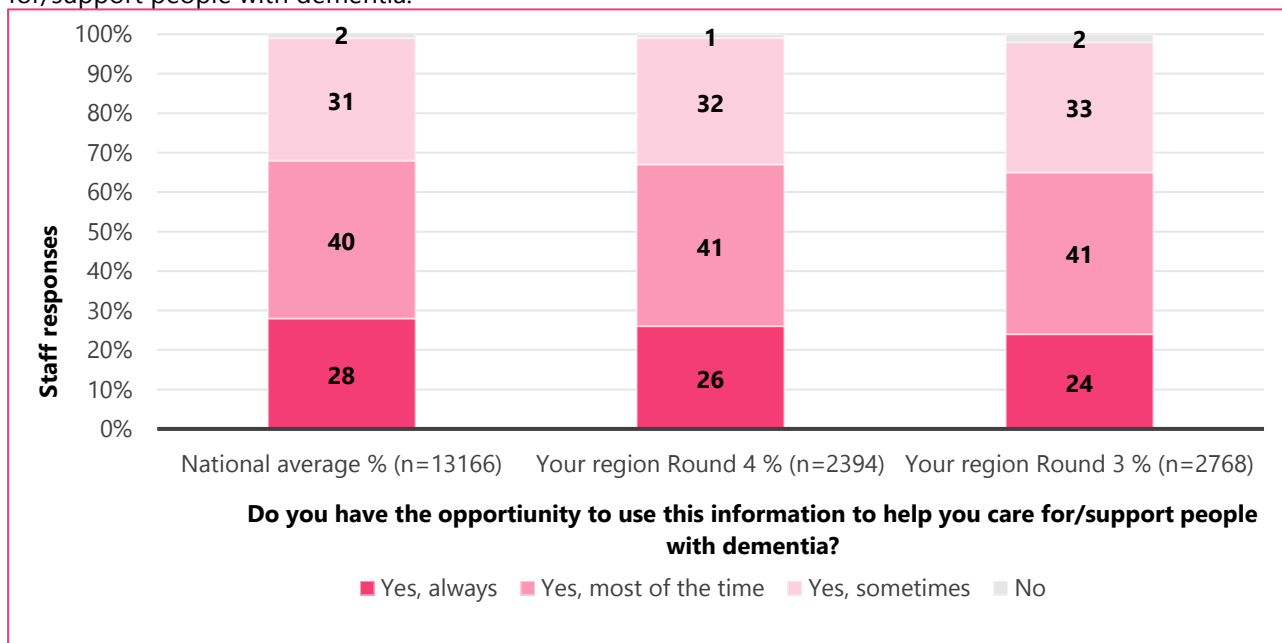


Figure 6: Staff perspective on the opportunity to use personal information when available to help them care for/support people with dementia.



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 campaign⁵ and the Dementia Friendly Hospital Charter (2018)⁶ 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 region
Average number of staff equipped with at least tier 1/basic awareness training identified at Trust level (n=151)	2128 (754-3015)	1938
Average number of staff equipped with at least tier 1/basic awareness training identified at hospital level (n=104)	1100 (433-1238)	1081
Average number of adult beds excluding maternity and mental health beds at 31 st March 2018 at hospital level (n=195)	506 (325-650)	494

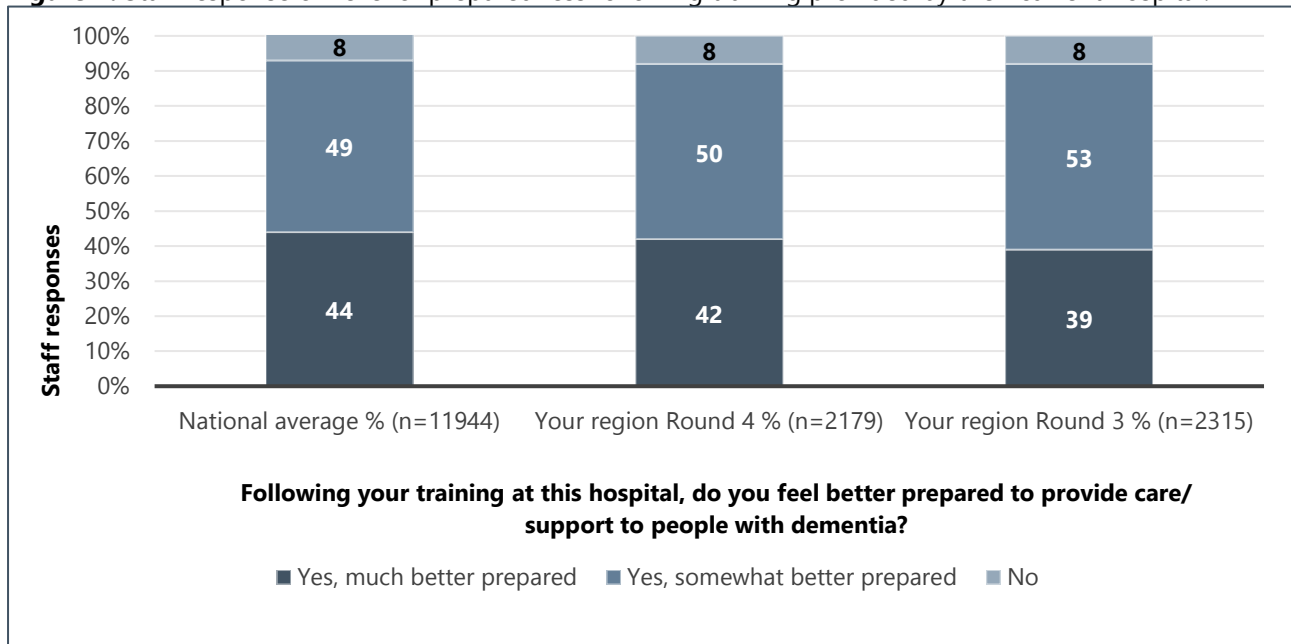
NB: Average number of adult beds according to Organisational Checklist.

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 region % Round 4 (n=2450)	Your region % Round 3 (n=2829)
eLearning	52%	55%	48%
Workbook	8%	13%	13%
Workshop/study day	55%	49%	45%
Higher education module	5%	5%	5%
Other form of training	8%	6%	6%
Did not receive dementia training	11%	11%	16%

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



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:	National average % (n=195)	Your region % Round 4 (n=34)	Your region % Round 3 (n=35)
Your region in-hospital falls	64%	62%	77%
Your region delayed discharges	40%	50%	37%
Your region re-admissions	37%	44%	54%

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

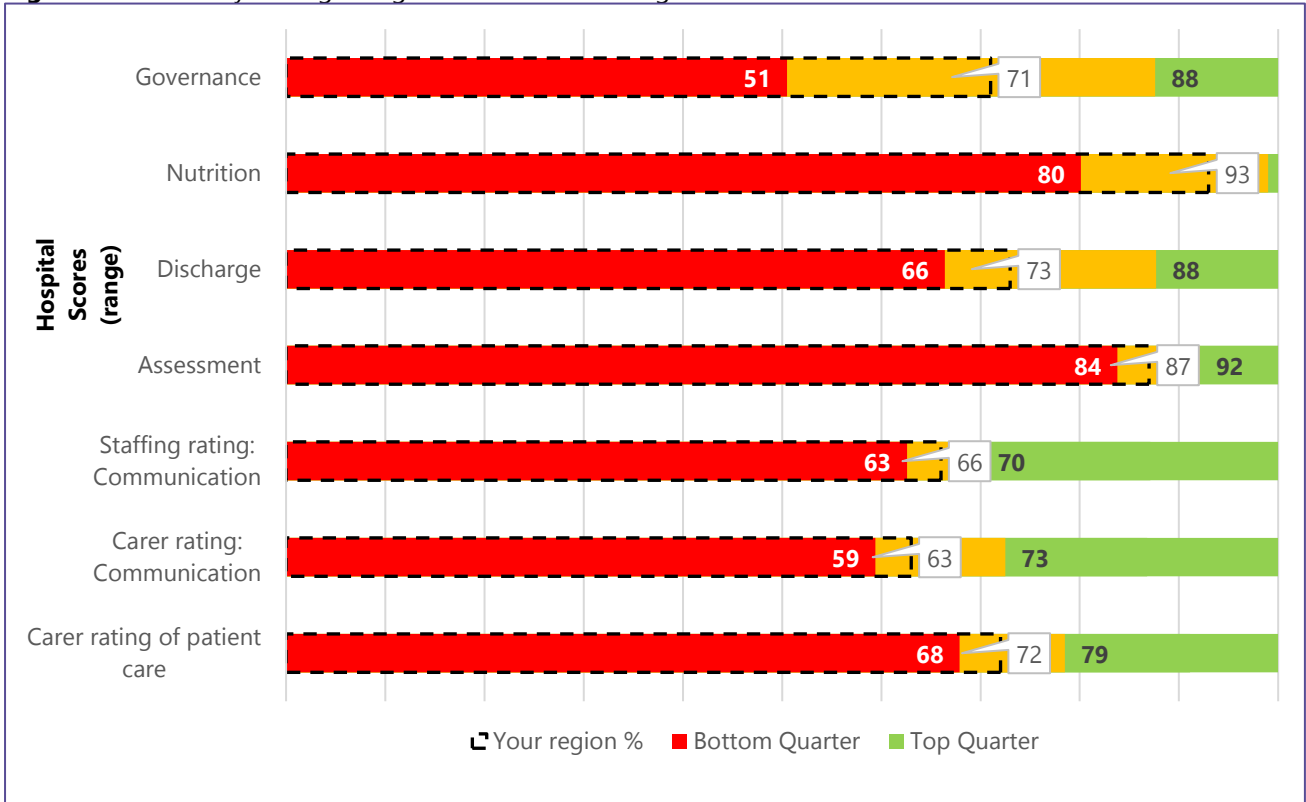
Overall, Round 4 results show slight improvements from those reported in Round 3 (2017). Average hospital scores across England and Wales have increased across all seven scoring items since Round 3.

Below is the breakdown of scores in your region according to the seven scoring items explored in the National Audit of Dementia. Scores are derived from separate data sources and should be viewed independently. The method for the scoring can be found on the audit [website](#).

Table 6: Scores and rankings for your region

Scoring	National score Round 4	Your region score Round 4	Range of scores for your region Round 4	Your region score Round 3	Range of scores for your region Round 3
Governance	68%	71	31 - 100	72	28 - 100
Nutrition	89%	93	68 - 100	86	63 - 100
Discharge	76%	73	18 - 99	71	49 - 92
Assessment	87%	87	70 - 98	85	71 - 98
Staff rating communication	66%	66	54 - 77	63	54 - 73
Carer rating: communication	66%	63	49 - 86	67	50 - 89
Carer rating of patient care	73%	72	55 - 90	72	52 - 90

Figure 8: Scores in your region against the national range.



The dashed bar and call-out box indicate your region’s 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 region’s 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

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	Region
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 each region in Round 4

* 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 (CQ). The questions ask about carer opinion on patient care.

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
8 CQ	Rating of the care received by the person they care for during the hospital stay									
	Excellent	38.2% (1798/4704)	36.8% (171/465)	30.6% (266/869)	39.5% (297/751)	39.4% (278/706)	42.5% (277/652)	39.5% (260/658)	40.2% (191/475)	45.3% (58/128)
	Very good	33.6% (1580/4704)	35.1% (163/465)	39.7% (345/869)	31.3% (235/751)	29.9% (211/706)	30.4% (198/652)	35.4% (233/658)	33.5% (159/475)	28.1% (36/128)
	Good	15.8% (745/4704)	15.5% (72/465)	17.4% (151/869)	15.2% (114/751)	17.6% (124/706)	15.2% (99/652)	14.7% (97/658)	14.9% (71/475)	13.3% (17/128)
	Fair	8.5% (402/4704)	9% (42/465)	8.7% (76/869)	8.5% (64/751)	10.3% (73/706)	8.1% (53/652)	7.6% (50/658)	7.6% (36/475)	6.3% (8/128)
	Poor	3.8% (179/4704)	3.7% (17/465)	3.6% (31/869)	5.5% (41/751)	2.8% (20/706)	3.8% (25/652)	2.7% (18/658)	3.8% (18/475)	7% (9/128)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment									
	Extremely likely	46.1% (2126/4608)	48.5% (220/454)	39.6% (334/843)	45.8% (339/740)	44.1% (308/698)	48.2% (310/643)	47.5% (306/644)	52.9% (247/467)	52.1% (62/119)
	Likely	34.1% (1571/4608)	33% (150/454)	40.3% (340/843)	32.8% (243/740)	34.8% (243/698)	32.3% (208/643)	34% (219/644)	28.7% (134/467)	28.6% (34/119)
	Neither likely nor unlikely	12% (551/4608)	10.1% (46/454)	11.7% (99/843)	12% (89/740)	14.5% (101/698)	12% (77/643)	12.1% (78/644)	10.7% (50/467)	9.2% (11/119)
	Unlikely	4.4% (205/4608)	4.2% (19/454)	5.5% (46/843)	5% (37/740)	4% (28/698)	3.7% (24/643)	3.9% (25/644)	4.3% (20/467)	5% (6/119)

	Extremely unlikely	3.4% (155/4608)	4.2% (19/454)	2.8% (24/843)	4.3% (32/740)	2.6% (18/698)	3.7% (24/643)	2.5% (16/644)	3.4% (16/467)	5% (6/119)
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)	51.1% (226/442)	50.4% (403/799)	52.9% (352/665)	52.2% (349/668)	57.1% (352/617)	55.9% (348/623)	56.7% (250/441)	60.7% (74/122)
	Somewhat satisfied	32.4% (1420/4377)	33.9% (150/442)	34.9% (279/799)	31.4% (209/665)	34.9% (233/668)	30.5% (188/617)	32.4% (202/623)	28.3% (125/441)	27.9% (34/122)
	Somewhat dissatisfied	9.4% (413/4377)	9.5% (42/442)	10.4% (83/799)	11.1% (74/665)	9.4% (63/668)	8.4% (52/617)	8% (50/623)	9.1% (40/441)	7.4% (9/122)
	Very dissatisfied	4.3% (190/4377)	5.4% (24/442)	4.3% (34/799)	4.5% (30/665)	3.4% (23/668)	4.1% (25/617)	3.7% (23/623)	5.9% (26/441)	4.1% (5/122)

Assessment

Items presented in this theme are from the casenote audit (CA) 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	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
14 CA	Assessment of mobility performed by a healthcare professional	93.7% (96.2, 92-98) (8451/9024)	93.5% (738/789)	93.7% (1038/1108)	95.1% (1343/1412)	91.6% (1479/1615)	92.8% (1149/1238)	95.5% (1302/1364)	97.1% (796/820)	89.4% (606/678)
15 CA	Assessment of nutritional status performed by a healthcare professional	92.5% (94.3, 90-98) (8824/9538)	95.9% (829/864)	89.1% (1075/1206)	93.7% (1396/1490)	92.1% (1530/1662)	92.7% (1224/1320)	90.3% (1291/1430)	92.9% (789/849)	96.2% (690/717)
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)	89.1% (739/829)	88.9% (956/1075)	83.8% (1170/1396)	86.9% (1329/1530)	81.7% (1000/1224)	91.3% (1179/1291)	84.2% (664/789)	68% (469/690)
	Other action taken	3.2% (0, 0-4) (281/8824)	2.2% (18/829)	3.4% (37/1075)	3.2% (45/1396)	3.7% (57/1530)	3.7% (45/1224)	1.9% (25/1291)	2.9% (23/789)	4.5% (31/690)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	95.7% (98, 94-100) (9362/9782)	96.9% (855/882)	91.1% (1136/1247)	97.4% (1491/1531)	95.2% (1618/1699)	96% (1298/1352)	95.7% (1405/1468)	98.5% (852/865)	95.8% (707/738)
17 CA	Patient asked about any continence needs	89.1% (95.1, 85-99) (8429/9457)	94.6% (819/866)	76.3% (891/1167)	92.3% (1375/1490)	90.6% (1488/1643)	92.4% (1220/1320)	88.2% (1252/1419)	90.3% (758/839)	87.8% (626/713)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
18 CA	Patient assessed for the presence of any pain	85.4% (91.75, 79-98) (8201/9600)	90.7% (790/871)	81.7% (984/1204)	84.9% (1279/1507)	90.3% (1507/1669)	89% (1177/1322)	79.9% (1154/1444)	88.3% (759/860)	76.2% (551/723)
19 CA	Assessment of functioning									
	Standardised assessment	52.1% (52.9, 25-78) (4795/9199)	58.7% (482/821)	48.9% (575/1177)	46.5% (671/1442)	43.2% (698/1614)	56.8% (718/1263)	63.9% (888/1390)	53.2% (429/807)	48.8% (334/685)
	Occupational therapy assessment	43.6% (43.35, 27-60) (4015/9199)	42.9% (352/821)	49% (577/1177)	43.1% (622/1442)	35% (565/1614)	43.7% (552/1263)	50.6% (703/1390)	55.9% (451/807)	28.2% (193/685)
	Physiotherapy assessment	55.6% (58.3, 36-73) (5115/9199)	53.3% (438/821)	52.3% (616/1177)	50.2% (724/1442)	59.4% (958/1614)	59.7% (754/1263)	60.9% (846/1390)	58.4% (471/807)	45% (308/685)
	Yes, other	7.6% (2.8, 0-8) (697/9199)	6.7% (55/821)	8.9% (105/1177)	4% (58/1442)	5.5% (88/1614)	8.7% (110/1263)	7.1% (98/1390)	15.6% (126/807)	8.3% (57/685)
	Yes (all options)	85.8% (94.8, 86-98) (8390/9199)	91% (747/821)	92.6% (1090/1177)	89.1% (1285/1442)	88.7% (1431/1614)	91.8% (1160/1263)	94.7% (1316/1390)	93.1% (751/807)	89.1% (610/685)

Mental state assessment

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
20 CA	Cognitive testing using a validated structured instrument carried out	54.3% (53.05, 37-73)	54.2% (418/771)	70.1% (721/1029)	56.3% (763/1356)	47.1% (699/1484)	38.2% (437/1143)	69.2% (870/1257)	60% (470/783)	34.5% (225/652)

		(4603/8475)								
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)	13.9% (122/879)	3.4% (42/1243)	9.9% (151/1526)	10.7% (182/1697)	3% (41/1350)	9% (131/1458)	2% (17/865)	3.3% (24/735)
	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)	33.7% (296/879)	40.2% (500/1243)	19.7% (300/1526)	23.3% (395/1697)	35% (473/1350)	37.7% (549/1458)	31.1% (269/865)	26.5% (195/735)
	4AT	10% (4.15, 2-10) (978/9753)	6.7% (59/879)	15% (187/1243)	8.2% (125/1526)	13.3% (225/1697)	8.5% (115/1350)	9.3% (136/1458)	9.5% (82/865)	6.7% (49/735)
	Other	7% (3.9, 0-8) (680/9753)	7.6% (67/879)	6.4% (80/1243)	5.2% (79/1526)	9% (153/1697)	5.9% (79/1350)	6.5% (95/1458)	8.9% (77/865)	6.8% (50/735)
21a CA	Initial assessment above found evidence that delirium may be present	50.8% (53.8, 40-67) (2455/4832)	46.2% (210/455)	57.9% (445/769)	46.3% (283/611)	59.7% (480/804)	50.6% (331/654)	44.1% (369/836)	47.8% (193/404)	48.2% (144/299)
	Initial assessment above found no evidence of delirium	49.2% (46.2, 33-60) (2377/4832)	53.8% (245/455)	42.1% (324/769)	53.7% (328/611)	40.3% (324/804)	49.4% (323/654)	55.9% (467/836)	52.2% (211/404)	51.8% (155/299)
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)	7.3% (41/560)	12.9% (109/842)	9.1% (96/1054)	11.1% (138/1240)	6.7% (62/931)	9.1% (80/879)	8.8% (53/600)	8.1% (42/517)
	Confusion Assessment Method (CAM) – short or long form	5.3% (0, 0-6) (351/6623)	4.5% (25/560)	10.1% (85/842)	5.7% (60/1054)	1.7% (21/1240)	4.8% (45/931)	7.4% (65/879)	4.8% (29/600)	4.1% (21/517)

	Other	14.9% (9.4, 2-20) (988/6623)	10.7% (60/560)	19.7% (166/842)	9.8% (103/1054)	19% (235/1240)	17.9% (167/931)	16.2% (142/879)	11.2% (67/600)	9.3% (48/517)
22a CA	Diagnosis of delirium confirmed	80.5% (83.3, 67-98) (1524/1892)	76.9% (93/121)	84.4% (286/339)	79.7% (204/256)	83.5% (314/376)	77% (204/265)	80.9% (225/278)	78.2% (115/147)	75.5% (83/110)

Information and Communication



Items presented in this theme are from the organisational checklist (OC), casenote audit (CA), staff questionnaire (SQ) and carer questionnaire (CQ). 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	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	100% (17/17)	100% (27/27)	93.3% (28/30)	91.2% (31/34)	100% (25/25)	100% (29/29)	100% (17/17)	100% (16/16)
Information collected by the pro-forma includes:										
13a OC	Personal details, preferences and routines	100% (190/190)	100% (17/17)	100% (27/27)	100% (28/28)	100% (31/31)	100% (25/25)	100% (29/29)	100% (17/17)	100% (16/16)
13b OC	Reminders or support with personal care	99.5% (189/190)	100% (17/17)	96.3% (26/27)	100% (28/28)	100% (31/31)	100% (25/25)	100% (29/29)	100% (17/17)	100% (16/16)
13c OC	Recurring factors that may cause or exacerbate distress	99.5% (189/190)	94.1% (16/17)	100% (27/27)	100% (28/28)	100% (31/31)	100% (25/25)	100% (29/29)	100% (17/17)	100% (16/16)
13d OC	Support or actions that can calm the person if they are agitated	98.9% (188/190)	94.1% (16/17)	96.3% (26/27)	100% (28/28)	100% (31/31)	100% (25/25)	100% (29/29)	100% (17/17)	100% (16/16)
13e OC	Life details which aid communication	99.5% (189/190)	100% (17/17)	100% (27/27)	100% (28/28)	100% (31/31)	96% (24/25)	100% (29/29)	100% (17/17)	100% (16/16)
13f OC	How the person with dementia communicates with others/understands communication	97.4% (185/190)	100% (17/17)	96.3% (26/27)	96.4% (27/28)	100% (31/31)	92% (23/25)	100% (29/29)	100% (17/17)	93.8% (15/16)

Availability of personal information

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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) (5955/9782)	62.6% (552/882)	60.3% (752/1247)	50.7% (776/1531)	55.4% (942/1699)	63.8% (862/1352)	68.8% (1010/1468)	69.5% (601/865)	62.3% (460/738)
Information collected about:										
23a CA	Personal details, preferences and routines									
	Yes	49.4% (55.2, 34-75) (2889/5851)	55.7% (305/548)	39% (289/741)	59.9% (461/769)	49.2% (455/925)	42.1% (361/857)	51% (502/984)	48% (278/579)	53.1% (238/448)
	Unknown	31.1% (14.3, 0-42) (1819/5851)	30.5% (167/548)	41% (304/741)	21.8% (168/769)	24.4% (226/925)	46.4% (398/857)	26.5% (261/984)	34.4% (199/579)	21.4% (96/448)
23b CA	Food and drink preferences									
	Yes	48.1% (55.6, 30-74) (2810/5845)	51.2% (280/547)	36.7% (272/741)	56.9% (434/763)	48.4% (448/926)	39.8% (340/854)	51.1% (502/983)	48.1% (279/580)	56.5% (255/451)
	Unknown	30.8% (15, 0-42) (1800/5845)	31.8% (174/547)	41.3% (306/741)	19.1% (146/763)	24.7% (229/926)	46.7% (399/854)	25.9% (255/983)	34.3% (199/580)	20.4% (92/451)
23c CA	Reminders or support with personal care									
	Yes	56.8% (64, 39-82) (3326/5852)	62.8% (341/543)	42.2% (313/741)	68.2% (522/765)	58.5% (543/928)	43.8% (373/852)	62.2% (617/992)	54.2% (316/583)	67.2% (301/448)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Unknown	28.3% (9.4, 0-42) (1654/5852)	26.9% (146/543)	40.2% (298/741)	17.1% (131/765)	21.9% (203/928)	45.3% (386/852)	21.1% (209/992)	32.8% (191/583)	20.1% (90/448)
23d CA	Recurring factors that may cause or exacerbate distress									
	Yes	36.1% (38.3, 20-58) (2101/5822)	34% (185/544)	29.6% (219/739)	39.5% (301/762)	32.9% (302/917)	32.4% (276/853)	39.4% (386/980)	37.6% (217/577)	47.8% (215/450)
	Unknown	35.1% (17.5, 0-50) (2041/5822)	38.6% (210/544)	41.8% (309/739)	28.6% (218/762)	28.1% (258/917)	49.8% (425/853)	30.2% (296/980)	39% (225/577)	22.2% (100/450)
23e CA	Support or actions that can calm the person if they are agitated									
	Yes	31.8% (30, 17-50) (1841/5794)	30.1% (163/541)	27.9% (206/738)	33.3% (252/756)	26.8% (244/911)	28.5% (242/850)	37.1% (361/974)	34.1% (196/574)	39.3% (177/450)
	Unknown	36% (18.9, 0-51) (2085/5794)	40.7% (220/541)	43% (317/738)	29.8% (225/756)	29.4% (268/911)	50.2% (427/850)	29.9% (291/974)	40.6% (233/574)	23.1% (104/450)
23f CA	How the person with dementia communicates with others/understands communication									
	Yes	47.7% (51.9, 33-74) (2784/5839)	50.4% (274/544)	35.9% (266/740)	56.4% (428/759)	43.7% (405/926)	39.1% (334/854)	51.1% (502/982)	53% (309/583)	59% (266/451)
	Unknown	31.3% (15.8, 0-43) (1825/5839)	33.5% (182/544)	40.5% (300/740)	23.5% (178/759)	26.5% (245/926)	47.1% (402/854)	24.9% (245/982)	30.7% (179/583)	20.8% (94/451)
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	94.2% (179/190)	100% (17/17)	92.6% (25/27)	96.4% (27/28)	96.8% (30/31)	96% (24/25)	93.1% (27/29)	94.1% (16/17)	81.3% (13/16)

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
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"									
15b OC	Number of patients checked (Range)	0-33	0-12	7-30	4-33	4-17	6-17	4-18	8-26	3-10
	Number of patients checked (Median)	10	10	10	10	10	9	10	10	10
	Percentage of patients where the information was present	59.4%	62.5%	64.3%	58.4%	46.2%	73.9%	60.3%	63.6%	51.6%
	Range	0-20	0-10	0-20	0-10	0-11	0-17	0-13	2-15	1-8
	Median	6	5	7	5	4	7	7	7	5

Involvement of carers and people with dementia

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
5 CQ	Kept clearly informed about care and progress during the hospital stay									
	Yes, definitely	45.9% (2115/4609)	41.3% (190/460)	46.5% (390/839)	46.2% (339/734)	44.4% (310/698)	48.5% (311/641)	43.3% (280/646)	50.1% (236/471)	49.2% (59/120)
	Yes, to some extent	38.5% (1776/4609)	42.8% (197/460)	38.5% (323/839)	36.6% (269/734)	40.8% (285/698)	35.3% (226/641)	42.6% (275/646)	32.7% (154/471)	39.2% (47/120)
	No	15.6% (718/4609)	15.9% (73/460)	15% (126/839)	17.2% (126/734)	14.8% (103/698)	16.2% (104/641)	14.1% (91/646)	17.2% (81/471)	11.7% (14/120)
6 CQ	Involved as much as you wanted to be in decisions about care									
	Yes, definitely	51.1% (2317/4535)	49.7% (223/449)	48.4% (395/816)	51.8% (375/724)	48% (331/689)	52.5% (335/638)	52.1% (333/639)	54.3% (250/460)	62.5% (75/120)
	Yes, to some extent	34.8% (1577/4535)	35% (157/449)	36.6% (299/816)	34% (246/724)	38.5% (265/689)	33.4% (213/638)	35.8% (229/639)	29.1% (134/460)	28.3% (34/120)
	No	14.1% (641/4535)	15.4% (69/449)	15% (122/816)	14.2% (103/724)	13.5% (93/689)	14.1% (90/638)	12.1% (77/639)	16.5% (76/460)	9.2% (11/120)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
18	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	70.3% (137/195)	100% (17/17)	63% (17/27)	63.3% (19/30)	94.1% (32/34)	64% (16/25)	65.5% (19/29)	76.5% (13/17)	25% (4/16)
7	Hospital staff asked about the needs of the person to help plan their care									
	Yes, definitely	48.3% (2193/4545)	46.5% (212/456)	46.7% (388/830)	49.6% (359/724)	44.5% (309/695)	48% (305/636)	51.7% (331/640)	50.2% (223/444)	55% (66/120)
	Yes, to some extent	34.3% (1561/4545)	37.7% (172/456)	35.2% (292/830)	31.5% (228/724)	38.3% (266/695)	35.2% (224/636)	32.8% (210/640)	30.6% (136/444)	27.5% (33/120)
	No	17.4% (791/4545)	15.8% (72/456)	18.1% (150/830)	18.9% (137/724)	17.3% (120/695)	16.8% (107/636)	15.5% (99/640)	19.1% (85/444)	17.5% (21/120)
1	Hospital staff were well informed and understood the needs of the person									
	Yes, definitely	51.1% (2368/4638)	54.2% (250/461)	48.8% (412/845)	50.1% (370/738)	46.9% (329/702)	54% (350/648)	52.2% (339/650)	53.8% (252/468)	52.4% (66/126)
	Yes, to some extent	40.7% (1888/4638)	36.9% (170/461)	43% (363/845)	40% (295/738)	45.6% (320/702)	38.4% (249/648)	40.6% (264/650)	38.2% (179/468)	38.1% (48/126)
	No	8.2% (382/4638)	8.9% (41/461)	8.3% (70/845)	9.9% (73/738)	7.5% (53/702)	7.6% (49/648)	7.2% (47/650)	7.9% (37/468)	9.5% (12/126)
2	Hospital staff delivered high quality care that was appropriate to the needs of the person									
	Yes, definitely	58.7% (2728/4649)	58.9% (274/465)	56.8% (484/852)	57.9% (428/739)	54.8% (384/701)	60.5% (390/645)	60.3% (394/653)	62% (290/468)	66.7% (84/126)
	Yes, to some extent	33.8% (1571/4649)	32.3% (150/465)	35.4% (302/852)	32.7% (242/739)	39.4% (276/701)	31.9% (206/645)	33.2% (217/653)	31.4% (147/468)	24.6% (31/126)
	No	7.5% (350/4649)	8.8% (41/465)	7.7% (66/852)	9.3% (69/739)	5.8% (41/701)	7.6% (49/645)	6.4% (42/653)	6.6% (31/468)	8.7% (11/126)
4	The person was treated with respect by hospital staff									
	Yes, definitely	77.5% (3598/4640)	76.6% (354/462)	75.9% (640/843)	76.5% (568/742)	72.8% (513/705)	76.7% (495/645)	82.3% (534/649)	82.5% (386/468)	85.7% (108/126)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes, to some extent	20.2% (939/4640)	20.3% (94/462)	21.7% (183/843)	20.9% (155/742)	25% (176/705)	21.4% (138/645)	16% (104/649)	15.6% (73/468)	12.7% (16/126)
	No	2.2% (103/4640)	3% (14/462)	2.4% (20/843)	2.6% (19/742)	2.3% (16/705)	1.9% (12/645)	1.7% (11/649)	1.9% (9/468)	1.6% (2/126)

Staff communication

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
3 SQ	Personal information is available to help care for/support people with dementia									
	Yes, always	22.5% (3171/14086)	24.9% (378/1520)	30.2% (492/1627)	21.2% (398/1880)	21.6% (555/2575)	22.2% (486/2191)	22.9 % (489/2131)	18.5% (264/1424)	14.8% (109/738)
	Yes, most of the time	39.5% (5557/14086)	42.7% (649/1520)	38.8% (631/1627)	36.9% (694/1880)	38.8% (999/2575)	39.4% (863/2191)	39.2% (835/2131)	43.7% (622/1424)	35.8% (264/738)
	Yes, sometimes	31.7% (4467/14086)	28.5% (433/1520)	26.2% (427/1627)	34.1% (642/1880)	32.7% (843/2575)	31.8% (697/2191)	31.3% (668/2131)	33.7% (480/1424)	37.5% (277/738)
	No	6.3% (891/14086)	3.9% (60/1520)	4.7% (77/1627)	7.8% (146/1880)	6.9% (178/2575)	6.6% (145/2191)	6.5% (139/2131)	4.1% (58/1424)	11.9% (88/738)
3a SQ	Can use personal information to help care for/support people with dementia									
	Yes, always	27.7% (3644/13166)	30.2% (441/1458)	34.7% (537/1547)	26.1% (451/1725)	25.9% (619/2394)	28.8% (588/2042)	28.7% (571/1987)	22.4% (306/1364)	20.2% (131/649)
	Yes, most of the time	40% (5266/13166)	41.3% (602/1458)	40.1% (621/1547)	37.7% (650/1725)	41.3% (988/2394)	37.3% (762/2042)	40% (795/1987)	44.4% (605/1364)	37.4% (243/649)
	Yes, sometimes	30.8% (4058/13166)	27.1% (395/1458)	24.3% (376/1547)	34 % (586/1725)	31.6% (757/2394)	32.1% (655/2042)	30.2% (600/1987)	31.6% (431/1364)	39.8% (258/649)
	No	1.5% (198/13166)	1.4% (20/1458)	0.8% (13/1547)	2.2% (38/1725)	1.3% (30/2394)	1.8% (37/2042)	1.1% (21/1987)	1.6% (22/1364)	2.6% (17/649)
4	Encouraged to accommodate the individual needs and preferences of people with dementia									

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
SQ	Yes, always	31.5% (4435/14078)	33.6% (510/1518)	37.4% (610/1629)	29.0% (543/1875)	30.4% (782/2575)	33.4% (732/2189)	32.3% (688/2131)	27.7% (394/1424)	23.9% (176/737)
	Yes, most of the time	34.6% (4864/14078)	36% (547/1518)	34% (554/1629)	33.7% (631/1875)	34% (875/2575)	33.2% (727/2189)	36.5% (778/2131)	37.3% (531/1424)	30% (221/737)
	Yes, sometimes	25.3% (3566/14078)	22.5% (341/1518)	23.1% (377/1629)	27.4% (514/1875)	25.2% (648/2575)	23.9% (524/2189)	25.2% (538/2131)	26.4% (376/1424)	33.6% (248/737)
	No	8.6% (1213/14078)	7.9% (120/1518)	5.4% (88/1629)	10% (187/1875)	10.5% (270/2575)	9.4% (206/2189)	6% (127/2131)	8.6% (123/1424)	12.5% (92/737)
Talk about caring for/supporting people with complex needs (including dementia), as a team										
5 SQ	Frequently	50.6% (7120/14060)	51.2% (778/1519)	62.1% (1009/1626)	48.1% (903/1876)	49.8% (1277/2565)	48.8% (1068/2189)	51.7% (1097/2123)	47.3% (674/1425)	42.6% (314/737)
	Occasionally	35.5% (4987/14060)	36.9% (560/1519)	29.3% (476/1626)	36.5% (684/1876)	35.6% (913/2565)	35.7% (782/2189)	35.2% (747/2123)	38% (541/1425)	38.5% (284/737)
	Almost Never	10.6% (1496/14060)	9.4% (143/1519)	7.1% (115/1626)	11.8% (222/1876)	11.1% (285/2565)	11.1% (244/2189)	10.2% (217/2123)	11.6% (166/1425)	14.1% (104/737)
	Never	3.3% (457/14060)	2.5% (38/1519)	1.6% (26/1626)	3.6% (67/1876)	3.5% (90/2565)	4.3% (95/2189)	2.9% (62/2123)	3.1% (44/1425)	4.7% (35/737)

Use of information systems

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	100% (17/17)	88.9% (24/27)	86.7% (26/30)	82.4% (28/34)	100% (25/25)	96.6% (28/29)	100% (17/17)	100% (16/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
16a OC	(If Q16=Yes) Please say what this is									
	A visual indicator, symbol or marker	97.2% (176/181)	100% (17/17)	100% (24/24)	88.5% (23/26)	92.9% (26/28)	100% (25/25)	100% (28/28)	100% (17/17)	100% (16/16)
	Alert sheet or electronic flag	8.8% (16/181)	11.8% (2/17)	4.2% (1/24)	15.4% (4/26)	14.3% (4/28)	8% (2/25)	10.7% (3/28)	0% (0/17)	0% (0/16)
	A box to highlight or alert dementia in the notes or care plan	38.1% (69/181)	35.3% (6/17)	41.7% (10/24)	23.1% (6/26)	46.4% (13/28)	36% (9/25)	42.9% (12/28)	47.1% (8/17)	31.3% (5/16)
	Other	18.8% (34/181)	35.3% (6/17)	8.3% (2/24)	23.1% (6/26)	7.1% (2/28)	24% (6/25)	39.3% (11/28)	5.9% (1/17)	0% (0/16)
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)	82.4% (14/17)	70.4% (19/27)	70% (21/30)	70.6% (24/34)	92% (23/25)	72.4% (21/29)	100% (17/17)	75% (12/16)
17a OC	(If Q17=Yes) Please say what this is									
	A visual indicator, symbol or marker	88.7% (134/151)	92.9% (13/14)	78.9% (15/19)	76.2% (16/21)	91.7% (22/24)	100% (23/23)	81% (17/21)	94.1% (16/17)	100% (12/12)
	Alert sheet or electronic flag	7.9% (12/151)	14.3% (2/14)	5.3% (1/19)	4.8% (1/21)	20.8% (5/24)	4.3% (1/23)	4.8% (1/21)	5.9% (1/17)	0% (0/12)
	A box to highlight or alert dementia condition in the notes or care plan	33.8% (51/151)	21.4% (3/14)	47.4% (9/19)	19% (4/21)	50% (12/24)	34.8% (8/23)	38.1% (8/21)	29.4% (5/17)	16.7% (2/12)
	Other	20.5% (31/151)	42.9% (6/14)	15.8% (3/19)	23.8% (5/21)	8.3% (2/24)	30.4% (7/23)	14.3% (3/21)	29.4% (5/17)	0% (0/12)

Staffing and Training



Items presented in this theme are from the organisational checklist (OC), staff questionnaire (SQ) and carer questionnaire (CQ). 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	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
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)	47.1% (8/17)	44.4% (12/27)	46.7% (14/30)	61.8% (21/34)	48% (12/25)	62.1% (18/29)	29.4% (5/17)	6.3% (1/16)	
Yes, on the wards	71.8% (140/195)	94.1% (16/17)	70.4% (19/27)	73.3% (22/30)	73.5% (25/34)	68% (17/25)	62.1 (18/29)	76.5% (13/17)	62.5% (10/16)	
9 OC	An evidence-based tool is used for establishing ward staffing levels	96.9% (189/195)	100% (17/17)	88.9% (24/27)	100% (30/30)	100% (34/34)	92% (23/25)	96.6% (28/29)	100% (17/17)	100% (16/16)
9a OC	The tool takes into account patient dependency and acuity	99.5% (188/189)	100% (17/17)	100% (24/24)	100% (30/30)	100% (34/34)	95.7% (22/23)	100% (28/28)	100% (17/17)	100% (16/16)

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)	28.7% (420/1465)	37.1% (592/1594)	26.9% (488/1812)	26.3% (654/2489)	25.1% (518/2061)	25.7% (531/2067)	23.7% (327/1382)	22.5% (159/707)
	Yes, most of the time	43.5% (5903/13577)	44.6% (654/1465)	40.9% (652/1594)	41.1% (745/1812)	44.7% (1113/2489)	43.9% (904/2061)	44.1% (911/2067)	45.6% (630/1382)	41.6% (294/707)
	Yes, sometimes	23.3% (3160/13577)	22.3% (326/1465)	18% (287/1594)	25.2% (457/1812)	22.5% (560/2489)	24.7% (510/2061)	23.7% (490/2067)	25% (345/1382)	26.2% (185/707)
	No	6.1% (825/13577)	4.4% (65/1465)	4.0% (63/1594)	6.7% (122/1812)	6.5% (162/2489)	6.3% (129/2061)	6.5% (135/2067)	5.8% (80/1382)	9.8% (69/707)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase									
	Yes, always	10.4% (1340/12942)	12% (168/1399)	17.6% (268/1523)	10.1% (174/1727)	7.8% (186/2370)	10.3% (202/1956)	9.1% (180/1973)	7.9% (104/1316)	8.6% (58/678)
	Yes, most of the time	26.3% (3405/12942)	27.6% (386/1399)	30.5% (464/1523)	28.5% (492/1727)	24.7% (586/2370)	25.7% (503/1956)	25.5% (503/1973)	25% (329/1316)	20.9% (142/678)
	Yes, sometimes	42.8% (5538/12942)	41.5% (581/1399)	38.4% (585/1523)	40.4% (698/1727)	42.1% (997/2370)	43.8% (856/1956)	44.1% (871/1973)	47% (619/1316)	48.8% (331/678)
	No	20.5% (2659/12942)	18.9% (264/1399)	13.5% (206/1523)	21% (363/1727)	25.4% (601/2370)	20.2% (395/1956)	21.2% (419/1973)	20.1% (264/1316)	21.7% (147/678)
3 CQ	The person you look after was given enough help with personal care from hospital staff									
	Yes, definitely	58.5% (2641/4518)	57.5% (256/445)	57.8% (481/832)	58.3% (418/717)	57% (386/677)	60.8% (387/637)	58.8% (376/639)	59% (266/451)	59.2% (71/120)
	Yes, to some extent	32.6% (1473/4518)	33.7% (150/445)	34.5% (287/832)	31.5% (226/717)	34.9% (236/677)	30.1% (192/637)	32.6% (208/639)	30.2% (136/451)	31.7% (38/120)
	No	8.9% (404/4518)	8.8% (39/445)	7.7% (64/832)	10.2% (73/717)	8.1% (55/677)	9.1% (58/637)	8.6% (55/639)	10.9% (49/451)	9.2% (11/120)

Guidance for staff

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
27 OC	There is a named dignity lead to provide guidance, advice and consultation to staff	73.8% (144/195)	88.2% (15/17)	59.3% (16/27)	63.3% (19/30)	85.3% (29/34)	80% (20/25)	75.9% (22/29)	70.6% (12/17)	68.8% (11/16)

Training and knowledge framework

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	94.1% (16/17)	96.3% (26/27)	90% (27/30)	100% (34/34)	92% (23/25)	96.6% (28/29)	100% (17/17)	100% (16/16)
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)	94.1% (16/17)	77.8% (21/27)	70% (21/30)	85.3% (29/34)	84% (21/25)	79.3% (23/29)	88.2% (15/17)	81.3% (13/16)

Dementia training formats

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
22 OC	Format used to deliver basic dementia awareness training									
	eLearning module	73.8% (144/195)	52.9% (9/17)	74.1% (20/27)	60% (18/30)	82.4% (28/34)	80% (20/25)	69% (20/29)	76.5% (13/17)	100% (16/16)
	Workshop or study day	82.1% (160/195)	76.5% (13/17)	74.1% (20/27)	86.7% (26/30)	88.2% (30/34)	84% (21/25)	86.2% (25/29)	70.6% (12/17)	81.3% (13/16)
	Higher education module	15.4% (30/195)	35.3% (6/17)	3.7% (1/27)	13.3% (4/30)	26.5% (9/34)	12% (3/25)	6.9% (2/29)	5.9% (1/17)	25% (4/16)
	Workbook	22.1% (43/195)	41.2% (7/17)	11.1% (3/27)	13.3% (4/30)	35.3% (12/34)	24% (6/25)	0% (0/29)	29.4% (5/17)	37.5% (6/16)
	Other	18.5% (36/195)	11.8% (2/17)	22.2% (6/27)	20% (6/30)	2.9% (1/34)	4% (1/25)	51.7% (15/29)	11.8% (2/17)	18.8% (3/16)
2 SQ	Form of dementia training received at the hospital									
	eLearning module	51.8% (6939/13407)	46.8% (683/1458)	47.2% (751/1590)	42.7% (752/1760)	54.9% (1345/2450)	62.6% (1269/2026)	41% (845/2060)	62.1% (858/1382)	64% (436/681)
	Workshop or study day	54.9% (7355/13407)	68% (991/1458)	57.2% (909/1590)	56.4% (993/1760)	48.7% (1193/2450)	49% (992/2026)	60.9% (1254/2060)	55.9% (772/1382)	36.9% (251/681)
	Higher education module	5.3% (713/13407)	6.9% (101/1458)	4.4% (70/1590)	6.4% (112/1760)	4.7% (114/2450)	4% (81/2026)	5.4% (112/2060)	6.8% (94/1382)	4.3% (29/681)
	Workbook	8.1% (1086/13407)	11.7% (170/1458)	5.3% (85/1590)	6.7% (118/1760)	13.4% (329/2450)	6.8% (137/2026)	5% (104/2060)	8.4% (116/1382)	4% (27/681)
	Other	8.2% (1094/13407)	9.7% (141/1458)	9.2% (147/1590)	8.5% (149/1760)	6.1% (149/2450)	6.9% (139/2026)	10.3% (212/2060)	8.5% (118/1382)	5.7% (39/681)
	I have not received any dementia training at this hospital	10.7% (1439/13407)	6.8% (99/1458)	13.3% (212/1590)	13.8% (242/1760)	10.8% (264/2450)	9.4% (190/2026)	11.1% (228/2060)	6.9% (96/1382)	15.9% (108/681)

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
(If Q2=any form of training) Staff feel better prepared to provide care/ support to people with dementia following training at this hospital									
2a SQ Yes, much better prepared	43.6% (5209/11944)	50.8% (693/1363)	53.7% (739/1377)	41.6% (630/1515)	41.5% (905/2179)	40.8% (747/1829)	46.5% (850/1828)	38.8% (498/1282)	25.7% (147/571)
Yes, somewhat better prepared	48.7% (5811/11944)	44.3% (604/1363)	41.2% (567/1377)	49.8% (754/1515)	50.1% (1092/2179)	49.4% (903/1829)	47.2% (863/1828)	53.2% (682/1282)	60.6% (346/571)
No	7.7% (924/11944)	4.8% (66/1363)	5.2% (71/1377)	8.6% (131/1515)	8.4% (182/2179)	9.8% (179/1829)	6.3% (115/1828)	8% (102/1282)	13.7% (78/571)

Staff data on dementia training

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	52.9% (9/17)	55.6% (15/27)	26.7% (8/30)	67.6% (23/34)	28% (7/25)	69% (20/29)	64.7% (11/17)	62.5% (10/16)
Provided on induction	64.1% (125/195)	58.8% (10/17)	77.8% (21/27)	80% (24/30)	44.1% (15/34)	60% (15/25)	58.6% (17/29)	76.5% (13/17)	62.5% (10/16)
Provided in the last 12 months	54.4% (106/195)	47.1% (8/17)	51.9% (14/27)	63.3% (19/30)	47.1% (16/34)	48% (12/25)	58.6% (17/29)	64.7% (11/17)	56.3% (9/16)
Not provided in the last 12 months	6.7% (13/195)	17.6% (3/17)	0% (0/27)	6.7% (2/30)	0% (0/34)	24% (6/25)	0% (0/29)	5.9% (1/17)	6.3% (1/16)
Nurses									
Mandatory	63.1% (123/195)	64.7% (11/17)	70.4% (19/27)	33.3% (10/30)	67.6% (23/34)	48% (12/25)	72.4% (21/29)	64.7% (11/17)	100% (16/16)
Provided on induction	69.2% (135/195)	82.4% (14/17)	77.8% (21/27)	70% (21/30)	61.8% (21/34)	68% (17/25)	65.5% (19/29)	76.5% (13/17)	56.3% (9/16)
Provided in the last 12 months	61% (119/195)	70.6% (12/17)	59.3% (16/27)	76.7% (23/30)	47.1% (16/34)	60% (15/25)	55.2% (16/29)	70.6% (12/17)	56.3% (9/16)
Not provided in the last 12 months	1% (2/195)	0% (0/17)	0% (0/27)	6.7% (2/30)	0% (0/34)	0% (0/25)	0% (0/29)	0% (0/17)	0% (0/16)
Healthcare assistants									
Mandatory	63.1% (123/195)	64.7% (11/17)	66.7% (18/27)	33.3% (10/30)	67.6% (23/34)	48% (12/25)	75.9% (22/29)	64.7% (11/17)	100% (16/16)
Provided on induction	66.7% (130/195)	82.4% (14/17)	77.8% (21/27)	70% (21/30)	58.8% (20/34)	64% (16/25)	65.5% (19/29)	76.5% (13/17)	37.5% (6/16)
Provided in the last 12 months	59.5% (116/195)	70.6% (12/17)	59.3% (16/27)	76.7% (23/30)	47.1% (16/34)	60% (15/25)	55.2% (16/29)	70.6% (12/17)	37.5% (6/16)

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OC

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Not provided in the last 12 months	1% (2/195)	0% (0/17)	0% (0/27)	6.7% (2/30)	0% (0/34)	0% (0/25)	0% (0/29)	0% (0/17)	0% (0/16)
Other allied healthcare professionals, e.g. physiotherapists, dieticians										
	Mandatory	57.4% (112/195)	58.8% (10/17)	63% (17/27)	30% (9/30)	64.7% (22/34)	36% (9/25)	62.1% (18/29)	64.7% (11/17)	100% (16/16)
	Provided on induction	58.5% (114/195)	70.6% (12/17)	66.7% (18/27)	56.7% (17/30)	47.1% (16/34)	60% (15/25)	62.1% (18/29)	76.5% (13/17)	31.3% (5/16)
	Provided in the last 12 months	56.9% (111/195)	70.6% (12/17)	55.6% (15/27)	73.3% (22/30)	47.1% (16/34)	52% (13/25)	55.2% (16/29)	70.6% (12/17)	31.3% (5/16)
	Not provided in the last 12 months	3.6% (7/195)	0% (0/17)	0% (0/27)	13.3% (4/30)	5.9% (2/34)	4% (1/25)	0% (0/29)	0% (0/17)	0% (0/16)
Support staff in the hospital, e.g. housekeepers, porters, receptionists										
	Mandatory	49.7% (97/195)	47.1% (8/17)	55.6% (15/27)	20% (6/30)	52.9% (18/34)	28% (7/25)	58.6% (17/29)	64.7% (11/17)	93.8% (15/16)
	Provided on induction	53.3% (104/195)	58.8% (10/17)	40.7% (11/27)	46.7% (14/30)	55.9% (19/34)	64% (16/25)	55.2% (16/29)	70.6% (12/17)	37.5% (6/16)
	Provided in the last 12 months	51.8% (101/195)	64.7% (11/17)	48.1% (13/27)	46.7% (14/30)	41.2% (14/34)	56% (14/25)	58.6% (17/29)	70.6% (12/17)	37.5% (6/16)
	Not provided in the last 12 months	11.3% (22/195)	17.6% (3/17)	11.1% (3/27)	33.3% (10/30)	11.8% (4/34)	8% (2/25)	0% (0/29)	0% (0/17)	0% (0/16)
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)	29.4% (5/17)	33.3% (9/27)	46.7% (14/30)	32.4% (11/34)	28% (7/25)	37.9% (11/29)	35.3% (6/17)	43.8% (7/16)
	Yes, other	23.6% (46/195)	17.6% (3/17)	14.8% (4/27)	16.7% (5/30)	17.6% (6/34)	28% (7/25)	34.5% (10/29)	35.3% (6/17)	31.3% (5/16)
	No	40.5% (79/195)	52.9% (9/17)	51.9% (14/27)	36.7% (11/30)	50% (17/34)	44% (11/25)	27.6% (8/29)	29.4% (5/17)	25% (4/16)



Nutrition

Items presented in this theme are from the organisational checklist (OC) and staff questionnaire (SQ). 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	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
10	Protected mealtimes are established in all wards that admit adults with known or suspected dementia	97.9% (191/195)	100% (17/17)	100% (27/27)	100% (30/30)	100% (34/34)	100% (25/25)	89.7% (26/29)	100% (17/17)	93.8% (15/16)	
10a	(If Q10=Yes) Wards' adherence to protected mealtimes is reviewed and monitored	87.4% (167/191)	94.1% (16/17)	81.5% (22/27)	83.3% (25/30)	88.2% (30/34)	88% (22/25)	96.2% (25/26)	76.5% (13/17)	93.3% (14/15)	
11	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)	32.3% (409/1265)	38.1% (545/1430)	33.2% (518/1559)	32.9% (706/2144)	33.6% (579/1723)	26.3% (461/1756)	22.9% (272/1190)	30.9% (187/606)	
	Yes, most of the time	40.9% (4772/11673)	42.7% (540/1265)	38.6% (552/1430)	41% (639/1559)	38.4% (824/2144)	39.9% (688/1723)	42.5% (746/1756)	45.5% (541/1190)	39.9% (242/606)	
	Yes, sometimes	13.8% (1611/11673)	13.4% (169/1265)	12.6% (180/1430)	13.2% (206/1559)	13.8% (296/2144)	13.1% (226/1723)	15.5% (272/1756)	15.2% (181/1190)	13.4% (81/606)	
	No	13.8% (1613/11673)	11.6% (147/1265)	10.7% (153/1430)	12.6% (196/1559)	14.8% (318/2144)	13.3% (230/1723)	15.8% (277/1756)	16.5% (196/1190)	15.8% (96/606)	

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	88.2% (15/17)	100% (27/27)	100% (30/30)	100% (34/34)	100% (25/25)	96.6% (28/29)	94.1% (16/17)	75% (12/16)
8 SQ	Carers of people with dementia can visit at any time on the ward(s)									
	Yes, always	63.3% (7943/12543)	65.1% (897/1378)	63.4% (947/1494)	60.6% (997/1644)	56.8% (1292/2275)	69.6% (1322/1900)	65.8% (1253/1905)	66% (863/1307)	58.1% (372/640)
	Yes, most of the time	22.3% (2801/12543)	21.9% (302/1378)	22.9% (342/1494)	23.2% (381/1644)	23.6% (538/2275)	19.7% (375/1900)	22.2% (422/1905)	21.7% (283/1307)	24.7% (158/640)
	Yes, sometimes	10.5% (1318/12543)	9.3% (128/1378)	10.6% (158/1494)	11.7% (193/1644)	14.2% (323/2275)	7.7% (147/1900)	8.7% (166/1905)	9.4% (123/1307)	12.5% (80/640)
	No	3.8% (481/12543)	3.7% (51/1378)	3.1% (47/1494)	4.4% (73/1644)	5.4% (122/2275)	2.9% (56/1900)	3.4% (64/1905)	2.9% (38/1307)	4.7% (30/640)

Finger foods and 24-hour food services

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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	75.4% (147/195)	76.5% (13/17)	70.4% (19/27)	73.3% (22/30)	82.4% (28/34)	84% (21/25)	72.4% (21/29)	58.8% (10/17)	81.3% (13/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
	cutlery (finger food) every day										
	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)	0% (0/17)	0% (0/27)	0% (0/30)	0% (0/34)	0% (0/25)	3.4% (1/29)	5.9% (1/17)	0% (0/16)	
	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% (0/17)	0% (0/27)	0% (0/30)	0% (0/34)	0% (0/25)	0% (0/29)	5.9% (1/17)	0% (0/16)	
	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% (0/17)	0% (0/27)	0% (0/30)	0% (0/34)	0% (0/25)	0% (0/29)	0% (0/17)	0% (0/16)	
	Finger food consists of sandwiches/wraps only	23.1% (45/195)	23.5% (4/17)	29.6% (8/27)	26.7% (8/30)	17.6% (6/34)	16% (4/25)	24.1% (7/29)	29.4% (5/17)	18.8% (3/16)	
12 SQ	Ability to access finger food for people with dementia as an alternative to main meals										
	Yes, always	44.2% (4971/11253)	48.1% (597/1241)	35.7% (476/1334)	46.4% (693/1492)	45.8% (961/2099)	47.8% (796/1664)	40.5% (678/1676)	47.7% (547/1147)	37.2% (223/600)	
	Yes, most of the time	27.3% (3074/11253)	27.6% (342/1241)	25.7% (343/1334)	26.9% (402/1492)	31.3% (657/2099)	26.1% (434/1664)	26.6% (446/1676)	24.8% (285/1147)	27.5% (165/600)	
	Yes, sometimes	18.4% (2068/11253)	16.4% (203/1241)	22.6% (302/1334)	17.7% (264/1492)	14.8% (310/2099)	17.3% (288/1664)	20% (336/1676)	18.6% (213/1147)	25.3% (152/600)	

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	No	10.1% (1140/11253)	8% (99/1241)	16% (213/1334)	8.9% (133/1492)	8.1% (171/2099)	8.8% (146/1664)	12.9% (216/1676)	8.9% (102/1147)	10% (60/600)
The hospital can provide 24 hour food services for people with dementia										
31 OC	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	60% (117/195)	64.7% (11/17)	48.1% (13/27)	73.3% (22/30)	64.7% (22/34)	68% (17/25)	58.6% (17/29)	52.9% (9/17)	37.5% (6/16)
	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)	5.9% (1/17)	14.8% (4/27)	6.7% (2/30)	8.8% (3/34)	0% (0/25)	10.3% (3/29)	5.9% (1/17)	12.5% (2/16)
	Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	27.2% (53/195)	23.5% (4/17)	29.6% (8/27)	10% (3/30)	26.5% (9/34)	24% (6/25)	31% (9/29)	35.3% (6/17)	50% (8/16)
	Only snacks (biscuits, cake) are available 24 hours a day	4.1% (8/195)	0% (0/17)	7.4% (2/27)	10% (3/30)	0% (0/34)	8% (2/25)	0% (0/29)	5.9% (1/17)	0% (0/16)
	Food is not available 24 hours a day	0.5% (1/195)	5.9% (1/17)	0% (0/27)	0% (0/30)	0% (0/34)	0% (0/25)	0% (0/29)	0% (0/17)	0% (0/16)
Ability to access snacks for people with dementia in between meals										
13 SQ	Yes, always	47.7% (5581/11694)	53.6% (686/1281)	46.1% (632/1372)	55.1% (858/1556)	48.6% (1050/2160)	45.8% (787/1718)	43.1% (763/1772)	45% (549/1221)	41.7% (256/614)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes, most of the time	27% (3160/11694)	27.2% (349/1281)	26.1% (358/1372)	23.4% (364/1556)	28.2% (609/2160)	27.2% (467/1718)	28.7% (508/1772)	28.3% (346/1221)	25.9% (159/614)
	Yes, sometimes	19.7% (2305/11694)	16% (205/1281)	20.3% (278/1372)	18.6% (290/1556)	18.4% (398/2160)	19.9% (342/1718)	21.7% (384/1772)	20.4% (249/1221)	25.9% (159/614)
	No	5.5% (648/11694)	3.2% (41/1281)	7.6% (104/1372)	2.8% (44/1556)	4.8% (103/2160)	7.1% (122/1718)	6.6% (117/1772)	6.3% (77/1221)	6.5% (40/614)

Communication of nutrition and hydration needs

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
14 SQ	Nutrition and hydration needs of people with dementia are communicated at handovers/safety briefings									
	Yes, always	43.7% (5060/11591)	42.5% (530/1247)	48.9% (686/1402)	41.3% (632/1531)	44.1% (968/2194)	48.7% (824/1692)	37.9% (660/1741)	41% (483/1179)	45.8% (277/605)
	Yes, most of the time	32.9% (3810/11591)	34.7% (433/1247)	29% (407/1402)	34.8% (533/1531)	34.9% (765/2194)	30.7% (519/1692)	32.7% (569/1741)	33.1% (390/1179)	32.1% (194/605)
	Yes, sometimes	17.4% (2017/11591)	18.1% (226/1247)	16.8% (236/1402)	17.4% (267/1531)	15.4% (338/2194)	14.8% (250/1692)	21.4% (372/1741)	18.8% (222/1179)	17.5% (106/605)
	No	6.1% (704/11591)	4.7% (58/1247)	5.2% (73/1402)	6.5% (99/1531)	5.6% (123/2194)	5.9% (99/1692)	8% (140/1741)	7.1% (84/1179)	4.6% (28/605)

Overall

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
10 SQ	People with dementia have their nutritional needs met while on the ward(s)									
	Yes, always	29.9% (3732/12498)	31.7% (431/1360)	37.5% (562/1499)	30% (502/1675)	31.1% (713/2292)	31.7% (594/1874)	23.4% (438/1872)	23.8% (305/1282)	29% (187/644)
	Yes, most of the time	47.8% (5978/12498)	47.6% (648/1360)	44.2% (663/1499)	45.7% (765/1675)	49.4% (1132/2292)	45.5% (852/1874)	51.1% (956/1872)	51.2% (656/1282)	47.5% (306/644)
	Yes, sometimes	18.5% (2311/12498)	16.6% (226/1360)	15.3% (230/1499)	20.3% (340/1675)	16.3% (374/2292)	18.5% (346/1874)	21.8% (409/1872)	20.4% (262/1282)	19.3% (124/644)
	No	3.8% (477/12498)	4% (55/1360)	2.9% (44/1499)	4.1% (68/1675)	3.2% (73/2292)	4.4% (82/1874)	3.7% (69/1872)	4.6% (59/1282)	4.2% (27/644)



Governance

Items presented in this theme are from the organisational checklist (OC), staff questionnaire (SQ) and carer questionnaire (CQ). 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	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
1 OC	A care pathway or bundle for patients with dementia is in place									
	Yes	76.9% (150/195)	70.6% (12/17)	70.4% (19/27)	70% (21/30)	91.2% (31/34)	88.0% (22/25)	79.3% (23/29)	82.4% (14/17)	50% (8/16)
	In development	15.4% (30/195)	29.4% (5/17)	25.9% (7/27)	23.3% (7/30)	5.9% (2/34)	8.0% (2/25)	6.9% (2/29)	11.8% (2/17)	18.8% (3/16)
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)	94.1% (16/17)	100% (26/26)	100% (28/28)	93.9% (31/33)	100% (24/24)	100.0% (25/25)	100% (16/16)	90.9% (10/11)
1b OC	(If Q1=Yes or In development) There is a care pathway/bundle for Delirium									
	Yes	64.4% (116/180)	82.4% (14/17)	76.9% (20/26)	60.7% (17/28)	75.8% (25/33)	41.7% (10/24)	56% (14/25)	75.0% (12/16)	36.4% (4/11)
	Pathway in development	27.8% (50/180)	17.6% (3/17)	23.1% (6/26)	32.1% (9/28)	18.2% (6/33)	45.8% (11/24)	28% (7/25)	6.3% (1/16)	63.6% (7/11)
	Stroke									

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes	93.9% (169/180)	100% (17/17)	100% (26/26)	89.3% (25/28)	90.9% (30/33)	95.8% (23/24)	88% (22/25)	93.8% (15/16)	100.0% (11/11)
	Pathway in development	1.1% (2/180)	0% (0/17)	0% (0/26)	3.6% (1/28)	0% (0/33)	0% (0/24)	4% (1/25)	0% (0/16)	0% (0/11)
Fractured neck of femur										
	Yes	91.7% (165/180)	88.2% (15/17)	100% (26/26)	82.1% (23/28)	90.9% (30/33)	100% (24/24)	88% (22/25)	93.8% (15/16)	90.9% (10/11)
	Pathway in development	2.8% (5/180)	0% (0/17)	0% (0/26)	10.7% (3/28)	0% (0/33)	0% (0/24)	4% (1/25)	0% (0/16)	9.1% (1/11)
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)	94.1% (16/17)	100.0% (26/26)	96.2% (25/26)	90.3% (28/31)	95.2% (20/21)	95.2% (20/21)	100% (13/13)	81.8% (9/11)
	Stroke	47.4% (81/171)	41.2% (7/17)	46.2% (12/26)	42.3% (11/26)	50% (15/30)	69.6% (16/23)	37.5% (9/24)	40% (6/15)	50% (5/10)
	Fractured neck of femur	58.2% (99/170)	66.7% (10/15)	61.5% (16/26)	50% (13/26)	53.3% (16/30)	66.7% (16/24)	66.7% (16/24)	46.7% (7/15)	50% (5/10)

Reviewing dementia care in hospitals

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	82.4% (14/17)	77.8% (21/27)	76.7% (23/30)	79.4% (27/34)	96% (24/25)	86.2% (25/29)	88.2% (15/17)	56.3% (9/16)
3b OC	Complaints – analysed by age	48.7% (95/195)	58.8% (10/17)	55.6% (15/27)	46.7% (14/30)	50% (17/34)	44% (11/25)	58.6% (17/29)	41.2% (7/17)	25% (4/16)
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	63.6% (112/176)	70.6% (12/17)	48.1% (13/27)	50% (14/28)	78.8% (26/33)	68% (17/25)	75.9% (22/29)	47.1% (8/17)	NA
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	68.2% (133/195)	94.1% (16/17)	63% (17/27)	56.7% (17/30)	61.8% (21/34)	76% (19/25)	79.3% (23/29)	76.5% (13/17)	43.8% (7/16)
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)	41.2% (7/17)	25.9% (7/27)	23.3% (7/30)	44.1% (15/34)	40% (10/25)	55.2% (16/29)	47.1% (8/17)	12.5% (2/16)
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)	41.2% (7/17)	29.6% (8/27)	20% (6/30)	50% (17/34)	52% (13/25)	48.3% (14/29)	41.2% (7/17)	37.5% (6/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
2c OC	Number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	64.1% (125/195)	88.2% (15/17)	37% (10/27)	56.7% (17/30)	61.8% (21/34)	68% (17/25)	86.2% (25/29)	82.4% (14/17)	37.5% (6/16)
7 OC	A Dementia Working Group is in place and reviews the quality of services provided in the hospital	92.3% 180/195	100% (17/17)	96.3% (26/27)	96.7% (29/30)	85.3% (29/34)	84% (21/25)	93.1% (27/29)	100% (17/17)	87.5% (14/16)
7a OC	(If Q7=Yes) The group meets									
	Quarterly	31.7% (57/180)	52.9% (9/17)	11.5% (3/26)	27.6% (8/29)	31% (9/29)	14.3% (3/21)	48.1% (13/27)	29.4% (5/17)	50% (7/14)
	Monthly	28.9% (52/180)	29.4% (5/17)	42.3% (11/26)	37.9% (11/29)	24.1% (7/29)	33.3% (7/21)	7.4% (2/27)	23.5% (4/17)	35.7% (5/14)
	Bi-monthly	38.9% (70/180)	17.6% (3/17)	46.2% (12/26)	31% (9/29)	44.8% (13/29)	52.4% (11/21)	44.4% (12/27)	47.1% (8/17)	14.3% (2/14)
	Other	0.6% (1/180)	0% (0/17)	0% (0/26)	3.4% (1/29)	0% (0/29)	0% (0/21)	0% (0/27)	0% (0/17)	0% (0/14)
7b OC	(If Q7=Yes) The group includes									
	Healthcare professionals	100% (180/180)	100% (17/17)	100% (26/26)	100% (29/29)	100% (29/29)	100% (21/21)	100% (27/27)	100% (17/17)	100% (14/14)
	Organisations which support people with dementia e.g. Alzheimer's Society	73.3% (132/180)	82.4% (14/17)	73.1% (19/26)	62.1% (18/29)	79.3% (23/29)	76.2% (16/21)	70.4% (19/27)	64.7% (11/17)	85.7% (12/14)
	Carer/service user representation	65.6% (118/180)	70.6% (12/17)	65.4% (17/26)	62.1% (18/29)	55.2% (16/29)	81% (17/21)	66.7% (18/27)	70.6% (12/17)	57.1% (8/14)

Continuity of care

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
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)	23.5% (4/17)	18.5% (5/27)	20% (6/30)	23.5% (8/34)	24% (6/25)	44.8% (13/29)	23.5% (4/17)	6.3% (1/16)
	Yes, for all patients but with no breakdown	30.8% (60/195)	41.2% (7/17)	18.5% (5/27)	20% (6/30)	38.2% (13/34)	32% (8/25)	24.1% (7/29)	64.7% (11/17)	18.8% (3/16)
	Yes, for patients with cognitive memory impairment (including dementia and delirium) only	4.1% (8/195)	0% (0/17)	0% (0/27)	3.3% (1/30)	2.9% (1/34)	4% (1/25)	3.5% (1/29)	5.9% (1/17)	18.8% (3/16)
No	41% (80/195)	35.3% (6/17)	63% (17/27)	56.7% (17/30)	35.3% (12/34)	40% (10/25)	27.6% (8/29)	5.9% (1/17)	56.3% (9/16)	
9 SQ	Night time bed moves for people with dementia avoided where possible on the ward(s)									
	Yes, always	16.6% (1835/11033)	15.5% (184/1189)	20.1% (259/1287)	14.7% (212/1447)	16.3% (340/2090)	20.2% (335/1661)	15.4% (252/1635)	14.1% (162/1147)	15.8% (91/577)
	Yes, most of the time	32.7% (3611/11033)	35.8% (426/1189)	29.4% (378/1287)	31.4% (455/1447)	29.8% (622/2090)	35.6% (592/1661)	35.6% (574/1635)	34.1% (391/1147)	30% (173/577)
	Yes, sometimes	24.7% (2723/11033)	24.4% (290/1189)	27.5% (354/1287)	26.4% (382/1447)	22.6% (468/2090)	21.9% (364/1661)	26.1% (426/1635)	26.7% (306/1147)	23.1% (133/577)
No	26% (2864/11033)	24.3% (289/1189)	23% (296/1287)	27.5% (398/1447)	31.6% (660/2090)	22.3% (370/1661)	23.4% (383/1635)	25.1% (288/1147)	31.2% (180/577)	
26 OC	The hospital has access to intermediate care services, which will	87.7% (171/195)	88.2% (15/17)	88.9% (24/27)	73.3% (22/30)	94.1% (32/34)	88% (22/25)	89.7% (26/29)	94.1% (16/17)	87.5% (14/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	admit people with dementia									
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)	80% (12/15)	75% (18/24)	68.2% (15/22)	87.5% (28/32)	81.8% (18/22)	80.8% (21/26)	93.8% (15/16)	100% (14/14)

Specialist services for dementia care

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
4 OC	There are champions for dementia a									
4a OC	Directorate level	77.4% (151/195)	82.4% (14/17)	63% (17/27)	83.3% (25/30)	94.1% (32/34)	76% (19/25)	72.4% (21/29)	88.2% (15/17)	50% (8/16)
4b OC	Ward level	88.7% (173/195)	100% (17/17)	85.2% (23/27)	86.7% (26/30)	94.1% (32/34)	88% (22/25)	86.2% (25/29)	88.2% (15/17)	81.3% (13/16)
5 OC	Full Time Equivalent (FTE) Dementia Specialist Nurses employed to work in the trust/health board	Mean 1.66 Range 0-9	1.77 0-5	2.75 0-9	1.56 0-4	1.26 0-6	1.41 0-4	1.66 0-4	1.44 0-8	1.44 0-5

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
1 SQ	Supported by specialist services for dementia in the hospital									
1a SQ	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>									
	Yes, always	30.1% (4133/13710)	39.1% (577/1474)	37.8% (606/1605)	25% (456/1827)	27.4% (687/2505)	27.8% (590/2119)	34.5% (720/2087)	29.4% (406/1383)	12.8% (91/710)
	Yes, most of the time	32.1% (4401/13710)	32.3% (476/1474)	30.7% (492/1605)	32.1% (587/1827)	32.2% (807/2505)	30.7% (651/2119)	34.4% (717/2087)	34.6% (479/1383)	27% (192/710)
	Yes, sometimes	26.5% (3638/13710)	22.5% (332/1474)	24.1% (387/1605)	29.1% (532/1827)	26.5% (664/2505)	27.6% (584/2119)	23.2% (484/2087)	27.5% (381/1383)	38.6% (274/710)
	No	11.2% (1538/13710)	6% (89/1474)	7.5% (120/1605)	13.8% (252/1827)	13.9% (347/2505)	13.9% (294/2119)	8% (166/2087)	8.5% (117/1383)	21.5% (153/710)
1b SQ	Out of office hours									
	Yes, always	8.6% (942/10960)	11.3% (136/1191)	9.6% (117/1220)	7.9% (116/1477)	9.1% (191/2092)	9.1% (150/1648)	8% (127/1588)	7.2% (81/1125)	3.9% (24/619)
	Yes, most of the time	15.9% (1739/10960)	19.8% (236/1191)	17% (207/1220)	13.5% (199/1477)	16.2% (338/2092)	15.3% (252/1648)	17.9% (284/1588)	14.8% (167/1125)	9% (56/619)
	Yes, sometimes	28.6% (3139/10960)	27.5% (328/1191)	29.8% (363/1220)	29.4% (434/1477)	29% (606/2092)	25.9% (427/1648)	30.6% (486/1588)	30.9% (348/1125)	23.7% (147/619)
	No	46.9% (5140/1060)	41.2% (491/1191)	43.7% (533/1220)	49.3% (728/1477)	45.7% (957/2092)	49.7% (819/1648)	43.5% (691/1588)	47% (529/1125)	63.3% (392/619)

Engagement with carers

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
6 OC	A strategy or plan for carer engagement been produced	75.9% (148/195)	88.2% (15/17)	66.7% (18/27)	80% (24/30)	70.6% (24/34)	68% (17/25)	75.9% (22/29)	94.1% (16/17)	75% (12/16)
(If Q6=Yes) Implementation of the strategy or plan scheduled for review										
6a OC	Yes, more than once a year	31.1% (46/148)	53.3% (8/15)	22.2% (4/18)	25% (6/24)	41.7% (10/24)	41.2% (7/17)	13.6% (3/22)	31.3% (5/16)	25% (3/12)
	Yes, once a year	45.3% (67/148)	40% (6/15)	33.3% (6/18)	50% (12/24)	45.8% (11/24)	41.2% (7/17)	63.6% (14/22)	62.5% (10/16)	8.3% (1/12)
	Yes, less than once a year	19.6% (29/148)	6.7% (1/15)	38.9% (7/18)	20.8% (5/24)	8.3% (2/24)	11.8% (2/17)	22.7% (5/22)	6.3% (1/16)	50% (6/12)
	No	4.1% (6/148)	0% (0/15)	5.6% (1/18)	4.2% (1/24)	4.2% (1/24)	5.9% (1/17)	0% (0/22)	0% (0/16)	16.7% (2/12)
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)	88.2% (15/17)	81.5% (22/27)	76.7% (23/30)	82.4% (28/34)	100% (25/25)	89.7% (26/29)	94.1% (16/17)	75% (12/16)
32 OC	There is access to advocacy services with experience and training in working with people with dementia	93.3% (182/195)	100% (17/17)	81.5% (22/27)	86.7% (26/30)	100% (34/34)	88% (22/25)	100% (29/29)	100% (17/17)	93.8% (15/16)

Environment

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	41.2% (7/17)	48.2% (13/27)	46.7% (14/30)	41.2% (14/34)	72% (18/25)	69% (20/29)	70.6% (12/17)	37.5% (6/16)
	All adult wards/areas	9.2% (18/195)	29.4% (5/17)	0% (0/27)	10% (3/30)	8.8% (3/34)	12% (3/25)	3.4% (1/29)	11.8% (2/17)	6.3% (1/16)
	All care of the elderly wards/areas	14.9% (29/195)	17.6% (3/17)	22.2% (6/27)	13.3% (4/30)	26.5% (9/34)	8% (2/25)	6.9% (2/29)	11.8% (2/17)	6.3% (1/16)
	Designated dementia wards only	3.6% (7/195)	0% (0/17)	7.4% (2/27)	3.3% (1/30)	2.9% (1/34)	0% (0/25)	10.3% (3/29)	0% (0/17)	0% (0/16)
	Other	11.8% (23/195)	11.8% (2/17)	11.1% (3/27)	0% (0/30)	20.6% (7/34)	8% (2/25)	10.3% (3/29)	5.9% (1/17)	31.3% (5/16)
	No	7.2% (14/195)	0% (0/17)	11.1% (3/27)	26.7% (8/30)	0% (0/34)	0% (0/25)	0% (0/29)	0% (0/17)	18.8% (3/16)
34a OC	(If Q34=Yes) Environmental changes based on the review are									
	Completed	15.3% (28/183)	35.3% (6/17)	16.7% (4/24)	18.2% (4/22)	2.9% (1/34)	20% (5/25)	10.3% (3/29)	23.5% (4/17)	6.7% (1/15)

	Underway	62.8% (115/183)	41.2% (7/17)	70.8% (17/24)	68.2% (15/22)	70.6% (24/34)	60% (15/25)	65.5% (19/29)	41.2% (7/17)	73.3% (11/15)
	Planned but not yet underway	13.1% (24/183)	17.6% (3/17)	4.2% (1/24)	9.1% (2/22)	17.6% (6/34)	8% (2/25)	17.2% (5/29)	17.6% (3/17)	13.3% (2/15)
	Planned but funding has not been identified	7.1% (13/183)	5.9% (1/17)	4.2% (1/24)	4.5% (1/22)	8.8% (3/34)	8% (2/25)	3.4% (1/29)	17.6% (3/17)	6.7% (1/15)
	Plans are not in place	1.6% (3/183)	0% (0/17)	4.2% (1/24)	0% (0/22)	0% (0/34)	4% (1/25)	3.4% (1/29)	0% (0/17)	0% (0/15)
	(If Q34=Yes) Service users/carers/lay volunteers have been part of the team reviewing the environment									
34b OC	Throughout the hospital	63.9% (117/183)	64.7% (11/17)	66.7% (16/24)	72.7% (16/22)	64.7% (22/34)	68% (17/25)	79.3% (23/29)	70.6% (12/17)	0% (0/15)
	All adult wards/areas	3.8% (7/183)	11.8% (2/17)	0% (0/24)	0% (0/22)	5.9% (2/34)	0% (0/25)	3.4% (1/29)	11.8% (2/17)	0% (0/15)
	All care of the elderly wards/areas	6% (11/183)	0% (0/17)	8.3% (2/24)	9.1% (2/22)	17.6% (6/34)	4% (1/25)	0% (0/29)	0% (0/17)	0% (0/15)
	Designated dementia wards only	2.2% (4/183)	0% (0/17)	4.2% (1/24)	0% (0/22)	2.9% (1/34)	0% (0/25)	3.4% (1/29)	5.9% (1/17)	0% (0/15)
	Other	9.3% (17/183)	5.9% (1/17)	16.7% (4/24)	4.5% (1/22)	5.9% (2/34)	16% (4/25)	0% (0/29)	5.9% (1/17)	26.7% (4/15)
	They have not been part of the team	14.8% (27/183)	17.6% (3/17)	4.2% (1/24)	13.6% (3/22)	2.9% (1/34)	12% (3/25)	13.8% (4/29)	5.9% (1/17)	73.3% (11/15)

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)	64.7% (11/17)	29.2% (7/24)	54.6% (12/22)	32.4% (11/34)	60% (15/25)	48.3% (14/29)	52.9% (9/17)	60% (9/15)
	Yes, once the work is completed	40.4% (74/183)	23.5% (4/17)	37.5% (9/24)	31.8% (7/22)	55.9% (19/34)	32% (8/25)	44.8% (13/29)	47.1% (8/17)	40% (6/15)
	No plans are in place	11.5% (21/183)	11.8% (2/17)	33.3% (8/24)	13.6% (3/22)	11.8% (4/34)	8% (2/25)	6.9% (2/29)	0% (0/17)	0% (0/15)
33 OC	Opportunities for social interaction for patients with dementia are available									
	On all adult wards	17.4% (34/195)	23.5% (4/17)	25.9% (7/27)	16.7% (5/30)	17.6% (6/34)	24% (6/25)	6.9% (2/29)	5.9% (1/17)	18.8% (3/16)
	On care of the elderly wards	35.9% (70/195)	35.3% (6/17)	48.1% (13/27)	33.3% (10/30)	29.4% (10/34)	24% (6/25)	37.9% (11/29)	29.4% (5/17)	56.3% (9/16)
	Other	41% (80/195)	41.2% (7/17)	25.9% (7/27)	46.7% (14/30)	38.2% (13/34)	48% (12/25)	44.8% (13/29)	58.8% (10/17)	25% (4/16)
	No	5.6% (11/195)	0% (0/17)	0% (0/27)	3.3% (1/30)	14.7% (5/34)	4% (1/25)	10.3% (3/29)	5.9% (1/17)	0% (0/16)



Discharge

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

Discharge coordination

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	94.1% (16/17)	100% (27/27)	83.3% (25/30)	100% (34/34)	84% (21/25)	96.6% (28/29)	94.1% (16/17)	75% (12/16)
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	88.3% (158/179)	93.8% (15/16)	74.1% (20/27)	84% (21/25)	91.2% (31/34)	90.5% (19/21)	89.3% (25/28)	93.8% (15/16)	100% (12/12)
28b OC	(If Q28=Yes) This person/team has experience of working with people with dementia and their carers:	98.9% (177/179)	100% (16/16)	100% (27/27)	96% (24/25)	100% (34/34)	100% (21/21)	100% (28/28)	93.8% (15/16)	100% (12/12)
29 CA	Named person/identified team co-ordinated the discharge plan	85.3% (91.15, 80-98) (5950/6975)	88% (580/659)	89.7% (830/925)	75.2% (795/1057)	84.5% (1034/1224)	85% (827/973)	92% (958/1041)	90.2% (535/593)	77.7% (391/503)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
Evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with										
30a	The person with dementia	56.5% (54.35, 41-75) (3386/5994)	50.7% (287/566)	62.1% (450/725)	53.2% (486/914)	47.8% (540/1130)	55.7% (453/813)	66.6% (585/878)	66.5% (343/516)	53.5% (242/452)
30b	The person's carer/relative	83.1% (85.2, 76-94) (5613/6754)	82.2% (521/634)	79.7% (689/864)	80.7% (814/1009)	79.4% (952/1199)	85.5% (827/967)	88.4% (898/1016)	90.7% (525/579)	79.6% (387/486)
30c	The consultant responsible for the patient's care	76.5% (82.3, 65-94) (5514/7211)	73.7% (494/670)	78.4% (741/945)	60.8% (668/1099)	80.9% (1015/1255)	73.7% (758/1029)	84.5% (893/1057)	84% (530/631)	79% (415/525)
30d	Other members of the multidisciplinary team	85.1% (87.5, 78-96) (6134/7211)	84.9% (569/670)	84.6% (799/945)	80.1% (880/1099)	83.3% (1046/1255)	86% (885/1029)	90.6% (958/1057)	89.2% (563/631)	82.7% (434/525)

Discharge planning

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
31	A single plan/summary for discharge with clear updated information has been produced	85.8% (93.5, 82-100) (5988/6975)	90.7% (598/659)	83.8% (775/925)	85.7% (906/1057)	88.6% (1085/1224)	80.2% (780/973)	90.5% (942/1041)	87% (516/593)	76.7% (386/503)
32	Support needs documented in the discharge plan/summary	61.5% (60.65, 47-80) (4288/6975)	62.2% (410/659)	62.8% (581/925)	57.1% (604/1057)	60.1% (736/1224)	60.3% (587/973)	68.7% (715/1041)	62.6% (371/593)	56.5% (284/503)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
33 CA	Patient and/or carer received a copy of the plan/ summary	88.1% (97.1, 87-100) (5886/6679)	95.2% (616/647)	92.6% (825/891)	94.7% (950/1003)	87.1% (1022/1174)	91.2% (835/916)	97% (985/1015)	84.3% (485/575)	36.7% (168/458)
34 CA	Copy of the discharge plan/summary sent to the GP/primary care team	94.3% (97.75, 94-100) (6575/6975)	97% (639/659)	93.6% (866/925)	96.2% (1017/1057)	95.7% (1171/1224)	93.8% (913/973)	97.7% (1017/1041)	90.6% (537/593)	82.5% (415/503)
35 CA	Discharge planning initiated within 24 hours of admission	51.3% (50, 30-77) (2665/5191)	49.5% (238/481)	57.4% (378/659)	43% (365/848)	39.2% (338/863)	58.3% (437/750)	59% (442/749)	73.4% (314/428)	37% (153/413)
(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours										
35a CA	Patient acutely unwell	61.3% (61.7, 42-82) (1239/2020)	55.6% (105/189)	67.5% (193/286)	63.3% (159/251)	64% (251/392)	57.3% (160/279)	53.2% (164/308)	65.5% (133/203)	66.1% (74/112)
	Patient awaiting assessment	8.8% (0, 0-13) (177/2020)	13.2% (25/189)	5.6% (16/286)	8% (20/251)	5.6% (22/392)	8.6% (24/279)	12.7% (39/308)	8.4% (17/203)	12.5% (14/112)
	Patient awaiting history/results	7.7% (0, 0-10) (156/2020)	4.8% (9/189)	3.8% (11/286)	7.6% (19/251)	6.9% (27/392)	15.1% (42/279)	11.4% (35/308)	4.9% (10/203)	2.7% (3/112)
	Patient awaiting surgery	9.6% (0, 0-14) (193/2020)	8.5% (16/189)	9.4% (27/286)	10.8% (27/251)	11.5% (45/392)	7.5% (21/279)	9.4% (29/308)	7.4% (15/203)	11.6% (13/112)
	Patient presenting confusion	5.8% (0, 0-9) (118/2020)	9% (17/189)	6.3% (18/286)	6% (15/251)	5.9% (23/392)	2.5% (7/279)	6.5% (20/308)	8.9% (18/203)	0% (0/112)
	Patient on end of life plan	0% (0, 0-0) (1/2020)	0% (0/189)	0% (0/286)	0% (0/251)	0% (0/392)	0% (0/279)	0% (0/308)	0% (0/203)	0.9% (1/112)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Patient being transferred to another hospital	0.2% (0, 0-0) (5/2020)	0% (0/189)	0% (0/286)	0.4% (1/251)	0.3% (1/392)	0% (0/279)	0.3% (1/308)	0.5% (1/203)	0.9% (1/112)
	Patient unresponsive	0.3% (0, 0-0) (7/2020)	0% (0/189)	1.4% (4/286)	0% (0/251)	0.3% (1/392)	0.4% (1/279)	0.3% (1/308)	0% (0/203)	0% (0/112)
	Patient being discharged to nursing/residential care	5% (0, 0-6) (100/2020)	7.9% (15/189)	4.9% (14/286)	2.4% (6/251)	4.8% (19/392)	6.1% (17/279)	5.5% (17/308)	3.4% (7/203)	4.5% (5/112)
	Other	1.2% (0, 0-0) (24/2020)	1.1% (2/189)	1% (3/286)	1.6% (4/251)	0.8% (3/392)	2.5% (7/279)	0.6% (2/308)	1% (2/203)	0.9% (1/112)

Involving the person with dementia in decision making

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
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)	56.5% (126/223)	51.9% (163/314)	51.5% (190/369)	58.7% (250/426)	69.1% (221/320)	64.8% (230/355)	68.8% (139/202)	59.5% (125/210)
(If Q28=Yes)										
28a (i) CA	There are documented concerns about the patient's capacity to consent to the referral	69.5% (72.7, 55-89) (1003/1444)	50.8% (64/126)	64.4% (105/163)	64.2% (122/190)	65.1% (162/249)	72.9% (161/221)	75.7% (174/230)	83.5% (116/139)	78.4% (98/125)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
28a (ii) CA	The patient had capacity on assessment and their consent is documented	11% (0, 0-17) (110/1003)	7.8% (5/64)	5.7% (6/106)	12.3% (15/122)	10.5% (17/162)	12.4% (20/161)	16.1% (28/174)	8.6% (10/116)	9.2% (9/98)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	71.5% (80, 50-100) (717/1003)	75% (48/64)	83% (88/106)	67.2% (82/122)	64.2% (104/162)	71.4% (115/161)	66.1% (115/174)	69.8% (81/116)	85.7% (84/98)
	There is no record of either consent or best interest decision making*	17.5% (0, 0-29) (176/1003)	17.2% (11/64)	11.3% (12/106)	20.5% (25/122)	25.3% (41/162)	16.1% (26/161)	17.8% (31/174)	21.6% (25/116)	5.1% (5/98)
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)	49.2% (62/126)	35.6% (58/163)	35.8% (68/190)	34.9% (87/249)	27.1% (60/221)	24.3% (56/230)	16.5% (23/139)	21.6% (27/125)
28a (iii) CA	The patients consent was requested and this is recorded	27.7% (0, 0-50) (122/441)	29% (18/62)	24.1% (14/58)	8.8% (6/68)	27.6% (24/87)	41.7% (25/60)	30.4% (17/56)	30.4% (7/23)	40.7% (11/27)
	There is no record of the patients consent*	72.3% (100, 50-100) (319/441)	71% (44/62)	75.9% (44/58)	91.2% (62/68)	72.4% (63/87)	58.3% (35/60)	69.6% (39/56)	69.6% (16/23)	59.3% (16/27)

Carer involvement and support

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
Carers or family have received notice of discharge and this is documented									
36 CA Less than 24 hours	20.7% (18.05, 8-31) (1493/7211)	24.8% (166/670)	15.7% (148/945)	26.1% (287/1099)	20.8% (261/1255)	23.5% (242/1029)	18.8% (199/1057)	15.1% (95/631)	18.1% (95/525)
24 hours	12.3% (9.1, 3-18) (889/7211)	9.3% (62/670)	11.2% (106/945)	10.8% (119/1099)	11.2% (141/1255)	16.6% (171/1029)	14.8% (156/1057)	12.5% (79/631)	10.5% (55/525)
25 - 48 hours	15.8% (13, 7-22) (1140/7211)	21% (141/670)	14.8% (140/945)	17% (187/1099)	13% (163/1255)	13.6% (140/1029)	14.2% (150/1057)	22.3% (141/631)	14.9% (78/525)
More than 48 hours	26.3% (23.2, 11-41) (1897/7211)	21.6% (145/670)	25.8% (244/945)	21.5% (236/1099)	21.4% (269/1255)	26% (268/1029)	35% (370/1057)	32.3% (204/631)	30.7% (161/525)
No notice at all	0.5% (0, 0-0) (37/7211)	0.7% (5/670)	0.5% (5/945)	0.4% (4/1099)	0.6% (7/1255)	0.9% (9/1029)	0.4% (4/1057)	0.3% (2/631)	0.2% (1/525)
Not documented	22.6% (20.6, 10-30) (1627/7211)	21.6% (145/670)	28.7% (271/945)	22.5% (247/1099)	31.3% (393/1255)	18.1% (186/1029)	15.1% (160/1057)	15.7% (99/631)	24% (126/525)
No carer, family, friend/could not contact	1.7% (0, 0-3) (124/7211)	0.9% (6/670)	3.2% (30/945)	1.7% (19/1099)	1.6% (20/1255)	1.2% (12/1029)	1.6% (17/1057)	1.7% (11/631)	1.7% (9/525)
Patient specified information to be withheld	0.1% (0, 0-0) (4/7211)	0% (0/670)	0.1% (1/945)	0% (0/1099)	0.1% (1/1255)	0.1% (1/1029)	0.1% (1/1057)	0% (0/631)	0% (0/525)
37 CA An assessment of the carer's current needs has	68.6% (72.45, 53-89)	68.1% (209/307)	67.8% (311/459)	62.7% (373/595)	69.7% (465/667)	76.9% (396/515)	70% (367/524)	61% (133/218)	68.7% (224/326)

	taken place in advance of discharge	(2478/3611)								
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Assessment before discharge

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
24 CA Cognitive testing, using a validated structured instrument carried out at point of discharge	10.7% (5.3, 2-13) (771/7211)	10.7% (72/670)	18.2% (172/945)	8% (88/1099)	7.2% (90/1255)	7.5% (77/1029)	15.4% (163/1057)	12% (76/631)	6.3% (33/525)
(If 24=No) Reasons why was this not completed									
24 a CA Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	12.5% (7.95, 3-19) (806/6440)	10.9% (65/598)	16% (124/773)	13.9% (141/1011)	6% (70/1165)	17.3% (165/952)	14.3% (128/894)	9.7% (54/555)	12% (59/492)
Not documented/unknown	79.6% (86.25, 71-95) (5125/6440)	77.8% (465/598)	70.6% (546/773)	79.9% (808/1011)	84.2% (981/1165)	76.1% (724/952)	80.4% (719/894)	84.1% (467/555)	84.3% (415/492)
Other	7.9% (2.65, 0-8) (509/6440)	11.4% (68/598)	13.3% (103/773)	6.1% (62/1011)	9.8% (114/1165)	6.6% (63/952)	5.3% (47/894)	6.1% (34/555)	3.7% (18/492)
25 CA Cause of cognitive impairment was summarised and recorded	70.6% (76.4, 57-87) (5092/7211)	71.5% (479/670)	79.8% (754/945)	62.7% (689/1099)	65.8% (826/1255)	69.7% (717/1029)	80.1% (847/1057)	74.3% (469/631)	59.2% (311/525)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
26 CA	Symptoms of delirium	36% (36.65, 24-47) (2594/7211)	33.3% (223/670)	42.1% (398/945)	31.7% (348/1099)	41.3% (518/1255)	34.7% (357/1029)	34.8% (368/1057)	31.4% (198/631)	35% (184/525)
26 a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	46.6% (42.1, 26-64) (1210/2594)	50.2% (112/223)	57.3% (228/398)	36.2% (126/348)	46.5% (241/518)	40.9% (146/357)	49.7% (183/368)	50% (99/198)	40.8% (75/184)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	18% (16.7, 11-24) (1299/7211)	19.3% (129/670)	18% (170/945)	17.6% (193/1099)	18.1% (227/1255)	20% (206/1029)	15.7% (166/1057)	17% (107/631)	19.2% (101/525)
27 a CA	(If Q27=Yes) Behavioural and psychological symptoms of dementia summarised for discharge	44.2% (42.9, 23-67) (574/1299)	45.7% (59/129)	53.5% (91/170)	36.8% (71/193)	39.2% (89/227)	40.3% (83/206)	50.6% (84/166)	43.9% (47/107)	49.5% (50/101)

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) (11) 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) and the transmission of information at transfer home 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 or another structured tool such as PLACE 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.

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