National Audit of Dementia
Round 4 (2018)
Guidance for the Organisational Checklist

March 2018

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# Timeline for data collection

The data collection period will be staggered as shown below. This is the guidance document for the organisational checklist.

<table>
<thead>
<tr>
<th>Organisational checklist</th>
<th>Casenote audit</th>
<th>Carer questionnaire</th>
<th>Staff questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>Guidance issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Data collection opens 16 April</td>
<td>Guidance issued</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Data collection opens 21 May (collecting data for discharges from April 2018)</td>
<td>Guidance issued</td>
<td>Guidance issued</td>
</tr>
<tr>
<td>June</td>
<td>Deadline: 15 June</td>
<td>Data collection opens 4 June</td>
<td>Data collection opens 4 June</td>
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<tr>
<td>July</td>
<td></td>
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<tr>
<td>August</td>
<td></td>
<td></td>
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<tr>
<td>September</td>
<td>Deadline: 21 September</td>
<td>Data Collection closes: 21 September</td>
<td>Data collection closes: 21 September</td>
</tr>
</tbody>
</table>
Contacting the Project Team

For any queries, please contact the NAD Project Team at:

nad@rcpsych.ac.uk

You may also find the information you need on the website:

www.nationalauditofdementia.org.uk

Or you can contact the team individually:

**Chloë Hood, Programme Manager**
chloe.hood@rcpsych.ac.uk
020 3701 2682

**Chloë Snowdon, Deputy PM**
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**Samantha Ofili, Project Worker**
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lori.bourke@rcpsych.ac.uk
020 3701 2681

**Emily Rayfield, Project Administrator**
emily.rayfield@rcpsych.ac.uk
020 3701 2688
Before you begin:

Please make sure you TEST the online data collection link before data collection opens:
http://rcop.formic.com/webforms/

This brings up Formic Web Forms. Click the Login button in the top left of the page to get to the login page. You will then need to enter the unique username and password for your hospital. These will be sent via post to your nominated audit lead.

If you cannot access the Formic Web Forms page, this is probably due to your local IT settings and you will need to contact your IT department to ask them to approve the link.

Anyone entering data for the organisational checklist or casenote audit, as well as all staff accessing the staff questionnaire online will need access to this website, so please do arrange for this as soon as possible.

IDENTIFY the key people you are going to work with. This is a complex audit which should not be carried out by a single lead. The guidance for each tool gives some suggestions of colleagues who could help you to collect and co-ordinate the return of the different types of data required.

Let us know if we can help. We are available to answer queries within office hours, or you can email us, and we will respond as soon as we can.

We look forward to working with you.
Completing the organisational checklist

Each hospital site is expected to submit one organisational checklist between 16 April and 15 June 2018.

Input will be required from:

- Your local audit lead;
- Senior staff from your Clinical Governance Board and Information Services (or equivalent);
- Staff who normally undertake audit, i.e. audit department or information services staff, or junior doctors.

Estimated time to complete:

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>The local audit lead should meet with a senior member of the clinical governance team for <strong>about an hour</strong> to go through the questions, allocate responsibility for providing the information, and identify any other colleagues who may need to be involved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>A date should be set for a future meeting of <strong>45 minutes</strong> at which any additional colleagues are present and the necessary information can be collated. This group then agrees and signs off the data provided.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>The data should then be entered via the online tool. This will take a further <strong>20-30 minutes</strong>.</td>
</tr>
</tbody>
</table>

**N.B. Meetings may be face to face or virtual – some sites were able to complete the tool using email and teleconferencing in previous rounds of audit.**

**How to enter data online**

To access the organisational checklist, you will need to login to your hospital specific account. More than one person can access this account at the same time so please make sure you are aware of other people using the account to avoid duplication.

To login, follow this link: [http://rcop.formic.com/webforms/](http://rcop.formic.com/webforms/) and enter the username and password sent to the NAD lead at your hospital. You will also need your 4 character hospital code. If you are not able to obtain these details from your local audit lead, contact the project team on 020 3701 2681 or 020 3701 2707.

Step by step guidance on using the web forms is available on the [website](http://rcop.formic.com/webforms/).

**Please note:** when entering data in free text comment boxes, please avoid the use of paragraph breaks (enter on the keyboard) and commas. This affects the download data function.
Saving and submitting a questionnaire

You can save an incomplete questionnaire and go back to it by clicking “Save” at any point.

You can access all saved forms when you login by clicking on the text that says "You have X partially completed copies of this form". All saved forms will then appear below (please see image below).

You can continue to work on and save a form until it is ready to submit. If you are leaving a form inactive for more than 5 minutes, we recommend you save the form to come back to later. The website will automatically time out after 20 minutes of inactivity. When you have completed the form and are happy to send off the data, please press "submit" to send the organisational checklist to the Project Team. We cannot see any saved forms, only those which have been submitted.

Please note: submission is final, and data can no longer be retrieved or amended once the checklist has been submitted. All data must be submitted by 15 June.

Question routing

Some questions on the checklist are routed, depending on previous answers. This means that some will not appear if a particular response to a previous question is chosen. The routing of questions is detailed on the printable PDF form which you can find on the website.

When submitting data online you will be prompted to return and answer any mandatory questions that have been missed. All questions are mandatory unless marked as optional.

Guidance to questions

Brief guidance to individual questions is provided in the tool. Supplementary guidance for some of the questions is below. If you need any further guidance before answering a question, please contact the project team (see page 3).
Q4. There are champions for dementia at: a) ward level b) directorate level

By dementia champions, we mean staff who:

- Provide support and advice to colleagues on dementia care in the hospital; and
- Are in touch with other dementia champions in the hospital/trust/health board about dementia care improvement initiatives.

It does not mean any staff who have had ‘Dementia Friends’ training or dementia awareness training (as all staff who have direct contact with people with dementia should have this training). Dementia Champions are expected to have knowledge/experience superior to this.

Dementia Champions at directorate level (Q4b)

If there is at least 1 Dementia Champion at Directorate level, please answer Yes. There does not need to be a champion for every directorate.

Q5. How many Full Time Equivalent (FTE) Dementia Specialist Nurses are employed to work in the trust/health board?

Calculating FTE Dementia Specialist Nurses:

- If there are 2 part-time (0.5) Dementia Specialist Nurses then this would equal 1 FTE, so enter 1 in the box
- If there is 1 full-time Dementia and Frailty Specialist Nurse who spends 75% of their time dedicated to dementia, then this would be entered as 0.75 in the box
- If there are no Dementia Specialist Nurses in your trust/health board, enter 0.

Inclusion and Exclusion criteria:

- The role of a Dementia Specialist Nurse can be a shared role
- A Dementia Specialist Nurse can be seconded to the hospital (for example from a mental health trust)
- Psychiatric Liaison team members should not be included in this figure, unless their work is formally focused on dementia care
- Please only include nurses. If you would like to highlight other healthcare professionals in the trust/health board that have dementia specialist roles, please mention this in the comment box provided in Q5a. The NAD project team will review this in data cleaning and analysis and reflect it in reporting, where applicable.

Q6. Has a strategy or plan for carer engagement been produced? (E.g. using Triangle of Care self-assessment tool or similar)?

The ‘triangle of care’ is an example of a tool for carer engagement. Please note this tool is provided as an example and you may have used a different tool where appropriate. The triangle of care can be accessed here:

https://professionals.carers.org/triangle-care-dementia
Q8. Ward staffing levels (nurses, midwives and care staff) are made available for the public to view

Staffing levels available on the ward can be updated daily or weekly.

Q9. An evidence-based tool is used for establishing ward staffing levels

Below are links to resources which provide examples of tools used to establish ward staffing levels. Please note these are only provided as examples, and you may use a different tool where appropriate:

https://www.nice.org.uk/guidance/sg1
https://improvement.nhs.uk/resources/safe-staffing-improvement-resources-adult-inpatient-acute-care/

Q11. Passport or other scheme in place to allow carers to visit at any time

Examples of passports, charters, reports and other resources developed by hospitals can be found here:

http://johnscampaign.org.uk/#/resources

Q12. Instances of night time bed moves (i.e. between 8pm and 8am) are noted and reported at executive board level:

Please note the definition of night time bed moves has changed from Round 3 of the audit. Night time bed moves are now defined as between 8pm and 8am.

Q15. Documenting use of personal information in practice

For this question, you will need to select three wards which have a high proportion of admissions of people with dementia. You could establish this by:

a) Comparing admissions over a single month, e.g. March 2018, or
b) Holding a discussion with MDTs to get feedback on which wards have most patients of highest dependency due to cognitive impairment, or
c) A combination of the above.

Once you have selected your wards, carry out the mini audit as in Q15:

- Identify eligible patients across the three wards (see inclusion/exclusion criteria on the next page)
- Organise the list in alphabetical order by surname
- Review notes of the first 10 patients and check for the presence of a personal information document.

You only need to include 10 patients overall, and not 10 for each ward. Though if you would like to include more than 10, that is fine.
Inclusion and Exclusion criteria

Please note that you should only include patients with diagnosed or known dementia. You should not include:

- Patients where dementia is recently suspected and unknown to family or carers
- Patients with dementia without communication problems (i.e. people with dementia who can make their needs and preferences known without the aid of a personal information document)
- Newly admitted patients whose admission is too recent for the information to have been collected from family or carers (e.g. if your target for having the information in place is 72 hours, exclude patients admitted for a shorter time)
- Patients where the information document has been given to a family member/carer to complete, and not yet returned.

For each patient who did not have a personal information document, please provide a reason why in the comment box provided in Q15c. If this is not known, please write this. Reasons will be reviewed in data cleaning and analysis and reported where appropriate.

Q23. How many staff were provided with training in at least Tier 1/’informed’/dementia awareness between 1 April 2017 – 31 March 2018

In Round 3, hospitals were asked to provide total number of staff who received dementia awareness training and within that, the total number of nursing staff trained.

For Round 4, we have altered this question to reflect the information hospitals reported was available. We are asking you to provide the total number of staff trained in ‘tier 1’/’informed’/dementia awareness training only from 2017-2018. Where possible, please provide this information at both trust and hospital level.

Q24. What is the total number of adult beds in your hospital at 31 March 2018?

This should:
- Be adult inpatient beds only
- Exclude maternity
- Exclude mental health
- Exclude A&E
- Include MAU

Q25. 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

This question refers to employees who are not directly employed by the hospital but who have direct contact with patients on the wards - for example security, domestic, catering.

If Dementia training is specified in some but not all contracts, please select other and specify in the box the proportion of contracts where it is included.
Section 7: Environment

Below are two examples of tools for reviewing the environment within the hospital for people with dementia. Please note these tools are provided as examples and you may have used a different tool where appropriate.

The King’s Fund Enhancing the Healing Environment tool can be found here:

http://www.kingsfund.org.uk/projects/enhancing-healing-environment

And the Patient Led Assessment of the Care Environment (PLACE) ward assessment can be found here:

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