

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Salford Royal Hospital

Salford Royal NHS Foundation Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

Many thanks to Hwyl for permission to use the cover artwork. Hwyl is an art project run by Dementia Matters in Powys (DMiP) and Arts Alive Wales based at the Brecon War Memorial Hospital. The project focuses on working with elderly patients on hospital wards, with their families, carers, the ward staff and artists on a weekly basis.

With thanks to Rhiannon Davies (DMiP) and Tessa Waite (Arts Alive Wales).

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Introduction to the appendices

This is the appendices for your local report. Your local report is in a separate document. The appendices present data from Round 3 of the National Audit of Dementia, both at a national level and for your hospital. Data for your hospital in Round 2 is also shown where applicable. When comparing Round 2 data with Round 3 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Therefore, conclusions made from comparing the data should be with caution. Hospitals with less than five returns for the carer or staff questionnaires have not received any data and returns of 5 to 9 questionnaires have not received demographic information. The table below shows how the data tables in the appendices are laid out and what information you can find in each cell.

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
Standard reference and type. Standards document can be found on the audit website .	Question number. Orange items in the casenote audit appendix show low inter-rater reliability.	Question wording as in tool.	The national audit refers to all hospitals from England and Wales that participated in the Round 3 audit.	Data for your hospital from Round 3.	If the same question or a similar question was asked in Round 2, we have provided your Round 2 response for comparison. The carer and staff questionnaires are new tools and therefore this column has been excluded in these appendices.
			We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the appendices, depending on whether questions were routed (not asked in some instances), 'N/A' responses were chosen (these have been excluded from the analyses), or where staff and carers did not respond.		

For the organisational checklist, data from 199 hospitals are included in the national audit column (all the registered participants).

195 hospitals participated in the casenote audit, returning 10047 casenotes and this is shown in the national audit column. The national audit column for the casenote audit also shows the median and the inter quartile range for each question (where applicable). Question items which were found to have lower agreement in the inter-rater reliability analysis (see audit [website](#)) have been coloured orange.

196 hospitals returned carer questionnaires. Data from all questionnaires (4664) is presented in the carer questionnaire data tables in Appendix E.

198 hospitals returned staff questionnaires. Data from all questionnaires (14416) is presented in Appendix G. For some questionnaire items, the data for the two most positive answers have been combined, as well as being presented separately. This is provided both at a national level and for your hospital.

Appendix A: Organisational checklist data

Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	60.8% 121/199	Yes	Yes
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	Yes	Yes
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	65.9% 114/173	Yes	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	Yes	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	Yes	New question for Round 3
		Pathway in development	24.4% 42/172		
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	Yes	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	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes Yes	
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	Yes Yes	
	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 Yes	
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	67.3% 134/199	Yes Yes	
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	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, less than once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3	
	9a	<i>(If Q9=Yes)</i> The group meets:				
		Annually	0.5% 1/186	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:		L4		New question for Round 3
	Ward 2:		L5		
	Ward 3:		L8		
	Number of patients checked:		-	40	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	6	New question for Round 3
	Percentage of patients where the information was present:		-	15%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

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

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

Training, learning and development

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

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

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

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

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	Yes
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	Yes	Yes
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	Yes	Yes
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	95.5% 190/199	Yes	Yes
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	92.6% 176/190	Yes	Yes
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	Yes	Yes

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

Environment

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

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

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	4% (2)
66 - 80	24.3% (2445)	22% (11)
81 - 100	73% (7332)	74% (37)
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	62 - 97
Mean	84	84.2
Median	85	86.5

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	26% (13)
Female	59.9% (6018)	74% (37)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	98% (49)
Black/ Black British	1.2% (123)	0% (0)
Asian/ Asian British	1.9% (193)	2% (1)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	0% (0)
Other	12.4% (1250)	0% (0)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	90% (45)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	2% (1)
Not documented	19% (1909)	8% (4)
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)	8% (4)
Fall	13.3% (1332)	18% (9)
Urinary/ renal	9% (901)	4% (2)
Hip dislocation/ hip fracture	7.5% (754)	6% (3)
Sepsis	6.3% (633)	16% (8)
Delirium/ confusion	6% (604)	2% (1)
Gastrointestinal	5.9% (595)	2% (1)
Cardiac/ vascular	5.1% (517)	10% (5)
Stroke	3.8% (380)	12% (6)
Neurological	3.6% (364)	2% (1)
Skin lacerations/ lesions	2% (204)	4% (2)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	4% (2)
Unable to cope/ frailty	1.6% (160)	0% (0)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	0% (0)
Endocrine/ metabolic	1.1% (112)	2% (1)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	4% (2)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	2% (1)
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% (1)
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)	46% (23)
General Medical	23.5% (2359)	14% (7)
Other Medical	9.9% (999)	8% (4)
Orthopaedics	8.9% (892)	8% (4)
Surgical	6.8% (681)	4% (2)
Stroke	4.5% (456)	14% (7)
Cardiac	2.5% (248)	4% (2)
Other	1.4% (136)	2% (1)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	20% (10)
Self-discharged from hospital	0.1% (12)	2.5% (1)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	0% (0)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	12% (6)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	48% (24)
11 – 20 days	25.5% (2559)	18% (9)
21 – 30 days	11.3% (1132)	22% (11)
31 – 40 days	6.7% (671)	4% (2)
41 – 50 days	4.2% (418)	4% (2)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	2% (1)
71 – 80 days	1% (102)	2% (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	3-73
Median (days)	12	11

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)	64% (32)	35% (14)
Respite care	0.8% (80)	1.6% (136)	2% (1)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	5% (2)
Psychiatric ward	0.5% (48)	0.7% (62)	2% (1)	2.5% (1)
Carer's home	2.1% (212)	2.1% (181)	2% (1)	2.5% (1)
Intermediate care	0.3% (27)	2% (172)	2% (1)	5% (2)
Residential care	16.9% (1701)	17.7% (1551)	14% (7)	15% (6)
Nursing home	19.7% (1981)	28.7% (2511)	12 (6)	20% (8)
Palliative care	0% (5)	0.6% (54)	0 (0)	2.5% (1)
Transfer from another hospital	1.4% (145)	3.9% (343)	2% (1)	12.5% (5)
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)	52.5% (21)
Own/ carer's home to nursing/ residential care	11.1% (972)	10% (4)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	92.9% 39/42	89.7% 35/39	
	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%)	97.9% 47/48	89.7% 35/39	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	85.9% 7580/8822 (89%, 79-96%)	97.9% 46/47	97.1% 33/34
		Other action taken	4% 352/8822 (2%, 0-5%)	0% 0/47	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	97.9% 46/47			
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%)	100% 50/50	92.5% 37/40	
1.12 [1]	17	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/could not be assessed for recorded reasons)	88% 8572/9744 (92%, 85-97%)	82.2% 37/45	82.5% 33/40	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	83.2% 8185/9840 (90%, 77-98%)	56% 28/50	76.9% 30/39	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?			
		Yes, a standardised assessment has taken place	45.3% 4212/9294 (45%, 23-66%)	31% 13/42	35% 14/40
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	57.1% 24/42	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/42	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	88.1% 37/42	

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%)	57.8% 26/45	27.5% 11/40
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%)	34% 17/50	35% 14/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	20% 10/50	0% 0/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	54% 27/50	35% 14/40
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	100% 17/17	85.7% 12/14

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%)	76% 38/50	2.5% 1/40
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	47.4% 2669/5626 (53%, 30-77%)	29.7% 11/37	-% N/A
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	64.9% 24/37	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%)	33.3% 12/36	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	63.9% 23/36	
	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%)	35.1% 13/37	-% N/A
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	59.5% 22/37	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%)	21.6% 8/37	-% N/A
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	67.6% 25/37	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%)	16.2% 6/37	-% N/A
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	70.3% 26/37	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%)	30.6% 11/36	-% N/A
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	63.9% 23/36	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%)	28.6% 8/28	14.3% 5/35
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/20	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% 0/20	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/20	
		Not documented/ unknown reason	78.1% 4444/5690	75% 15/20	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	25% 5/20		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	92.9% 26/28	40% 14/35
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	39.3% 11/28	34.3% 12/35
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	72.7% 8/11	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%)	7.1% 2/28	34.3% 12/35	
26a	<i>(If Q26=Yes)</i> Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	44.5% 635/1426 (40%, 23-60%)	50% 1/2	33.3% 4/12	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	100% 13/13	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%)	69.2% 9/13	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%)	33.3% 3/9	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	66.7% 6/9	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/9	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	30.8% 4/13	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/4	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	100% 4/4	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	69.2% 9/13	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	30.8% 4/13	

*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%)	92.9% 26/28	97.1% 34/35
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%)	80% 20/25	60.6% 20/33
	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%)	89.3% 25/28	91.2% 31/34
	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%)	85.7% 24/28	91.4% 32/35
	29d	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team? (y/n)	81.5% 5971/7329 (85%, 76-93%)	85.7% 24/28	97.1% 34/35
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	85.7% 24/28	71.4% 25/35
5.7 [2]	31	Are any support needs that have been identified documented in the discharge plan/ summary? (y/n/na)	60.2% 4211/6995 (61%, 44-79%)	46.4% 13/28	78.8% 26/33
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%)	89.3% 25/28	97.1% 34/35
N5b [2]	33	Was a copy of the discharge plan/ summary sent to the GP/ primary care team on the day of discharge? (y/n/na)	93.6% 6701/7156 (98%, 93-100%)	100% 28/28	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%)	70.4% 19/27	94.3% 33/35
	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	100% 1/1	-% -/-
		Patient awaiting assessment	9.1% 190/2088	0% 0/1	-% -/-
		Patient awaiting history/ results	6.1% 127/2088	0% 0/1	-% -/-
		Patient awaiting surgery	9.6% 200/2088	0% 0/1	-% -/-
		Patient presenting confusion	5.7% 120/2088	0% 0/1	-% -/-
		Patient on end of life plan	0% 1/2088	0% 0/1	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/1	-% -/-
		Patient unresponsive	0.3% 6/2088	0% 0/1	-% -/-
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/1	-% -/-
		Not recorded	-	-	-% -/-
		Other	0% 0/2088	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	14.3% 4/28	17.1% 6/35
		24 hours	12.2% 897/7329	3.6% 1/28	20% 7/35
		25 - 48 hours	14.7% 1075/7329	35.7% 10/28	25.7% 9/35
		More than 48 hours	27.1% 1985/7329	28.6% 8/28	34.3% 12/35
		No notice at all	0.5% 35/7329	0% 0/28	0% 0/35
		Not documented	24.2% 1770/7329	17.9% 5/28	2.9% 1/35
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/28	0% 0/35
		Patient specified information withheld	0% 3/7329	0% 0/28	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%)	58.3% 7/12	64% 16/25

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)	0% (0)
35 – 44 years	5.6% (259)	0% (0)
45 – 54 years	16.2% (749)	21.9% (7)
55 – 64 years	25.8% (1193)	40.6% (13)
65 – 74 years	20.8% (960)	12.5% (4)
75 – 84 years	19.1% (885)	21.9% (7)
85 years or over	7.4% (343)	3.1% (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)	28.1% (9)
Female	68.1% (3150)	71.9% (23)
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)	96.9% (31)
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)	3.1% (1)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	25% (8)
Family member	55.9% (2597)	68.8% (22)
Friend	4.4% (203)	6.3% (2)
Professional carer (health or social care)	5.4% (249)	0% (0)
Other	0.9% (41)	0% (0)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	75% (21)

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	45.2% 14/31
		43.3% 1980/4578	48.4% 15/31
		10.2% 468/4578	6.5% 2/31
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	46.9% 15/32
		36.4% 1672/4592	43.8% 14/32
		9.4% 431/4592	9.4% 3/32
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	45.2% 14/31
		34.2% 1515/4433	41.9% 13/31
		10.4% 462/4433	12.9% 4/31
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	80.6% 25/31
		20.8% 952/4569	19.4% 6/31
		3.2% 146/4569	0% 0/31

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	53.1% 17/32
		Yes, to some extent	40.4% 1843/4566	31.3% 10/32
		No	17.8% 815/4566	15.6% 5/32
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	53.1% 17/32
		Yes, to some extent	36.4% 1637/4497	37.5% 12/32
		No	16.1% 722/4497	9.4% 3/32
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	45.4% 2053/4524	35.5% 11/31
		Yes, to some extent	34.5% 1563/4524	51.6% 16/31
		No	20.1% 908/4524	12.9% 4/31

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	34.4% 11/32
		Very good	33.9% 1575/4645	31.3% 10/32
		Good	17% 790/4645	21.9% 7/32
		Fair	9.6% 446/4645	6.3% 2/32
		Poor	5% 232/4645	6.3% 2/32
	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	46.9% 15/32
		Likely	34.1% 1551/4544	31.3% 10/32
		Neither likely nor unlikely	14.3% 648/4544	12.5% 4/32
		Unlikely	4.8% 220/4544	6.3% 2/32
		Extremely unlikely	4.2% 192/4544	3.1% 1/32

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	51.6% 16/31
		Somewhat satisfied	34% 1487/4379	32.3% 10/31
		Somewhat dissatisfied	9.9% 434/4379	9.7% 3/31
		Very dissatisfied	5.8% 254/4379	6.5% 2/31

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)	46.7% (122)
26 - 50%	25.6% (3651)	26.8% (70)
51 - 75%	24.4% (3489)	14.2% (37)
More than 75%	18.1% (2588)	12.3% (32)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	18.4% (48)
Female	83.2% (11954)	80.8% (211)
Other	0.2% (34)	0.4% (1)
Prefer not to say	0.8% (113)	0.4% (1)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	88.1% (230)
Black/ Black British	4.1% (594)	1.9% (5)
Asian/ Asian British	8% (1150)	6.5% (17)
Mixed	1.3% (183)	0% (0)
Chinese	0.5% (73)	0.4% (1)
Other	4.5% (646)	1.9% (5)
Prefer not to say	1.7% (241)	1.1% (3)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	25.7% (67)
Registered nurse (Band 7 or above)	12.7% (1831)	8% (21)
Healthcare assistant	23.1% (3324)	26.1% (68)
Doctor	11.5% (1645)	10.7% (28)
Allied healthcare professional	11.9% (1713)	15.7% (41)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	2.7% (7)
Student	2.3% (332)	1.5% (4)
Ward based administrators	4% (571)	6.9% (18)
Other/ unknown	1.9% (279)	2.7% (7)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	11.2% (29)
30 hours or more	87% (12458)	88.8% (231)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	4.6% (12)
6 - 11 months	9.5% (1364)	7.7% (20)
1 - 2 years	15.6% (2242)	13.5% (35)
3 - 5 years	16.4% (2350)	18.5% (48)
6 - 10 years	15.9% (2283)	22.8% (59)
11 - 15 years	12.1% (1739)	12% (31)
More than 15 years	22.4% (3205)	20.8% (54)

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	26.8% 67/250	61.2% 153/250
		Yes, most of the time	32.9% 4614/14024		34.4% 86/250	
		Yes, sometimes	26.8% 3760/14024	-	24.8% 62/250	-
		No	11.6% 1624/14024	-	14% 35/250	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	13.9% 28/202	32.7% 66/202
		Yes, most of the time	15.7% 1763/11207		18.8% 38/202	
		Yes, sometimes	27.9% 3129/11207	-	24.8% 50/202	-
No		48.6% 5441/11207	-	42.6% 86/202	-	

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	61.7% 153/248
		53.2% 7030/13205	47.6% 118/248
		5.4% 713/13205	2% 5/248
		7.7% 1018/13205	8.9% 22/248
		7.3% 961/13205	1.6% 4/248
		17.3% 2278/13205	22.2% 55/248
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	40.8% 78/191
		50.5% 5390/10670	51.8% 99/191
		7.3% 778/10670	7.3% 14/191

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	22.3% 58/260	55.4% 144/260
		Yes, most of the time	38.5% 5525/14345		33.1% 86/260	
		Yes, sometimes	33% 4734/14345	-	33.8% 88/260	-
		No	7.1% 1014/14345	-	10.8% 28/260	-
	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	25.9% 60/232	62.9% 146/232
		Yes, most of the time	40.9% 5454/13329		37.1% 86/232	
		Yes, sometimes	30.6% 4074/13329	-	34.9% 81/232	-
		No	1.9% 252/13329	-	2.2% 5/232	-
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	25.4% 66/260	52.3% 136/260
		Yes, most of the time	33.2% 4759/14333		26.9% 70/260	
		Yes, sometimes	27.3% 3913/14333	-	32.3% 84/260	-
	No	10.6% 1516/14333	-	15.4% 40/260	-	

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	52.2% 107/205
		Occasionally	37.2% 4636/12457	33.7% 69/205
		Almost Never	9.7% 1210/12457	8.3% 17/205
		Never	3.3% 408/12457	5.9% 12/205

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	48.1% 90/187	75.9% 142/187
		Yes, most of the time	27.3% 3271/11978		27.8% 52/187	
		Yes, sometimes	16.1% 1927/11978	-	18.7% 35/187	-
		No	5.4% 649/11978	-	5.3% 10/187	-
7.18 [1]	8	Do you think that the people with dementia you care for/ support, have their nutritional needs met while on the ward(s) you work on?				
		Yes, always	25.9% 3181/12263	76.1% 9330/12263	29.8% 59/198	73.7% 146/198
		Yes, most of the time	50.1% 6149/12263		43.9% 87/198	
		Yes, sometimes	19.2% 2357/12263	-	22.2% 44/198	-
		No	4.7% 576/12263	-	4% 8/198	-

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	33.3% 46/138	76.1% 105/138
		Yes, most of the time	47.6% 4352/9148		42.8% 59/138	
		Yes, sometimes	18.7% 1708/9148	-	18.1% 25/138	-
		No	3.3% 303/9148	-	5.8% 8/138	-
	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	8.6% 12/139	29.5% 41/139
		Yes, most of the time	27.5% 2516/9143		20.9% 29/139	
		Yes, sometimes	42.5% 3887/9143	-	43.9% 61/139	-
		No	19.3% 1763/9143	-	26.6% 37/139	-
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	24.5% 34/139	53.2% 74/139
		Yes, most of the time	32.5% 2942/9047		28.8% 40/139	
		Yes, sometimes	27.7% 2506/9047	-	22.3% 31/139	-
		No	23.5% 2125/9047	-	24.5% 34/139	-

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	28.1% 36/128	63.3% 81/128
		Yes, most of the time	39.3% 3456/8788		35.2% 45/128	
		Yes, sometimes	16.8% 1476/8788	-	14.8% 19/128	-
		No	15.6% 1368/8788	-	21.9% 28/128	-
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	32.6% 42/129	56.6% 73/129
		Yes, most of the time	27.2% 2398/8822		24% 31/129	
		Yes, sometimes	22.5% 1983/8822	-	29.5% 38/129	-
		No	12.3% 1085/8822	-	14% 18/129	-
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	34.8% 48/138	65.9% 91/138
		Yes, most of the time	28.7% 2615/9119		31.2% 43/138	
		Yes, sometimes	20.7% 1886/9119	-	27.5% 38/138	-
		No	6.1% 558/9119	-	6.5% 9/138	-
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	56.9% 78/137	78.1% 107/137
		Yes, most of the time	33.4% 3039/9090		21.2% 29/137	
		Yes, sometimes	15.5% 1408/9090	-	13.9% 19/137	-
		No	4.9% 444/9090	-	8% 11/137	-

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 Salford Royal Hospital are provided.

Registered Nurses (Band 5 or 6)
1 to 1 support is a real god send when the shifts get picked up. It's always about the need for more staff, but it is true, people with dementia do not want to see staff running about stressed out with their workload, I feel this unsettles them.
Additional (trained specifically for dementia) staff to not just observe dementia patients to prevent falls, but to provide them with stimulation and rehabilitation. If additional staff are obtained, they are always non-registered support workers that just watch the patient but do not interact with them.
All dementia patients should have a carer with them all the time because most of the patients who attend my department are there after falls. Also, they need constant supervision and assistance with meals.
Better snack provision - easy to eat. Dementia area where patients can help themselves to snacks - a safe, comfortable area with sofas and armchairs that they can spend time in. With access to music, books, photos, films from other eras and an area for sensory stimulation.
Care plans more individualised for specific needs and more carer/ relative involvement with these. More emphasis on risk assessments and action planning when dealing with challenging behaviour, such as agitation and wandering. More access to dementia specialists, maybe a team of all grades to be deployed to an area if needed.
Creating new activities or events on monthly basis on the ward, for people with dementia. This could help the staff members and families to be involved more and to know more about their patients within their illnesses.
Ensuring that everyone with dementia is given a hospital passport.
Extra staff for dementia patients e.g. 1 to 1 care as this is being missed.
Extra staffing for wards with high dementia levels. Not just for patients who require 1:1 care. Cognitive impairment/ dementia is often not considered when discussing staffing levels.
Flexible visiting times to allow families of those with dementia to come and spend time with patients at more stressful times e.g. mealtimes.
Having a [relative] with moderate-advanced early onset dementia, I feel there is not enough support for ward staff, or access to support workers in the event of a hospital admission. To support the family while they, often, make long [journeys] to get to their loved ones. This often leaves the patient in distress, as was the case with our [relative].
Having more staff to provide more close 1:1 to meet the needs of dementia patients, have more facilities to engage them in activities to prevent boredom - therefore preventing challenging behaviour.
I feel that more staff would be useful to provide activities for the patients or volunteers.
I feel this trust support patients with dementia extremely well.
I find that we don't get extra staff which often means we are unable to give these patients the extra time they deserve. Also, for there to be repercussions for staff who insist on making confused patients stay in bed and insist on raising the legs of the bed and tilting it backwards to prevent them getting out!
In my opinion, we need more staff to be able to accommodate individual needs and in order to do more activities with patients. Need more staff to communicate and to provide more individual care.

Registered Nurses (Band 5 or 6)

Increase the number of untrained staff on elderly wards to enable quality care to be given to people with dementia.
Increased staffing for wards with high numbers of dementia patients and to identify patients who can be discharged, and do this in a timely manner.
Mental health input should be more available, especially from late afternoon and during the night when patients with dementia become more agitated and confused.
More information and support.
More staff as staffing levels currently mean dementia patients do not get as much care and attention as they need. A few dementia patients often need specialising but the shifts are rarely covered which leads to falls and distress caused to the patient and the other patients.
More staff!! Constantly understaffed on the wards, no time to provide adequate care, staff are frustrated that even when brought to the attention of senior managers, this is justified by other wards being just as unsafely staffed or worse.
More staff.
Need extra support staff wise, to handle care needs of patients with dementia.
Nothing to add as hospital has a good policy for patients who have dementia.
Our ward need extra staff to cope with wandersome and aggressive behaviour. Also, need staff to help do activities - or volunteer staff.
Plain curtains.
Provide a 1 to 1 care for patients that are mobile and it could help them walk around with someone.
Provide further staffing in order to properly meet the needs of those with dementia. Dementia patients require more attention and with staffing levels as they are, this cannot be achieved, thus putting both staff and patients at risk.
Provide more nursing staff to help alleviate nursing workload in order to spend time with dementia patients and their families.
Providing extra staff to support dementia patients and take away the pressures from nurses at busy times.
Providing more facilities for them as inpatients i.e. arts and crafts to busy them. More staff.
Staff levels needed to be increased. Dementia training for staff and families. Staff to be suited to the job. Time is a great essence for dementia patients. Nurses unfortunately do not have enough time to give dementia patients that they need with their care. I have come across horrific stories of dementia patients being discharged from Salford Royal Hospital late at night/ during the night without family knowing of this. No provisions have been put into place. Bad communications with staff who would be planning a discharge.
Support with extra staffing for dementia patients with challenging behaviour.
The hospital struggles to get psychiatry to assess patients rapidly and often there are difficulties in getting psychiatry to take over the care of very dementia/ aggressive/ violent patients. Psychiatry needs to accept more patients into their care. Too many people are described as delirious when this is patently not the case, or patients 'don't engage' and are not then fully assessed by psychiatry.
The movement over the acute floor can be upsetting to all patients - but more so for those with dementia.
There could be more activities for the patients to engage them in keeping their minds active which prevents agitation.
Wards more dementia friendly.
We need lots more staff to be able to meet the needs of our dementia patients.
Would like more volunteers as "dementia friends".

Registered Nurses (Band 7 or above)

Dedicated dementia team that works across both acute and community.
Environmental changes. Curtains/ colour of walls and floors.
I think our hospital provides excellent support for our patients at all times.
Investment in dementia care - extremely undervalued and under-resourced. Needs nursing/ mental health/ consultant investment to improve patient care/ experience. Dementia friendly environments i.e. lighting, sensory etc. need to be considered on all wards not just in aging and complex medicine areas.
Nurse staffing levels could be increased in the care of elderly people zone where the majority of people with dementia are treated.
Ongoing education sessions.
Review staffing numbers/ volunteers to enable further interaction and supervision of patients with dementia. Volunteer service is now quite depleted on the wards and they have been very useful in the past. Would be more effective with volunteers to provide ad hoc nutritional support.
Staffing numbers require increasing and more voluntary workers to sit and chat with patients.
Stop moving them around the ward and the hospital.
Trained individuals/ volunteers that can assist in dementia care of patients admitted to acute environments.
Visits to the ward by dementia trained staff to see if we are doing everything possible and not just contacting the team regarding deprivation of liberty safeguards/ audit needs. Remembering the patient and family.

Healthcare Assistants

Additional staffing makes all the difference to that patient's care.
Better staffed.
Better training for all staff on dementia awareness and their needs.
By ensuring the dementia passports are completed and updated regularly.
By ensuring wards are safely staffed to meet the demands of caring for patients with dementia. That staff who special dementia patients know how to communicate and engage with the person appropriately - this could be through training.
By providing enough staff in order to be able to create different activities in the wards and to provide a day room in my ward for patients where they will be able to watch television and do different activities too.
Clearer, more frequent direction of services. As a member of staff, I sometimes have to ask for directions and there are areas with large boards with very long lists of services close together - confusing.
Continue to give constructive training in all areas of dementia.
Could be more information about dementia available for staff on the ward - short but clear and interesting.
Dementia patients need more stimulation which we can't always provide as we have a busy ward most of the time, but to just allocate one support staff to take part in a daily activity, would possibly help with agitation, boredom and concentration. We need an activities coordinator who could draw up an activities sheet daily, so somebody could engage with a dementia patient on a daily basis.
Every member of staff should have to go on a dementia study day.
Extra staff and more activities for them, to keep them busy and their minds active.
Extra staff for some patients.
I feel this trust has excellent care facilities and training to support patients with dementia.

Healthcare Assistants

I think more training with dementia is needed although, I also think staffing levels on the ward can make a difference. Having the staff so we can provide that care for those with dementia needs.

Increase staffing as shifts are not always covered - can put a lot of pressure on staff, on a ratio of 1 to 8.

Increased number of dementia link roles and more education.

Lack of handover from emergency ward causes problems (especially when special is needed to accompany patients). This has a knock-on effect when dealing with dementia patients, filling in special proforma sheets. Are frustrating for staff and time consuming. If patients are being specialed on previous ward, why is it presumed that the special isn't needed when transferred? Specials are needed when patients are most unsettled. A demanding patient means other patients are neglected. Often the percentage of dementia patients with strong nutritional needs can suffer from poor nutritional care due to lack of staff who, when spread so thinly, cannot provide the quality care required. Also, allocating a reasonable time period for the individual is a key factor to successfully managing the individual's nutrition. These factors are resulting in nutritional needs not being met.

More staff cover needed to make time for the extra support needed to dementia patients. Special training.

More staff so that the wandersome patients can do activities to calm or reassure them, or take them to the dementia gardens.

More staff to help support patients' needs. More equipment e.g. board games, wheel chairs so we can take patients off the ward.

More staff to help with needs and activities of patients with dementia and more training.

More staff to meet patients' needs.

More staff would be a bonus for patents and staff.

More staff, particularly healthcare assistants to look after and cover individual needs.

More support on the ward to meet the needs of 1:1 patients. It's a little difficult on my ward because it's emergency, but in the elderly care part, there are rooms set aside, dementia friendly gardens, dementia boxes with games etc. We really try but it is busy and often one person is sitting with two or three people in one bay.

More support workers to take time with dementia patients, more interaction time i.e. play games, chat, go out in dementia garden. Be nice to have more staff to look after patients with dementia, especially when there is only one nurse and one support to 8 patients. It would be helpful to have more staff around at mealtimes to help patients who need feeding, especially sometimes there can be three feeds in one bay.

More time spent with nutritional needs.

More training for staff and looking at the menus on elderly care wards - two 3 course meals is just not logical, especially when the dementia patients who would be better with finger type foods where they also don't feel rushed into eating. All too often, you see staff moving plates before patients have even finished and they can't express themselves through saying they hadn't actually finished.

More training on dementia. Allowing family members longer visiting times.

More training. Need more staff.

Spend more time on a one to one and do more activities with the patients.

Spending more time with them, taking them for walks, talking.

The care we give dementia patients is of a very high standard. To improve this, maybe having someone specialising all dementia patients, whether they are mobile or not. This would depend on cost, of course. However, encouraging fluids and providing reassurance would be prioritised.

To have more help to be able to spend more time with the people with dementia.

With more support staff for people with dementia.

Doctors

Allow more time for staff to interact with these patients.

Better in-house training for the staff.

Better link up with care of elderly teams and acute teams.

Better nursing/ healthcare assistant staffing. In areas such as geriatric medicine, better staffing with substantive personnel (not bank) required. This would reduce long-term cost, improve morale and enhance patient care.

By having information about the patients available from the front door.

Dementia nurse.

Greater understanding of non-pharmacological methods of managing distress and agitation.

Have a single point of contact like a dementia nurse - who can then be useful for making plans, information, training etc. A bit like the diabetic nurse.

Have more support workers to help actively involve patients in their care, to mobilise and engage them cognitively, to stop people deteriorating functionally during inpatient stays.

Hospital transport is not reliable meaning that many patients are transferred to the discharge lounge prior to home and can have a prolonged wait there. This can lead to disorientation, new delirium and adversely affect the transfer process - hence the condition of the patient on arrival home, whether that be their own home or care home. Prompt transport would ensure that people could go home direct from their ward bed, reducing additional moves and potential for delirium and deterioration and adverse outcomes upon discharge.

I think increasing the number of HCA workers to support people with dementia who are acutely admitted, to help with engaging in activity/ conversation, sitting out for meals and completing hospital passports.

Improve nutrition for patients with/ suspected dementia including finger foods, snacks, hand overs about nutritional needs.

Improving the number and visibility of sign posts to aid patients with dementia find their way around the ward as much as possible.

Increase stimulation for patients with dementia.

Main issue is more hands-on care i.e. more trained nurses on the ward and being able to discharge promptly i.e. better community care. Both funding issues.

Stop moving people with dementia at night.

The issue of special care provision has improved greatly in the last two years. There is still a reluctance sometimes to seek this assistance e.g. "no staff will fill the shift as it is Sunday".

Time is a massive problem for everyone. I believe wards where there are patients with dementia (and other frailty syndromes) should be much better staffed. An HCA to 4 patients would make an enormous difference.

Allied Healthcare Professionals

Additional training for all members of staff, easy accessible information for families and carers of people with dementia required, more information - visible boards/ leaflets to help support people with dementia and carers, more specialist staff members to assist nurses provide 1:1 care when required, additional resources to help support people with dementia and reduce stress, more carers/ social workers. Therapy team dedicated to working with and supporting people with dementia to help them improve and make progress in order to return home, funding towards specialist assistive technology to ensure safe discharge.

Better provision of specialist nursing on wards where appropriate.

Allied Healthcare Professionals

Consistent management of patients with dementia e.g. use of passports, ward staff actually knowing what signage means e.g. butterfly for cognitive impairment. Whilst the training was fantastic, unfortunately learning is not implemented and embedded on wards to change culture. Passports are not readily used, so information isn't always accessible.

Continue to have pictorial aids around the hospital to support dementia patients. Continue to encourage meal time volunteers to help at mealtimes. Continue to give training to nursing staff with various screening tools such as malnutrition universal screening tool to identify patients with malnutrition concern in a timely manner.

Continuous one to one care (i.e. nurse, support worker, volunteer etc.) always available for patients with dementia for who it is considered appropriate.

Dementia training to be available. Personal information to be gathered and available.

Ensure that support workers are available to facilitate walking with individuals with dementia, and spending time with them to minimise agitation. This can be compromised at times of staff shortage.

Further information and training to all staff and carers/ family members who care for a patient suffering from dementia.

I feel that more awareness on how to manage aggression from patients with dementia would be helpful as we are not well equipped to deal with this unless your ward requires basic conflict training.

Improved staffing levels and training for staff.

In main entrance, information about what support is available to patients with dementia to help them when they come for appointments.

Include some training as part of corporate induction.

Links between hospital and community teams.

Make dementia training more readily available. Make staff more aware of existing training.

More speech and language therapy time to improve the communication environment and provide communication screen and guidance for all patients on the ward.

More staff to accommodate the needs of people with dementia. We have a dementia garden where I work and this is rarely used due to staff availability to support patients to the garden.

More staff. Easier access to dementia specialist services.

More training on specific management techniques for people with dementia.

Offering dementia training to all therapy staff likely to be working with patients with dementia.

Provide regular training that's available to staff.

Routine hearing test screening for all patients over a given age.

The recent development of the nutrition and dementia group is a big step forward, and the inclusion of a dementia specialist team will no doubt improve care. I hope this work continues and expands.

Ward based training of nutrition with dementia patients. Improve hospital menu options to help people with dementia minimise nutritional decline.

We need to be given more time to be able to treat the patient appropriately. Always too busy, time pressured.

Students

Everyone to attend dementia courses so that all members of staff understand dementia care.

Students

Increase number of support workers to help aid doctors and nurses in caring for dementia patients and meeting their needs while in hospital.

To ask patients to fill in the "about me" passport to gain a more individualised view of the patient.

Therapy Assistants & Allied Healthcare Professional Assistants

Increased number of literature and books/DVDs/ videos in order to help people reminisce, and the time to allow staff to spend time with these patients. More communal time in the bay - at meals for example, to allow patients to talk to each other.

Provide dementia training as part of standard induction training for patient focused staff.

Some specific training on how to treat people living with dementia.

Ward-based Administrators

Allowances should be made for patients who have dementia who forget appointments or arrive late at community clinics. Discharging them from services e.g. podiatry means they have to reapply and wait again for treatment - this causes further upset.

Higher staffing levels so patients have more of one to one.

I think all staff should have dementia training, even clerical.

I think sometimes they need a little more time i.e. one to one interaction however, sometimes the limited staff prohibits this. The patients who I have encountered love a good old chin wag.

I think we need better communication with family members. On a personal level, I have not always been kept informed re: my [relative's] care/ discharges.

Just need to have more time to be able to spend with the patient, everyone is just so rushed to get all their work done that they are not able to give the attention that some patients need.

More specials.

More training available.

Other / Unknown

Compulsory dementia training for new and existing staff working/ caring for those patients with dementia.

Decor on the wards.

Ensure all patients are reviewed by medicines which may worsen dementia on admission.

Other / Unknown

Having a pool of specially trained nurses/ care support workers/ volunteers who can be called on to support wards by giving individual specialised distraction, peace and quiet and/ or meaningful activity for the patients, inclusive of carers and or relatives. They can then be dispatched to areas effectively, and redistributed when the need is no longer required. Reducing the need for bank or agency 'specialing' which can be negative and can increase stress for the patient, as they are often not trained in dealing with dementia patients. This would be cost effective as this pool will always be part of the workforce. The pool staff can add to the care plan to produce individualised care by;

1. Looking at what triggers may be causing 'challenging behaviours' and trying to de-escalate them before they present.
2. Risk assessing situations and planning ahead (not possible for ward staff as they are too busy with other patients' needs).
3. Have the time to build a relationship with the person and their families.
4. They could debrief staff on situations which have occurred (maybe at night) so that the full team can learn from them.
5. Consequently, build up the confidence of the ward staff to deal with the patients more effectively, rather than one size fits all.

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