

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Royal Cornwall Hospital

Royal Cornwall 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).

Table of Contents

Introduction to the appendices	2
Appendix A: Organisational checklist data	3
Appendix B: Patient demographics	15
Appendix C: Casenote audit data	19
Appendix D: Carer demographics	28
Appendix E: Carer questionnaire data	29
Appendix F: Staff demographics	32
Appendix G: Staff questionnaire data	34
Appendix H: Verbatim staff suggestions for your hospital, presented by job role	40

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	Yes	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	No
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	Yes	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	Yes	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	Yes	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	Yes	Yes
	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	Yes	Yes
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	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
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	Yes	Yes
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	Yes	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	Yes	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	Quarterly	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	Yes	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:		Integrated Discharge		New question for Round 3
	Ward 2:		Kerensa		
	Ward 3:		Phoenix		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	7	New question for Round 3
	Percentage of patients where the information was present:		-	70%	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]	<i>(If Q21=Yes)</i> Please say what this is:				
	21a	A visual indicator, symbol or marker	91.1% 164/180	√	A visual indicator, symbol or marker
		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	Yes
	<i>(If Q22=Yes)</i> Please say what this is:				
	22a	A visual indicator, symbol or marker	87.1% 122/140	√	A visual indicator, symbol or marker
		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	-		
9.13 [2]	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	No
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	Yes	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	Yes
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	Yes
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	Yes
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)	3.7% (2)
66 - 80	24.3% (2445)	27.8% (15)
81 - 100	73% (7332)	68.5% (37)
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	50 - 97
Mean	84	83.6
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	40.7% (22)
Female	59.9% (6018)	59.3% (32)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	92.6% (50)
Black/ Black British	1.2% (123)	0% (0)
Asian/ Asian British	1.9% (193)	0% (0)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	7.4% (4)
Other	12.4% (1250)	0% (0)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	90.7% (49)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	9.3% (5)
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)	22.2% (12)
Fall	13.3% (1332)	11.1% (6)
Urinary/ renal	9% (901)	7.4% (4)
Hip dislocation/ hip fracture	7.5% (754)	7.4% (4)
Sepsis	6.3% (633)	1.9% (1)
Delirium/ confusion	6% (604)	5.6% (3)
Gastrointestinal	5.9% (595)	1.9% (1)
Cardiac/ vascular	5.1% (517)	9.3% (5)
Stroke	3.8% (380)	9.3% (5)
Neurological	3.6% (364)	3.7% (2)
Skin lacerations/ lesions	2% (204)	1.9% (1)
Impaired consciousness	2% (198)	3.7% (2)
Dementia**	1.9% (195)	1.9% (1)
Other	1.9% (192)	3.7% (2)
Unable to cope/ frailty	1.6% (160)	1.9% (1)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	1.9% (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)	1.9% (1)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	1.9% (1)
Rheumatic	0.4% (45)	1.9% (1)
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)	0% (0)

*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)	31.5% (17)
General Medical	23.5% (2359)	13% (7)
Other Medical	9.9% (999)	13% (7)
Orthopaedics	8.9% (892)	14.8% (8)
Surgical	6.8% (681)	5.6% (3)
Stroke	4.5% (456)	14.8% (8)
Cardiac	2.5% (248)	5.6% (3)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	1.9% (1)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
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)
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)	4.3% (2)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	14.8% (8)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	40.7% (22)
11 – 20 days	25.5% (2559)	42.6% (23)
21 – 30 days	11.3% (1132)	7.4% (4)
31 – 40 days	6.7% (671)	0% (0)
41 – 50 days	4.2% (418)	5.6% (3)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	1.9% (1)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	1.9% (1)
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	3-89
Median (days)	12	13

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)	64.8% (35)	23.4% (11)
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)	1.9% (1)	4.3% (2)
Carer's home	2.1% (212)	2.1% (181)	1.9% (1)	4.3% (2)
Intermediate care	0.3% (27)	2% (172)	0% (0)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	13% (7)	17% (8)
Nursing home	19.7% (1981)	28.7% (2511)	11.1 (6)	17% (8)
Palliative care	0% (5)	0.6% (54)	0 (0)	2.1% (1)
Transfer from another hospital	1.4% (145)	3.9% (343)	7.4% (4)	31.9% (15)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	46.8% (22)
Own/ carer's home to nursing/ residential care	11.1% (972)	12.8% (6)

*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%)	87.8% 43/49	94.6% 35/37	
	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%)	63% 34/54	47.5% 19/40	
	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%)	82.4% 28/34	66.7% 10/15
		Other action taken	4% 352/8822 (2%, 0-5%)	8.8% 3/34	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	91.2% 31/34			
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%)	94.4% 51/54	82.5% 33/40	
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%)	85.2% 46/54	50% 13/26	
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%)	96.3% 52/54	36.4% 12/33	

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%)	8% 4/50	84.2% 32/38
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	80% 40/50	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	2% 1/50	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	90% 45/50	

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%)	40.7% 22/54	56.8% 21/37
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%)	5.6% 3/54	20% 8/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	13% 7/54	10% 4/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	18.5% 10/54	30% 12/40
1.5 [2]	21a	<i>(If Q21=Yes)</i> Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	100% 3/3	87.5% 7/8

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%)	96.3% 52/54	47.5% 19/40
	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%)	26.9% 14/52	47.4% 9/19
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	53.8% 28/52	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%)	25% 13/52	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	51.9% 27/52	
	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%)	38.5% 20/52	84.2% 16/19
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	50% 26/52	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%)	23.5% 12/51	11.8% 2/17
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	52.9% 27/51	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%)	18.4% 9/49	11.8% 2/17
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	57.1% 28/49	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%)	25% 13/52	23.5% 4/17
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	50% 26/52	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%)	21.4% 6/28	36% 9/25
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/22	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	0% 0/22	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/22	
		Not documented/ unknown reason	78.1% 4444/5690	95.5% 21/22	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	4.5% 1/22		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	53.6% 15/28	16% 4/25
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	25% 7/28	52% 13/25
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	0% 0/7	7.7% 1/13
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%)	32.1% 9/28	12% 3/25	
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%)	22.2% 2/9	33.3% 1/3	

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
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%)	64.3% 9/14	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%)	88.9% 8/9	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%)	12.5% 1/8	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	87.5% 7/8	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/8	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	11.1% 1/9	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/1	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	100% 1/1	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	88.9% 8/9	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	11.1% 1/9	

*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%)	64% 16/25	66.7% 10/15
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%)	52% 13/25	44.4% 8/18
	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%)	69.2% 18/26	47.4% 9/19
	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%)	78.6% 22/28	12% 3/25
	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%)	89.3% 25/28	24% 6/25
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%)	64.3% 18/28	20% 5/25
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%)	61.5% 16/26	57.1% 8/14
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%)	51.9% 14/27	8% 2/25
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%)	85.2% 23/27	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%)	60.7% 17/28	0% 0/23
	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	-% N/A	50% 1/2
		Patient awaiting assessment	9.1% 190/2088	-% N/A	0% 0/2
		Patient awaiting history/ results	6.1% 127/2088	-% N/A	0% 0/2
		Patient awaiting surgery	9.6% 200/2088	-% N/A	50% 1/2
		Patient presenting confusion	5.7% 120/2088	-% N/A	0% 0/2
		Patient on end of life plan	0% 1/2088	-% N/A	-
		Patient being transferred to another hospital	0.1% 2/2088	-% N/A	0% 0/2
		Patient unresponsive	0.3% 6/2088	-% N/A	0% 0/2
		Patient being discharged to nursing/ residential care	6.5% 136/2088	-% N/A	0% 0/2
		Not recorded	-	-	0% 0/2
Other	0% 0/2088	-% N/A	0% 0/2		

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	10.7% 3/28	0% 0/25
		24 hours	12.2% 897/7329	3.6% 1/28	0% 0/25
		25 - 48 hours	14.7% 1075/7329	10.7% 3/28	0% 0/25
		More than 48 hours	27.1% 1985/7329	21.4% 6/28	76% 19/25
		No notice at all	0.5% 35/7329	0% 0/28	0% 0/25
		Not documented	24.2% 1770/7329	53.6% 15/28	24% 6/25
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/28	0% 0/25
		Patient specified information withheld	0% 3/7329	0% 0/28	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%)	69.2% 9/13	53.3% 8/15

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	0% (0)
25 – 34 years	2.9% (133)	10% (2)
35 – 44 years	5.6% (259)	25% (5)
45 – 54 years	16.2% (749)	15% (3)
55 – 64 years	25.8% (1193)	20% (4)
65 – 74 years	20.8% (960)	20% (4)
75 – 84 years	19.1% (885)	10% (2)
85 years or over	7.4% (343)	0% (0)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	30% (6)
Female	68.1% (3150)	65% (13)
Other	0.1% (4)	5% (1)
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)	100% (20)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	0% (0)
Mixed	1% (44)	0% (0)
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)	15.8% (3)
Family member	55.9% (2597)	36.8% (7)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	42.1% (8)
Other	0.9% (41)	5.3% (1)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	61.1% (11)

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	40% 8/20
		Yes, to some extent	43.3% 1980/4578	50% 10/20
		No	10.2% 468/4578	10% 2/20
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	70% 14/20
		Yes, to some extent	36.4% 1672/4592	20% 4/20
		No	9.4% 431/4592	10% 2/20
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	73.7% 14/19
		Yes, to some extent	34.2% 1515/4433	10.5% 2/19
		No	10.4% 462/4433	15.8% 3/19
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?		
		Yes, definitely	76% 3471/4569	85% 17/20
		Yes, to some extent	20.8% 952/4569	10% 2/20
		No	3.2% 146/4569	5% 1/20

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	40% 8/20
		Yes, to some extent	40.4% 1843/4566	30% 6/20
		No	17.8% 815/4566	30% 6/20
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	55% 11/20
		Yes, to some extent	36.4% 1637/4497	35% 7/20
		No	16.1% 722/4497	10% 2/20
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	30% 6/20
		Yes, to some extent	34.5% 1563/4524	50% 10/20
		No	20.1% 908/4524	20% 4/20

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	40% 8/20
		Very good	33.9% 1575/4645	25% 5/20
		Good	17% 790/4645	20% 4/20
		Fair	9.6% 446/4645	5% 1/20
		Poor	5% 232/4645	10% 2/20
	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	55% 11/20
		Likely	34.1% 1551/4544	25% 5/20
		Neither likely nor unlikely	14.3% 648/4544	5% 1/20
		Unlikely	4.8% 220/4544	5% 1/20
		Extremely unlikely	4.2% 192/4544	10% 2/20

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	60% 12/20
		Somewhat satisfied	34% 1487/4379	20% 4/20
		Somewhat dissatisfied	9.9% 434/4379	10% 2/20
		Very dissatisfied	5.8% 254/4379	10% 2/20

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)	37.4% (37)
26 - 50%	25.6% (3651)	31.3% (31)
51 - 75%	24.4% (3489)	21.2% (21)
More than 75%	18.1% (2588)	10.1% (10)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	13% (13)
Female	83.2% (11954)	86% (86)
Other	0.2% (34)	1% (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)	95% (95)
Black/ Black British	4.1% (594)	0% (0)
Asian/ Asian British	8% (1150)	0% (0)
Mixed	1.3% (183)	0% (0)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	4% (4)
Prefer not to say	1.7% (241)	1% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	32% (32)
Registered nurse (Band 7 or above)	12.7% (1831)	12% (12)
Healthcare assistant	23.1% (3324)	26% (26)
Doctor	11.5% (1645)	7% (7)
Allied healthcare professional	11.9% (1713)	10% (10)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	6% (6)
Student	2.3% (332)	0% (0)
Ward based administrators	4% (571)	4% (4)
Other/ unknown	1.9% (279)	3% (3)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	18.2% (18)
30 hours or more	87% (12458)	81.8% (81)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	10.1% (10)
6 - 11 months	9.5% (1364)	5.1% (5)
1 - 2 years	15.6% (2242)	17.2% (17)
3 - 5 years	16.4% (2350)	12.1% (12)
6 - 10 years	15.9% (2283)	15.2% (15)
11 - 15 years	12.1% (1739)	14.1% (14)
More than 15 years	22.4% (3205)	26.3% (26)

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% 24/100	63% 63/100
		Yes, most of the time	32.9% 4614/14024		39% 39/100	
		Yes, sometimes	26.8% 3760/14024	-	28% 28/100	-
		No	11.6% 1624/14024	-	9% 9/100	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	7.7% 6/78	15.4% 12/78
		Yes, most of the time	15.7% 1763/11207		7.7% 6/78	
		Yes, sometimes	27.9% 3129/11207	-	30.8% 24/78	-
No		48.6% 5441/11207	-	53.8% 42/78	-	

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	44.4% 40/90
		53.2% 7030/13205	42.2% 38/90
		5.4% 713/13205	7.8% 7/90
		7.7% 1018/13205	4.4% 4/90
		7.3% 961/13205	8.9% 8/90
		17.3% 2278/13205	21.1% 19/90
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	29.4% 20/68
		50.5% 5390/10670	63.2% 43/68
	7.3% 778/10670	7.4% 5/68	

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	10% 10/100	55% 55/100
		Yes, most of the time	38.5% 5525/14345		45% 45/100	
		Yes, sometimes	33% 4734/14345	-	42% 42/100	-
		No	7.1% 1014/14345	-	3% 3/100	-
	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	17.5% 17/97	64.9% 63/97
		Yes, most of the time	40.9% 5454/13329		47.4% 46/97	
		Yes, sometimes	30.6% 4074/13329	-	34% 33/97	-
		No	1.9% 252/13329	-	1% 1/97	-
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	26% 26/100	59% 59/100
		Yes, most of the time	33.2% 4759/14333		33% 33/100	
		Yes, sometimes	27.3% 3913/14333	-	32% 32/100	-
	No	10.6% 1516/14333	-	9% 9/100	-	

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% 36/80
		Occasionally	37.2% 4636/12457	41.3% 33/80
		Almost Never	9.7% 1210/12457	11.3% 9/80
		Never	3.3% 408/12457	2.5% 2/80

Patient care and nutrition

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)	
3.8 [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	50.6% 40/79	88.6% 70/79
		Yes, most of the time	27.3% 3271/11978		38% 30/79	
		Yes, sometimes	16.1% 1927/11978	-	11.4% 9/79	-
		No	5.4% 649/11978	-	0% 0/79	-
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	27.8% 22/79	78.5% 62/79
		Yes, most of the time	50.1% 6149/12263		50.6% 40/79	
		Yes, sometimes	19.2% 2357/12263	-	16.5% 13/79	-
		No	4.7% 576/12263	-	5.1% 4/79	-

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	24.6% 16/65	80% 52/65
		Yes, most of the time	47.6% 4352/9148		55.4% 36/65	
		Yes, sometimes	18.7% 1708/9148	-	18.5% 12/65	-
		No	3.3% 303/9148	-	1.5% 1/65	-
	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	6.2% 4/65	40% 26/65
		Yes, most of the time	27.5% 2516/9143		33.8% 22/65	
		Yes, sometimes	42.5% 3887/9143	-	55.4% 36/65	-
		No	19.3% 1763/9143	-	4.6% 3/65	-
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	7.8% 5/64	50% 32/64
		Yes, most of the time	32.5% 2942/9047		42.2% 27/64	
		Yes, sometimes	27.7% 2506/9047	-	17.2% 11/64	-
	No	23.5% 2125/9047	-	32.8% 21/64	-	

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	26.6% 17/64	70.3% 45/64
		Yes, most of the time	39.3% 3456/8788		43.8% 28/64	
		Yes, sometimes	16.8% 1476/8788	-	14.1% 9/64	-
		No	15.6% 1368/8788	-	15.6% 10/64	-
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	26.6% 17/64	62.5% 40/64
		Yes, most of the time	27.2% 2398/8822		35.9% 23/64	
		Yes, sometimes	22.5% 1983/8822	-	23.4% 15/64	-
		No	12.3% 1085/8822	-	14.1% 9/64	-
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	34.4% 22/64	64.1% 41/64
		Yes, most of the time	28.7% 2615/9119		29.7% 19/64	
		Yes, sometimes	20.7% 1886/9119	-	28.1% 18/64	-
		No	6.1% 558/9119	-	7.8% 5/64	-
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	36.9% 24/65	75.4% 49/65
		Yes, most of the time	33.4% 3039/9090		38.5% 25/65	
		Yes, sometimes	15.5% 1408/9090	-	21.5% 14/65	-
		No	4.9% 444/9090	-	3.1% 2/65	-

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 Cornwall Hospital are provided.

Registered Nurses (Band 5 or 6)
ALL staff need to be given access and encouraged to attend training relevant to their role. Our hospital is aware of this and endeavouring to ensure that this happens. However, the staff employed by external organisations are not being given the same access. Some of this is being blamed on cost-implications and releasing staff (all areas are very short-staffed at present).
Coloured cutlery plates and jugs.
Continue with the recruitment and training of volunteers to support people with Dementia.
Educating staff that dementia patients can be rude/ aggressive and that this is art of their illness, not meant personally against them, and that it is not appropriate to then be offended or becoming aggressive in retaliation.
Ensure all staff receive adequate training in handling patients with dementia, the brief introduction during the induction days is not enough. The dementia study day should be mandatory and repeated for staff working with dementia, training regularly not as a choice.
Extra support at mealtimes would be of benefit - extra support for confused patients i.e. befriending service.
Having family/ carers with patient outside of visiting times to support patient.
I am an agency nurse but have seen an admiral dementia nurse around the ward. I think the hospital should have more nurses trained in dementia as most of the patients in the wards are elderly and more than half of them have dementia.
I believe that dementia training should be part of our mandatory training and that every nurse should have key skills to support patients with dementia in our hospital.
I feel finger foods is a great idea.
More information on how to [calm] patients who may harm themselves and staff to ensure patients are safer. More one to one specials.
More patient stimulation i.e. TV, radios, books. Snacks to include fresh fruit and cake would be great benefit to patients at any time of day or night.
More staff to help support and deliver patient care and safety of patients with dementia.
More staffing would help to be able to spend more time being able to talk to and give us the opportunity to be aware of their likes and dislikes.
More training on dementia and enough staff to support those with dementia that need further support with their needs.
More volunteers/staff to do activities involving dementia patients.
Not enough staff to give full support if patient wants to walk (and is able to). Too many patients on ward with dementia not enough 1-1 or 1-2 staff to special often one member of staff to care for up to 6 patients. New kitchen and ward agency staff do not always know where to access food from.
Out of hours support from a specialist practitioner.
Provide more staff (dementia patients take more nursing time). Managers and others need to be more in touch with their needs. Provide better training for all - housekeepers, healthcarers, need to be trained better. We try our best in the meantime.
Providing 24 hour service of dementia nurse for support and advice.

Registered Nurses (Band 5 or 6)

Providing more staff to help at mealtimes to ensure they are having enough to eat. Not moving patients with dementia to ward overnight. More training and awareness for all staff on ward.

Soft foam floors - if risk of falls.

Standardised ward design and layout as per Kerensa Ward.

To endeavour to avoid moving patients/ give this greater importance, especially at night.

We are classified as an acute hospital however, we no longer have the facilities or staff to hold such a status. We continue to use the 'acute model', and the word holistic no longer seems fashionable, care plans (pre-printed), one size fits all. Some of our patients stay with us for a considerable time whilst waiting for POC's or placement - they are medically fit for discharge, but continue to have routine observations and treatment - and in this 'cover your back' culture, many clinical hours are spent on paperwork. We are ticking all the boxes but in reality our time would be better spent with the patient - whatever their needs.

Registered Nurses (Band 7 or above)

By using a pain tool for patients who are cognitively impaired for every patient who has dementia and unable to express their pain.

Consent process and utilisation of Form 4 consents could be more involved. It's usually the last thing thought of before the patient arrives at my department, and this can cause confusion and sometimes cancellations and more frequently lack of valid consent or at least sub-optimally valid consent.

Environmental factors - making our wards more dementia friendly. More volunteers to carry out activities with dementia patients. Lots more staff training needed, to educate around managing the behaviours a dementia patient might present with.

Interactive and homely areas in clinical wards.

More access to support and training.

More interaction on the wards by the admiral nurse and the dementia specialists, more meetings for the link nurses and sharing of information.

More specialised input.

Ongoing training of volunteer services to spend time with the dementia patients.

We are aiming to increase the memory cafe to twice a week, this is reliant on volunteer support.

Healthcare Assistants

1. Encourage families and care homes to bring in familiar things for dementia patients. Not only might this help the patient, but in case of photos for instance, also helps to remind staff of who this person is/ was. 2. Mandatory dementia training for staff on orthopaedic wards as well as care of the elderly. 3. Actively encourage care/ relative attendance outside of visiting hours especially mealtimes. 4. Trial new approaches to calm and reassure agitated patients such as music (certain classical composers reputedly have more effect on cerebral areas), massage, (hands and feet would not be very invasive and easy to teach and practice), fresh air (fall risk patients could go to the garden in a chair), don't just put on commercial radio or the TV because if that was me it would make me even more agitated! Violent even! 5. Raise awareness of issues around pain relief for dementia patients. I feel unable to put into practice what I have learned. For example, it is well documented that those with dementia will fare better with familiar things around them. They come into hospital with nothing. When I suggested to the dementia lead in our hospital that we should encourage care homes and relatives to bring in personal effects with the idea of reassuring a

Healthcare Assistants

dementia patient, he told me we shouldn't because we lost things!!!! Also, there is no opportunity to try out things that might help to calm someone who is distressed. Apart from familiar things we could try out things like soothing music or trips out to the garden if medically possible, instead we employ armies of 'specials' to repeatedly tell a person to stay in one place.....appalling service and not even a cheap solution... very unimaginative. Although carers/ relatives who express a desire to attend are given permission I feel we should actively encourage attendance especially at mealtimes. Not only would it be much better for the patients but cheaper for the NHS. I have known nurses to be very negative towards relatives who are prepared to 'stand up' for the patients. In general, carers/ relatives in attendance are seen by many to be a bind rather than a benefit. If patients cannot eat with knife and fork they would tend to be fed or given pureed meals, again not very imaginative. To be fair the wards that have most dementia patients are usually struggling to get by with their staffing levels, so most of the time the needs are met but sometimes there are just not enough people on the floor. I also think that pain relief is an issue that needs to be addressed on the orthopaedic wards. They are pretty good about pain on care of elderly ward but the ortho wards will (in my opinion) often give inadequate pain relief. If someone is calling out or shouting, the usual assumption is that it is caused by confusion/ dementia rather than pain. I have sometimes been able to change this approach by pushing for it but don't work on the ward all the time so stand no chance of changing general culture which needs to be done by more education. As far as I am aware, it is only the care of the elderly ward that encourages its staff members to go on dementia study days.

Being able to have in depth training for dealing with dementia.

By having a designated space on our ward where stimulating activities could be provided (such as singing and word games) in the afternoons.

By offering staff (especially new) training and support, by having support groups in hospital for patients and families whilst in hospitals, familiarity of staff. I think that there should be more training offered to staff and more advertising of services as I am new to trust and am unsure on where to go for support and information.

Clocks with dates on - numbers on display rather than a traditional clock with hands.

Depending on the severity of the dementia I would suggest visual aids to help someone understand. For example, pictures of a shower, toilet, food, drink.

Everyone to understand dementia and how to support people, i.e. cleaners/ hosts/ hostesses and make sure we know the person's history/ likes and dislikes to best support their needs.

Having more communication tools available to try and aid communication.

Increased staffing levels. Provide more suitable finger foods. Increase awareness with housekeeping staff so that food and fluids are offered/ encouraged more regularly. Have more variety of food and fluid available for patients with dementia. More resources for memory boxes/ funds for DVD players as dementia patients often do not have funds for hospital TV.

More dementia courses.

More dementia training. The ward should be circular then the wandering patient will never find the end/ door and become upset. There should be more books, colouring, magazines for the patients to read/ look through, distract them. A garden for them to walk around would also be productive in occupying many dementia patients as a lot have an interest in gardening and the outdoors. Visiting animals may also help. I think dementia patients need food they recognise; sausages, bacon, eggs, chocolate bars, more pudding, trifles. We get curry and chilli and lentil casserole and chicken stews that are not a usual choice maybe. I think this hospital does the best it can given what it has available to work with at the time. I know most of the staff ward managers do what they can to look after all our patients' needs. Staffing levels are not always sufficient, training is definitely not up to standards with regards to dementia and the catering does not cover the dementia patients' needs neither.

More staff to fewer patients.

Healthcare Assistants

More staffing to help support the more acute areas of the hospital.

More training, keeping up to date with training, regular training.

Re-introduce paper menus so families can help their relative to select a meal that they would choose to eat. iPads and conversation rarely seem to work.

Specialist dementia ward. More staff. More facilities: assistant to specially provide constructive entertainment e.g. music, books, sandpit, plants, bingo.

Staff need more time to care.

To provide the right care needs at all times during their stay.

Training.

Try to engage them in more activities to occupy them. Sensory boxes etc. More sweet/savoury food should be available as their choice as 8:30 may not be what they want at 12:00!

Use the this is me booklet and make information about the patient readily available. More staff training for new staff.

We must stop moving dementia and other patients ward to ward in the middle of the night. I believe there is a policy that says this should not happen, but it does.

Doctors

Access to mental health electronic record.

Better staffing. Having a pool of dementia friends/ volunteers for each specific care of the elderly ward and the acute admissions unit.

More healthcare assistants.

Perhaps encouraging college (sixth form) students to volunteer in feeding programmes for patient who have dementia or other reasons for not necessarily feeding themselves adequately, when relatives cannot attend. This could raise awareness in this age group of the issues surrounding dementia and provide some more social interaction for this group of patients. Usually for me this involves the consenting process (form 4) discussions with relatives and explanations to the patients in a way they can understand.

Allied Healthcare Professionals

Ensure this is me is completed in a timely fashion and that all disciplines in contact with patients are aware this is available.

Have more things to keep them occupied on the wards as wandering around is a problem.

Increased staffing levels.

Making more effort to ensure 'this is me' books are completed and then read by staff.

More 1:1 support workers to relieve the ward staff for other patients.

Staff to recognise the importance of allowing patients to mobilise in hospital even when they are confused and requiring support. It would be useful to have more things i.e. books/ games for patients to do in hospital on the wards to keep them entertained and reduce the distress from the environment. Sometimes dementia patients' mobility is restricted due to their 'falls risk' however I feel that this could be supported better if more staff were available at times in order to allow them to mobilise and maintain their mobility.

We have done a lot already but more challenges involve safety and comfort while in hospital and better communication.

Students

No comments from students for your hospital.

Therapy Assistants & Allied Healthcare Professional Assistants

Have trained staff in dementia on ward that can offer advice and support.

I think more activities or tasks could be introduced to entertain people with dementia. More things could be available to them such as photo albums or music. More tables for people to sit around together - especially for mealtimes. More staff to be available to provide 1:1 assistance - and mandatory dementia awareness days for all staff.

On the two wards I work on we are well equipped for dementia patients, we run a memory café once a week, we have snack and finger foods available to patients and we don't move patients' beds in the night, I feel there is normally a good level of staffing to support patients with dementia, and as a therapy assistant I feel our therapists are very good at supporting patients with dementia while on the ward and then getting ready for discharge. We have a dementia practitioner who works part time and we also have an admiral nurse within the trust who is available to contact for advice, we have daily discussions about all of our patients.

Story books, 'This is me', should be given to all patients from a GP when diagnosed so they already have information about their life as soon as they are admitted to hospital. There should be play activities in rooms around the hospital, memory cafes.

The ward is not set up to adequately care of patients with dementia - the bed state is the main consideration i.e. moving patients on after surgery so that the new intakes can be admitted.

Ward-based Administrators

A dementia board could be set up in each ward. This could list the names and bay numbers of dementia patients alongside any pet names and likes or dislikes. Extra trained staff should be employed to check in with each ward, every day to spend an hour with a dementia patient - to give them quality time instead of just observation and to check on food and drink. There should be more leaflets and advice for the general public so if they do end up in a bay next to a patient with dementia, then they will be more understanding.

By taking the time and giving the space to talk to them and to listen with some degree of privacy.

Time and patience is the essence, maybe some trained people to spend time with the people with dementia so that trained nurses are able to do their jobs and not have to keep looking where these people are wandering off to, and the patient would have someone to sit and listen or take for a wander and be safe.

Other / Unknown

It would be helpful to me if all dementia patients were flagged on the printable alpha list.

It would help me in my role if when printing the Alpha list that dementia patients were clearly identified. We take our memory trolley on a regular basis to 4 different wards but it would be great if we could identify the forget me not patients on ALL wards so that we can give them access to pastoral support and access to the memory trolley.

Other / Unknown

The funding of a coordinator for Dementia Volunteers. This would lead to greater levels of recruitment, retention and development of support from volunteers to those with dementia. It would mean a small investment for a high return as I have already witnessed the positive impact our small number of dementia volunteers have already had in our trust.

Royal College of Psychiatrists' Centre for Quality Improvement
21 Prescott Street • London • E1 8BB

The Royal College of Psychiatrists is a registered charity
in England and Wales (228636) and Scotland (SC038369)

© Healthcare Quality Improvement Partnership Ltd. (HQIP) 2017

www.nationalauditofdementia.org.uk

nad@rcpsych.ac.uk