

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Northern General Hospital, Sheffield

Sheffield Teaching Hospitals 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	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	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	No	No	
	4d	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia (y/n)	67.3% 134/199	No	No	
4.11 [2]	5	There are champions for dementia at:				
	5a	Directorate level (y/n)	81.9% 163/199	Yes	Yes	
	5b	Ward level (y/n)	93.5% 186/199	Yes	No	
N4a [3]	6	Dementia specialist nurses are employed in line with Royal College of Nursing guidance (there is at least one full time dementia specialist nurse for every 300 admissions of people with dementia per year): (y/n)	This question is not reported on as feedback showed hospitals found it difficult to interpret.			
N4b [3]	7	Has a strategy or plan for carer engagement been produced (e.g. using Triangle of Care self-assessment tool)? (y/n)	76.9% 153/199	Yes	New question for Round 3	
	8	<i>(If Q7=Yes)</i> Is implementation of the strategy or plan scheduled for review?				
		Yes, more than once a year	41.2% 63/153	Yes, more 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	No	
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	N/A	
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	Yes, within the past 6 months	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	No
	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	No
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	No	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:		Brearley 7		New question for Round 3
	Ward 2:		Brearley 6		
	Ward 3:		Vickers 4		
	Number of patients checked:		-	27	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	8	New question for Round 3
	Percentage of patients where the information was present:		-	30%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

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

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

Training, learning and development

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

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

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

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

Specific resources supporting people with dementia

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

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

Environment

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

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

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	0% (0)
66 - 80	24.3% (2445)	22% (11)
81 - 100	73% (7332)	78% (39)
101 - 108	0.4% (39)	0% (0)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	69 - 96
Mean	84	84.7
Median	85	85.5

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	36% (18)
Female	59.9% (6018)	64% (32)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	84% (42)
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)	16% (8)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	98% (49)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	2% (1)
Other	0.6% (59)	0% (0)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	14% (7)
Fall	13.3% (1332)	16% (8)
Urinary/ renal	9% (901)	8% (4)
Hip dislocation/ hip fracture	7.5% (754)	2% (1)
Sepsis	6.3% (633)	10% (5)
Delirium/ confusion	6% (604)	16% (8)
Gastrointestinal	5.9% (595)	6% (3)
Cardiac/ vascular	5.1% (517)	6% (3)
Stroke	3.8% (380)	8% (4)
Neurological	3.6% (364)	0% (0)
Skin lacerations/ lesions	2% (204)	2% (1)
Impaired consciousness	2% (198)	0% (0)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	2% (1)
Unable to cope/ frailty	1.6% (160)	2% (1)
Dehydration	1.4% (143)	0% (0)
Haematology	1.1% (115)	2% (1)
Endocrine/ metabolic	1.1% (112)	0% (0)
Other fractures	1% (96)	2% (1)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	0% (0)
Pain/ swelling	0.8% (85)	0% (0)
Hepatology	0.8% (84)	2% (1)
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)	60% (30)
General Medical	23.5% (2359)	0% (0)
Other Medical	9.9% (999)	26% (13)
Orthopaedics	8.9% (892)	2% (1)
Surgical	6.8% (681)	2% (1)
Stroke	4.5% (456)	6% (3)
Cardiac	2.5% (248)	0% (0)
Other	1.4% (136)	4% (2)
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)	24% (12)
Self-discharged from hospital	0.1% (12)	0% (0)
Were marked 'fast track discharge'/ 'discharge to assess'/ 'transfer to assess'/ expedited with family agreement for recorded reasons	5.5% (482)	2.6% (1)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	14% (7)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	34% (17)
11 – 20 days	25.5% (2559)	18% (9)
21 – 30 days	11.3% (1132)	14% (7)
31 – 40 days	6.7% (671)	10% (5)
41 – 50 days	4.2% (418)	2% (1)
51 – 60 days	2.3% (230)	8% (4)
61 – 70 days	1.7% (168)	6% (3)
71 – 80 days	1% (102)	2% (1)
81 – 90 days	0.6% (62)	2% (1)
More than 90 days	1.5% (152)	4% (2)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	2-161
Median (days)	12	19

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)	58% (29)	44.7% (17)
Respite care	0.8% (80)	1.6% (136)	0% (0)	2.6% (1)
Rehabilitation	0.4% (37)	2.4% (207)	2% (1)	0% (0)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	6% (3)	2.6% (1)
Intermediate care	0.3% (27)	2% (172)	0% (0)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	20% (10)	26.3% (10)
Nursing home	19.7% (1981)	28.7% (2511)	14 (7)	23.7% (9)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	0% (0)	0% (0)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	71.1% (27)
Own/ carer's home to nursing/ residential care	11.1% (972)	18.4% (7)

*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%)	89.4% 42/47	83.3% 30/36	
	15	An assessment of nutritional status was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	89.8% 8832/9837 (93%, 86-96%)	77.6% 38/49	47.4% 18/38	
	15a	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight:				
			Yes, there is a recording of the patient's BMI or weight	85.9% 7580/8822 (89%, 79-96%)	94.7% 36/38	35.3% 6/17
		Other action taken	4% 352/8822 (2%, 0-5%)	2.6% 1/38	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	97.4% 37/38			
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%)	94% 47/50	80% 32/40	
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%)	90% 45/50	76.9% 30/39	
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%)	81.6% 40/49	97.2% 35/36	

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%)	45.8% 22/48	43.2% 16/37
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	37.5% 18/48	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/48	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	83.3% 40/48	

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%)	45.7% 21/46	65.7% 23/35
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%)	22% 11/50	27.5% 11/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	4% 2/50	10% 4/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	26% 13/50	37.5% 15/40
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%)	90.9% 10/11	100% 11/11

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%)	22% 11/50	47.5% 19/40
	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%)	36.4% 4/11	61.1% 11/18
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	18.2% 2/11	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%)	45.5% 5/11	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	18.2% 2/11	
	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%)	63.6% 7/11	66.7% 12/18
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	9.1% 1/11	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%)	45.5% 5/11	38.9% 7/18
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	9.1% 1/11	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%)	27.3% 3/11	23.5% 4/17
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	18.2% 2/11	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%)	80% 8/10	50% 8/16
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	10% 1/10	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%)	24.3% 9/37	13.8% 4/29
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/28	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% 0/28	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/28	
		Not documented/ unknown reason	78.1% 4444/5690	64.3% 18/28	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	35.7% 10/28		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	62.2% 23/37	75.9% 22/29
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	37.8% 14/37	37.9% 11/29
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	57.1% 8/14	72.7% 8/11
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%)	27% 10/37	20.7% 6/29	
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%)	60% 6/10	66.7% 4/6	

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%)	81.8% 9/11	New question for Round 3
	27a (i)	<i>(If Q27=Yes):</i> There are documented concerns about the patient's capacity to consent to the referral:	70.4% 1161/1649 (75%, 50-89%)	100% 9/9	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%)	11.1% 1/9	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	88.9% 8/9	
		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%)	0% 0/9	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	0% 0/0	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	0% 0/0	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	100% 9/9	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	0% 0/9	

*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%)	88.9% 32/36	79.3% 23/29
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%)	40% 14/35	76.9% 20/26
	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%)	85.3% 29/34	89.7% 26/29
	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%)	81.1% 30/37	89.7% 26/29
	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%)	91.9% 34/37	93.1% 27/29
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%)	89.2% 33/37	75.9% 22/29
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%)	56.8% 21/37	76% 19/25
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%)	55.6% 20/36	69% 20/29
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% 37/37	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%)	48.6% 17/35	30.8% 4/13
	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% 2/2	93.8% 15/16
		Patient awaiting assessment	9.1% 190/2088	0% 0/2	0% 0/16
		Patient awaiting history/ results	6.1% 127/2088	0% 0/2	0% 0/16
		Patient awaiting surgery	9.6% 200/2088	0% 0/2	0% 0/16
		Patient presenting confusion	5.7% 120/2088	0% 0/2	6.3% 1/16
		Patient on end of life plan	0% 1/2088	0% 0/2	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/2	0% 0/16
		Patient unresponsive	0.3% 6/2088	0% 0/2	0% 0/16
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/2	0% 0/16
		Not recorded	-	-	0% 0/16
		Other	0% 0/2088	0% 0/2	0% 0/16

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	51.4% 19/37	13.8% 4/29
		24 hours	12.2% 897/7329	8.1% 3/37	13.8% 4/29
		25 - 48 hours	14.7% 1075/7329	8.1% 3/37	17.2% 5/29
		More than 48 hours	27.1% 1985/7329	8.1% 3/37	41.4% 12/29
		No notice at all	0.5% 35/7329	0% 0/37	0% 0/29
		Not documented	24.2% 1770/7329	24.3% 9/37	13.8% 4/29
		No carer, family, friend/ could not contact	1.8% 132/7329	0% 0/37	0% 0/29
		Patient specified information withheld	0% 3/7329	0% 0/37	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%)	75% 18/24	85.7% 12/14

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	-% (-)
25 – 34 years	2.9% (133)	-% (-)
35 – 44 years	5.6% (259)	-% (-)
45 – 54 years	16.2% (749)	-% (-)
55 – 64 years	25.8% (1193)	-% (-)
65 – 74 years	20.8% (960)	-% (-)
75 – 84 years	19.1% (885)	-% (-)
85 years or over	7.4% (343)	-% (-)
Prefer not to say	1.2% (56)	-% (-)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	-% (-)
Female	68.1% (3150)	-% (-)
Other	0.1% (4)	-% (-)
Prefer not to say	1.2% (57)	-% (-)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	88.4% (4079)	-% (-)
Black/ Black British	3% (140)	-% (-)
Asian/ Asian British	3.3% (152)	-% (-)
Mixed	1% (44)	-% (-)
Chinese	0.2% (9)	-% (-)
Other	1.4% (64)	-% (-)
Prefer not to say	2.7% (124)	-% (-)

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

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

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	20% 1/5
		43.3% 1980/4578	40% 2/5
		10.2% 468/4578	40% 2/5
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	0% 0/5
		36.4% 1672/4592	60% 3/5
		9.4% 431/4592	40% 2/5
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	0% 0/5
		34.2% 1515/4433	100% 5/5
		10.4% 462/4433	0% 0/5
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	40% 2/5
		20.8% 952/4569	60% 3/5
		3.2% 146/4569	0% 0/5

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	0% 0/5
		Yes, to some extent	40.4% 1843/4566	40% 2/5
		No	17.8% 815/4566	60% 3/5
9.11 [2]	6	Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?		
		Yes, definitely	47.5% 2138/4497	20% 1/5
		Yes, to some extent	36.4% 1637/4497	40% 2/5
		No	16.1% 722/4497	40% 2/5
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	0% 0/5
		Yes, to some extent	34.5% 1563/4524	20% 1/5
		No	20.1% 908/4524	80% 4/5

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	0% 0/5	
		Very good	33.9% 1575/4645	60% 3/5	
		Good	17% 790/4645	0% 0/5	
		Fair	9.6% 446/4645	0% 0/5	
		Poor	5% 232/4645	40% 2/5	
	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	0% 0/5
			Likely	34.1% 1551/4544	60% 3/5
			Neither likely nor unlikely	14.3% 648/4544	0% 0/5
			Unlikely	4.8% 220/4544	0% 0/5
			Extremely unlikely	4.2% 192/4544	40% 2/5

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	0% 0/4
		Somewhat satisfied	34% 1487/4379	50% 2/4
		Somewhat dissatisfied	9.9% 434/4379	0% 0/4
		Very dissatisfied	5.8% 254/4379	50% 2/4

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)	48.5% (50)
26 - 50%	25.6% (3651)	10.7% (11)
51 - 75%	24.4% (3489)	13.6% (14)
More than 75%	18.1% (2588)	27.2% (28)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	29.1% (30)
Female	83.2% (11954)	70.9% (73)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	0% (0)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	83.5% (86)
Black/ Black British	4.1% (594)	1% (1)
Asian/ Asian British	8% (1150)	7.8% (8)
Mixed	1.3% (183)	1.9% (2)
Chinese	0.5% (73)	0% (0)
Other	4.5% (646)	3.9% (4)
Prefer not to say	1.7% (241)	1.9% (2)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	20.4% (21)
Registered nurse (Band 7 or above)	12.7% (1831)	17.5% (18)
Healthcare assistant	23.1% (3324)	12.6% (13)
Doctor	11.5% (1645)	40.8% (42)
Allied healthcare professional	11.9% (1713)	5.8% (6)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	0% (0)
Student	2.3% (332)	0% (0)
Ward based administrators	4% (571)	1.9% (2)
Other/ unknown	1.9% (279)	1% (1)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	9.7% (10)
30 hours or more	87% (12458)	90.3% (93)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	1% (1)
6 - 11 months	9.5% (1364)	7.8% (8)
1 - 2 years	15.6% (2242)	12.6% (13)
3 - 5 years	16.4% (2350)	8.7% (9)
6 - 10 years	15.9% (2283)	18.4% (19)
11 - 15 years	12.1% (1739)	19.4% (20)
More than 15 years	22.4% (3205)	32% (33)

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	13.6% 14/103	36.9% 38/103
		Yes, most of the time	32.9% 4614/14024		23.3% 24/103	
		Yes, sometimes	26.8% 3760/14024	-	39.8% 41/103	-
		No	11.6% 1624/14024	-	23.3% 24/103	-
	1b	Out of office hours				
		Yes, always	7.8% 874/11207	23.5% 2637/11207	6.3% 6/95	17.9% 17/95
		Yes, most of the time	15.7% 1763/11207		11.6% 11/95	
		Yes, sometimes	27.9% 3129/11207	-	17.9% 17/95	-
No		48.6% 5441/11207	-	64.2% 61/95	-	

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	30.4% 31/102
		53.2% 7030/13205	32.4% 33/102
		5.4% 713/13205	9.8% 10/102
		7.7% 1018/13205	4.9% 5/102
		7.3% 961/13205	5.9% 6/102
		17.3% 2278/13205	41.2% 42/102
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	30.9% 17/55
		50.5% 5390/10670	56.4% 31/55
	7.3% 778/10670	12.7% 7/55	

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	12.6% 13/103	46.6% 48/103
		Yes, most of the time	38.5% 5525/14345		34% 35/103	
		Yes, sometimes	33% 4734/14345	-	40.8% 42/103	-
		No	7.1% 1014/14345	-	12.6% 13/103	-
	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	12.4% 11/89	55.1% 49/89
		Yes, most of the time	40.9% 5454/13329		42.7% 38/89	
		Yes, sometimes	30.6% 4074/13329	-	41.6% 37/89	-
		No	1.9% 252/13329	-	3.4% 3/89	-
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	14.6% 15/103	41.7% 43/103
		Yes, most of the time	33.2% 4759/14333		27.2% 28/103	
		Yes, sometimes	27.3% 3913/14333	-	38.8% 40/103	-
	No	10.6% 1516/14333	-	19.4% 20/103	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
7.12 [1]	6	As a team, how often do you talk about the way you care for/ support people with complex needs (including dementia)?		
		Frequently	49.8% 6203/12457	43.9% 43/98
		Occasionally	37.2% 4636/12457	33.7% 33/98
		Almost Never	9.7% 1210/12457	21.4% 21/98
		Never	3.3% 408/12457	1% 1/98

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	34.7% 34/98	61.2% 60/98
		Yes, most of the time	27.3% 3271/11978		26.5% 26/98	
		Yes, sometimes	16.1% 1927/11978	-	27.6% 27/98	-
		No	5.4% 649/11978	-	11.2% 11/98	-
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	22.4% 22/98	69.4% 68/98
		Yes, most of the time	50.1% 6149/12263		46.9% 46/98	
		Yes, sometimes	19.2% 2357/12263	-	24.5% 24/98	-
		No	4.7% 576/12263	-	6.1% 6/98	-

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	17.6% 9/51	64.7% 33/51
		Yes, most of the time	47.6% 4352/9148		47.1% 24/51	
		Yes, sometimes	18.7% 1708/9148	-	35.3% 18/51	-
		No	3.3% 303/9148	-	0% 0/51	-
	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	0% 0/51	19.6% 10/51
		Yes, most of the time	27.5% 2516/9143		19.6% 10/51	
		Yes, sometimes	42.5% 3887/9143	-	56.9% 29/51	-
		No	19.3% 1763/9143	-	23.5% 12/51	-
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	7.8% 4/51	56.9% 29/51
		Yes, most of the time	32.5% 2942/9047		49% 25/51	
		Yes, sometimes	27.7% 2506/9047	-	25.5% 13/51	-
	No	23.5% 2125/9047	-	17.6% 9/51	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	11.8% 6/51	70.6% 36/51
		Yes, most of the time	39.3% 3456/8788		58.8% 30/51	
		Yes, sometimes	16.8% 1476/8788	-	2% 1/51	-
		No	15.6% 1368/8788	-	27.5% 14/51	-
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	25.5% 13/51	68.6% 35/51
		Yes, most of the time	27.2% 2398/8822		43.1% 22/51	
		Yes, sometimes	22.5% 1983/8822	-	21.6% 11/51	-
		No	12.3% 1085/8822	-	9.8% 5/51	-
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	31.4% 16/51	62.7% 32/51
		Yes, most of the time	28.7% 2615/9119		31.4% 16/51	
		Yes, sometimes	20.7% 1886/9119	-	29.4% 15/51	-
		No	6.1% 558/9119	-	7.8% 4/51	-
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	41.2% 21/51	80.4% 41/51
		Yes, most of the time	33.4% 3039/9090		39.2% 20/51	
		Yes, sometimes	15.5% 1408/9090	-	15.7% 8/51	-
		No	4.9% 444/9090	-	3.9% 2/51	-

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 Northern General Hospital, Sheffield are provided.

Registered Nurses (Band 5 or 6)

A day room with facilities such as a TV, comfy chairs, activity cards etc.
Additional rooms or beds available so carers/ relatives can stay over if they want.
Better ratio of staff to patients. Sometimes they need one to one care and don't always get it due to staffing levels.
Extra staff for specialised patients so I can spend more time with the rest. Better designed wards to help relax anxious patients. If the food was better, it would be easier to increase nutritional intake. If you saw the food we served, you'd go hungry too.
Extra support when needed and not moved to other areas.
I feel our ward provides excellent dementia care.
Improve staffing levels.
More forms which are "about me". Need more study days.
More registered mental health nurses with easier access to them (currently unable to refer directly).
More staff spend time dealing with dementia patients. Need more staff to free up time we have times to assist with feeding - dementia patients don't always want to eat at these times.
More staff, especially if patients need one to one assistance.
More staff. More support for the staff who are here.
More staffing in order to support patients with dementia as their needs tend to be greater i.e. one to one support majority of the time.
More staffing.
Obtaining and using personal information. More training. Increased staffing levels to allow more time and reduce frustration. Encouraging and giving opportunity for staff to use the skills they have.
Possible to provide more volunteers for meal time cover, especially at 17.00 when the staffing levels are shorter.
Stop being so task oriented. Better training for staff - if I had not signed up myself for my masters I would have had no formal dementia training. More staff.

Registered Nurses (Band 7 or above)

Difficult to provide the environment they require in an emergency setting.
Due to the shortage of nurses, I think we should over staff on support workers. If you have enough junior staff just to "watch the patients", it makes work much easier if you are working short on registered nurses.
Freedom to be able to wander about safely, with minimal supervision of one staff.
Improving the pathways, so patients with dementia spend as little time in hospital as possible. At present, it takes nearly the same amount of time to discharge a complex dementia patient as it does to get them medically well. Better access to specialist dementia care within psychiatric services - patients wait too long for these, even when it is identified they need this.

Registered Nurses (Band 7 or above)

More staff training.

Offering distraction/stimulating activities.

Provide more training to staff on the ward, not rely on eLearning.

Psychiatric liaison service could be better making it quicker for patients to be reviewed and assessed. Also, need extra specialist staff with psychiatric training to be available on the general wards to help manage/ special problematic situations that can sometimes arise.

Staffing the wards to reflect the acuity/ dependence would be a step in the right direction. Failing that, reducing the bed stock to enable care standards to be maintained. Some excellent strides have been made in engaging the voluntary sector to support services on the ward. The profile of dementia care as a speciality will always need promoting. It is a challenging yet very rewarding area to work in.

We could do much better at the appropriate placement of patients when the hospital is very pressed for beds. We sometimes move patients with dementia late in the evening onto outlying wards, which is not the right thing to do but it feels like there is no option. It would be lovely to have more time to meet the needs of people with dementia - it can take a lot of time, coaxing and persuading to encourage patients to eat/ drink/ etc. and there is not enough time - we are all so rushed off our feet. More volunteers on all wards would be lovely to help with this.

We try hard to use the "All About Me" booklets and provide consistency in staff caring for patients with dementia - but the ongoing issue is down to staffing levels on wards. We are trying to secure funding for more housekeeper hours so we could have 7-day cover 7:30-19:30, to support mealtimes and feeding.

Healthcare Assistants

More staff on ward.

More staff.

More training.

We need to have an outdoor area for our patients. It would be more appropriate.

Doctors

Active encouragement of families/ friends to visit at any time and to be present at mealtimes. Also, developing more social activities for people with dementia, even just sitting in groups around a table, rather than by their beds.

Asking everyone who attends as a new patient if they have a dementia diagnosis.

Better contribution of elderly care physicians to the care of those patients once their speciality care has been delivered. Better interaction with the mental health trust - often very difficult to engage.

Better staffing levels (medical and nursing), and providing dementia training and support for all support workers, nursing staff and doctors would help. However, the NHS is experiencing a funding, staffing and recruitment crisis which will make this very difficult to achieve.

By ensuring support staff encourage better hydration and nutrition by assisting patients more and use of aids.

Clarify pathway for people suspected to have dementia. Clear points of contact and early review of inpatients, especially where diagnosis is suspected but not made, and of those with complex features.

Clinicians could give appropriate and specific clinical information on imaging requests.

Doctors

Complex discharges from wards that are not solely caring for dementia could benefit from more support - essentially a bigger team as what they do do, is great. Also, helping where the patient was the carer for a person with dementia - getting the person assessed when they are not my patient is almost impossible.

Cross cutting services for dementia across both sites and support for the front-line doctors and nursing staff. Better accessibility of services for dementia patients when they have other serious medical problems - safe discharge for these patients is incredibly challenging within the current system. Services for people with dementia overlapping with a serious medical disorder is severely lacking, especially when it comes to trying to discharge the individual home. My experience of a patient with leukaemia and dementia (both new diagnoses), was decidedly poor.

Easier access to more support workers when we have more complex dementia patients on non-specialist wards to spend time with them.

Have a named individual travel with them on hospital journeys for scans and to the operating theatre.

I think more could be done to manage wandering patients on non-geriatric wards where this behaviour is sometimes not tolerated or managed well.

I think we do pretty well but there is a dearth of support in the community.

Improved staff awareness.

Key thing need to do is improve flow. To do this, need to improve access to support at home post acute illness. This will allow frail patients with dementia to get home, not be sat in acute wards when not needed (often leading to decisions for long term care). Improve flow and staffing will improve and patients won't be sat on trollies in corridors (often the vulnerable and frail).

Mandatory training modules.

More nurses to care for dementia patients.

More prompt discharge from acute setting to a more suitable place.

More time to support patients with basic needs - feeding and walking with them.

More use of "All About Me". Activities programme.

Speed of initial assessment could be improved.

Staffing ratios - the most confused patients can require 1 to 1 supervision, but this is very difficult.

Support with nutrition. There are wards where the support staff cannot possibly help the numbers of patients who require assistance with feeding. We ask families to come and help and there are occasionally volunteers but there is frequently a shortage of help at mealtimes. Also, increasing the number of trained staff would help ensure that there is time to ensure that medications are given to the patient, rather than being left on the table where they are ignored or lost. There are many patients who require 1:1 support to ensure their safety. There are rarely enough staff to allow this. Offsite rehab facilities are limited for patients with dementia. The delay in social services assessment for decision support tool impacts disproportionately on patients with dementia. There are many of them who are medically fit waiting in hospital for a social services assessment for permanent care and this group are at particular risk of inpatient falls and the consequences of that.

The care I provide for patients with dementia is through anaesthesia and critical care. I am not aware that there are problems with our anaesthetic management of the dementia patient. Following this survey, I will reflect on our management and consider if there are steps we need to make to improve the delivery of care.

The ward managers and staff try hard to make the environment dementia friendly, they use the "all about me" documents, they have undergone extra training and support patients and families with information. They support very active facilitation to open visiting, and when possible, allow relatives to stay overnight. We are a very busy admitting area and there are staff vacancies and so at times out of hours, there may be reduced numbers to assist all patients with meals to the extent the staff would wish. They do their utmost to support the patients within the resources they have. Our unit encourages research and service

Doctors

development and feeds into the trust dementia working group to look at operational issues and improve service user experience. Sometimes, due to the intensity of time pressures in role as consultant, service lead, educational supervisor etc., I do not have the full time I would like to spend with individual patients 100% of the time. Insufficient occupational therapy support currently due to maternity leave and personnel changeover - the therapy leads are trying to address this.

Value the time that medical staff can spend with an individual patient.

Wider range of snacks available at all times.

Allied Healthcare Professionals

Dementia specialist nurses do you need more of them? So we can refer to them like we do diabetes and palliative care. Nutritional needs - might want to develop a role for care support worker/ dementia champion to develop skills to observe patients with feeding difficulties, to identify the core issues, to provide advice on solutions. The dementia mealtime assessment tool has been developed with a view that anyone can use - a licence would cost the trust £5 a month. It's based on Jacqueline Kindall's book (speech and language therapist) but has been tested in care settings by the 'licensee'. "All about me" was developed to help record patient preferences, not sure it is used as well as it might.

Enable therapists to have more time to spend with patients with dementia, to enable us to improve their physiotherapy sessions. Very little time to allocate to treating patients with dementia so often unable to incorporate what their likes/ dislikes are, to aid treatment.

Encourage use of "all about me" booklets.

More staffing and more time to meet each patient's needs. More dementia and communication training. Very important that these types of patients have staff that can speak English to a high standard. Because there are huge demands on time with inadequate staffing, these patients do not have enough time during treatment to cover their needs and give the time and encouragement they need. Continuity for patients and family is also important.

More volunteers around mealtimes to support feeding patients, and aiding with the provision of finger foods.

Routine use of the "This is Me" document for all patients, not just those with obvious or clearly diagnosed dementia.

Students

No comments from students for your hospital.

Therapy Assistants & Allied Healthcare Professional Assistants

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

Ward-based Administrators

Boredom is a big problem for patients with dementia - also the noise issues we have on the ward from time to time. Perhaps an activity coordinator would be a good idea. We do offer the art group once a week on Wednesday and we do have lost chord once a month on Thursday. I do understand it can be difficult to stimulate a person with dementia but we do look after patients who are at varying stages in the dementia process.

Other / Unknown

By keeping new staff up to date with any training.

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