

National Results: First round and second round comparison - all participating hospitals

Data for the second round of audit were collected between April and October 2012.

Each hospital was asked to complete:

- **a hospital organisational checklist** to audit the service structures, policies, key staff and care processes that impact on service planning and provision for the care of people with dementia within a general hospital;
- **a retrospective case note audit** of the records of a minimum of 40 patients with a diagnosis or current history of dementia, audited against a checklist of standards that relate to their admission, assessment, care planning/delivery, and discharge. Audit was of a single admission, and eligible admissions were of five days or longer.

All registered hospitals submitted data for the audit; all 210 hospitals submitted a hospital organisational checklist and 206 hospitals audited case notes.

Audit module	Number of hospitals (N=210)	Data received
Organisational checklist	210	210 checklists
Case note audit	206	7987 case notes

Standards in the audit

The standards compiled for the audit, together with a full list of source documents, can be found at www.nationalauditofdementia.org.uk

Classification of standards in the audit

The classification of the standards is in accordance with the following broad principles:

Type 1: failure to meet these standards 100% would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

Type 2: standards that an organisation/ward would be expected to meet in normal practice;

Type 3: standards that an organisation/ward should meet to achieve excellent practice.

See the standards document available on the audit's [website](#).

Data collection for the audit

The data collection tools (checklists and questionnaires) used to collect data for this audit, together with full guidance provided to participants, are available on the audit's [website](#).

Comparison between first and second round audit data

Over both rounds (R1R2) 201 hospitals submitted an organisational checklist in both, and 195 submitted case notes in both. Comparison between rounds limited to this sample can be found on the audit's [website](#). However, it was found that the differences were very small/non-existent when comparing all R1 national data and all R2 national data, to comparing R1 and R2 within the "R1R2 sample". Therefore, for ease of presentation, and given the high commonality of participants, comparisons are shown between the total samples in both rounds.

Audit tools have been revised since the first round of audit, in line with the updating and amendment of the standards. This has meant modification or replacement of some questions. Comparisons between rounds are made where questions in each round were identical, or where only minor changes were made.

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Key for the organisational checklist

Std no. [Type]	Question number and text	Round 2 % Num/Den	Round 1 % Num/Den
Reference and type of standard.	Question number and wording as in tool, including the response options e.g. (y/n).	We have provided the percentage 'yes' response (unless otherwise indicated) received by all hospitals in England and Wales that participated in the second round of audit, followed by the numerator/denominator. The denominator will change throughout the report, depending if questions are routed (not asked in some instances).	If the same question or a similar question was asked in round 1, we have provided the 'yes' response received by all hospitals in England and Wales that participated in the first round of audit, followed by the numerator/denominator

Key for the case note audit

Std no. [Type]	Question number and text	Round 2 %, Num/Den (Median, IQR)	Round 1 % Num/Den
Reference and type of standard.	Question number and wording as in tool, including the response options e.g. (y/n).	We have provided the percentage 'yes' response (unless otherwise indicated) received by all hospitals in England and Wales that participated in the second round of audit, followed by the numerator/denominator*. The median (median percentage from all sites) and IQR (interquartile range - spread of data between the first quartile, 25%, and the third quartile, 75%) have also been provided to provide site variation context.	If the same question or a similar question was asked in round 1, we have provided the 'yes' response received by all hospitals in England and Wales that participated in the first round of audit, followed by the numerator/denominator.

* The denominator will change throughout the report, depending if questions are routed (not asked in some instances) and if an 'N/A' response has been chosen, these have been excluded from the analysis.

Total sample size

	Round 2	Round 1
Organisational checklist	210 checklists	210 checklists
Case note audit	7987 case notes	7934 case notes

What are we measuring?

Standards measured in this theme were derived from a range of national and professional guidance including the [National Dementia Strategy](#); the [1000 Lives Plus Programme](#); the [NICE dementia guideline](#), and the Alzheimer's Society report [Counting the Cost](#).

Previous findings/recommendations

The first round of audit found a lack of leadership and whole organisation commitment to deliver high quality care. The national report recommended that Trust/Health Boards needed to:

- Identify a senior clinician in each hospital to take charge of the care pathway.
- Identify Dementia Champions, including at ward-level.
- Systematically collect information relating to the care experience of people with dementia in hospital to identify necessary improvements to overall governance and process.

CARE PATHWAY FOR DEMENTIA

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
4.1 [2]	1	A care pathway for patients with dementia is in place:		
		Yes	35.7% 75/210	5.7% 12/210
		In development	50.5% 106/210	-
3.5 [2]	1a	(If Q1=Yes) The care pathway is adaptable for use within or fitted to the following existing care pathways:		
		Acute (y/n)	96% 72/75	-
		Palliative (y/n)	81.3% 61/75	-
		End of life (y/n)	86.7% 65/75	-
4.2 [2]	1b	(If Q1=Yes or In development) A senior clinician is responsible for implementation and/or review of the care pathway (y/n)	94.5% 171/181	65.7% 92/140
-	1c	(if Q1b=Yes) Please identify who leads the work of the hospital or Trust on this:		
		Clinical/Medical Director	9.4% 16/171	-
		Consultant Geriatrician/Specialist Physician in Elderly Care	66.7% 114/171	
		Consultant Psychiatrist	5.8% 10/171	
		Consultant Physician	3.5% 6/171	
		Consultant Nurse	2.9% 5/171	
		Lead Nurse Practitioner/Matron	7% 12/171	
		Other	4.7% 8/171	

INVOLVEMENT OF THE EXECUTIVE BOARD

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
4.7 [2]		The Executive Board regularly reviews information collected on:		
	3a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	28.1% 59/210	7.6% 16/210
	3b	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers (y/n)	34.8% 73/210	19.5% 41/210
4.4 [2]	4	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	46.7% 98/210	31.4% 66/210
4.5 [2]		The Executive Board regularly receives feedback from the following:		
	5a	The Clinical Leads for older people and people with dementia including Modern Matrons/Nurse Consultants (y/n)	73.8% 155/210	47.6% 100/210
	5b	Complaints – analysed by age (y/n)	51.4% 108/210	41.9% 88/210
	5c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n) *	54.9% 106/193	37.1% 78/210
	5d	Patient Forums or Local Involvement Networks – in relation to services for older people and people with dementia (y/n)	58.6% 123/210	32.4% 68/210

* Hospitals in Wales have been excluded from this question as they do not have PALS.

ACCESS TO SERVICES AND SUPPORT FOR STAFF

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
4.3 [1]	2	There is a named officer with designated responsibility for the protection of vulnerable adults (y/n)	99.5% 209/210	95.2% 200/210
4.9 [2]	7	Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate (y/n)	99.5% 209/210	98.6% 207/210
4.11 [2]		There are champions for dementia at:		
	8a	Directorate level (y/n)	81.9% 172/210	-
	8b	Ward level (y/n)	76.2% 160/210	-

Theme 1: Governance

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
6.2 [2]	35	The hospital has access to intermediate care services, which will admit people with dementia (y/n)	83.8% 176/210	69% 145/210
6.3 [3]	35a	(If Q35=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission (y/n)	78.4% 138/176	73.6% 106/144
7.1 [2]	36	There is a named dignity lead to provide guidance, advice and consultation to staff (y/n)	85.7% 180/210	78.6% 165/210
6.7 [2]	38	There is a social worker or other designated person responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies (y/n)	57.6% 121/210	-
6.8 [1]	39	There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating (y/n)	95.7% 201/210	97.1% 204/210
	39a	(If Q39=Yes) Specialist assessment and advice can be obtained from:		
		Speech and Language Therapist (y/n)	99.5% 200/201	100% 204/204
		Dietician (y/n)	99% 199/201	100% 204/204
	Other (y/n)	61.7% 124/201	47.1% 96/204	
6.9 [3]	40	There is access to an interpreting service which meets the needs of people with dementia in the hospital (y/n)	58.6% 123/210	60.5% 127/210
6.10 [2]	41	There is access to advocacy services with experience and training in working with people with dementia (y/n)	85.2% 179/210	82.9% 174/210

PROTECTED MEALTIMES

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia (y/n)	96.2% 202/210	-
	12a	(If Q12=Yes) Wards' adherence to protected mealtimes is reviewed and monitored (y/n)	97% 196/202	-

What are we measuring?

Standards were derived mainly from the British Geriatrics Society (2005) [Comprehensive Assessment for the Frail Older Patient](#); and NICE guidelines for [Dementia](#) and [Delirium](#).

Previous findings/recommendations

The first round of audit found a mismatch between procedure and practice. Key physical assessments were not routinely carried out and assessments in use were not always standardised. There was a lack of mental health assessment at admission and discharge, and a need for appropriate social assessment to ensure safe and effective discharge processes.

PHYSICAL HEALTH ASSESSMENTS

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.9 [1]	9a	Multidisciplinary assessment includes problem list (y/n)	94.8% 199/210	89.5% 188/210
	9b	Multidisciplinary assessment includes comorbid conditions (y/n)	100% 210/210	95.2% 200/210
	9c	Multidisciplinary assessment includes current medication including dosage and frequencies (y/n)	100% 210/210	-
	9d	Multidisciplinary assessment includes assessment of functioning using a standardised instrument – i.e. basic activities of daily living, instrumental activities of daily living, mobility (y/n)	83.8% 176/210	83.8% 176/210
	9f	Multidisciplinary assessment includes nutritional status (y/n)	100% 210/210	96.2% 202/210
	10	As part of the initial assessment, the patient's BMI (Body Mass Index) or weight is recorded, wherever possible (y/n)	99% 208/210	-

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
1.9 [1]	13	The multidisciplinary assessment includes problem list (y/n)	90.1% 7197/7987 (95%, 86 – 98%)	90.5% 7182/7933
	14	The multidisciplinary assessment includes comorbid conditions (y/n/na)	96.8% 7657/7913 (98%, 96 – 100%)	96.7% 7637/7896
	15	The assessment includes a record of current medication, including dosage and frequency (yes, there is a record of medication being taken/yes, there is a record that no medication was being taken/no record) *	92.5% 7391/7986 (95%, 90 – 98%)	-

* The national and local results present both positive response options together ('yes, there is a record of medication being taken' and 'yes, there is a record that no medication was being taken')

Theme 2: Assessments

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
1.9 [1]	16	An assessment of mobility was performed by a healthcare professional (y/n/na)	93.7% 6869/7331 (95%, 90 – 98%)	87.1% 6721/7717
	17	An assessment of nutritional status was performed by a healthcare professional (y/n/na)	89.1% 6982/7834 (93%, 85 – 97%)	69.8% 5536/7934
	17a	(If Q17=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index)/weight (y/n/na)	81.3% 5465/6720 (88%, 71 – 95%)	-
1.10 [1]	18	Has a formal pressure sore risk assessment been carried out and score recorded? (y/n)	93.8% 7494/7986 (98%, 90 – 100%)	86.5% 6863/7934
1.12 [1]	19	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/na)	86.6% 6532/7547 (92%, 80 – 97%)	81.4% 6080/7467
1.11 [1]	20	As part of the multidisciplinary assessment has the patient been asked about the presence of any pain? (y/n/na)	86.6% 6617/7638 (92%, 79 – 97%)	76.1% 5736/7534
1.13 [1]	21	Has an assessment of functioning, using a standardised assessment, been carried out? (y/n) *	43.7% 3128/7150 (39%, 18 – 71%)	25.9% 2051/7932

* Patients who were receiving end of life care have been excluded from the analysis of this question as comments from auditors suggested that this question was not appropriate for this group.

MENTAL HEALTH ASSESSMENTS

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.9 [2]	9e	Multidisciplinary assessment includes assessment of mental state using a standardised instrument – i.e. mental status (cognitive) testing (y/n)	96.7% 203/210	73.8% 155/210
1.4 [2]	13	There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment are assessed for the presence of delirium at presentation:		
		Yes	54.8% 115/210	-
		In development	41% 86/210	
1.5 [2]	14	There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment with behaviour changes suggesting the presence of delirium, are clinically assessed by a healthcare professional who is trained and competent in the diagnosis of delirium:		
		Yes	49% 103/210	-
		In development	43.3% 91/210	
1.2 [2]	16	There is a policy or guideline stating that an assessment of mental state is carried out on all patients over the age of 65 admitted to hospital (y/n)	51.4% 108/210	27.6% 58/210

Theme 2: Assessments

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
1.6 [1]	12	Has the patient's mental health history been recorded – dementia or other conditions or symptoms? (y/n/na)	95% 7395/7783 (95%, 93 - 98%)	93.8% 7190/7664
1.3 [2]	22	Has a standardised mental status test been carried out? (y/n/na)	50.2% 3548/7069 (50%, 35 - 68%)	43.1% 3422/7934
1.4 [2]	23	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?		
		Yes, and there were indications that delirium may be present	21.9% 1747/7986 (20%, 10 - 30%)	-
		Yes, but there was no indication that delirium may be present	15.7% 1253/7986 (13%, 5 - 23%)	
1.5 [2]	23a	(If Q23=Yes, delirium may be present) Has the patient been clinically assessed for delirium by a healthcare professional? (y/no assessment)	85.7% , 1497/1747 (89%, 72 - 100%)	-

SOCIAL AND ENVIRONMENTAL ASSESSMENTS

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.16 [2]	11a	Social and environmental assessment includes support provided to the person 'informally' (y/n)	97.1% 204/210	-
1.17 [2]	11b	Social and environmental assessment includes care provision assessment (y/n)	97.6% 205/210	-
1.18 [3]	11c	Social and environmental assessment includes financial support assessment (y/n)	76.7% 161/210	-
1.19 [2]	11d	Social and environmental assessment includes home safety assessment (y/n)	94.3% 198/210	-

Theme 2: Assessments

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
-	24	Has a need for care assessment by a social worker been identified? (y/n/already receiving input/cannot get hold of information) *	53.1% 2884/5427 (53%, 39 – 70%)	-
-	24a	(If Q24=Yes) Has a care assessment by a social worker been requested? (y/n)	94.7% 2731/2884 (97%, 91 – 100%)	-
-	24b	(If Q24a=Yes) Has a care assessment by a social worker been carried out? (y/n)	85.9% 2334/2718 (91%, 75 – 100%)	-
16 [2]	24b1	(If Q24b=Yes) Did the assessment include an assessment of support provided to the person 'informally'? (y/n/na)	88.7% 1883/2122 (93%, 83 – 100%)	-
1.17 [2]	24b2	(If Q24b=Yes) Did the assessment include a formal care provision assessment? (y/n/na)	90.9% 1837/2021 (100%, 86 – 100%)	-
1.18 [3]	24b3	(If Q24b=Yes) Did the assessment include a financial support assessment? (y/n/na)	62.2% 1127/1813 (62%, 33 – 91%)	-
1.19 [2]	24b4	(If Q24b=Yes) Did the assessment include a home safety assessment? (y/n/na)	88.9% 1263/1421 (100%, 83 – 100%)	-

* Patients who were receiving end of life care have been excluded from these questions (Q24 - Q24b4), as comments from auditors suggested that they were not appropriate for this group.

Theme 3: Mental health and liaison psychiatry

What are we measuring?

Standards were derived from the NICE guidelines for [Dementia](#) and [Delirium](#); and the Royal College of Psychiatrists (2005) [Who Cares Wins](#).

Previous findings/recommendations

The first round of audit highlighted the need to assess and review any cases of antipsychotic prescription. It also found that most hospitals had access to liaison psychiatry services, but a lack of availability at evenings and weekends. Hospitals commented that provision of liaison psychiatry for working age and older age adults may differ.

The report recommended:

- Liaison psychiatry services should be in place and accessible over 24 hours for treatment and referral of people with dementia.
- Admission to hospital should be highlighted as a review point for any use of antipsychotic medication.
- Clear guidance should be in place for interventions for behavioural and psychological symptoms of dementia.

For mental health assessments, please see page 20 (Theme 2: Assessments).

MENTAL HEALTH POLICIES AND PROTOCOLS

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.1 [2]	15	There are systems in place to ensure that where dementia is suspected but not yet diagnosed, this triggers a referral for assessment and differential diagnosis either in the hospital or in the community (memory services) (y/n)	75.2% 158/210	48.6% 102/210
1.7 [1]	17	There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for use in patients who present behavioural psychological symptoms of dementia (BPSD) (in line with the NICE guidance):		
		Yes	61% 128/210	33.8% 71/210
		In development	30% 63/210	-
1.8 [1]	17a	(If Q17=Yes) The protocol specifies that restraint and sedation is used only as a final option (y/n)	96.9% 124/128	-
1.7 [1]	17b	(If Q17=Yes) The protocol specifies consideration of physical causes which may cause challenging behaviour in people with dementia (y/n)	94.5% 121/128	-
1.7 [1]	17c	(If Q17=Yes) The protocol considers environmental factors such as noise, lack of activity, disorientation (y/n)	91.4% 117/128	-
	17d	(If Q17=Yes) The protocol specifies the possibility of using techniques of reassurance, de-escalation, distraction (y/n)	93.8% 120/128	-

Theme 3: Mental health and liaison psychiatry

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.8 [1]	17e	(If Q17=Yes) The protocol specifies the risks that must be assessed and taken into account before any use of restraint or sedation in people with dementia and the frail elderly (y/n)	88.3% 113/128	-
1.7 [1]	17f	(If Q17=Yes) The protocol specifies any prescription and administration of antipsychotic drugs is in line with NICE guidance (y/n)	83.6% 107/128	-
5.3 [2]	18	There is a section or prompt in the general hospital discharge summary for mental health diagnosis and management (y/n)	25.7% 54/210	-

PREVALENCE OF ANTIPSYCHOTIC PRESCRIPTION

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
-	27	Has this patient had antipsychotic drugs at any point during admission (whether or not prescribed in hospital)? (y/n/information cannot be found)	18.6% 1465/7883	-
	27a	On admission, was the patient taking antipsychotics due to an existing regular prescription? (y/n/information cannot be found)	11.5% 906/7862	20.7% 1641/7932
	27b	Was a PRN prescription for antipsychotics in place for this admission? (y/n/information cannot be found)	6.8% 538/7860	13.1% 1039/7934
	27b1	(If Q 27b1=yes) Was an antipsychotic administered via PRN? (y/n/information cannot be found)	75% 404/538	68.3% 710/1039
	27c	Was a new additional prescription made for an antipsychotic? (y/n/information cannot be found)	5.9% 465/7864	8% 634/7934
-	28	(If Q27b1 or Q27c=Yes) Was a reason recorded for prescription of antipsychotics? (y/not recorded in notes)	79.7% 509/639	-
	28a	(If Q28=Yes) What was the main or primary reason recorded for prescription of antipsychotics?		
		Comorbid psychotic conditions *	2.6% 13/509	-
		Immediate risk of harm to self and others *	4.7% 24/509	-
		Severe distress not responsive to other intervention *	5.5% 28/509	-
	Need to carry out investigation and/or treatment and/or nursing	4.9% 25/509	-	

Theme 3: Mental health and liaison psychiatry

Std no. [Type]	Question number and text	Round 2 % Num/Den	Round 1 % Num/Den		
-	28a	What was the main or primary reason recorded for prescription of antipsychotics? (continued)			
		Agitation/anxiety **	33% 168/509	-	
		Aggressive/threatening behaviour **	23.2% 118/509	-	
		Disturbance through noise	1% 5/509	-	
		Disturbance through wandering, obsessive behaviour, mannerisms, tics	5.7% 29/509	-	
		Delirium/hallucinations/delusions	9.6% 49/509	-	
		End of life	6.9% 35/509	-	
		Depression/low mood	0.4% 2/509	-	
		Other	2.6% 13/509	-	
-	29	(If Q28=Yes) Was there more than one reason recorded for the prescription of antipsychotics? (y/n)	41.5% 211/509	-	
	29a	(If Q29=Yes) What are the other reasons recorded for prescription of antipsychotics?			
			Comorbid psychotic conditions *	2.8% 6/211	-
			Immediate risk of harm to self and others *	15.2% 32/211	-
			Severe distress not responsive to other intervention *	10.9% 23/211	-
			Need to carry out investigation and/or treatment and/or nursing	11.9% 25/211	-
			Agitation/anxiety **	41.7% 88/211	-
			Aggressive/threatening behaviour **	27.5% 58/211	-
			Disturbance through noise	6.2% 13/211	-
			Disturbance through wandering, obsessive behaviour, mannerisms, tics	14.7% 31/211	-
			Delirium/hallucinations/delusions	15.2% 32/211	-
			End of life	2.8% 6/211	-
			Depression/low mood	1% 2/211	-
	Other	3.3% 7/211	-		

* These reasons for prescription are in line with NICE guidance.

** The audit did not gather information on whether other interventions were attempted prior to prescription. Therefore it is not possible to state whether these prescriptions are in line with NICE guidance.

Theme 3: Mental health and liaison psychiatry

If patients' case notes showed that they were taking antipsychotics (Q27=Yes), auditors were asked the following question (Q33) from the discharge section of the case note audit tool. Please note that this section was not applicable for patients who: died in hospital, self discharged, were receiving end of life care (on an end of life care pathway) or who were discharged to another hospital, a psychiatric ward, palliative care, intermediate care or rehabilitation. Therefore, the denominator below (1068) is made up of those case notes where discharge questions were applicable AND where there was any record of antipsychotic prescription.

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
-	33	Is there any record in the discharge summary/notes that there is a prescription of antipsychotics that is being continued post discharge? (y/n)	58.3% 623/1068 (57%, 40 – 80%)	-

PROVISION OF LIAISON PSYCHIATRY SERVICE

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
2.1 [2]	42	The hospital provides access to a liaison psychiatry service which can provide assessment and treatment to adults throughout the hospital (y/n)	94.3% 198/210	90% 189/210
2.1 [2]	43	The liaison service provides emergency/urgent assessment (y/n)	84.8% 168/198	83.2% 154/185
2.2 [2]	44	There is a named Consultant Psychiatrist (y/n)	81.8% 162/198	75.1% 142/189
2.3 [2]	44a	(If Q44=Yes) The Consultant Psychiatrist has dedicated time in his/her job plan for the provision of this service (y/n)	90.7% 147/162	82.4% 117/142
2.4 [2]	44b	(If Q44=Yes) The Consultant Psychiatrist specialises in the care and treatment of older people (y/n)	92.6% 150/162	79.6% 113/142
2.1 [2]	45	Liaison psychiatry is provided by a specialist mental health team (y/n)	95.5% 189/198	91% 172/189
2.1 [2]	45a	(If Q45=Yes) The liaison service in your hospital regularly provides:		
		Routine mental health care to working age adults	3.7% 7/189	-
		Routine mental health care to older people	27.5% 52/189	
		Routine mental health care to working age adults and to older people	68.8% 130/189	

Theme 3: Mental health and liaison psychiatry

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den		
-	45b	(If Q45=Yes) Please indicate the times when liaison psychiatry is available:				
		Working age adults	Day	74.6% 141/189	-	
			Evening	54.5% 103/189	-	
			Weekends	57.7% 109/189	-	
		Older adults	Day	95.8% 181/189	-	
			Evening	34.9% 66/189	-	
			Weekends	40.2% 76/189	-	
		-	45c	(If Q45=Yes) Please indicate where the liaison psychiatry team is based:		
				Working age adults	On site	55% 104/189
Off site	28.6% 54/189				-	
Older adults	On site			67.7% 128/189	-	
	Off site			33.3% 63/189	-	
2.5 [2]	45d	(If Q45=Yes) Do all healthcare professionals who are part of the liaison psychiatry service have dedicated time? (y/n)	87.8% 166/189	-		
-	46	(If Q45=No) If there is no specialist mental health team, who does provide liaison psychiatry/ mental health input?				
		Old Age Consultant Psychiatrist	33.3% 3/9	-		
		Other Psychiatrist	11.1% 1/9			
		Nurse	11.1% 1/9			
		Nurse Consultant	11.1% 1/9			
		Other	33.3% 3/9			

REFERRAL TO LIAISON PSYCHIATRY

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den	Your hospital Round 1: % Num/Den
-	42	Has any referral been made to psychiatric consultation/liaison? (y/n/no liaison service/not documented)	16.3% 1291/7916	-

Theme 3: Mental health and liaison psychiatry

For case notes where there is no record of referral or no liaison psychiatry service in the hospital (if Q42=No or No liaison service available in the hospital):

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
-	42a	Has any need for referral to liaison psychiatry been noted on admission or during further assessment? (y/n)	2.9% 183/6308	-
-	42b *	Has a follow up referral to community based mental health services been made on discharge? (y/n/na) *	4.1% 181/4364	-

* Patients who died or who were receiving end of life care have been excluded from this question as comments from auditors in the case note audit suggested that they were not appropriate for this group.

For case notes where there is a record of a referral to liaison psychiatry (if Q42=Yes):

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
-	43	Is it stated whether the referral is emergency, urgent or not stated?		
		Emergency	2% 26/1291	-
		Urgent	13.5% 174/1291	-
		Routine	33.2% 429/1291	-
		Not Stated	51.3% 662/1291	-
-	44	Please indicate time between referral and assessment:		
		Within 60 minutes	2.1% 27/1291	-
		Within 24 hours	22.4% 289/1291	-
		Within 24-48 hours	17.8% 230/1291	-
		Within 48-72 hours	9.4% 121/1291	-
		Within 72-96 hours	8% 103/1291	-
		Longer than 96 hours	12.7% 164/1291	-
		Not documented	24.4% 315/1291	-
		Patient died/was discharged	3.3% 42/1291	-

Theme 3: Mental health and liaison psychiatry

Std no. [Type]	Question number and text	Round 2 % Num/Den	Round 1 % Num/Den	
-	45	What was the main reason for referral?		
		Cognitive assessment or review/dementia	26.6% 343/1291	-
		Confusion	11.2% 145/1291	-
		Aggression/agitation/anxiety	15.8% 204/1291	-
		Delirium	2.2% 28/1291	-
		Depression/low mood	4.4% 57/1291	-
		Psychosis (e.g. delusions/hallucinations/paranoia)	3.7% 48/1291	-
		Risk to others/risk to self	1.2% 15/1291	-
		Capacity assessment	4% 51/1291	-
		Discharge planning (includes assessment for care homes)	13.2% 170/1291	-
		Diagnosis	2.7% 35/1291	-
		Other (e.g. wandering, not eating, non-compliance)	5.7% 74/1291	-
		Not documented	9.4% 121/1291	-

Theme 4: Hospital discharge and transfers

What are we measuring?

Standards were mainly derived from the Department of Health (2003) [Discharge from hospital: Getting it right for people with dementia](#); the National Audit Office (2003) [Ensuring the effective discharge of older patients from NHS acute hospitals](#); and the Royal College of Psychiatrists (2005) [Who Cares Wins](#).

Previous findings/recommendations

The first round of audit found that more attention should be focussed on early discharge planning and providing a copy of the discharge plan to the patient or carer to ensure discharge discussion and decisions are understood. The report recommended that Trusts/Health Boards review discharge policies with reference to the needs of people with dementia and their carers, and that notification of discharge is a routinely collected statistic.

NB: The discharge section was not applicable to all patients selected for the case note audit. Patients were excluded if they:

- died in hospital;
- self discharged from hospital;
- were receiving end of life care;
- were discharged to: another hospital, psychiatric ward, palliative care, intermediate care, rehabilitation.

Total national case note sample in this section in the second round of audit = **6008**

Total national case note sample in this section in the first round of audit = **6009**

DISCHARGE AND TRANSFER POLICIES

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
4.8 [2]	6	There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia (y/n)	53.8% 113/210	30% 63/210
5.1 [2]	19	The discharge policy states that discharge should be an actively managed process which begins within 24 hours of admission (y/n)	94.3% 198/210	93.8% 197/210
		The discharge policy specifies that:		
3.3 [3]	20a	Discharge should take place during the day (y/n)	83.3% 175/210	-
3.4 [3]	20b	Relatives and carers should be informed and updated about prospective discharge dates (y/n)	97.1% 204/210	-
5.2 [2]	21	Information about discharge and support (written in plain English or Welsh, and available in other appropriate languages) is made available to patients and their relatives:		
		Yes, available in English (or Welsh) and can easily be provided in other languages/formats	47.1% 99/210	-
		Yes, but available in English (or Welsh) only	25.7% 54/210	

Theme 4: Hospital discharge and transfers

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
5.2 [2]	21a	(If Q21=Yes) The discharge policy specifies that this information is made available to patients and their relatives on admission (y/n)	85% 130/153	-
5.2 [2]	21b	(If Q21=Yes) The written information about discharge provided to patients and relatives contains information about organisations representing people with dementia and carers (y/n)	39.5% 60/152	-
		The transfer policy specifies that:		
3.1 [3]	22a	People with dementia should be moved only for reasons pertaining to their care and treatment (y/n)	60% 126/210	-
3.3 [3]	22b	The move should take place during the day (y/n)	73.8% 155/210	-
3.4 [3]	22c	Relatives and carers should be kept informed of any moves within the hospital (y/n)	87.1% 183/210	-

ASSESSMENT BEFORE DISCHARGE

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
5.3 [2]	30a	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded (y/n) *	18.6% 1117/6008 (14%, 7 - 26%)	17% 1020/6009
	30b	At the point of discharge the cause of cognitive impairment was summarised and recorded (y/n)	59.7% 3587/6008 (62%, 45 - 76%)	61% 3666/6009
	31	Have there been any symptoms of delirium? (y/n)	28.8% 1729/6008 (28%, 18 - 39%)	-
	31a	(If Q31=Yes) Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 828/1729 (43%, 25 - 67%)	-
	32	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	24.9% 1494/6008 (23%, 17 - 32%)	-
	32a	(If Q32=Yes) Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	43.2% 646/1494 (40%, 21 - 60%)	-

* Comments from auditors in the case note audit suggested that some patients were too unwell or unable to communicate and so assessment of cognitive impairment could not be carried out on discharge.

Theme 4: Hospital discharge and transfers

DISCHARGE COORDINATION AND MDT INPUT

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
6.4 [2]	37	There is a named person who takes overall responsibility for complex needs discharge and this includes people with dementia (y/n)	83.3% 175/210	-
6.5 [2]	37a	(If Q37=Yes) This person has training in ongoing needs of people with dementia (y/n)	82.2% 143/174	-
6.6 [3]	37b	(If Q37=Yes) This person has experience of working with people with dementia and their carers (y/n)	98.3% 171/174	-

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
6.4 [2]	34	Did a named person coordinate the discharge plan? (y/n/there is no discharge plan)*	63.5% 3544/5585 (68%, 41 – 84%)	47.9% 2727/5697
5.4 [1]	35a	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person with dementia? (y/n/na)	56.6% 2796/4944 (55%, 40 – 75%)	42.2% 2007/4751
	35b	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person's carer/relative? (y/n/na)	80.1% 4506/5625 (83%, 71 – 92%)	80% 4336/5421
	35c	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the consultant responsible for the patient's care? (y/n/na)	73.6% 4421/6008 (77%, 61 – 91%)	70.5% 4235/6009
	35d	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with other members of the multidisciplinary team? (y/n/na)	81.1% 4874/6008 (85%, 72 – 96%)	80.6% 4841/6009
5.6 [1]	36	Has a single plan for discharge with clear updated information been produced? (y/n)	68.7% 4127/6008 (74%, 54 – 88%)	66.5% 3995/6009
5.7 [2]	37	Are any support needs that have been identified documented in the discharge plan or summary? (y/n/na)	62.2% 3267/5251 (63%, 48 – 78%)	57.7% 2759/4781

* Comments from auditors in the case note audit implied that often there is no single named person coordinating discharge and that a team approach is adopted.

Theme 4: Hospital discharge and transfers

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
5.8 [1]	38	Has the patient and/or carer received a copy of the plan or summary? (y/n)	65.7% 3949/6008 (72%, 42 - 91%)	41.1% 2471/6008
5.1 [2]	39	Was discharge planning initiated within 24 hours of admission? (y/n/na)	39.6% 1980/4999 (35%, 17 - 62%)	42.7% 2828/6629

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
-	39a	(If Q39=N/A) Please select the recorded reason why discharge planning could not be initiated within 24 hours:		
		Patient acutely unwell	54.3% 548/1009	-
		Patient awaiting assessment	9.1% 92/1009	-
		Patient awaiting history/results	4.2% 42/1009	-
		Patient awaiting surgery	13.5% 136/1009	-
		Patient presenting confusion	7% 71/1009	-
		Patient transferred to another hospital	0.2% 2/1009	-
		Patient unresponsive	0.5% 5/1009	-
		Patient being discharged to nursing/residential care	6.7% 68/1009	-
		Not recorded	2.7% 27/1009	-
		Other	1.8% 18/1009	-

SUPPORT FOR CARERS AND FAMILY

Case note audit

Q26 below is only applicable for patients who were discharged to their own home or their carer's home:

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
5.2 [2]	26	Has information about support on discharge been given to the patient and/or the carer? (y/n)	49.9% 1268/2539 (50%, 31 - 68%)	-

Theme 4: Hospital discharge and transfers

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
5.10 [2]	40	Carers or family have received notice of discharge and this is documented:		
		Less than 24 hours	15.9% 956/6008	16.3% 977/6009
		24 hours	10.4% 623/6008	13.8% 832/6009
		24-48 hours	18.5% 1112/6008	21% 1263/6009
		More than 48 hours	28.3% 1699/6008	32.2% 1935/6009
		No notice at all	0.5% 32/6008	6.1% 368/6009
		No carer, family, friend	1.6% 95/6008	-
		Not documented	24.8% 1491/6008	-

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
5.5 [2]	41	An assessment of the carer's current needs has taken place in advance of discharge (y/n/na)	71.7% 2337/3258 (77%, 56 - 89%)	74.5% 2281/3060

Theme 5: Information and communication

What are we measuring?

Standards in this section were derived from the Alzheimer's Society [Care on a Hospital Ward factsheet](#) and from the [NICE Dementia Guideline](#).

Previous findings/recommendations

The first round of audit found that family carers were not routinely involved in the care of the patient with dementia. Personal details that could improve the experience of care were not routinely collected, and the amount of information available to staff varied. Key recommendations for the senior clinical lead for dementia were:

- To ensure that the family/carer is involved in the care plan.
- To ensure that a personal information document is in use throughout the hospital and readily available.
- To implement systems of good practice ensuring that staff can identify people with dementia and provide an appropriate response.

COLLECTING INFORMATION ABOUT THE PERSON

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
1.14 [1]	23	There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia (y/n)	73.8% 155/210	30% 63/210
	23a1	(If Q23=Yes) Information collected by the pro-forma includes personal details, preferences and routines (y/n)	99.4% 154/155	-
	23a2	(If Q23=Yes) Information collected by the pro-forma includes reminders or support with personal care (y/n)	98.1% 152/155	-
	23a3	(If Q23=Yes) Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress (y/n)	95.5% 148/155	-
	23a4	(If Q23=Yes) Information collected by the pro-forma includes support or actions that can calm the person if they are agitated (y/n)	94.2% 146/155	-
	23a5	(If Q23=Yes) Information collected by the pro-forma includes life details which aid communication (y/n)	98.7% 153/155	-
	23b	(If Q23=Yes) The form prompts staff to approach carers or relatives to collate necessary information (y/n)	97.4% 151/155	-

Theme 5: Information and communication

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
1.14 [1]	25	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (y/n) *	44.9% 3589/7987 (44%, 21 - 68%)	43.1% 3094/7185
	25a	(If Q25=Yes) Has information been collected about the patient regarding personal details, preferences and routines? (y/n/na)	54.6% 1905/3492 (57%, 38 - 75%)	44.6% 1339/3000
	25b	(If Q25=Yes) Has information been collected about the patient regarding reminders or support with personal care? (y/n/na)	70.7% 2465/3486 (75%, 56 - 88%)	73.3% 2210/3014
	25c	(If Q25=Yes) Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress? (y/n/na)	33.8% 1160/3437 (32%, 13 - 51%)	24.3% 720/2959
	25d	(If Q25=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated? (y/n/na)	24.5% 825/3372 (19%, 5 - 40%)	18.2% 524/2887
	25e	(If Q25=Yes) Has information been collected about the patient regarding life details which aid communication? (y/n/na)	46.2% 1588/3434 (50%, 26 - 67%)	33.7% 987/2929

* Comments from auditors in the case note audit suggested that often the "This is me" form for collecting information about the person with dementia leaves the hospital with the patient on discharge, therefore this information could not be accessed at the time of audit.

COMMUNICATION BETWEEN STAFF

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
9.3 [1]	24	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 (y/n)	48.6% 102/210	-
	24a	(If Q24=Yes) Please say what this is:		
		A visual indicator, symbol or marker	69.6% 71/102	-
		Alert sheet	7.8% 8/102	
		A box to highlight or alert dementia condition in the notes or care plan	14.7% 15/102	
Other	7.8% 8/102			

Theme 5: Information and communication

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
9.4 [2]	25	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)	41.4% 87/210	-
	25a	(If Q25=Yes) Please say what this is:		
		A visual indicator, symbol or marker	62.1% 54/87	-
		Alert sheet	12.6% 11/87	
		A box to highlight or alert dementia condition in the notes or care plan	12.6% 11/87	
Other	12.6% 11/87			

INFORMATION FOR THE CARER

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
9.13 [2]	27	There is a system in place to ensure that carers are advised about obtaining carer's assessment and support (y/n)	67.1% 141/210	57.1% 120/210
		There are clear guidelines regarding involvement of carers and information sharing. This includes:		
9.14 [2]	28a	Making sure the carer knows what information will be shared with them (y/n)	65.7% 138/210	39.5% 83/210
9.11 [2]	28b	Asking the carer about the extent they prefer to be involved with the care and support of the person with dementia whilst in the hospital (y/n)	65.2% 137/210	39.5% 83/210
5.4 [1]	28c	Asking the carer about their wishes and ability to provide care and support of the person with dementia post discharge (y/n)	71.4% 150/210	52.4% 110/210

ORGANISATION OF PATIENT NOTES

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
9.10 [2]		The patient's notes are organised in such a way that it is easy to:		
	26a	Identify any communication or memory problems (y/n)	53.8% 113/210	33.3% 70/210
	26b	See the care plan (y/n)	64.3% 135/210	61.4% 129/210

Theme 5: Information and communication

Case note audit

Std no. [Type]	Question number and text		Round 2 % Num/Den (Median, IQR)	Round 1 % Num/Den
9.10 [2]	46	Is information about the person's dementia quickly found in a specified place in the file? (y/n)	60.7%, 4851/7987 (68%, 36 – 86%)	41.4% 3279/7923
	47	Is information about related care and support needs quickly found in a specified place in the file? (y/n)	54.8%, 4376/7987 (58%, 30 – 79%)	38.8% 3077/7923
-	48	In your opinion, how would you rate the organisation of this case note?		
		The notes are well organised and it was easy to find all the information that I needed	23.5%, 1878/7987 (17%, 8 – 35%)	-
		The notes are organised adequately, however it was not so easy to find all the information I needed	51.4%, 4106/7987 (50%, 38 – 63%)	-
		The notes are not well organised, and it was a struggle to find all the information that I needed	20.1%, 1605/7987 (18%, 8 – 30%)	-
		The notes are disorderly and it was extremely difficult to find any of the information that I needed	5%, 398/7987 (3%, 0 – 8%)	-

What are we measuring?

Standards in this theme were derived from the [NICE Dementia Guideline](#) and Royal College of Psychiatrist's [Who Cares Wins](#).

Previous findings/recommendations

The first round of audit found that further training is needed across all job roles for a range of competencies related to the care of people with dementia, and recommended promotion at a national level of an overall competency framework, to provide:

- 100% of staff with basic dementia awareness training.
- Locally agreed enhanced and specialist levels of knowledge.

N.B. Round 1 asked only for limited details about dementia awareness and other relevant training. For round 2, questions were devised so that hospitals could report provision in greater detail. This means it is not possible to compare most responses between rounds of audit. Responses in this section are about training provision and will not show the local proportion of staff who have actually received training.

Organisational checklist

Std no. [Type]	Question number and text		Round 2 % Num/Den	Round 1 % Num/Den
7.2 [2]	29	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia (y/n)	78.1% 164/210	23.3% 49/210
7.4 [2]	30	Staff induction programmes include dementia awareness (y/n)	59% 124/210	-
7.11 [3]	33	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff (y/n)	65.7% 138/210	28.6% 60/210
7.10 [3]	34	Liaison teams from local mental health and learning disability services offer regular training for healthcare professionals in the hospital who provide care for people with dementia (y/n)	64.8% 136/210	42.9% 81/189

The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia: *Training provision can refer to in-house or online training, knowledge sharing sessions, induction, or other scheduled learning event including ward based training provided by a specialist practitioner e.g. dementia champion, liaison nurse.*

Theme 6: Staff training

31. Dementia awareness training, 7.4 [2]

Staff group	Mandatory	Provided on induction	Provided in the last 12 months	Not provided in the last 12 months
	Round 2 %, Num/Den			
Doctors	23% , 48/209	34.4% , 72/209	56.5% , 118/209	22.5% , 47/209
Nurses	27.8% , 58/209	38.3% , 80/209	67.9% , 142/209	10.5% , 22/209
Healthcare assistants	29.2% , 61/209	37.8% , 79/209	65.6% , 137/209	11.5% , 24/209
Other allied healthcare professionals	24.4% , 51/209	30.1% , 63/209	60.8% , 127/209	22.5% , 47/209
Support staff in the hospital	17.2% , 36/209	24.9% , 52/209	45.9% , 96/209	41.1% , 86/209

32a. Protection of vulnerable adults, 7.6 [1]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	91.4% , 191/209	19.6% , 41/209	4.3% , 9/209
Nurses	94.7% , 198/209	18.2% , 38/209	2.4% , 5/209
Healthcare assistants	93.8% , 196/209	15.3% , 32/209	3.8% , 8/209

32b. How to support people with hearing/visual impairments, 7.7 [2]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	19.6% , 41/209	15.8% , 33/209	67.9% , 142/209
Nurses	27.3% , 57/209	19.1% , 40/209	56.9% , 119/209
Healthcare assistants	31.1% , 65/209	18.2% , 38/209	54.1% , 113/209

32c. Mental Capacity Act, 7.8 [2]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	87.6% , 183/209	22.5% , 47/209	2.4% , 5/209
Nurses	88% , 184/209	21.1% , 44/209	3.3% , 7/209
Healthcare assistants	84.2% , 176/209	19.1% , 40/209	7.7% , 16/209

Theme 6: Staff training

32d. Communication skills specific for people with dementia, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	48.8% , 102/209	14.4% , 30/209	40.7% , 85/209
Nurses	67% , 140/209	19.1% , 40/209	22% , 46/209
Healthcare assistants	67% , 140/209	17.7% , 37/209	22.5% , 47/209

32e. Approaches to behaviour that challenges including management of aggression and extreme agitation, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	67.5% , 141/209	10.5% , 22/209	25.4% , 53/209
Nurses	74.6% , 156/209	15.3% , 32/209	17.2% , 36/209
Healthcare assistants	74.6% , 156/209	12.9% , 27/209	19.1% , 40/209

32f. Assessing risk whenever the use of restraint or sedation is considered, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
	Round 2 %, Num/Den		
Doctors	52.6% , 110/209	5.7% , 12/209	43.5% , 91/209
Nurses	56.9% , 119/209	9.1% , 19/209	38.8% , 81/209
Healthcare assistants	52.6% , 110/209	6.7% , 14/209	44.5% , 93/209

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