

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Sunderland Royal Hospital

City Hospitals Sunderland 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	In development	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	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	No
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	Yes	Yes
	5b	Ward level (y/n)	93.5% 186/199	Yes	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, once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

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

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	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:	E56		New question for Round 3
		Ward 2:	E52		
		Ward 3:	D43		
		Number of patients checked:	-	10	New question for Round 3
		Range	0-40	-	-
		Median	10	-	-
		Number of these patients where the information was present:	-	4	New question for Round 3
		Percentage of patients where the information was present:	-	40%	New question for Round 3
		Range	0-100%	-	-
		Mean	49%	-	-
Median	50%	-	-		

Recognition of dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them: (y/n)	90.5% 180/199	Yes	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
9.3 [1]	<i>(If Q21=Yes)</i> Please say what this is:				
	21a	A visual indicator, symbol or marker	91.1% 164/180	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	23.9% 43/180	√	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	√	
		Other	18.9% 34/180	-	
	22	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	Yes
	<i>(If Q22=Yes)</i> Please say what this is:				
	22a	A visual indicator, symbol or marker	87.1% 122/140	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	18.6% 26/140	-	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	√	
Other		17.9% 25/140	-		
9.13 [2]	23	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	81.9% 163/199	Yes	New question for Round 3

Training, learning and development

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
7.2 [2]	24	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia: (y/n)	95.5% 190/199	Yes	Yes

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

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

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

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	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	Yes

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

Environment

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

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

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	0% (0)
66 - 80	24.3% (2445)	26.3% (21)
81 - 100	73% (7332)	72.5% (58)
101 - 108	0.4% (39)	1.3% (1)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	72 - 102
Mean	84	84.9
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	38.8% (31)
Female	59.9% (6018)	61.3% (49)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	100% (80)
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% (80)
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)	18.8% (15)
Fall	13.3% (1332)	12.5% (10)
Urinary/ renal	9% (901)	11.3% (9)
Hip dislocation/ hip fracture	7.5% (754)	7.5% (6)
Sepsis	6.3% (633)	3.8% (3)
Delirium/ confusion	6% (604)	10% (8)
Gastrointestinal	5.9% (595)	6.3% (5)
Cardiac/ vascular	5.1% (517)	3.8% (3)
Stroke	3.8% (380)	5% (4)
Neurological	3.6% (364)	0% (0)
Skin lacerations/ lesions	2% (204)	2.5% (2)
Impaired consciousness	2% (198)	1.3% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	7.5% (6)
Unable to cope/ frailty	1.6% (160)	0% (0)
Dehydration	1.4% (143)	1.3% (1)
Haematology	1.1% (115)	2.5% (2)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	1.3% (1)
Surgical/ non-surgical procedure	0.9% (86)	1.3% (1)
Pain/ swelling	0.8% (85)	1.3% (1)
Hepatology	0.8% (84)	1.3% (1)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	1.3% (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)	81.3% (65)
General Medical	23.5% (2359)	2.5% (2)
Other Medical	9.9% (999)	1.3% (1)
Orthopaedics	8.9% (892)	8.8% (7)
Surgical	6.8% (681)	3.8% (3)
Stroke	4.5% (456)	1.3% (1)
Cardiac	2.5% (248)	1.3% (1)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	16.3% (13)
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)	12.5% (10)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	46.3% (37)
11 – 20 days	25.5% (2559)	26.3% (21)
21 – 30 days	11.3% (1132)	15% (12)
31 – 40 days	6.7% (671)	7.5% (6)
41 – 50 days	4.2% (418)	5% (4)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	0% (0)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-46
Median (days)	12	11.5

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)	57.5% (46)	50.7% (34)
Respite care	0.8% (80)	1.6% (136)	0% (0)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	1.3% (1)	1.5% (1)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	1.3% (1)	1.5% (1)
Residential care	16.9% (1701)	17.7% (1551)	18.8% (15)	17.9% (12)
Nursing home	19.7% (1981)	28.7% (2511)	21.3% (17)	28.4% (19)
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)	88.1% (59)
Own/ carer's home to nursing/ residential care	11.1% (972)	6% (4)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	96.3% 77/80	97.2% 35/36	
	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%)	86.5% 64/74	97.4% 38/39	
	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%)	96.9% 62/64	94.4% 34/36
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/64	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	96.9% 62/64			
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%)	92.5% 74/80	100% 40/40	
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%)	97.5% 78/80	77.5% 31/40	
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%)	100% 80/80	100% 39/39	

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%)	62.5% 50/80	75% 27/36
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	35% 28/80	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	1.3% 1/80	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	98.8% 79/80	

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%)	98.7% 76/77	61.8% 21/34
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%)	71.3% 57/80	15% 6/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	22.5% 18/80	20% 8/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	93.8% 75/80	35% 14/40
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	98.2% 56/57	83.3% 5/6

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%)	85% 68/80	77.5% 31/40
	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%)	32.4% 22/68	53.3% 16/30
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	50% 34/68	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%)	32.4% 22/68	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	42.6% 29/68	
	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%)	46.3% 31/67	48.1% 13/27
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	34.3% 23/67	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%)	13.2% 9/68	10% 3/30
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	52.9% 36/68	New answer option for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	22e	(If Q22=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?			
		Yes	28.2% 1564/5539 (26%, 13-50%)	10.6% 7/66	10.3% 3/29
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	53% 35/66	New answer option for Round 3
1.15 [3]	22f	(If Q22=Yes) Has information been collected about the patient regarding life details which aid communication?			
		Yes	43.1% 2413/5598 (50%, 25-70%)	16.7% 11/66	36.7% 11/30
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	51.5% 34/66	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%)	41.9% 26/62	34.3% 12/35
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	5.6% 2/36	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	0% 0/36	
		Not routine/ not standard practice	5.8% 331/5690	2.8% 1/36	
		Not documented/ unknown reason	78.1% 4444/5690	86.1% 31/36	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	5.6% 2/36		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	80.6% 50/62	68.6% 24/35
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	62.9% 39/62	14.3% 5/35
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	94.9% 37/39	40% 2/5
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%)	30.6% 19/62	28.6% 10/35	
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%)	78.9% 15/19	50% 5/10	

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%)	36.8% 7/19	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	70.4% 1161/1649 (75%, 50-89%)	85.7% 6/7	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	0% 0/6	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	66.7% 4/6	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	33.3% 2/6	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	14.3% 1/7	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/1	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	100% 1/1	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	57.1% 4/7	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	42.9% 3/7	

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

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	79% 49/62	90.9% 30/33
5.4 [1]	29a	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person with dementia? (y/n/na)	53.9% 3327/6169 (55%, 38-72%)	41.8% 23/55	83.3% 25/30
	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%)	70.2% 40/57	93.9% 31/33
	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%)	79% 49/62	88.6% 31/35
	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%)	82.3% 51/62	85.7% 30/35
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%)	88.7% 55/62	65.7% 23/35
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%)	66.1% 39/59	83.3% 15/18
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%)	96.7% 58/60	77.1% 27/35
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% 62/62	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%)	88.7% 55/62	50% 16/32
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	-% N/A	33.3% 1/3
		Patient awaiting assessment	9.1% 190/2088	-% N/A	0% 0/3
		Patient awaiting history/ results	6.1% 127/2088	-% N/A	0% 0/3
		Patient awaiting surgery	9.6% 200/2088	-% N/A	66.7% 2/3
		Patient presenting confusion	5.7% 120/2088	-% N/A	0% 0/3
		Patient on end of life plan	0% 1/2088	-% N/A	-
		Patient being transferred to another hospital	0.1% 2/2088	-% N/A	0% 0/3
		Patient unresponsive	0.3% 6/2088	-% N/A	0% 0/3
		Patient being discharged to nursing/ residential care	6.5% 136/2088	-% N/A	0% 0/3
		Not recorded	-	-	0% 0/3
Other	0% 0/2088	-% N/A	0% 0/3		

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% 18/62	31.4% 11/35
		24 hours	12.2% 897/7329	11.3% 7/62	2.9% 1/35
		25 - 48 hours	14.7% 1075/7329	46.8% 29/62	28.6% 10/35
		More than 48 hours	27.1% 1985/7329	4.8% 3/62	31.4% 11/35
		No notice at all	0.5% 35/7329	0% 0/62	0% 0/35
		Not documented	24.2% 1770/7329	8.1% 5/62	5.7% 2/35
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/62	0% 0/35
		Patient specified information withheld	0% 3/7329	0% 0/62	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	67.3% 2605/3868 (70%, 50-88%)	69.2% 27/39	75% 9/12

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)	2.4% (1)
35 – 44 years	5.6% (259)	2.4% (1)
45 – 54 years	16.2% (749)	9.8% (4)
55 – 64 years	25.8% (1193)	39% (16)
65 – 74 years	20.8% (960)	24.4% (10)
75 – 84 years	19.1% (885)	14.6% (6)
85 years or over	7.4% (343)	7.3% (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)	14.6% (6)
Female	68.1% (3150)	85.4% (35)
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)	97.6% (40)
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)	2.4% (1)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	14.6% (6)
Family member	55.9% (2597)	78% (32)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	4.9% (2)
Other	0.9% (41)	2.4% (1)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	78.4% (29)

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	39% 16/41
		43.3% 1980/4578	46.3% 19/41
		10.2% 468/4578	14.6% 6/41
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	36.6% 15/41
		36.4% 1672/4592	43.9% 18/41
		9.4% 431/4592	19.5% 8/41
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	47.4% 18/38
		34.2% 1515/4433	34.2% 13/38
		10.4% 462/4433	18.4% 7/38
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	75% 30/40
		20.8% 952/4569	22.5% 9/40
		3.2% 146/4569	2.5% 1/40

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	32.5% 13/40
		Yes, to some extent	40.4% 1843/4566	40% 16/40
		No	17.8% 815/4566	27.5% 11/40
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	45% 18/40
		Yes, to some extent	36.4% 1637/4497	27.5% 11/40
		No	16.1% 722/4497	27.5% 11/40
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	48.8% 20/41
		Yes, to some extent	34.5% 1563/4524	22% 9/41
		No	20.1% 908/4524	29.3% 12/41

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?	
		34.5% 1602/4645	26.8% 11/41
		33.9% 1575/4645	34.1% 14/41
		17% 790/4645	14.6% 6/41
		9.6% 446/4645	14.6% 6/41
		5% 232/4645	9.8% 4/41
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?	
		42.5% 1933/4544	29.3% 12/41
		34.1% 1551/4544	41.5% 17/41
		14.3% 648/4544	12.2% 5/41
		4.8% 220/4544	9.8% 4/41
		4.2% 192/4544	7.3% 3/41

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?	
		50.3% 2204/4379	45% 18/40
		34% 1487/4379	37.5% 15/40
		9.9% 434/4379	12.5% 5/40
		5.8% 254/4379	5% 2/40

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)	50.4% (142)
26 - 50%	25.6% (3651)	18.1% (51)
51 - 75%	24.4% (3489)	15.6% (44)
More than 75%	18.1% (2588)	16% (45)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	17.4% (49)
Female	83.2% (11954)	82.3% (232)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	0.4% (1)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	91.8% (259)
Black/ Black British	4.1% (594)	0% (0)
Asian/ Asian British	8% (1150)	5.3% (15)
Mixed	1.3% (183)	0% (0)
Chinese	0.5% (73)	0.4% (1)
Other	4.5% (646)	1.4% (4)
Prefer not to say	1.7% (241)	1.1% (3)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	21.6% (61)
Registered nurse (Band 7 or above)	12.7% (1831)	17.4% (49)
Healthcare assistant	23.1% (3324)	18.1% (51)
Doctor	11.5% (1645)	19.1% (54)
Allied healthcare professional	11.9% (1713)	14.5% (41)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	2.8% (8)
Student	2.3% (332)	2.1% (6)
Ward based administrators	4% (571)	2.8% (8)
Other/ unknown	1.9% (279)	1.4% (4)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	12.1% (34)
30 hours or more	87% (12458)	87.9% (248)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	5.3% (15)
6 - 11 months	9.5% (1364)	5% (14)
1 - 2 years	15.6% (2242)	13.5% (38)
3 - 5 years	16.4% (2350)	13.5% (38)
6 - 10 years	15.9% (2283)	17.4% (49)
11 - 15 years	12.1% (1739)	16% (45)
More than 15 years	22.4% (3205)	29.4% (83)

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	38% 105/276	75.7% 209/276	
		Yes, most of the time	32.9% 4614/14024		37.7% 104/276		
		Yes, sometimes	26.8% 3760/14024	-	16.3% 45/276	-	
		No	11.6% 1624/14024	-	8% 22/276	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	12.1% 26/215	36.3% 78/215
			Yes, most of the time	15.7% 1763/11207		24.2% 52/215	
	Yes, sometimes		27.9% 3129/11207	-	35.8% 77/215	-	
	No	48.6% 5441/11207	-	27.9% 60/215	-		

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	37.5% 100/267
		53.2% 7030/13205	41.6% 111/267
		5.4% 713/13205	4.9% 13/267
		7.7% 1018/13205	2.6% 7/267
		7.3% 961/13205	4.5% 12/267
		17.3% 2278/13205	34.5% 92/267
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	39.4% 67/170
		50.5% 5390/10670	52.4% 89/170
		7.3% 778/10670	8.2% 14/170

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	16.7% 47/282	51.8% 146/282
		Yes, most of the time	38.5% 5525/14345		35.1% 99/282	
		Yes, sometimes	33% 4734/14345	-	35.1% 99/282	-
		No	7.1% 1014/14345	-	13.1% 37/282	-
	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	21.2% 52/245	62.4% 153/245
		Yes, most of the time	40.9% 5454/13329		41.2% 101/245	
		Yes, sometimes	30.6% 4074/13329	-	35.1% 86/245	-
		No	1.9% 252/13329	-	2.4% 6/245	-
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	31.3% 88/281	61.9% 174/281
		Yes, most of the time	33.2% 4759/14333		30.6% 86/281	
		Yes, sometimes	27.3% 3913/14333	-	28.5% 80/281	-
	No	10.6% 1516/14333	-	9.6% 27/281	-	

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	46% 114/248
		Occasionally	37.2% 4636/12457	37.9% 94/248
		Almost Never	9.7% 1210/12457	12.5% 31/248
		Never	3.3% 408/12457	3.6% 9/248

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	39.7% 93/234	69.7% 163/234
		Yes, most of the time	27.3% 3271/11978		29.9% 70/234	
		Yes, sometimes	16.1% 1927/11978	-	26.1% 61/234	-
		No	5.4% 649/11978	-	4.3% 10/234	-
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	21.1% 50/237	74.7% 177/237
		Yes, most of the time	50.1% 6149/12263		53.6% 127/237	
		Yes, sometimes	19.2% 2357/12263	-	20.7% 49/237	-
		No	4.7% 576/12263	-	4.6% 11/237	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.9 [2]	9	Do you think the ward(s) you work on is able to respond to the individual needs of people with dementia as they arise? <i>E.g. pain relief, personal care, toileting, mobility assistance.</i>				
		Yes, always	30.4% 2785/9148	78% 7137/9148	24.2% 37/153	71.2% 109/153
		Yes, most of the time	47.6% 4352/9148		47.1% 72/153	
		Yes, sometimes	18.7% 1708/9148	-	24.2% 37/153	-
		No	3.3% 303/9148	-	4.6% 7/153	-
	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	5.2% 8/153	24.2% 37/153
		Yes, most of the time	27.5% 2516/9143		19% 29/153	
		Yes, sometimes	42.5% 3887/9143	-	45.1% 69/153	-
		No	19.3% 1763/9143	-	30.7% 47/153	-
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	16.7% 25/150	43.3% 65/150
		Yes, most of the time	32.5% 2942/9047		26.7% 40/150	
		Yes, sometimes	27.7% 2506/9047	-	30.7% 46/150	-
		No	23.5% 2125/9047	-	26% 39/150	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	26.2% 38/145	64.8% 94/145
		Yes, most of the time	39.3% 3456/8788		38.6% 56/145	
		Yes, sometimes	16.8% 1476/8788	-	15.9% 23/145	-
		No	15.6% 1368/8788	-	19.3% 28/145	-
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	45.5% 66/145	77.2% 112/145
		Yes, most of the time	27.2% 2398/8822		31.7% 46/145	
		Yes, sometimes	22.5% 1983/8822	-	19.3% 28/145	-
		No	12.3% 1085/8822	-	3.4% 5/145	-
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	42.4% 64/151	78.1% 118/151
		Yes, most of the time	28.7% 2615/9119		35.8% 54/151	
		Yes, sometimes	20.7% 1886/9119	-	17.2% 26/151	-
		No	6.1% 558/9119	-	4.6% 7/151	-
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	46.7% 70/150	78% 117/150
		Yes, most of the time	33.4% 3039/9090		31.3% 47/150	
		Yes, sometimes	15.5% 1408/9090	-	17.3% 26/150	-
		No	4.9% 444/9090	-	4.7% 7/150	-

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 Sunderland Royal Hospital are provided.

Registered Nurses (Band 5 or 6)
Additional staffing support would be ideal to provide one to one care for dementia patients reducing risks of falls and preventing unnecessary agitation.
Adequate staffing levels.
Allowing carers to be more involved in the day to day care and encouraging them to bring in activities they know the patient enjoys, like drawing, adult colouring books, reading, looking at memory books etc.
Allowing their families to visit when tests need to be done and allow them escort the patients to the departments with a member of staff does help the patients to settle and can eliminate/ ease stress.
As we are doing... a grand job by staff involved.
Better access to delirium and dementia outreach team and the specialist unit staff, where dementia patients attend for activities. Some patients too unwell to attend unit but require 1:1 support on the wards when having delirium episodes, patient safety risk to selves.
Better outreach service.
Better staffing levels. More assistance of staff when required with 1:1 patients. Dual work force, adult and mental health nurses on the ward.
Continue to build awareness.
Employ support worker to do activities, see to social needs of patients that often lead to lower mood/ challenging behaviour. Additional feeding support could be given but staffing levels are not good enough.
Ensure extra support is available at mealtimes to assist and encourage patient to access food, to record what food is eaten and what fluid is taken by individual patient, ensuring that drinks that are not drunk are not recorded on fluid balance charts.
Give more support to the wards and out of office hours for example, on nights. Staff must do malnutrition universal screening tool on admission and monitor the weight, working with dietician as needed. Staff need more support at times because most of the patients are dependent and they need full assistance given with meals.
Have more staff for 1 to 1.
If additional staff are brought in to work to special patients with dementia, they are not moved to other areas.
Improve staff training. Improve staffing levels to allow interaction at the pace of the person with dementia and to provide 1:1 care/ supervision when required.
Improvements in deprivation of liberty safeguarding and mental capacity awareness.
Increased staffing numbers to allow staff time to spend with the patients.
Increased use of care passport, providing more information on the patients' normal routines etc. meaning patients with dementia can be cared for as they usually would outside of hospital.
Individual needs/ likes/ dislikes communicated to our department from base wards before patient transfer.
Introduction of memory stimulating equipment (memory boxes). Further involvement of delirium and dementia outreach team in this hospital. Further training for staff.
More access to delirium and dementia team.

Registered Nurses (Band 5 or 6)

More availability and use of the "this is me" document. Beneficial to staff patients and families/ carers. Enables more individualised patient preferred care. Staff working with individuals with dementia would benefit greatly from more evidence-based training.
More people who are experienced with people with dementia to come onto wards and help with any queries that staff.
More staff on wards when patients with dementia are present to enable staff to take the time to address their needs, the dementia and delirium outreach team and the Alexandria suit are excellent.
More staff to manage wards when the amount of dementia/ wandering/ risk of falls patients outweighs the staffing levels, this is a regular occurrence and is not fair on other patients needing genuine assistance - and staff who are expected to be in five places at once. I feel the mental health service should be more involved at times.
More staff training on people with dementia and involve families.
More staff.
Need more staff.
Need more to support patient, so that [we] will be able to look after [them] appropriately.
Patient and family education, commercials, therapeutic communication training/ education for staff.
Personal information re: likes/ dislikes more prominent and more staff to give time to the patients.
Reduce movement of patients around the hospital due to bed shortages, especially medical patients to surgical wards where patient then needs to be nursed in side room often away and out of sight of nursing staff. Address staffing issues to safely see to the needs of patients with dementia. Management to listen to staff concerns re: patient safety and additional needs.
Staffing level should be more when caring for dementia patients.
The Alexandra Suite and their staff are a great help but it is only open office hours. If the hours were extended, then I feel this would benefit patients with dementia.
To increase staffing hours as per dependency of the patients.
Use delirium and dementia outreach team/ Alexander Suite more.
Use John's [campaign] to allow visitors.
Use of pat dogs and other domestic animals as well as raised bordered gardens and just some outside safe space for the patients to wander freely but safely would be really useful. Support for the carers via spa days (me time) would be gratefully accepted I'm sure.
We could do better with more staff.
Welcoming carers who know about the patients.

Registered Nurses (Band 7 or above)

A team of nursing staff offering 1 to 1 nursing to support the high risk of fall patients.
Better staffing levels to support one to one patients, to give time to provide diversional therapies. Better staffing levels needed.
Clearer guidance for day to day care for generalist areas.
Communication between the wards and departments could be greatly improved, by these patients having a ward nurse to support and accompany them. The correct consent procedure should be followed in a timely manner which would reduce waiting times which causes patients' agitation and stress.
Delirium and dementia outreach team are essential and should be maintained to support all wards.

Registered Nurses (Band 7 or above)

Do not move patients with dementia late at night or during the night. This should include immediate assessment unit. It is policy not to do this but it still happens.
Expansion of the excellent Alexandra centre to accommodate more staff/ patients.
Improved discharge planning for people with dementia. Sometimes they are in hospital too long when awaiting continuing healthcare funding.
Inappropriate ward moves can exacerbate confusion, this aspect needs further consideration when managing patient flow.
Increase in numbers of trained staff (trained with regard to dementia/ Parkinson's). Increase in encouraging family/ loved ones to interact/ share care in the hospital setting in order to alleviate dementia patients' anxiety. Introduce ID cards perhaps to identify patients with dementia/ Parkinson's issues on admission.
Increase staffing numbers on all wards to support patients and relatives constantly.
Increase staffing on non-dementia specific wards when have dementia patients.
It really needs to be appreciated how important observation of these patients is. Although no clinical exterior signs (no monitors or equipment) are often in place, it is not viewed as important to provide comfort, diversion and clinical observation of this patient group to prevent delirium or exacerbation of the dementia symptoms.
Making staff more aware of John's Campaign and promoting the use of the "This is Me" document.
More daily access to 'off the ward' therapies and interactions.
More delirium dementia outreach team staff and helpers - extend their working day.
More specialised nurses in delirium dementia outreach team to advise and teach ward staff and more HELPAs to support patients in the ward environment, especially out of hours.
More staff on elderly ward.
Not always possible to arrange 1:1 nursing when a patient required it.
Our ward takes great care to provide individualised care for dementia patients, we accommodate carers and relatives
Patients with dementia should not be boarded to an acute surgical ward - patients with dementia should not have ward moves - "the aim is to have them on the right ward the first time".
Relatives and carers should have open visiting access.
Staff taking time to speak with/ support people with dementia.
Staffing support for those patients who need additional support due to challenging behaviours. Additional support at mealtimes and when [it is] difficult to help patients take their medication.
The hospital is signed up to Johns campaign - it's important that everyone is aware of this.
To raise the recognition of person centred care through life stories - to try where possible to get that essential personal information about that patient in the form of the "This is Me" on every patient with dementia that is admitted.
To try and provide a more dementia friendly environment e.g. appropriate flooring (no changes in floor colour or pattern), lighting, improve signage, dementia coloured cups and plates on every ward.
Ward staff try very hard to support dementia patients although wards frequently have very ill people who can be disturbed by patients with dementia. It then becomes a balancing act to support the needs of all. It is extremely difficult in these situations to determine priorities.
When wards are running at minimum safe levels of staffing this allows no extra time to accommodate and encourage patients with dementia who need longer to undertake tasks and time spent to encourage and support these patients. Minimum safe staffing means minimum input to each patient.

Healthcare Assistants

Adhering to the six C's [of dementia care]. Trying to keep things as normal as possible for the patient.
All staff have training.
All staff trained, better staffing levels, less NHS Professionals workers as they tend not to have any training, then leaving ward base staff with all the work.
Assessing each ward individually on the support required for the staff caring for patients with dementia/delirium. E.g. Ensuring there are enough staff for individuals with 1:1 nursing needs and also staff available for other patients on the ward.
Better training and more staff on wards to work one to one with patients.
Books on local history and photographs could help these patients.
By providing us with more staff so that we can care for 1:1 dementia patients to the highest possible standard.
Could do with more staff to sit with 1-1 patients, also have activities available on wards.
Ensure that the patients likes/ dislikes and preferred name are established on admission and handed over to all staff. This does happen for most patients but not every time, particularly emergency/ overnight admissions.
Everyone has to freely give informative information that will help patients and staff.
I believe more staff on the heavier wards and that would give less patient per staff – [but] if we do have more staff, they take them off of us to go to other wards, so now we don't have the help the patients need. So, more staff and not using them as flexi when other wards are short. Also, think yearly, HCAs move around hospital so they can learn different things and not be on one ward for years and maybe that staff won't be off sick and less injuries to staff. More training and staff need more help to work with these patients and we don't have the time.
In surgical day case unit, elderly patients with dementia could always be put first on the list to avoid long periods of waiting for their procedure.
Laundry always short of sheets, towels and pyjamas. Also, don't always have enough of the items needed for their skin care.
Make sure all dementia patients have a "this is me" booklet. Make sure mealtimes are not interrupted by non-emergency tasks e.g. ward rounds, bloods etc. More staffing provided when an increased number of dementia patients are admitted to the ward.
More active training days/ workshops. Implementing an eLearning module as part of mandatory training.
More courses on how to deal with aggressive/ confused patients appropriately. More nutrition options for patients with special diet requirements.
More frequent and in depth training, workshops, eLearning, study days etc.
More information for staff on how to help them. More support from experienced areas/ staff.
More staff and better training.
More staff needed on wards - other specialist areas get additional staff where needed but care of elderly wards staffing across the whole hospital is poor and needs looking at.
More staff ratio to patients.
More staff training and awareness about dementia as only certain wards and clinical areas do well at the care and support they give to the patient.
More staffing and support. More training.
More staffing to ensure we can meet individual needs.
More stimulus required for patients that cannot go to Alexander Suite.

Healthcare Assistants

Need more support and training for the staff to know what to do with these poor souls. More staff on the ward at all times and shifts where you are not taken off, if another ward is short staffed. We need training on aggressive dementia patients - staff don't know what to do and not good for patient or staff.

Not enough staff to feed and give drinks to patients. I think the NHS should employ young people to train how to give patients their food and drinks and solely do this. It would take a lot of pressure from the staff.

Patient passport - knowing about the patient and their likes and dislikes.

Patient passports.

Patients who have certain diet requirements don't seem to have much choice with food, i.e. soft diet, who always have mash and mince or shepherd's pie.

Patients with specific diet requirements don't seem to have a great deal of choice, it's always the same food. Mash and mince or shepherd's pie, would like to see more options for the patients.

To encourage family and friends to visit at mealtimes and also be able to stay during the night when a patient may need one to one care.

To improve the care of the patients, there should be more staff provided instead of leaving numbers short and leaving the ward staff unable to provide the care that is needed for each patient. Patients are sometimes left for some time due to lack of staff to help with patient care which has a delay in other patients' care. There is no support for the staff on the ward and it is affecting patient care and staff themselves as there are many complex needs within dementia, including physical and mental behaviour. I hope something can be done to improve this. The patients' nutritional needs could be met better if there was more of a variety of options for people who are not able to swallow.

We should all have some training.

Doctors

"This is me" information cards, with relevant and significant pieces of information about the patient which can be easily carried.

1:1 nursing for challenging behaviour. Better integration of mental health services for older people.

Avoid ward to ward transfers out of hours.

Better integrations of teams/ agencies responsible for delivering care.

Better ward environment - fewer distracting stimuli, more consistent use of orientation cues.

By creating recreational room for the elderly in each ward.

By explicitly identifying patients with dementia perhaps with a wrist band.

Do vitamin D screening for all patients with dementia.

Extending services [unclear what services] to reduce unnecessary admissions to 12-14 hours/day, 7 days a week.

Familiar objects around bed.

Generally I think the issues are all around knowing who to access and when the services can be accessed.

Having a patient summary document available in Medisec with useful information around how patient wishes to be addressed, ways of aiding communication and comfort etc. that could be accessed by all staff - even if the patient has just arrived in the hospital.

Improved personalised care and improve discussion with family or carers as to patient preferences. Also, quicker discharges for patients with dementia who are medically fit and awaiting care to reduce the time in unfamiliar environment.

Doctors

Increased dementia awareness and training for junior doctors and care assistants? Feedback to care homes/ families/ GPs about making sure that patients with dementia are accompanied to clinic, or hospital, by people who know them (as well as their "About Me" personal information packs)? Equip care of the elderly ward better to deal with the high proportions of patients with dementia. Better access to/ information about/ staff resourcing the Alexandra Centre? A focus on fundraising for the Alexandra centre resources? Also, re-establish links with our local communities for volunteers to be able to visit and assist?

More awareness for those not specifically involved in caring for patients with dementia as to the support available.

More nursing staff to provide more individualised support and one to one nursing care for those with behavioural disturbance.

More staff to help with nursing support e.g. 1:1, feeding etc.

Not leave them lying on trolleys waiting in unfamiliar corridors before or after procedures or tests, with an unfamiliar and sometimes quite honestly disinterested junior/ inexperienced member of the nursing staff. This must be very disorientating and possibly terrifying for the affected patient.

Roll out of very successful dementia friendly ward environment changes that have happened on some areas.

The Alexander Suite has been a great step forward with the dementia café. More availability of such facilities.

We need funding for more 1 to 1 nursing and supervision of these patients. On site review of facilities 24/7 for prescribing medication for dementia related mood disturbances will be really helpful - psychogeriatric services. Better staffing of ward to help with meals and other activities of daily living support will ease pressure on the already heavily burdened nursing staff as the level of supervision and care needed by these patients can be very resource demanding.

Allied Healthcare Professionals

"This is me" document to be completed for all patients with dementia on admission, to be available for staff working with the patient as documentation not always completed. If this was available, then this would limit assessments that needed to be duplicated between teams. Mandatory training on dementia/ dementia friends training for all staff to improve awareness and knowledge of how to treat someone with dementia.

Allowing more access to relatives to assist with care and provide support.

As a therapist who may rely on collateral history documented throughout the notes to conduct an accurate assessment, I have found that documentation for patients with dementia is not always consistent and is often contradictory. I have also found that some staff are unwilling to clarify information with family members so inaccurate information is often duplicated throughout notes, causing confusion. It would be beneficial for a collateral form to be completed with a family member or carer on admission outlining baseline functioning and home environment to ensure consistency. Also mandatory training would be beneficial.

By having more 1:1 support for very distressed patients, e.g. those patients who you can hear crying out in the corridors/ shouting for their relatives/ hallucinating etc. Often, they seem to be more settled just with someone sitting with them or holding their hand, but obviously ward staff are busy and often short staffed, so if the hospital could have specific staff that could be called up to the ward to help settle a patient or just sit with them, I think that would be helpful.

Consider where "boarder" patients are placed and ensure those wards are staffed appropriately.

Incorporate dementia care awareness into mandatory training.

Allied Healthcare Professionals

Increased consistency across wards - the work done on some wards is incredible but the disparity on other wards takes the shine off at times. Sharing some of this work could be invaluable.

Introduce mandatory training (e.g. eLearning module every 1-2 years) to train and refresh memory on how to care for dementia patients.

It would be appreciated to get specific leaflets in regards to dementia.

Language used to describe patients with dementia are varied and inappropriate. Patients described as "pleasantly confused" or "mild dementia", leads to care presumptions being made about the patients care. Patients' needs are overlooked, for example past medical history or social discussions are directed at next of kins, when some patients with dementia are more than capable to speaking for themselves.

Mealtimes sitting in a dining room to see others eating. Volunteers to help feed at mealtimes. Options of other types of diet outside mealtimes to assess people swallowing with for example, bananas.

More in house training.

More training for staff. More staffing so more time can be given to patients with dementia.

More understanding and training for individual patient needs. I think more training is needed.

Patients with dementia are regularly sent to my department on their own. They arrive more confused and scared, making our job more difficult and the experience for them worse than it needs to be.

Provide better staff training.

Staff having time to talk to patients. Staff to assist with duties if they are not able to.

Staff working with people with dementia need to be allowed time to care for them properly - unfortunately this time is not often available due to staffing levels.

The majority of staff I observe working with people with dementia are very kind and patient with them, but there is a minority of staff/ interactions I have observed where communication could and should be much better. For example, I realise that when wards are busy it must be stressful and time consuming for staff to manage when patients with dementia are wandering or distressed, but at times I have observed staff getting frustrated and speaking to patients in an angry manner, which I feel is unacceptable. It's as if they think the person is deliberately doing something to aggravate them. I also find it unacceptable to hear staff complaining loudly e.g. when someone is distressed and shouting. I think all staff should have an awareness and an appreciation that people with dementia are not doing these things on purpose, and try to understand the reasons behind why their behaviour may be perceived as difficult, and show respect for this in their interactions. I think it is great that the Alexandra Centre is now in action, the staff are very supportive, and skilled in interacting with these patients, and it would be ideal if they could provide extra support directly onto the wards to help manage some of those in patients in distress or wandering/ at risk of falls, which would in turn reduce some of the pressure on ward staff.

This hospital has greatly improved care for dementia by introduction of 'The Alexandra Suite' - a team dedicated to the care of dementia patients who can take patients off the ward to engage them in a wide range of activities. This service is excellent during daytime hours - a similar service after daytime hours for patients who are disorientated to time would be beneficial.

Unrestricted visiting times.

Students

A bigger dementia ward with more facilities for the patients.

Encourage the "this is me" document, invest more in the dementia centre to accommodate more patients with dementia to improve their wellbeing in hospital.

Further training to understand and manage symptoms, mandatory training to ensure all staff receive it. Increased levels of staffing when there are patients with behavioural aspects that are difficult to manage in a busy acute ward.

It should be encouraged that more time is spent with patients with dementia and more in depth training should be provided.

More interactive activities to keep the patients occupied.

Therapy Assistants & Allied Healthcare Professional Assistants

Further open sessions with delirium and dementia outreach team available.

Staff i.e. nursing staff could be in less of a hurry and impatient when dealing with patients that have dementia i.e. personal care etc.

We need more staff on care of the elderly wards, not necessarily staff nurses but healthcare assistants to help with dementia patients.

Ward-based Administrators

Crib sheets on how to recognise patients with dementia and who to contact.

Sending copies of appointment letters to relatives/ carers to prevent them being misplaced or forgotten and preventing the patient being cancelled as failed to attend and delaying the process of imaging/ diagnosis etc.

Other / Unknown

Our hospital has very well trained staff and a therapeutic unit to allow patients to visit away from the ward, also an outreach team working on the wards, I do feel the need is great for funding of more of these specialist staff.

Raise awareness to the general public and visitors of the hospital, so as to better understand and support those with dementia in and around the grounds.

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