

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

Local report appendices for:

St George's Hospital, London

St George's University 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	No	No

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	Yes Yes	
	4b	Complaints – analysed by age (y/n)	52.3% 104/199	No 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 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	No Yes	
4.11 [2]	5	There are champions for dementia at:			
	5a	Directorate level (y/n)	81.9% 163/199	No 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, 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	Quarterly	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	No	New question for Round 3

Discharge and transfer monitoring

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
N5a [3]	14	Instances where less than 24 hours notice of discharge has been given to carers or family are compiled and reported to the Executive Board:			
		Yes, within the past 6 months	4% 8/199	No	New question for Round 3
		Yes, within the last year	1.5% 3/199		
N3c [3]	15	Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: (y/n)	38.2% 76/199	Yes	New question for Round 3

Use of personal information documents

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	16	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia: (y/n)	98.5% 196/199	Yes	Yes
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	Yes
	17b	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes reminders or support with personal care: (y/n)	98.5% 193/196	Yes	Yes
	17c	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress: (y/n)	100% 196/196	Yes	Yes
	17d	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes support or actions that can calm the person if they are agitated: (y/n)	99% 194/196	Yes	Yes
1.15 [3]	17e	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes life details which aid communication: (y/n)	99.5% 195/196	Yes	Yes
1.14 [1]	18	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes how the person with dementia communicates with others/ understands communication: (y/n)	99.5% 195/196	Yes	New question for Round 3

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.14 [1]	19	(If Q16=Yes) The form prompts staff to approach carers or relatives to collate necessary information: (y/n)	93.4% 183/196	Yes	Yes
20	Documenting use of personal information in practice: Hospitals selected three wards (not mental health wards) which had the highest admissions of people with dementia. 10 patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me" (any patients with dementia who did not require a personal information document were excluded).				
	Ward 1:		Heberden		New question for Round 3
	Ward 2:		Dalby		
	Ward 3:		Amyand		
	Number of patients checked:		-	21	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	18	New question for Round 3
	Percentage of patients where the information was present:		-	86%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

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

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
9.3 [1]	<i>(If Q21=Yes)</i> Please say what this is:				
	21a	A visual indicator, symbol or marker	91.1% 164/180	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	-	
		Other	18.9% 34/180	-	
	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	Yes
	22a	<i>(If Q22=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	87.1% 122/140	√	A visual indicator, symbol or marker
		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	No	No
7.5 [3]	27	What format is used to deliver basic dementia awareness training?			
		eLearning module	72.9% 145/199	√	New question for Round 3
		Workshop or study day	91% 181/199	√	
		Higher education module	22.6% 45/199	-	
		Other	29.1% 58/199	-	

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

Specific resources supporting people with dementia

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.2 [2]	30	The hospital has access to intermediate care services, which will admit people with dementia: (y/n)	93% 185/199	Yes	No
6.3 [3]	30a	<i>(If Q30=Yes)</i> Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission: (y/n)	84.3% 156/185	No	N/A
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	No	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	No
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	N/A
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	N/A
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	No	Yes

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

Environment

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

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

Appendix B: Patient demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
34 - 65	2.2% (221)	4% (2)
66 - 80	24.3% (2445)	22% (11)
81 - 100	73% (7332)	72% (36)
101 - 108	0.4% (39)	2% (1)
Unknown	0.1% (10)	0% (0)

Age	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	34 - 108	62 - 103
Mean	84	84.5
Median	85	85

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	42% (21)
Female	59.9% (6018)	58% (29)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	66% (33)
Black/ Black British	1.2% (123)	4% (2)
Asian/ Asian British	1.9% (193)	6% (3)
Chinese	0.1% (10)	0% (0)
Mixed	0.1% (11)	0% (0)
Not documented	2.1% (210)	18% (9)
Other	12.4% (1250)	6% (3)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	60% (30)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	2% (1)
Asian language	1.4% (144)	4% (2)
Not documented	19% (1909)	30% (15)
Other	0.6% (59)	4% (2)

Primary diagnosis/ cause of admission*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Respiratory	19.9% (1998)	18% (9)
Fall	13.3% (1332)	8% (4)
Urinary/ renal	9% (901)	12% (6)
Hip dislocation/ hip fracture	7.5% (754)	6% (3)
Sepsis	6.3% (633)	2% (1)
Delirium/ confusion	6% (604)	8% (4)
Gastrointestinal	5.9% (595)	4% (2)
Cardiac/ vascular	5.1% (517)	4% (2)
Stroke	3.8% (380)	6% (3)
Neurological	3.6% (364)	6% (3)
Skin lacerations/ lesions	2% (204)	8% (4)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	2% (1)
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)	0% (0)
Endocrine/ metabolic	1.1% (112)	2% (1)
Other fractures	1% (96)	0% (0)
Cancer	0.9% (94)	0% (0)
Surgical/ non-surgical procedure	0.9% (86)	2% (1)
Pain/ swelling	0.8% (85)	2% (1)
Hepatology	0.8% (84)	0% (0)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	2% (1)
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)	38% (19)
General Medical	23.5% (2359)	22% (11)
Other Medical	9.9% (999)	10% (5)
Orthopaedics	8.9% (892)	4% (2)
Surgical	6.8% (681)	10% (5)
Stroke	4.5% (456)	8% (4)
Cardiac	2.5% (248)	2% (1)
Other	1.4% (136)	4% (2)
Nephrology	0.5% (52)	2% (1)
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)	0% (0)
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% (1)
Received end of life care in hospital/ was on an end of life care plan	13% (1302)	6% (3)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
2 - 10 days	45.3% (4553)	46% (23)
11 – 20 days	25.5% (2559)	20% (10)
21 – 30 days	11.3% (1132)	12% (6)
31 – 40 days	6.7% (671)	4% (2)
41 – 50 days	4.2% (418)	4% (2)
51 – 60 days	2.3% (230)	6% (3)
61 – 70 days	1.7% (168)	4% (2)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	0% (0)
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	3-226
Median (days)	12	11.5

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	72% (36)	50% (25)
Respite care	0.8% (80)	1.6% (136)	2% (1)	0% (0)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	2% (1)
Psychiatric ward	0.5% (48)	0.7% (62)	2% (1)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	0% (0)	0% (0)
Intermediate care	0.3% (27)	2% (172)	0% (0)	4% (2)
Residential care	16.9% (1701)	17.7% (1551)	4% (2)	2% (1)
Nursing home	19.7% (1981)	28.7% (2511)	20 (10)	32% (16)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	0% (0)	10% (5)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	72% (36)
Own/ carer's home to nursing/ residential care	11.1% (972)	8% (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%)	91.5% 43/47	97.1% 33/34	
	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%)	84% 42/50	82.5% 33/40	
	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%)	88.1% 37/42	93.8% 30/32
		Other action taken	4% 352/8822 (2%, 0-5%)	2.4% 1/42	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	90.5% 38/42			
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%)	76% 38/50	72.5% 29/40	
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%)	74% 37/50	70.6% 24/34	
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%)	56% 28/50	67.6% 25/37	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
1.13 [1]	19	Has an assessment of functioning been carried out?		
		45.3% 4212/9294 (45%, 23-66%)	58.3% 28/48	55.3% 21/38
		42.8% 3977/9294 (44%, 26-58%)	31.3% 15/48	New answer options for Round 3
		1.7% 161/9294 (0%, 0-2%)	2.1% 1/48	
		89.8% 8350/9294 (92%, 85-96%)	91.7% 44/48	

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	54% 4684/8682 (55%, 38-72%)	68% 34/50	64.5% 20/31
1.4 [2]	21	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?		
		25.9% 2603/10047 (24%, 14-36%)	42% 21/50	60% 24/40
		18.5% 1863/10047 (15%, 6-25%)	18% 9/50	20% 8/40
		44.5% 4466/10047 (42%, 27-60%)	60% 30/50	80% 32/40
1.5 [2]	21a	85.3% 2220/2603 (90%, 78-100%)	100% 21/21	62.5% 15/24

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%)	50% 25/50	50% 20/40
	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%)	66.7% 16/24	65% 13/20
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	8.3% 2/24	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%)	76% 19/25	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	4% 1/25	
	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%)	88% 22/25	70% 14/20
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	0% 0/25	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%)	66.7% 14/21	40% 8/20
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	9.5% 2/21	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%)	45% 9/20	20% 4/20
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	10% 2/20	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%)	83.3% 20/24	60% 12/20
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	0% 0/24	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%)	25.6% 10/39	23.5% 8/34
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	0% 0/29	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% 0/29	
		Not routine/ not standard practice	5.8% 331/5690	0% 0/29	
		Not documented/ unknown reason	78.1% 4444/5690	96.6% 28/29	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	3.4% 1/29		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	74.4% 29/39	73.5% 25/34
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	38.5% 15/39	55.9% 19/34
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	26.7% 4/15	36.8% 7/19
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%)	17.9% 7/39	44.1% 15/34	
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%)	71.4% 5/7	40% 6/15	

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%)	57.9% 11/19	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%)	36.4% 4/11	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%)	25% 1/4	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	75% 3/4	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/4	
	27a (i)	There are no documented concerns about the patient's capacity to consent to the referral:	29.6% 488/1649 (25%, 11-50%)	63.6% 7/11	
	27a (iii)	The patients consent was requested and this is recorded	29.1% 142/488 (25%, 0-50%)	28.6% 2/7	
		There is no record of the patients consent*	70.9% 346/488 (75%, 50-100%)	71.4% 5/7	
	27a (ii & iii)	Consent or best interests (responses options combined)	66.2% 1091/1649 (67%, 50-86%)	54.5% 6/11	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	45.5% 5/11	

*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%)	75.7% 28/37	89.7% 26/29
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%)	53.8% 21/39	43.5% 10/23
	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%)	69.2% 27/39	71.9% 23/32
	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%)	74.4% 29/39	29.4% 10/34
	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%)	82.1% 32/39	64.7% 22/34
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%)	87.2% 34/39	82.4% 28/34
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%)	47.2% 17/36	60.6% 20/33
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	86.5% 32/37	76.5% 26/34
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%)	97.3% 36/37	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%)	46.4% 13/28	20% 6/30
	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	63.6% 7/11	75% 3/4
		Patient awaiting assessment	9.1% 190/2088	0% 0/11	25% 1/4
		Patient awaiting history/ results	6.1% 127/2088	9.1% 1/11	0% 0/4
		Patient awaiting surgery	9.6% 200/2088	18.2% 2/11	0% 0/4
		Patient presenting confusion	5.7% 120/2088	9.1% 1/11	0% 0/4
		Patient on end of life plan	0% 1/2088	0% 0/11	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/11	0% 0/4
		Patient unresponsive	0.3% 6/2088	0% 0/11	0% 0/4
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/11	0% 0/4
		Not recorded	-	-	0% 0/4
Other	0% 0/2088	0% 0/11	0% 0/4		

Support for carers and family

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
5.10 [2]	35	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	19.5% 1432/7329	10.3% 4/39	11.8% 4/34
		24 hours	12.2% 897/7329	12.8% 5/39	2.9% 1/34
		25 - 48 hours	14.7% 1075/7329	5.1% 2/39	11.8% 4/34
		More than 48 hours	27.1% 1985/7329	28.2% 11/39	47.1% 16/34
		No notice at all	0.5% 35/7329	0% 0/39	5.9% 2/34
		Not documented	24.2% 1770/7329	41% 16/39	17.6% 6/34
		No carer, family, friend/ could not contact	1.8% 132/7329	2.6% 1/39	2.9% 1/34
		Patient specified information withheld	0% 3/7329	0% 0/39	New answer option for Round 3
5.5 [2]	36	An assessment of the carer's current needs has taken place in advance of discharge: (y/n/na)	67.3% 2605/3868 (70%, 50-88%)	58.6% 17/29	88.5% 23/26

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	5.8% (6)
25 – 34 years	2.9% (133)	5.8% (6)
35 – 44 years	5.6% (259)	7.7% (8)
45 – 54 years	16.2% (749)	13.5% (14)
55 – 64 years	25.8% (1193)	27.9% (29)
65 – 74 years	20.8% (960)	21.2% (22)
75 – 84 years	19.1% (885)	13.5% (14)
85 years or over	7.4% (343)	4.8% (5)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	33.7% (35)
Female	68.1% (3150)	66.3% (69)
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)	50% (52)
Black/ Black British	3% (140)	18.3% (19)
Asian/ Asian British	3.3% (152)	15.4% (16)
Mixed	1% (44)	4.8% (5)
Chinese	0.2% (9)	1% (1)
Other	1.4% (64)	9.6% (10)
Prefer not to say	2.7% (124)	1% (1)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	20.2% (21)
Family member	55.9% (2597)	61.5% (64)
Friend	4.4% (203)	4.8% (5)
Professional carer (health or social care)	5.4% (249)	13.5% (14)
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)	62.4% (63)

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	52.6% 51/97
		43.3% 1980/4578	40.2% 39/97
		10.2% 468/4578	7.2% 7/97
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?	
		54.2% 2489/4592	54% 54/100
		36.4% 1672/4592	39% 39/100
		9.4% 431/4592	7% 7/100
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	62.6% 62/99
		34.2% 1515/4433	30.3% 30/99
		10.4% 462/4433	7.1% 7/99
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	79.4% 81/102
		20.8% 952/4569	18.6% 19/102
		3.2% 146/4569	2% 2/102

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	41% 41/100
		Yes, to some extent	40.4% 1843/4566	42% 42/100
		No	17.8% 815/4566	17% 17/100
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	51.5% 50/97
		Yes, to some extent	36.4% 1637/4497	36.1% 35/97
		No	16.1% 722/4497	12.4% 12/97
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	49% 50/102
		Yes, to some extent	34.5% 1563/4524	33.3% 34/102
		No	20.1% 908/4524	17.6% 18/102

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?	
		34.5% 1602/4645	35.6% 37/104
		33.9% 1575/4645	32.7% 34/104
		17% 790/4645	15.4% 16/104
		9.6% 446/4645	15.4% 16/104
		5% 232/4645	1% 1/104
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?	
		42.5% 1933/4544	40.8% 42/103
		34.1% 1551/4544	38.8% 40/103
		14.3% 648/4544	16.5% 17/103
		4.8% 220/4544	2.9% 3/103
		4.2% 192/4544	1% 1/103

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?	
		50.3% 2204/4379	50.5% 48/95
		34% 1487/4379	40% 38/95
		9.9% 434/4379	8.4% 8/95
		5.8% 254/4379	1.1% 1/95

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)	40.9% (61)
26 - 50%	25.6% (3651)	23.5% (35)
51 - 75%	24.4% (3489)	20.8% (31)
More than 75%	18.1% (2588)	14.8% (22)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	18.1% (27)
Female	83.2% (11954)	81.9% (122)
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)	52% (77)
Black/ Black British	4.1% (594)	18.2% (27)
Asian/ Asian British	8% (1150)	13.5% (20)
Mixed	1.3% (183)	2.7% (4)
Chinese	0.5% (73)	0.7% (1)
Other	4.5% (646)	10.8% (16)
Prefer not to say	1.7% (241)	2% (3)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	41.6% (62)
Registered nurse (Band 7 or above)	12.7% (1831)	11.4% (17)
Healthcare assistant	23.1% (3324)	11.4% (17)
Doctor	11.5% (1645)	8.1% (12)
Allied healthcare professional	11.9% (1713)	16.1% (24)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	2% (3)
Student	2.3% (332)	4.7% (7)
Ward based administrators	4% (571)	4% (6)
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)	10.2% (15)
30 hours or more	87% (12458)	89.8% (132)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	8.2% (12)
6 - 11 months	9.5% (1364)	9.5% (14)
1 - 2 years	15.6% (2242)	24.5% (36)
3 - 5 years	16.4% (2350)	17.7% (26)
6 - 10 years	15.9% (2283)	16.3% (24)
11 - 15 years	12.1% (1739)	9.5% (14)
More than 15 years	22.4% (3205)	14.3% (21)

Appendix G: Staff questionnaire data

Specialist services for dementia

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)		
4.11 [2]	1	Do you feel supported by specialist services for dementia in your hospital? <i>E.g. dementia specialist team, mental health liaison, dementia champions.</i>					
	1a	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>					
		Yes, always	28.7% 4026/14024	61.6% 8640/14024	41.6% 62/149	70.5% 105/149	
		Yes, most of the time	32.9% 4614/14024		28.9% 43/149		
		Yes, sometimes	26.8% 3760/14024	-	22.8% 34/149	-	
		No	11.6% 1624/14024	-	6.7% 10/149	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	10.8% 12/111	36% 40/111
			Yes, most of the time	15.7% 1763/11207		25.2% 28/111	
	Yes, sometimes		27.9% 3129/11207	-	30.6% 34/111	-	
	No	48.6% 5441/11207	-	33.3% 37/111	-		

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	70.3% 97/138
		53.2% 7030/13205	39.1% 54/138
		5.4% 713/13205	2.9% 4/138
		7.7% 1018/13205	2.2% 3/138
		7.3% 961/13205	5.1% 7/138
		17.3% 2278/13205	10.1% 14/138
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	42.6% 52/122
		50.5% 5390/10670	50.8% 62/122
	7.3% 778/10670	6.6% 8/122	

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	30.7% 46/150	64% 96/150
		Yes, most of the time	38.5% 5525/14345		33.3% 50/150	
		Yes, sometimes	33% 4734/14345	-	28.7% 43/150	-
		No	7.1% 1014/14345	-	7.3% 11/150	-
	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	36% 50/139	78.4% 109/139
		Yes, most of the time	40.9% 5454/13329		42.4% 59/139	
		Yes, sometimes	30.6% 4074/13329	-	20.1% 28/139	-
		No	1.9% 252/13329	-	1.4% 2/139	-
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	39.3% 59/150	78% 117/150
		Yes, most of the time	33.2% 4759/14333		38.7% 58/150	
		Yes, sometimes	27.3% 3913/14333	-	17.3% 26/150	-
	No	10.6% 1516/14333	-	4.7% 7/150	-	

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)?	
		49.8% 6203/12457	50.4% 65/129
		37.2% 4636/12457	36.4% 47/129
		9.7% 1210/12457	10.9% 14/129
		3.3% 408/12457	2.3% 3/129

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>			
		51.2% 6131/11978	78.5% 9402/11978	47.2% 59/125	73.6% 92/125
		27.3% 3271/11978		26.4% 33/125	
		16.1% 1927/11978	-	18.4% 23/125	-
		5.4% 649/11978	-	8% 10/125	-
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?			
		25.9% 3181/12263	76.1% 9330/12263	38.9% 49/126	81.7% 103/126
		50.1% 6149/12263		42.9% 54/126	
		19.2% 2357/12263	-	18.3% 23/126	-
		4.7% 576/12263	-	0% 0/126	-

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	40.4% 38/94	83% 78/94
		Yes, most of the time	47.6% 4352/9148		42.6% 40/94	
		Yes, sometimes	18.7% 1708/9148	-	17% 16/94	-
		No	3.3% 303/9148	-	0% 0/94	-
	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	24.5% 23/94	60.6% 57/94
		Yes, most of the time	27.5% 2516/9143		36.2% 34/94	
		Yes, sometimes	42.5% 3887/9143	-	29.8% 28/94	-
		No	19.3% 1763/9143	-	9.6% 9/94	-
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	18.3% 17/93	43% 40/93
		Yes, most of the time	32.5% 2942/9047		24.7% 23/93	
		Yes, sometimes	27.7% 2506/9047	-	39.8% 37/93	-
	No	23.5% 2125/9047	-	17.2% 16/93	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	35.5% 33/93	77.4% 72/93
		Yes, most of the time	39.3% 3456/8788		41.9% 39/93	
		Yes, sometimes	16.8% 1476/8788	-	14% 13/93	-
		No	15.6% 1368/8788	-	8.6% 8/93	-
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	38.7% 36/93	66.7% 62/93
		Yes, most of the time	27.2% 2398/8822		28% 26/93	
		Yes, sometimes	22.5% 1983/8822	-	17.2% 16/93	-
		No	12.3% 1085/8822	-	16.1% 15/93	-
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	44.7% 42/94	81.9% 77/94
		Yes, most of the time	28.7% 2615/9119		37.2% 35/94	
		Yes, sometimes	20.7% 1886/9119	-	16% 15/94	-
		No	6.1% 558/9119	-	2.1% 2/94	-
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	55.9% 52/93	87.1% 81/93
		Yes, most of the time	33.4% 3039/9090		31.2% 29/93	
		Yes, sometimes	15.5% 1408/9090	-	7.5% 7/93	-
		No	4.9% 444/9090	-	5.4% 5/93	-

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 St George's Hospital, London are provided.

Registered Nurses (Band 5 or 6)
[When] patients with dementia are admitted, the reach-out form should be filled up in the acute medical unit when family members are with them, to at least know dislikes, likes etc. of patients. There should be more study days for healthcare members, even doctors and nurses so that they will be more aware and compassionate. Compassion is already lost in the healthcare system.
A dementia specialist nurse would help.
Allow open visits for carers to assist if they want. Hospital has recently reviewed skill of the ward taking into account the number of patients with dementia and behavioural problems to support individualised care.
Allowing to make their choice/ own decisions in every aspect of their care. You don't get praise for your good work and efforts in caring for patients assigned to one as a registered nurse. Seniors are always on the frontline to criticise you for your downfalls and quick in [assigning blame to] you as it's your fault for everything that goes wrong.
Better plan for when people with dementia become completely unmanageable. After you have tried talking, bringing family to the hospital, have a special, have had the doctor/ other members of staff try speak with them... and they are very, very distressed - very unsettling for the patient, their family and staff.
By providing dementia friendly environment.
Care not met due to understaffing at some point - more staff.
Catering staff to have more training on the nutritional needs of patients with dementia.
Changing some of the wards so these are not bays full of people with dementia getting disorientated and confusing each other.
Continue patient centred care.
Dedicated coloured bays/ side rooms or day rooms for patients with dementia.
Dementia education/ dementia specialist nurses. More activities/ distractions for patient with dementia.
Encourage a dementia part of the handover with brief comments on how best to orientate and meet the nutritional needs of patients with dementia. Using the volunteers to support specifically dementia patients for a morning or afternoon. Also, providing activity boxes with board games etc. to use with these patients.
Have more teaching and a team of people dedicated to patients with dementia who review them often and could advise nursing staff.
Having a dementia care nurse who goes around the hospital and asks dementia patients' needs and wants.
Hiring more staff, as healthcare assistants, to provide individual care to each patient.
I am an agency worker, all my training and experience I had is from my trust. This hospital should include bank and agency staff on their training.
I did an online training on my own time and expenses, so I believe that more study days will be beneficial.
I feel we need clearer documentation for dementia patients for getting to know them, their likes and dislikes etc. Something for their family and friends to fill in would be highly beneficial, especially when verbal communication is not possible.
If relatives or patient's next of kin aware of the best way to help patient in meal and hydration therapy, helps staff to [provide] more reliable care by nursing staff - like white board with written reason for admission and photo of family picture next to patient's bed.

Registered Nurses (Band 5 or 6)

Increase the staffing - 1:6.
Mealtime protecting to be more efficient, it is not respected by all healthcare professionals. Often, I see porters come and pick a patient for x-ray or so and I need to stop them. Also, often, we don't have finger foods in the ward (sandwiches, biscuits, etc.) - this should be more available or, if it is, the choice is not great. Also, we should have menus with photographs for patients with dementia as often dementia patients have difficulty understanding the written menu.
Might need extra staff during their confusion - staff to reassure them as they need constant supervision in activities of daily living.
More dementia nurses to help facilitate better dementia care.
More dementia specialist nurses to train wards. Promote dementia nurses to band 7 - give them more autonomy to improve care and make decisions.
More friendly environment. More staff to spend time doing activities (music therapy, reading...). More study days for the staff.
More staff training needed.
More staff, more training, better facilities.
More training for staff and support available for them too.
More training, study day and more trained staff.
One to one with interesting activities to distract them and occupy their mental focus.
People with dementia need more support with daily activities and sometimes we don't get enough staff to stay all the time with that person. For example, sometimes I don't manage to encourage people with dementia to drink so many times that I would like to, or to spend more time with them to encourage self-care. Sometimes, shifts are so busy that instead of giving patients time for him/ her to dress himself/ herself with the time that they need, we just do it for them. Not promoting the independency that they can have and I would like to improve that... I really would like to have enough staff to give a better care in small aspects like this.
Provide training for recovery and theatre staff.
Staff taking the time to complete the hospital passport and actually using them to meet the patient's needs. Activities to be available for people with dementia. Staff numbers to increase considerably to meet the needs of people with dementia.
This is an extremely busy unit and so the only real way to guarantee excellent patient support for dementia would be to increase staffing levels.
To be able to provide better post operation food for dementia patients and possibly a bleep type system for relatives, like we have for paediatric patients.
Train staff to be more FLEXIBLE when giving care to patients [who have] dementia.
Training, study day, staff.
Utilise the carers more.
We could have more trainings regarding dementia, as I can't remember when the last time I had one was. Personally, I have been working in a dementia unit previously and I feel prepared to look after patients with dementia. But these days, we get lots of patients and we do not always have the time to sit with these patients and meet their needs. If they are not very mobile, they let them stay in bed all day so they don't have to watch them and they are rarely encouraged to get out of the room unless physiotherapists are around.
We give time to relatives when a new diagnosis is made, give time to reflect. Allow time to accept diagnosis.

Registered Nurses (Band 7 or above)

All dementia patients need 1:1 band 2s so that their needs can be met. They should not be on very acute medical wards.

Band 3 dementia support workers to special patients and provide the 1:1s they may need.

Certainly, making sure that dementia patients come with a passport if they have one.

Ensure completed personal passport information pack with names and contact details of all people usually involved in care (social worker, support nurse, GP, next of kin, care home support staff) as well as personal information and preferences.

More available space for daily activities (e.g., recreation, therapy).

More dementia nurses.

More face to face training for staff.

More staff to be able to give the patient time to communicate their needs and wants.

More training and awareness. Out of hours request for special meals.

Nurses to do thorough risk assessments of all patients on admission, especially over 65s and identify their specific needs and inform nurse in charge and start care plan based on that. They need to refer to appropriate team like dementia team and complete the care plan for dementia patients. Discharge issues need to be identified well ahead and care planned with patient and significant others.

Reduce moves for patients late at night. To be able to accommodate patients in smaller bays to provide less stimulation and noise.

Staffing is sometimes a major issue. Not that the hospital won't provide it, but that the shifts are not always fully staffed due to lack of agency/ bank staff.

We need more space for patients with dementia, especially during mealtimes so they can eat together in one area, we need room for them [to do] their regular activity.

Healthcare Assistants

By giving away leaflet of information to relatives and carers.

By reporting and give handover to the nurse about patient, and more training.

Dementia awareness workshops for staff.

I think if you work with the same patient every shift, you get to know them better and see the likes and dislikes of the patient.

I think they should inject in more staff because most of our patients are dependant with all care.

Increase staffing levels on elderly care wards to enable us to have more time to care for the patients with dementia. More time to interact and talk to patients. More activities would be helpful to keep patients stimulated i.e. art classes, music therapy, massage etc. I think more finger foods for patients with dementia would be really helpful. Sometimes they don't want to eat big menus but like to snack if food is left in front of them.

Increase the level of staff to give quality centred care and increase the study days to an advanced level for people who are not a registered nurse or doctor i.e. healthcare assistant

More and adequate staffing to fully support the patients with dementia.

More study days (on dementia).

More support for relatives to help this cope.

Providing enough staffing.

Healthcare Assistants

To give one on one care to the patients till the end of their treatment in the hospital. The person allocated to them could be taking them out in a wheelchair to get fresh air to avoid boredom. Those who like music should be provided with tapes to play music of their choice. The hospital should try to provide for different ethnic diets. For example, those from African background often do not get food of their choice and as such refuse to eat.

Doctors

Bright coloured boxes for hearing aids, dentures and glasses to reduce the risk that they are lost.

Improve awareness of the butterfly scheme and dementia awareness with all staff groups.

More nursing staff.

We often have patients with dementia who are admitted with ear nose or throat issues such as nose bleeds. When the patient is in hospital, the care of the elderly team will not take over their care and often the family decide they cannot take them home so they stay far too long in an inappropriate setting. Better coordination for emergency respite care and/ or implementing support at home would be good for patients and the trust.

Allied Healthcare Professionals

Better orientation tools, ward set up with communal areas. More stimulation on ward.

By introducing mandatory face to face training for all healthcare professionals.

For there to be a greater awareness of dementia services and how to access them. This information is probably known on the care of the elderly wards, but could be promoted more widely across the hospital.

I think more orientation boards and clocks that are visible from the beds, including night time/ daytime clocks. The bright lights of the ward, even at night do not help with patient's orientation and can lead to more distress.

Increasing group and one to one simulative activities for people with dementia. Currently, only one cognitive stimulation group on one senior health ward once a week. Increased resources for people with dementia to use at their leisure.

Invest in simple modifications such as visible clocks, use of colour on the ward, making the environment dementia friendly. Access to outdoor space. Review staffing needs from multidisciplinary team to ensure patients' needs are met.

It may be possible to have our dementia patients wear pin badges that are designed using the dementia symbol OR a purple coloured jigsaw piece pin badge. They can wear it proud knowing that all staff will abide by the trust values of excellence, kind, respectful and responsible when treating or looking after the patient. Every manager can relay back to team about badge or pin to all staff members.

More activities or groups for patients with dementia. More 1:1 time for patients with dementia.

More people need to be aware of the blue butterfly scheme and extra care and support should be allocated to such patients. It should be noted in the patient's notes and staff act accordingly, put blue butterfly on bed without having to be asked by relatives. Sometimes, the staff or doctors don't realise and the patient is treated or spoken to in the same manner as a normal patient - this can have a negative effect on the patient. This I can say from personal experience. The patient was spoken to abruptly by a doctor and staff nurse - as a result she refused to remain on the ward a minute longer and self-discharged. Poor care from medical team (4 years ago).

Allied Healthcare Professionals

More training for all staff - including agency and locum.

Provide training to staff in all appropriate areas.

Providing more nursing staff to manage these patients, e.g. one HCA to two dementia patients.

Study day or awareness meeting.

Support from dementia team seven days a week. Greater access to patient passports and improved links with community services. More information regarding dementia screening process.

The ward environments are too bland, disengaging and disorientating. This could be improved e.g. clock, paint walls better colours.

To have the blue butterfly on patients notes so that we are aware and deal with them more patiently. To be accompanied by relative and have patient passport.

Use of voluntary sector e.g. dementia friendly volunteers to sit and support the patients on the ward at certain busy times.

Students

A day room has been suggested where the patients are able to assimilate in an environment that they feel more comfortable and relaxed within.

Better communication between staff and patients and relatives.

Fill in hospital passport with details about the patient. Give healthcare assistants specialist training so they know how to handle and care for dementia patients when specially working on the bay as well as nurses.

The wards could be more dementia friendly such as using colours. More communication tools to use which will allow better understanding of their needs.

Therapy Assistants & Allied Healthcare Professional Assistants

Making sure that all staff and agency staff are competent to care for patients with dementia, not all agency staff are.

More staff on the ward as patients with dementia very often require one to one care.

To run consistent therapy groups. Friendlier uniform. Meals patients can relate to.

Ward-based Administrators

More information for relatives.

People should not ever talk patronisingly to dementia patients, they have to remember that they once had a life with a wife/ husband/ children/ grandchildren. May have fought a war for us and had very important jobs. This must never be forgotten. They should be treated with patience, kindness and respect for the life that they once had, and not the person they have become.

We need more nurses to help stop the sign much sooner. Also, to inform the family so not so many fall through the net. It is very hard to understand the changes to their loved ones - more information is needed.

Other / Unknown

The hospital need to try and ensure that the wards will look after patients with dementia, have adequate staffing level at all times. The hospital need to provide ongoing dementia training as often as possible, this will improve staff confidence.

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