

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

Local report appendices for:

Southampton General Hospital

University Hospital Southampton 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	Yes	In development
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	Yes	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	Yes	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	Yes	New question for Round 3
Pathway in development	24.4% 42/172				
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	Yes	Yes
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	31.7% 63/199	No	Yes
4.4 [2]	3	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	60.3% 120/199	Yes	Yes

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes	No
	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	Yes	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	Yes
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	Yes	Yes
	5b	Ward level (y/n)	93.5% 186/199	Yes	No
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	Quarterly	New question for Round 3
		Bi-annually	0.5% 1/186		
		Quarterly	30.1% 56/186		
		Six-weekly	4.3% 8/186		
		Monthly	33.3% 62/186		
		Bi-monthly	29% 54/186		
		Weekly	0.5% 1/186		
		Unknown	1.6% 3/186		
	9b	<i>(If Q9=Yes)</i> The group includes:			
		Healthcare professionals	100% 186/186	√	New question for Round 3
		Organisations e.g. Alzheimer's Society	64% 119/186	√	
Carer/ service user representation	66.1% 123/186	√			
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	Yes	Yes
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	Yes
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	88.9% 177/199	Yes	New question for Round 3

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	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	No
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	N/A
	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	N/A
	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	N/A
	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	N/A
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	N/A
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	N/A
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:		G5		New question for Round 3
	Ward 2:		G9		
	Ward 3:		F3		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	7	New question for Round 3
	Percentage of patients where the information was present:		-	70%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them: (y/n)	90.5% 180/199	Yes	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
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	91.1% 164/180	√	N/A
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	-	
		Other	18.9% 34/180	-	
	22	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	-	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	√		
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	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	
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	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	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	No
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	No
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	No	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)	2% (1)
66 - 80	24.3% (2445)	12% (6)
81 - 100	73% (7332)	86% (43)
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	53 - 100
Mean	84	87
Median	85	88

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	48% (24)
Female	59.9% (6018)	52% (26)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	76% (38)
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)	24% (12)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	86% (43)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	14% (7)
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)	32% (16)
Fall	13.3% (1332)	12% (6)
Urinary/ renal	9% (901)	2% (1)
Hip dislocation/ hip fracture	7.5% (754)	10% (5)
Sepsis	6.3% (633)	4% (2)
Delirium/ confusion	6% (604)	2% (1)
Gastrointestinal	5.9% (595)	4% (2)
Cardiac/ vascular	5.1% (517)	6% (3)
Stroke	3.8% (380)	4% (2)
Neurological	3.6% (364)	4% (2)
Skin lacerations/ lesions	2% (204)	4% (2)
Impaired consciousness	2% (198)	4% (2)
Dementia**	1.9% (195)	2% (1)
Other	1.9% (192)	2% (1)
Unable to cope/ frailty	1.6% (160)	0% (0)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	2% (1)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	2% (1)
Cancer	0.9% (94)	2% (1)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	2% (1)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	0% (0)
Not documented/ unknown	0.2% (21)	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)	58% (29)
General Medical	23.5% (2359)	10% (5)
Other Medical	9.9% (999)	6% (3)
Orthopaedics	8.9% (892)	14% (7)
Surgical	6.8% (681)	2% (1)
Stroke	4.5% (456)	4% (2)
Cardiac	2.5% (248)	0% (0)
Other	1.4% (136)	6% (3)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	24% (12)
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)	0% (0)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	12% (6)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	48% (24)
11 – 20 days	25.5% (2559)	20% (10)
21 – 30 days	11.3% (1132)	4% (2)
31 – 40 days	6.7% (671)	10% (5)
41 – 50 days	4.2% (418)	8% (4)
51 – 60 days	2.3% (230)	4% (2)
61 – 70 days	1.7% (168)	4% (2)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	2% (1)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-85
Median (days)	12	12.5

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	60% (30)	47.4% (18)
Respite care	0.8% (80)	1.6% (136)	0% (0)	2.6% (1)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	2% (1)	2.6% (1)
Intermediate care	0.3% (27)	2% (172)	0% (0)	2.6% (1)
Residential care	16.9% (1701)	17.7% (1551)	18% (9)	21.1% (8)
Nursing home	19.7% (1981)	28.7% (2511)	20 (10)	23.7% (9)
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)	84.2% (32)
Own/ carer's home to nursing/ residential care	11.1% (972)	7.9% (3)

*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%)	93.9% 46/49	96.9% 31/32	
	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%)	90% 45/50	100% 32/32	
	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%)	88.6% 39/44	100% 32/32
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/44	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	88.6% 39/44			
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% 49/50	97.1% 33/34	
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% 46/50	78.1% 25/32	
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%)	76% 38/50	77.4% 24/31	

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%)	39.6% 19/48	13.8% 4/29
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	41.7% 20/48	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%)	81.3% 39/48	

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%)	63% 29/46	61.5% 16/26
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%)	22% 11/50	29.4% 10/34
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	14% 7/50	8.8% 3/34
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	36% 18/50	38.2% 13/34
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	90% 9/10

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%)	98% 49/50	29.4% 10/34
	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%)	31.3% 15/48	50% 5/10
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	58.3% 28/48	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%)	35.4% 17/48	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	62.5% 30/48	
	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%)	51% 25/49	40% 4/10
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	49% 24/49	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%)	16.7% 8/48	10% 1/10
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	70.8% 34/48	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%)	12.5% 6/48	20% 2/10
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	72.9% 35/48	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%)	35.4% 17/48	50% 5/10
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	56.3% 27/48	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%)	0% 0/37	20% 5/25
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/37	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% 0/37	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/37	
		Not documented/ unknown reason	78.1% 4444/5690	100% 37/37	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	0% 0/37		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	89.2% 33/37	80% 20/25
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	27% 10/37	20% 5/25
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	60% 6/10	60% 3/5
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%)	16.2% 6/37	16% 4/25	
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%)	83.3% 5/6	50% 2/4	

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%)	63.6% 14/22	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%)	14.3% 2/14	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	0% 0/2	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	50% 1/2	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	50% 1/2	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	85.7% 12/14	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	8.3% 1/12	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	91.7% 11/12	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	14.3% 2/14	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	85.7% 12/14	

*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%)	91.9% 34/37	68% 17/25
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%)	53.1% 17/32	50% 11/22
	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%)	67.6% 23/34	70.8% 17/24
	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%)	86.5% 32/37	68% 17/25
	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%)	73% 27/37	72% 18/25
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%)	100% 37/37	92% 23/25
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%)	48.6% 18/37	25% 6/24
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	88% 22/25
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%)	48.6% 18/37	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%)	39.4% 13/33	26.1% 6/23
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	75% 3/4	100% 2/2
		Patient awaiting assessment	9.1% 190/2088	0% 0/4	0% 0/2
		Patient awaiting history/ results	6.1% 127/2088	25% 1/4	0% 0/2
		Patient awaiting surgery	9.6% 200/2088	0% 0/4	0% 0/2
		Patient presenting confusion	5.7% 120/2088	0% 0/4	0% 0/2
		Patient on end of life plan	0% 1/2088	0% 0/4	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/4	0% 0/2
		Patient unresponsive	0.3% 6/2088	0% 0/4	0% 0/2
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/4	0% 0/2
		Not recorded	-	-	0% 0/2
Other	0% 0/2088	0% 0/4	0% 0/2		

Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	19.5% 1432/7329	29.7% 11/37	16% 4/25
		24 hours	12.2% 897/7329	5.4% 2/37	12% 3/25
		25 - 48 hours	14.7% 1075/7329	10.8% 4/37	24% 6/25
		More than 48 hours	27.1% 1985/7329	21.6% 8/37	28% 7/25
		No notice at all	0.5% 35/7329	0% 0/37	0% 0/25
		Not documented	24.2% 1770/7329	29.7% 11/37	20% 5/25
		No carer, family, friend/ could not contact	1.8% 132/7329	2.7% 1/37	0% 0/25
		Patient specified information withheld	0% 3/7329	0% 0/37	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%)	88.9% 16/18	60% 9/15

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	2.4% (1)
25 – 34 years	2.9% (133)	2.4% (1)
35 – 44 years	5.6% (259)	0% (0)
45 – 54 years	16.2% (749)	7.3% (3)
55 – 64 years	25.8% (1193)	36.6% (15)
65 – 74 years	20.8% (960)	29.3% (12)
75 – 84 years	19.1% (885)	19.5% (8)
85 years or over	7.4% (343)	2.4% (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)	31.7% (13)
Female	68.1% (3150)	68.3% (28)
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)	100% (41)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	0% (0)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	26.8% (11)
Family member	55.9% (2597)	73.2% (30)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	0% (0)
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)	63.4% (26)

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	46.3% 19/41
		43.3% 1980/4578	46.3% 19/41
		10.2% 468/4578	7.3% 3/41
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	56.1% 23/41
		36.4% 1672/4592	41.5% 17/41
		9.4% 431/4592	2.4% 1/41
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	56.4% 22/39
		34.2% 1515/4433	41% 16/39
		10.4% 462/4433	2.6% 1/39
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	82.9% 34/41
		20.8% 952/4569	17.1% 7/41
		3.2% 146/4569	0% 0/41

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	26.8% 11/41
		Yes, to some extent	40.4% 1843/4566	58.5% 24/41
		No	17.8% 815/4566	14.6% 6/41
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	29.3% 12/41
		Yes, to some extent	36.4% 1637/4497	53.7% 22/41
		No	16.1% 722/4497	17.1% 7/41
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	35% 14/40
		Yes, to some extent	34.5% 1563/4524	47.5% 19/40
		No	20.1% 908/4524	17.5% 7/40

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	29.3% 12/41
		Very good	33.9% 1575/4645	41.5% 17/41
		Good	17% 790/4645	24.4% 10/41
		Fair	9.6% 446/4645	4.9% 2/41
		Poor	5% 232/4645	0% 0/41
	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	26.8% 11/41
		Likely	34.1% 1551/4544	63.4% 26/41
		Neither likely nor unlikely	14.3% 648/4544	7.3% 3/41
		Unlikely	4.8% 220/4544	0% 0/41
		Extremely unlikely	4.2% 192/4544	2.4% 1/41

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	46.3% 19/41
		Somewhat satisfied	34% 1487/4379	48.8% 20/41
		Somewhat dissatisfied	9.9% 434/4379	4.9% 2/41
		Very dissatisfied	5.8% 254/4379	0% 0/41

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)	35.3% (41)
26 - 50%	25.6% (3651)	17.2% (20)
51 - 75%	24.4% (3489)	25.9% (30)
More than 75%	18.1% (2588)	21.6% (25)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	17.2% (20)
Female	83.2% (11954)	81% (94)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	1.7% (2)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	82.8% (96)
Black/ Black British	4.1% (594)	4.3% (5)
Asian/ Asian British	8% (1150)	4.3% (5)
Mixed	1.3% (183)	1.7% (2)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	4.3% (5)
Prefer not to say	1.7% (241)	2.6% (3)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	33.6% (39)
Registered nurse (Band 7 or above)	12.7% (1831)	22.4% (26)
Healthcare assistant	23.1% (3324)	26.7% (31)
Doctor	11.5% (1645)	3.4% (4)
Allied healthcare professional	11.9% (1713)	6.9% (8)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	0% (0)
Student	2.3% (332)	1.7% (2)
Ward based administrators	4% (571)	5.2% (6)
Other/ unknown	1.9% (279)	0% (0)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	12.1% (14)
30 hours or more	87% (12458)	87.9% (102)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	11.2% (13)
6 - 11 months	9.5% (1364)	14.7% (17)
1 - 2 years	15.6% (2242)	12.1% (14)
3 - 5 years	16.4% (2350)	22.4% (26)
6 - 10 years	15.9% (2283)	8.6% (10)
11 - 15 years	12.1% (1739)	6.9% (8)
More than 15 years	22.4% (3205)	24.1% (28)

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	13.5% 15/111	53.2% 59/111
		Yes, most of the time	32.9% 4614/14024		39.6% 44/111	
		Yes, sometimes	26.8% 3760/14024	-	39.6% 44/111	-
		No	11.6% 1624/14024	-	7.2% 8/111	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	4.3% 4/92	28.3% 26/92
		Yes, most of the time	15.7% 1763/11207		23.9% 22/92	
		Yes, sometimes	27.9% 3129/11207	-	27.2% 25/92	-
No		48.6% 5441/11207	-	44.6% 41/92	-	

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	43.1% 44/102
		53.2% 7030/13205	47.1% 48/102
		5.4% 713/13205	0% 0/102
		7.7% 1018/13205	1% 1/102
		7.3% 961/13205	10.8% 11/102
		17.3% 2278/13205	25.5% 26/102
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	31.1% 23/74
		50.5% 5390/10670	60.8% 45/74
		7.3% 778/10670	8.1% 6/74

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	12.1% 14/116	60.3% 70/116
		Yes, most of the time	38.5% 5525/14345		48.3% 56/116	
		Yes, sometimes	33% 4734/14345	-	36.2% 42/116	-
		No	7.1% 1014/14345	-	3.4% 4/116	-
	3a	Do you have the opportunity to use this information to help you care for/ support people with dementia?				
		Yes, always	26.6% 3549/13329	67.5% 9003/13329	17% 19/112	51.8% 58/112
		Yes, most of the time	40.9% 5454/13329		34.8% 39/112	
		Yes, sometimes	30.6% 4074/13329	-	47.3% 53/112	-
		No	1.9% 252/13329	-	0.9% 1/112	-
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	22.6% 26/115	60% 69/115
		Yes, most of the time	33.2% 4759/14333		37.4% 43/115	
		Yes, sometimes	27.3% 3913/14333	-	27% 31/115	-
	No	10.6% 1516/14333	-	13% 15/115	-	

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	43.4% 46/106
		Occasionally	37.2% 4636/12457	43.4% 46/106
		Almost Never	9.7% 1210/12457	9.4% 10/106
		Never	3.3% 408/12457	3.8% 4/106

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	66.7% 68/102	91.2% 93/102
		Yes, most of the time	27.3% 3271/11978		24.5% 25/102	
		Yes, sometimes	16.1% 1927/11978	-	6.9% 7/102	-
		No	5.4% 649/11978	-	2% 2/102	-
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	25.5% 27/106	72.6% 77/106
		Yes, most of the time	50.1% 6149/12263		47.2% 50/106	
		Yes, sometimes	19.2% 2357/12263	-	22.6% 24/106	-
		No	4.7% 576/12263	-	4.7% 5/106	-

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	20% 19/95	73.7% 70/95
		Yes, most of the time	47.6% 4352/9148		53.7% 51/95	
		Yes, sometimes	18.7% 1708/9148	-	24.2% 23/95	-
		No	3.3% 303/9148	-	2.1% 2/95	-
	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	13.5% 13/96	51% 49/96
		Yes, most of the time	27.5% 2516/9143		37.5% 36/96	
		Yes, sometimes	42.5% 3887/9143	-	32.3% 31/96	-
		No	19.3% 1763/9143	-	16.7% 16/96	-
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	18.8% 18/96	56.3% 54/96
		Yes, most of the time	32.5% 2942/9047		37.5% 36/96	
		Yes, sometimes	27.7% 2506/9047	-	19.8% 19/96	-
	No	23.5% 2125/9047	-	24% 23/96	-	

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	20.7% 19/92	62% 57/92
		Yes, most of the time	39.3% 3456/8788		41.3% 38/92	
		Yes, sometimes	16.8% 1476/8788	-	22.8% 21/92	-
		No	15.6% 1368/8788	-	15.2% 14/92	-
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	31.9% 29/91	57.1% 52/91
		Yes, most of the time	27.2% 2398/8822		25.3% 23/91	
		Yes, sometimes	22.5% 1983/8822	-	23.1% 21/91	-
		No	12.3% 1085/8822	-	19.8% 18/91	-
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	36.8% 35/95	65.3% 62/95
		Yes, most of the time	28.7% 2615/9119		28.4% 27/95	
		Yes, sometimes	20.7% 1886/9119	-	25.3% 24/95	-
		No	6.1% 558/9119	-	9.5% 9/95	-
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	40.6% 39/96	72.9% 70/96
		Yes, most of the time	33.4% 3039/9090		32.3% 31/96	
		Yes, sometimes	15.5% 1408/9090	-	24% 23/96	-
		No	4.9% 444/9090	-	3.1% 3/96	-

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 Southampton General Hospital are provided.

Registered Nurses (Band 5 or 6)
Admitting directly to an elderly care ward rather than to AMU (acute medical unit) then being transferred again very quickly.
Dementia friendly room and more activity. More staff to see to these patients and more patient/ staff interaction.
Extension of the admiral nurses scheme and enhanced care team to support day and night. Current provision is stretched to the limit. This service has made a huge impact on the patients who require it.
Have enough mental health nurses to be with patients. Organise a plane of activities they could do during the day. Help regular staff to get to know better the patients so they would feel less anxious or frustrated in being in the same place with people they are not acquainted with.
Have more staffing or more volunteers (students, nursing and doctors). [Produce information] to reflect what interactions are best for patient care, [information] to study what meaning the MMA score has on patients... associate it with diagnosis of patient. [There is] no money involved [for] volunteers - or when putting theory into practice. To give them time to interact and keep them active minded and physically healthy. Host should do more meal rounds. Have a book with all the information of their needs and assistance, all in one document (preferably with ticks) - less paperwork is more time to be with them and family/ carers. Involve the family and carers more - encourage relatives (with posters on the hospital premises) to be with the patient in an unknown environment, they're more supported and reassured, don't tend to run away or be scared, improvement of health can be faster. Family support team for dementia - help family deal with dementia and find techniques/ strategies to cope with this type of patients. Follow up at home with community team...
Have written available information on all wards for relevant dementia contacts and phone numbers.
Having more staff so we can address individual needs.
Increasing staff numbers so the ratio of staff to patients is better so better care can be given and time can be spent on individual patients as to what they enjoy doing - as 60% of patients in our care are not acutely unwell but are unable to be discharged.
More dedicated staff to spend more time with these patients on a one to one basis.
More staff (HCAs and nurses) because we have 9/10 patients and is really difficult to spend time with each patient.
More staff available to provide one to one special care when required.
More staff trained on dementia care.
More staff with dementia training available for meal support.
More staff. Physiotherapy needs to be aware of nutritional needs and not do therapy.
More support from specialist staff.
More training please.
More training.
Out of hours admiral nurses.
Out of hours dementia nurses.
Patient to be reviewed more often by dementia team.

Registered Nurses (Band 5 or 6)

Regular face to face tutorials. Talks from people who are experiencing dementia (a sufferer or a carer). Except we need more finger food and snacks.

Training, extra support staff.

We refer them to advocate nurse. Provide a room where they can sit down together and eat and have play time like, bingo, quiz... "this is me" booklet.

Registered Nurses (Band 7 or above)

A lot of input is put quite rightly into medicine for older people wards, but sometimes people with dementia have a specific medical need such as respiratory problem and need to be looked after on a respiratory ward. There is not always the support for ward staff in this situation as they are busy on the medicine of older people (MOP) wards.

As a department, we can request a 1:1 special for patients with dementia but this shift rarely fills so end up using our own staff as support.

Better dementia friendly environment in all ward areas.

By not moving patients that have settled to another ward or bay as this more often than not makes them unsettled again.

Currently, people with dementia at times of bed pressures are moved around the hospital, it would be good if this was avoided as it can be very disruptive to the patient and their families.

Dementia friendly environment i.e. colourful furniture, signs and décor.

Dementia specialists to cover ward areas - actually on the shop floor.

Have specific trolley space in majors for patients with dementia: appropriate colour lighting quieter etc.

I think when patients are nursed outside of their specialist areas, they should be entitled to one to one nursing, I think the enhanced team are great support but there are not enough of them to be able to support the wards, especially when they are busy and there is not enough staff on the general wards. It would be ideal to be able to support these patients within the ward numbers but due to a national shortage it is not possible and it tends to be getting worse.

I'm not sure how we could change things for the better, I watched a programme about a home for people with dementia in the Netherlands that is set out like a town with shops and residents are able to roam freely around as if experiencing normal life. That's why [there is] importance of things like a dining room, socialisation and areas that are safe to walk around if they so wish. A snack bar so they can decide if perhaps they fancy a cup of tea or a biscuit with visitors that is ward based, knitting clubs, painting. Why does dementia have to be so depressingly compartmentalised to a bed on a ward? We can do better. We as a trust should invest more time into looking at utilising space in a more practical way that allows the free movement of patients within a safe environment where they are not moved, where safety is managed and where socialisation is a norm. I would like to say I won't see any patient sat in a bed eating next to a urine bottle or a patient with the curtains pulled going to the toilet while lunch is being served. I know we owe a little more respect to our older generations. We need to ensure dignity and independence. It's not unachievable to do something similar to the Netherlands. The results there speak for themselves. I hope we can lead from the front and show our community that we do what we say we do and show them compassion, invest and show interest, hold their dignity in such high regard as we hold our own. We see patients in clinics as outpatients who have dementia, often you do not know they have dementia and they are often placed in the middle of a very busy list making it very difficult to spend the time with them, it would be helpful if an alert was raised when booking in the booking office and then the patient could be block booked for a longer period of time or be moved to the end of a list where time is not an issue. We could do better. I think the same for learning disabilities and behavioural issues. All of the above areas

Registered Nurses (Band 7 or above)

could be improved upon, we are hit with large fines for patients sat breeching in the emergency department therefore the shift and movement of patients at night is extensive and little thought is given to the impact of this on the individual and more emphasis is placed on the overall performance of the hospital. This in itself does not reflect the trust values of placing the patient at the centre of all we do, merely places the most important emphasis on whichever patient may incur the trust a fine first. I believe the hospital at night team do an amazing job of trying to sort through the most appropriate patients to move first however often this can be overruled by site management team as they can see the pressures building up elsewhere within the trust. The absolute last resort should be to only admit if absolutely necessary, perhaps more emphasis on open clinics for specialties that are run daily. Remove the barriers for access to the hospital. For example, a surgical patient staying in for IV antibiotics, could this not be done at home with better links to primary care. The patient awaiting surgical review on acute surgical unit, could they not move to an open clinic and have all scans as an outpatient, again this relieves pressures. These are already in place in areas, but it's not embedded in all areas, it's not normal practice and so we are left with too few beds and too many moves. Regardless, all patients find this distressing, more so if you have dementia.

Make finger foods more widely available. Do not reduce staffing levels in the evening.

More dementia care nurses.

More dementia nurse specialists.

More group activities, distraction therapies - patients are bored as TV does not meet their needs/ lack of concentration.

More staff to support nurses in caring for patients. More finger foods and availability of snacks. Options to the menu - too specific - have to have peas with certain meals and patients can get upset if they don't like them. Long time between meals i.e. evening and breakfast.

More training.

The elderly care support team we have is great, there are just not enough of them to provide the support needed.

The ward has invested in activities such as games and has thrown tea parties for patients.

We had a patient suffering from dementia and we asked repeatedly for some dementia equipment such as games etc. as the patient was with us for 3 months but did not get any support with this.

We have plans for a creation of a community hub, which could operate as a day room/ carers café/ information and advice centre which would hugely benefit all of our patients but especially those with dementia. We also want to create a specialist dementia unit so we can focus our attention on this particular group of patients and ensure staff who work there are highly trained and equipped.

We need more dementia trained staff to 1:1 patients.

Healthcare Assistants

At present, I am allocated to the same bay every shift therefore our patients have some continuity, the patients know my name I know them very well and because of that a bond of trust has been formed. Diet/ fluid intake has been increased, activities have been encouraged, more interaction therefore more sociable behaviour. Taking patients out into the garden/ coffee, dancing, music has also greatly improved patients moods and sociability.

Better activities for patients, staffing is a big issue on the ward.

By giving us more staff.

Catering staff attitudes and assistance need to improve to be able to help nursing staff support our dementia patients better.

Healthcare Assistants

Give every adult ward dementia training and try to keep all wards dementia friendly.

Hospital to organise frequent workshop and training for job roles that are frequently in touch with dementia patients. The movement of dementia patients at night time should be avoided. There should be constant additional staff whenever the needs arise. The staff caring for dementia patients should be trained.

Improve staffing.

More activities (common room). Be able to relax in the hospital gardens and taken away for a short time away from the ward. The need for extra staff to help with the above. A better choice of menu would be better. Medi-rest can be a little slack at times.

More staff for enhanced care support team and ward to be able to spend more time and do activities with patients.

More staff on wards and within enhanced care team as have activities to do but no man power/ time to do so.

More staff, better funding.

More staff, more time, less paperwork.

More staff.

More staff. More staff trained in dementia care.

More training for the staff that work with dementia as the staff only get the basic healthcare training.

More training for ward staff as the staff could benefit from more training.

To improve the care/ support of people with dementia, the hospital need to hire more staff so we can address their individual needs.

Training on dementia.

Doctors

Give improved access to family/ carers of those with dementia so they feel more involved and we can work more closely together.

Allied Healthcare Professionals

Colour, environment, new builds with dementia friendly decoration from the outset.

Increase in availability of activities to occupy dementia patients. We have had some success in the past with arts and crafts etc. This is me booklets are sometimes available. They are a valuable resource.

It seems that various teams/ departments within the hospital are already making efforts to improve dementia care/ support. However, this information is not shared or easily accessible to other teams. Often a lot of time is spent sourcing information or trialling ideas that others have already sourced/ tried. A more collaborative approach could be better.

More presentations from dementia friends using real life examples - very useful.

Provide special snack boxes with a variety of different food items or spreads i.e. chocolate spread/ marmite/ paste/ cheese and biscuits/ crisps etc. that could be offered throughout the day. Most dementia patients become long stay patients and a variety of different things to eat and offer would make a difference to wellbeing, they don't all like yoghurt and custard! Using the enhanced care support team to support patients at mealtimes, this seems to be happening less as services are stretched.

This is me booklets are sometimes available, they are very helpful.

Students

More training.

Therapy Assistants & Allied Healthcare Professional Assistants

No comments from therapy assistants and allied healthcare professional assistants for your hospital.

Ward-based Administrators

I feel that dementia care and awareness training should be available to non-clinical staff.

More education around dementia as a disease and how it affects patients' behaviour is required. I personally think that it is very challenging for staff to have dementia patients mixed with other patients. I feel that it would be more beneficial to have separate dementia hospitals as this condition seems to be on the increase. It can also be distressing and cause anxiety for patients who do not have this condition but are staying in the same ward. Some staff take the actions of a dementia patient personally and need to understand that their actions/ behaviour is part of their condition.

More training on dementia I feel would benefit a lot of people. I have witnessed a lot of misunderstanding due to the ignorance on the illness. I was lucky to get training in a previous job but a lot of people do not know why people with dementia do the things they do.

Other / Unknown

No comments from other staff for your hospital.

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