

National Audit of Dementia
Care in General Hospitals 2016-2017

Local report appendices for:

Manchester Royal Infirmary

Central Manchester University Hospitals NHS Foundation 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	In development	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	Yes	No

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	No
	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	No
	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	No
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	No
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:		Ward 45		New question for Round 3
	Ward 2:		ward 46		
	Ward 3:		Emergency Surgical Trauma Unit (ESTU)		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	8	New question for Round 3
	Percentage of patients where the information was present:		-	80%	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 box to highlight or alert dementia condition in the notes or care plan
		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
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	√	A box to highlight or alert dementia condition in the notes or care plan
		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	No	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	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	Yes	No

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)	5.5% (3)
66 - 80	24.3% (2445)	23.6% (13)
81 - 100	73% (7332)	70.9% (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	40 - 99
Mean	84	82.6
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	60% (33)
Female	59.9% (6018)	40% (22)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	10.9% (6)
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)	1.8% (1)
Other	12.4% (1250)	87.3% (48)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	83.6% (46)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	1.8% (1)
Not documented	19% (1909)	14.5% (8)
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)	25.5% (14)
Fall	13.3% (1332)	29.1% (16)
Urinary/ renal	9% (901)	5.5% (3)
Hip dislocation/ hip fracture	7.5% (754)	0% (0)
Sepsis	6.3% (633)	0% (0)
Delirium/ confusion	6% (604)	7.3% (4)
Gastrointestinal	5.9% (595)	5.5% (3)
Cardiac/ vascular	5.1% (517)	7.3% (4)
Stroke	3.8% (380)	1.8% (1)
Neurological	3.6% (364)	3.6% (2)
Skin lacerations/ lesions	2% (204)	0% (0)
Impaired consciousness	2% (198)	1.8% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	1.8% (1)
Unable to cope/ frailty	1.6% (160)	1.8% (1)
Dehydration	1.4% (143)	1.8% (1)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	3.6% (2)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	3.6% (2)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	0% (0)
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)	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)	25.5% (14)
General Medical	23.5% (2359)	7.3% (4)
Other Medical	9.9% (999)	40% (22)
Orthopaedics	8.9% (892)	3.6% (2)
Surgical	6.8% (681)	10.9% (6)
Stroke	4.5% (456)	1.8% (1)
Cardiac	2.5% (248)	3.6% (2)
Other	1.4% (136)	3.6% (2)
Nephrology	0.5% (52)	1.8% (1)
Obstetrics/ Gynaecology	0.4% (41)	1.8% (1)
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)	16.4% (9)
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)	2.2% (1)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	12.7% (7)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	45.5% (25)
11 – 20 days	25.5% (2559)	21.8% (12)
21 – 30 days	11.3% (1132)	7.3% (4)
31 – 40 days	6.7% (671)	7.3% (4)
41 – 50 days	4.2% (418)	0% (0)
51 – 60 days	2.3% (230)	1.8% (1)
61 – 70 days	1.7% (168)	5.5% (3)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	10.9% (6)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-226
Median (days)	12	12

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)	74.5% (41)	56.5% (26)
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)	3.6% (2)	4.3% (2)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	0% (0)	4.3% (2)
Residential care	16.9% (1701)	17.7% (1551)	10.9% (6)	10.9% (5)
Nursing home	19.7% (1981)	28.7% (2511)	9.1 (5)	19.6% (9)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	1.8% (1)	4.3% (2)
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)	78.3% (36)
Own/ carer's home to nursing/ residential care	11.1% (972)	8.7% (4)

*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%)	75% 39/52	89.5% 34/38	
	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%)	81.1% 43/53	92.5% 37/40	
	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%)	95.3% 41/43	88.9% 32/36
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/43	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	95.3% 41/43			
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%)	98.2% 54/55	87.5% 35/40	
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%)	92.7% 51/55	89.5% 34/38	
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%)	30.9% 17/55	92.5% 37/40	

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%)	40% 22/55	10.3% 4/39
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	36.4% 20/55	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/55	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	76.4% 42/55	

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%)	29.2% 14/48	51.3% 20/39
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%)	20% 11/55	32.5% 13/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	0% 0/55	22.5% 9/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	20% 11/55	55% 22/40
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%)	90.9% 10/11	92.3% 12/13

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%)	100% 55/55	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%)	24.1% 13/54	89.5% 17/19
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	53.7% 29/54	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%)	18.5% 10/54	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	53.7% 29/54	
	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%)	16.7% 9/54	87.5% 14/16
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	53.7% 29/54	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%)	20.4% 11/54	41.2% 7/17
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	53.7% 29/54	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%)	16.7% 9/54	23.5% 4/17
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	53.7% 29/54	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%)	18.5% 10/54	63.2% 12/19
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	53.7% 29/54	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%)	74.4% 29/39	18.2% 6/33
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/10	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% 0/10	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/10	
		Not documented/ unknown reason	78.1% 4444/5690	90% 9/10	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	10% 1/10		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	76.9% 30/39	51.5% 17/33
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	23.1% 9/39	33.3% 11/33
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	66.7% 6/9	72.7% 8/11
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%)	15.4% 6/39	15.2% 5/33	
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%)	50% 3/6	40% 2/5	

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%)	87.5% 7/8	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%)	85.7% 6/7	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% 0/6	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	66.7% 4/6	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	33.3% 2/6	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	14.3% 1/7	
	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%)	57.1% 4/7	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	42.9% 3/7	

*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%)	67.6% 25/37	87.1% 27/31
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%)	20.5% 8/39	81.3% 26/32
	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%)	64.9% 24/37	76.7% 23/30
	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%)	76.9% 30/39	84.8% 28/33
	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%)	71.8% 28/39	84.8% 28/33
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	60.6% 20/33
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%)	75% 24/32	90.5% 19/21
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%)	81.1% 30/37	33.3% 11/33
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%)	93.9% 31/33	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%)	16.2% 6/37	50% 12/24
	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	50% 1/2	66.7% 6/9
		Patient awaiting assessment	9.1% 190/2088	0% 0/2	0% 0/9
		Patient awaiting history/ results	6.1% 127/2088	0% 0/2	0% 0/9
		Patient awaiting surgery	9.6% 200/2088	50% 1/2	0% 0/9
		Patient presenting confusion	5.7% 120/2088	0% 0/2	11.1% 1/9
		Patient on end of life plan	0% 1/2088	0% 0/2	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/2	0% 0/9
		Patient unresponsive	0.3% 6/2088	0% 0/2	0% 0/9
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/2	0% 0/9
		Not recorded	-	-	11.1% 1/9
		Other	0% 0/2088	0% 0/2	11.1% 1/9

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	25.6% 10/39	0% 0/33
		24 hours	12.2% 897/7329	5.1% 2/39	3% 1/33
		25 - 48 hours	14.7% 1075/7329	7.7% 3/39	6.1% 2/33
		More than 48 hours	27.1% 1985/7329	12.8% 5/39	45.5% 15/33
		No notice at all	0.5% 35/7329	0% 0/39	0% 0/33
		Not documented	24.2% 1770/7329	41% 16/39	45.5% 15/33
		No carer, family, friend/ could not contact	1.8% 132/7329	7.7% 3/39	0% 0/33
		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%)	51.6% 16/31	73.3% 11/15

Appendix D: Carer demographics

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

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	26.3% (5)
Female	68.1% (3150)	68.4% (13)
Other	0.1% (4)	5.3% (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)	65% (13)
Black/ Black British	3% (140)	5% (1)
Asian/ Asian British	3.3% (152)	5% (1)
Mixed	1% (44)	10% (2)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	5% (1)
Prefer not to say	2.7% (124)	10% (2)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	20% (4)
Family member	55.9% (2597)	55% (11)
Friend	4.4% (203)	15% (3)
Professional carer (health or social care)	5.4% (249)	10% (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)	73.7% (14)

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% 11/20
		Yes, to some extent	43.3% 1980/4578	40% 8/20
		No	10.2% 468/4578	5% 1/20
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	65% 13/20
		Yes, to some extent	36.4% 1672/4592	25% 5/20
		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	70% 14/20
		Yes, to some extent	34.2% 1515/4433	20% 4/20
		No	10.4% 462/4433	10% 2/20
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?		
		Yes, definitely	76% 3471/4569	78.9% 15/19
		Yes, to some extent	20.8% 952/4569	21.1% 4/19
		No	3.2% 146/4569	0% 0/19

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	45% 9/20
		No	17.8% 815/4566	15% 3/20
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	40% 8/20
		No	16.1% 722/4497	5% 1/20
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	50% 10/20
		Yes, to some extent	34.5% 1563/4524	30% 6/20
		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	35% 7/20	
		Very good	33.9% 1575/4645	45% 9/20	
		Good	17% 790/4645	10% 2/20	
		Fair	9.6% 446/4645	0% 0/20	
		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	45% 9/20
			Likely	34.1% 1551/4544	45% 9/20
			Neither likely nor unlikely	14.3% 648/4544	0% 0/20
			Unlikely	4.8% 220/4544	5% 1/20
			Extremely unlikely	4.2% 192/4544	5% 1/20

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	63.2% 12/19
		Somewhat satisfied	34% 1487/4379	26.3% 5/19
		Somewhat dissatisfied	9.9% 434/4379	5.3% 1/19
		Very dissatisfied	5.8% 254/4379	5.3% 1/19

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)	44.5% (49)
26 - 50%	25.6% (3651)	24.5% (27)
51 - 75%	24.4% (3489)	12.7% (14)
More than 75%	18.1% (2588)	18.2% (20)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	22% (24)
Female	83.2% (11954)	77.1% (84)
Other	0.2% (34)	0.9% (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)	77.3% (85)
Black/ Black British	4.1% (594)	5.5% (6)
Asian/ Asian British	8% (1150)	9.1% (10)
Mixed	1.3% (183)	0.9% (1)
Chinese	0.5% (73)	0.9% (1)
Other	4.5% (646)	4.5% (5)
Prefer not to say	1.7% (241)	1.8% (2)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	33.6% (37)
Registered nurse (Band 7 or above)	12.7% (1831)	19.1% (21)
Healthcare assistant	23.1% (3324)	22.7% (25)
Doctor	11.5% (1645)	7.3% (8)
Allied healthcare professional	11.9% (1713)	0.9% (1)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	0.9% (1)
Student	2.3% (332)	10.9% (12)
Ward based administrators	4% (571)	1.8% (2)
Other/ unknown	1.9% (279)	2.7% (3)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	5.7% (6)
30 hours or more	87% (12458)	94.3% (100)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	9.3% (10)
6 - 11 months	9.5% (1364)	8.4% (9)
1 - 2 years	15.6% (2242)	15.9% (17)
3 - 5 years	16.4% (2350)	17.8% (19)
6 - 10 years	15.9% (2283)	16.8% (18)
11 - 15 years	12.1% (1739)	12.1% (13)
More than 15 years	22.4% (3205)	19.6% (21)

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	34.9% 37/106	60.4% 64/106
		Yes, most of the time	32.9% 4614/14024		25.5% 27/106	
		Yes, sometimes	26.8% 3760/14024	-	23.6% 25/106	-
		No	11.6% 1624/14024	-	16% 17/106	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	14.6% 12/82	29.3% 24/82
		Yes, most of the time	15.7% 1763/11207		14.6% 12/82	
		Yes, sometimes	27.9% 3129/11207	-	19.5% 16/82	-
No		48.6% 5441/11207	-	51.2% 42/82	-	

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	65% 65/100
		53.2% 7030/13205	58% 58/100
		5.4% 713/13205	4% 4/100
		7.7% 1018/13205	10% 10/100
		7.3% 961/13205	6% 6/100
		17.3% 2278/13205	14% 14/100
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	53.7% 44/82
		50.5% 5390/10670	41.5% 34/82
		7.3% 778/10670	4.9% 4/82

Information and communication

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)	
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	29.1% 32/110	57.3% 63/110
		Yes, most of the time	38.5% 5525/14345		28.2% 31/110	
		Yes, sometimes	33% 4734/14345	-	36.4% 40/110	-
		No	7.1% 1014/14345	-	6.4% 7/110	-
	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	35.9% 37/103	68.9% 71/103
		Yes, most of the time	40.9% 5454/13329		33% 34/103	
		Yes, sometimes	30.6% 4074/13329	-	28.2% 29/103	-
		No	1.9% 252/13329	-	2.9% 3/103	-
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	37.3% 41/110	62.7% 69/110
		Yes, most of the time	33.2% 4759/14333		25.5% 28/110	
		Yes, sometimes	27.3% 3913/14333	-	30% 33/110	-
	No	10.6% 1516/14333	-	7.3% 8/110	-	

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)?	
		49.8% 6203/12457	65.6% 59/90
		37.2% 4636/12457	30% 27/90
		9.7% 1210/12457	3.3% 3/90
		3.3% 408/12457	1.1% 1/90

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>			
		51.2% 6131/11978	78.5% 9402/11978	47.1% 41/87	79.3% 69/87
		27.3% 3271/11978		32.2% 28/87	
		16.1% 1927/11978	-	18.4% 16/87	-
		5.4% 649/11978	-	2.3% 2/87	-
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?			
		25.9% 3181/12263	76.1% 9330/12263	34.4% 31/90	80% 72/90
		50.1% 6149/12263		45.6% 41/90	
		19.2% 2357/12263	-	12.2% 11/90	-
		4.7% 576/12263	-	7.8% 7/90	-

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	40% 32/80	78.8% 63/80
		Yes, most of the time	47.6% 4352/9148		38.8% 31/80	
		Yes, sometimes	18.7% 1708/9148	-	18.8% 15/80	-
		No	3.3% 303/9148	-	2.5% 2/80	-
	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	17.5% 14/80	43.8% 35/80
		Yes, most of the time	27.5% 2516/9143		26.3% 21/80	
		Yes, sometimes	42.5% 3887/9143	-	43.8% 35/80	-
		No	19.3% 1763/9143	-	12.5% 10/80	-
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	15.2% 12/79	41.8% 33/79
		Yes, most of the time	32.5% 2942/9047		26.6% 21/79	
		Yes, sometimes	27.7% 2506/9047	-	26.6% 21/79	-
	No	23.5% 2125/9047	-	31.6% 25/79	-	

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)	
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	31.2% 24/77	75.3% 58/77
		Yes, most of the time	39.3% 3456/8788		44.2% 34/77	
		Yes, sometimes	16.8% 1476/8788	-	10.4% 8/77	-
		No	15.6% 1368/8788	-	14.3% 11/77	-
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	18.2% 14/77	36.4% 28/77
		Yes, most of the time	27.2% 2398/8822		18.2% 14/77	
		Yes, sometimes	22.5% 1983/8822	-	35.1% 27/77	-
		No	12.3% 1085/8822	-	28.6% 22/77	-
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	28.8% 23/80	60% 48/80
		Yes, most of the time	28.7% 2615/9119		31.3% 25/80	
		Yes, sometimes	20.7% 1886/9119	-	33.8% 27/80	-
		No	6.1% 558/9119	-	6.3% 5/80	-
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	55% 44/80	80% 64/80
		Yes, most of the time	33.4% 3039/9090		25% 20/80	
		Yes, sometimes	15.5% 1408/9090	-	18.8% 15/80	-
		No	4.9% 444/9090	-	1.3% 1/80	-

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 Manchester Royal Infirmary are provided.

Registered Nurses (Band 5 or 6)
Better communication tools. Better training for support staff.
By providing more staff.
Communication between relatives.
Dementia signs e.g. for toilet, dementia flag on core huddle.
Do not move dementia patients at night, the ward I work on receives outliers mainly after 9pm and often includes dementia patients which should NOT be happening. Despite rules we have formulated, the bed managers overrule these and still send dementia patients sometimes at 2am. It seems A&E targets overrule everything else.
Extra training, more staffing. A very busy acute medical unit is not an ideal place for a patient with dementia as it is extremely noisy, busy and very over whelming. Staffing is a huge problem, a dementia patient with increased confusion could be being looked after by a nurse with another 9 acutely unwell patients. Not ideal!
For more sessions to be available to give dementia patients recreational time to do activities to help stimulate them.
Further use of strategies such as reminiscence therapy or music to enhance their hospital experience.
Give more training and allocated time to dementia champions in order to organise and train other members of staff and hold events to increase awareness of dementia. I would benefit from having allocated time each week to organise any dementia related work that needs completing.
Give open access for patient relatives.
Go down to their level, be attentive to them, make their environment very pleasurable.
Group activity.
Having extra staff to support health and safety needs of the patients with dementia.
I work in the operating theatres and feel that greater training tailored to our department would be beneficial to augment the safeguarding training we have.
Increase staffing levels in order to allow development of structures activities on ward.
Increase the level of staffing so that people with dementia can be cared for at the level they need.
Make sure all members of staff read the dementia information in the nursing notes to get background information on the patient.
Making the wards more colourful, having play nurses like they do in children's.
More interaction with patients.
More people to care for them on an individual basis for example someone to encourage oral intake of diet and fluids reducing UTI's, infection, AKI's. It is difficult when busy to maintain oral fluids, help would be good as it could encourage oral intake.
More training for registered nurses.
Need more staff who are trained in mental health and dementia.
Open visiting for Dementia patients and accurate information sharing with family in timely manner. Allocation of 1:1 staff member and close monitoring. Occupy with activities e.g. colouring and painting,

Registered Nurses (Band 5 or 6)

hand massage, and pet therapy keeps them engage and occupy them. All these activity help dementia patients to focus on different things and keep calm.

Provide more experienced staff to look after dementia patients.

Providing on going activity sessions weekly or monthly.

The hospital can improve the care for patients with dementia by accommodating them with the level of staff required to meet their individual needs - presently these wards are under staffed.

The hospital is implementing new dementia tools such as "forget me not"/ "this is me", and the nurses need to become more familiar in using the tools. Realising that the patients' relatives can be our most useful tools for completing the dementia care plans, we need to use the information given to us to make the patients stay within the hospital to be pleasant compared to a scary experience.

The trust has dementia champion nurses for dementia care and a "forget me not flower" and strategies to improve dementia care.

There is a lot of paperwork to be done, deprivation of liberty safeguards and enhanced supervision, care plans etc. and this takes the nurse away from the patient for a considerable amount of time. To look at reducing the amount of time spent completing forms and try to reduce this time-consuming task so you can actually look after your patient.

Ward areas should have an outside area as the patients like to wander around. More one to one specialists to provide care and support the staff. One on one specialist to provide comfort reassurance. Activities for the patients. Lighting to combat sun downing, early diagnosis.

Registered Nurses (Band 7 or above)

Access to more specialist services and input from mental health services for patients over the age of 65. Especially out of office hours.

Closer liaison with mental health services.

Dementia workers for activities.

Ensure rapid access to social services to ensure patients with dementia can be discharged quickly to their own environment once medically stable.

Get an actual mental health team to review/section etc. patients!!!!!!

Having access to psychiatry/ mental health liaison services that cover individuals over the age of 65.

Increasing staff numbers in order to be able to provide increased support. Closer liaison with community/ other care providers. More efficient ways of communicating/ accessing patient information.

Introduction of finger food to the menu, more mental health support.

More dementia specialist nurses. This is a huge trust and as quickly as we train dementia "champions" they leave. Support from the managers that patients with a diagnosis of dementia or any confused patients will not be moved overnight. A "bank" of nursing assistants with skills and knowledge to perform enhanced supervision instead of being reliant on expensive agencies.

More music is needed, iPods, CD players etc. which can access a more varied choice of music. The bedside TVs are not sufficient to access a full range of artists or music selection. Music therapy is well evidenced to support music, walking, pain relief, promoting memories and enables conversations. There needs to be a more varied choice of finger foods available for patients as a whole.

Ongoing training is key to improve and maintain peoples understanding of dementia as a disease process and its implications on the people we provide care for. I think there have been significant improvements in this in the last 1-2 years and this needs to continue and be further expanded to reach the hospital team

Registered Nurses (Band 7 or above)

(not just clinical staff). A porter or a housekeeper may encounter a person with dementia as they go about their day and having knowledge and understanding could be key in what the patient experiences.

Small meals offered frequently.

Sodexo could provide better selection of finger foods and enable access to these 24 hours a day. Struggle to find extra staff for enhanced supervision occasionally.

There needs to be more access to music with a variety of songs of different genres. Research has proven the benefits that music has on mobility, pain management, mood, quality of life etc. and with our technological advancing world this needs to be accessible in the hospital.

Healthcare Assistants

Always read the dementia care plan.

As I am involved with discharge planning, patients wait longer than necessary in an acute hospital bed as we have no services for over 65s within Manchester Royal Infirmary. We wait for mental health assessments for weeks or months to be seen, impacting on length of stay. Not ideal for the trust and impacts on patients who are unsettled in the hospital environment. Early diagnosis of patients presenting with dementia type confusion are left too long as assessments are not being done. Placements on discharge into a suitable care home can be difficult, support at home needs more support financially, the trust pays amounts on one-to-one nursing and security to keep patients safe.

Better staff levels and give us the same training that apex staff [have] in mental health.

Ensuring there are sufficient staffing levels to give the maximum care available to cater the needs for patients with dementia.

Have more support one to one.

Having more dementia champions on the ward. It would be great if our ward could access finger foods for dementia patients.

Having more time to spend with patient to try and ease their minds.

More one to one support for patients with dementia need to be provided by the ward.

More specialist care/ facilities.

More training around dementia, study days. More activities to involve patients to engage with each other. More fundraising days. Make environment more dementia friendly. More staff to safely deliver care to dementia patients who require more time and more complex needs.

Provide extra staff - we can take more time to spend with patient e.g. lacking time to spend with them to walk around or speak.

Recognise the importance of the need for familiarity. Consider the impact of the physical and social environment.

See the person, not the dementia. Improve communication skills. Provide opportunities for meaningful activity.

Somewhere to take them out for fresh air small garden i.e. benches to sit on. Access to a wheel chair would be good. Some of the meals not appropriate. More picky foods would help.

Staffing levels/ staff working with same patients. Staff do not always know or have information on the patient with dementia - it needs the right staff, right numbers, right knowledge.

To continue with training and make information available at all times.

Healthcare Assistants

We have on the ward a card [for] patients [who] have dementia called: "getting to know me" caring together which is basic information to use to read quickly and to know a bit more about the patients likes and dislikes, important to them.

Doctors

As the aging population is increasing, most of the admission in hospitals are elderly patients. The same stands for the hospital I work for. It is highly important that a fully trained mental health liaison team services should be available twenty-four seven so that dementia care service could be best delivered.

Better in-reach services for elderly mental health purposes (better mental health services in general).

It is very important to have a multidisciplinary dementia support team with mental health social workers in the team. Most of these patients are best managed in the community and should not even need to come to an acute hospital.

The trust desperately needs comprehensive liaison old age psychiatry services to support medical and nursing staff on the hospital site. Currently there is none provided though this has been a hot topic of discussion for the entire time I have worked at the trust. There are commissioning plans now in place but these have been very slow to put into effect and currently we still have no formalised service.

There is no dementia "team" - multidisciplinary input would be highly valuable. However, our geriatricians have been unable to appoint two consultants required to even keep up with previous services, and recruitment of specialist nurses has been limited due to financial reasons, so I don't know how realistic this would be.

Allied Healthcare Professionals

More liaison/ communication with Dementia wards.

Students

Facing aggressive dementia. Dementia patients that cannot communicate.

Improved training and support which is unified across the NHS. As I have worked in different hospitals, how you are meant to respond to dementia patients who are agitated changes from trust to trust with some areas encouraging you to go along with patients' beliefs and [other] trusts not, for example.

Make personal information more available e.g. details about their lives when they were younger which can be a cheerful talking point. Often this doesn't become available until a few days or weeks after admission. It is nice to get to know the patient in this way. I believe it also helps improve care as you remember the lives they had and not just how they appear now. More training for students earlier on.

More personal information on the life, likes and dislikes of patients with dementia.

More training on communication skills with dementia. Especially for newly qualified and student nurses to help interact with the patients if anxiety or distress/ confusion occurs.

Opportunities for student training as we might not have much experience with dementia.

Spend more time with the patients' carers/ relatives to understand their likes/ dislikes.

Take more time with them, to get to know them and explain things fully.

To have specialist support workers to work with people with dementia, to promote their quality of care.

Students

Use music therapy or reminiscence/ activities.

Therapy Assistants & Allied Healthcare Professional Assistants

Communal dining on wards to encourage interaction.

Ward-based Administrators

Instead of having bake sales to raise money for wards they (specialist nurses) should spend more time on ward.

Training should be provided for ward -based administration staff.

Other / Unknown

It is very difficult to get a psychiatric review of patients and advice. There are 2 part-time consultants who can help but the team who was of most use was disbanded when funding was not continued. (Care of elderly psychiatrist and specialist mental health nurses).

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