

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Broomfield Hospital

Mid Essex Hospital Services NHS Trust

July 2017

Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

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

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

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Introduction to the appendices

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

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

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

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

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

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

Appendix A: Organisational checklist data

Governance and delivery of care

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.1 [2]	1	A care pathway or bundle for patients with dementia is in place:			
		Yes	60.8% 121/199	Yes	In development
		In development	26.1% 52/199		
4.2 [2]	1a	<i>(If Q1=Yes or In development)</i> A senior clinician is responsible for implementation and/ or review of the care pathway: (y/n)	97.1% 168/173	Yes	Yes
4.1 [2]	1b	<i>(If Q1=Yes or In development)</i> The dementia care pathway/ bundle is integrated within or linked to the following care pathways:			
		Delirium			
		Yes	65.9% 114/173	Yes	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	No	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	No	New question for Round 3
Pathway in development	24.4% 42/172				
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	No	No
	2b	Delayed discharge/ transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/ transfers (y/n)	31.7% 63/199	No	No
4.4 [2]	3	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	60.3% 120/199	Yes	No

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes Yes	
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	No 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	No 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 No	
	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	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	No	New question for Round 3

Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n)	98.5% 196/199	Yes	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:		Baddow Ward		New question for Round 3
	Ward 2:		Braxted Ward		
	Ward 3:		Goldhanger Ward		
	Number of patients checked:		-	10	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	5	New question for Round 3
	Percentage of patients where the information was present:		-	50%	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	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
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	N/A
		Alert sheet or electronic flag	23.9% 43/180	N/A	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	N/A	
		Other	18.9% 34/180	N/A	
	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	No	No	
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	N/A	N/A
		Alert sheet or electronic flag	18.6% 26/140	N/A	
		A box to highlight or alert dementia condition in the notes or care plan	20.7% 29/140	N/A	
Other		17.9% 25/140	N/A		
9.13 [2]	23	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them: (y/n)	81.9% 163/199	Yes	

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	No	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	N/A	No
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)	2% (1)
66 - 80	24.3% (2445)	22.4% (11)
81 - 100	73% (7332)	75.5% (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	63 - 96
Mean	84	84.1
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	44.9% (22)
Female	59.9% (6018)	55.1% (27)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	18.4% (9)
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)	81.6% (40)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	71.4% (35)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	28.6% (14)
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)	10.2% (5)
Fall	13.3% (1332)	20.4% (10)
Urinary/ renal	9% (901)	10.2% (5)
Hip dislocation/ hip fracture	7.5% (754)	6.1% (3)
Sepsis	6.3% (633)	6.1% (3)
Delirium/ confusion	6% (604)	2% (1)
Gastrointestinal	5.9% (595)	14.3% (7)
Cardiac/ vascular	5.1% (517)	6.1% (3)
Stroke	3.8% (380)	0% (0)
Neurological	3.6% (364)	0% (0)
Skin lacerations/ lesions	2% (204)	4.1% (2)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	2% (1)
Unable to cope/ frailty	1.6% (160)	4.1% (2)
Dehydration	1.4% (143)	2% (1)
Haematology	1.1% (115)	2% (1)
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)	4.1% (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)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	2% (1)
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)	44.9% (22)
General Medical	23.5% (2359)	14.3% (7)
Other Medical	9.9% (999)	12.2% (6)
Orthopaedics	8.9% (892)	10.2% (5)
Surgical	6.8% (681)	12.2% (6)
Stroke	4.5% (456)	2% (1)
Cardiac	2.5% (248)	4.1% (2)
Other	1.4% (136)	0% (0)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	22.4% (11)
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)	2.6% (1)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	18.4% (9)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	55.1% (27)
11 – 20 days	25.5% (2559)	18.4% (9)
21 – 30 days	11.3% (1132)	10.2% (5)
31 – 40 days	6.7% (671)	10.2% (5)
41 – 50 days	4.2% (418)	0% (0)
51 – 60 days	2.3% (230)	2% (1)
61 – 70 days	1.7% (168)	0% (0)
71 – 80 days	1% (102)	2% (1)
81 – 90 days	0.6% (62)	2% (1)
More than 90 days	1.5% (152)	0% (0)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	2-89
Median (days)	12	8

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)	59.2% (29)	50% (19)
Respite care	0.8% (80)	1.6% (136)	0% (0)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	4.1% (2)	2.6% (1)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	2.6% (1)
Intermediate care	0.3% (27)	2% (172)	0% (0)	2.6% (1)
Residential care	16.9% (1701)	17.7% (1551)	24.5% (12)	34.2% (13)
Nursing home	19.7% (1981)	28.7% (2511)	6.1 (3)	7.9% (3)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	6.1% (3)	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)	71.1% (27)
Own/ carer's home to nursing/ residential care	11.1% (972)	10.5% (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%)	95.7% 45/47	90.3% 28/31	
	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%)	91.7% 44/48	82.4% 28/34	
	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%)	93.2% 41/44	100% 27/27
		Other action taken	4% 352/8822 (2%, 0-5%)	4.5% 2/44	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	97.7% 43/44			
1.10 [1]	16	Has a formal pressure ulcer risk assessment been carried out and score recorded? (y/n)	95.5% 9590/10044 (98%, 94-100%)	95.9% 47/49	94.4% 34/36	
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%)	95.9% 47/49	61.8% 21/34	
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%)	98% 48/49	58.3% 21/36	

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%)	33.3% 15/45	38.2% 13/34
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	51.1% 23/45	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/45	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	84.4% 38/45	

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%)	39.1% 18/46	13.9% 5/36
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%)	20.4% 10/49	2.8% 1/36
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	20.4% 10/49	0% 0/36
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	40.8% 20/49	2.8% 1/36
1.5 [2]	21a	<i>(If Q21=Yes)</i> Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	90% 9/10	100% 1/1

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%)	38.8% 19/49	33.3% 12/36
	22a	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding personal details, preferences and routines?			
		Yes	47.4% 2669/5626 (53%, 30-77%)	47.4% 9/19	10% 1/10
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	26.3% 5/19	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%)	42.1% 8/19	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	36.8% 7/19	
	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%)	52.6% 10/19	54.5% 6/11
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	26.3% 5/19	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%)	21.1% 4/19	9.1% 1/11
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	36.8% 7/19	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%)	15.8% 3/19	0% 0/11
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	36.8% 7/19	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%)	52.6% 10/19	27.3% 3/11
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	31.6% 6/19	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%)	11.4% 4/35	9.4% 3/32
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/31	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% 0/31	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/31	
		Not documented/ unknown reason	78.1% 4444/5690	96.8% 30/31	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	3.2% 1/31		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	57.1% 20/35	46.9% 15/32
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	28.6% 10/35	31.3% 10/32
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	30% 3/10	70% 7/10
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%)	14.3% 5/35	18.8% 6/32	
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%)	40% 2/5	50% 3/6	

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%)	58.3% 7/12	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%)	71.4% 5/7	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	0% 0/5	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	100% 5/5	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/5	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	28.6% 2/7	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/2	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	100% 2/2	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	71.4% 5/7	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	28.6% 2/7	

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

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	66.7% 22/33	26.7% 8/30
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%)	66.7% 20/30	55.6% 15/27
	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%)	73.3% 22/30	81.5% 22/27
	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%)	80% 28/35	75% 24/32
	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%)	68.6% 24/35	87.5% 28/32
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%)	74.3% 26/35	46.9% 15/32
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%)	40.6% 13/32	63% 17/27
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%)	40% 14/35	3.1% 1/32
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%)	97.1% 34/35	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%)	68.8% 22/32	70% 14/20
	34a	<i>(If Q34=N/A)</i> Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	62.5% 1306/2088	33.3% 1/3	66.7% 8/12
		Patient awaiting assessment	9.1% 190/2088	33.3% 1/3	8.3% 1/12
		Patient awaiting history/ results	6.1% 127/2088	0% 0/3	0% 0/12
		Patient awaiting surgery	9.6% 200/2088	33.3% 1/3	16.7% 2/12
		Patient presenting confusion	5.7% 120/2088	0% 0/3	0% 0/12
		Patient on end of life plan	0% 1/2088	0% 0/3	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/3	0% 0/12
		Patient unresponsive	0.3% 6/2088	0% 0/3	0% 0/12
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/3	8.3% 1/12
		Not recorded	-	-	0% 0/12
Other	0% 0/2088	0% 0/3	0% 0/12		

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	2.9% 1/35	6.3% 2/32
		24 hours	12.2% 897/7329	5.7% 2/35	6.3% 2/32
		25 - 48 hours	14.7% 1075/7329	17.1% 6/35	6.3% 2/32
		More than 48 hours	27.1% 1985/7329	31.4% 11/35	40.6% 13/32
		No notice at all	0.5% 35/7329	0% 0/35	0% 0/32
		Not documented	24.2% 1770/7329	37.1% 13/35	40.6% 13/32
		No carer, family, friend/ could not contact	1.8% 132/7329	5.7% 2/35	0% 0/32
		Patient specified information withheld	0% 3/7329	0% 0/35	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%)	54.5% 12/22	65% 13/20

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	7.3% (3)
25 – 34 years	2.9% (133)	4.9% (2)
35 – 44 years	5.6% (259)	9.8% (4)
45 – 54 years	16.2% (749)	17.1% (7)
55 – 64 years	25.8% (1193)	14.6% (6)
65 – 74 years	20.8% (960)	14.6% (6)
75 – 84 years	19.1% (885)	12.2% (5)
85 years or over	7.4% (343)	19.5% (8)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	46.3% (19)
Female	68.1% (3150)	53.7% (22)
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)	82.9% (34)
Black/ Black British	3% (140)	9.8% (4)
Asian/ Asian British	3.3% (152)	7.3% (3)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	0% (0)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	46.3% (19)
Family member	55.9% (2597)	29.3% (12)
Friend	4.4% (203)	14.6% (6)
Professional carer (health or social care)	5.4% (249)	9.8% (4)
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)	92.5% (37)

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?		
		Yes, definitely	46.5% 2130/4578	75.6% 31/41
		Yes, to some extent	43.3% 1980/4578	22% 9/41
		No	10.2% 468/4578	2.4% 1/41
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?		
		Yes, definitely	54.2% 2489/4592	80.5% 33/41
		Yes, to some extent	36.4% 1672/4592	19.5% 8/41
		No	9.4% 431/4592	0% 0/41
1.14 [1]	3	Was the person you look after given enough help with personal care from hospital staff? <i>For example, eating, drinking, washing and using the toilet.</i>		
		Yes, definitely	55.4% 2456/4433	80% 32/40
		Yes, to some extent	34.2% 1515/4433	15% 6/40
		No	10.4% 462/4433	5% 2/40
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?		
		Yes, definitely	76% 3471/4569	90.2% 37/41
		Yes, to some extent	20.8% 952/4569	9.8% 4/41
		No	3.2% 146/4569	0% 0/41

Communication

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
9.7 [2]	5	Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? <i>For example, about plans for treatment and discharge.</i>		
		Yes, definitely	41.8% 1908/4566	61.5% 24/39
		Yes, to some extent	40.4% 1843/4566	35.9% 14/39
		No	17.8% 815/4566	2.6% 1/39
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	64.1% 25/39
		Yes, to some extent	36.4% 1637/4497	33.3% 13/39
		No	16.1% 722/4497	2.6% 1/39
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	68.3% 28/41
		Yes, to some extent	34.5% 1563/4524	26.8% 11/41
		No	20.1% 908/4524	4.9% 2/41

Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?		
		Excellent	34.5% 1602/4645	78% 32/41
		Very good	33.9% 1575/4645	17.1% 7/41
		Good	17% 790/4645	4.9% 2/41
		Fair	9.6% 446/4645	0% 0/41
		Poor	5% 232/4645	0% 0/41
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?		
		Extremely likely	42.5% 1933/4544	80.5% 33/41
		Likely	34.1% 1551/4544	14.6% 6/41
		Neither likely nor unlikely	14.3% 648/4544	4.9% 2/41
		Unlikely	4.8% 220/4544	0% 0/41
		Extremely unlikely	4.2% 192/4544	0% 0/41

Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	10	Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?		
		Very satisfied	50.3% 2204/4379	70.7% 29/41
		Somewhat satisfied	34% 1487/4379	14.6% 6/41
		Somewhat dissatisfied	9.9% 434/4379	12.2% 5/41
		Very dissatisfied	5.8% 254/4379	2.4% 1/41

Appendix F: Staff demographics

% of patients encounter in role who have dementia/ possible dementia	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 25%	31.9% (4559)	40.3% (54)
26 - 50%	25.6% (3651)	24.6% (33)
51 - 75%	24.4% (3489)	23.9% (32)
More than 75%	18.1% (2588)	11.2% (15)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	16.4% (22)
Female	83.2% (11954)	80.6% (108)
Other	0.2% (34)	0.7% (1)
Prefer not to say	0.8% (113)	2.2% (3)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	76.1% (102)
Black/ Black British	4.1% (594)	4.5% (6)
Asian/ Asian British	8% (1150)	6% (8)
Mixed	1.3% (183)	0% (0)
Chinese	0.5% (73)	3.7% (5)
Other	4.5% (646)	5.2% (7)
Prefer not to say	1.7% (241)	4.5% (6)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	26.9% (36)
Registered nurse (Band 7 or above)	12.7% (1831)	16.4% (22)
Healthcare assistant	23.1% (3324)	14.2% (19)
Doctor	11.5% (1645)	20.1% (27)
Allied healthcare professional	11.9% (1713)	16.4% (22)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	0.7% (1)
Student	2.3% (332)	1.5% (2)
Ward based administrators	4% (571)	3% (4)
Other/ unknown	1.9% (279)	0.7% (1)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	8.2% (11)
30 hours or more	87% (12458)	91.8% (123)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	6% (8)
6 - 11 months	9.5% (1364)	19.4% (26)
1 - 2 years	15.6% (2242)	10.4% (14)
3 - 5 years	16.4% (2350)	20.9% (28)
6 - 10 years	15.9% (2283)	17.2% (23)
11 - 15 years	12.1% (1739)	6.7% (9)
More than 15 years	22.4% (3205)	19.4% (26)

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	48.5% 65/134	78.4% 105/134	
		Yes, most of the time	32.9% 4614/14024		29.9% 40/134		
		Yes, sometimes	26.8% 3760/14024	-	14.9% 20/134	-	
		No	11.6% 1624/14024	-	6.7% 9/134	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	8% 9/113	26.5% 30/113
			Yes, most of the time	15.7% 1763/11207		18.6% 21/113	
	Yes, sometimes		27.9% 3129/11207	-	25.7% 29/113	-	
	No	48.6% 5441/11207	-	47.8% 54/113	-		

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	38.4% 48/125
		53.2% 7030/13205	68.8% 86/125
		5.4% 713/13205	0.8% 1/125
		7.7% 1018/13205	9.6% 12/125
		7.3% 961/13205	8% 10/125
		17.3% 2278/13205	6.4% 8/125
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	56.9% 66/116
		50.5% 5390/10670	34.5% 40/116
		7.3% 778/10670	8.6% 10/116

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	26.1% 35/134	70.9% 95/134
		Yes, most of the time	38.5% 5525/14345		44.8% 60/134	
		Yes, sometimes	33% 4734/14345	-	22.4% 30/134	-
		No	7.1% 1014/14345	-	6.7% 9/134	-
	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	28% 35/125	70.4% 88/125
		Yes, most of the time	40.9% 5454/13329		42.4% 53/125	
		Yes, sometimes	30.6% 4074/13329	-	28% 35/125	-
		No	1.9% 252/13329	-	1.6% 2/125	-
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	34.3% 46/134	70.1% 94/134
		Yes, most of the time	33.2% 4759/14333		35.8% 48/134	
		Yes, sometimes	27.3% 3913/14333	-	20.1% 27/134	-
	No	10.6% 1516/14333	-	9.7% 13/134	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den
7.12 [1]	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	55.3% 68/123
	Occasionally	37.2% 4636/12457	34.1% 42/123
	Almost Never	9.7% 1210/12457	8.9% 11/123
	Never	3.3% 408/12457	1.6% 2/123

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]	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	72.7% 88/121	83.5% 101/121
	Yes, most of the time	27.3% 3271/11978		10.7% 13/121	
	Yes, sometimes	16.1% 1927/11978	-	14% 17/121	-
	No	5.4% 649/11978	-	2.5% 3/121	-
7.18 [1]	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	24.8% 30/121	82.6% 100/121
	Yes, most of the time	50.1% 6149/12263		57.9% 70/121	
	Yes, sometimes	19.2% 2357/12263	-	13.2% 16/121	-
	No	4.7% 576/12263	-	4.1% 5/121	-

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	23.7% 18/76	82.9% 63/76
		Yes, most of the time	47.6% 4352/9148		59.2% 45/76	
		Yes, sometimes	18.7% 1708/9148	-	14.5% 11/76	-
		No	3.3% 303/9148	-	2.6% 2/76	-
	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	17.3% 13/75	49.3% 37/75
		Yes, most of the time	27.5% 2516/9143		32% 24/75	
		Yes, sometimes	42.5% 3887/9143	-	38.7% 29/75	-
		No	19.3% 1763/9143	-	12% 9/75	-
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% 18/75	54.7% 41/75
		Yes, most of the time	32.5% 2942/9047		30.7% 23/75	
		Yes, sometimes	27.7% 2506/9047	-	29.3% 22/75	-
		No	23.5% 2125/9047	-	16% 12/75	-

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	16% 12/75	66.7% 50/75
		Yes, most of the time	39.3% 3456/8788		50.7% 38/75	
		Yes, sometimes	16.8% 1476/8788	-	16% 12/75	-
		No	15.6% 1368/8788	-	17.3% 13/75	-
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	49.3% 37/75	78.7% 59/75
		Yes, most of the time	27.2% 2398/8822		29.3% 22/75	
		Yes, sometimes	22.5% 1983/8822	-	16% 12/75	-
		No	12.3% 1085/8822	-	5.3% 4/75	-
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	49.3% 37/75	77.3% 58/75
		Yes, most of the time	28.7% 2615/9119		28% 21/75	
		Yes, sometimes	20.7% 1886/9119	-	16% 12/75	-
		No	6.1% 558/9119	-	6.7% 5/75	-
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	39.2% 29/74	74.3% 55/74
		Yes, most of the time	33.4% 3039/9090		35.1% 26/74	
		Yes, sometimes	15.5% 1408/9090	-	18.9% 14/74	-
		No	4.9% 444/9090	-	6.8% 5/74	-

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 Broomfield Hospital are provided.

Registered Nurses (Band 5 or 6)
By ensuring all people with dementia have the "This is Me" paperwork completed.
Encouraging volunteers/ friends/ relatives to help our patients to visit dementia garden/ coffee shop. I do activities where possible.
Having a day room where patients can socialise with each other and enough staff to help them.
I am sure we can develop dementia trainings where we are able to prioritise dementia patients care. Providing examples of situations in the day to day care and focusing on their different needs.
In my opinion, we should be provided with extra support when we have more than one or two people who have dementia and are at risk of falls. Because most of the time, a part of being short staffed, we do not get any extra support.
It would be beneficial to have a day room area for patients with or without dementia. Where they can sit round a table for meals together so it appears more familiar to them. There could be a digital radio in there, television etc. We already know the existence of the dementia garden and its successful but there should be an inside area to support our patients, particularly when it is wet or cold outside. I also feel night staff should wear scrubs as they are more like pyjamas, it would help patients recognise that it is night time. We do not have space to have a nice seating area for patients to sit round a table together and have their meals. It may be more beneficial having this arrangement, rather than sitting in a chair with a wheeled table by their bed.
It would be good to have foods such as cake and jam sandwiches available to give patients between mealtimes. More HCAs than necessary should be booked so that they can be distributed to wards that are struggling to provide quality care for patients with dementia. Dementia specialist nurses should be available to support ward staff at weekends.
Keep encouraging relatives to full out the "this is me" document.
Make enhanced support workers more readily available.
Making the ward environment more dementia friendly.
More activities.
More education and training for staff. Maybe the dementia lead comes and does more training when we have a dementia patients, which is not very often for us.
More staff and less patients per nurse so we could actually spend time with patient with dementia. More volunteers. More activities to do with patients with dementia. Dementia garden is an amazing idea however, it is very difficult to take patient's there due to shortness of staff.
More staffing levels to assist people with special needs/ dementia, this would allow time which is one of the important aspects of nursing.
Most wards already have volunteers/ college students during mealtimes. It would be good to have a few in the ward to engage in various activities, especially when we are short staffed and cannot engage as much as we would like to. I see the team and myself do the best we can but it could always be better. Thank you.
Not move them around wards so much, directly admit to care of elderly rather than go via emergency assessment unit.
Not to be outlied on to inappropriate wards that are not the patient's speciality.

Registered Nurses (Band 5 or 6)

On our constantly busy ward, we don't always have enough time to spend with the patient living with dementia, which is unfortunate. This is due mainly to the volume of patients that we have on a daily basis. It would be ideal to have a support supply of volunteers who could lend themselves to this when needed.

Outstanding team in place, well done to them.

Sticking in the same hospital bed/ environment from admission to discharge, if possible.

The medical team i.e. consultants and registrars should attend the course and the dementia team could do some teaching sessions at the trust to raise awareness in the community and care homes. Learnt so much from the 3-day course and the virtual dementia tour. Invaluable course for all healthcare workers.

We should have more access to one to one staff for people with dementia, as many of them are in high risk of falls, absconding or both. 90% of patients with dementia need mental capacity act 2 and deprivation of liberty safeguards in place.

When sending a patient to theatre who has dementia, the accompanying carer, nurse, etc. should have knowledge of that patient and be able to support them effectively. When a patient with dementia comes to theatre (my place of work) they are always accompanied by a ward staff member but they often don't know much about that person's history, ability, comprehension, likes dislikes or ways to make them less anxious.

Registered Nurses (Band 7 or above)

Better links between community and hospital services, ensuring seamless transfers between home and hospital, thus facilitating timely discharges and causing minimal distress to the vulnerable patients.

By having the shortest possible hospital stay. By having less patients sharing a bay so areas are quieter with less noise/ activity to over stimulate the individual.

Dementia care could be understood more - by having a greater understanding of meaningful activity and distraction activities.

Dementia training is very good in this organisation however, more resource is required to ensure that all staff are exposed to this. Better IT solutions or innovations could be explored to provide meaningful activities to ensure wellbeing.

Don't admit them when not necessary, support the community services and frailty project so that patients can remain in their own home for treatment, unless acute hospital admission is necessary.

Ensuring the staff HCAs that provide the one to one care are dementia trained and that they are not just the healthcare workers that "special". Some staff have not had any dementia training and their approach the patient can be inappropriate. On occasions, the patients show preferences i.e. discriminative and this proves difficult e.g. dislikes males??

Have more specials that can be used to support them on the wards. We can have two to three patients that need specials but can't get them.

Increase nursing staffing level. Fully staffed ward will be more effective to plan and implement care.

Increased availability of dementia nurse specialists (the ones we have are amazing).

More effective use of mental capacity act to ensure person centred outcomes.

More enhanced support assistants.

More one to one support for dementia patients while they are inpatients would help support the ward staff to continue the care for all the patients under their care.

More training, more skilled staff, more dissemination of good practice to all staff and also, all staff paying attention to this.

More volunteers to assist with meaningful activities.

Registered Nurses (Band 7 or above)

Nutrition and hydration. Diagnosing dementia and informing people that it is a terminal illness. Lack of continuity across the organisation - nutrition and hydration remains an issue in many areas of work, this needs to be addressed.

Promote holistic assessment around capacity i.e. do not say 'patient has dementia, so lacks capacity'.

To have more additional support with meaningful activities, nursing staff and therapy staff do not have the time.

We need to increase the number of specialist support assistants that we have who provide one to one care.

Healthcare Assistants

Creating more calming environment through old generation calm music and aromatherapy.

Depending on other patients needs, don't get time to spend with dementia patients e.g. talking and interacting with them. Could benefit from possibly a day room.

Depending on the person with dementia, sometimes it's better to have someone specifically trained in dementia to come to help them.

Food cards/ picture cards. Fresh food in kitchens. Ability to make patients food out of hours, apart from just tea and sandwiches.

Having extra support e.g. special when a patient with dementia is very curious and at high risk of falls as this will provide the extra support and time that the patient will need as it is hard to give this time and dedication without this support.

More regular trainings and updates, option to work on care of elderly wards to recognise patients' needs, more time to visit dementia friendly garden, improve communication between hospital and nursing home to achieve more information.

More staff when our numbers are high with patients who are high risk.

More/ enough staff provided is a great help but we're always short staffed.

One to one care.

Same old answer - provide extra staff. Extra staff to help at mealtimes. This happens occasionally.

The hospital could provide the additional staffing where needed more effectively in order to meet the patients' needs. A sensory room or all wards that regularly care for people who have dementia. Free TV at all hours for patients with dementia.

To have volunteers to help more with activities [and] lunches for people with dementia.

Volunteers all week Monday to Sunday for meaningful activities and mealtimes. Also, to help patients with going in the garden.

We don't always have the time to speak to patients as much as I feel we could, but senior nurses are normally good about it when we do.

When patients are on deprivation of liberty safeguards and need to be one to one nursing then we should get extra staff.

Doctors

A section of the orthopaedic ward being made specially for those with dementia, bigger clocks for example. They need more staff to cope with the extra demands patients with dementia need. There isn't the staff. They often need feeding and the staff are too busy, there isn't enough of them. It's essential for their healing.

Care for patients with dementia becomes very difficult when the patient is inclined to wander/ becomes agitated - there is simply not the staff to cope with this properly.

Computerised system that can capture dementia screening tools and outcomes to pass on to GPs. At present this is all done on paper and can be painful and inefficient.

Ensure relative, or if not possible, the patient's nurse, present when patient seen on the ward round.

Having fast track pathways to hold multidisciplinary meetings to decide on treatment ceilings and discharge destinations would have a great impact on the health and quality of life of this important population of patients. The new "this is me" document proved to be very useful in providing personal information about patients with dementia. I think it needs more time to be implicated in all patients with dementia, or suspected dementia.

Having some side rooms available for patients with dementia.

Improve communication between primary care and hospital and update family with realistic picture of patient's future.

Increase awareness, awareness, awareness.

More capacity in side rooms for those who are distressed.

More resources.

More trained nurses in dementia care. Dementia patients to be placed on wards with the skills to manage where possible. Community liaison dementia link person to be involved.

Need more dementia workshops. Need out of office hours dementia team cover and more often.

Some wards currently do not have day rooms - this is a priority and we are working on this.

To continue to have "this is me" form.

Allied Healthcare Professionals

By arranging relatives to be able to visit patients at all times or provide extra staff to be there for the patient's needs.

Consider introducing a hearing assessment as part of the dementia assessment as some of these patients may have hearing impairment.

Dementia training, and especially the dementia virtual hospital tour, should be compulsory for all consultants who may ever have to treat a patient with dementia, starting with the consultants on the care of the elderly wards, but not limited to them. As the most traditionally respected members of staff in a hospital, especially for older generations of patients and families, I believe the onus should be on consultants to lead by example, and a higher level of empathy among consultants towards people with dementia would have positive repercussions, not just for the patients themselves but for all other people caring for and supporting these patients.

For all staff who come into contact with people with dementia to attend the Level 3 dementia training - including HCAs/ healthcare support workers and doctors (all grades).

Allied Healthcare Professionals

I have found through caring for my [relative] who had dementia, that even when he was very distressed, he loved music, especially live music. I wonder whether there are any local community groups who could come in for the occasional Wednesday or Friday afternoon 30-minute visit and sing some of the songs that old folks like, on the elderly care wards. There might even be staff up for it!

More specialist healthcare workers to be with patients living with dementia to offload nurses and care workers from their ward work and discharges.

More staff for the elderly assessment team and more recognition of their services. More access to specials who can complete meaningful activity plans for patients with dementia. The use of snack boxes on all of the wards would be beneficial and some adaptive plates such as brighter colours or extended lunch times would also be a great improvement as they sometimes need longer to eat. The elderly assessment team are a fantastic support which we could not do without and sometimes do not get the recognition that they deserve.

More staffing to enable staff to have the time to be able to be more responsive, patient, talk more, take longer assisting with feeding, offering reassurance, orientation etc.

Other members of staff, perhaps catering to understand dementia patients more, i.e. be able to wake them and orientate them and let them know their food is there.

Patient's personal needs displayed on bed or transported with patient to radiology department.

Patients should come for imaging with their notes and/ or and dementia care package that explains a little about the person so that we are better informed to work with the patient to get the best imaging. Referring clinicians often do not inform me of the dementia status of patients. I discover this when they come for x-ray/ scan and find out from relative/ carer, thus preparing is difficult.

Patients with dementia should always come with an escort who knows who they are.

Realise that it is a patient specific disease and one size does not fit all. Pathways are too prescriptive.

That our dementia patients are never unnecessarily transferred between wards for bed space purposes - I have seen this too many times and it has a vast negative impact on our dementia patients.

Students

More volunteers for time to spend talking/ entertaining the patients.

Therapy Assistants & Allied Healthcare Professional Assistants

More meaningful activities provided to use.

Ward-based Administrators

Give us more dedicated training.

Have more enhanced support assistants.

Other / Unknown

As an [identifying job role] when a patient is referred to our team, we are not always made aware there is a dementia diagnosis which would help in providing an appropriate response and resources.

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