

National Audit of Dementia
Care in General Hospitals 2016-2017

Local report appendices for:

Leicester Royal Infirmary

University Hospitals Of Leicester NHS Trust

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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	No	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	No	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	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	Yes	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	84.9% 169/199	Yes	No	
	4b	52.3% 104/199	Yes	No	
	4c	58.6% 106/181	Yes	Yes	
	4d	67.3% 134/199	Yes	No	
4.11 [2]	5	There are champions for dementia at:			
	5a	81.9% 163/199	Yes	Yes	
	5b	93.5% 186/199	Yes	Yes	
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.		
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	76.9% 153/199	Yes	New question for Round 3
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?			
		Yes, more than once a year	41.2% 63/153	Yes, once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3
	9a	<i>(If Q9=Yes)</i> The group meets:			
		Annually	0.5% 1/186	Bi-monthly	New question for Round 3
		Bi-annually	0.5% 1/186		
		Quarterly	30.1% 56/186		
		Six-weekly	4.3% 8/186		
		Monthly	33.3% 62/186		
		Bi-monthly	29% 54/186		
		Weekly	0.5% 1/186		
		Unknown	1.6% 3/186		
	9b	<i>(If Q9=Yes)</i> The group includes:			
		Healthcare professionals	100% 186/186	√	New question for Round 3
		Organisations e.g. Alzheimer's Society	64% 119/186	√	
Carer/ service user representation	66.1% 123/186	√			
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	No	Yes
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	N/A	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:		Ward 36		New question for Round 3
	Ward 2:		Ward 29		
	Ward 3:		Ward 30		
	Number of patients checked:		-	30	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	14	New question for Round 3
	Percentage of patients where the information was present:		-	47%	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]	<i>(If Q21=Yes)</i> Please say what this is:				
	21a	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	No	No
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	N/A	N/A
		Alert sheet or electronic flag	18.6% 26/140	N/A	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	N/A	
Other	17.9% 25/140	N/A			
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	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	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	No
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	N/A
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	No	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	Yes
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	No	No

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

Environment

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

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

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	3.9% (3)
66 - 80	24.3% (2445)	22.1% (17)
81 - 100	73% (7332)	74% (57)
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 - 99
Mean	84	84.2
Median	85	86

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	40.3% (31)
Female	59.9% (6018)	59.7% (46)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	89.6% (69)
Black/ Black British	1.2% (123)	1.3% (1)
Asian/ Asian British	1.9% (193)	7.8% (6)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	0% (0)
Other	12.4% (1250)	1.3% (1)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	92.2% (71)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	6.5% (5)
Not documented	19% (1909)	0% (0)
Other	0.6% (59)	1.3% (1)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	23.4% (18)
Fall	13.3% (1332)	23.4% (18)
Urinary/ renal	9% (901)	0% (0)
Hip dislocation/ hip fracture	7.5% (754)	6.5% (5)
Sepsis	6.3% (633)	2.6% (2)
Delirium/ confusion	6% (604)	9.1% (7)
Gastrointestinal	5.9% (595)	3.9% (3)
Cardiac/ vascular	5.1% (517)	2.6% (2)
Stroke	3.8% (380)	2.6% (2)
Neurological	3.6% (364)	3.9% (3)
Skin lacerations/ lesions	2% (204)	1.3% (1)
Impaired consciousness	2% (198)	0% (0)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	1.3% (1)
Unable to cope/ frailty	1.6% (160)	2.6% (2)
Dehydration	1.4% (143)	5.2% (4)
Haematology	1.1% (115)	3.9% (3)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	2.6% (2)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	1.3% (1)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	2.6% (2)
Not documented/ unknown	0.2% (21)	1.3% (1)

*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)	58.4% (45)
General Medical	23.5% (2359)	13% (10)
Other Medical	9.9% (999)	7.8% (6)
Orthopaedics	8.9% (892)	15.6% (12)
Surgical	6.8% (681)	0% (0)
Stroke	4.5% (456)	2.6% (2)
Cardiac	2.5% (248)	0% (0)
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)	1.3% (1)
Unknown	0.1% (13)	1.3% (1)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	20.8% (16)
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)	21.3% (13)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	22.1% (17)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	42.9% (33)
11 – 20 days	25.5% (2559)	35.1% (27)
21 – 30 days	11.3% (1132)	10.4% (8)
31 – 40 days	6.7% (671)	10.4% (8)
41 – 50 days	4.2% (418)	0% (0)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	1.3% (1)
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	3-76
Median (days)	12	12

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	40.3% (31)	23% (14)
Respite care	0.8% (80)	1.6% (136)	1.3% (1)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	1.3% (1)	1.6% (1)
Psychiatric ward	0.5% (48)	0.7% (62)	1.3% (1)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	0% (0)	4.9% (3)
Residential care	16.9% (1701)	17.7% (1551)	40.3% (31)	41% (25)
Nursing home	19.7% (1981)	28.7% (2511)	10.4 (8)	24.6% (15)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	3.9% (3)	3.3% (2)
Long stay care	0.2% (18)	0.3% (26)	1.3% (1)	1.6% (1)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	67.2% (41)
Own/ carer's home to nursing/ residential care	11.1% (972)	13.1% (8)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	87.5% 49/56	90.5% 19/21	
	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%)	87% 67/77	60.9% 14/23	
	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%)	94% 63/67	78.6% 11/14
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/67	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	94% 63/67			
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%)	98.7% 76/77	100% 23/23	
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% 69/75	95.5% 21/22	
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%)	97.4% 75/77	95.2% 20/21	

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%)	9.4% 5/53	25% 5/20
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	67.9% 36/53	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	3.8% 2/53	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	81.1% 43/53	

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%)	51.4% 38/74	72.7% 16/22
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%)	23.4% 18/77	13% 3/23
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	7.8% 6/77	4.3% 1/23
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	31.2% 24/77	17.4% 4/23
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%)	83.3% 15/18	66.7% 2/3

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%)	46.8% 36/77	34.8% 8/23
	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%)	47.2% 17/36	85.7% 6/7
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	0% 0/36	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%)	36.1% 13/36	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	2.8% 1/36	
	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%)	50% 18/36	87.5% 7/8
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	0% 0/36	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%)	38.9% 14/36	62.5% 5/8
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	0% 0/36	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%)	47.2% 17/36	42.9% 3/7
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	0% 0/36	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%)	58.3% 21/36	50% 4/8
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	0% 0/36	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%)	16.3% 7/43	29.4% 5/17
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	2.8% 1/36	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	0% 0/36	
		Not documented/ unknown reason	78.1% 4444/5690	94.4% 34/36	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	2.8% 1/36		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	88.4% 38/43	52.9% 9/17
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	27.9% 12/43	23.5% 4/17
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	41.7% 5/12	0% 0/4
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%)	25.6% 11/43	17.6% 3/17	
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%)	9.1% 1/11	33.3% 1/3	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	71.4% 5/7	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%)	100% 5/5	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% 0/5	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	0% 0/5	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	100% 5/5	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	0% 0/5	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/0	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	0% 0/0	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	0% 0/5	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	100% 5/5	

*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%)	55.3% 21/38	52.9% 9/17
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%)	23.7% 9/38	46.2% 6/13
	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%)	82.9% 34/41	70.6% 12/17
	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%)	65.1% 28/43	70.6% 12/17
	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%)	79.1% 34/43	70.6% 12/17
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%)	93% 40/43	76.5% 13/17
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%)	90% 36/40	40% 6/15
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%)	93% 40/43	17.6% 3/17
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% 40/40	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%)	36.4% 8/22	6.3% 1/16
	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	33.3% 7/21	0% 0/1
		Patient awaiting assessment	9.1% 190/2088	23.8% 5/21	0% 0/1
		Patient awaiting history/ results	6.1% 127/2088	9.5% 2/21	0% 0/1
		Patient awaiting surgery	9.6% 200/2088	23.8% 5/21	100% 1/1
		Patient presenting confusion	5.7% 120/2088	9.5% 2/21	0% 0/1
		Patient on end of life plan	0% 1/2088	0% 0/21	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/21	0% 0/1
		Patient unresponsive	0.3% 6/2088	0% 0/21	0% 0/1
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/21	0% 0/1
		Not recorded	-	-	0% 0/1
		Other	0% 0/2088	0% 0/21	0% 0/1

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	30.2% 13/43	29.4% 5/17
		24 hours	12.2% 897/7329	2.3% 1/43	17.6% 3/17
		25 - 48 hours	14.7% 1075/7329	20.9% 9/43	29.4% 5/17
		More than 48 hours	27.1% 1985/7329	18.6% 8/43	5.9% 1/17
		No notice at all	0.5% 35/7329	0% 0/43	0% 0/17
		Not documented	24.2% 1770/7329	27.9% 12/43	17.6% 3/17
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/43	0% 0/17
		Patient specified information withheld	0% 3/7329	0% 0/43	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%)	76.9% 10/13	21.4% 3/14

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)	5.6% (4)
35 – 44 years	5.6% (259)	2.8% (2)
45 – 54 years	16.2% (749)	20.8% (15)
55 – 64 years	25.8% (1193)	16.7% (12)
65 – 74 years	20.8% (960)	23.6% (17)
75 – 84 years	19.1% (885)	20.8% (15)
85 years or over	7.4% (343)	9.7% (7)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	36.6% (26)
Female	68.1% (3150)	62% (44)
Other	0.1% (4)	1.4% (1)
Prefer not to say	1.2% (57)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	81.4% (57)
Black/ Black British	3% (140)	1.4% (1)
Asian/ Asian British	3.3% (152)	14.3% (10)
Mixed	1% (44)	1.4% (1)
Chinese	0.2% (9)	1.4% (1)
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)	41.7% (30)
Family member	55.9% (2597)	51.4% (37)
Friend	4.4% (203)	4.2% (3)
Professional carer (health or social care)	5.4% (249)	2.8% (2)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	83.6% (56)

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	50% 36/72
		43.3% 1980/4578	40.3% 29/72
		10.2% 468/4578	9.7% 7/72
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	54.9% 39/71
		36.4% 1672/4592	33.8% 24/71
		9.4% 431/4592	11.3% 8/71
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	60.9% 42/69
		34.2% 1515/4433	31.9% 22/69
		10.4% 462/4433	7.2% 5/69
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	77.1% 54/70
		20.8% 952/4569	18.6% 13/70
		3.2% 146/4569	4.3% 3/70

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	45.8% 33/72
		Yes, to some extent	40.4% 1843/4566	38.9% 28/72
		No	17.8% 815/4566	15.3% 11/72
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	47.9% 34/71
		Yes, to some extent	36.4% 1637/4497	36.6% 26/71
		No	16.1% 722/4497	15.5% 11/71
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	55.7% 39/70
		Yes, to some extent	34.5% 1563/4524	30% 21/70
		No	20.1% 908/4524	14.3% 10/70

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	43.1% 31/72
		Very good	33.9% 1575/4645	31.9% 23/72
		Good	17% 790/4645	9.7% 7/72
		Fair	9.6% 446/4645	9.7% 7/72
		Poor	5% 232/4645	5.6% 4/72
	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	59.2% 42/71
		Likely	34.1% 1551/4544	22.5% 16/71
		Neither likely nor unlikely	14.3% 648/4544	8.5% 6/71
		Unlikely	4.8% 220/4544	1.4% 1/71
		Extremely unlikely	4.2% 192/4544	8.5% 6/71

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	62.9% 44/70
		Somewhat satisfied	34% 1487/4379	21.4% 15/70
		Somewhat dissatisfied	9.9% 434/4379	8.6% 6/70
		Very dissatisfied	5.8% 254/4379	7.1% 5/70

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)	27.6% (29)
26 - 50%	25.6% (3651)	18.1% (19)
51 - 75%	24.4% (3489)	27.6% (29)
More than 75%	18.1% (2588)	26.7% (28)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	12.4% (13)
Female	83.2% (11954)	87.6% (92)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	80% (84)
Black/ Black British	4.1% (594)	4.8% (5)
Asian/ Asian British	8% (1150)	11.4% (12)
Mixed	1.3% (183)	1% (1)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	1.9% (2)
Prefer not to say	1.7% (241)	1% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	34.3% (36)
Registered nurse (Band 7 or above)	12.7% (1831)	19% (20)
Healthcare assistant	23.1% (3324)	30.5% (32)
Doctor	11.5% (1645)	1.9% (2)
Allied healthcare professional	11.9% (1713)	8.6% (9)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	1% (1)
Student	2.3% (332)	0% (0)
Ward based administrators	4% (571)	1% (1)
Other/ unknown	1.9% (279)	3.8% (4)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	17.1% (18)
30 hours or more	87% (12458)	82.9% (87)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	3.8% (4)
6 - 11 months	9.5% (1364)	1.9% (2)
1 - 2 years	15.6% (2242)	11.4% (12)
3 - 5 years	16.4% (2350)	17.1% (18)
6 - 10 years	15.9% (2283)	14.3% (15)
11 - 15 years	12.1% (1739)	16.2% (17)
More than 15 years	22.4% (3205)	35.2% (37)

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	23.2% 23/99	63.6% 63/99	
		Yes, most of the time	32.9% 4614/14024		40.4% 40/99		
		Yes, sometimes	26.8% 3760/14024	-	26.3% 26/99	-	
		No	11.6% 1624/14024	-	10.1% 10/99	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	4.5% 4/88	19.3% 17/88
			Yes, most of the time	15.7% 1763/11207		14.8% 13/88	
	Yes, sometimes		27.9% 3129/11207	-	27.3% 24/88	-	
	No	48.6% 5441/11207	-	53.4% 47/88	-		

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]	What form did your dementia training at this hospital take? <i>Please tick all that apply:</i>			
	2	eLearning	42.8% 5653/13205	90.1% 91/101
		Workshop/ study day	53.2% 7030/13205	75.2% 76/101
		Higher education module	5.4% 713/13205	4% 4/101
		Workbook	7.7% 1018/13205	4% 4/101
		Other	7.3% 961/13205	4% 4/101
		I have not received any dementia training at this hospital	17.3% 2278/13205	0% 0/101
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?		
		Yes, much better prepared	42.2% 4502/10670	49.5% 50/101
		Yes, somewhat better prepared	50.5% 5390/10670	43.6% 44/101
No		7.3% 778/10670	6.9% 7/101	

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	23.8% 25/105	68.6% 72/105
		Yes, most of the time	38.5% 5525/14345		44.8% 47/105	
		Yes, sometimes	33% 4734/14345	-	21.9% 23/105	-
		No	7.1% 1014/14345	-	9.5% 10/105	-
	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	26.3% 25/95	74.7% 71/95
		Yes, most of the time	40.9% 5454/13329		48.4% 46/95	
		Yes, sometimes	30.6% 4074/13329	-	25.3% 24/95	-
		No	1.9% 252/13329	-	0% 0/95	-
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	22.3% 23/103	59.2% 61/103
		Yes, most of the time	33.2% 4759/14333		36.9% 38/103	
		Yes, sometimes	27.3% 3913/14333	-	31.1% 32/103	-
	No	10.6% 1516/14333	-	9.7% 10/103	-	

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	39.6% 38/96
		Occasionally	37.2% 4636/12457	46.9% 45/96
		Almost Never	9.7% 1210/12457	7.3% 7/96
		Never	3.3% 408/12457	6.3% 6/96

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	53.3% 48/90	85.6% 77/90
		Yes, most of the time	27.3% 3271/11978		32.2% 29/90	
		Yes, sometimes	16.1% 1927/11978	-	11.1% 10/90	-
		No	5.4% 649/11978	-	3.3% 3/90	-
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	16.8% 16/95	77.9% 74/95
		Yes, most of the time	50.1% 6149/12263		61.1% 58/95	
		Yes, sometimes	19.2% 2357/12263	-	18.9% 18/95	-
		No	4.7% 576/12263	-	3.2% 3/95	-

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	20.2% 17/84	78.6% 66/84
		Yes, most of the time	47.6% 4352/9148		58.3% 49/84	
		Yes, sometimes	18.7% 1708/9148	-	15.5% 13/84	-
		No	3.3% 303/9148	-	6% 5/84	-
	10	Is additional staffing support provided if dependency needs on the ward(s) you work on increase?				
		Yes, always	10.7% 977/9143	38.2% 3493/9143	6% 5/84	31% 26/84
		Yes, most of the time	27.5% 2516/9143		25% 21/84	
		Yes, sometimes	42.5% 3887/9143	-	47.6% 40/84	-
		No	19.3% 1763/9143	-	21.4% 18/84	-
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	10.7% 9/84	47.6% 40/84
		Yes, most of the time	32.5% 2942/9047		36.9% 31/84	
		Yes, sometimes	27.7% 2506/9047	-	32.1% 27/84	-
		No	23.5% 2125/9047	-	20.2% 17/84	-

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	11.4% 9/79	60.8% 48/79
		Yes, most of the time	39.3% 3456/8788		49.4% 39/79	
		Yes, sometimes	16.8% 1476/8788	-	22.8% 18/79	-
		No	15.6% 1368/8788	-	16.5% 13/79	-
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	23.5% 19/81	53.1% 43/81
		Yes, most of the time	27.2% 2398/8822		29.6% 24/81	
		Yes, sometimes	22.5% 1983/8822	-	32.1% 26/81	-
		No	12.3% 1085/8822	-	14.8% 12/81	-
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	61.2% 52/85	82.4% 70/85
		Yes, most of the time	28.7% 2615/9119		21.2% 18/85	
		Yes, sometimes	20.7% 1886/9119	-	16.5% 14/85	-
		No	6.1% 558/9119	-	1.2% 1/85	-
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	42.4% 36/85	76.5% 65/85
		Yes, most of the time	33.4% 3039/9090		34.1% 29/85	
		Yes, sometimes	15.5% 1408/9090	-	20% 17/85	-
		No	4.9% 444/9090	-	3.5% 3/85	-

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 Leicester Royal Infirmary are provided.

Registered Nurses (Band 5 or 6)
As with other complex cases, to properly support dementia patients and meet their needs, additional staffing would be an example of how we could achieve better standards of care.
Finding strategies to help care for, or maybe prioritise, dementia patients either to home or to base wards.
Have designated people to assist with food and hydration especially in emergency/ admission wards. The housekeepers dish the food and drinks out but there are often not enough staff to make sure people actually get the food/ drink.
Having enough staff on ALL shifts. Need more staff to do it adequately.
Having enough staff on the ward is a basic because when you are short staffed, the quality of care for people with dementia gets almost impossible because they are patients with a great need of someone to talk with, to make them feel cared [for] by us.
I believe we, the staff of this trust, need to involve the family in giving care, even in the hospital when there is one available.
Increase one to one staffing. Increase the areas that patients with dementia can wander around or sit down if they wish.
Increase the staff number in every shift. In that way, we can provide better care to every patient.
Look at the theatre environment and how care can be bettered.
Maintaining the set number of staffing on every shift and therefore be able to meet every individual's needs.
More dementia support workers required.
More staff e.g. dementia nurse on ward. Better discharge - move patient home quicker.
More staff on ward and more training.
More staff to give time to spend with patients.
More time spent with patients. Need more staff to feed patients.
Most of the days the meaningful activities coordinator/ facilitator support the patients with dementia, but on weekends and bank holidays sometimes it's hard to cope, so I believe that if these professionals worked weekends, it would be much better.
Music therapist, pet therapy, volunteers. Allow them to be engaged in something.
Need meaningful activities facilitators on weekends and public holidays too. We have meaningful activities facilitators on the wards now Monday to Friday who spend time with dementia patients carrying out activities to distract them... this is really helpful when you are short staffed and don't always have time to sit and chat to them.
Not have all the patients with dementia on the same ward.
People with dementia could benefit with more meaningful activities. Hospital setting is not very friendly to dementia patients.
Provide more time for staff to do meaningful activities with dementia patients.
Providing more qualified staff to deal with challenging behaviour patients.
Providing more staff to help at out of hours times to care for patients with dementia.

Registered Nurses (Band 5 or 6)

Reduce the patient to nurse ratio i.e. have more staff on duty per shift (day and night). At present, there's no time to attend to all patients on time and not enough time. Staff levels need to be increased due to high demands of dementia patients.

The meaningful activities facilitator could take people with dementia to the day [room] more often. Also, they could help patients to be more independent, encouraging them to wash and dress themselves. The menu meals could have more variety.

To have more volunteers on the ward.

We don't have enough time to sit and talk with patients with dementia as short staffed always.

We need more staff (nurses and HCAs).

Registered Nurses (Band 7 or above)

Dementia care patients often need a lot of one to one care and the staffing levels do not allow this a lot of the time, despite ongoing recruitment. We also need more quiet areas, because busy wards often make dementia patients more agitated and disorientated.

Dementia services offer an amazing service however, it has got to become part and parcel of everyday nursing care, and not an additional speciality. The most important requirement for these patients is giving them the time they deserve.

Having an individual in each clinical area that is specialised in dementia or has received extra training.

Improved training for staff. Access to specialist knowledge. An increased awareness.

Increase staffing to match acuity scores. Have specialist help, both medical and nursing (other than link nurses) on site rather than it being centred at the Leicester Royal Infirmary.

More meaningful activities - although we have team members who can help to stimulate and occupy patients with dementia, they are within the number of staff on the ward who have to deal with all the acute care and therefore cannot spare sufficient time with individual patients. Better meals - we need to be able to alter the size of the meal and provide a better variety of meal.

Need specialist nurses in dementia care available clinically. Need to introduce meaningful activities 24/7. Need more availability of finger foods.

Nursing homes provide detailed information on a person's individual needs and signs, indicators of being in pain, wanting to go to the toilet etc.

Provide a finger food/ dementia friendly menu.

Staffing is an issue when supporting patients with dementia. However, if information regarding their background and how they are cared for at home was available at all times, this would make their journey a lot smoother. Information is not always available when their carers are in the hospital. Food can be ordered from the kitchen of hours but you can only have what is available and no food other than snacks is stored on the ward. Maybe a specific menu for someone with dementia can be developed to try to meet their needs.

Staffing levels could reflect the dependency of the patients with dementia. If a patient is known to be physically agitated or aggressive when in a strange environment, then 1 to 1 nurses could be provided.

Support from more meaningful activity coordinators.

The use of more meaningful activity facilitators, they provide additional support for patients whilst they are in hospital, they are also able to give one to one support for patients who are agitated and distressed - they do group activities and support relatives.

Healthcare Assistants

Being able to understand their needs and moods better.
Better staffing levels at all times.
Better staffing levels.
Correct staffing levels to provide correct support for patients that require 1:1 support.
Encourage family members to be more supportive, especially at mealtimes. Would be helpful if family members came to feed, as to a dementia patient, we staff are strangers to them. Protected mealtime rules need to be reinforced in my opinion.
Get to know the patient and family more/ better... fill in the profile!! Always fill in a patient movement chart... get the family to bring in food they like if the hospital food is not to their taste. Sometimes, the dinner ladies that take the orders do not understand or ask about the patients and just accept they don't want food or are not hungry but they may ask hours before lunch or tea... when the patient is not hungry... this is one reason why I think the housekeepers or ward staff should take meal orders.
Have more awareness of their needs.
I think that staff would benefit from regular 'updates' such as, study days based around the different types of dementia and what we could do to help the patient to have a clearer understanding. I think that we should also experience what it is like to have dementia. Repetitive questions, conversations, games that help etc. It would help if staff knew what foods the patients liked and disliked, as sometimes when we ask patients if they would like minced 'lamb' for example, when they receive it the mention that they do not like that type of food.
Improve staffing levels.
It would be good if the dementia care supporters helped with washes more and helped with the one to ones more.
Make sure people with dementia are known to all staff working on the ward.
More MAF to see more dementia patients on the ward.
More one to one staff for dementia patients. Management staff - deputy sisters and ward sisters listening to staff suggestions as to dementia patients' care e.g. male or female carers.
More staff are needed to enable us to provide support for the person living with dementia and provide good care to other patients on the ward.
More staff to watch patients that wander.
More time and emphasis ought to be put on quality of life of these patients while in hospital e.g. more activities where possible.
More trained staff. A table for them to eat at.
Pain relief for dementia patients is very inadequate.
Patients with dementia, most of the time, like to spend time with others and talking and doing activities. But for this, we never have enough staff for help. It would really help if staff [levels] increased.
Staff need more training in how to treat and understand patients with dementia, until more people understand dementia the care will never be as good as it should be. One/ two people in each ward/ department should have specialist training and be not just champions, but dementia advocates.
Stop movement of patients with dementia at a given time - this would help with the confusion.

Healthcare Assistants

The meaningful activities service should be rolled out across University Hospitals for Leicester NHS Trust and not limited to the Leicester Royal Infirmary and Glenfield Hospitals. This very valuable service should be available 24/7, 365 days a year to support not only people with dementia, but all patients with severe disabilities who have been identified as needing the support. The government and University Hospitals for Leicester NHS Trust should put their money where their mouth if they are sincere about better hospital experience for inpatients.

Doctors

By developing a questionnaire for relatives/ carers of patients with dementia to complete informing us of dietary likes and dislikes, interests of the patient e.g. likes football, certain music which is then available for the team caring for the patient so we know a bit more about the patient.

Greater use of shared care with older persons' physicians who have access to all of the social care support not immediately available on other discipline wards.

Allied Healthcare Professionals

Care could be improved by allowing carers to spend more time with the patient. I think that having a ward that is less clinical, and more homely, would help patients with dementia.

Giving longer appointment times to those with known dementia needs so adequate time can be given to ensure safe effective care can be given.

Having a strong presence of dementia trained staff on all adult wards. For patient profiles to be completed whenever possible as a patient comes into the emergency department/ GP assessment unit to improve the quality of their stay. To have dementia trained staff in the emergency department/ GP assessment unit to work collaboratively with those staff who identify frail patients.

More staff on the wards who are able to give one to one care to reassure dementia patients. My [relative] had a dementia carer on [ward name] who was great and really helped her during her stay. My [relative] was confused because of a urinary tract infection, and was acting like a dementia patient until she was better.

More staff.

More therapists with special interest in dementia care/ mental health conditions. Joint therapy/ consultant/ nurse ward rounds.

Use of music in the x-ray rooms.

Students

No comments from students for your hospital.

Therapy Assistants & Allied Healthcare Professional Assistants

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

Ward-based Administrators

No comments from ward-based administrators for your hospital.

Other / Unknown

I think there are lots of good initiatives being started in Leicester Royal Infirmary, such as "Patient Profile", carers charter etc. However, I do not think there is enough done to embed these into the everyday working life of staff on the wards. Staff are often not aware of the support that is available to them and their patients, leading to a more upsetting hospital experience for the patient and for their family members. There are always going to be lots of conflicting priorities for staff on the wards but it would be great for dementia to be taken into account when treating the patient, understanding how it will affect their recovery, and why they have come into the hospital in the first place - e.g. admitted with a urinary tract infection, but because of the dementia, they are not able to see their cup at home or remember that their drink is kept in the fridge. If this is not taken into account, they will be readmitted with the same problem shortly after getting home.

More meaningful activities facilitators and "Forget Me Not" volunteers would help.

Staff to take a person centred approach when caring for people with dementia. For staff to take support needs into consideration after discharge to prevent or reduce them being re-admitted.

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