

Appendix
National Audit of Dementia
Care in General Hospitals 2022-2023
Round 5 Audit Report

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Appendix I. Audit Methodology and Participation

Previous audit content and methodology

Four rounds of national audit took place between 2010 and 2018, reporting in 2011, 2013, 2017 and 2019.

For Rounds 3 and 4 of audit, data were collected via:

- A survey of carer experience of quality of care
- A case note audit of people with dementia, focusing on key elements of assessment, monitoring, referral and discharge. Records eligible for audit were those of people with a diagnosis or current history of dementia admitted for 72 hours or longer. Each hospital was asked for 50-100 casenote submissions. Identification of patients was via ICD10 coding which is applied post discharge.
- An organisational checklist looking at governance, resources and training provision
- A staff questionnaire examining support available to staff and the effectiveness of training and learning opportunities.

Round 5 audit content and participation

Prospective identification of patients with dementia:

Hospitals were asked to identify all patients with dementia or concerns about cognition admitted to their hospital between 19 September and 14 October 2022, using any usual systems in place. (Hospitals not reaching the minimum of 40 requested for the period were allowed to extend this)

Patient-level audit measures (casenote audit):

Following consultation a reduced data set was developed focussing on key measures: delirium screen and assessment; pain assessment and follow up; discharge planning within 24 hours. Hospitals were asked to submit data on the first 80 patients identified. Hospitals were also offered a Flex period in Spring, during which identification and data entry could be completed. For hospitals choosing to participate in the Flex period a minimum of 40 records was specified in the mandatory period).

Annual Dementia Statement:

Hospitals were each asked to submit one form with key organisational information building into a series of statements about the hospital's approach to care.

Carer Questionnaire:

The carer questionnaire asked carers about the care of people with dementia, communication with hospital staff and support for the carer. There was also a free text comment box for any additional feedback. Each hospital was sent 200

copies to distribute, with pre-paid envelopes for direct secure return to the project team. There was also an online version available.

Patient feedback survey tool:

This was collected using a newly developed flexible tool, based on feedback from people with dementia about care experience and question format. Hospitals were asked to collect 3-5 per month. As this is the first time this feedback has been collected, and only **36%** of sites report that they can do this regularly, feedback will initially be reported and fed back to sites separately. Data collection is ongoing. Comments made by patients relating to care quality have been used in this report.

Patient identification

During the audit and pilot, hospitals revealed different methods of identifying dementia patients in hospitals. These can include:

- electronic flagging, based on known diagnosis/previous admission
- history taken at admission
- referral to a team once admitted
- assessment criteria applied to all in a certain age group or designated “frail”
- review of records of medications or consultations with other services e.g. CMHTs, GPs, memory services
- discussions with families and carers

Hospitals were allowed to use any method or system in place.

Data submission

For the Casenote Audit and Annual Dementia Statement, data was submitted via a secure online platform, allowing sites to return to, amend and download their own data.

For the carer questionnaire 200 hard copies were sent to each participating site for distribution. The questionnaire was also available online and in translation.

Data returns

Audit tool	Number of participating hospitals	Data received (total)	Range	Interquartile range
Casenote audit	178	14,888 identified 10,642 audited	29 - 281	45
Annual Dementia Statement	168	168	N/A	N/A
Carer questionnaire	160	2,223	10 - 75	17

187 Hospitals registered. Of those **17.6%** (33/187) had mostly paper records, **33.2%** (62/187) had mostly electronic records, and **49.2%** (92/187) had a mixture of both.

Data Cleaning

Data was checked for duplicates and anomalies (e.g. assessment dates outside of the stated admission period) and queries returned to sites for each part of the data. Where sites were unable to resolve queries, the following changes were made:

Casenote audit

Duplicates were removed and obvious date errors (e.g. in year) were amended. Where an assessment date was stated to be within/not within 24 hours of admission, but the given date did not match, this was where possible amended.

Where a given date fell out of sequence, this was amended in accordance with information given to preceding questions or to the last preceding date. For example, where an assessment date fell outside of the admission, this was amended in accordance with information submitted to whether the date was within 24 hours of admission, or where this was not possible, to the date of discharge.

Information provided for the discharge information section created additional queries where the date of discharge was prior to an admission or assessment date, and the sequence was amended as above.

Missing responses were recoded to unknown/not documented.

Information given as Other for primary diagnosis, ward, assessments, reason for discharge plan outside of 24 hours, were recategorised.

Bulk upload was available via the online platform for the Casenote audit. Where the online tool had not permitted answers (because of question routing) and these had been included in uploaded data, this data was removed.

Annual Dementia Statement

Where exceptionally large or small numbers had been returned (e.g. for numbers of admissions or numbers of staff these were queried in order to remove errors/outliers where possible. Missing responses were also queried and recoded as unknown/not documented if no information could be supplied.

Carer questionnaire

Questionnaires returned without a site identifier were scrutinised and allocated wherever possible. All identifying information was removed from comments.

Data Analysis

Casenote audit

Data was analysed nationally and aggregated at a site level. NB: Sites with returns of less than 25 Casenotes overall have been removed from site level analysis.

Carer questionnaire

Data was analysed nationally and aggregated at a site level. NB: Sites with returns of less than 10 questionnaires overall have been removed from site level analysis.

Carer questionnaire scores

Sites with more than 9 **carer questionnaire submissions were used to generate 2 scores, for Overall rating of care quality, and Rating of communication.**

Carer Rating of Overall Care Quality

Question used for calculating score:

CQ8. Overall, how would you rate the care received by the person you look after during the hospital stay?

	Excellent	Very Good	Good	Fair	Poor
Score	1	0.75	0.5	0.25	0
Examples (based on 10 examples)					
Q8	4	1	3	2	
				Total possible	10
				Total score	6.75
				% score	67.5

Carer rating of communication *(N/A removed from totals)

Questions used for calculating score:

CQ5. Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? For example, about plans for treatment and discharge.

CQ6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?

CQ7. Did hospital staff ask you about the needs of the person you look after to help plan their care?

	Yes, definitely	Yes, to some extent	No	Don't Know	Total applicable N per q	Total possible score per q	Total N Score
Score per response	2	1	0	*N/A			
Examples (based on 10 responses)							
Q5	5	3	1	1	9	18	13
Q6	3	5	1	1	9	18	11
Q7	2	4	2	2	8	16	8
				Total section score	32		
				Total possible	52		
				% score	61.5		

Appendix II. Standards measured in Round 5 and Round 6

<p>Casenote audit</p> <p>Standards are derived from NICE guidelines and recommendations for delirium and dementia, and from NHS England key principles:</p>	
<p>Delirium screening and assessment</p>	<p>At presentation people with dementia or cognitive impairment should be assessed for recent changes or fluctuations in behaviour which may indicate delirium (CG103). If any of these changes are present, the person should have an assessment (see recommendation 1.6.1). [2010, amended 2023]</p>
<p>Pain assessment</p>	<p>People with dementia or cognitive impairment should be assessed for pain using an appropriate measurement or tool including self-reported pain and/or structured observational pain assessment tools (NG97). Overview Dementia: assessment, management and support for people living with dementia and their carers Guidance NICE</p>
<p>Discharge planning</p>	<p>Discharge planning should start within 24 hours of admission. NHS England have worked with a number of partners to identify five key principles which can help ensure that patients are discharged in a safe, appropriate and timely way. Plan for discharge from the start</p>
<p>Annual Dementia Statement</p> <p>Standards are derived from the Dementia Friendly Hospital Charter DF HOSPITAL CHARTER 2018.cdr (dementiaaction.org.uk)</p>	
<p>Staff knowledge and skills</p>	<p>Care is provided by staff who are appropriately trained in dementia care. Staff demonstrate a proactive approach to caring for people and are knowledgeable and skilled in identifying and addressing needs.</p>
<p>Assessment</p>	<p>People with dementia and their family carers have access to an accurate assessment of their needs and care is delivered accordingly.</p>
<p>Environment</p>	<p>The care environment is comfortable and supportive, promoting patient safety, well-being and independence and people with dementia are enabled to find their way around the hospital.</p>
<p>Governance</p>	<p>Systems are in place to support continuous improvement of quality of care for people with</p>

	dementia and their carers whilst in hospital, including resources and governance structures that support staff to deliver care that is dementia-friendly.
<p>Carer questionnaire</p> <p>The carer questionnaire was independently developed by the Patient Experience Research Centre at Imperial College London and has been used in 2 previous rounds of the audit. Items were identified by a panel of carers as top priority items relating to the care of people with dementia and as questions which all carers/family members visiting people with dementia in hospital would find relevant, and would be able to answer.</p> <p>The carer questionnaire also aligns with the statements of the Dementia Friendly Hospital Charter:</p>	
Partnership	<p>People with dementia and their families/carers are recognised as partners in their care. This includes:</p> <ul style="list-style-type: none"> • Choice and control in decisions affecting their care • Support whilst in hospital and on discharge.
Care	<p>People with dementia and their family/carers receive care that is person-centred and meets specific individual needs.</p>

[Appendix III. Casenote Audit Round 5 National Results - Identification](#)

Please see above for link to the tool.

NB: Sampling method differed between R4 and R5, including sample size. Information from both datasets is shown and comparison should be made with caution.

If Round 4 data is not present, data is new to Round 5.

Information about the patient

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
1.3. Age at admission	Min-65	2% 304/14888	2.3% 228/9782
	66-80	27.3% 4060/14888	24.4% 2386/9782
	81-100	70.4% 10480/14888	73.0% 7146/9782
	101-108	0.3% 44/14888	0.2% 19/9782
	Unknown	0% 0/14888	0% 3/9782
	Minimum	30	19
	Maximum	106	105
	Mean	84	84
1.4. Sex	Female	54.9% 8172/14888	-
	Male	42.9% 6383/14888	-
	Unknown/Not Documented	2.2% 333/14888	-
1.5. Gender	Female	51.6% 7675/14888	58.6% 5728/9782

	Male	40.3% 6003/14888	41.4% 4054/9782
	Non-binary/Other	0% 0/14888	-
	Unknown/Not Documented	8.1% 1210/14888	-
1.6. Ethnicity	White	83.9% 12485/14888	80.7% 7898/9782
	Asian/Asian British	2.5% 379/14888	2.5% 245/9782
	Black/Black British	2.1% 311/14888	1.5% 150/9782
	Mixed	0.7% 100/14888	0.1% 14/9782
	Other	1.1% 162/14888	2.1% 201/9782
	Unknown/Not Documented	9.7% 1451/14888	13.0% 1274/9782
1.7. First language	English	75.0% 11161/14888	77.7% 7602/9782
	Welsh	0.5% 71/14888	0.6% 62/9782
	Other European Language	0.7% 106/14888	0.8% 77/9782
	Any Asian Language	1.4% 208/14888	1.7% 169/9782
	Other	0.5% 67/14888	0.7% 70/9782
	Unknown/Not Documented	22% 3275/14888	18.4% 1802/9782
1.9. Primary diagnosis/cause of admission?	Cancer	0.3% 42/14888	0.7% 70/9782
	Cardiac/vascular/ chest pain	4.4% 653/14888	6.4% 629/9782
	Dehydration/ nutrition	1.4% 215/14888	1.4% 134/9782

	Delirium/ confusion/ cognitive impairment	10.8% 1614/14888	6.2% 604/9782
	Dementia	1% 144/14888	1.6% 160/9782
	Endocrine/ metabolic condition	1% 144/14888	1.5% 146/9782
	Fall	23.2% 3447/14888	14.8% 1449/9782
	Gastrointestinal	5.1% 755/14888	4.5% 442/9782
	Haematology related	0.6% 90/14888	1.5% 143/9782
	Hepatology/liver related	0.2% 31/14888	0.9% 92/9782
	Hip fracture/ dislocation	3.5% 514/14888	6.4% 627/9782
	Other Fracture/ dislocation	1.2% 186/14888	1.9% 184/9782
	Impaired consciousness/ reduced responsiveness/ drowsiness or dizziness	2.4% 359/14888	1.7% 166/9782
	Neurological problem/seizure/ head injury/ headache	2.8% 415/14888	2.5% 238/9782
	Psychiatric/ psychological/ behavioural problems	0.5% 76/14888	0.3% 32/9782
	Respiratory	12.9% 1927/14888	19.1% 1862/9782
	Sepsis	4.2% 632/14888	6% 586/9782
	Skin problems/ lacerations/lesions	1% 148/14888	2.1% 202/9782
	Stroke or related	2.4% 354/14888	3.2% 316/9782

	Surgical/non-surgical procedure	1% 152/14888	0.5% 50/9782
	Urinary/urogenital/renal	5.7% 843/14888	8.7% 849/9782
	Unable to cope/frailty	1.9% 278/14888	1.8% 172/9782
	Other – please specify	11.5% 1717/14888	2.2% 218/9782
	Unknown/Not documented	1% 152/14888	0.6% 60/9782
1.10. Please say whether this is an emergency or elective admission	Elective	0.9% 140/14888	1.3% 128/9782
	Emergency	99.1% 14748/14888	98.7% 9654/9782
1.11. Was delirium noted as part of the admitting condition?	No	66.3% 9868/14888	64% 4617/7212
	Yes	33.7% 5020/14888	36% 2595/7212
1.12. Dementia status	Known dementia	74.6% 11100/14888	-
	“Probable” dementia/ Concerns about cognition	25.4% 3788/14888	-
1.12.1. (if known) What is the subtype of dementia?	Alzheimer’s Disease (F00, G30)	33.2% 3683/11100	-
	Dementia in Alzheimer’s disease, atypical or mixed type (F00.2)	8.6% 956/11100	-
	Vascular Dementia (F01)	18.9% 2099/11100	-
	Dementia with Lewy bodies (G31.9)	2.5% 282/11100	-
	Fronto-temporal Dementia (G31.8)	0.7% 79/11100	-
	Dementia in Parkinson’s disease (F02.3)	2.2% 248/11100	-
	Delirium due to known psychological condition, including delirium	0.5% 51/11100	-

	superimposed on dementia		
	Unspecified dementia (F03)	16.1% 1792/11100	-
	Dementia subtype Unknown/not documented	17.2% 1910/11100	-
1.13. Place in which the person was living or receiving care before admission	Own home	67.5% 10045/14887	59% 5776/9782
	Respite care	0.4% 60/14887	0.8% 874/9782
	Rehabilitation ward	0.2% 32/14887	0.3% 31/9782
	Psychiatric ward	0.3% 43/14887	0.5% 46/9782
	Carer's home	1.9% 290/14887	1.4% 138/9782
	Intermediate/ community rehabilitation care	0.4% 55/14887	0.7% 73/9782
	Residential care	15.7% 2334/14887	17.9% 1753/9782
	Nursing home	13% 1940/14887	18.1% 1775/9782
	Palliative care	0% 2/148887	0.0% 3/9782
	Transfer to another hospital	0.3% 45/14887	0.9% 90/9782
	Long stay care	0.3% 41/14887	0.2% 23/9782
1.14. On the date of submission, what ward/unit is the person admitted to? *NB Question asked in Round 4: 5. Please identify the speciality of the ward that this patient spent the longest period on during this admission	Care of the elderly	30.2% 4490/14888	42.8% 4184/9782
	Oncology	0.1% 20/14888	0.2% 24/9782
	Cardiac	1.8% 267/14888	2.6% 250/9782
	Orthopaedics	6% 891/14888	9% 881/9782
	Critical care	0.3% 43/14888	0.3% 27/9782
	Stroke	2.8% 417/14888	4.3% 417/9782
	General medical	27.3% 4066/14888	22.9% 2239/9782
	Surgical	5.4% 804/14888	5.3% 520/9782

	Nephrology	0.5% 69/14888	0.5% 45/9782
	Other medical	13.1% 1946/14888	8.5% 829/9782
	Obstetrics/ gynaecology	0.2% 37/14888	0.3% 32/9782
	Other	12.3% 1836/14888	3.4% 334/9782
	Unknown/Not documented	0% 2/14888	0% 0/9782

Appendix IV. Casenote Audit Round 5 National Results – Key metrics

Please see above for link to the tool.

NB: Sampling method differed between R4 and R5, including sample size. Information from both datasets is shown and comparison should be made with caution.

If Round 4 data is not present, data is new to Round 5.

† Excludes NA responses

Delirium Screening and Assessment

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
2.2. Have any of the following screening assessments been carried out for this patient to identify recent changes or fluctuation in behaviour that may indicate the presence of delirium?	Single Question in Delirium (SQiD)	32.4% 3449/10642	7.3% 711/9762
	History taken from someone who knows the patient well in which they were asked about any recent changes in cognition/behaviour	70.8% 7539/10642	29.6% 2888/9762
	4AT	35% 3730/10642	9.9% 969/9762
	CAM	5.3% 563/10642	5.2% 350/6681
	OSLA	0.4% 47/10642	-
	Other	13.6% 1446/10642	6.6% 641/9762
Was delirium assessed? (With patients who had delirium noted on admission included in 'within 24 hours')	Yes, within 24 hours of admission	80.9% 8605/10642	-
	Yes, more than 24 hours after admission	6.2% 664/10642	-
	No	12.9% 1373/10642	-

	Any initial screen/ assessment	87.1% 9269/10642	57.6% 5272/9147
Days from admission to delirium screen assessment (out of those completed within 1 week)	0-1 days	92.3% 8201/8882	-
	2-3 days	5.6% 496/8882	-
	4-5 days	1.4% 122/8882	-
	6-7 days	0.7% 63/8882	-
2.4. Did the initial assessment selected above find evidence that delirium may be present?	Yes, delirium may be present	48.1% 4342/9032	50.8% 2391/4706
	No evidence of delirium	51.8% 4677/9032	49.2% 2315/4706
2.5. (If found that delirium may be present) was a diagnosis of delirium confirmed?	Yes, the patient was diagnosed with delirium	71.5% 3106/4342	81.4% 1503/1849
	No, it was confirmed the patient did not have delirium	15.2% 661/4342	-
	No further investigation took place	13.2% 575/4342	-
2.6. (If delirium diagnosis confirmed) was a management plan (for investigation and treatment) for delirium put in place?	Yes	92.5% 2872/3106	-
2.7. (If delirium diagnosis confirmed) was a care plan (for nursing care) for delirium put in place?	Yes	50% 1552/3106	-

Pain Assessment

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
2.8. Has the patient been asked about, and/or has there been an assessment for presence of pain?†	Yes, within 24 hours of admission	85.1% 8936/10505	-
	Yes, more than 24 hours after admission	6.5% 687/10505	-
	No	8.4% 882/10505	-
	Any pain assessment	91.6% 9623/10505	85.4% 8201/9600
Days from admission to pain assessment (out of those completed within 1 week)	0-1 days	95.2% 9069/9527	-
	2-3 days	3.7% 357/9527	-
	4-5 days	0.8% 77/9527	-
	6-7 days	0.3% 24/9527	-
2.8.b. (If yes) what pain assessment tool was used:	The Abbey Pain scale	10.3% 991/9623	-
	Pain assessment in advanced dementia (PAINAID)	1.3% 125/9623	-
	Checklist of nonverbal pain indicators (CNPI) observation score	1% 98/9623	-
	Question only	65.9% 6338/9623	-
	None	0% 3/9623	-
	Other	26.6% 2561/9623	-

	Patients who had questioning as their only pain assessment	61.1% 5580/9623	-
2.9. Was pain reassessed?	Yes, within 24 hours of first pain assessment	83.1% 7995/9623	-
	Yes, more than 24 hours after first pain assessment	9.3% 895/9623	-
	No	7.6% 733/9623	-
	Any pain reassessment	92.4% 8890/9623	-
Days from first pain assessment to pain reassessment (out of those completed within 1 week)	0-1 days	93.6% 8267/8832	-
	2-3 days	4.9% 436/8832	-
	4-5 days	1.1% 94/8832	-
	6-7 days	0.4% 35/8832	-
2.9.b. (If yes) what pain assessment tool was used in reassessment:	The Abbey Pain scale	11.1% 987/8890	-
	Pain assessment in advanced dementia (PAINAID)	1% 91/8890	-
	Checklist of nonverbal pain indicators (CNPI) observation score	0.8% 68/8890	-
	Question only	64.1% 5697/8890	-
	None	0% 0/8890	-
	Other	28.2% 2505/8890	-

	Patients who had questioning as their only repeat pain assessment	59.5% 5288/8890	-
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Discharge Planning

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
2.10. Were the required actions to prepare for discharge identified?	Yes, within 24 hours of admission	38.7% 4118/10642	51.3% 2665/5191
	Yes, more than 24 hours after admission	46.8% 4981/10642	-
	No	14.5% 1541/10642	-
	Yes (combined)	85.5% 9099/10642	-
2.11. Has an expected date of discharge been recorded?	Yes, within 24 hours of admission	31.9% 3391/10642	-
	Yes, more than 24 hours after admission	32.2% 3427/10642	-
	No	35.9% 3822/10642	-
	Yes (combined)	64.1% 6818/10642	-
Days from admission that the required actions to prepare for discharge were identified (out of those identified within 1 week)	0-1 days	55.5% 4423/7969	-
	2-3 days	25.2% 2007/7969	-
	4-5 days	12.2% 971/7969	-
	6-7 days	7.1% 568/7969	-
2.12. Was a named member of staff	Yes, within 24 hours of admission	39% 4152/10642	-

(nurse/consultant/discharge coordinator) or named team responsible clearly identified to coordinate discharge?	Yes, more than 24 hours after admission	33.2% 3538/10642	-
	No	27.7% 2949/10642	-
	Yes (combined)	72.2% 7690/10642	85.3% 5950/6975
2.13 If the discharge planning was not initiated within 24 hours of admission, please select the recorded reason why?	Patient acutely unwell	46.9% 3067/6540	61.3% 1239/2020
	Patient awaiting assessment	15.8% 1035/6540	8.8% 177/2020
	Patient awaiting history/results	4.9% 320/6540	7.7% 156/2020
	Patient awaiting surgery	5.4% 355/6540	9.6% 193/2020
	Patient presenting confusion	3.9% 256/6540	5.8% 118/2020
	Patient on end of life plan	4.4% 288/6540	0% 1/2020
	Patient transferred to another hospital	0.7% 43/6540	0.2% 5/2020
	Patient unresponsive	0.3% 20/6540	0.3% 7/2020
	Patient being discharged to nursing/residential care	2.1% 139/6540	5% 100/2020
	Other (please specify)	3.4% 224/6540	1.2% 24/2020
	No reason recorded	9.4% 612/6540	-
Unknown/Not documented	2.8% 181/6540	-	

[Appendix V. Casenote Audit Round 5 National Results – Discharge information](#)

Please see above for link to the tool.

NB: Sampling method differed between R4 and R5, including sample size. Information from both datasets is shown and comparison should be made with caution.

If Round 4 data is not present, data is new to Round 5.

Discharge Information

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
3.2 Has the patient been discharged?	Yes	86.4% 9164/10601	-
	No, the patient died	11.5% 1224/10601	-
	No, still an inpatient	2% 213/10601	-
Length of stay in days	Minimum	0	-
	Maximum	153	-
	Median	10	-
Length of stay in weeks	Up to 1 week	34.7% 3589/10347	-
	1-2 weeks	25.4% 2631/10347	-
	2-3 weeks	13.8% 1426/10347	-
	3-4 weeks	8.7% 898/10347	-
	4-5 weeks	5.8% 595/10347	-

	5-10 weeks	9.7% 999/10347	-
	10-20 weeks	2% 209/10347	-
3.4 Place in which the person was living or receiving care after discharge	Own home	50.7% 4650/9164	-
	Respite care	0.6% 55/9164	-
	Rehabilitation ward	2.1% 192/9164	-
	Psychiatric ward	0.5% 47/9164	-
	Carer's home	1.7% 152/9164	-
	Intermediate/ Community rehabilitation care	3.3% 305/9164	-
	Residential care	17.6% 1610/9164	-
	Nursing home	20.9% 1914/9164	-
	Palliative care	0.7% 68/9164	-
	Transfer to another hospital	1.3% 120/9164	-
	Long stay care	0.1% 13/9164	-
	Unknown/Not documented	0.4% 38/9164	-
Change in place of care from admission to discharge	Own home/short term to long term care	12.9% 1156/8981	-
	Long term to own home/short term	3.4% 309/8981	-
	No change	83.7% 7516/8981	-
3.5 At the point of discharge was the patient based on the right ward for the responsible consultant specialty?	Yes	92% 9558/10388	-
	No	7.6% 788/10388	-

	Unknown/Not documented	0.4% 42/10388	-
3.6 (If still an inpatient) is the patient based on the right ward for the responsible consultant specialty?	Yes	96.7% 206/213	-
	No	2.8% 6/213	-
	Unknown/Not documented	0.5% 1/213	-
Overall percentage of outliers	Patient not on right ward	7.5% 794/10558	-
3.7 (If the patient died) Was the patient receiving end of life care/on an end of life care plan?	Yes	80.6% 987/1224	-
	No	19% 233/1224	-
	Unknown/Not documented	0.3% 4/1224	-

Appendix VI. Annual Dementia Statement National results

NB: The tool and questions differed between R4 and R5. Information from both datasets is shown and comparison should be made with caution.

If Round 4 data is not present, data is new to Round 5.

† Excludes NA responses

Admissions

Question	Response	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
1.1. How many admissions (overall) do you have within a year (past year)?* <i>*outliers removed</i>	Minimum	11,186	-
	Maximum	198,460	-
	Median	60,432	-
	Total hospitals responded	92.3% 155/168	-
1.2. How many of these admissions were people with dementia?* <i>*outliers removed</i>	Minimum	33	-
	Maximum	29,769	-
	Median	1,871	-
	Total hospitals responded	92.3% 155/168	-
1.3. Percentage of people with dementia admitted to the hospital	Minimum	0.1%	-
	Maximum	15%	-
	Median	3%	-
	Total hospitals responded	92.3% 155/168	-
1.4. Do dementia leads in your hospital think that most	Yes	62.5% 105/168	-

people with dementia/cognitive problems are identified during their admission?	No	33.9% 57/168	-
	Not Known/ Undocumented	3.6% 6/168	-
1.5. Can you estimate a proportion of people with dementia who may not be identified during admission?	Less than 5%	28.6% 48/168	-
	Up to 10%	10.1% 17/168	-
	Up to 15%	8.3% 14/168	-
	Up to 20%	6.5% 11/168	-
	Up to 25%	8.3% 14/168	-
	An unknown number	38.1% 64/168	-

Assessment and Discharge

Question	From Round 5 National Casenote Data
2.1. Percentage of people with dementia who received an initial assessment/screen for delirium	87.1% 9269/10642
2.2. Percentage who received delirium assessment/screen within 24 hours	80.9% 8605/10642
2.3. Percentage of people with dementia who received an assessment for pain †	91.6% 9623/10505
2.4. Percentage who received pain assessment within 24 hours	85.1% 8936/10505
3.1. Percentage of patients who had discharge planning started within 24 hours of admission *No NA option was provided for this question, cases where a reason was given for Discharge Planning not being initiated within 24hrs of admission is treated as NA	83.5% 4084/4891
Percentage of patients who had discharge planning started within 24 hours of admission *Including NA responses for Discharge Planning not being initiated within 24hrs of admission	38.7% 4118/10642

3.2. Median length of stay <i>*Of those who were discharged or died at end of data collection</i>	10 days 10347
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Feedback about the care provided to people with dementia.

Question	Response	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
4.1. Rating of overall care quality by carers	(From R5 National Carer Questionnaire Data Q8)	65.6% 4841/7496	-
4.2. Rating of communication by carers	(From R5 National Carer Questionnaire Data Q5,6,7)	60% 6392/10844	-
4.3. Do you collect feedback on a regular basis from people with dementia admitted to the hospital?	Yes	35.7% 60/168	-
	No	58.9% 99/168	-
	Not Known/ Undocumented	5.4% 9/168	-
4.4. Based on the past six months, what is the average number of people with dementia per month providing feedback? <i>*If 'Yes' to 4.3</i>	Minimum	1	-
	Maximum	More than 10	-
	Median	5	-
	Total hospitals responded	35.7% 60/168	-
	1	16.7% 10/60	-
	2	10% 6/60	-
	3	11.7% 7/60	-

	4	10% 6/60	-
	5	20% 12/60	-
	6	0% 0/60	-
	7	1.7% 1/60	-
	8	6.7% 4/60	-
	9	0% 0/60	-
	10	6.7% 4/60	-
	More than 10	16.7% 10/60	-

Governance

Question	Response	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
5.1. The name of the personal information document or scheme you use in the hospital	All about me	8.3% 14/168	-
	Butterfly scheme	6% 10/168	-
	Forget me not	7.7% 13/168	-
	Getting to know me	4.8% 8/168	-
	Hospital passport	1.8% 3/168	-
	More than one	10.7% 18/168	-
	This is Me	42.9% 72/168	-
	Other	14.9% 25/168	-

	None	3% 5/168	-
5.2. Number of people with dementia who had a bedside check	Minimum	0	0
	Maximum	4332	33
	Median	10	-
	Total hospitals responded	91.1% 153/168	-
5.3. Number of people with dementia who had an up to date document with their personal information at their bedside	Minimum	0	0
	Maximum	4129	20
	Median	5	-
	Total hospitals responded	91.1% 153/168	-
Percentage of people with an up-to-date document with their personal information at their bedside	Minimum	0%	0%
	Maximum	100%	100%
	Median	42.3%	-
	Average	46.2%	59%
	Total hospitals responded	85.7% 144/168	-
Falls 5.4. Does your DATIX or other monitoring system identify the proportion of people with dementia who have been affected within the totals over the past year for: In hospital falls	Yes	63.7% 107/168	64.1% 125/195
	No	31.5% 53/168	-
	Not Known/ Undocumented	4.8% 8/168	-
5.4.1. Is this information presented to the Board/ responsible sub committee/ oversight committee for	Quarter	59.8% 64/107	-
	Six months	7.5% 8/107	-

review with an improvement plan every: <i>*If 'Yes' to 5.4</i>	Year	2.8% 3/107	-
	Not specified	12.1% 13/107	-
	No	15.9% 17/107	-
	Not Known/ Undocumented	1.9% 2/107	-
Readmissions 5.5. Does your CAMIS or other monitoring system identify the proportion of people with dementia who have been affected within the totals over the past year for: readmissions within 30 days	Yes	46.4% 78/168	36.9% 72/195
	No	49.4% 83/168	-
	Not Known/ Undocumented	4.2% 7/168	-
5.5.1. Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every: <i>*If 'Yes' to 5.5</i>	Quarter	43.6% 34/78	-
	Six months	9% 7/78	-
	Year	5.1% 4/78	-
	Not specified	20.5% 16/78	-
	No	19.2% 15/78	-
	Not Known/ Undocumented	2.6% 2/78	-
Delayed discharges 5.6. Does your CAMIS or other monitoring system identify the proportion of people with dementia who have been affected within the totals over the past year for: Delayed discharges or transfers of care	Yes	36.9% 62/168	40% 78/195
	No	58.9% 99/168	-
	Not Known/ Undocumented	4.2% 7/168	-
5.6.1. Is this information presented to the Board/ responsible sub committee/ oversight committee for	Quarter	41.9% 26/62	-
	Six months	6.5% 4/62	-

review with an improvement plan every: <i>*If 'Yes' to 5.6</i>	Year	1.6% 1/62	-
	Not specified	30.6% 19/62	-
	No	16.1% 10/62	-
	Not Known/ Undocumented	3.2% 2/62	-
Pressure Ulcers 5.7. Does your DATIX or other monitoring system identify the proportion of people with dementia who have been affected within the totals over the past year for: Newly developed in hospital pressure ulcers	Yes	49.4% 83/168	-
	No	46.4% 78/168	-
	Not Known/ Undocumented	4.2% 7/168	-
5.7.1. Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every: <i>*If 'Yes' to 5.7</i>	Quarter	57.8% 48/83	-
	Six months	6% 5/83	-
	Year	1.2% 1/83	-
	Not specified	20.5% 17/83	-
	No	12% 10/83	-
	Not Known/ Undocumented	2.4% 2/83	-
Incidents flagged as involving violence or aggression 5.8. Does your DATIX or other monitoring system identify the proportion of people with dementia who have been affected within the totals over the past year for: incidents flagged as involving violence or aggression	Yes	58.3% 98/168	-
	No	37.5% 63/168	-
	Not Known/ Undocumented	4.2% 7/168	-

5.8.1. Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every: <i>*If 'Yes' to 5.8</i>	Quarter	53.1% 52/98	-
	Six months	10.2% 10/98	-
	Year	3.1% 3/98	-
	Not specified	20.4% 20/98	-
	No	11.2% 11/98	-
	Not Known/ Undocumented	2% 2/98	-
5.9. Do you have a dementia strategy group/working party?	Yes	82.1% 138/168	92.3% 180/195
	No	13.7% 23/168	-
	Not Known/ Undocumented	4.2% 7/168	-
5.9.1. How often do they meet? <i>*If 'Yes' to 5.9</i>	Once a quarter or more	88.4% 122/138	-
	Every 3-6 months	8% 11/138	-
	Every 6-12 months	2.9% 4/138	-
	Every 18-24 months	0.7% 1/138	-
	Not Known/ Undocumented	0% 0/138	-
5.9.2. Please indicate who is involved: Trust dementia leads <i>*If 'Yes' to 5.9</i>	True	100% 138/138	100% 180/180
	False	0% 0/138	-
Patient/public representatives <i>*If 'Yes' to 5.9</i>	True	44.9% 62/138	65.6% 118/180
	False	55.1% 76/138	-
Local Healthwatch	True	20.3% 28/138	-

<i>*If 'Yes' to 5.9</i>	False	79.7% 110/138	-
People with dementia and carers <i>*If 'Yes' to 5.9</i>	True	35.5% 49/138	-
	False	64.5% 89/138	-
Local campaigning groups/ charities <i>*If 'Yes' to 5.9</i>	True	51.4% 71/138	73.3% 132/180
	False	48.6% 67/138	-
Distribution of Dementia strategy group involvement	No Dementia strategy group	13.7% 23/168	-
	At least one group involved	75.6% 127/168	-
	All groups involved	6.5% 11/168	-
	Not known/ Undocumented	4.2% 7/168	-
5.10.1. Is the hospital signed up to: Johns Campaign	Yes	87.5% 147/168	-
	No	8.3% 14/168	-
	Not Known/ Undocumented	4.2% 7/168	-
5.10.2. Is the hospital signed up to: Dementia Friendly Hospitals Charter	Yes	85.1% 143/168	-
	No	11.3% 19/168	-
	Not Known/ Undocumented	3.6% 6/168	-

Staff expertise and training

Question	Response	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
6.1. Number of lead nurses for dementia employed by your Trust (WTE)	Minimum	0	-
	Maximum	6	-
	Median	1	-
	Total hospitals responded	95.2% 160/168	-
6.2. Number of consultant physicians who are specialists for dementia employed by your Trust (WTE)	Minimum	0	-
	Maximum	20	-
	Median	1	-
	Total hospitals responded	92.9% 156/168	-
6.3. Number of Allied Healthcare Professionals who are specialists in dementia working in your Trust	Minimum	0	-
	Maximum	94	-
	Median	0	-
	Total hospitals responded	93.5% 157/168	-
6.4. Percentage of all staff employed by your hospital/Trust who have received Tier 1 dementia training	Minimum	0%	-
	Maximum	100%	-
	Median	86.4%	-
	Mean	75.7%	-

	Total hospitals responded	80.4% 135/168	-
Percentage of Tier 1 dementia trained staff employed by the hospital/Trust is unknown	True	19.6% 33/168	-
	False	80.4% 135/168	-
6.4.1. What level is this reported at? <i>*If 6.4 is not unknown</i>	Hospital	14.8% 20/135	-
	Trust	85.2% 115/135	-
6.5. Percentage of staff working on your adult wards OR across your Trust who have received Tier 2 dementia training	Minimum	0%	-
	Maximum	100%	-
	Median	45%	-
	Mean	44.8%	-
	Total hospitals responded	57.7% 97/168	-
Percentage of Tier 2 dementia trained staff working on adult wards OR across the Trust is unknown	True	42.3% 71/168	-
	False	57.7% 97/168	-
6.5.1. What level is this reported at?	Hospital	14.4% 14/97	-
	Trust	85.6% 83/97	-
6.6. Do you require contracts with external providers (for services such as catering and security) where staff come into contact with people with dementia to provide their staff with dementia awareness training?	Yes	40.5% 68/168	-
	No	54.8% 92/168	-
	Not Known/ Undocumented	4.8% 8/168	-
6.6.1. Who is this for? <i>*If 'Yes' to 6.6</i>	All contracted services	50% 34/68	-

	All contracted services with staff working on adult wards	13.2% 9/68	-
	Some contracted services	36.8% 25/68	-
	Not Known/ Undocumented	0% 0/68	-

Nutrition and Environment

Question	Response	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
7.1. Total number of adult wards	Minimum	5	-
	Maximum	85	-
	Median	21	-
	Total hospitals responded	94.6% 159/168	-
7.2. Total number of adult wards where finger foods are available as meal options for each meal	Minimum	0	-
	Maximum	85	-
	Median	19	-
	Total hospitals responded	94.6% 159/168	-
7.3. Percentage of adult wards where finger foods are available as a meal option	Minimum	0%	-
	Maximum	100%	-
	Median	100%	-

	Mean	90%	-
	Total hospitals responded	94.6% 159/168	-
7.4. Total number of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement	Minimum	0	-
	Maximum	83	-
	Median	20	-
	Total hospitals responded	94.6% 159/168	-
7.5. Percentage of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement	Minimum	0%	-
	Maximum	100%	-
	Median	100%	-
	Mean	95%	-
	Total hospitals responded	94.6% 159/168	-
8.1. Has the physical environment within the hospital been reviewed using an appropriate tool (for example, King's Fund Enhancing the Healing Environment; Patient Led Assessment of the Care Environment etc.) to establish whether it is 'dementia-friendly'?	Taken place throughout the hospital	35.7% 60/168	53.3% 104/195
	Taken place on all adult wards and public areas	8.9% 15/168	9.2% 18/195
	Taken place on all adult wards	6% 10/168	-
	Taken place on all care of the elderly wards	11.9% 20/168	14.9% 29/195
	Taken place on some wards	26.8% 45/168	-
	Not taken place	5.4% 9/168	7.2% 14/195
	Not Known/ Undocumented	5.4% 9/168	-

8.2. Environmental changes based on the review are:	Completed	11.9% 20/168	15.3% 28/183
	Underway	52.4% 88/168	62.8% 115/183
	Planned but not yet underway	8.3% 14/168	13.1% 24/183
	Planned but no funding has been identified	7.1% 12/168	7.1% 13/183
	Not yet planned	13.1% 22/168	1.6% 3/183
	Not Known/ Undocumented	7.1% 12/168	-

Appendix VII. Carer Questionnaire Round 5 National Results

† 'Don't know' and 'I don't need/want any support' responses were excluded from the sample sizes of relevant questions.

NB: All Carer Questionnaires indicating admission outside of the data collection period were excluded from this summary.

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
Which of these best describes your relationship to the person you look after?	Spouse or partner	36.3% 802/2212	32.5% 1529/4709
	Family Member	52% 1151/2212	56.3% 2649/4709
	Friend	5.7% 125/2212	5.5% 261/4709
	Professional carer (health or social care)	4.6% 102/2212	4.7% 221/4709
	Other	1.4% 32/2212	1% 49/4709
Are you one of the main carers for the person you look after? For example, family carer or key worker.	Yes	79% 1564/1981	76% 3268/4300
	No	21% 417/1981	24% 1032/4300

Patient Care

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
1. Do you feel that hospital staff were well informed and understood the needs of the person you look after? †	Yes, definitely	42% 901/2143	51.1% 2368/4638
	Yes, to some extent	44.4% 952/2143	40.7% 1888/4638

	No	13.5% 290/2143	8.2% 382/4638
	Don't Know	-	-
2. Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after? †	Yes, definitely	49.7% 1066/2144	58.7% 2728/4649
	Yes, to some extent	39.2% 840/2144	33.8% 1571/4649
	No	11.1% 238/2144	7.5% 350/4649
	Don't Know	-	-

Communication

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
3. Was the person you look after given enough help with personal care from hospital staff? For example, eating, drinking, washing and using the toilet. †	Yes, definitely	48.2% 992/2058	58.5% 2641/4518
	Yes, to some extent	37.6% 774/2058	32.6% 1473/4518
	No	14.2% 292/2058	8.9% 404/4518
	Don't Know	-	-
4. Was the person you look after treated with respect by hospital staff? †	Yes, definitely	70.2% 1488/2119	77.5% 3598/4640
	Yes, to some extent	25.8% 546/2119	20.2% 939/4640
	No	4% 85/2119	2.2% 103/4640
	Don't Know	-	-
5. Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the	Yes, definitely	38.7% 827/2138	45.9% 2115/4609
	Yes, to some extent	39.7% 848/2138	38.5% 1776/4609

hospital stay? For example, about plans for treatment and discharge. †	No	21.7% 463/2138	15.6% 718/4609
	Don't Know	-	-
6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care? †	Yes, definitely	42.2% 898/2127	51.1% 2317/4535
	Yes, to some extent	36.8% 782/2127	34.8% 1577/4535
	No	21% 447/2127	14.1% 641/4535
	Don't Know	-	-
7. Did hospital staff ask you about the needs of the person you look after to help plan their care? †	Yes, definitely	42.9% 919/2144	48.3% 2193/4545
	Yes, to some extent	32.8% 704/2144	34.3% 1561/4545
	No	24.3% 521/2144	17.4% 791/4545
	Don't Know	-	-

Overall

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
8. Overall, how would you rate the care received by the person you look after during the hospital stay?	Excellent	28.6% 631/2208	38.2% 1798/4704
	Very good	30.7% 677/2208	33.6% 1580/4704
	Good	19.7% 435/2208	15.8% 745/4704
	Fair	14.5% 320/2208	8.5% 402/4704
	Poor	6.6% 145/2208	3.8% 179/4704

9. How likely would you be to recommend the service to friends and family if they needed similar care or treatment? †	Extremely likely	36% 767/2129	46.1% 2126/4608
	Likely	35.7% 759/2129	34.1% 1571/4608
	Neither likely nor unlikely	15.9% 338/2129	12% 551/4608
	Unlikely	7.9% 169/2129	4.4% 205/4605
	Extremely unlikely	4.5% 96/2129	3.4% 155/4605
	Don't Know	-	-
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	42.8% 882/2063	53.8% 2354/4377
	Somewhat satisfied	37.1% 765/2063	32.4% 1420/4377
	Somewhat dissatisfied	11.9% 246/2063	9.4% 413/4377
	Very dissatisfied	8.2% 170/2063	4.3% 190/4377
	I don't need/want any support	-	-

About you

Question	Responses	National Audit Round 5 % Num/Den	National Audit Round 4 % Num/Den
1. Gender	Male	31.8% 688/2163	31.5% 1460/4641
	Female	66.7% 1443/2163	67.4% 3128/4641
	Other	0.3% 7/2163	0.1% 3/4641
	Prefer not to say	1.2% 25/2163	1.1% 50/4641
2. Age	18-24 years	0.4% 8/2188	1% 46/4658

	25-34 years	1.9% 42/2188	3.3% 154/4658
	35-44 years	5.3% 115/2188	6% 280/4658
	45-54 years	15.5% 340/2188	16.9% 787/4658
	55-64 years	23.9% 524/2188	24.5% 1139/4658
	65-74 years	18.9% 413/2188	18.9% 879/4658
	75-84 years	23.9% 523/2188	20.1% 934/4658
	85 years and over	8.7% 191/2188	8.2% 384/4658
	Prefer not to say	1.5% 32/2188	1.2% 55/4658
3. Ethnicity	White/White British	85.8% 1852/2159	87.2% 4003/4593
	Black/Black British	4.3% 93/2159	3.6% 167/4593
	Asian/Asian British	3.8% 82/2159	3.9% 177/4593
	Mixed	2.6% 56/2159	1.4% 63/4593
	Other	1.3% 27/2159	1.7% 80/4593
	Prefer not to say	2.3% 49/2159	2.2% 103/4593

Appendix VIII. Additional Analysis

Figure A: Place of residence or care before admission, grouped by age.

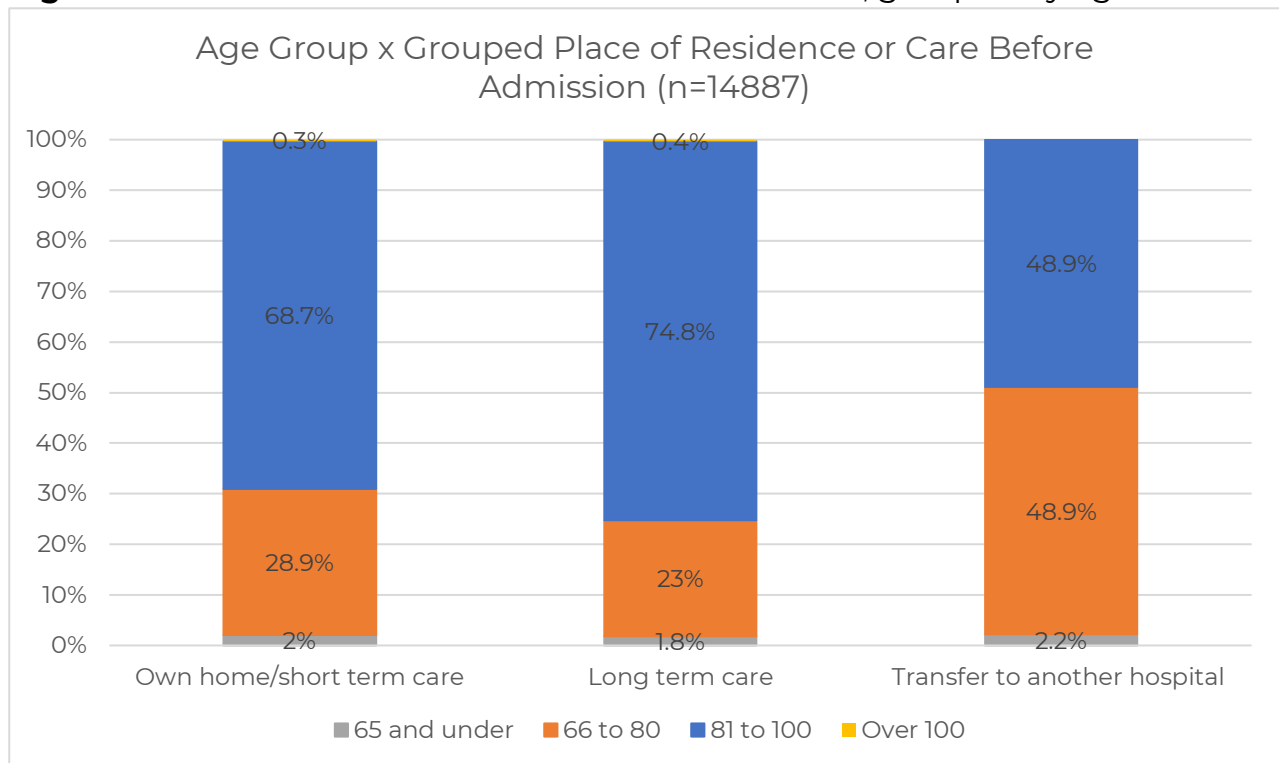


Figure B: Diagnosed dementia/concerns about cognition within the three top primary diagnoses (taken from 24 primary diagnoses).

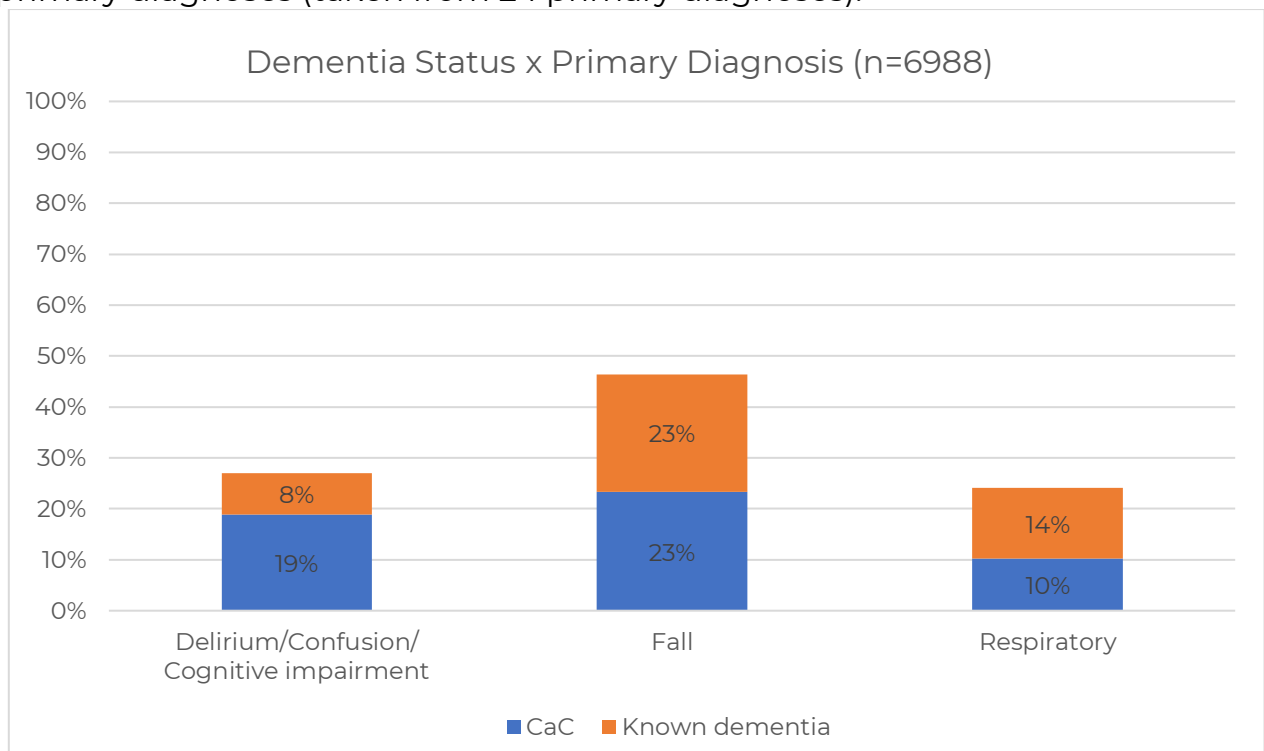


Figure C: Diagnosed dementia/concerns about cognition and initial assessment for delirium (including patients who had delirium on admission).

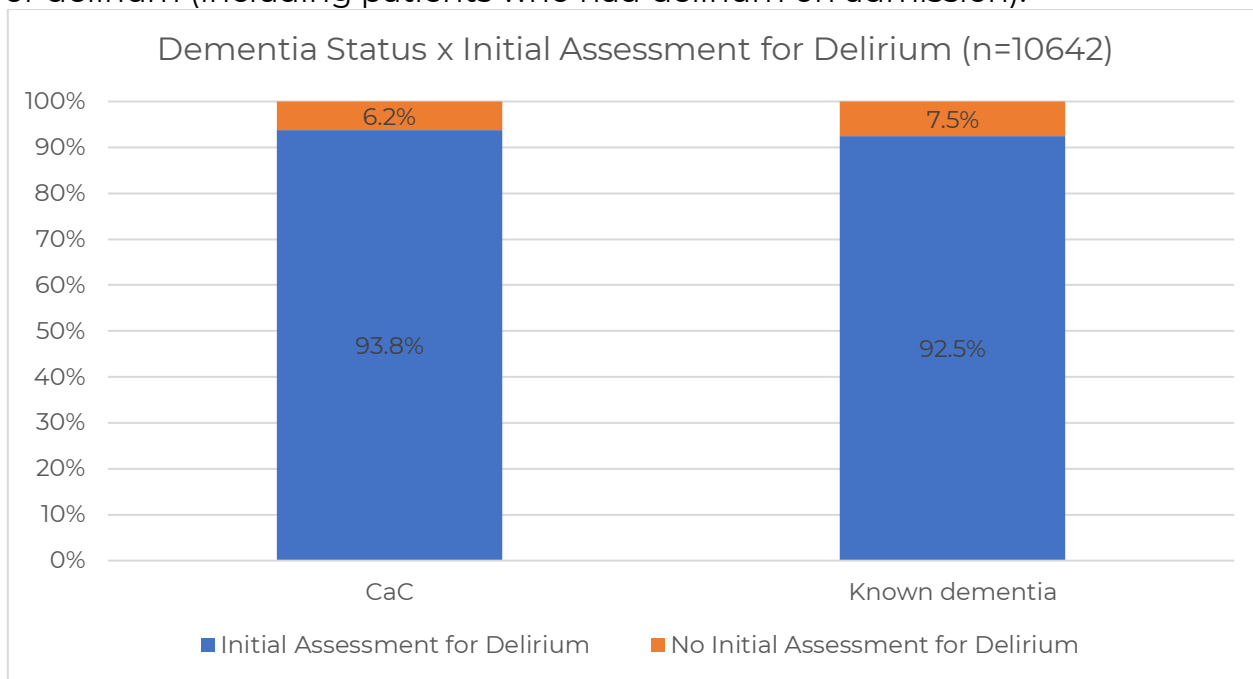


Figure D: Diagnosed dementia/concerns about cognition and assessment for delirium within 24 hours of admission (including patients who had delirium on admission).

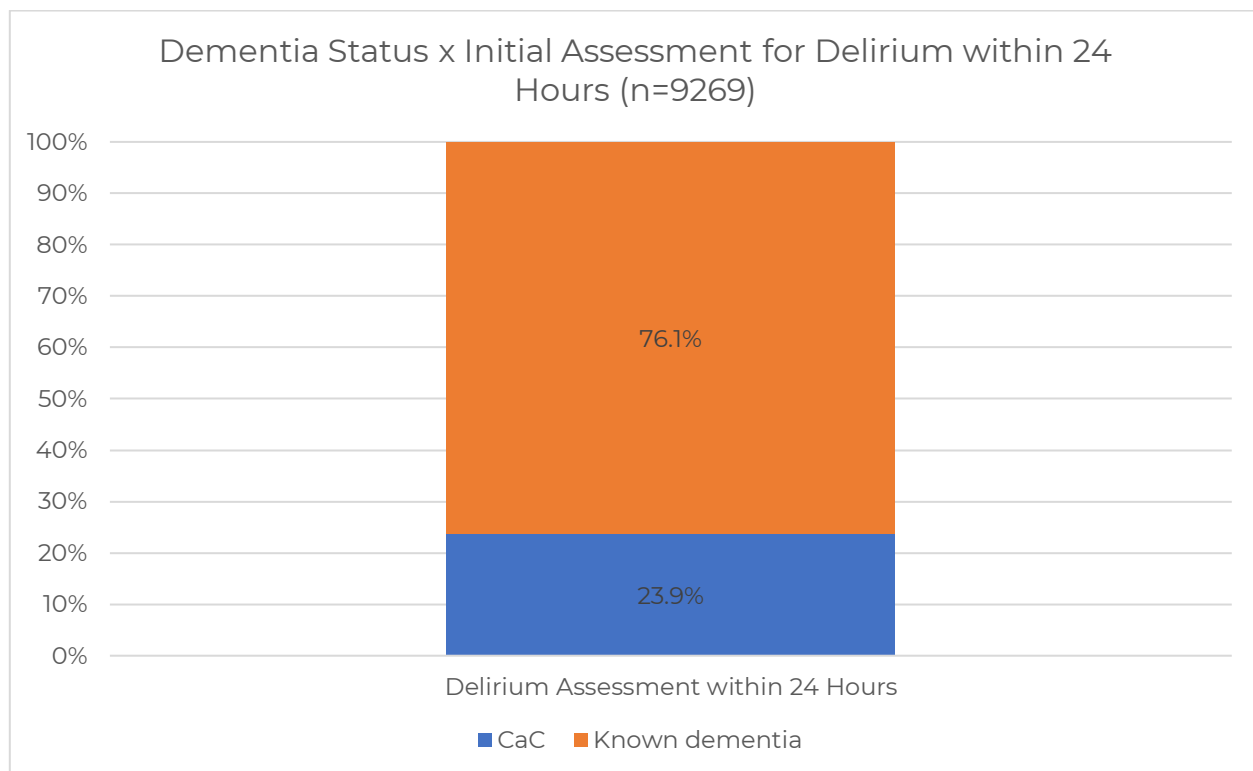


Figure E: Diagnosed dementia/concerns about cognition and pain assessment (excluding 'could not be assessed for recorded reasons' responses).

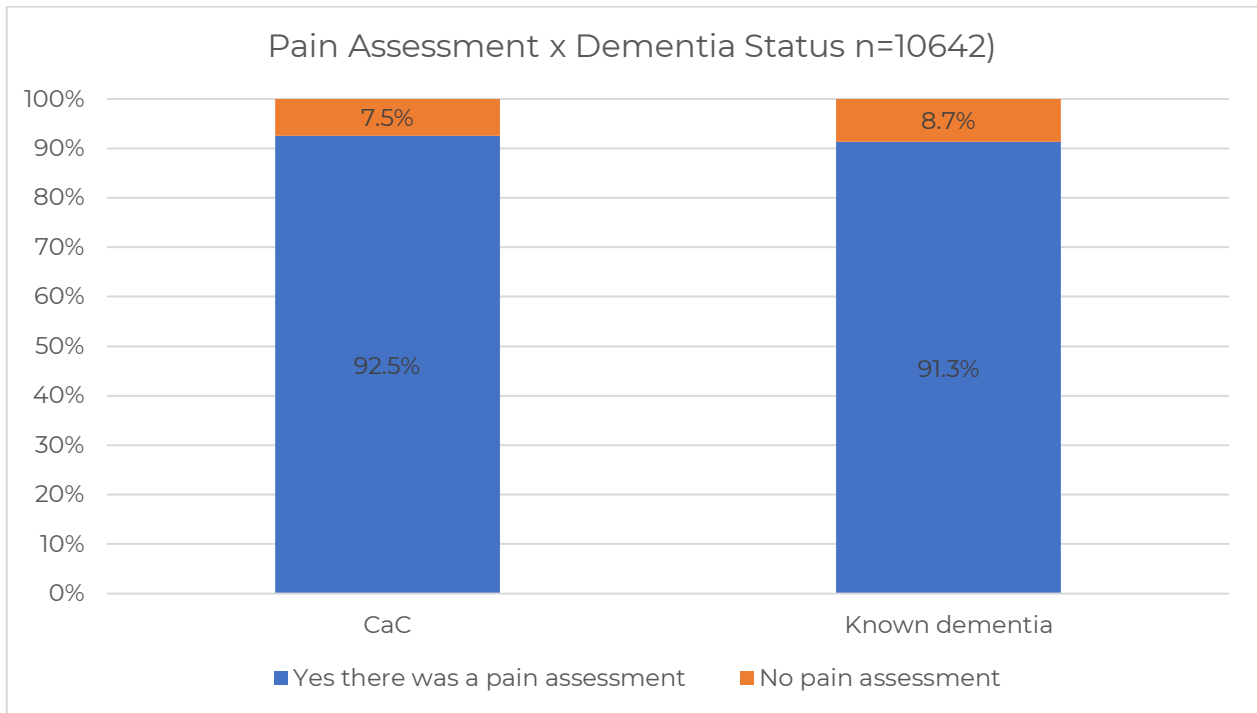


Figure F: Diagnosed dementia/concerns about cognition and pain assessment within 24 hours of admission (excluding 'could not be assessed for recorded reasons' responses).

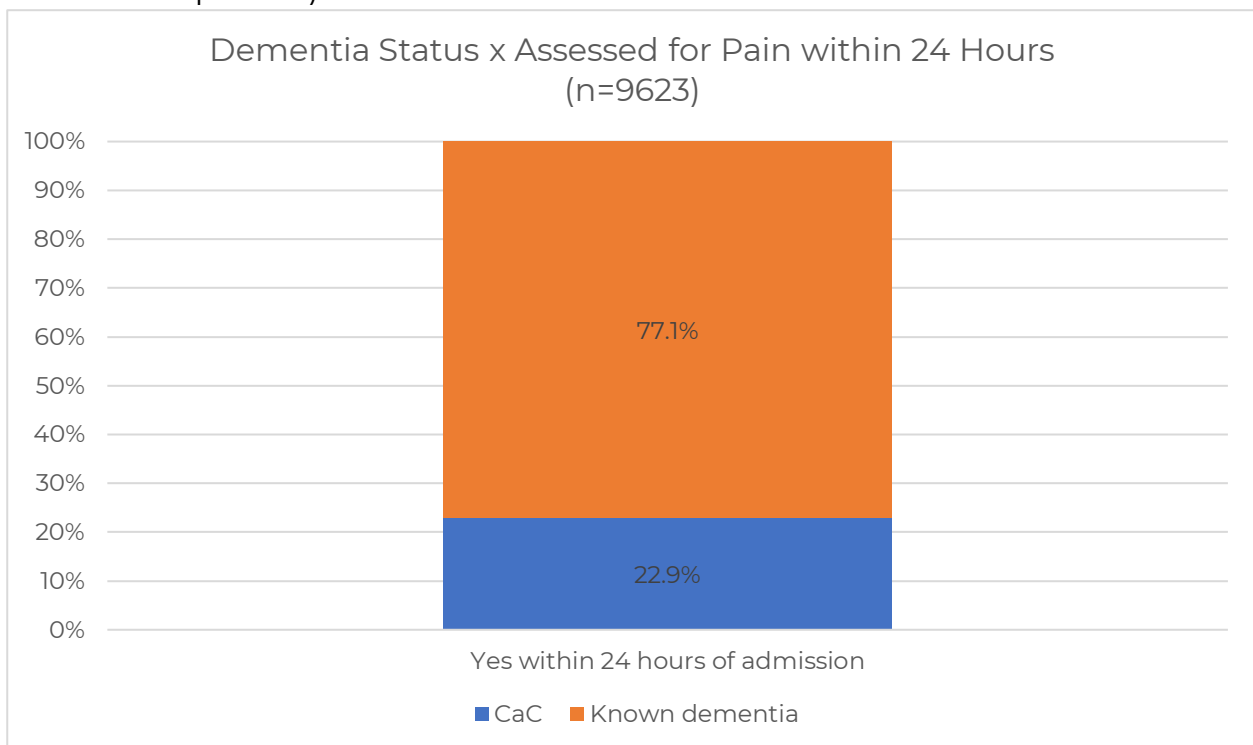


Figure G: Diagnosed dementia/concerns about cognition and pain reassessment.

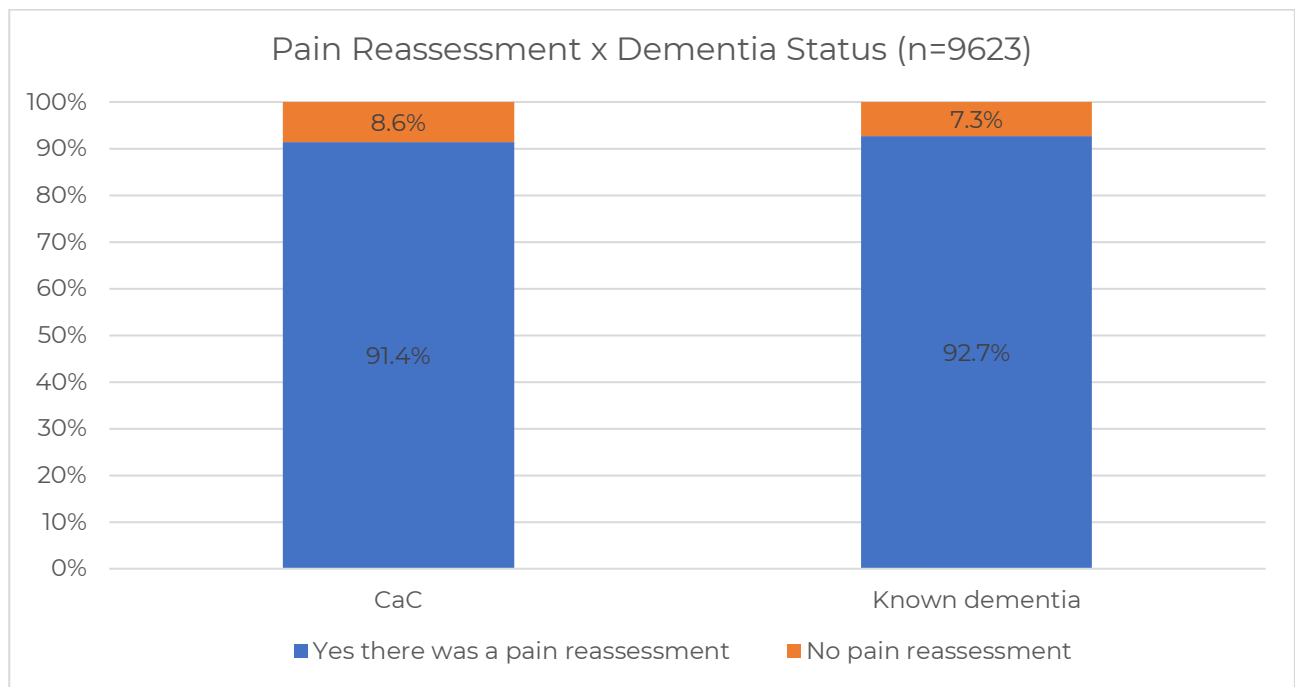


Figure H: Diagnosed dementia/concerns about cognition and pain reassessment within 24 hours of first pain assessment.

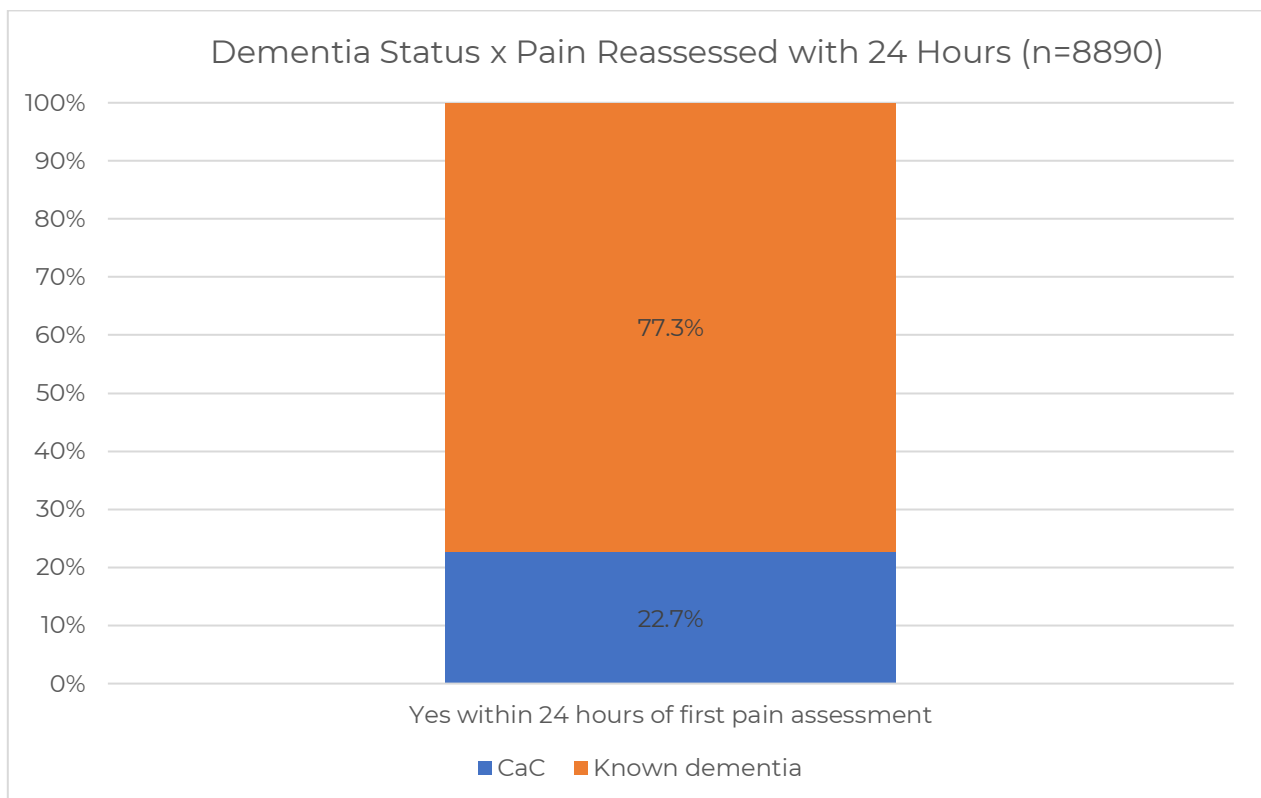


Figure I: Diagnosed dementia/concerns about cognition and whether the required actions to prepare for discharge were identified.

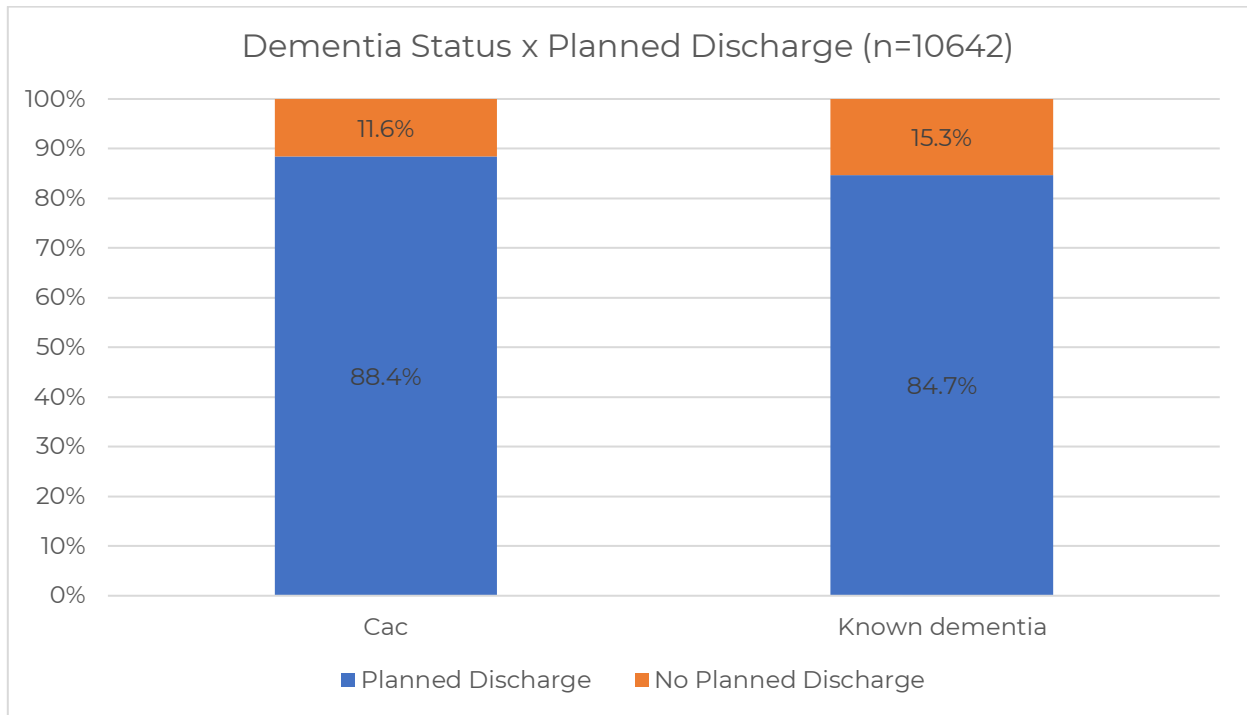


Figure J: Diagnosed dementia/concerns about cognition and whether the required actions to prepare for discharge were identified within 24 hours of admission.

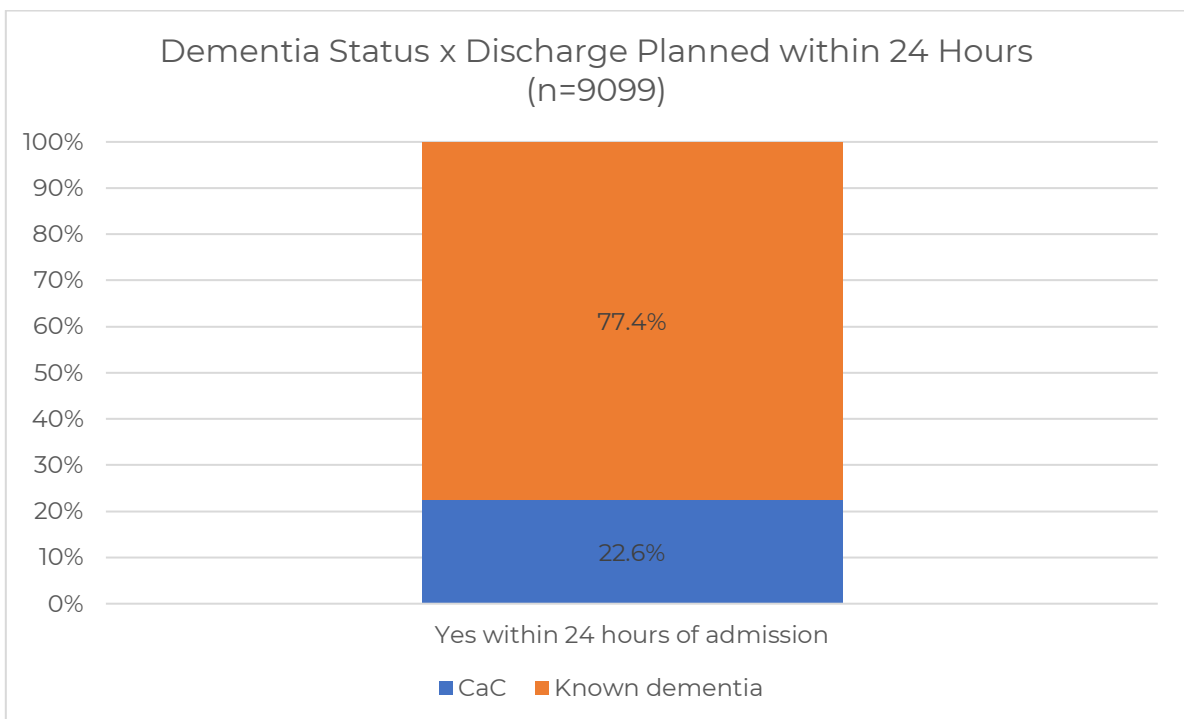


Figure K: Length of stay by age group.

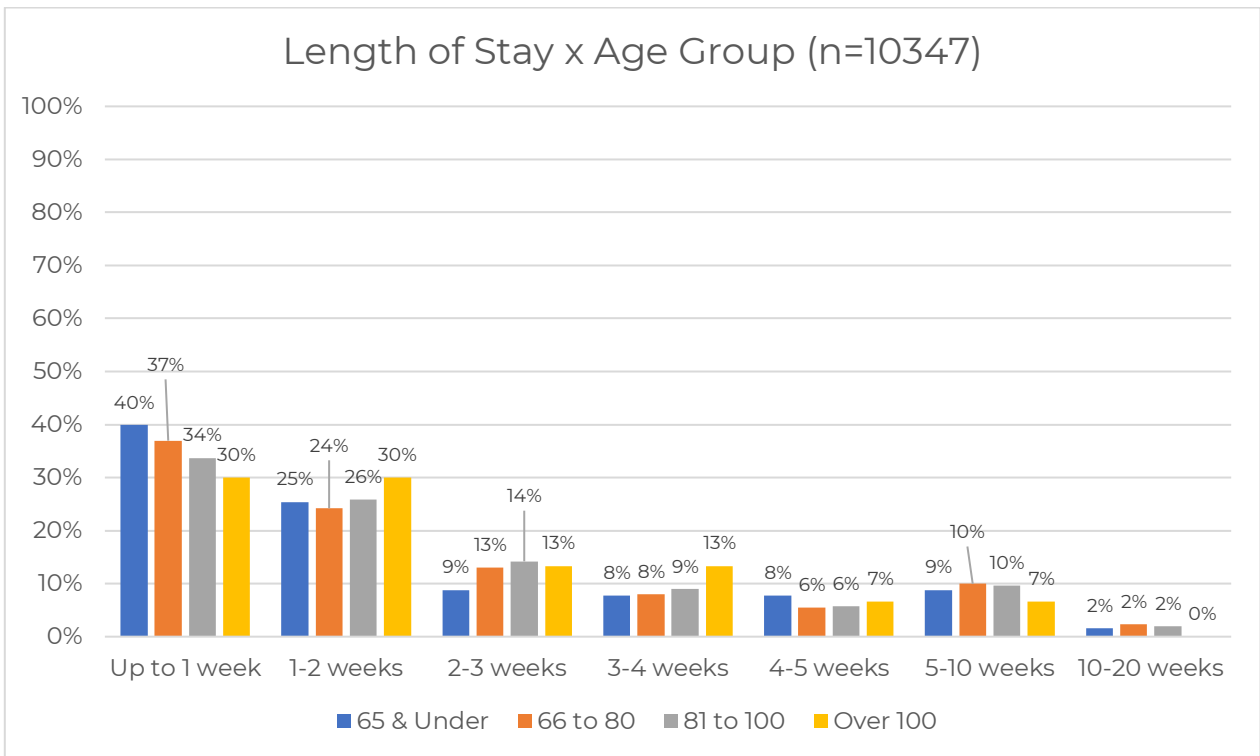


Figure L: Ethnicity and length of stay.

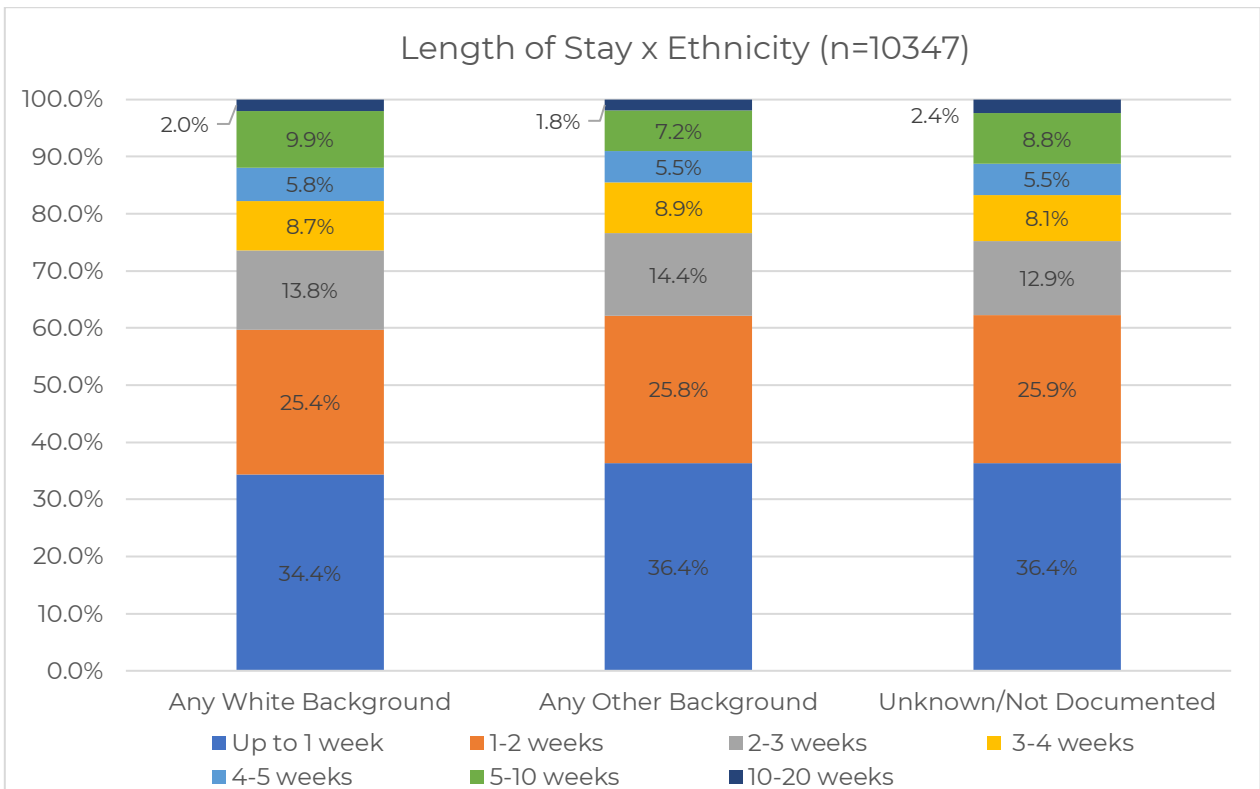


Figure M: Length of stay by the top three primary diagnoses (taken from 24 primary diagnoses).

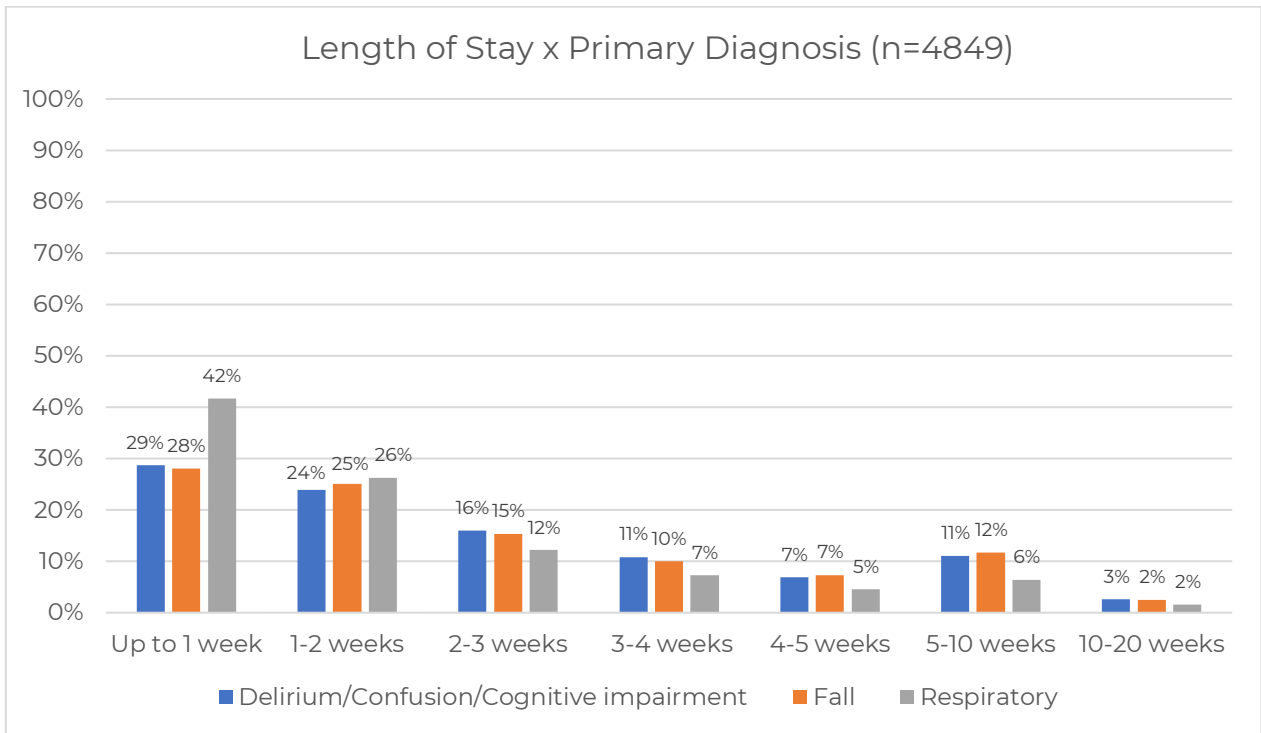


Figure N: Diagnosed dementia/concerns about cognition and length of stay.

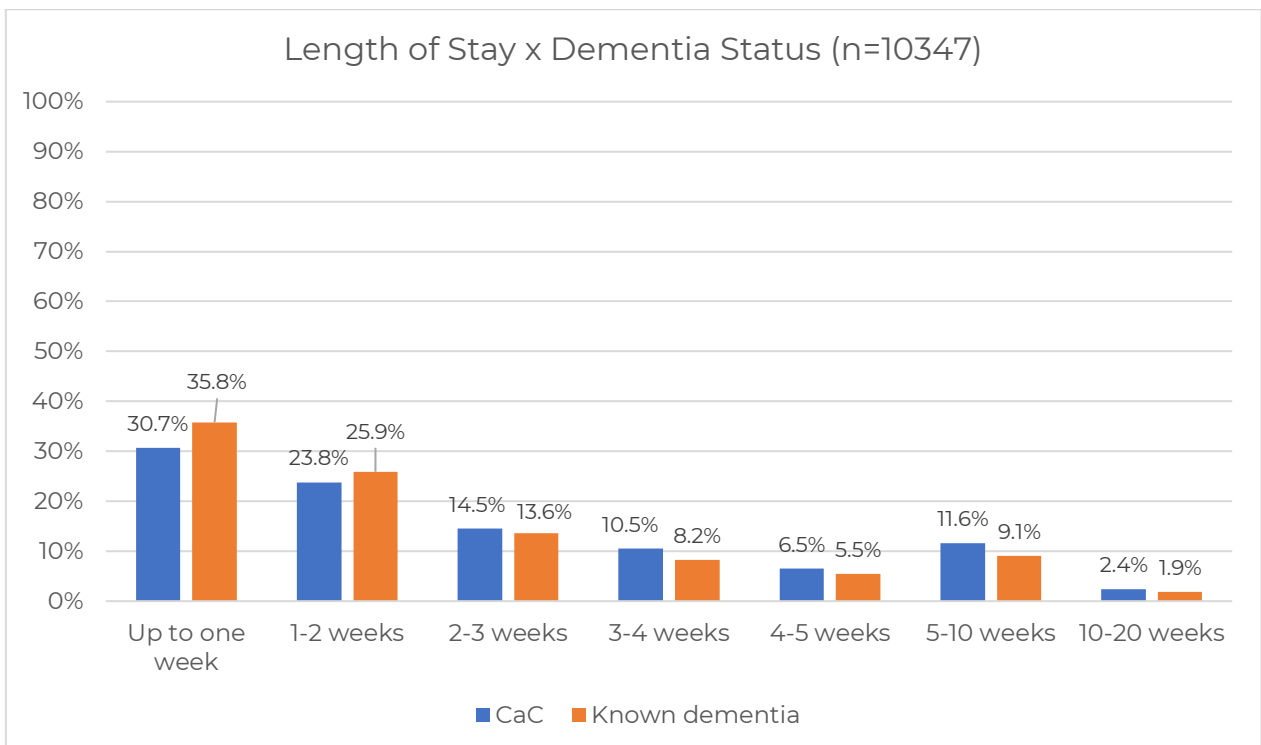


Figure O: Length of stay and whether a delirium screening assessment was carried out within 24 hours of admission.

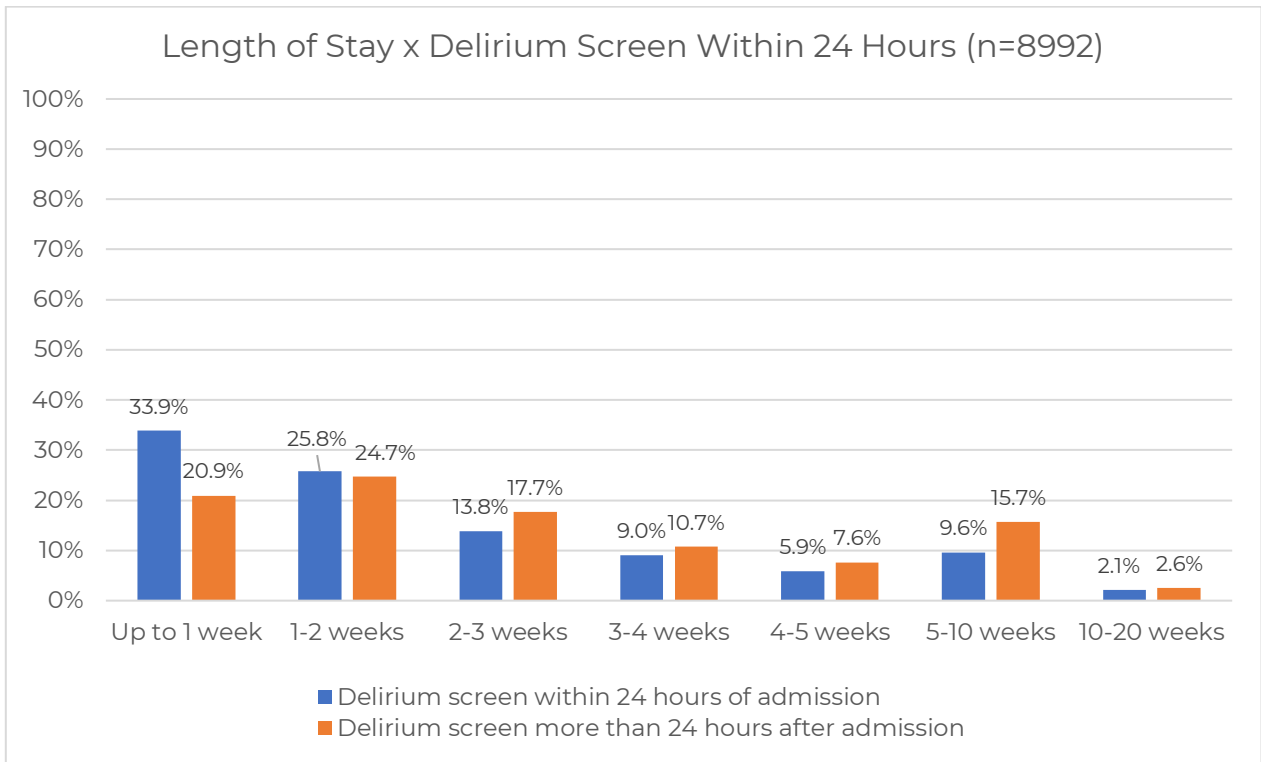


Figure P: Length of stay and whether an assessment for the presence of pain was carried out within 24 hours of admission.

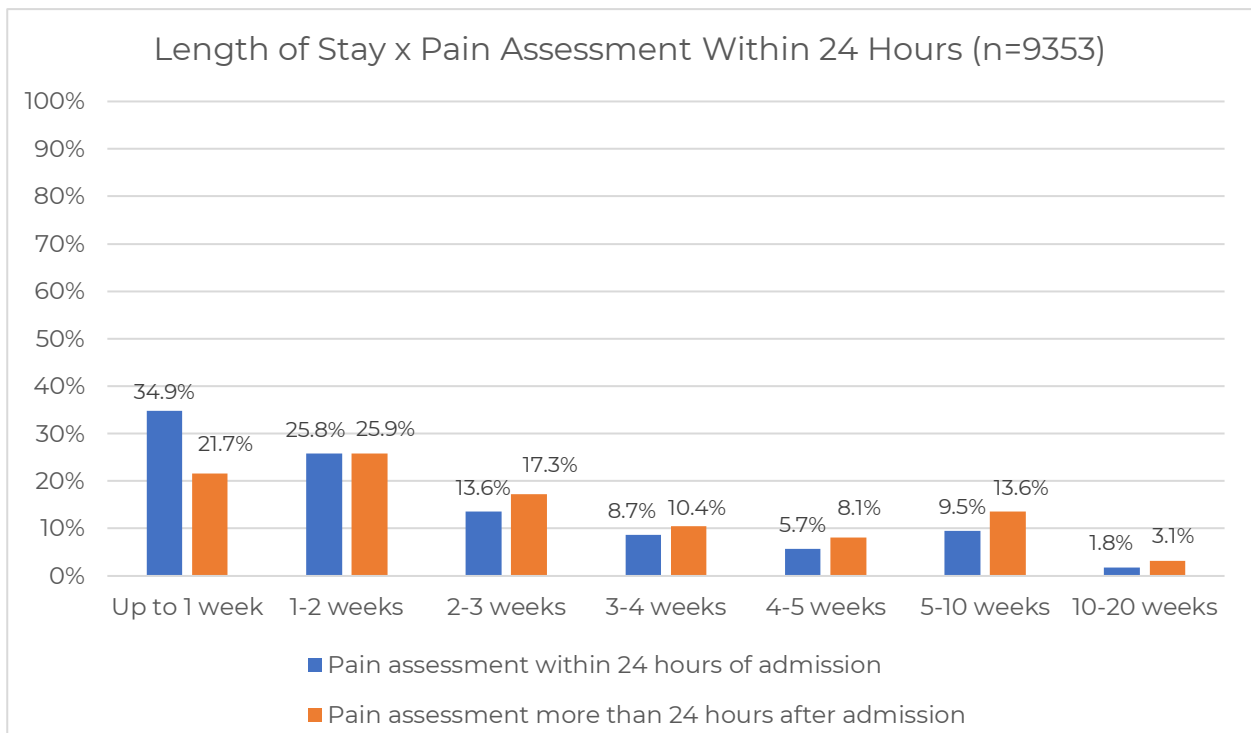


Figure Q: Length of stay and whether a reassessment for pain was completed within 24 hours of the first pain assessment.

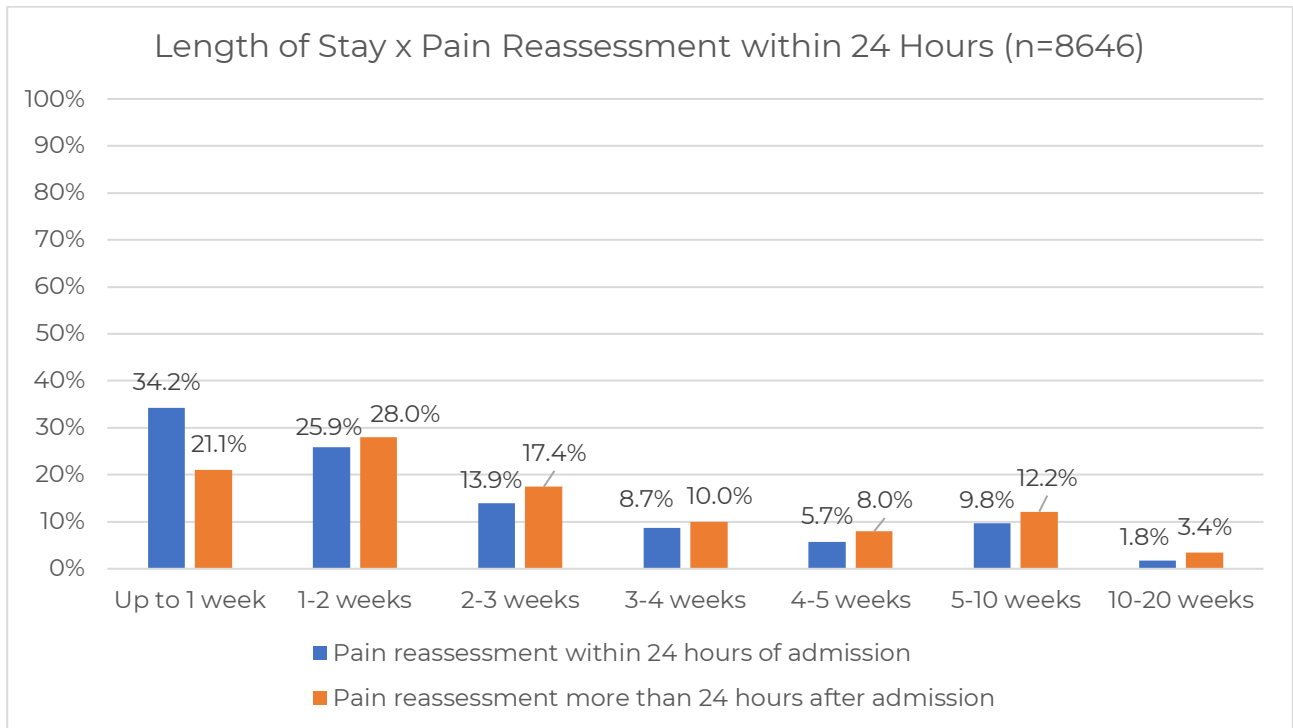


Figure R: Length of stay and whether the required actions to prepare for discharge were identified within 24 hours of admission.

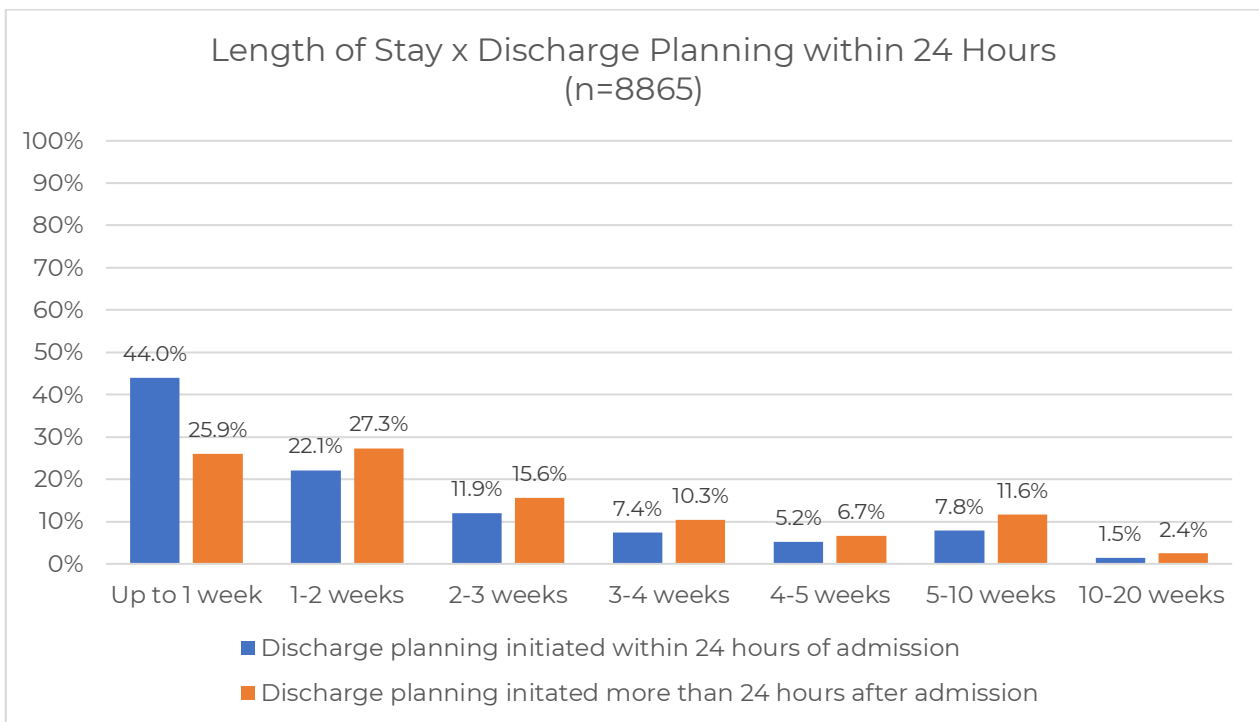


Figure S: Age group and whether the patient was based on the right ward for the responsible consultant specialty (including discharged patients and those that were still in patients).

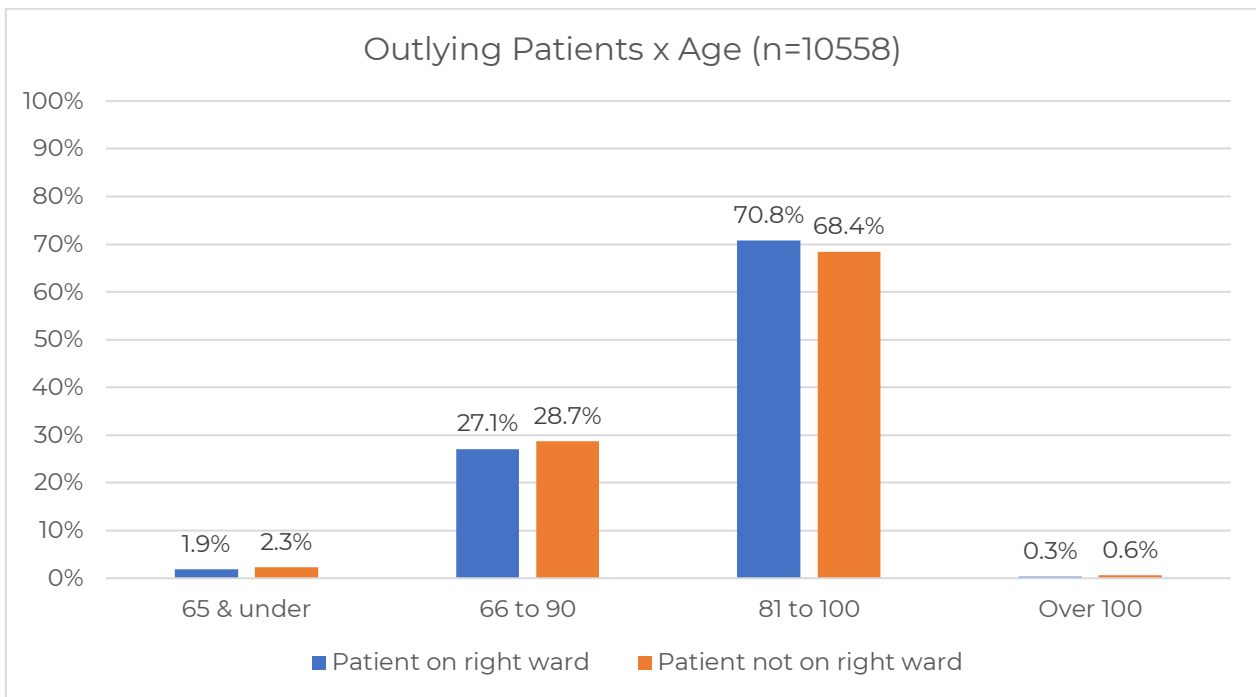


Figure T: Ethnicity and whether the patient was based on the right ward for the responsible consultant specialty (including discharged patients and those that were still in patients).

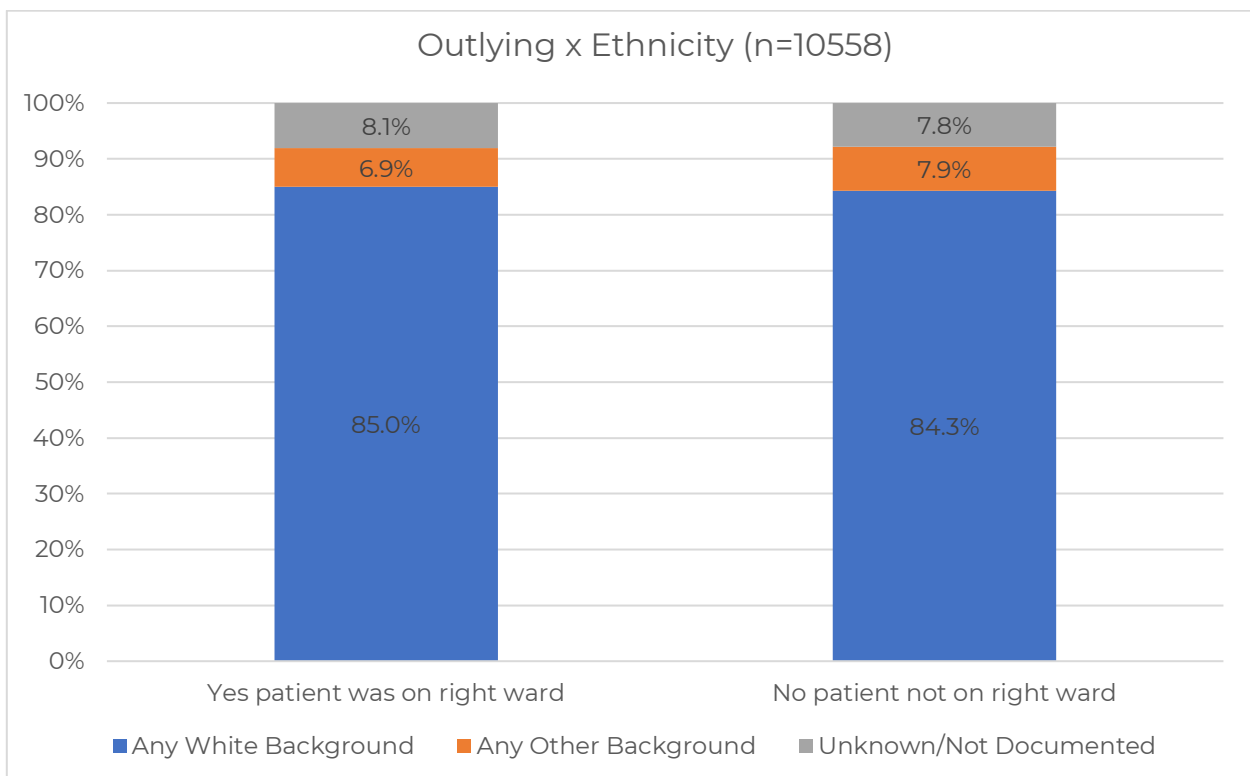


Figure U: The top three primary diagnoses (taken from 24 primary diagnoses) and whether the patient was based on the right ward for the responsible consultant specialty (including discharged patients and those that were still in patients).

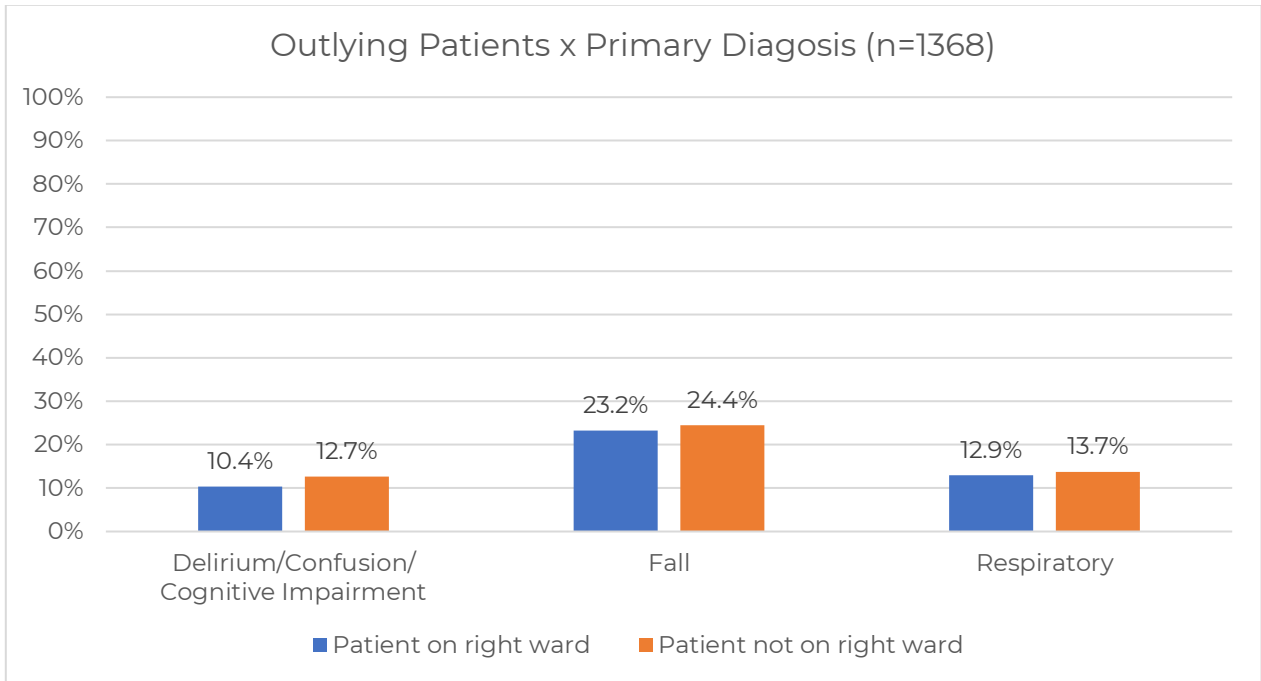


Figure V: Dementia status/concerns about cognition and whether the patient was based on the right ward for the responsible consultant specialty (including discharged patients and those that were still in patients).

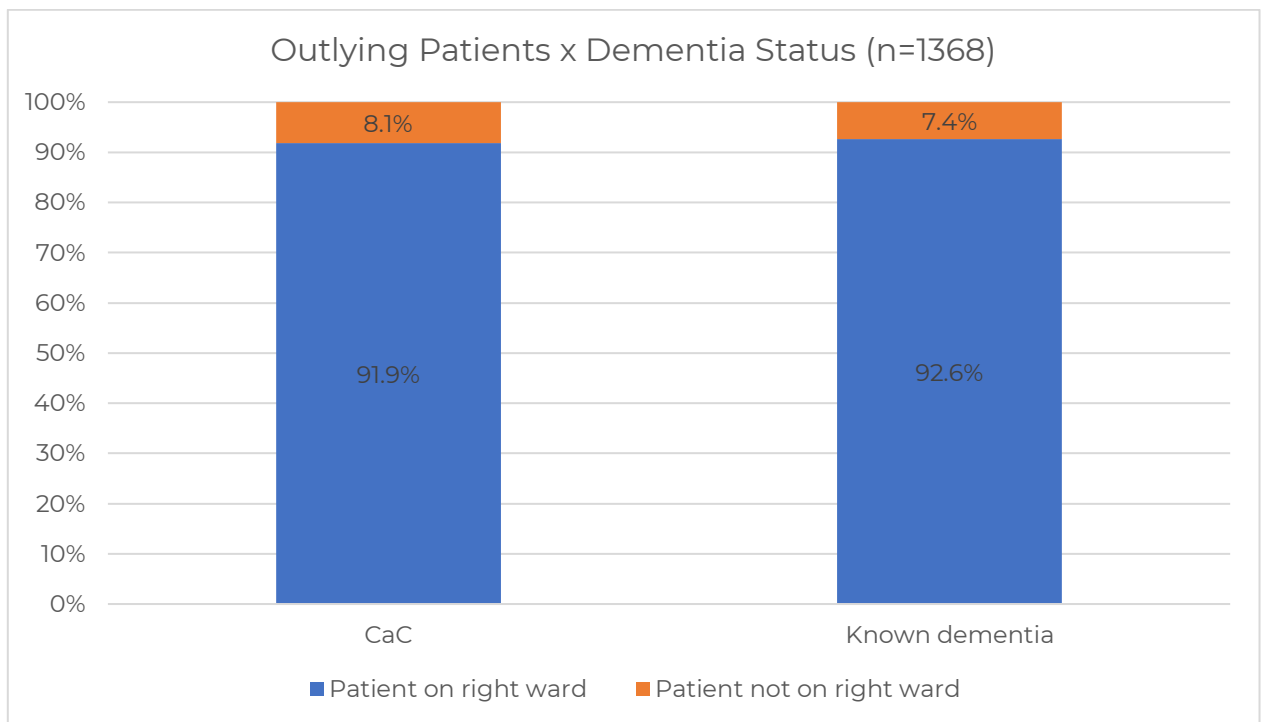
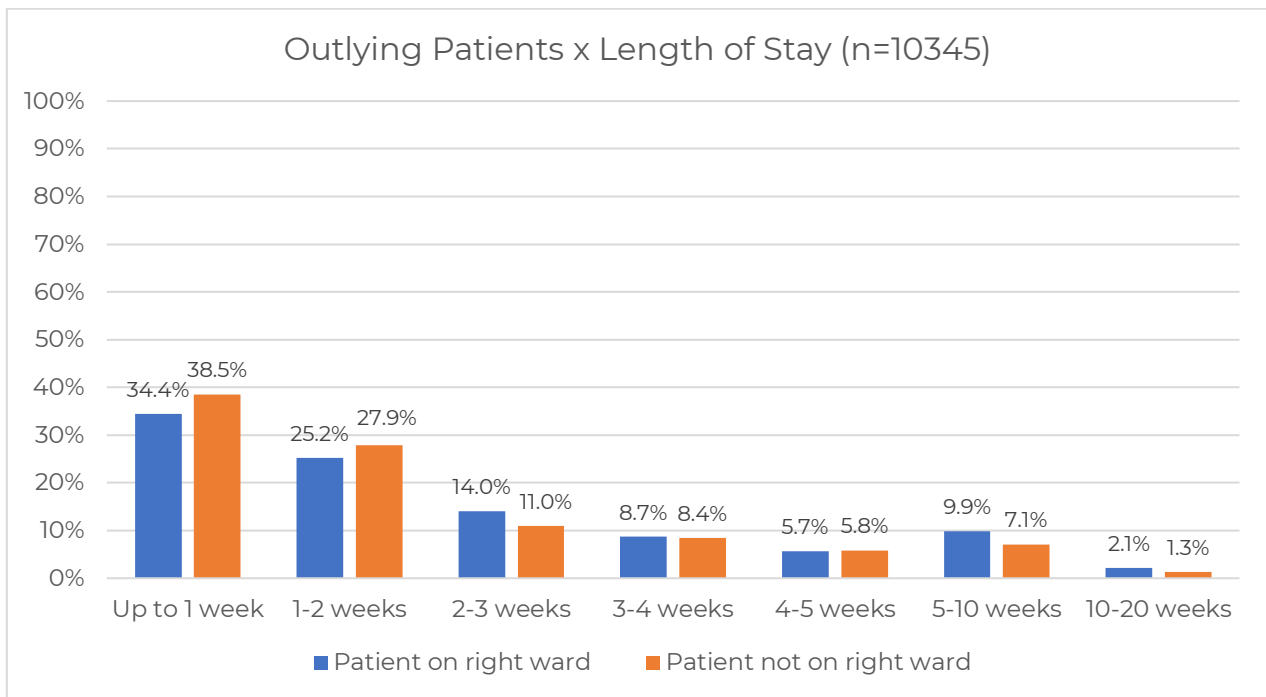


Figure W: Length of stay an whether the patient was based on the right ward for the responsible consultant specialty (including discharged patients and those that were still in patients).



Appendix IX. Acknowledgements

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