

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Darent Valley Hospital

Dartford and Gravesham 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	Yes
		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	Yes	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	No	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	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	No 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 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	No Yes	
	5b	Ward level (y/n)	93.5% 186/199	No 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, more than 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	Bi-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	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:		Ebony		New question for Round 3
	Ward 2:		Linden		
	Ward 3:		Maole		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	2	New question for Round 3
	Percentage of patients where the information was present:		-	20%	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	-	Alert sheet
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	√	
		Other	18.9% 34/180	-	
	22	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	No
	<i>(If Q22=Yes)</i> Please say what this is:				
	22a	A visual indicator, symbol or marker	87.1% 122/140	-	N/A
		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	No	No
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	72.9% 145/199	-	New question for Round 3
		Workshop or study day	91% 181/199	√	
		Higher education module	22.6% 45/199	-	
		Other	29.1% 58/199	√	

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

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	Yes
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	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)	3.8% (2)
66 - 80	24.3% (2445)	20.8% (11)
81 - 100	73% (7332)	75.5% (40)
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	38 - 97
Mean	84	83
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	32.1% (17)
Female	59.9% (6018)	67.9% (36)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	100% (53)
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)	0% (0)
Other	12.4% (1250)	0% (0)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	100% (53)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	0% (0)
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)	24.5% (13)
Fall	13.3% (1332)	5.7% (3)
Urinary/ renal	9% (901)	11.3% (6)
Hip dislocation/ hip fracture	7.5% (754)	15.1% (8)
Sepsis	6.3% (633)	7.5% (4)
Delirium/ confusion	6% (604)	1.9% (1)
Gastrointestinal	5.9% (595)	5.7% (3)
Cardiac/ vascular	5.1% (517)	5.7% (3)
Stroke	3.8% (380)	5.7% (3)
Neurological	3.6% (364)	0% (0)
Skin lacerations/ lesions	2% (204)	5.7% (3)
Impaired consciousness	2% (198)	0% (0)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	1.9% (1)
Unable to cope/ frailty	1.6% (160)	0% (0)
Dehydration	1.4% (143)	1.9% (1)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	1.9% (1)
Cancer	0.9% (94)	1.9% (1)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	1.9% (1)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	1.9% (1)
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)	41.5% (22)
General Medical	23.5% (2359)	1.9% (1)
Other Medical	9.9% (999)	15.1% (8)
Orthopaedics	8.9% (892)	11.3% (6)
Surgical	6.8% (681)	13.2% (7)
Stroke	4.5% (456)	3.8% (2)
Cardiac	2.5% (248)	5.7% (3)
Other	1.4% (136)	5.7% (3)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	1.9% (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)	11.3% (6)
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)	10.6% (5)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	22.6% (12)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	24.5% (13)
11 – 20 days	25.5% (2559)	47.2% (25)
21 – 30 days	11.3% (1132)	17% (9)
31 – 40 days	6.7% (671)	3.8% (2)
41 – 50 days	4.2% (418)	3.8% (2)
51 – 60 days	2.3% (230)	1.9% (1)
61 – 70 days	1.7% (168)	1.9% (1)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	4-69
Median (days)	12	14

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)	56.6% (30)	44.7% (21)
Respite care	0.8% (80)	1.6% (136)	0% (0)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	3.8% (2)	6.4% (3)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	5.7% (3)	6.4% (3)
Residential care	16.9% (1701)	17.7% (1551)	17% (9)	19.1% (9)
Nursing home	19.7% (1981)	28.7% (2511)	17% (9)	23.4% (11)
Palliative care	0% (5)	0.6% (54)	0% (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	0% (0)	0% (0)
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)	83% (39)
Own/ carer's home to nursing/ residential care	11.1% (972)	2.1% (1)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	100% 45/45	100% 36/36	
	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%)	94.1% 48/51	81.6% 31/38	
	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%)	87.5% 42/48	93.5% 29/31
		Other action taken	4% 352/8822 (2%, 0-5%)	8.3% 4/48	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	95.8% 46/48			
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%)	94.3% 50/53	92.5% 37/40	
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%)	100% 52/52	94.4% 34/36	
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%)	98.1% 52/53	88.9% 32/36	

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%)	20.8% 10/48	90.6% 29/32
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	77.1% 37/48	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/48	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	97.9% 47/48	

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%)	75.8% 25/33	66.7% 18/27
1.4 [2]	21	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?			
		Yes, and there were indications that delirium may be present	25.9% 2603/10047 (24%, 14-36%)	60.4% 32/53	57.5% 23/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	24.5% 13/53	17.5% 7/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	84.9% 45/53	75% 30/40
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% 32/32	91.3% 21/23

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% 46/46	35% 14/40
	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%)	19.6% 9/46	75% 9/12
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	80.4% 37/46	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%)	19.6% 9/46	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	78.3% 36/46	
	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%)	78.3% 36/46	91.7% 11/12
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	21.7% 10/46	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%)	8.7% 4/46	66.7% 8/12
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	91.3% 42/46	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]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?				
	22e	Yes	28.2% 1564/5539 (26%, 13-50%)	2.2% 1/46	66.7% 8/12
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	97.8% 45/46	New answer option for Round 3
1.15 [3]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding life details which aid communication?				
	22f	Yes	43.1% 2413/5598 (50%, 25-70%)	4.3% 2/46	84.6% 11/13
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	95.7% 44/46	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%)	18.2% 6/33	8% 2/25
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	18.5% 5/27	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	3.7% 1/27	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/27	
		Not documented/ unknown reason	78.1% 4444/5690	74.1% 20/27	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	3.7% 1/27		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	84.8% 28/33	76% 19/25
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	42.4% 14/33	56% 14/25
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	57.1% 8/14	85.7% 12/14
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%)	12.1% 4/33	28% 7/25	
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%)	75% 3/4	57.1% 4/7	

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%)	100% 3/3	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%)	66.7% 2/3	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%)	50% 1/2	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	50% 1/2	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/2	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	33.3% 1/3	
	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%)	66.7% 2/3	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	33.3% 1/3	

*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%)	90.9% 30/33	28% 7/25
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%)	76.2% 16/21	55.6% 10/18
	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%)	83.9% 26/31	83.3% 20/24
	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%)	90.9% 30/33	88% 22/25
	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%)	97% 32/33	96% 24/25
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%)	97% 32/33	88% 22/25
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%)	87.5% 28/32	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%)	100% 31/31	68% 17/25
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%)	100% 33/33	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%)	100% 27/27	71.4% 10/14
	34a	<i>(If Q34=N/A) Please select the recorded reason why discharge planning could not be initiated within 24 hours:</i>			
		Patient acutely unwell	62.5% 1306/2088	83.3% 5/6	45.5% 5/11
		Patient awaiting assessment	9.1% 190/2088	0% 0/6	27.3% 3/11
		Patient awaiting history/ results	6.1% 127/2088	0% 0/6	9.1% 1/11
		Patient awaiting surgery	9.6% 200/2088	0% 0/6	0% 0/11
		Patient presenting confusion	5.7% 120/2088	16.7% 1/6	18.2% 2/11
		Patient on end of life plan	0% 1/2088	0% 0/6	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/6	0% 0/11
		Patient unresponsive	0.3% 6/2088	0% 0/6	0% 0/11
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/6	0% 0/11
		Not recorded	-	-	0% 0/11
		Other	0% 0/2088	0% 0/6	0% 0/11

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	6.1% 2/33	8% 2/25
		24 hours	12.2% 897/7329	33.3% 11/33	12% 3/25
		25 - 48 hours	14.7% 1075/7329	18.2% 6/33	4% 1/25
		More than 48 hours	27.1% 1985/7329	21.2% 7/33	32% 8/25
		No notice at all	0.5% 35/7329	0% 0/33	0% 0/25
		Not documented	24.2% 1770/7329	18.2% 6/33	44% 11/25
		No carer, family, friend/ could not contact	1.8% 132/7329	3% 1/33	0% 0/25
		Patient specified information withheld	0% 3/7329	0% 0/33	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%)	84.6% 11/13	90% 9/10

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)	14.3% (5)
35 – 44 years	5.6% (259)	17.1% (6)
45 – 54 years	16.2% (749)	5.7% (2)
55 – 64 years	25.8% (1193)	14.3% (5)
65 – 74 years	20.8% (960)	8.6% (3)
75 – 84 years	19.1% (885)	31.4% (11)
85 years or over	7.4% (343)	8.6% (3)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	42.9% (15)
Female	68.1% (3150)	57.1% (20)
Other	0.1% (4)	0% (0)
Prefer not to say	1.2% (57)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	97.1% (34)
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)	2.9% (1)
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)	45.7% (16)
Family member	55.9% (2597)	42.9% (15)
Friend	4.4% (203)	8.6% (3)
Professional carer (health or social care)	5.4% (249)	2.9% (1)
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)	100% (35)

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?	
		46.5% 2130/4578	22.9% 8/35
		43.3% 1980/4578	65.7% 23/35
		10.2% 468/4578	11.4% 4/35
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?	
		54.2% 2489/4592	31.4% 11/35
		36.4% 1672/4592	45.7% 16/35
		9.4% 431/4592	22.9% 8/35
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>	
		55.4% 2456/4433	37.1% 13/35
		34.2% 1515/4433	31.4% 11/35
		10.4% 462/4433	31.4% 11/35
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	44.1% 15/34
		20.8% 952/4569	47.1% 16/34
		3.2% 146/4569	8.8% 3/34

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	20% 7/35
		Yes, to some extent	40.4% 1843/4566	54.3% 19/35
		No	17.8% 815/4566	25.7% 9/35
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	22.9% 8/35
		Yes, to some extent	36.4% 1637/4497	48.6% 17/35
		No	16.1% 722/4497	28.6% 10/35
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	29.4% 10/34
		Yes, to some extent	34.5% 1563/4524	38.2% 13/34
		No	20.1% 908/4524	32.4% 11/34

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	22.9% 8/35
		Very good	33.9% 1575/4645	31.4% 11/35
		Good	17% 790/4645	20% 7/35
		Fair	9.6% 446/4645	20% 7/35
		Poor	5% 232/4645	5.7% 2/35
	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	5.7% 2/35
		Likely	34.1% 1551/4544	45.7% 16/35
		Neither likely nor unlikely	14.3% 648/4544	34.3% 12/35
		Unlikely	4.8% 220/4544	5.7% 2/35
		Extremely unlikely	4.2% 192/4544	8.6% 3/35

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	32.4% 11/34
		Somewhat satisfied	34% 1487/4379	38.2% 13/34
		Somewhat dissatisfied	9.9% 434/4379	26.5% 9/34
		Very dissatisfied	5.8% 254/4379	2.9% 1/34

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)	31.5% (35)
26 - 50%	25.6% (3651)	23.4% (26)
51 - 75%	24.4% (3489)	27% (30)
More than 75%	18.1% (2588)	18% (20)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	16.1% (18)
Female	83.2% (11954)	83.9% (94)
Other	0.2% (34)	0% (0)
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)	78.6% (88)
Black/ Black British	4.1% (594)	6.3% (7)
Asian/ Asian British	8% (1150)	7.1% (8)
Mixed	1.3% (183)	2.7% (3)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	4.5% (5)
Prefer not to say	1.7% (241)	0.9% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	20.5% (23)
Registered nurse (Band 7 or above)	12.7% (1831)	12.5% (14)
Healthcare assistant	23.1% (3324)	16.1% (18)
Doctor	11.5% (1645)	10.7% (12)
Allied healthcare professional	11.9% (1713)	28.6% (32)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	2.7% (3)
Student	2.3% (332)	0.9% (1)
Ward based administrators	4% (571)	3.6% (4)
Other/ unknown	1.9% (279)	4.5% (5)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	5.4% (6)
30 hours or more	87% (12458)	94.6% (106)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	10.7% (12)
6 - 11 months	9.5% (1364)	12.5% (14)
1 - 2 years	15.6% (2242)	18.8% (21)
3 - 5 years	16.4% (2350)	17.9% (20)
6 - 10 years	15.9% (2283)	17% (19)
11 - 15 years	12.1% (1739)	6.3% (7)
More than 15 years	22.4% (3205)	17% (19)

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	24.3% 27/111	62.2% 69/111
		Yes, most of the time	32.9% 4614/14024		37.8% 42/111	
		Yes, sometimes	26.8% 3760/14024	-	23.4% 26/111	-
		No	11.6% 1624/14024	-	14.4% 16/111	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	7.5% 5/67	22.4% 15/67
		Yes, most of the time	15.7% 1763/11207		14.9% 10/67	
		Yes, sometimes	27.9% 3129/11207	-	34.3% 23/67	-
No		48.6% 5441/11207	-	43.3% 29/67	-	

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	11.1% 11/99
		53.2% 7030/13205	52.5% 52/99
		5.4% 713/13205	1% 1/99
		7.7% 1018/13205	2% 2/99
		7.3% 961/13205	5.1% 5/99
		17.3% 2278/13205	40.4% 40/99
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	42.1% 24/57
		50.5% 5390/10670	52.6% 30/57
	7.3% 778/10670	5.3% 3/57	

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	19.6% 22/112	47.3% 53/112
		Yes, most of the time	38.5% 5525/14345		27.7% 31/112	
		Yes, sometimes	33% 4734/14345	-	42.9% 48/112	-
		No	7.1% 1014/14345	-	9.8% 11/112	-
	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	23.8% 24/101	55.4% 56/101
		Yes, most of the time	40.9% 5454/13329		31.7% 32/101	
		Yes, sometimes	30.6% 4074/13329	-	41.6% 42/101	-
		No	1.9% 252/13329	-	3% 3/101	-
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	33% 37/112	65.2% 73/112
		Yes, most of the time	33.2% 4759/14333		32.1% 36/112	
		Yes, sometimes	27.3% 3913/14333	-	27.7% 31/112	-
	No	10.6% 1516/14333	-	7.1% 8/112	-	

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	49% 48/98
		Occasionally	37.2% 4636/12457	35.7% 35/98
		Almost Never	9.7% 1210/12457	9.2% 9/98
		Never	3.3% 408/12457	6.1% 6/98

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	24.7% 24/97	61.9% 60/97
		Yes, most of the time	27.3% 3271/11978		37.1% 36/97	
		Yes, sometimes	16.1% 1927/11978	-	25.8% 25/97	-
		No	5.4% 649/11978	-	12.4% 12/97	-
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	29.9% 29/97	70.1% 68/97
		Yes, most of the time	50.1% 6149/12263		40.2% 39/97	
		Yes, sometimes	19.2% 2357/12263	-	21.6% 21/97	-
		No	4.7% 576/12263	-	8.2% 8/97	-

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	35.8% 19/53	60.4% 32/53
		Yes, most of the time	47.6% 4352/9148		24.5% 13/53	
		Yes, sometimes	18.7% 1708/9148	-	34% 18/53	-
		No	3.3% 303/9148	-	5.7% 3/53	-
	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	15.1% 8/53	39.6% 21/53
		Yes, most of the time	27.5% 2516/9143		24.5% 13/53	
		Yes, sometimes	42.5% 3887/9143	-	47.2% 25/53	-
		No	19.3% 1763/9143	-	13.2% 7/53	-
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	5.8% 3/52	44.2% 23/52
		Yes, most of the time	32.5% 2942/9047		38.5% 20/52	
		Yes, sometimes	27.7% 2506/9047	-	30.8% 16/52	-
	No	23.5% 2125/9047	-	25% 13/52	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [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	30.2% 16/53	71.7% 38/53
		Yes, most of the time	39.3% 3456/8788		41.5% 22/53	
		Yes, sometimes	16.8% 1476/8788	-	20.8% 11/53	-
		No	15.6% 1368/8788	-	7.5% 4/53	-
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	17% 9/53	45.3% 24/53
		Yes, most of the time	27.2% 2398/8822		28.3% 15/53	
		Yes, sometimes	22.5% 1983/8822	-	34% 18/53	-
		No	12.3% 1085/8822	-	20.8% 11/53	-
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	22.6% 12/53	49.1% 26/53
		Yes, most of the time	28.7% 2615/9119		26.4% 14/53	
		Yes, sometimes	20.7% 1886/9119	-	32.1% 17/53	-
		No	6.1% 558/9119	-	18.9% 10/53	-
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	32.1% 17/53	64.2% 34/53
		Yes, most of the time	33.4% 3039/9090		32.1% 17/53	
		Yes, sometimes	15.5% 1408/9090	-	26.4% 14/53	-
		No	4.9% 444/9090	-	9.4% 5/53	-

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 Darent Valley Hospital are provided.

Registered Nurses (Band 5 or 6)
By always communicating with family members and staff looking after the patient at all times to help the patient settle on to the ward or department they are in.
Dementia buddies who sit and keep the patient occupied and safe.
Encourage relatives to fill information in as soon as possible about patient.
Give accredited training to nurses and working in partnership with mental health nurses.
Good training on why patients with dementia do what they do - for instance walking up and down at certain times of day. They could be walking their children to school.
It would be great to see more volunteers on the wards interacting with patients with dementia (not just on elderly care wards). Encouraging relatives to bring in clothes for their loved ones to help support their dignity.
Maybe provide a common room - and have simple games, activities, singing in groups. Dementia patients taken away from their home environment and brought into hospital - can make them very unstable - therefore [time in] hospital should be made minimal - family discussion start early.
More dementia buddies to talk with them because nurses are so busy and due to lack of staff [have] no time to spend more time [with them].
More dementia buddies would be very good for the patients.
More staff, making ward with dementia patients more friendly and appropriate to their needs. There is not always the staff to provide appropriate attention to the nature of these patients.
Our ward could benefit from more daily activities - drawing/ painting etc. to keep patients engaged in activities.
Pressure on beds means that discharges tend to be prioritised. This means that nursing staff cannot spend the time needed to care for patients with dementia, especially when wards are short staffed. The elderly wards have dementia buddies who assist with this. In an ideal world, it would be nice if all wards had this facility.
Providing more voluntary workers to work with dementia patients during the day - not just giving meals. Volunteer/ buddy workers to work 9-5 rather than just over lunch time.
Staffing levels is the main difficulty in my experience. It is difficult to find the time to interact with patients, especially when the ward routines are quite strict. For example, having to complete all washes in the morning means having to rush through them, instead of taking additional time with those that need it.
Stop using areas designated for dementia activities for beds! There should be a service whereby snacks for dementia patients can be accessed.
There are instances where dementia patients need a one to one and the management of [ward name] ensures much support to this by allocating a 24-hour special care of their patients. More support is needed to provide safety of dementia patients and therefore staffing level should be looked into at all times to safeguard the patient and the staff members.
Would be good to have more time for interaction with dementia patients. Encourage families to bring in food/ snacks which they enjoy and the sit with them during mealtimes.

Registered Nurses (Band 7 or above)

Additional nursing/ care staff to be able to spend more time explaining, reassuring and caring for, supervising people with dementia - and therefore better meeting their individual needs.

At the moment, all assessments are carried out to assess the needs of dementia patients.

Develop a dementia team to target the wards to improve care. Possibly a drop-in morning for relatives to come to, to be informed of what services are available, discuss power of attorney etc. Families in this area have to pay for Alzheimer's support service due to cuts in funds which is appalling. Training for dementia care here at Darent valley hospital is poor. There needs to be a whole dementia team here in the hospital; there is only one nurse specialist.

Greater access to one to one nursing.

I feel the dementia specialist nurse needs to be more visible on the wards.

If we could reduce the amount of bed move that we do with our dementia patients this would reduce added confusion and the risk of falls.

Increase staffing levels on wards 24 hours a day and recognise the value of those staff having time just to sit with patients, hold their hands, and talk with them. Current staffing levels and 'Beds Crisis' impact on the level of care. Many HCAs appear to lack knowledge and insight into the care of patients with dementia.

More dementia buddies or such support.

Space/ facilities on the ward for communal dining and activities. Hospital wards do not have dayrooms. Any spare space on ward now used to accommodate escalation beds to manage capacity issues.

The fact that the length of stay with dementia patients is directly linked to decreasing cognitive and physical functionality suggests our colleagues in the community need to look at discharge and assessment paperwork and prevention of admission to hospital.

Healthcare Assistants

Extra staff when needed for when patients are climbing out of the beds or wandering around ward area.

Give staff training.

Have more dementia buddies during the day and not just at lunchtime, and 5 days a week. Need more snacks available on wards.

Having dementia buddies every day, not just 3 times a week.

Having more nurses to spend time with them.

Lack of staff.

Maybe they give more staff if [this] is possible so we can do more activities and spend more time with dementia patients. Decorate ward [so is] more homely than hospital.

More info on individual patients needs i.e. if from a home, care plans to be available. More dementia buddies needed.

More staff and support for patients with dementia.

Personally, I don't feel that any more needs to be done. The dementia specialist team are amazing and we are sometimes visited by dementia buddies who sit and talk with patients.

Provide detailed training in the theory of caring for dementia rather than simply 'on-the-job' training.

Understanding of dementia, there are many stages to deal with - to have more training and input. To understand and speak with these people to be able to gain some trust.

Doctors

By providing more healthcare assistants mostly one on one.

I work mostly with people with fractured necks of femur. We have an orthogeriatric team during office hours which has been extremely helpful.

Improved liaison with mental health via commissioners with alternatives to acute hospital admission.

Make sure all staff on all wards are up to date with training on how to manage patients and families of those with dementia.

More staff. Guidelines on when to contact doctor.

Provide more dementia buddies/ volunteers to speak to patients. Ensure all dementia patients have a this is me booklet - they are very helpful. We need to be more mindful of poor appetite in dementia patients and encourage oral intake at the time the patient wants to eat and the foods the patient enjoys.

Allied Healthcare Professionals

Better filling out and provision of "this is me" document. Activity therapist. Better access to hospital grounds for social interaction and pursuit of leisure interests. Speech and language therapist advice for patient fluid and diet is clearly visible above bed space. Dietician recommendations may also be beneficial in order to ensure nutritional needs are met. Intentional snack-rounding - more nutritional snacks to be provided - as opposed to biscuits.

Bigger emphasis on nutrition and ways to combat difficult eating behaviours in those with dementia i.e. encouraging the use of blue plates or additional offers of snacks with tea and coffee rounds.

Create patients care plans which are easy to access.

Dementia awareness talks specifically delivered in pharmacy, and targeted to the pharmacy team e.g. what to be aware of etc.

Have designated bays for people with dementia and set up with more friendly environment like home e.g. table to have meals at together instead of next to bed and activities to take part in during the day.

Have out of hours dementia buddies to sit with people at night when they get agitated.

I have lots of ideas that would be great to implement in the area of dementia - a communication group for reminiscence therapy, a lunch group, specific training in areas of communication and language, but our small team and large caseload mean that this hasn't taken priority. It would be good to have longer mealtimes for people with dementia so that they aren't rushed. Also considering what foods they enjoy and do best with - i.e. finger foods they can pick up and eat themselves.

It should be part of the mandatory training.

It would be beneficial to have mandatory training for how to communicate with dementia patients.

Larger memory/ activity room. Large meeting room.

Making dementia training mandatory.

More 1:1 people for dementia patients.

More dementia buddies. Dementia buddies trained to assist with nutrition and hydration.

More mandatory training for dementia could be provided to ensure that everyone knows how to help patients with dementia.

More one to one support needed for feeding patients. Specialist training/ equipment available regarding nutritional care on all wards. More one to one support needed for patients at mealtimes.

More speech and language therapy provision to aid eating/ drinking difficulties and assist with communication.

Allied Healthcare Professionals

More training and awareness. Time being available for these patients.

Not clear enough about the pathway for dementia patients, e.g. there are so many different social teams: Alzheimer's and dementia support services, enablement care packages, assessment beds that it is hard to keep track of what is right for each patient. There doesn't seem to be much input from the dementia nurse either directly onto the wards.

Not shuffling patients around constantly, give more time to professionals (doctors, nurses, therapists) to work with patients rather than rushing discharges.

Provide suitable menus on relevant wards, more staff/ volunteers and time allowed to feed patients. More support - (time and people to assist) needed to help feed patients, improve eating environment, specialist cutlery/ plates etc. used.

Provide training tailored to the care and support of dementia patients in the peri-operative theatre environment. Working in theatres, as I do, I observe that the anaesthetic support team frequently come in contact with dementia patients about to undergo surgery. The special requirements of such patients, in unfamiliar environments, outside of their usual support networks, often leads to stressful events for both them and their families. Some form of dementia training specifically targeting theatre staff would improve outcomes for both patients and staff.

Requests for ultrasound examinations do not always demonstrate that a patient has dementia. This is essential, especially if requesting an intimate ultrasound examination where by it will not be possible to obtain informed consent and hence a different type of examination needs to be offered instead.

The dementia nurse has other roles and is not always available for advice. I think the care on the dementia ward is probably good but on my ward which is a general medical ward it can be hard to get advice and support, especially for making difficult discharge decisions.

To enable staff time to reassure and work with the patients in what is an unknown environment.

Students

If a dementia passport could be filled in for all dementia patients and kept in the notes.

Therapy Assistants & Allied Healthcare Professional Assistants

Have more activities, distractions, things to do on the wards, adapted equipment.

More training for all staff re: dementia. There is a lack of understanding towards dementia patients and also a shortage of staff which has an impact on the amount of time to give to individual patients who are classed as difficult, crafty, aggressive or needy!

Nursing staff could be patient with dementia patients and improve on communication.

Ward-based Administrators

More dementia buddies - those we have are a god send and take pressure off the nursing staff while caring for their patient in other areas.

Staff who actually have time to [interact] and communicate and support those who can only sit in confusion of their own friends.

Other / Unknown

Basic dementia awareness for non-clinical staff would be helpful. If you only have incidental contact with patients it would be useful to have an overview of the condition in the same way that you are given for adult and child protection.

Care is excellent for dementia patients at this hospital.

More resource for [name] and her team.

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