

DEMENTIA
NATIONAL AUDIT OF
DEMENTIA



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

Local report appendices for:

Wythenshawe Hospital

**University Hospital Of South Manchester 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	In development	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	In development	New question for Round 3
		Pathway in development	26.6% 46/173		
		Stroke			
		Yes	32.9% 57/173	No	New question for Round 3
		Pathway in development	21.4% 37/173		
		Fractured neck of femur			
		Yes	43.6% 75/172	No	New question for Round 3
Pathway in development	24.4% 42/172				
4.7 [2]	2	The Executive Board regularly reviews information collected on:			
	2a	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	31.7% 63/199	No	Yes
	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	Yes
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	Yes

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
4.5 [2]	4	The Executive Board regularly receives feedback from the following:			
	4a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant (y/n)	84.9% 169/199	No	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	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, less than once a year	New question for Round 3
		Yes, once a year	34.6% 53/153		
Yes, less than once a year	20.3% 31/153				

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
N4c [3]	9	A Dementia Working Group is in place and reviews the quality of services provided in the hospital: (y/n)	93.5% 186/199	Yes	New question for Round 3
	9a	<i>(If Q9=Yes)</i> The group meets:			
		Annually	0.5% 1/186	Bi-monthly	New question for Round 3
		Bi-annually	0.5% 1/186		
		Quarterly	30.1% 56/186		
		Six-weekly	4.3% 8/186		
		Monthly	33.3% 62/186		
		Bi-monthly	29% 54/186		
		Weekly	0.5% 1/186		
		Unknown	1.6% 3/186		
	9b	<i>(If Q9=Yes)</i> The group includes:			
Healthcare professionals		100% 186/186	√	New question for Round 3	
Organisations e.g. Alzheimer's Society		64% 119/186	-		
Carer/ service user representation	66.1% 123/186	-			
N7a [3]	10	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis: (y/n)	88.4% 176/199	Yes	New question for Round 3
	11	An evidence-based tool is used for establishing ward staffing levels: (y/n)	99% 197/199	Yes	New question for Round 3
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia: (y/n)	98% 195/199	Yes	Yes
	12a	<i>(If Q12=Yes)</i> Wards' adherence to protected mealtimes is reviewed and monitored: (y/n)	88.7% 173/195	Yes	Yes
3.8 [1]	13	The hospital has in place a scheme/ programme which allows identified carers of people with dementia to visit at any time including at mealtimes (e.g. Carer's Passport): (y/n)	88.9% 177/199	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	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	No
	17a	<i>(If Q16=Yes)</i> Information collected by the pro-forma includes personal details, preferences and routines: (y/n)	100% 196/196	Yes	N/A
	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	N/A
	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	N/A
	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	N/A
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	N/A
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	N/A
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:		F4		New question for Round 3
	Ward 2:		F14		
	Ward 3:		A5		
	Number of patients checked:		-	18	New question for Round 3
	Range		0-40	-	-
	Median		10	-	-
	Number of these patients where the information was present:		-	0	New question for Round 3
	Percentage of patients where the information was present:		-	0%	New question for Round 3
	Range		0-100%	-	-
	Mean		49%	-	-
Median		50%	-	-	

Recognition of dementia

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

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
9.3 [1]	21a	<i>(If Q21=Yes)</i> Please say what this is:			
		A visual indicator, symbol or marker	91.1% 164/180	√	A visual indicator, symbol or marker
		Alert sheet or electronic flag	23.9% 43/180	-	
		A box to highlight or alert dementia condition in the notes or care plan	33.9% 61/180	√	
		Other	18.9% 34/180	-	
	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	70.4% 140/199	Yes	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	-		
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	No
7.1 [2]	31	There is a named dignity lead to provide guidance, advice and consultation to staff: (y/n)	70.4% 140/199	No	Yes
6.4 [2]	32	There is a named person/ identified team who takes overall responsibility for complex needs discharge and this includes people with dementia: (y/n)	95.5% 190/199	Yes	Yes
6.5 [2]	33a	<i>(If Q32=Yes)</i> This person/ team has training in ongoing needs of people with dementia: (y/n)	92.6% 176/190	Yes	Yes
6.6 [3]	33b	<i>(If Q32=Yes)</i> This person/ team has experience of working with people with dementia and their carers: (y/n)	98.4% 187/190	Yes	Yes
6.7 [2]	34	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies: (y/n)	75.9% 151/199	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	
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	No	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)	26% (13)
81 - 100	73% (7332)	70% (35)
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	47 - 98
Mean	84	82.9
Median	85	84.5

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	40.1% (4029)	44% (22)
Female	59.9% (6018)	56% (28)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	82.1% (8250)	96% (48)
Black/ Black British	1.2% (123)	2% (1)
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)	2% (1)

First language	National audit Round 3: % (N)	Your hospital Round 3: % (N)
English	77.4% (7778)	100% (50)
Welsh	0.6% (61)	0% (0)
Other European language	1% (96)	0% (0)
Asian language	1.4% (144)	0% (0)
Not documented	19% (1909)	0% (0)
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)	30% (15)
Fall	13.3% (1332)	14% (7)
Urinary/ renal	9% (901)	2% (1)
Hip dislocation/ hip fracture	7.5% (754)	2% (1)
Sepsis	6.3% (633)	12% (6)
Delirium/ confusion	6% (604)	4% (2)
Gastrointestinal	5.9% (595)	8% (4)
Cardiac/ vascular	5.1% (517)	6% (3)
Stroke	3.8% (380)	4% (2)
Neurological	3.6% (364)	2% (1)
Skin lacerations/ lesions	2% (204)	0% (0)
Impaired consciousness	2% (198)	2% (1)
Dementia**	1.9% (195)	0% (0)
Other	1.9% (192)	0% (0)
Unable to cope/ frailty	1.6% (160)	6% (3)
Dehydration	1.4% (143)	2% (1)
Haematology	1.1% (115)	2% (1)
Endocrine/ metabolic	1.1% (112)	2% (1)
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)	0% (0)
Oral/ visual/ auditory	0.4% (45)	0% (0)
Rheumatic	0.4% (45)	0% (0)
Psychiatric	0.4% (42)	0% (0)
Adverse reaction to medication/ allergy/ overdose	0.3% (28)	0% (0)
Injury/ trauma	0.2% (24)	0% (0)
Not documented/ unknown	0.2% (21)	0% (0)

*Primary cause of admission was taken as the first reason entered on the casenote audit.

**Out of 195 noted with Dementia as cause of admission, 142 of these had dementia as the only cause of admission.

Speciality of the ward patients spent the longest time in	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Care of the Elderly/ Complex Care	41.1% (4125)	48% (24)
General Medical	23.5% (2359)	30% (15)
Other Medical	9.9% (999)	8% (4)
Orthopaedics	8.9% (892)	4% (2)
Surgical	6.8% (681)	2% (1)
Stroke	4.5% (456)	4% (2)
Cardiac	2.5% (248)	2% (1)
Other	1.4% (136)	2% (1)
Nephrology	0.5% (52)	0% (0)
Obstetrics/ Gynaecology	0.4% (41)	0% (0)
Critical Care	0.2% (23)	0% (0)
Oncology	0.2% (22)	0% (0)
Unknown	0.1% (13)	0% (0)

Patients who:	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Died in hospital	12.8% (1285)	12% (6)
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)	4.5% (2)
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)	32% (16)
11 – 20 days	25.5% (2559)	24% (12)
21 – 30 days	11.3% (1132)	16% (8)
31 – 40 days	6.7% (671)	18% (9)
41 – 50 days	4.2% (418)	4% (2)
51 – 60 days	2.3% (230)	0% (0)
61 – 70 days	1.7% (168)	2% (1)
71 – 80 days	1% (102)	0% (0)
81 – 90 days	0.6% (62)	2% (1)
More than 90 days	1.5% (152)	2% (1)

Length of stay in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Range	2-775	3-100
Median (days)	12	17.5

Place of residence before/ after admission	National audit Round 3: % (N)		Your hospital Round 3: % (N)	
	Before	After*	Before	After*
Own home	57.7% (5793)	40.2% (3519)	60% (30)	43.2% (19)
Respite care	0.8% (80)	1.6% (136)	0% (0)	4.5% (2)
Rehabilitation	0.4% (37)	2.4% (207)	0% (0)	2.3% (1)
Psychiatric ward	0.5% (48)	0.7% (62)	0% (0)	0% (0)
Carer's home	2.1% (212)	2.1% (181)	2% (1)	2.3% (1)
Intermediate care	0.3% (27)	2% (172)	4% (2)	0% (0)
Residential care	16.9% (1701)	17.7% (1551)	12% (6)	15.9% (7)
Nursing home	19.7% (1981)	28.7% (2511)	20 (10)	31.8% (14)
Palliative care	0% (5)	0.6% (54)	0 (0)	0% (0)
Transfer from another hospital	1.4% (145)	3.9% (343)	2% (1)	0% (0)
Long stay care	0.2% (18)	0.3% (26)	0% (0)	0% (0)

Change in residence*	National audit Round 3: % (N)	Your hospital Round 3: % (N)
No change	73.4% (6428)	75% (33)
Own/ carer's home to nursing/ residential care	11.1% (972)	13.6% (6)

*These figures exclude patients who died while in hospital.

Appendix C: Casenote audit data

Assessment

Multidisciplinary assessment

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.9 [1]	14	An assessment of mobility was performed by a healthcare professional: (y/n/could not be assessed for recorded reasons)	93.8% 8558/9126 (96%, 91-98%)	95.3% 41/43	88.2% 30/34	
	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%)	98% 48/49	97.5% 39/40	
	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%)	85.4% 41/48	50% 19/38
		Other action taken	4% 352/8822 (2%, 0-5%)	12.5% 6/48	New answer options for Round 3	
	Yes or other action taken	89.9% 7932/2288 (93%, 85-98%)	97.9% 47/48			
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%)	96% 48/50	97.5% 39/40	
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%)	50% 24/48	80% 32/40	
1.11 [1]	18	As part of the multidisciplinary assessment has the patient been assessed for the presence of any pain? (y/n/could not be assessed for recorded reasons)	83.2% 8185/9840 (90%, 77-98%)	18% 9/50	77.5% 31/40	

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%)	39.1% 18/46	5.7% 2/35
		Yes, an occupational therapy and/or a physiotherapy assessment has taken place	42.8% 3977/9294 (44%, 26-58%)	56.5% 26/46	New answer options for Round 3
		Yes, other	1.7% 161/9294 (0%, 0-2%)	0% 0/46	
		Yes (all options)	89.8% 8350/9294 (92%, 85-96%)	95.7% 44/46	

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%)	41.9% 18/43	32.4% 12/37
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%)	10% 5/50	0% 0/40
		Yes, but there was no indication that delirium may be present	18.5% 1863/10047 (15%, 6-25%)	2% 1/50	2.5% 1/40
		Yes (both options)	44.5% 4466/10047 (42%, 27-60%)	12% 6/50	2.5% 1/40
1.5 [2]	21a	(If Q21=Yes) Has the patient been clinically assessed for delirium by a healthcare professional? (y/n)	85.3% 2220/2603 (90%, 78-100%)	100% 5/5	-% N/A

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%)	100% 50/50	0% 0/40
	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%)	4% 2/50	-% N/A
		Unknown*	33.1% 1865/5626 (14%, 0-44%)	96% 48/50	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%)	4% 2/50	New question for Round 3
		Unknown*	34.1% 1916/5616 (16%, 3-48%)	96% 48/50	
	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%)	2% 1/50	-% N/A
		Unknown*	29.9% 1685/5631 (13%, 0-37%)	98% 49/50	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%)	2% 1/50	-% N/A
		Unknown*	37.8% 2110/5583 (20%, 5-50%)	98% 49/50	New answer option for Round 3

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den	
1.14 [1]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?				
	22e	Yes	28.2% 1564/5539 (26%, 13-50%)	2% 1/50	-% N/A
		Unknown*	39.1% 2167/5539 (20%, 7-52%)	98% 49/50	New answer option for Round 3
1.15 [3]	<i>(If Q22=Yes)</i> Has information been collected about the patient regarding life details which aid communication?				
	22f	Yes	43.1% 2413/5598 (50%, 25-70%)	2% 1/50	-% N/A
		Unknown*	35.3% 1977/5598 (17%, 3-46%)	98% 49/50	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%)	4.9% 2/41	6.1% 2/33
	23a	<i>(If 23=No)</i> Please comment:			
		Patient too unwell/ not responsive	3.3% 189/5690	2.6% 1/39	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% 0/39	
		Not routine/ not standard practice	5.8% 331/5690	2.6% 1/39	
		Not documented/ unknown reason	78.1% 4444/5690	94.9% 37/39	
	Dementia diagnosis (i.e. dementia diagnosis mentioned as a reason for not completing assessment)	10.8% 616/5690	0% 0/39		
	24	At the point of discharge the cause of cognitive impairment was summarised and recorded: (y/n)	69.1% 5067/7329 (72%, 57-84%)	82.9% 34/41	60.6% 20/33
	25	Have there been any symptoms of delirium? (y/n)	32.3% 2367/7329 (33%, 22-41%)	22% 9/41	9.1% 3/33
	25a	<i>(If Q25=Yes)</i> Have the symptoms of delirium been summarised for discharge? (y/n)	47.9% 1133/2367 (45%, 33-64%)	44.4% 4/9	66.7% 2/3
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%)	12.2% 5/41	24.2% 8/33	
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% 3/5	75% 6/8	

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
5.3 [2]	27	Is there a recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence?	65.5% 1649/2519 (71%, 53-89%)	100% 10/10	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% 10/10	New question for Round 3
	27a (ii)	The patient had capacity on assessment and their consent is documented	11.9% 138/1161 (0%, 0-20%)	0% 0/10	
		The patient lacked requisite capacity and evidence of a best interests decision has been recorded	69.9% 811/1161 (75%, 50-90%)	100% 10/10	
		There is no record of either consent or best interest decision making*	18.3% 212/1161 (14%, 0-33%)	0% 0/10	
	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% 0/10	
	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% 10/10	
		No consent or best interests (response options combined)	33.8% 558/1649 (33%, 14-50%)	0% 0/10	

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

Discharge coordination and multi-disciplinary team input

Std no. [Type]	Question number and text		National audit Round 3: % Num/Den (Median, IQR)	Your hospital Round 3: % Num/Den	Your hospital Round 2: % Num/Den
6.4 [2]	28	Did a named person/ identified team co-ordinate the discharge plan? (y/n/na)	82% 5807/7083 (89%, 72-96%)	90.2% 37/41	38.7% 12/31
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%)	85.7% 30/35	56.3% 9/16
	29b	Is there evidence in the notes that the discharge coordinator/ person or team planning discharge has discussed place of discharge and support needs with the person's carer/ relative? (y/n/na)	80.7% 5597/6935 (82%, 71-91%)	89.7% 35/39	80% 20/25
	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%)	92.7% 38/41	54.5% 18/33
	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%)	92.7% 38/41	72.7% 24/33
5.6 [1]	30	Has a single plan/ summary for discharge with clear updated information been produced? (y/n)	85.1% 6234/7329 (92%, 77-97%)	97.6% 40/41	75.8% 25/33
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%)	68.3% 28/41	38.1% 8/21
5.8 [1]	32	Has the patient and/ or carer received a copy of the plan/ summary? (y/n/na)	80.6% 5621/6975 (94%, 72-100%)	100% 41/41	42.4% 14/33
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% 41/41	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%)	85.7% 6/7	11.1% 3/27
	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	91.2% 31/34	50% 3/6
		Patient awaiting assessment	9.1% 190/2088	0% 0/34	16.7% 1/6
		Patient awaiting history/ results	6.1% 127/2088	0% 0/34	0% 0/6
		Patient awaiting surgery	9.6% 200/2088	5.9% 2/34	16.7% 1/6
		Patient presenting confusion	5.7% 120/2088	2.9% 1/34	16.7% 1/6
		Patient on end of life plan	0% 1/2088	0% 0/34	-
		Patient being transferred to another hospital	0.1% 2/2088	0% 0/34	0% 0/6
		Patient unresponsive	0.3% 6/2088	0% 0/34	0% 0/6
		Patient being discharged to nursing/ residential care	6.5% 136/2088	0% 0/34	0% 0/6
		Not recorded	-	-	0% 0/6
Other	0% 0/2088	0% 0/34	0% 0/6		

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	51.2% 21/41	15.2% 5/33
		24 hours	12.2% 897/7329	22% 9/41	12.1% 4/33
		25 - 48 hours	14.7% 1075/7329	0% 0/41	12.1% 4/33
		More than 48 hours	27.1% 1985/7329	0% 0/41	15.2% 5/33
		No notice at all	0.5% 35/7329	0% 0/41	3% 1/33
		Not documented	24.2% 1770/7329	24.4% 10/41	42.4% 14/33
		No carer, family, friend/ could not contact	1.8% 132/7329	2.4% 1/41	0% 0/33
		Patient specified information withheld	0% 3/7329	0% 0/41	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%)	94.4% 17/18	63.6% 7/11

Appendix D: Carer demographics

Age range	National audit Round 3: % (N)	Your hospital Round 3: % (N)
18 – 24 years	1% (48)	3% (1)
25 – 34 years	2.9% (133)	0% (0)
35 – 44 years	5.6% (259)	0% (0)
45 – 54 years	16.2% (749)	18.2% (6)
55 – 64 years	25.8% (1193)	30.3% (10)
65 – 74 years	20.8% (960)	15.2% (5)
75 – 84 years	19.1% (885)	24.2% (8)
85 years or over	7.4% (343)	9.1% (3)
Prefer not to say	1.2% (56)	0% (0)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	30.6% (1413)	15.6% (5)
Female	68.1% (3150)	84.4% (27)
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)	97% (32)
Black/ Black British	3% (140)	0% (0)
Asian/ Asian British	3.3% (152)	0% (0)
Mixed	1% (44)	0% (0)
Chinese	0.2% (9)	0% (0)
Other	1.4% (64)	0% (0)
Prefer not to say	2.7% (124)	3% (1)

Relationship to patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Spouse or partner	33.5% (1558)	30.3% (10)
Family member	55.9% (2597)	63.6% (21)
Friend	4.4% (203)	0% (0)
Professional carer (health or social care)	5.4% (249)	3% (1)
Other	0.9% (41)	3% (1)

One of main carers for patient	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Yes	77.8% (3356)	75.9% (22)

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	48.4% 15/31
		43.3% 1980/4578	45.2% 14/31
		10.2% 468/4578	6.5% 2/31
7.4 [2]	2	Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?	
		54.2% 2489/4592	57.6% 19/33
		36.4% 1672/4592	36.4% 12/33
		9.4% 431/4592	6.1% 2/33
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	64.5% 20/31
		34.2% 1515/4433	22.6% 7/31
		10.4% 462/4433	12.9% 4/31
7.4 [2]	4	Was the person you look after treated with respect by hospital staff?	
		76% 3471/4569	93.8% 30/32
		20.8% 952/4569	6.3% 2/32
		3.2% 146/4569	0% 0/32

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	30.3% 10/33
		Yes, to some extent	40.4% 1843/4566	48.5% 16/33
		No	17.8% 815/4566	21.2% 7/33
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	46.9% 15/32
		Yes, to some extent	36.4% 1637/4497	28.1% 9/32
		No	16.1% 722/4497	25% 8/32
1.14 [1]	7	Did hospital staff ask you about the needs of the person you look after to help plan their care?		
		Yes, definitely	45.4% 2053/4524	48.4% 15/31
		Yes, to some extent	34.5% 1563/4524	22.6% 7/31
		No	20.1% 908/4524	29% 9/31

Overall

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	8	Overall, how would you rate the care received by the person you look after during the hospital stay?		
		Excellent	34.5% 1602/4645	34.4% 11/32
		Very good	33.9% 1575/4645	37.5% 12/32
		Good	17% 790/4645	18.8% 6/32
		Fair	9.6% 446/4645	3.1% 1/32
		Poor	5% 232/4645	6.3% 2/32
	9	How likely would you be to recommend the service to friends and family if they needed similar care or treatment?		
		Extremely likely	42.5% 1933/4544	43.8% 14/32
		Likely	34.1% 1551/4544	31.3% 10/32
		Neither likely nor unlikely	14.3% 648/4544	18.8% 6/32
		Unlikely	4.8% 220/4544	3.1% 1/32
		Extremely unlikely	4.2% 192/4544	3.1% 1/32

Support for the carer

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	Your hospital Round 3: % Num/Den	
	10	Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?		
		Very satisfied	50.3% 2204/4379	40.6% 13/32
		Somewhat satisfied	34% 1487/4379	40.6% 13/32
		Somewhat dissatisfied	9.9% 434/4379	12.5% 4/32
		Very dissatisfied	5.8% 254/4379	6.3% 2/32

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)	29.4% (30)
26 - 50%	25.6% (3651)	23.5% (24)
51 - 75%	24.4% (3489)	33.3% (34)
More than 75%	18.1% (2588)	13.7% (14)

Gender	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Male	15.7% (2260)	12.7% (13)
Female	83.2% (11954)	86.3% (88)
Other	0.2% (34)	0% (0)
Prefer not to say	0.8% (113)	1% (1)

Ethnicity	National audit Round 3: % (N)	Your hospital Round 3: % (N)
White/ White British	79.9% (11467)	87.3% (89)
Black/ Black British	4.1% (594)	0% (0)
Asian/ Asian British	8% (1150)	4.9% (5)
Mixed	1.3% (183)	2% (2)
Chinese	0.5% (73)	1% (1)
Other	4.5% (646)	3.9% (4)
Prefer not to say	1.7% (241)	1% (1)

Job role	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Registered nurse (Band 5 or 6)	29.9% (4300)	32.4% (33)
Registered nurse (Band 7 or above)	12.7% (1831)	9.8% (10)
Healthcare assistant	23.1% (3324)	12.7% (13)
Doctor	11.5% (1645)	19.6% (20)
Allied healthcare professional	11.9% (1713)	16.7% (17)
Therapy assistant/ allied healthcare professional assistant	2.6% (367)	1% (1)
Student	2.3% (332)	2% (2)
Ward based administrators	4% (571)	3.9% (4)
Other/ unknown	1.9% (279)	2% (2)

Hours worked per week	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Up to 29 hours	13% (1866)	6.9% (7)
30 hours or more	87% (12458)	93.1% (94)

Time worked in the hospital	National audit Round 3: % (N)	Your hospital Round 3: % (N)
Less than 6 months	8% (1148)	15.8% (16)
6 - 11 months	9.5% (1364)	5.9% (6)
1 - 2 years	15.6% (2242)	5.9% (6)
3 - 5 years	16.4% (2350)	18.8% (19)
6 - 10 years	15.9% (2283)	21.8% (22)
11 - 15 years	12.1% (1739)	13.9% (14)
More than 15 years	22.4% (3205)	17.8% (18)

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	30.3% 30/99	59.6% 59/99	
		Yes, most of the time	32.9% 4614/14024		29.3% 29/99		
		Yes, sometimes	26.8% 3760/14024	-	28.3% 28/99	-	
		No	11.6% 1624/14024	-	12.1% 12/99	-	
		1b	Out of office hours				
			Yes, always	7.8% 874/11207	23.5% 2637/11207	7.3% 6/82	18.3% 15/82
			Yes, most of the time	15.7% 1763/11207		11% 9/82	
	Yes, sometimes		27.9% 3129/11207	-	32.9% 27/82	-	
	No	48.6% 5441/11207	-	48.8% 40/82	-		

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	83.7% 72/86
		53.2% 7030/13205	40.7% 35/86
		5.4% 713/13205	7% 6/86
		7.7% 1018/13205	2.3% 2/86
		7.3% 961/13205	2.3% 2/86
		17.3% 2278/13205	4.7% 4/86
	2a	Following your training at this hospital, do you feel better prepared to provide care/ support to people with dementia?	
		42.2% 4502/10670	32.1% 26/81
		50.5% 5390/10670	55.6% 45/81
	7.3% 778/10670	12.3% 10/81	

Information and communication

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % (Yes, always and Yes, most of the time responses combined)	Your hospital Round 3: % Num/Den	Your hospital Round 3: % (Yes, always and Yes, most of the time responses combined)	
9.3 [1]	3	In your current role, do you think that personal information is available to you to help you care for/ support people with dementia? <i>E.g. their likes/ dislikes, preferred name, past job.</i>				
		Yes, always	21.4% 3072/14345	59.9% 8597/14345	15.7% 16/102	62.7% 64/102
		Yes, most of the time	38.5% 5525/14345		47.1% 48/102	
		Yes, sometimes	33% 4734/14345	-	28.4% 29/102	-
		No	7.1% 1014/14345	-	8.8% 9/102	-
	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	16.1% 15/93	71% 66/93
		Yes, most of the time	40.9% 5454/13329		54.8% 51/93	
		Yes, sometimes	30.6% 4074/13329	-	28% 26/93	-
		No	1.9% 252/13329	-	1.1% 1/93	-
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	28.4% 29/102	54.9% 56/102
		Yes, most of the time	33.2% 4759/14333		26.5% 27/102	
		Yes, sometimes	27.3% 3913/14333	-	33.3% 34/102	-
	No	10.6% 1516/14333	-	11.8% 12/102	-	

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	51.7% 46/89
		Occasionally	37.2% 4636/12457	33.7% 30/89
		Almost Never	9.7% 1210/12457	12.4% 11/89
		Never	3.3% 408/12457	2.2% 2/89

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	39.3% 33/84	81% 68/84
		Yes, most of the time	27.3% 3271/11978		41.7% 35/84	
		Yes, sometimes	16.1% 1927/11978	-	11.9% 10/84	-
		No	5.4% 649/11978	-	7.1% 6/84	-
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	16.1% 14/87	64.4% 56/87
		Yes, most of the time	50.1% 6149/12263		48.3% 42/87	
		Yes, sometimes	19.2% 2357/12263	-	29.9% 26/87	-
		No	4.7% 576/12263	-	5.7% 5/87	-

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	20.8% 11/53	60.4% 32/53
		Yes, most of the time	47.6% 4352/9148		39.6% 21/53	
		Yes, sometimes	18.7% 1708/9148	-	37.7% 20/53	-
		No	3.3% 303/9148	-	1.9% 1/53	-
	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	7.5% 4/53	30.2% 16/53
		Yes, most of the time	27.5% 2516/9143		22.6% 12/53	
		Yes, sometimes	42.5% 3887/9143	-	47.2% 25/53	-
		No	19.3% 1763/9143	-	22.6% 12/53	-
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	11.3% 6/53	37.7% 20/53
		Yes, most of the time	32.5% 2942/9047		26.4% 14/53	
		Yes, sometimes	27.7% 2506/9047	-	32.1% 17/53	-
	No	23.5% 2125/9047	-	30.2% 16/53	-	

Std no. [Type]	Question number and text	National audit Round 3: % Num/Den	National audit Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	Your hospital Round 3: % Num/Den	Your hospital Round 3: % <i>(Yes, always and Yes, most of the time responses combined)</i>	
3.7 [1]	12	In the last week (except in emergency situations), were patient mealtimes kept free of any clinical activity on the ward(s) you work on?				
		Yes, always	28.3% 2488/8788	67.6% 5944/8788	28% 14/50	58% 29/50
		Yes, most of the time	39.3% 3456/8788		30% 15/50	
		Yes, sometimes	16.8% 1476/8788	-	26% 13/50	-
		No	15.6% 1368/8788	-	16% 8/50	-
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	56% 28/50	86% 43/50
		Yes, most of the time	27.2% 2398/8822		30% 15/50	
		Yes, sometimes	22.5% 1983/8822	-	14% 7/50	-
		No	12.3% 1085/8822	-	0% 0/50	-
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	43.4% 23/53	67.9% 36/53
		Yes, most of the time	28.7% 2615/9119		24.5% 13/53	
		Yes, sometimes	20.7% 1886/9119	-	28.3% 15/53	-
		No	6.1% 558/9119	-	3.8% 2/53	-
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	54.7% 29/53	86.8% 46/53
		Yes, most of the time	33.4% 3039/9090		32.1% 17/53	
		Yes, sometimes	15.5% 1408/9090	-	5.7% 3/53	-
		No	4.9% 444/9090	-	7.5% 4/53	-

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 Wythenshawe Hospital are provided.

Registered Nurses (Band 5 or 6)
Adequate staffing.
Allocating dementia trained team for providing help at correct time. Working together and good communications.
Apart from the link nurse who is based on the ward, I have not encountered any other dementia nurse - this is disheartening considering our ward is predominantly dementia.
Could complete more dementia pathways that contain personal information about the patient.
Could offer other services such as mobile library more often on critical care to keep dementia patients more occupied. Also, offering services where volunteers would come and sit and talk to the patients to help them as nursing team are often unable to do this. Meal service choices could be improved, especially at lunchtime when every day the choice is sandwich, soup or jacket potato.
Dining room support, increased flexibility from [the catering company]. Improved security and support workers understanding.
Encourage all staff regardless of role to take a more active approach to caring for patients with dementia.
Ensure that patients with dementia have actually taken drinks and food by filling in nutritional forms.
Ensuring that patients with dementia are not moved during the night and avoiding transfer of medical patients with dementia to busy surgical wards where it is difficult to properties their care as potentially unstable post operation patients have to take priority.
Keeping the patients on specific wards with specially trained staff that can handle the complications of a dementia patient. A busy surgical ward is not the right or appropriate place for a dementia patient, as time is very difficult with patients having difficult surgery.
Mandatory training and workshops on audits help.
More face to face teaching.
More nurses, less paperwork. Too much of a nurse's time is spent on paperwork, a lot of which is pointless. We do not need any more tick box "care plans".
More opportunities for training. Support from specialist services i.e. dementia specialist nurse.
More staff is required on the wards to allow time to be given to our patients -time, in my opinion, is very important.
More staff to help with management and care of dementia patients.
More staff to provide meaningful activities and time to talk.
More staff when dependence of patients is high.
More stimulation during the day, perhaps a group for those who are well and awaiting discharge. Exercise group maybe.
More time and support needed for both patients and carers caring for people with dementia.
More time to care, more staff to be able to give appropriate care, more volunteers and care companions.
Need more staff to support people with dementia.

Registered Nurses (Band 5 or 6)

Nurse-patient ratios need to improve if we are serious about improving outcomes for people with dementia. It is not appropriate to use security staff to supervise people who are confused, anxious and distressed and whose behaviours are indicators of unmet needs. Nursing staff need time to produce and implement genuinely person-centred care plans which reflect the needs of individuals with dementia and their families. The trust provides some high quality training but this does not seem to be reflected in practice. The workload is so heavy that there is almost no time to spend providing appropriate care to people with dementia. People are still routinely told to sit down and are not given opportunities for meaningful activity. This escalates incidences and severity of behaviours that challenge, and levels of distress and anxiety. Nursing care is task oriented and I never feel I have enough time to complete my workload to a satisfactory standard.

To give patients more and patience to try and get to grips with their situation. Do not rush them - be more accommodating.

Try to prevent patients moving wards/ bays etc. – disorientating.

Registered Nurses (Band 7 or above)

Better awareness, less stigma, more appreciation of the individual.

Increase staffing and use volunteers better with a higher sense of importance. Acute wards do not get the time or opportunity to give quality time to patients with dementia who do not understand the busy demands in a hospital. In our setting, we have a more open environment and realistic distractions, with less work pressures.

It would be good to have staff or volunteers to sit with patients who have dementia to have distraction therapy such as playing cards, games etc. which staff on the wards are not able to do due to extensive workload and shortness of staff.

More dementia nurses on the ward. More dining companions needed.

More dining companions and help with meaningful activities to support patients with dementia.

More time for the patients. Wards very busy.

Open visiting for the carer.

Staffing ratios have to change. Ward environments need to change - more space is required if patients have a dementia. More additional space is needed so that patients can have quiet areas and safe areas to go to, to calm down and de-stress. Rapid assessment, interface and discharge (RAID) team do a very poor job at assessing patients with complex needs and dementia. They just fill out a form based on what the ward nurses tell them. They do not assess patients. I would prefer no input from RAID team because I do not think this service enhanced the quality of care for people with dementia. The RAID assessments in not the way to support the ward team or provide adequately for patients with dementia. I would prefer a greater link with mental health hospitals whereby there is an honest and open exchange of ideas and shared practice to support the person with dementia in hospital. Also, there should be a facility whereby if the patient is medically fit and is awaiting placement, but the acute hospitals and physically the nursing staff are unable to cope with the mental health aspects of these patients (providing the patients fit the specific criteria), then there should be a facility whereby the acute hospital can transfer the person to a mental health unit while the person waits for placement. Alternatively, a shared care ward with mental health and medical nurses and doctors work in the same ward to share practice and ideas and care.

Registered Nurses (Band 7 or above)

The ward staff are always really stretched and do not often have time to sit and talk to patients with dementia. There appears to be a real shortfall in the use of volunteers at this trust. I often get emails and letters requesting ward experience from students who wish to apply to become doctors/ nurses but they do not seem interested in becoming volunteers. Perhaps the volunteers' office could contact the local job centres to see if anyone on job seekers allowance would like to offer their time as a volunteer at the trust. I would be far more likely to offer someone a substantive post if they had shown the initiative of doing some voluntary work at the hospital.

Healthcare Assistants

Bed managers and doctors must be fully aware it is not acceptable to send a patient with dementia to another ward. Make staff aware if patient not eating a lot or to be aware of fluid intake – don't presume a patient is not thirsty or has eaten/ drunk when they say so. Make sure all fluid and food charts are filled in.

Having more time to spend with patients and do more meaningful activities.

Longer more in depth training.

Maybe a dementia newsletter (email) for any updates, awareness days, study sessions, handouts for agency staff/ relatives etc... to be more freely available.

More one to one with patients with dementia.

More things to occupy the patient that is medically fit but unable to be discharged because of social needs. All staff would love to be able to sit and talk/ reminisce with them about their family past etc... they need somewhere safe to move about, stretch their legs, talk, watch old films, read old newspapers from times gone by. Why can't there be a ward for medically fit dementia patients that are waiting for long term placements in specialist homes, it's sad to see them sat there in a chair all day or lying in bed most of the day without the proper stimulation they need and deserve.

One to one care would be fantastic.

Show/ tell/ speak to family - doctors, other staff.

Simply more staff to enable more one to one time with patients.

To provide more time with dementia patients.

Doctors

A good start would be to stop abusing patients. We should stop moving people to outlying wards in the middles of the night for example; this behaviour is abuse. We should focus on cleanliness. Social stimulation through day rooms. We have great clinical leaders for older people. They tirelessly push the rights of older people. However, the institutional structure and priorities actively works against older people. Our leaders need more support to achieve the very best care for older people. My trust pays lip service to older people, does not adequately support geriatricians and has no pride in helping this vulnerable group. Cleanliness and nutrition are awful. No focus on sensory issues, such as hearing aid service for inpatients.

Day room activities. Availability of people to 'special' dementia patients.

Doing well.

Families should be expected to be part of mealtimes and care giving. Patients respond better to their families and friends. We need more open areas where people can sit around dining tables to eat meals.

Free TV, more staff, entertainment/ activities/ dayroom for this?

Doctors

Greater opportunities for mental stimulation. A lot of the time nursing/ support staff are too busy to devote enough time to dementia patients.

More distraction and equipment e.g. games, TV.

More suitable accommodation (wards not suited to the care) less crowding, quieter environment. More registered nurses employed by the trust. Having wards controlled by clinical staff rather than facilities company.

More use of the "this is me" document. There needs to be a provision of a service for those patients with very difficult behaviour - I have previously worked on a dual care ward which was really good. It is difficult to ensure nutritional needs met as sometimes the patients will not engage even with their carers. Also, the staff are very busy and do their best but if someone is poorly, this has to take priority. Feeding support would be helpful.

Perhaps we need to start to consider cohorting patients in a dementia ward. One that is well equipped and staffed with trained staff who can deal with dementia patients and dementia related problems appropriately. These units should not just be about taking care of the medical side, but should include all aspects including activities. Carers should be encouraged to attend during mealtimes. This allows for familiarity but also helps ease pressure on an already stretched nursing staff. Carers also have more time to spend with the patients.

Provide more advice to the whole ward team through induction material.

Allied Healthcare Professionals

Creating more of a normal environment for dementia patients where possible e.g. having enough staff to ensure patients are dressed in their own clothes, rather than hospital gowns.

Having more staff on the wards so that time can be taken with dementia care. Encouraging activities to engage people on the ward.

I don't think you can learn about how to care for someone with dementia through eLearning. It is gained (ongoing) through years of experience working with dementia patients.

Improved training for allied healthcare professionals to increase understanding of legislation relevant to dementia e.g. deprivation of liberty safeguards and Mental Capacity Act 2005.

Less frequent bed moves and encouraging familiar items from home to be brought in. Consistent staffing that can generate familiarity and rapport with patients.

More stimulation activities/ areas provided to reduce boredom/ wandersome and agitation. Games/ doll therapy/ reminiscence rooms.

More training.

People with severe dementia on inpatient wards need much more support than is currently available. Staffing levels are insufficient to support the complex needs of dementia patients and can cause unnecessary additional stress for those patients who are sharing wards/ bays with people affected by dementia.

The wards could be more home-like or have a living room style area to help with reducing anxiety and disorientation, and to increase comfort levels for those with dementia (and also those without).

Would be helpful if information was provided by requesting clinicians when booking diagnostic tests.

Students

More care taken in writing patient notes to present 'possible dementia' becoming 'dementia' without proper assessment.

More specialised training for ALL staff and extra staff to deal with patients who have advanced dementia.

Therapy Assistants & Allied Healthcare Professional Assistants

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

Ward-based Administrators

Identifier on patient's notes would be helpful to all colleagues when treating them.

More dementia trained nursing staff.

More time, less paperwork.

Other / Unknown

No comments from other staff for your hospital.

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