

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



**National Audit of Dementia
Care in General Hospitals 2016-2017**

Local report appendices for:

Royal Blackburn Hospital

East Lancashire Hospitals NHS Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

Many thanks to Hwyl for permission to use the cover artwork. Hwyl is an art project run by Dementia Matters in Powys (DMiP) and Arts Alive Wales based at the Brecon War Memorial Hospital. The project focuses on working with elderly patients on hospital wards, with their families, carers, the ward staff and artists on a weekly basis.

With thanks to Rhiannon Davies (DMiP) and Tessa Waite (Arts Alive Wales).

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Introduction to the appendices

This is the appendices for your local report. Your local report is in a separate document. The appendices present data from Round 3 of the National Audit of Dementia, both at a national level and for your hospital. Data for your hospital in Round 2 is also shown where applicable. When comparing Round 2 data with Round 3 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Therefore, conclusions made from comparing the data should be with caution. Hospitals with less than five returns for the carer or staff questionnaires have not received any data and returns of 5 to 9 questionnaires have not received demographic information. The table below shows how the data tables in the appendices are laid out and what information you can find in each cell.

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
Standard reference and type. Standards document can be found on the audit website .	Question number. Orange items in the casenote audit appendix show low inter-rater reliability.	Question wording as in tool.	The national audit refers to all hospitals from England and Wales that participated in the Round 3 audit.	Data for your hospital from Round 3.	If the same question or a similar question was asked in Round 2, we have provided your Round 2 response for comparison. The carer and staff questionnaires are new tools and therefore this column has been excluded in these appendices.
			We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the appendices, depending on whether questions were routed (not asked in some instances), 'N/A' responses were chosen (these have been excluded from the analyses), or where staff and carers did not respond.		

For the organisational checklist, data from 199 hospitals are included in the national audit column (all the registered participants).

195 hospitals participated in the casenote audit, returning 10047 casenotes and this is shown in the national audit column. The national audit column for the casenote audit also shows the median and the inter quartile range for each question (where applicable). Question items which were found to have lower agreement in the inter-rater reliability analysis (see audit [website](#)) have been coloured orange.

196 hospitals returned carer questionnaires. Data from all questionnaires (4664) is presented in the carer questionnaire data tables in Appendix E.

198 hospitals returned staff questionnaires. Data from all questionnaires (14416) is presented in Appendix G. For some questionnaire items, the data for the two most positive answers have been combined, as well as being presented separately. This is provided both at a national level and for your hospital.

Appendix A: Organisational checklist data

Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	60.8% 121/199	In development	In development
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	Yes	Yes
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	65.9% 114/173	In development	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	In development	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	No	New question for Round 3
		Pathway in development	24.4% 42/172		
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	No	No
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	31.7% 63/199	No	No
4.4 [2]	3	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)	60.3% 120/199	No	Yes

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	No	Yes
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	No	Yes
	4c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n/na (hospitals in Wales))	58.6% 106/181	No	Yes
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	67.3% 134/199	Yes	Yes
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	Yes	Yes
	5b	Ward level (y/n)	93.5% 186/199	Yes	Yes
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.		
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	76.9% 153/199	Yes	New question for Round 3
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?			
		Yes, more than once a year	41.2% 63/153	Yes, once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3	
	9a	<i>(If Q9=Yes)</i> The group meets:				
		Annually	0.5% 1/186	Monthly	New question for Round 3	
		Bi-annually	0.5% 1/186			
		Quarterly	30.1% 56/186			
		Six-weekly	4.3% 8/186			
		Monthly	33.3% 62/186			
		Bi-monthly	29% 54/186			
		Weekly	0.5% 1/186			
		Unknown	1.6% 3/186			
	9b	<i>(If Q9=Yes)</i> The group includes:				
		Healthcare professionals	100% 186/186	√	New question for Round 3	
		Organisations e.g. Alzheimer's Society	64% 119/186	-		
Carer/ service user representation	66.1% 123/186	√				
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3	
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3	
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	Yes	Yes	
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	Yes	
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	88.9% 177/199	Yes	New question for Round 3	

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	No	New question for Round 3

Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	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: (y/n)	98.5% 196/199	Yes	Yes
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	Yes
	17b	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n)	98.5% 193/196	Yes	Yes
	17c	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n)	100% 196/196	Yes	Yes
	17d	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes support or actions that can calm the person if they are agitated: (y/n)	99% 194/196	Yes	Yes
1.15 [3]	17e	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes life details which aid communication: (y/n)	99.5% 195/196	Yes	Yes
1.14 [1]	18	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes how the person with dementia communicates with others/ understands communication: (y/n)	99.5% 195/196	Yes	New question for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	19	(If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n)	93.4% 183/196	Yes	Yes
20	Documenting use of personal information in practice: Hospitals selected three wards (not mental health wards) which had the highest admissions of people with dementia. 10 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" (any patients with dementia who did not require a personal information document were excluded).				
	Ward 1:		C5		New question for Round 3
	Ward 2:		B4		
	Ward 3:		B22		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	5	New question for Round 3
	Percentage of patients where the information was present:		-	50%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	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)	90.5% 180/199	Yes	Yes

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	91.1% 164/180	√	Alert sheet
		Alert sheet or electronic flag	23.9% 43/180	√	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	-	
		Other	18.9% 34/180	√	
	22	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)	70.4% 140/199	Yes	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	√	Alert sheet
		Alert sheet or electronic flag	18.6% 26/140	√	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	√	
Other		17.9% 25/140	-		
23	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	81.9% 163/199	Yes	New question for Round 3	

Training, learning and development

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
7.2 [2]	24	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)	95.5% 190/199	Yes	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia):			
		Dementia awareness training:			
		Doctors			
		Mandatory	46.2% 92/199	-	√
		Provided on induction	63.3% 126/199	√	-
		Provided in the last 12 months	58.8% 117/199	√	-
		Not provided in the last 12 months	8.5% 17/199	-	-
		Nurses			
		Mandatory	51.8% 103/199	-	√
		Provided on induction	74.4% 148/199	√	-
		Provided in the last 12 months	68.3% 136/199	√	-
		Not provided in the last 12 months	1% 2/199	-	-
		Healthcare assistants			
		Mandatory	51.8% 103/199	-	√
		Provided on induction	71.4% 142/199	√	-
		Provided in the last 12 months	68.3% 136/199	√	-
		Not provided in the last 12 months	1% 2/199	-	-
		Other allied healthcare professionals, e.g. physiotherapists, dieticians			
		Mandatory	47.7% 95/199	-	√
		Provided on induction	64.8% 129/199	√	-
		Provided in the last 12 months	67.8% 135/199	√	-
		Not provided in the last 12 months	3.5% 7/199	-	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.4 [2]	25	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
		Mandatory	41.2% 82/199	-	√
		Provided on induction	57.8% 115/199	√	-
		Provided in the last 12 months	63.8% 127/199	√	-
		Not provided in the last 12 months	11.1% 22/199	-	-
7.11 [3]	26	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff: (y/n)	82.4% 164/199	Yes	Yes
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	72.9% 145/199	√	New question for Round 3
		Workshop or study day	91% 181/199	√	
		Higher education module	22.6% 45/199	√	
		Other	29.1% 58/199	√	

7.5 [3]	28	Hospitals were asked to provide figures on the number of staff trained in dementia awareness. Only 34 hospitals could provide this for at least one of the years specified. Therefore, there is no data on training figures.
N7b [3]	29	What is the total number of adult beds excluding maternity and mental health beds in your hospital at 31 March 2016? This information was to compare with question 28 so is therefore not included.

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	Yes
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	No	Yes
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	95.5% 190/199	Yes	No
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	92.6% 176/190	Yes	N/A
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	N/A
6.7 [2]	34	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: (y/n)	75.9% 151/199	No	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N3b [2]	35	The hospital can provide finger foods for people with dementia (please select one option only):			New question for Round 3
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery (finger food) on every day	65.3% 130/199	√	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	1% 2/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	0% 0/199	-	
		Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	0% 0/199	-	
		Finger food consists of sandwiches/wraps only	33.7% 67/199	-	
		Patients who may be unable to use cutlery will never be admitted to the hospital	0% 0/199	-	
3.11 [2]	36	The hospital can provide 24 hour food services for people with dementia (please select one option only):			New question for Round 3
		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	50.8% 101/199	-	
		In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	10.6% 21/199	-	
		Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	32.2% 64/199	√	
		Only snacks (biscuits, cake) are available 24 hours a day	3% 6/199	-	
Food is not available 24 hours a day	3.5% 7/199	-			
6.10 [2]	37	There is access to advocacy services with experience and training in working with people with dementia: (y/n)	95% 189/199	Yes	Yes

Environment

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den		
6.11 [3]	Opportunities for social interaction for patients with dementia are available (e.g. to eat/ socialise away from their bed area with other patients):					
	38	On all adult wards	15.1% 30/199	-	New question for Round 3	
		On care of the elderly wards	38.7% 77/199	-		
		Other	30.2% 60/199	√		
		No	16.1% 32/199	-		
N8a [3]	The physical environment within the hospital has been reviewed using an appropriate tool (e.g. King's Fund Enhancing the Healing Environment) to establish whether it is "dementia-friendly":					
	39	Throughout the hospital	42.7% 85/199	√	New question for Round 3	
		All adult wards/ areas	13.6% 27/199	-		
		All care of the elderly wards/ areas	18.1% 36/199	-		
		Designated dementia wards only	3% 6/199	-		
		Other	13.1% 26/199	-		
		No	9.5% 19/199	-		
	40	<i>(If Q39=Yes)</i> Environmental changes based on the review are:				
			Completed	15% 27/180	-	New question for Round 3
			Underway	56.7% 102/180	√	
			Planned but not yet underway	10% 18/180	-	
			Planned but funding has not been identified	15.6% 28/180	-	
			Plans are not in place	2.8% 5/180	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N8a [3]	<i>(If Q39=Yes)</i> Service users/ carers/ lay volunteers have been part of the team reviewing the environment:				
	41	Throughout the hospital	36.7% 66/180	√	New question for Round 3
		All adult wards/ areas	9.4% 17/180	-	
		All care of the elderly wards/ areas	13.3% 24/180	-	
		Designated dementia wards only	5% 9/180	-	
		Other	13.3% 24/180	-	
		They have not been part of the team	22.2% 40/180	-	
	<i>(If Q39=Yes)</i> There are plans to further review the changes implemented:				
	42	Yes, we are already undertaking/ have already done this	49.4% 89/180	√	New question for Round 3
		Yes, once the work is completed	40% 72/180	-	
		No plans are in place	10.6% 19/180	-	

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	2% (1)
66 - 80	24.3% (2445)	21.6% (11)
81 - 100	73% (7332)	76.5% (39)
101 - 108	0.4% (39)	0% (0)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	42 - 96
Mean	84	84.6
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	31.4% (16)
Female	59.9% (6018)	68.6% (35)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	60.8% (31)
Black/ Black British	1.2% (123)	0% (0)
Asian/ Asian British	1.9% (193)	2% (1)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	2% (1)
Other	12.4% (1250)	35.3% (18)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	43.1% (22)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	2% (1)
Asian language	1.4% (144)	2% (1)
Not documented	19% (1909)	52.9% (27)
Other	0.6% (59)	0% (0)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	19.6% (10)
Fall	13.3% (1332)	5.9% (3)
Urinary/ renal	9% (901)	13.7% (7)
Hip dislocation/ hip fracture	7.5% (754)	7.8% (4)
Sepsis	6.3% (633)	7.8% (4)
Delirium/ confusion	6% (604)	0% (0)
Gastrointestinal	5.9% (595)	3.9% (2)
Cardiac/ vascular	5.1% (517)	7.8% (4)
Stroke	3.8% (380)	3.9% (2)
Neurological	3.6% (364)	5.9% (3)
Skin lacerations/ lesions	2% (204)	5.9% (3)
Impaired consciousness	2% (198)	0% (0)
Dementia**	1.9% (195)	3.9% (2)
Other	1.9% (192)	2% (1)
Unable to cope/ frailty	1.6% (160)	0% (0)
Dehydration	1.4% (143)	3.9% (2)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	2% (1)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	2% (1)
Hepatology	0.8% (84)	2% (1)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	0% (0)
Not documented/ unknown	0.2% (21)	2% (1)

*Primary cause of admission was taken as the first reason entered on the casenote audit.

**Out of 195 noted with Dementia as cause of admission, 142 of these had dementia as the only cause of admission.

Speciality of the ward patients spent the longest time in	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Care of the Elderly/ Complex Care	41.1% (4125)	15.7% (8)
General Medical	23.5% (2359)	19.6% (10)
Other Medical	9.9% (999)	37.3% (19)
Orthopaedics	8.9% (892)	7.8% (4)
Surgical	6.8% (681)	9.8% (5)
Stroke	4.5% (456)	5.9% (3)
Cardiac	2.5% (248)	2% (1)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	2% (1)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	13.7% (7)
Self-discharged from hospital	0.1% (12)	0% (0)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	2.3% (1)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	11.8% (6)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	90.2% (46)
11 – 20 days	25.5% (2559)	9.8% (5)
21 – 30 days	11.3% (1132)	0% (0)
31 – 40 days	6.7% (671)	0% (0)
41 – 50 days	4.2% (418)	0% (0)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-16
Median (days)	12	5

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	33.3% (17)	20.5% (9)
Respite care	0.8% (80)	1.6% (136)	0% (0)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	2.3% (1)
Carer's home	2.1% (212)	2.1% (181)	2% (1)	4.5% (2)
Intermediate care	0.3% (27)	2% (172)	0% (0)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	31.4% (16)	34.1% (15)
Nursing home	19.7% (1981)	28.7% (2511)	31.4% (16)	36.4% (16)
Palliative care	0% (5)	0.6% (54)	0% (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	0% (0)	2.3% (1)
Long stay care	0.2% (18)	0.3% (26)	2% (1)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	88.6% (39)
Own/ carer's home to nursing/ residential care	11.1% (972)	2.3% (1)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	90.9% 40/44	100% 29/29	
	15	An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	89.8% 8832/9837 (93%, 86-96%)	92% 46/50	73.3% 22/30	
	15a	(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	85.9% 7580/8822 (89%, 79-96%)	84.8% 39/46	73.7% 14/19
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/46	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	84.8% 39/46			
1.10 [1]	16	Has a formal pressure ulcer risk assessment been carried out and score recorded? (y/n)	95.5% 9590/10044 (98%, 94-100%)	96.1% 49/51	76.7% 23/30	
1.12 [1]	17	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/could not be assessed for recorded reasons)	88% 8572/9744 (92%, 85-97%)	93.9% 46/49	89.7% 26/29	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	83.2% 8185/9840 (90%, 77-98%)	82% 41/50	79.3% 23/29	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?			
		Yes, a standardised assessment has taken place	45.3% 4212/9294 (45%, 23-66%)	53.5% 23/43	32% 8/25
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	27.9% 12/43	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	2.3% 1/43	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	83.7% 36/43	

Mental state assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.3 [2]	20	Has a standardised mental status test been carried out? (y/n/could not be assessed for recorded reasons)	54% 4684/8682 (55%, 38-72%)	15.2% 7/46	33.3% 9/27
1.4 [2]	21	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	25.9% 2603/10047 (24%, 14-36%)	9.8% 5/51	23.3% 7/30
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	2% 1/51	6.7% 2/30
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	11.8% 6/51	30% 9/30
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	80% 4/5	42.9% 3/7

Information about the person with dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	22	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)	57.2% 5727/10010 (58%, 31-85%)	74.5% 38/51	43.3% 13/30
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	47.4% 2669/5626 (53%, 30-77%)	57.9% 22/38	92.3% 12/13
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	2.6% 1/38	New answer option for Round 3
	22b	<i>(If Q22=Yes)</i> Has information been collected about the patient's food and drink preferences?			
		Yes	44.1% 2476/5616 (50%, 29-71%)	56.8% 21/37	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	2.7% 1/37	
	22c	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding reminders or support with personal care?			
		Yes	55.3% 3116/5631 (64%, 42-80%)	57.9% 22/38	92.3% 12/13
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	5.3% 2/38	New answer option for Round 3
	22d	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?			
		Yes	32.6% 1818/5583 (35%, 18-56%)	37.8% 14/37	92.3% 12/13
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	5.4% 2/37	New answer option for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	22e	(If Q22=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?			
		Yes	28.2% 1564/5539 (26%, 13-50%)	34.2% 13/38	75% 9/12
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	5.3% 2/38	New answer option for Round 3
1.15 [3]	22f	(If Q22=Yes) Has information been collected about the patient regarding life details which aid communication?			
		Yes	43.1% 2413/5598 (50%, 25-70%)	37.8% 14/37	92.3% 12/13
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	5.4% 2/37	New answer option for Round 3

*Unknown response options refer to situations in which the information is usually recorded in a document which accompanies the patient (e.g. "This is Me" or patient passport) and no copy is available in the notes.

Discharge

Assessment before discharge

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.3 [2]	23	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded: (y/n)	22.4% 1639/7329 (17%, 9-30%)	7.7% 3/39	8.3% 2/24
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	2.8% 1/36	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	2.8% 1/36	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/36	
		Not documented/ unknown reason	78.1% 4444/5690	52.8% 19/36	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	41.7% 15/36		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	51.3% 20/39	45.8% 11/24
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	30.8% 12/39	29.2% 7/24
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	41.7% 5/12	85.7% 6/7
26	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	19.4% 1425/7329 (19%, 13-26%)	30.8% 12/39	45.8% 11/24	
26a	<i>(If Q26=Yes)</i> Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	44.5% 635/1426 (40%, 23-60%)	25% 3/12	27.3% 3/11	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	40% 4/10	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	70.4% 1161/1649 (75%, 50-89%)	50% 2/4	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	0% 0/2	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	0% 0/2	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	100% 2/2	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	50% 2/4	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	50% 1/2	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	50% 1/2	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	25% 1/4	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	75% 3/4	

*Please note that these figures include 1.9% of casenotes where it was specified that the capacity assessment information is kept with social worker notes, which are unavailable to the auditor.

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	86.8% 33/38	72.7% 16/22
5.4 [1]	29a	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person with dementia? (y/n/na)	53.9% 3327/6169 (55%, 38-72%)	41.7% 15/36	64.7% 11/17
	29b	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na)	80.7% 5597/6935 (82%, 71-91%)	73.7% 28/38	87% 20/23
	29c	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the consultant responsible for the patient's care? (y/n)	75.1% 5501/7329 (81%, 63-91%)	64.1% 25/39	66.7% 16/24
	29d	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team? (y/n)	81.5% 5971/7329 (85%, 76-93%)	76.9% 30/39	87.5% 21/24
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	79.5% 31/39	70.8% 17/24
5.7 [2]	31	Are any support needs that have been identified documented in the discharge plan/ summary? (y/n/na)	60.2% 4211/6995 (61%, 44-79%)	42.9% 15/35	61.9% 13/21
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	92.1% 35/38	91.7% 22/24
N5b [2]	33	Was a copy of the discharge plan/ summary sent to the GP/ primary care team on the day of discharge? (y/n/na)	93.6% 6701/7156 (98%, 93-100%)	97.4% 38/39	New question for Round 3

Discharge planning

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.1 [2]	34	Was discharge planning initiated within 24 hours of admission? (y/n/na)	47.4% 2483/5242 (48%, 27-67%)	64.3% 18/28	21.1% 4/19
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	90.9% 10/11	40% 2/5
		Patient awaiting assessment	9.1% 190/2088	0% 0/11	20% 1/5
		Patient awaiting history/ results	6.1% 127/2088	0% 0/11	0% 0/5
		Patient awaiting surgery	9.6% 200/2088	0% 0/11	0% 0/5
		Patient presenting confusion	5.7% 120/2088	0% 0/11	20% 1/5
		Patient on end of life plan	0% 1/2088	0% 0/11	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/11	0% 0/5
		Patient unresponsive	0.3% 6/2088	0% 0/11	0% 0/5
		Patient being discharged to nursing/ residential care	6.5% 136/2088	9.1% 1/11	0% 0/5
		Not recorded	-	-	0% 0/5
Other	0% 0/2088	0% 0/11	20% 1/5		

Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	19.5% 1432/7329	33.3% 13/39	45.8% 11/24
		24 hours	12.2% 897/7329	20.5% 8/39	4.2% 1/24
		25 - 48 hours	14.7% 1075/7329	17.9% 7/39	29.2% 7/24
		More than 48 hours	27.1% 1985/7329	5.1% 2/39	8.3% 2/24
		No notice at all	0.5% 35/7329	0% 0/39	0% 0/24
		Not documented	24.2% 1770/7329	20.5% 8/39	12.5% 3/24
		No carer, family, friend/ could not contact	1.8% 132/7329	2.6% 1/39	0% 0/24
		Patient specified information withheld	0% 3/7329	0% 0/39	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	67.3% 2605/3868 (70%, 50-88%)	68% 17/25	94.1% 16/17

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	1.3% (1)
25 – 34 years	2.9% (133)	5.1% (4)
35 – 44 years	5.6% (259)	2.6% (2)
45 – 54 years	16.2% (749)	16.7% (13)
55 – 64 years	25.8% (1193)	33.3% (26)
65 – 74 years	20.8% (960)	17.9% (14)
75 – 84 years	19.1% (885)	17.9% (14)
85 years or over	7.4% (343)	5.1% (4)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	26.6% (21)
Female	68.1% (3150)	73.4% (58)
Other	0.1% (4)	0% (0)
Prefer not to say	1.2% (57)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	94.9% (75)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	3.8% (3)
Mixed	1% (44)	1.3% (1)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	30.4% (24)
Family member	55.9% (2597)	65.8% (52)
Friend	4.4% (203)	1.3% (1)
Professional carer (health or social care)	5.4% (249)	2.5% (2)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	79.7% (59)

Appendix E: Carer questionnaire data

Patient care

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.3 [1]	1	Do you feel that hospital staff were well informed and understood the needs of the person you look after?		
		Yes, definitely	46.5% 2130/4578	55.1% 43/78
		Yes, to some extent	43.3% 1980/4578	32.1% 25/78
		No	10.2% 468/4578	12.8% 10/78
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?		
		Yes, definitely	54.2% 2489/4592	55.1% 43/78
		Yes, to some extent	36.4% 1672/4592	33.3% 26/78
		No	9.4% 431/4592	11.5% 9/78
1.14 [1]	3	Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i>		
		Yes, definitely	55.4% 2456/4433	59.2% 45/76
		Yes, to some extent	34.2% 1515/4433	32.9% 25/76
		No	10.4% 462/4433	7.9% 6/76
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?		
		Yes, definitely	76% 3471/4569	79.7% 63/79
		Yes, to some extent	20.8% 952/4569	19% 15/79
		No	3.2% 146/4569	1.3% 1/79

Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	41.8% 1908/4566	41% 32/78
		Yes, to some extent	40.4% 1843/4566	38.5% 30/78
		No	17.8% 815/4566	20.5% 16/78
9.11 [2]	6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?		
		Yes, definitely	47.5% 2138/4497	44.2% 34/77
		Yes, to some extent	36.4% 1637/4497	45.5% 35/77
		No	16.1% 722/4497	10.4% 8/77
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	45.4% 2053/4524	45.5% 35/77
		Yes, to some extent	34.5% 1563/4524	29.9% 23/77
		No	20.1% 908/4524	24.7% 19/77

Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?		
		Excellent	34.5% 1602/4645	38.5% 30/78
		Very good	33.9% 1575/4645	32.1% 25/78
		Good	17% 790/4645	14.1% 11/78
		Fair	9.6% 446/4645	10.3% 8/78
		Poor	5% 232/4645	5.1% 4/78
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?		
		Extremely likely	42.5% 1933/4544	48.7% 37/76
		Likely	34.1% 1551/4544	27.6% 21/76
		Neither likely nor unlikely	14.3% 648/4544	11.8% 9/76
		Unlikely	4.8% 220/4544	9.2% 7/76
		Extremely unlikely	4.2% 192/4544	2.6% 2/76

Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	10	Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?		
		Very satisfied	50.3% 2204/4379	50.7% 38/75
		Somewhat satisfied	34% 1487/4379	30.7% 23/75
		Somewhat dissatisfied	9.9% 434/4379	12% 9/75
		Very dissatisfied	5.8% 254/4379	6.7% 5/75

Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	31.9% (4559)	40% (76)
26 - 50%	25.6% (3651)	29.5% (56)
51 - 75%	24.4% (3489)	17.9% (34)
More than 75%	18.1% (2588)	12.6% (24)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	19% (36)
Female	83.2% (11954)	80.4% (152)
Other	0.2% (34)	0.5% (1)
Prefer not to say	0.8% (113)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	90% (171)
Black/ Black British	4.1% (594)	0.5% (1)
Asian/ Asian British	8% (1150)	7.4% (14)
Mixed	1.3% (183)	0% (0)
Chinese	0.5% (73)	0.5% (1)
Other	4.5% (646)	1.6% (3)
Prefer not to say	1.7% (241)	0% (0)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	26.1% (49)
Registered nurse (Band 7 or above)	12.7% (1831)	11.7% (22)
Healthcare assistant	23.1% (3324)	29.3% (55)
Doctor	11.5% (1645)	12.2% (23)
Allied healthcare professional	11.9% (1713)	8.5% (16)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	2.7% (5)
Student	2.3% (332)	2.1% (4)
Ward based administrators	4% (571)	4.8% (9)
Other/ unknown	1.9% (279)	2.7% (5)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	10.6% (20)
30 hours or more	87% (12458)	89.4% (168)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	7.4% (14)
6 - 11 months	9.5% (1364)	11.2% (21)
1 - 2 years	15.6% (2242)	17.6% (33)
3 - 5 years	16.4% (2350)	13.3% (25)
6 - 10 years	15.9% (2283)	14.9% (28)
11 - 15 years	12.1% (1739)	11.2% (21)
More than 15 years	22.4% (3205)	24.5% (46)

Appendix G: Staff questionnaire data

Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>				
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>				
		Yes, always	28.7% 4026/14024	61.6% 8640/14024	24.9% 46/185	64.3% 119/185
		Yes, most of the time	32.9% 4614/14024		39.5% 73/185	
		Yes, sometimes	26.8% 3760/14024	-	25.4% 47/185	-
		No	11.6% 1624/14024	-	10.3% 19/185	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	8.4% 12/143	26.6% 38/143
		Yes, most of the time	15.7% 1763/11207		18.2% 26/143	
		Yes, sometimes	27.9% 3129/11207	-	29.4% 42/143	-
		No	48.6% 5441/11207	-	44.1% 63/143	-

Dementia care training

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
7.4 [2]	2	What form did your dementia training at this hospital take? <i>Please tick all that apply:</i>	
		42.8% 5653/13205	24.6% 43/175
		53.2% 7030/13205	59.4% 104/175
		5.4% 713/13205	4.6% 8/175
		7.7% 1018/13205	4% 7/175
		7.3% 961/13205	6.9% 12/175
		17.3% 2278/13205	24.6% 43/175
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	49.2% 62/126
		50.5% 5390/10670	43.7% 55/126
	7.3% 778/10670	7.1% 9/126	

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	21.2% 40/189	57.7% 109/189
		Yes, most of the time	38.5% 5525/14345		36.5% 69/189	
		Yes, sometimes	33% 4734/14345	-	33.9% 64/189	-
		No	7.1% 1014/14345	-	8.5% 16/189	-
	3a	Do you have the opportunity to use this information to help you care for/ support people with dementia?				
		Yes, always	26.6% 3549/13329	67.5% 9003/13329	24.9% 43/173	69.4% 120/173
		Yes, most of the time	40.9% 5454/13329		44.5% 77/173	
		Yes, sometimes	30.6% 4074/13329	-	28.9% 50/173	-
		No	1.9% 252/13329	-	1.7% 3/173	-
7.4 [2]	4	In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? <i>E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward.</i>				
		Yes, always	28.9% 4145/14333	62.1% 8904/14333	27.7% 52/188	65.4% 123/188
		Yes, most of the time	33.2% 4759/14333		37.8% 71/188	
		Yes, sometimes	27.3% 3913/14333	-	25.5% 48/188	-
	No	10.6% 1516/14333	-	9% 17/188	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
7.12 [1]	6	As a team, how often do you talk about the way you care for/ support people with complex needs (including dementia)?		
		Frequently	49.8% 6203/12457	45.9% 72/157
		Occasionally	37.2% 4636/12457	40.1% 63/157
		Almost Never	9.7% 1210/12457	6.4% 10/157
		Never	3.3% 408/12457	7.6% 12/157

Patient care and nutrition

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.8 [1]	7	Can carers of people with dementia visit at any time on the ward(s) you work on? <i>i.e. visits are not limited to normal visiting hours and may include mealtimes.</i>				
		Yes, always	51.2% 6131/11978	78.5% 9402/11978	49.7% 74/149	81.2% 121/149
		Yes, most of the time	27.3% 3271/11978		31.5% 47/149	
		Yes, sometimes	16.1% 1927/11978	-	16.1% 24/149	-
		No	5.4% 649/11978	-	2.7% 4/149	-
7.18 [1]	8	Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on?				
		Yes, always	25.9% 3181/12263	76.1% 9330/12263	27.3% 42/154	82.5% 127/154
		Yes, most of the time	50.1% 6149/12263		55.2% 85/154	
		Yes, sometimes	19.2% 2357/12263	-	14.3% 22/154	-
		No	4.7% 576/12263	-	3.2% 5/154	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.9 [2]	9	Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? <i>E.g. pain relief, personal care, toileting, mobility assistance.</i>				
		Yes, always	30.4% 2785/9148	78% 7137/9148	36.9% 45/122	75.4% 92/122
		Yes, most of the time	47.6% 4352/9148		38.5% 47/122	
		Yes, sometimes	18.7% 1708/9148	-	23% 28/122	-
		No	3.3% 303/9148	-	1.6% 2/122	-
	10	Is additional staffing support provided if dependency needs on the ward(s) you work on increase?				
		Yes, always	10.7% 977/9143	38.2% 3493/9143	16.4% 20/122	45.1% 55/122
		Yes, most of the time	27.5% 2516/9143		28.7% 35/122	
		Yes, sometimes	42.5% 3887/9143	-	41% 50/122	-
		No	19.3% 1763/9143	-	13.9% 17/122	-
N3c [3]	11	Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on? <i>By night time bed moves, we mean bed moves between the evening meal and breakfast the next morning.</i>				
		Yes, always	16.3% 1474/9047	48.8% 4416/9047	17.5% 21/120	57.5% 69/120
		Yes, most of the time	32.5% 2942/9047		40% 48/120	
		Yes, sometimes	27.7% 2506/9047	-	23.3% 28/120	-
	No	23.5% 2125/9047	-	19.2% 23/120	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	28.7% 33/115	74.8% 86/115
		Yes, most of the time	39.3% 3456/8788		46.1% 53/115	
		Yes, sometimes	16.8% 1476/8788	-	13% 15/115	-
		No	15.6% 1368/8788	-	12.2% 14/115	-
N3b [2]	13	Can you access finger food (i.e. food which can be eaten without a knife/ fork/ spoon) for people with dementia as an alternative to main meals?				
		Yes, always	38% 3356/8822	65.2% 5754/8822	41% 48/117	70.1% 82/117
		Yes, most of the time	27.2% 2398/8822		29.1% 34/117	
		Yes, sometimes	22.5% 1983/8822	-	18.8% 22/117	-
		No	12.3% 1085/8822	-	11.1% 13/117	-
3.11 [2]	14	Can you access snacks for people with dementia in between meals?				
		Yes, always	44.5% 4060/9119	73.2% 6675/9119	33.9% 41/121	78.5% 95/121
		Yes, most of the time	28.7% 2615/9119		44.6% 54/121	
		Yes, sometimes	20.7% 1886/9119	-	19% 23/121	-
		No	6.1% 558/9119	-	2.5% 3/121	-
N3a [2]	15	Are the nutrition and hydration needs of people with dementia communicated at handovers/ safety briefings?				
		Yes, always	46.2% 4199/9090	79.6% 7238/9090	52.5% 62/118	82.2% 97/118
		Yes, most of the time	33.4% 3039/9090		29.7% 35/118	
		Yes, sometimes	15.5% 1408/9090	-	14.4% 17/118	-
		No	4.9% 444/9090	-	3.4% 4/118	-

Appendix H: Staff suggestions for your hospital

The staff questionnaire included a question asking staff to make one suggestion on how their hospital could improve care and support provided to people with dementia. Below, all suggestions from staff at Royal Blackburn Hospital are provided.

Registered Nurses (Band 5 or 6)
A more specialised ward for ALL dementia patients. There are currently not enough specialised beds within trust and often dementia patients' needs are not met on acute medical wards.
As ever, higher staffing levels would always be effective in increasing the care and support offered to any patient who [has] dementia and the carers looking after them. If the guidance and assistance is there for staff that will help to improve the care given to the patients.
Better information for dementia patients on admission. The diagnosis process - families don't understand. More staff on wards with specialist knowledge.
Dementia training could be made mandatory for all ward staff to ensure that all staff have the appropriate skills and knowledge to help them care for a patient with dementia to help maintain quality patient care.
Groups for dementia patients/ more activities for them to do.
I feel more training would help nurses and HCAs to understand the complex needs of dementia patients. I have first-hand experience as my mother suffers from dementia and this helps me in my work environment.
I think the hospital should offer to patients' families more support to visit patient more hours every day, to avoid the HCA 1:1 care (or reduce) and implement the "member of the family 1:1" when possible.
I would like to see more training available. More snacks available on the wards. Entertainment packs i.e. colouring, reading, cards etc.
Improved staffing through the day and especially at mealtimes to assist and encourage clients would improve hydration and nutrition, this should also reduce length of stay.
More 1:4/ 1:1 areas for patients with dementia, alternative/ less clinical decoration in bays/ areas with high levels of dementia patients.
More reliable access to extra staff when needed.
More staff needed on the ward.
More staff to do activities or even just to sit and chat or reassure patients with dementia.
More staff to enable one to one or one to four care, or encourage family members to stay and support the care that is needed. Time to speak to patients on admission and evaluate the patients' needs.
More staff, kitchens sending up the food that is ordered. More food available on the ward for patients. Tea is at 17:00 and breakfast is 08:00, which means 15 hours without food.
More staffing and suitable accommodation for the patients.
More training for staff - cascade training happening.
Nostalgia items (old newspapers, photographs, games).
Online "This is Me" type health record that can be accessed at all ports of healthcare so the wheel doesn't need to be reinvented, merely added to. Would save time and prevent unnecessary distress for patients and angst for staff and carers.
Please provide us with the resources needed to provide the best care - the extra time requires additional staffing and the correct skill mix. Time needed to access and protect training time and time to cascade training to our teams where they are unable to attend a study day or workshop.

Registered Nurses (Band 5 or 6)

Provide more staff including more mental health nurses. BUT when employing mental health nurses do so to work in that role NOT as registered general nurses. There needs to be more variety of finger foods available because it mainly tends to be pre-packed ham or tuna sandwiches.

Provide more support workers in areas with patients with dementia.

Quicker discharge planning to allow patients back to own care environment. Better knowledge and training re: post operation delirium and management.

Resources such as books, playing cards, domino's, cross-words, etc. would be beneficial to patients with dementia. Provides stimulation and helps keep the mind active with less worrying about the unfamiliar surroundings.

Social services needs improving, patients are too long in hospital beds. Nursing homes (have) refuse to take patients back for all reasons.

Staff wards safely with the appropriate skills and experience of working with dementia patients.

Staffing is sometimes limited which results in the support for people with dementia to be of a poorer quality.

Ward environment - busy ward with multiple admissions, noisy environment.

We need more people who are available and dedicated to keep people with dementia company. They get a one to one if they are a falls risk but if they are anxious or frightened they only get occasional reassurance and company when staff go in to check they are OK and do hourly rounding etc. - but can spend long periods alone in between. Often one to one's aren't particularly friendly and take on a guard role rather than a friend and just tell them to sit back down etc. rather than actually keeping them company and occupied. Volunteers or cadets or something would be brilliant because they would get something out of it too, and many patients with dementia on acute wards with no visitors could benefit. Food charts often get missed on the ward as auxiliaries clear trays away and don't fill it out then there is no way for the nurse to know what they have eaten, even when there is a big red sign saying food chart. We can access snacks between meals but cold and plain looking (usually crackers and butter or mousse, rarely fruit), hot food would be better as it smells nice and is more appetising. We don't have facilities to make even toast.

Would help for more wards to be just for dementia patients with enough staff to give all the care and support they need.

Registered Nurses (Band 7 or above)

Abbey pain score isn't commonly used and communication around where to find it and how to use it is very poor. Training required and forms should be available pre-printed professionally on the wards. Perhaps consider a prompt on the normal observations chart to defer to an abbey pain tool if required.

By increasing staff numbers with skills specific to dementia care. By having more wards with dayrooms. Very few wards have day rooms as they have increased bed space by utilising the areas from the original design.

Flexible staff who can be used to provide one to one care for patients offering them orientation to the unit, conversation and nutritional support at times that are not allocated mealtimes.

Have a member of staff to sit with them throughout their stay in the emergency department if they are alone.

I think as a trust we have embraced dementia care and have adapted and altered most areas.

Increased number of staff for 1-1 care over the night period where staffing is much lower. This is a significant problem.

It would be good to see some of the Dementia Friendly Ward's successes rolled out to other clinical area's as patients with a diagnosis of dementia are admitted to a range of wards across the Trust. The dementia

Registered Nurses (Band 7 or above)

training day appears to have been beneficial to staff development in caring for patients with dementia - continued funding for this would be of value to staff and patients.

More dementia friendly decor and signage.

More dementia friendly wards/ beds.

More dementia trained link nurses on all specialities, or a specialist nurse who can advise on all areas. For example, patients with dementia having surgery go to a surgical ward where there is not the same focus on dementia needs.

More education re: the disease progress.

More staff when needed to spend time with the patients to just talk and walk and listen.

More ward based staff.

Our team would like to see much simpler menu choice (format of document) e.g. lunch choices on one sheet of paper in large clear print. Present version has three meals on one side of A4 with many options which is very confusing.

Our trust has taken great lengths to improve its care of people with dementia. The staff training is exceptional.

Provide us with some training. This should be integrated into our yearly mandatory training program.

Stop the out of hours ward moves so patients stay settled.

To be able to have a therapist based in the hospital to provide stimulation for patients with dementia and activities with the involvement from family.

Training.

Healthcare Assistants

A "This is me" booklet for likes and dislikes. Open visiting.

Adapt TV/ phone stations to accept DVDs to play music, old films that they are familiar with.

By implementing the butterfly scheme and using the "this is me" tool more often.

By making sure that adequate staff are taking care of the patients with 1-1 needs.

Dementia patients would benefit from a large dining table where people are able to sit and converse and eat together.

Easy to read books, photo albums, activities on ward, free TV.

Ensure "This is Me" booklets are complete. Agency staff are trained in dementia. Memory boxes.

Ensure all staff go on the training for dementia so that everyone can give the correct care.

Ensuring that on arrival to ward the "This is Me" booklets are filled in, which can help more effectively with our care.

Everyone needs to receive dementia training to provide full support for dementia patients.

Giving one to one care.

I feel it would help if we had more staff which would then lead to having more time to interact with patients.

I feel more equipment for staff to be able to interact with patients i.e. dominoes, cards, a day room.

I feel we need to have more staff available on the ward.

I think in our hospital the care and support of people with dementia is in very good standard.

Healthcare Assistants

I think on occasions placing dementia patients on general wards can be not only difficult for the dementia sufferer but for other patients and add extra pressure to staff. Perhaps more specific dementia beds could be an option? An agitated dementia patients, in unfamiliar surroundings surrounded by strangers, can be time-consuming for staff, taking away care from other patients.

If the people with dementia could all have the information booklet "I Am Me" with them, this is a really big help to all staff and makes the patients' stay with us a lot easier for them. I understand this isn't always possible but it would be a massive help.

It is really helpful when the patient has a "This is me" filled in and it is specified what the patient likes/ dislikes.

It is very helpful when patients with dementia have a "This is Me" with them.

Liaise with care homes and families, insisting that a carer accompany an individual to hospital, rather than sitting security on someone whom is wandersome.

Making adequate staffing available and ensuring trained staff have an understanding of the term 1:1. Sometimes I feel patients' safety is compromised by having multiple 1:1 patients for a single staff member... this is a very stressful situation... especially if one wants to be toileted at their bed side... drawing the curtains then leaves an issue of safety towards the other 1:1, this is dangerous and unprofessional... this is a constant issue and is ultimately a staffing issue.

Maybe have some kind of activities for them to stop them becoming agitated. Patients do need more of one-to-one care. It is essential that patients get the correct amount of time and assistance at mealtimes.

More activities, board games, bigger text books - easy read.

More in depth training on dementia and types of dementia.

More information on the individuals' personal circumstances and needs.

More information on what the individual likes and dislikes.

More resources to support and interact with individuals who have dementia. More time and staff to be able to provide the care and support the individual needs.

More staff, more awareness of dementia.

More up to date training. There is not enough training (mandatory) on dementia. eLearning is fine but to have a more in depth training sessions would help to enable staff to support and understand dementia better.

One on one care partnership. One on one nurse lead environment, fall's team. One on four nurse support including bay nurse.

One to one staff available when required.

Provide more in depth training for staff.

Some volunteers needed for stimulating conversation for patients as staff do not always have time.

Something to do in the day time, e.g. workshop, games. Doors locked so they can walk round freely, not sat next to bed.

Staff the wards properly.

Staffing levels affect the amount of support available to dementia patients. The staff work very hard to do their best however, if more staff were available then there would be less pressure.

Visual aids, watching the TV may help settle an individual but not everyone can afford TV cards.

Doctors

Better support by mental health team and most prompt response to the calls to see patients with dementia on the ward. Quite often the only choice for patients identified with dementia on the ward is to refer them for outpatient appointment in the memory clinic. I believe it should be a better transition system for patients with dementia between inpatient and outpatient care.

Dementia link person on every ward.

East Lancashire Hospitals NHS Trust doesn't do badly compared to other hospitals. One possible way of improving is to improve detection and management of delirium, for instance avoiding restraints/ catheterisation/ unnecessary venepuncture.

Ensure that the dementia champions are released for meetings and training sessions.

Giving information on the common support services available in the area and who to get help from e.g. dementia specialist nurses/ manager.

I don't feel I know enough to comment. I don't think changing the colour of the toilet seats from white to black has made much difference to dementia care, as was intended.

I wasn't aware of dementia specific specialist services for inpatients. Raising awareness of services offered would be very effective, have used the mental health liaison team but was not aware there was dementia specific component to this.

More information on the patients' preferences.

More nursing staff on the wards.

More staff or lesser workload so that we have the time to help dementia patients.

Training for staff and actually make people aware. Sending random emails and posting information on the trust website is not helpful.

Allied Healthcare Professionals

As phlebotomists, we are not informed much about patients, maybe we could be better informed?

Floating staff available to provide specialised one on one care to people agitated in the hospital environment, rather than using nursing staff in the numbers, leaving ward staff short staffed.

I think that it would be an excellent idea for some dementia awareness training to be included in our mandatory annual training.

Improved diagnosis - both speed and clinical accuracy of diagnosis - especially for people with co-morbidities.

Improvement of distribution of twiddle muffs to appropriate patients.

More input to the multidisciplinary team as a whole from the specialist dementia nurse.

Remember to make time in busy periods for the [person with dementia].

Students

Do more specific things for dementia patients for example, pictured cards or coloured items.

Ensure EVERYONE understands what dementia is and the different stages/ types. Assumptions are continuously made that the "new" patient about to come on to the ward will be "trouble" when they are sometimes the most pleasant people on the ward. Also, training on how to provide care to those in end stages of dementia.

Students

More training for students.

Therapy Assistants & Allied Healthcare Professional Assistants

I think that staff should wear a name badge and include relatives in the patients care whilst on their journey within the hospital.

More dementia friendly wards, ensure ALL staff are trained in how to support/ manage dementia patients.

Ward-based Administrators

Activities.

Better communication perhaps, with relatives and staff.

We need extra staff for one on one care when needed.

Other / Unknown

If we could create a dedicated secure area for patients who could go outside and have fresh air and exercise accompanied by a staff member at this site that would be a real transformational health promotion for this hospital. There are many suitable exercise opportunities that may be beneficial for people in the early or middle stages of dementia and feel if there was a dedicated team involved we could improve facilities so much.

More things to give the impression of a garden somehow within the ward though safely so as to see and not touch.

Provide training sessions to departments and wards. I understand that it is time consuming but it will cover more staff.

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