

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

Local report appendices for:

Queen Alexandra Hospital, Portsmouth

Portsmouth Hospitals NHS Trust

July 2017

Commissioned by:

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	No	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	No	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	Yes	New question for Round 3
		Pathway in development	24.4% 42/172		
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	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	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	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	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes Yes	
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	Yes No	
	4c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n/na (hospitals in Wales))	58.6% 106/181	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 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	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:		F2		New question for Round 3
	Ward 2:		D7		
	Ward 3:		E8		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	0	New question for Round 3
	Percentage of patients where the information was present:		-	0%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

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

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

Training, learning and development

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

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

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
7.4 [2]	25	Support staff in the hospital, e.g. housekeepers, porters, receptionists			
		Mandatory	41.2% 82/199	√	-
		Provided on induction	57.8% 115/199	√	-
		Provided in the last 12 months	63.8% 127/199	√	-
		Not provided in the last 12 months	11.1% 22/199	-	√
7.11 [3]	26	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff: (y/n)	82.4% 164/199	No	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	No	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)	25.8% (16)
81 - 100	73% (7332)	74.2% (46)
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	69 - 96
Mean	84	84.5
Median	85	86

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	46.8% (29)
Female	59.9% (6018)	53.2% (33)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	8.1% (5)
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)	91.9% (57)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	21% (13)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	79% (49)
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)	14.5% (9)
Fall	13.3% (1332)	19.4% (12)
Urinary/ renal	9% (901)	8.1% (5)
Hip dislocation/ hip fracture	7.5% (754)	11.3% (7)
Sepsis	6.3% (633)	4.8% (3)
Delirium/ confusion	6% (604)	8.1% (5)
Gastrointestinal	5.9% (595)	6.5% (4)
Cardiac/ vascular	5.1% (517)	6.5% (4)
Stroke	3.8% (380)	3.2% (2)
Neurological	3.6% (364)	3.2% (2)
Skin lacerations/ lesions	2% (204)	0% (0)
Impaired consciousness	2% (198)	1.6% (1)
Dementia**	1.9% (195)	3.2% (2)
Other	1.9% (192)	0% (0)
Unable to cope/ frailty	1.6% (160)	3.2% (2)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	1.6% (1)
Pain/ swelling	0.8% (85)	3.2% (2)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	1.6% (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)	48.4% (30)
General Medical	23.5% (2359)	6.5% (4)
Other Medical	9.9% (999)	9.7% (6)
Orthopaedics	8.9% (892)	12.9% (8)
Surgical	6.8% (681)	4.8% (3)
Stroke	4.5% (456)	6.5% (4)
Cardiac	2.5% (248)	4.8% (3)
Other	1.4% (136)	3.2% (2)
Nephrology	0.5% (52)	1.6% (1)
Obstetrics/ Gynaecology	0.4% (41)	1.6% (1)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	19.4% (12)
Self-discharged from hospital	0.1% (12)	0% (0)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	10% (5)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	14.5% (9)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	37.1% (23)
11 – 20 days	25.5% (2559)	24.2% (15)
21 – 30 days	11.3% (1132)	16.1% (10)
31 – 40 days	6.7% (671)	6.5% (4)
41 – 50 days	4.2% (418)	8.1% (5)
51 – 60 days	2.3% (230)	1.6% (1)
61 – 70 days	1.7% (168)	6.5% (4)
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	3-68
Median (days)	12	17.5

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)	69.4% (43)	28% (14)
Respite care	0.8% (80)	1.6% (136)	0% (0)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	10% (5)
Psychiatric ward	0.5% (48)	0.7% (62)	1.6% (1)	2% (1)
Carer's home	2.1% (212)	2.1% (181)	1.6% (1)	2% (1)
Intermediate care	0.3% (27)	2% (172)	0% (0)	10% (5)
Residential care	16.9% (1701)	17.7% (1551)	3.2% (2)	4% (2)
Nursing home	19.7% (1981)	28.7% (2511)	22.6% (14)	44% (22)
Palliative care	0% (5)	0.6% (54)	0% (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	1.6% (1)	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)	56% (28)
Own/ carer's home to nursing/ residential care	11.1% (972)	20% (10)

*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%)	87.7% 50/57	86.1% 31/36	
	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%)	92.7% 51/55	92.1% 35/38	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	85.9% 7580/8822 (89%, 79-96%)	94.1% 48/51	87.5% 28/32
		Other action taken	4% 352/8822 (2%, 0-5%)	2% 1/51	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	96.1% 49/51			
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%)	90.3% 56/62	100% 38/38	
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%)	86.7% 52/60	93.9% 31/33	
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%)	71.7% 43/60	70.3% 26/37	

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%)	82.5% 47/57	93.9% 31/33
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	8.8% 5/57	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/57	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	91.2% 52/57	

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%)	58.2% 32/55	67.6% 23/34
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%)	21% 13/62	39.5% 15/38
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	21% 13/62	18.4% 7/38
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	41.9% 26/62	57.9% 22/38
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%)	15.4% 2/13	86.7% 13/15

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%)	3.2% 2/62	52.6% 20/38
	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%)	50% 1/2	57.9% 11/19
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	0% 0/2	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%)	50% 1/2	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	0% 0/2	
	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% 1/2	84.2% 16/19
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	0% 0/2	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%)	0% 0/2	26.3% 5/19
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	0% 0/2	New answer option for Round 3

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?				
	22e	Yes	28.2% 1564/5539 (26%, 13-50%)	0% 0/2	21.1% 4/19
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	0% 0/2	New answer option for Round 3
1.15 [3]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding life details which aid communication?				
	22f	Yes	43.1% 2413/5598 (50%, 25-70%)	0% 0/2	73.7% 14/19
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	0% 0/2	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%)	20.6% 7/34	0% 0/28
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/27	New question for Round 3
		Patient has advanced dementia (i.e. patient's advanced dementia makes the assessment not appropriate)	1.9% 110/5690	3.7% 1/27	
		Not routine/ not standard practice	5.8% 331/5690	3.7% 1/27	
		Not documented/ unknown reason	78.1% 4444/5690	88.9% 24/27	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	3.7% 1/27		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	88.2% 30/34	60.7% 17/28
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	38.2% 13/34	42.9% 12/28
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	38.5% 5/13	33.3% 4/12
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%)	26.5% 9/34	32.1% 9/28	
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%)	11.1% 1/9	11.1% 1/9	

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% 10/14	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%)	50% 5/10	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%)	80% 4/5	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	20% 1/5	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	50% 5/10	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/5	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	100% 5/5	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	40% 4/10	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	60% 6/10	

*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%)	36.4% 12/33	100% 27/27
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%)	16.7% 5/30	50% 12/24
	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%)	71.9% 23/32	85.7% 24/28
	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%)	20.6% 7/34	92.9% 26/28
	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%)	23.5% 8/34	96.4% 27/28
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	97.1% 33/34	78.6% 22/28
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%)	26.5% 9/34	38.5% 10/26
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	100% 34/34	92.9% 26/28
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% 34/34	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%)	41.7% 10/24	62.5% 15/24
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	60% 6/10	50% 2/4
		Patient awaiting assessment	9.1% 190/2088	0% 0/10	0% 0/4
		Patient awaiting history/ results	6.1% 127/2088	0% 0/10	0% 0/4
		Patient awaiting surgery	9.6% 200/2088	30% 3/10	0% 0/4
		Patient presenting confusion	5.7% 120/2088	10% 1/10	0% 0/4
		Patient on end of life plan	0% 1/2088	0% 0/10	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/10	0% 0/4
		Patient unresponsive	0.3% 6/2088	0% 0/10	0% 0/4
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/10	0% 0/4
		Not recorded	-	-	25% 1/4
		Other	0% 0/2088	0% 0/10	25% 1/4

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	29.4% 10/34	7.1% 2/28
		24 hours	12.2% 897/7329	8.8% 3/34	3.6% 1/28
		25 - 48 hours	14.7% 1075/7329	0% 0/34	39.3% 11/28
		More than 48 hours	27.1% 1985/7329	2.9% 1/34	39.3% 11/28
		No notice at all	0.5% 35/7329	2.9% 1/34	0% 0/28
		Not documented	24.2% 1770/7329	55.9% 19/34	10.7% 3/28
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/34	0% 0/28
		Patient specified information withheld	0% 3/7329	0% 0/34	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%)	41.2% 7/17	100% 18/18

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)	6.7% (1)
35 – 44 years	5.6% (259)	6.7% (1)
45 – 54 years	16.2% (749)	20% (3)
55 – 64 years	25.8% (1193)	20% (3)
65 – 74 years	20.8% (960)	13.3% (2)
75 – 84 years	19.1% (885)	26.7% (4)
85 years or over	7.4% (343)	6.7% (1)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	33.3% (5)
Female	68.1% (3150)	66.7% (10)
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)	92.9% (13)
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)	7.1% (1)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	40% (6)
Family member	55.9% (2597)	53.3% (8)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	6.7% (1)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	85.7% (12)

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	13.3% 2/15
		43.3% 1980/4578	60% 9/15
		10.2% 468/4578	26.7% 4/15
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	40% 6/15
		36.4% 1672/4592	33.3% 5/15
		9.4% 431/4592	26.7% 4/15
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	35.7% 5/14
		34.2% 1515/4433	35.7% 5/14
		10.4% 462/4433	28.6% 4/14
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	71.4% 10/14
		20.8% 952/4569	14.3% 2/14
		3.2% 146/4569	14.3% 2/14

Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	41.8% 1908/4566	20% 3/15
		Yes, to some extent	40.4% 1843/4566	53.3% 8/15
		No	17.8% 815/4566	26.7% 4/15
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	20% 3/15
		Yes, to some extent	36.4% 1637/4497	46.7% 7/15
		No	16.1% 722/4497	33.3% 5/15
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	28.6% 4/14
		Yes, to some extent	34.5% 1563/4524	50% 7/14
		No	20.1% 908/4524	21.4% 3/14

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	6.7% 1/15
		Very good	33.9% 1575/4645	40% 6/15
		Good	17% 790/4645	20% 3/15
		Fair	9.6% 446/4645	6.7% 1/15
		Poor	5% 232/4645	26.7% 4/15
	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	28.6% 4/14
		Likely	34.1% 1551/4544	28.6% 4/14
		Neither likely nor unlikely	14.3% 648/4544	14.3% 2/14
		Unlikely	4.8% 220/4544	0% 0/14
		Extremely unlikely	4.2% 192/4544	28.6% 4/14

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	28.6% 4/14
		Somewhat satisfied	34% 1487/4379	35.7% 5/14
		Somewhat dissatisfied	9.9% 434/4379	14.3% 2/14
		Very dissatisfied	5.8% 254/4379	21.4% 3/14

Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	31.9% (4559)	44.9% (57)
26 - 50%	25.6% (3651)	26% (33)
51 - 75%	24.4% (3489)	15% (19)
More than 75%	18.1% (2588)	14.2% (18)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	20.5% (26)
Female	83.2% (11954)	78% (99)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	1.6% (2)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	87.4% (111)
Black/ Black British	4.1% (594)	1.6% (2)
Asian/ Asian British	8% (1150)	5.5% (7)
Mixed	1.3% (183)	0.8% (1)
Chinese	0.5% (73)	0.8% (1)
Other	4.5% (646)	3.1% (4)
Prefer not to say	1.7% (241)	0.8% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	30.7% (39)
Registered nurse (Band 7 or above)	12.7% (1831)	9.4% (12)
Healthcare assistant	23.1% (3324)	15.7% (20)
Doctor	11.5% (1645)	26.8% (34)
Allied healthcare professional	11.9% (1713)	11.8% (15)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	1.6% (2)
Student	2.3% (332)	3.1% (4)
Ward based administrators	4% (571)	0.8% (1)
Other/ unknown	1.9% (279)	0% (0)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	11.8% (15)
30 hours or more	87% (12458)	88.2% (112)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	10.2% (13)
6 - 11 months	9.5% (1364)	10.2% (13)
1 - 2 years	15.6% (2242)	17.3% (22)
3 - 5 years	16.4% (2350)	17.3% (22)
6 - 10 years	15.9% (2283)	15.7% (20)
11 - 15 years	12.1% (1739)	12.6% (16)
More than 15 years	22.4% (3205)	16.5% (21)

Appendix G: Staff questionnaire data

Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>				
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>				
		Yes, always	28.7% 4026/14024	61.6% 8640/14024	12.9% 16/124	46% 57/124
		Yes, most of the time	32.9% 4614/14024		33.1% 41/124	
		Yes, sometimes	26.8% 3760/14024	-	32.3% 40/124	-
		No	11.6% 1624/14024	-	21.8% 27/124	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	3.9% 4/103	8.7% 9/103
		Yes, most of the time	15.7% 1763/11207		4.9% 5/103	
		Yes, sometimes	27.9% 3129/11207	-	33% 34/103	-
		No	48.6% 5441/11207	-	58.3% 60/103	-

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	72.8% 83/114
		53.2% 7030/13205	46.5% 53/114
		5.4% 713/13205	6.1% 7/114
		7.7% 1018/13205	6.1% 7/114
		7.3% 961/13205	7% 8/114
		17.3% 2278/13205	10.5% 12/114
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	23% 23/100
		50.5% 5390/10670	68% 68/100
	7.3% 778/10670	9% 9/100	

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	15.7% 20/127	40.2% 51/127
		Yes, most of the time	38.5% 5525/14345		24.4% 31/127	
		Yes, sometimes	33% 4734/14345	-	49.6% 63/127	-
		No	7.1% 1014/14345	-	10.2% 13/127	-
	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	14.9% 17/114	55.3% 63/114
		Yes, most of the time	40.9% 5454/13329		40.4% 46/114	
		Yes, sometimes	30.6% 4074/13329	-	43% 49/114	-
		No	1.9% 252/13329	-	1.8% 2/114	-
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	18.3% 23/126	56.3% 71/126
		Yes, most of the time	33.2% 4759/14333		38.1% 48/126	
		Yes, sometimes	27.3% 3913/14333	-	30.2% 38/126	-
	No	10.6% 1516/14333	-	13.5% 17/126	-	

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	41.2% 49/119
		Occasionally	37.2% 4636/12457	41.2% 49/119
		Almost Never	9.7% 1210/12457	14.3% 17/119
		Never	3.3% 408/12457	3.4% 4/119

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	38.8% 45/116	74.1% 86/116
		Yes, most of the time	27.3% 3271/11978		35.3% 41/116	
		Yes, sometimes	16.1% 1927/11978	-	22.4% 26/116	-
		No	5.4% 649/11978	-	3.4% 4/116	-
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	18.3% 21/115	68.7% 79/115
		Yes, most of the time	50.1% 6149/12263		50.4% 58/115	
		Yes, sometimes	19.2% 2357/12263	-	22.6% 26/115	-
		No	4.7% 576/12263	-	8.7% 10/115	-

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	24.3% 17/70	74.3% 52/70
		Yes, most of the time	47.6% 4352/9148		50% 35/70	
		Yes, sometimes	18.7% 1708/9148	-	24.3% 17/70	-
		No	3.3% 303/9148	-	1.4% 1/70	-
	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	10% 7/70	42.9% 30/70
		Yes, most of the time	27.5% 2516/9143		32.9% 23/70	
		Yes, sometimes	42.5% 3887/9143	-	47.1% 33/70	-
		No	19.3% 1763/9143	-	10% 7/70	-
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	14.3% 10/70	41.4% 29/70
		Yes, most of the time	32.5% 2942/9047		27.1% 19/70	
		Yes, sometimes	27.7% 2506/9047	-	31.4% 22/70	-
		No	23.5% 2125/9047	-	27.1% 19/70	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	32.9% 23/70	62.9% 44/70
		Yes, most of the time	39.3% 3456/8788		30% 21/70	
		Yes, sometimes	16.8% 1476/8788	-	18.6% 13/70	-
		No	15.6% 1368/8788	-	18.6% 13/70	-
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	24.3% 17/70	55.7% 39/70
		Yes, most of the time	27.2% 2398/8822		31.4% 22/70	
		Yes, sometimes	22.5% 1983/8822	-	20% 14/70	-
		No	12.3% 1085/8822	-	24.3% 17/70	-
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	30% 21/70	67.1% 47/70
		Yes, most of the time	28.7% 2615/9119		37.1% 26/70	
		Yes, sometimes	20.7% 1886/9119	-	22.9% 16/70	-
		No	6.1% 558/9119	-	10% 7/70	-
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	45.7% 32/70	80% 56/70
		Yes, most of the time	33.4% 3039/9090		34.3% 24/70	
		Yes, sometimes	15.5% 1408/9090	-	18.6% 13/70	-
		No	4.9% 444/9090	-	1.4% 1/70	-

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 Queen Alexandra Hospital, Portsmouth are provided.

Registered Nurses (Band 5 or 6)
Avoid night time transfer of patient and unnecessary transfers of patients to various wards.
Better staffing levels to look after dementia patients.
Day room with observation or free 24-hour access to TV, rather than four. Patients engage more with TV rather than the dementia friendly TV (they often want to watch the news).
Dementia champions/ specialist team to visit.
Different coloured plates and beakers. Snack other than biscuits.
Do not 'outlie' patients who suffer from dementia, their distress is heart-breaking.
Encourage [dementia] champions on all wards/ departments.
Ensuring there were more bed spaces available for patients with dementia due to the high demand.
Free TV at night time to calm and promote good sleep. Forget me not flower that we put on the door of patient's bedroom.
Having enough staff to look after them properly. Considering medication to help them sleep at night; many of them never sleep at night and that makes them more confused.
Having less patients per nurse, or adding more staff to teams, so we can provide a more personalised care.
I think that there should be a course that everyone must attend to create an awareness of the amount of patients that have dementia - and how to care for them holistically and meet their needs.
Investment in the service provision such as dementia specialist nurse to lead as the hospital currently has two dementia case workers for the whole hospital (Band 3) who audit and follow all patients and liaise with ward staff to improve patient experience, educate staff and work with staff including security to try to de-escalate situations and reduce the use of restraint and protected time to attend ongoing development opportunities for staff with an expressed interest in improving care of this patient group.
It can be a good idea to identify in the care plan, or nurse notes (not be adding more paperwork) patients with dementia, because sometimes we don't have stickers (forget me nots). Perhaps with colours or something, we can add to the care plans.
Making the wards have spotlights at night so it isn't too bright.
More awareness on all wards so when staff get moved they have an understanding. Agency staff struggle also.
More nursing/ support staff to provide holistic care.
More older peoples mental health colleges around to review/ assist. More people needed on the ward. Healthcare support workers/ volunteers to assist patients.
More support at ward level for new/ less experienced staff to help care for people with dementia - protected staffing for medicine for older people, rehabilitation and stroke wards to ensure areas of higher likelihood of having patients with dementia are adequately staffed and supported. Protected time for staff to complete training as appropriate, and a competency or workbook to complete in a timely manner.
More training for staff to cope with dementia patients within an acute setting.

Registered Nurses (Band 5 or 6)

More training to all members of the multidisciplinary team would be beneficial as some members seem to have slightly less training than others and therefore are often unsure how to respond to certain situations. Also, knowing who you can turn to when faced with challenging situations to help offer support.

More updates and education sessions.

Need more staff and some staff need to be trained properly on how to look after people with dementia.

One to ones are always sourced but are often never filled.

Our hospital may improve by providing dementia management/ knowledge training very often and by having a dementia expert worker who is really approachable, easy to reach and to give us support. Also, increasing the number of nurses would give us more time to spend with this kind of patient.

Provide finger food. Improve discharge so patients are discharged home/ [to] family as soon as possible.

Stop multiple ward moves for patients with dementia.

The hospital should provide one on one staff to patients who have worsening dementia as sometimes they are violent, physically and verbally aggressive.

We need to be trained more about empathy, it's one of the most important things for me in this kind of patient because we need to know how they are feeling in every single moment.

We should have access to more stimulating dementia friendly areas. The population is getting older and we will be caring for more patients with dementia. We work in an acute area but need more areas that patients can go to, walk around freely.

Registered Nurses (Band 7 or above)

Could be supported with an outlier nurse for when patients with dementia are outlied into acute surgical beds.

Ensure that moves between areas are reduced. Out of hours staff are often pressured to move patients who they do not feel this is appropriate for. More visible beds - many behind doors, lack of windows to view.

Fewer patients outlied at night.

Greater support from the older people's mental health team. They are so overrun due to lack of resources.

Have more space and availability of items to engage patients.

Having ward-based experts supporting clinical teams.

Some general surgical wards that don't specialise in dementia, need more staff to assist at mealtimes. Often patients have to wait to be fed or assisted with their meals. Trained volunteers would be really useful, help to relieve the pressure on the nursing staff who are also trying to do drug rounds at mealtimes.

The biggest impact is staffing levels and acuity of patients; there is not always enough staff available to spend time as needed with people with dementia.

The decision makers about numbers of staff required to care for patients on our wards are too far removed from the reality of what is happening. They are absent from the wards and do not have a realistic view of our patient type now. Often, they were ward managers some time ago when patients were not as sick, were more able to care for themselves etc. Until they actually work on the wards for a few shifts (which I believe they are supposed to do as registered nurses), they can have no concept of the reality of what it is like now. The nurse to patient ratio MUST be increased to allow the nurses to support all patients better. The current system is a reactive one, always trying to find support from elsewhere when the situation becomes really bad rather than anticipating and avoiding. The nursing staff are becoming distrustful of a system that supposedly uses a zero tolerance to aggression towards staff and yet allows nurses to be assaulted on a daily basis by these highly vulnerable people who have to spend far too long in a completely unsuitable

Registered Nurses (Band 7 or above)

environment while waiting for new placement etc. If the community cannot care for these people, how on earth can we on the wards, be expected to do so when we have another 20+ patients who need our support as well!! In an ideal world, the hospital should have a dedicated ward for patients with dementia to be cared for on (once acute needs have been dealt with). The ward should be set up as a less clinical, more homely environment with dedicated carers who can provide the type of support they need as recommended by Age UK, dementia experts etc.

The ward nurses are too busy to spend too much time providing 1 to 1 care. Perhaps having a full rota of volunteers available to the wards, who are able to spend time with dementia patients (after training), is the way forward.

Healthcare Assistants

Be mindful of how to help dementia patient feel more at home.

Could have someone to come in and do activities to stimulate the mind. Stimulation activities like picture cards and memory boxes.

I believe and have tried within my role as dementia champion to implement a "forget-me-not" sticker to be placed on a patient's notes, this is so that whichever department the patient then has to visit within the hospital, the staff are automatically aware that this person has dementia, thus ensuring that the patient receives the best possible care. I believe other hospitals have such programmes in place, but have been unable to get any positive feedback for it to happen here.

I feel there should be a dedicated dementia ward, where all the staff on that ward have specialist dementia training.

Increase staffing levels and also using the cupboards in the rooms for storage (maybe pin locks on door), to realise [need] more time to care. More areas to be able to take patients away from a clinical environment when waiting for placement, maybe a new ward which is more like a rest home.

More leaflet information on dementia care.

More specialist nurses that are available at all times.

More staff to help support over mealtimes.

Not enough time to be able to spend extra time with these patients. Everybody needs to be given study days on dementia. All staff need to be trained to care for dementia patients including agencies and 1:1 support staff.

Strict protected mealtimes. Enhance communication between care givers to devise a "this is me" or "forget me not" care plan. Appropriate level of staffing to ensure the needs can be fully met.

There could be more training especially for people that have never come in to contact with anyone who has some form of dementia. There also needs to be more relaxed needs, not so clinical. Doctors need to be aware of how they discuss things with the patient as a patient can be told they can go home in their opinion but it is not possible for social reasons - they then feel trapped etc. There needs to be more [focus] on independence and more stimulation, especially when in a cubicle. The "this is me" document needs to be enforced, mandatory paper work.

To have more access to additional staff if a dementia patient needs 1 to 1 and is a falls risk. Also, to have access to snack type meals for them in between main meals.

When there is a higher number of patients with dementia, there needs to be a higher number of staff to accommodate them and be able to provide all nutritional needs and a safe environment.

Doctors

Actually care about people with dementia.
Advertise the details of a dementia support team.
Better visibility of patients for nurses. Care staff need to know about all their patients in the ward.
Carers café to support relatives of those with dementia. I have seen it be very helpful and effective in other hospitals. Have a day room on the wards that patients who are able to, can go to for mealtimes/ watch TV, to have a change of scenery from the bay or cubicle, and interact with others.
I know that there are minimum staff to patient ratios which are in place but I feel in certain wards/ areas, these ratios should be higher including geriatrics/ areas with high numbers of patients with dementia.
Improve communication with external partners in order to facilitate earlier discharge and continue to develop discharge to assess pathways.
Improve the education of staff to make them aware that patients with dementia may need more individual support.
Increase staffing levels. Increase awareness. Empower relatives to be more involved.
Like all hospitals, we are overworked and over run. Every department, every service needs more funding and staff - this problem grows by the day. We are underfunded, understaffed and utterly demoralised, end of.
More nursing staff to provide "not rushed" care.
More staff in the older person's mental health department.
More training could be provided to doctors - I feel the nursing staff are aware but there is a disconnect between the two.
Need more mealtime assistants.
Patients need to be placed on dedicated dementia wards with staff with advanced training in caring for patients with dementia. At the moment, the mix of patients with and without dementia does not benefit either patient group. Staff need to be provided with more time to provide care for patients with dementia, including helping with feeding and dressing. Patients are provided with red trays to help staff identify those who require additional help however, there is not sufficient time to help these patients and often their food is left untouched and cleared away.
Surgical patients with dementia (and the staff who care for them) have very little dementia support. They often spend protracted periods on the ward where their condition inevitably worsens. Mental health liaison & elderly care reviews are infrequent and hard to obtain.
This hospital persists with a system in which the medicine for the elderly/ geriatric/ medicine for older people, rehabilitation and stroke service does not accept responsibility for the care of all frail elderly people admitted to hospital, many of whom have cognitive problems including dementia. As a result, patients with these complex, specialist needs are inappropriately labelled as "general medicine" (often triaged as such by geriatricians themselves), and are farmed out to a whole range of other specialist wards where they do not receive optimum care. In 2016, in a large acute hospital with 16 elderly care consultants, this should not be acceptable. I do not see how the outcomes of people living with dementia can be improved until the relevant specialty-trained physicians are able to accept responsibility for their care.
Time set aside during the induction week for new doctors to provide knowledge and information about the basics of dementia, as well as who to contact should one be concerned about a patient.
Training on how to manage patients with dementia in challenging situations e.g. acute delirium.
We need a community based dementia service that is much more comprehensive and provides easily accessible medical and nursing care information.
We need activity trolleys for all wards who manage dementia patients to provide games, aids, visual tools to help manage the agitated and confused patients.

Allied Healthcare Professionals

All individuals with dementia highlighted to dementia team.

Ensure assessments are a priority to get these patients settled back into their familiar environment, with familiar carers and routines.

Give them something to focus on i.e. free TV, newspapers, radio on and [something] to do.

Increased support for people with dementia e.g. access to activities to occupy time and reduce boredom/ frustration. Better education for staff about what can be done to reduce anxiety/ reduce behaviours of concern. Encourage clients/ family to bring in information about their likes/ dislikes/ usual habits, food preferences. Increased support in the community to keep people with dementia out of hospital as this is not the ideal environment for people who may be confused.

Make staff more aware about dementia patients by making sure the appropriate bed magnets are used.

Mandatory training, more awareness regarding contacts for dementia specialist nurses etc.

More nutritional support can be given to the patients.

More staff - enabling more time and greater continuity for patients with complex needs.

Radiotherapy staff to have dementia awareness training and be given information on support within the hospital.

Specialised volunteers to support on the wards at mealtimes and to encourage participation in activities.

We have access to a dementia screen/ tablet where families can work with patients to input details/ pictures/ likes/ dislikes etc. However, because the Wi-Fi is not yet set up, these are not able to be printed out and left on patient's tables for staff to be able to see. If we had this access, then we could speak with patients on a more personal level which would help them engage with therapy.

When a patient with dementia is going to a department for an investigation, that department is made aware that they have dementia, and relevant details regarding their specific needs are conveyed.

You could make the plates/ bowls colourful as it would make the food look more appetising to the dementia patient.

Students

Extra staff on to provide the care that is needed for the patient.

Therapy Assistants & Allied Healthcare Professional Assistants

To have more staff to be able to spend more time with patients with dementia to allow continuity of care and to be able to have a greater understanding of a patient's needs and likes - this would allow the patient to feel much more at ease with their stay in hospital. It is just a shame that due to limited funding and cuts this is not achievable in the current state of the NHS.

Ward staff could be more forthcoming with information regarding patients who have dementia and may feel having a blood test is very stressful. Often have had patients hit, kick, pinch staff for trying to take some blood. Ward staff could support in this area a little more.

Ward-based Administrators

No comments from ward-based administrators for your hospital.

Other / Unknown

No comments from other staff for your hospital.

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