



**NAD**

NATIONAL AUDIT  
OF DEMENTIA

**National Audit of Dementia**  
**Care in General Hospitals Round 5**  
Local Report August 2023

**Homerton University Hospital**

Homerton University Hospital NHS Foundation Trust

GR

## Authors

This report was compiled by the National Audit of Dementia project team:

**Dr Dasha Nicholls**, Clinical and Strategic Director (CCQI)

**Dr Alan Quirk**, Head of Clinical Audit and Research (CCQI)

**Chloë Hood**, Programme Manager

**Ruth Essel**, Deputy Programme Manager

**Carmen Chasse**, Project Officer

**Rachel Davies**, Project Officer

**Parveen Gurm**, Project Officer

The National Audit of Dementia (care in general hospitals) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.

[www.hqip.org.uk/national-programmes](http://www.hqip.org.uk/national-programmes)

If citing this report, please reference it as: Royal College of Psychiatrists (2023) National Audit of Dementia care in general hospitals 2022-23: Round 5 audit local report. London: Healthcare Quality Improvement Partnership. Available from:

[www.nationalauditofdementia.org.uk](http://www.nationalauditofdementia.org.uk)

© 2023 Healthcare Quality Improvement Partnership (HQIP)

# Contents Page

|   |    |
|---|----|
| Introduction.....                                 | 5  |
| Summary .....                                     | 7  |
| Demographic Information from Casenote Audit.....  | 9  |
| Unrecorded Demographic Information QI Point ..... | 10 |
| Delirium Screening and Assessment.....            | 11 |
| Pain Assessment and Reassessment.....             | 14 |
| Discharge Planning .....                          | 20 |
| Discharge Information .....                       | 24 |
| Feedback from Carers.....                         | 27 |
| Carer Comments .....                              | 36 |
| Appendices .....                                  | 40 |
| Appendix I: Casenote Audit.....                   | 40 |
| Appendix II: Annual Dementia Statement.....       | 63 |
| Appendix III: Carer Questionnaire .....           | 79 |

## List of Figures and Tables

|  |    |
|--|----|
| Figure 1: Gender .....   | 9  |
| Figure 2 Ethnicity.....  | 9  |
| Figure 3 First Language .....  | 9  |
| Figure 4 Initial Delirium Screening, including Delirium Noted on Admission (n=49).....           | 11 |
| Figure 5: Delirium Screen Type Breakdown (n=49).....   | 12 |
| Figure 6: Pain Assessment Tool Breakdown (n=41).....   | 15 |
| Figure 7: Any Pain Reassessment (n=41).....  | 17 |
| Figure 8: Pain Reassessment Tool Breakdown (n=37).....   | 18 |
| Figure 9: Discharge Planning Initiated (n=49).....   | 20 |
| Figure 10: Expected Date of Discharge Recorded (n=49).....                                       | 21 |
| Figure 11: Named member of staff (n=49).....   | 22 |
| Figure 12: Reasons discharge planning was not initiated within 24 hours of admission (n=25)..... | 23 |
| Figure 13: Length of Stay in Weeks (n=49).....   | 25 |
| Figure 14: Change in Place of Care (n=41).....   | 26 |
| Figure 15: Informed Staff (n=21).....  | 27 |
| Figure 16: Quality of care from staff (n=19).....  | 28 |
| Figure 17: Personal Care (n=20).....   | 29 |
| Figure 18: Respect (n=17).....   | 30 |
| Figure 19: Informed about Care (n=17).....   | 31 |
| Figure 20: Involved Decisions (n=19).....  | 32 |
| Figure 21: Needs (n=20).....   | 33 |
| Figure 22: Overall Carer Rating (n=21).....  | 34 |
| Figure 23: Recommend (n=21).....   | 35 |
| Figure 24: Carer Satisfaction (n=20).....  | 36 |
| Table 1: Key Metrics and Summary Data .....  | 7  |
| Table 2: Delirium Screening Date Range %.....  | 13 |
| Table 3: Any Pain Assessment (n=49).....   | 14 |
| Table 4: Pain Assessment Date Range .....  | 16 |
| Table 5: Pain Reassessment Date Range.....   | 19 |
| Table 6: Carer Comments by Category* .....   | 37 |



# Introduction

## Background

The National Audit of Dementia care in general hospitals (NAD) examines aspects of care received by people with dementia in general hospitals in England and Wales. The audit is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England/NHS Improvement and the Welsh Government, as part of the National Clinical Audit Programme.

## Data collection

Round 5 of NAD collected data between September 2022-January 2023. The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward which admits adults over the age of 65. In England and Wales, 187 hospitals (92% of eligible hospitals) took part in this round. Round 5 used a new sampling methodology and reduced casenote dataset, and revised organisational dataset (see [National Report](#) p11).

Participating hospitals were asked to complete:

- Prospective identification of people with dementia or suspected dementia admitted to the hospital from 19 September – 14 October 2022
- A casenote audit of the first 40-80 of these patients (some hospitals extended their identification period to achieve their sample)
- A survey of carer experience of the quality of care
- Data submission of hospital level information relating to training, resources and planning care, collated with key metrics from the casenote audit and carer questionnaire into the Annual Dementia Statement (ADS) for each hospital.

Hospital were also asked to use a newly developed tool to collect data from patients with dementia admitted to the hospital (3-5 patients per month, once fit for discharge). This data is reported back separately every 6 months. Data validation and evaluation will take place after the first twelve months of collection.

## Results in this report

This report contains:

- Summary graphs/graphics showing key results from the prospective casenote audit and the carer questionnaire, including where possible comparison with Round 4 results
- Appendix tables with a full breakdown of Round 5 results for the casenote audit, carer questionnaire, and ADS.

You will also find a full presentation of your ADS data downloadable as a poster from [CaseCapture](#) data collection platform.

### **Your Data**

Comparison of key metrics across all hospitals is available in National Report [Appendix XI](#).

The full National Report dataset and the post outlier analysis dataset are available at [here](#).

Please note that National R5 data throughout the report is referred to as 'TNS', for the National sample..

### **Data verification, analysis and outlier analysis**

Participating sites were asked to check their data at the end of the data collection period, and also received specific data cleaning queries relating to anomalous entries. The confirmed datasets were aggregated and analysed for national reporting. These results appear in the national report and in this local report.

Following outlier analysis of this dataset, hospital sites notified of negative outlier status were given a further opportunity to check their data and submit amendments. Key metrics results post outlier amendments are shown in [appendix IV](#) and in the final dataset accessible [here](#).

### **Recommendations**

[Please see National Report page 5 for Round 5 recommendations.](#)

## Summary

Results of less than 5 locally have been suppressed to preserve anonymity. All graph data within infographics are rounded and may not add to 100%. For full breakdown, please see your ADS poster and [appendices tables](#). **NB:** 25 casenote audit returns and 10 carer questionnaire returns were minimum requirements for inclusion in local reporting.

**RQXM1**  
Total Patients Identified:  
**49**

**RQXM1**  
Total Selected Sample:  
**49**

**RQXM1**  
Total Carer Questionnaires:  
**21**

National Total Patients  
Identified:  
**14,888**

National Total Selected  
Sample:  
**10,642**

National Total  
Carer Questionnaires:  
**2,223**

**RQXM1 Total Casenotes**  
within Admission Period: **49**

**RQXM1 Total Casenotes**  
outside Admission Period: **0**

**National Total Casenotes**  
within Admission Period: **14,626**

**National Total Casenotes**  
outside Admission Period: **257**

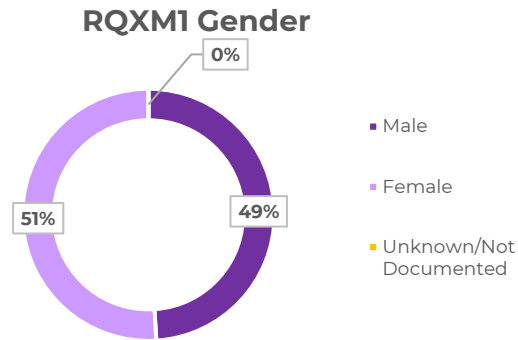
Table 1: Key Metrics and Summary Data

| Key Metrics  | National R5                            | RQXM1 R5 |
|--|--|----------|
| % Delirium screen (inc. noted on admission)                    | 87%                                    | 90%      |
| % Pain assessment  | 92%                                    | 84%      |
| % Pain reassessment  | 92%                                    | 90%      |
| % Pain tool – question only                                    | 61%                                    | 68%      |
| % Initiation of discharge plan in first 24 hours*              | 45%                                    | 49%      |
| Carer rating overall care quality                              | 66%                                    | 67%      |
| Carer rating communication                                     | 60%                                    | 61%      |
| Summary Data   | National R5                            | RQXM1 R5 |
| % People with dementia admitted to hospital over previous year | Range between 0.1% - 15%<br>Median: 3% | 2%       |
| % People with personal information document at bedside         | 46%                                    | 0%       |
| Number of Lead Nurse for dementia in post                      | Ranged between 0 - 6                   | 1        |
| % Staff with Tier 1 training                                   | 86%                                    | Unknown  |
| % Staff with Tier 2 training                                   | 45%                                    | Unknown  |

\*See [Discharge Planning](#).



# Demographic Information from Casenote Audit



**National R5  
Median Age:**

**85**

### National R5 Ethnicity



This data has been suppressed due to identifiable information. Please see appendices tables for full data

**RQXM1  
Median Age:**

**86**

**National R5  
Age Range:**

**30-106**

### National R5 First Language



This data has been suppressed due to identifiable information. Please see appendices tables for full data

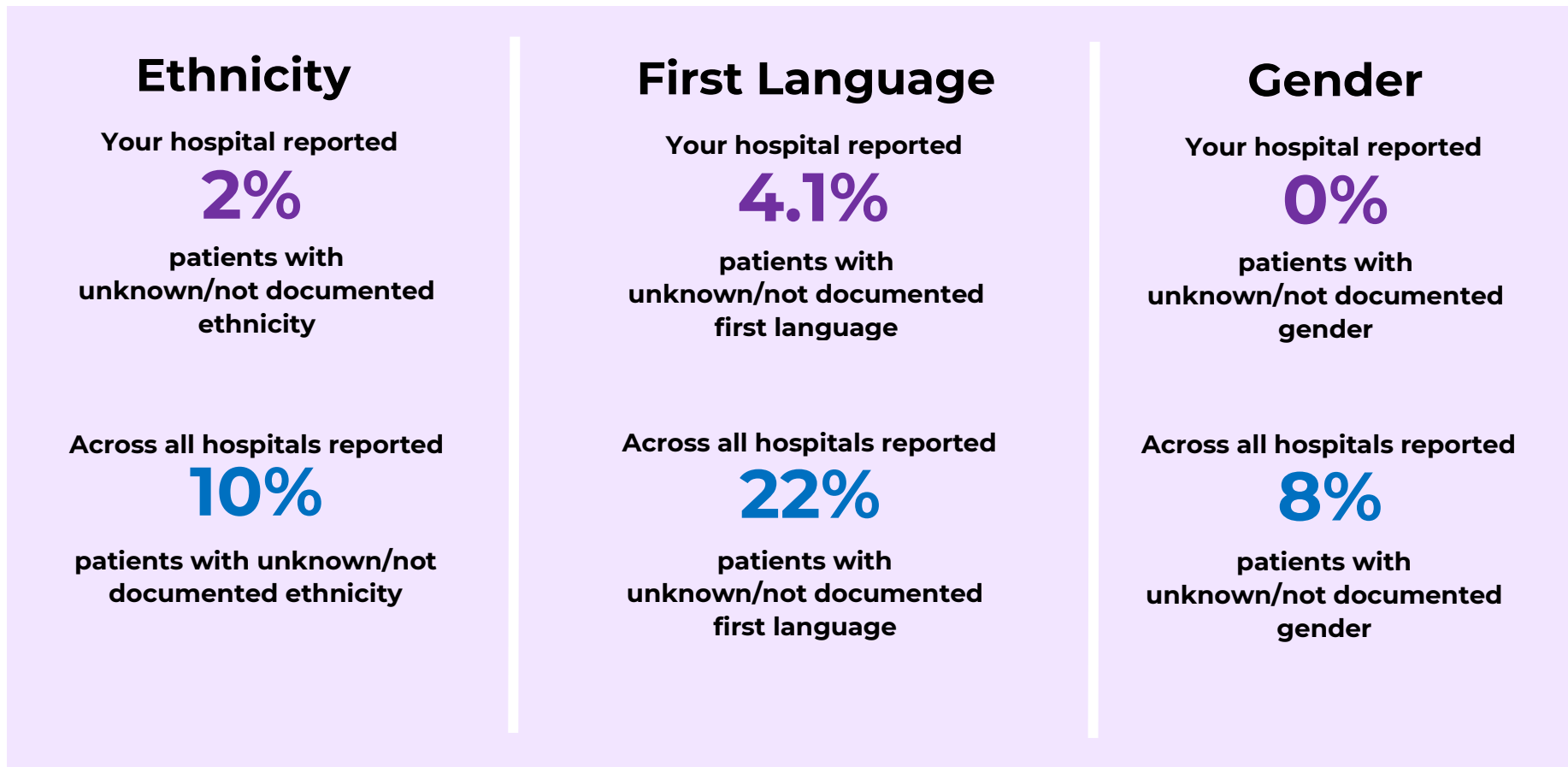
**RQXM1  
Age Range:**

**64-98**

## Unrecorded Demographic Information QI Point

Demographic information returned as part of the casenote audit showed a significant proportion of casenotes where 'Unknown' was returned for ethnicity, first language or gender. You can see what proportion of your sample was affected by this in the graphic below.

During analysis for the National Report we looked at whether age or ethnicity had any impact on length of stay and outlying status (see [R5 Appendix](#) p49 and 53). This was simple analysis on the national dataset, and we did not discern any significant differences. Better recording of demographic data will help to support exploration of health inequality outcomes.



## Delirium Screening and Assessment

People with dementia have a five-fold risk of developing delirium. The casenote audit asked about any screening for signs of delirium. If delirium had been noted on admission this was also taken into account. Figure 4 below shows all initial delirium screening, and Figure 5 the breakdown by screen type.

Figure 4: Initial Delirium Screening, including Delirium Noted on Admission (n=49)

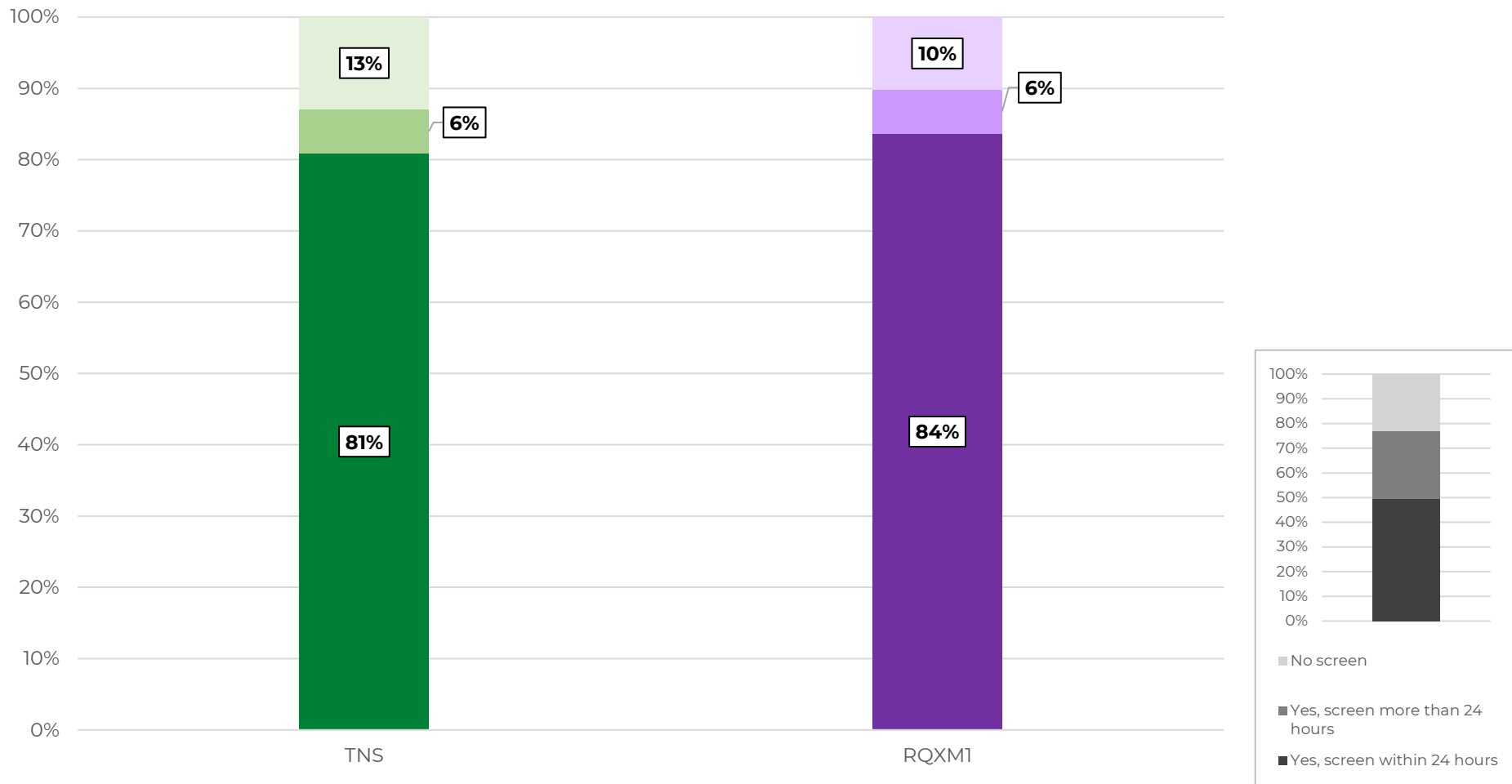


Figure 5: Delirium Screen Type Breakdown (n=49)

**RQXM1 previous R4  
Any Initial Delirium Screen:  
75.9%**

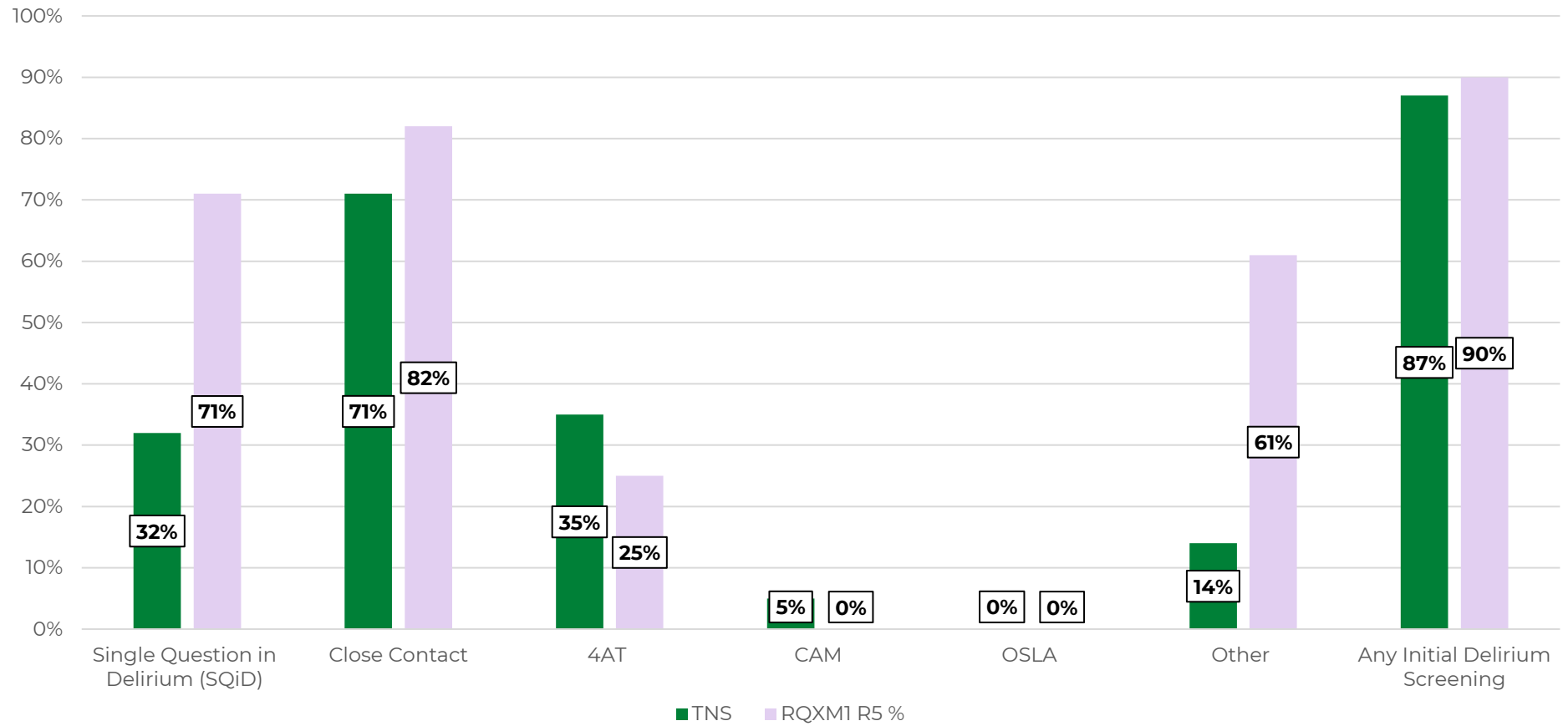


Table 2: Delirium Screening Date Range %

| Delirium Screening Date Range % | National R5 % (N) | RQXM1 R5 %(N) |
|---------------------------------|-------------------|---------------|
| 0-1 days                        | 90.9% (8201)      | 88.6% (39)    |
| 2-3 days                        | 5.5% (496)        | 11.4% (5)     |
| 4-6 days                        | 1.8% (164)        | 0% (0)        |
| 7-13 days                       | 0.9% (80)         | 0% (0)        |
| 14-20 days                      | 0.3% (30)         | 0% (0)        |
| 21-27 days                      | 0.2% (17)         | 0% (0)        |
| 28-34 days                      | 0.2% (17)         | 0% (0)        |
| 35-69 days                      | 0.2% (14)         | 0% (0)        |
| 70-140 days                     | 0% (1)            | 0% (0)        |

## Pain Assessment and Reassessment

As some symptoms of dementia may mean that people living with the condition are unable to report pain, or respond appropriately to questions about it, NICE recommends that use of a structured tool is always considered. The figures and table below show any pain assessment, including question only, then the breakdown by assessment type. Pain reassessment is shown in figures 8 and 9. The casenote audit tool allows the response “N/A for recorded reasons” and these responses have been excluded from totals.

*Table 3: Any Pain Assessment (n=49)*

| Any Pain Assessment (excluding NA) | National R5 % | RQXM1 R5 % |
|------------------------------------|---------------|------------|
| Assessment within 24 hours         | 85%           | 65%        |
| Assessment more than 24 hours      | 7%            | 18%        |
| No pain assessment                 | 8%            | 16%        |



RQXM1 previous R4  
Any Pain Assessment:

**96.3%**

Figure 6: Pain Assessment Tool Breakdown (n=41)

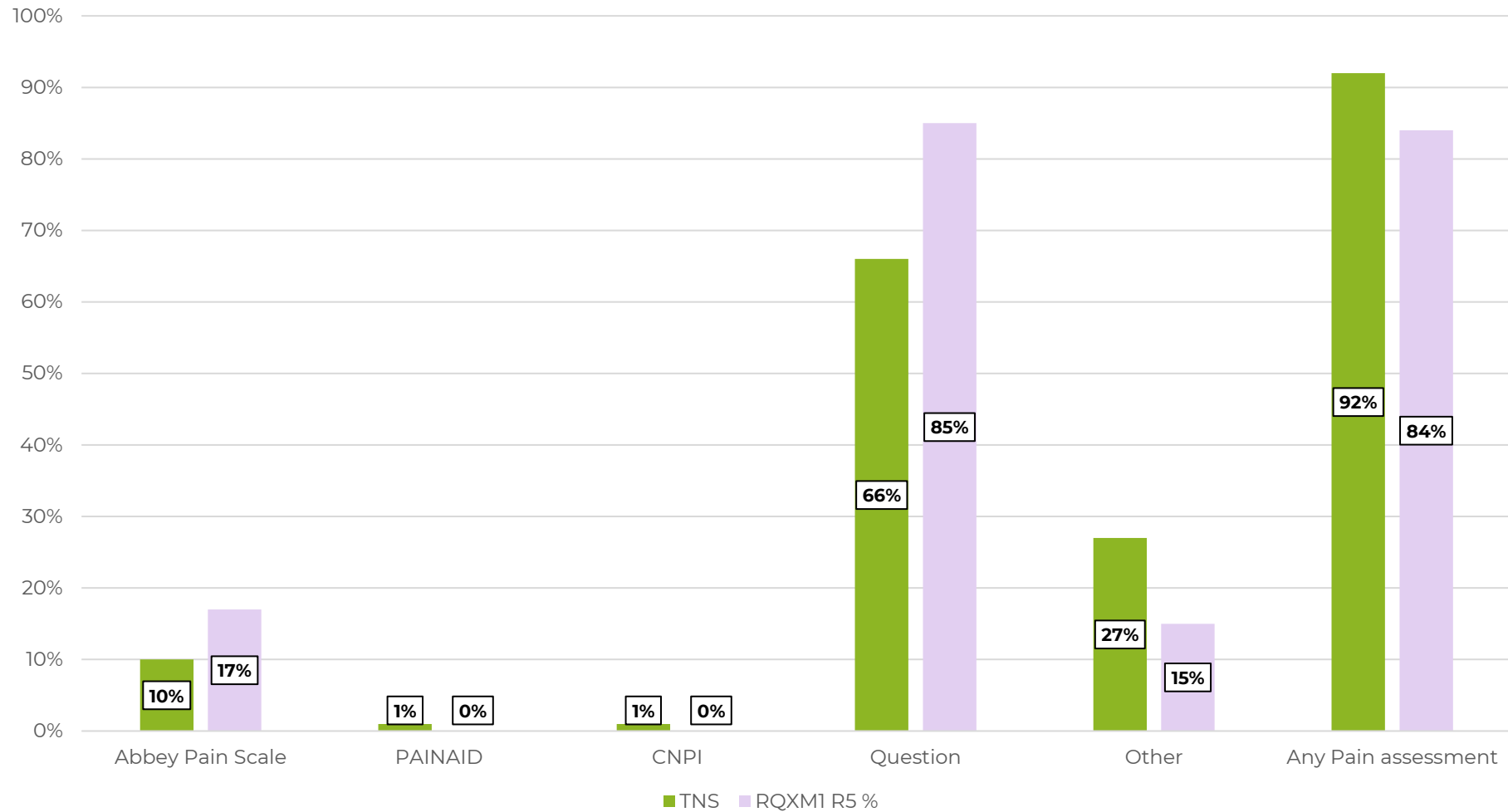


Table 4: Pain Assessment Date Range

| Pain Assessment Date Range | National R5 % (N) | RQXM1 R5 %(N) |
|----------------------------|-------------------|---------------|
| 0-1 days                   | 94.2% (9069)      | 78% (32)      |
| 2-3 days                   | 3.7% (357)        | 17.1% (7)     |
| 4-6 days                   | 1% (93)           | 2.4% (1)      |
| 7-13 days                  | 0.5% (49)         | 0% (0)        |
| 14-20 days                 | 0.2% (17)         | 2.4% (1)      |
| 21-27 days                 | 0.1% (9)          | 0% (0)        |
| 28-34 days                 | 0.1% (12)         | 0% (0)        |
| 35-69 days                 | 0.1% (14)         | 0% (0)        |
| 70-140 days                | 0% (3)            | 0% (0)        |

Figure 7: Any Pain Reassessment (n=41)

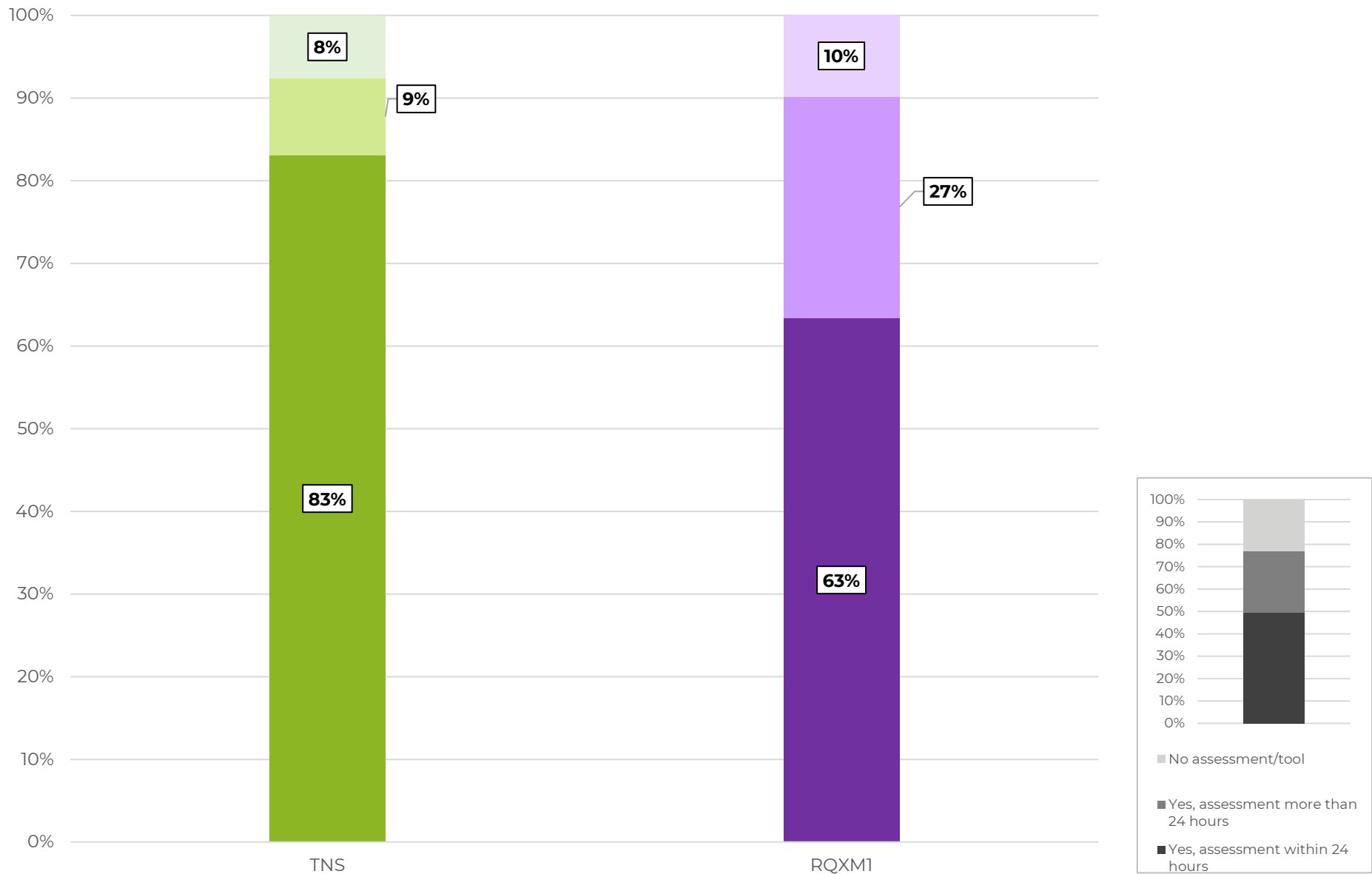


Figure 8: Pain Reassessment Tool Breakdown (n=37)

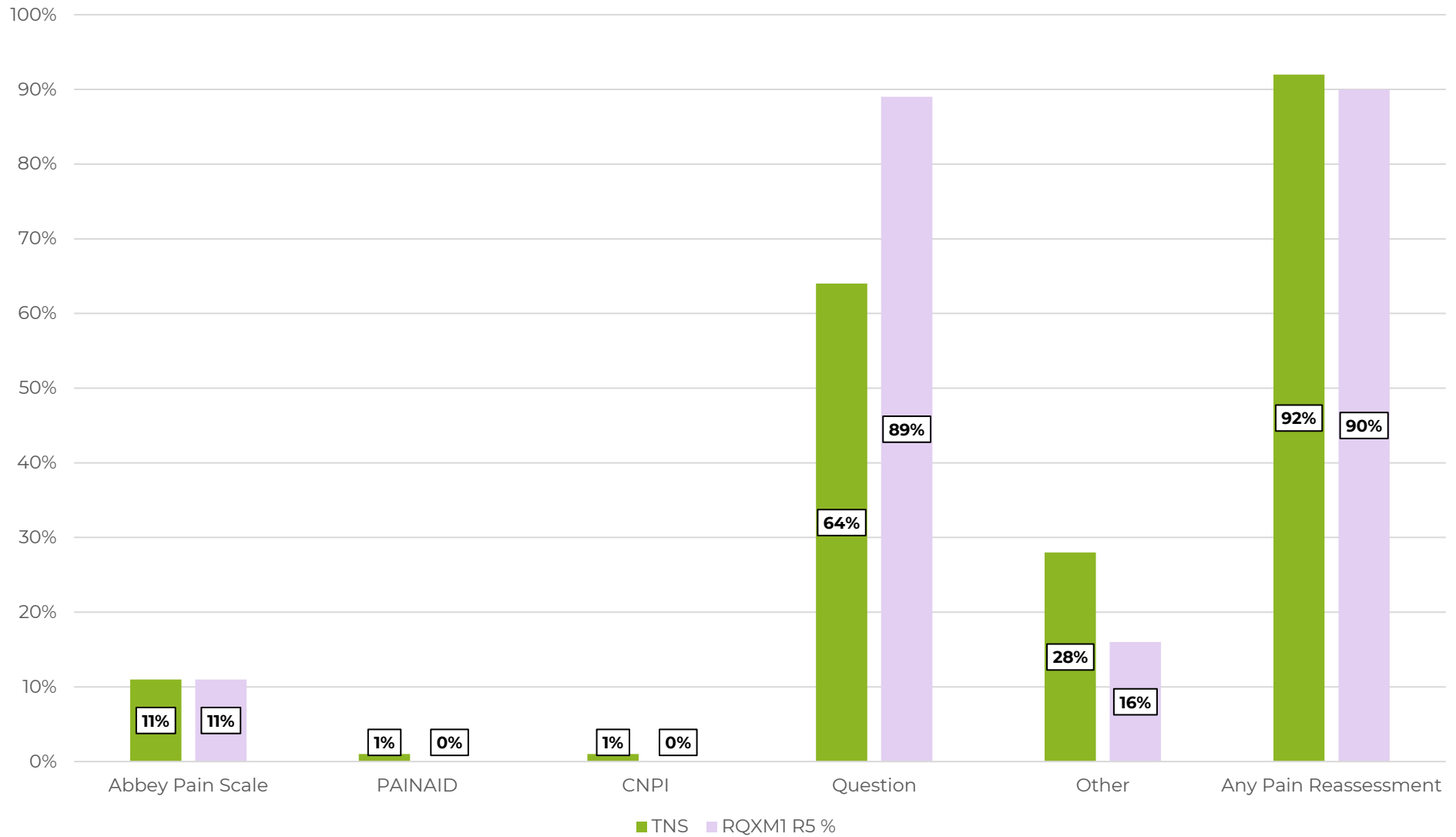


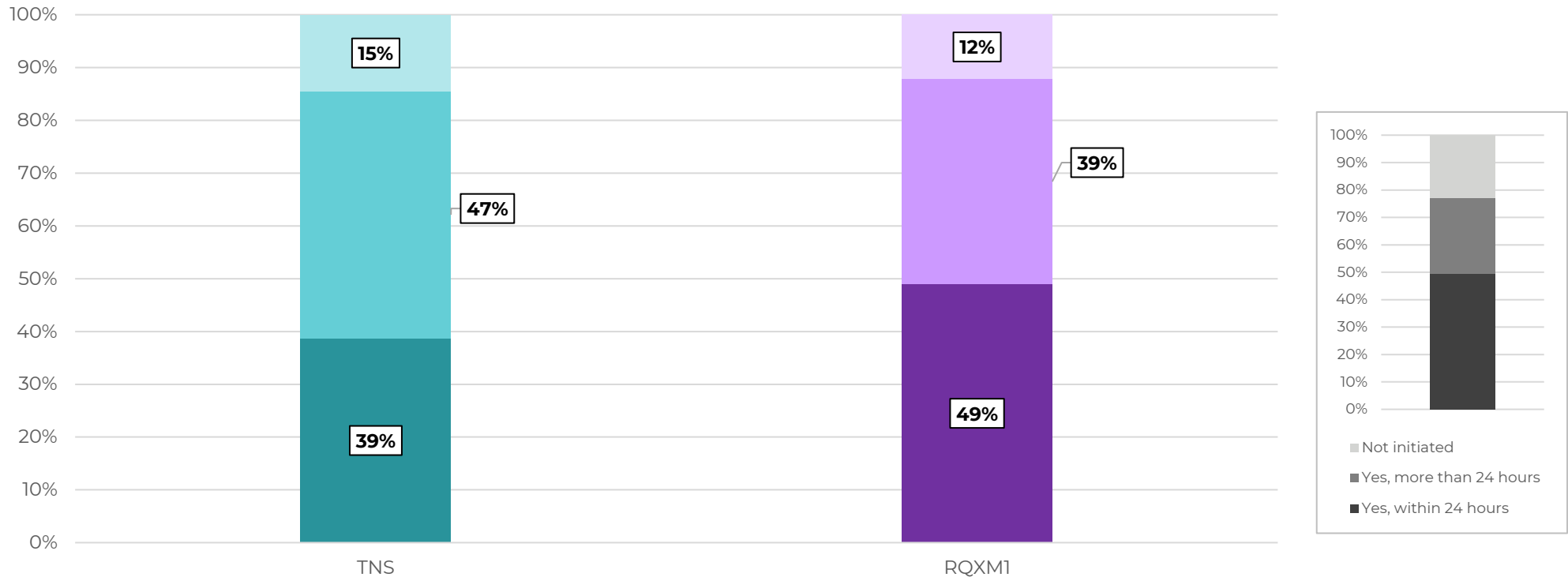
Table 5: Pain Reassessment Date Range

| Pain Reassessment Date Range | National R5 % (N) | RQXMI R5 % (N) |
|------------------------------|-------------------|----------------|
| 0-1 days                     | 93% (8267)        | 81.1% (30)     |
| 2-3 days                     | 4.9% (436)        | 10.8% (4)      |
| 4-6 days                     | 1.3% (117)        | 5.4% (2)       |
| 7-13 days                    | 0.5% (46)         | 2.7% (1)       |
| 14-20 days                   | 0.1% (9)          | 0% (0)         |
| 21-27 days                   | 0.1% (5)          | 0% (0)         |
| 28-34 days                   | 0.1% (8)          | 0% (0)         |
| 35-69 days                   | 0% (1)            | 0% (0)         |
| 70-140 days                  | 0% (1)            | 0% (0)         |

## Discharge Planning

NHS England [Principles for Reducing Length of Stay](#) highlight the importance of early discharge planning. Figure 10 shows all responses on discharge planning and point of initiation. The audit tool also allowed respondents to indicate any reasons for later initiation of discharge, including awaiting results or surgical outcomes, and the acuity of the patient's condition.

Figure 9: Discharge Planning Initiated (n=49)



**Reasons Plan Not Initiated and Outlier Analysis**  
 When these responses are taken into account as N/A, discharge planning within 24 hours rises to 83.5% (4084/4891) nationally. At a local level this was the result used for outlier analysis (see post outlier dataset [Appendix IV](#))



Figure 10: Expected Date of Discharge Recorded (n=49)

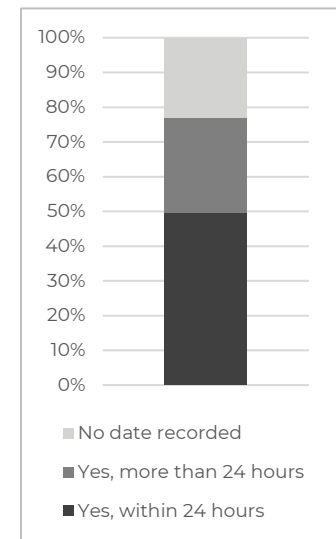
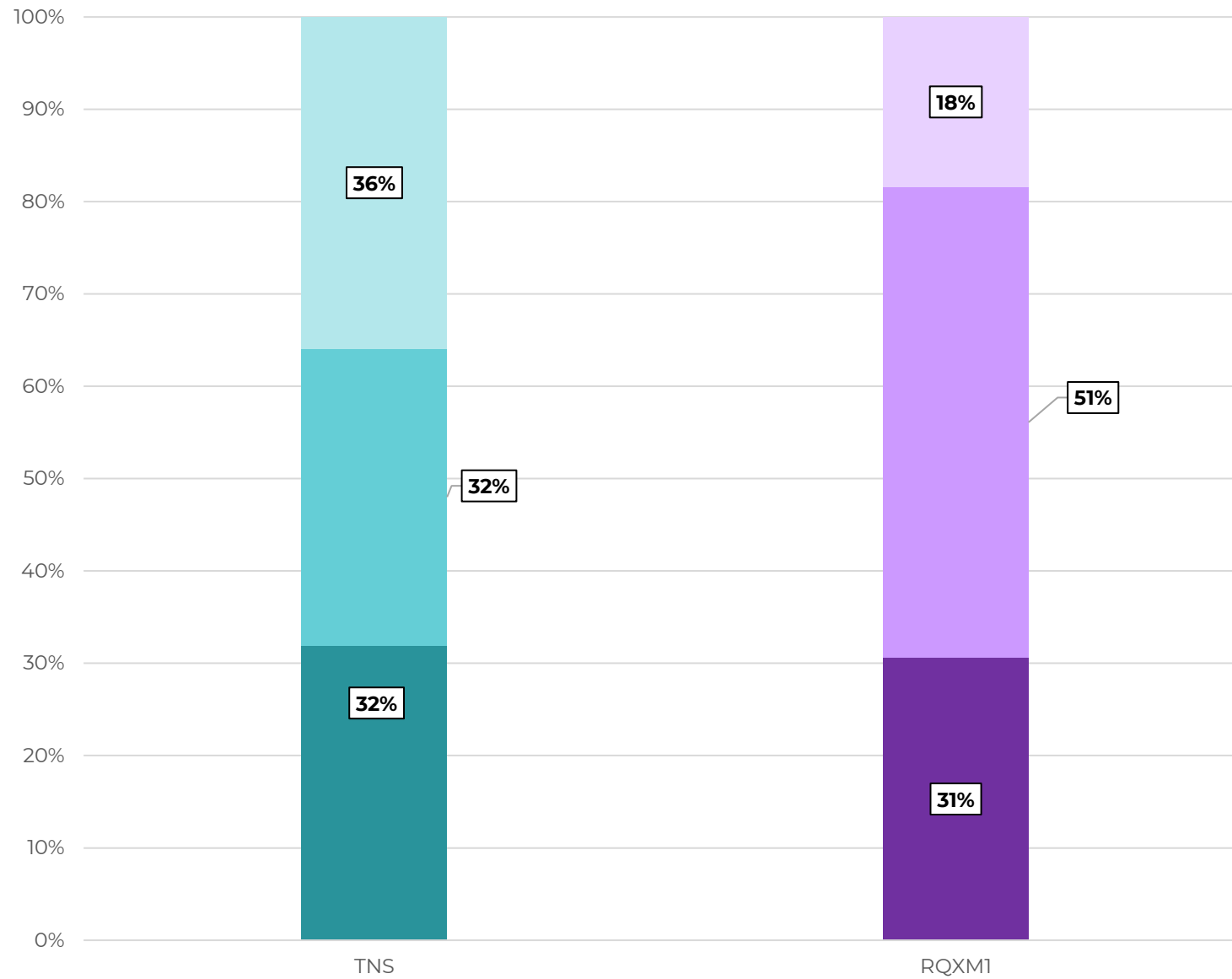


Figure 11: Named member of staff (n=49)

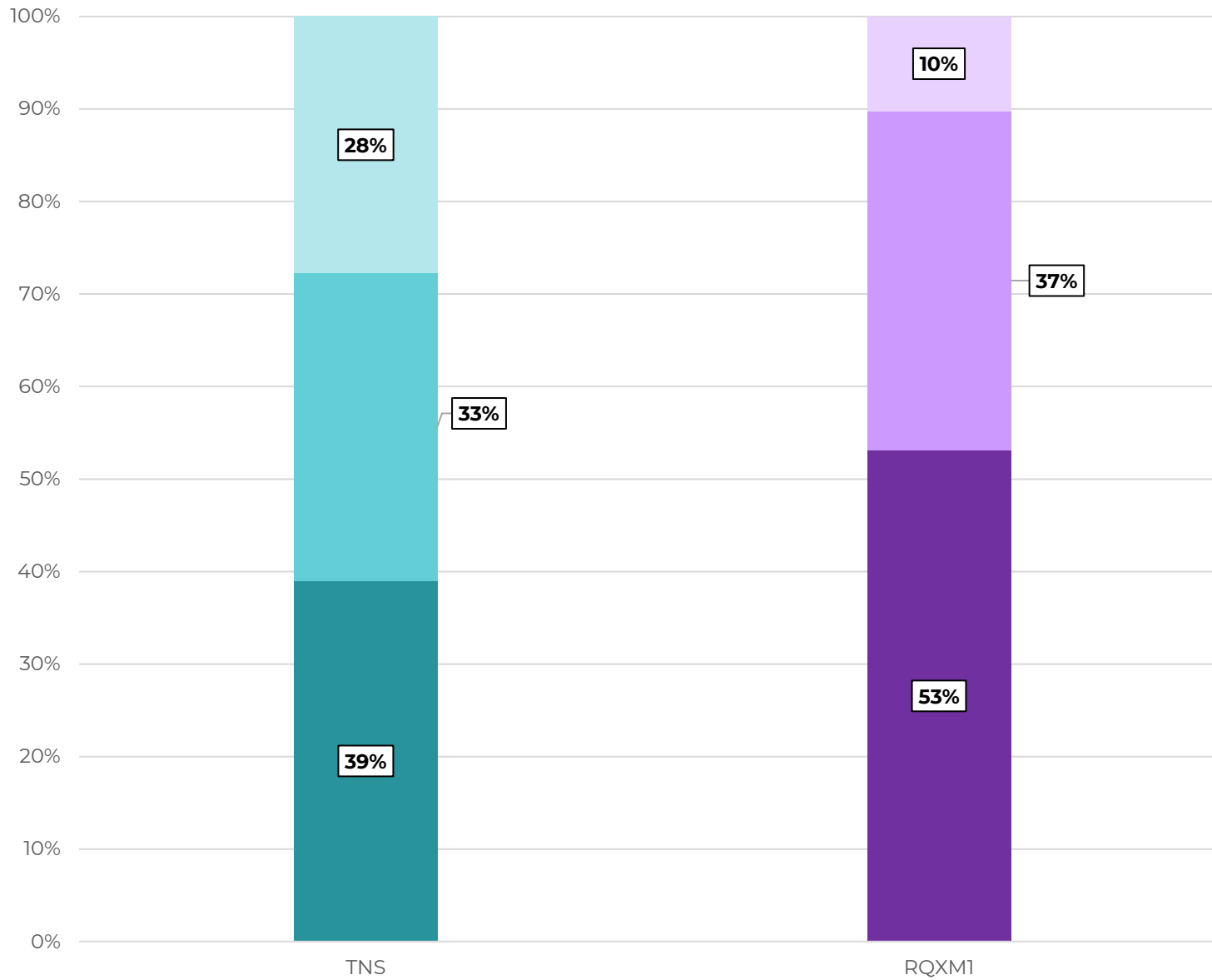
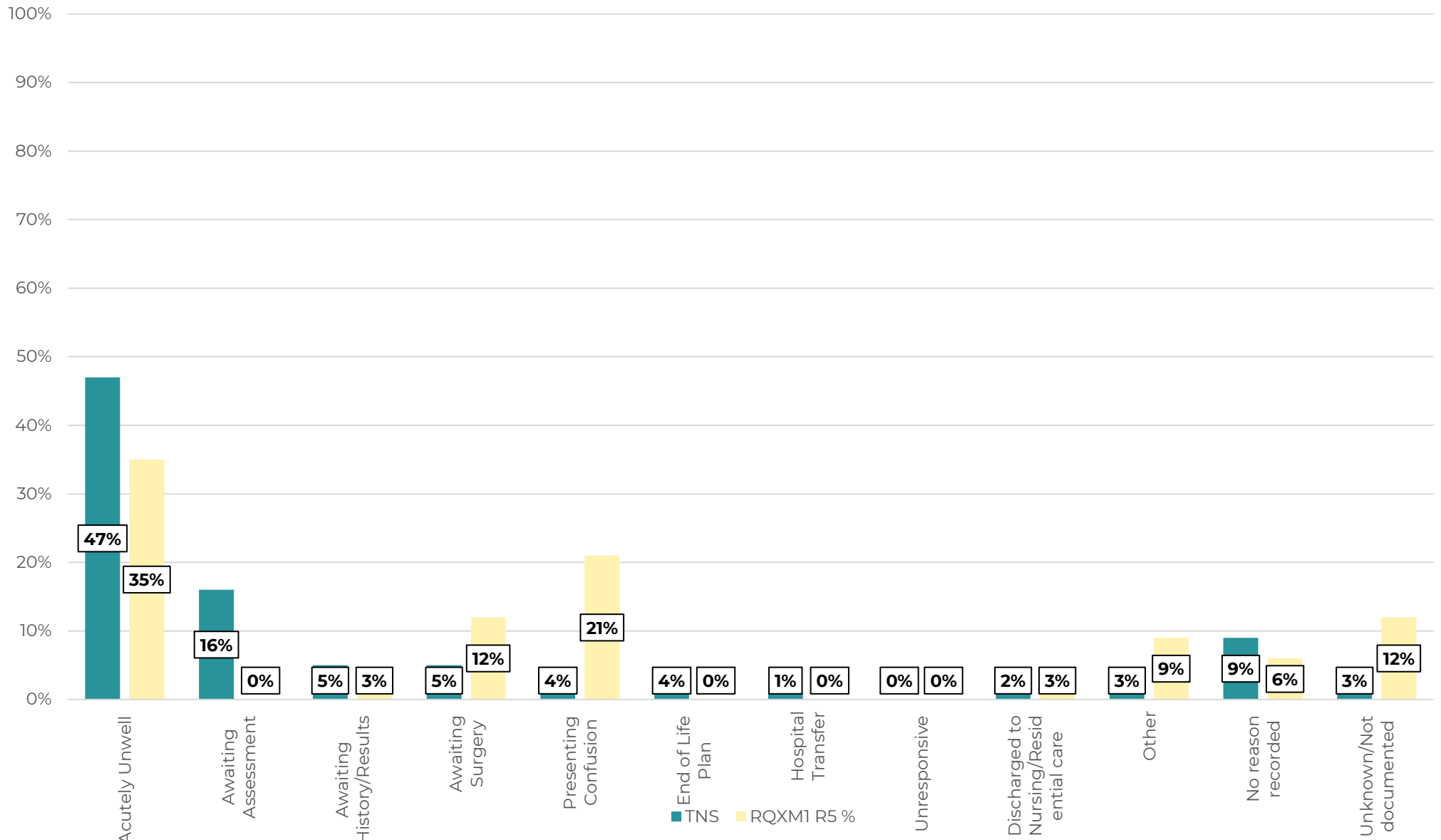


Figure 12: Reasons discharge planning was not initiated within 24 hours of admission (n=25)



## Discharge Information

**National R5  
Median Length of Stay (days):**

**10**

**RQXM1 R5  
Median Length of Stay (days):**

**7**

**National R5  
Patients discharged by  
end of audit period:**

**86.4%**

**RQXM1 R5  
Patients discharged by  
end of audit period:**

**85.7%**

**National R5  
Patients were on the  
right ward:**

**92.5%**

**RQXM1 R5  
Patients were on the  
right ward:**

**87.8%**

**National R5  
Patients who received  
an end of life care plan:**

**80.6%**

**RQXM1 R5  
Patients who received  
an end of life care plan:**

**100%**

**NB.** EOL care plan information was only collected for patients who died during admission

Figure 13: Length of Stay in Weeks (n=49)

As the sampling methodology changed between Rounds 4 and 5 we have not presented a comparison of Length of Stay between rounds.

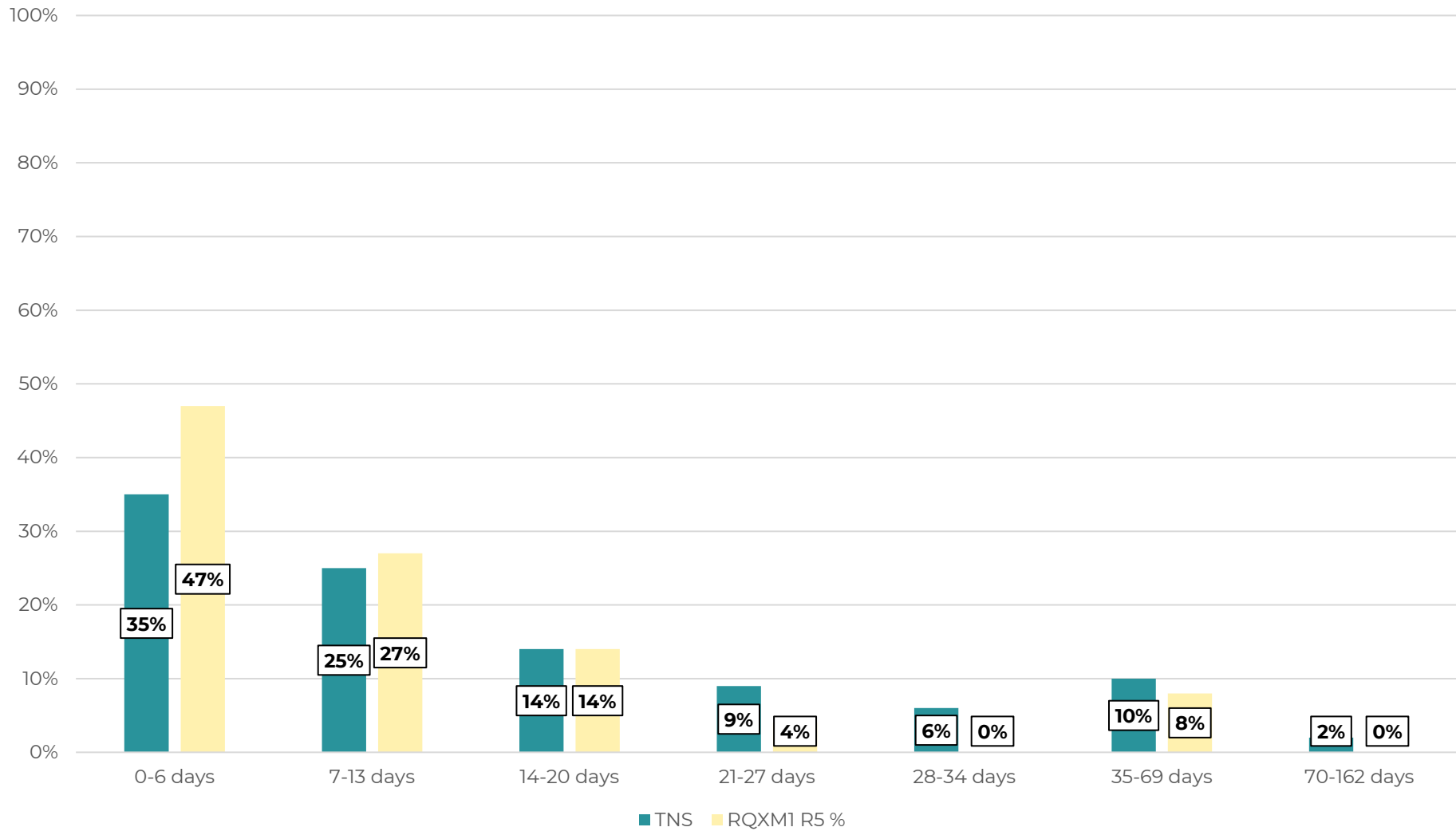
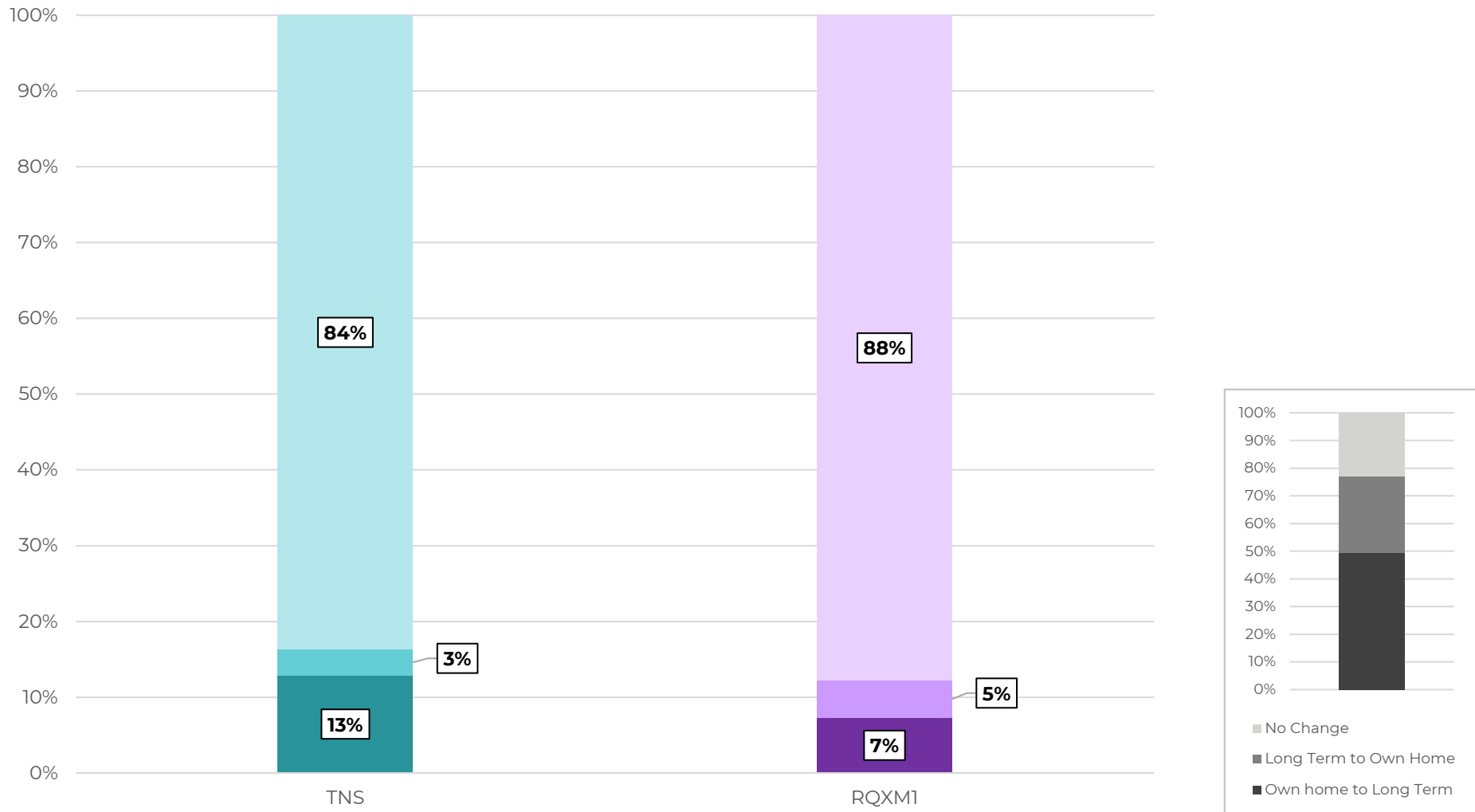


Figure 14: Change in Place of Care (n=41)

This figure shows the proportion of patients who moved from own home or place of short term care (respite, carer's home, intermediate, rehab, another hospital) to residential, nursing or long stay care post discharge. It also shows the proportion of patients who moved from long term care to their own home or short term care, as well as patients who's place of care did not change.



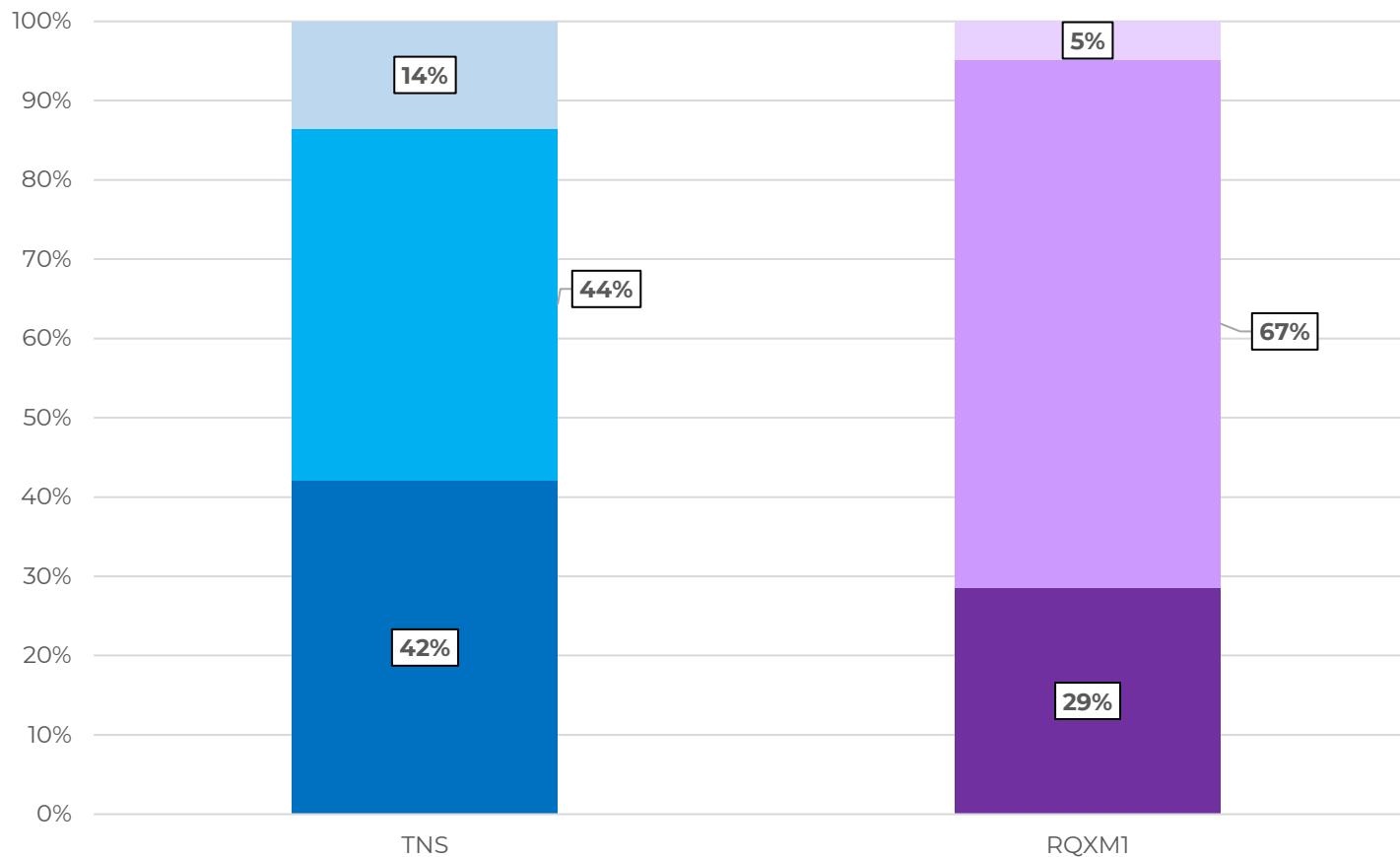


## Feedback from Carers

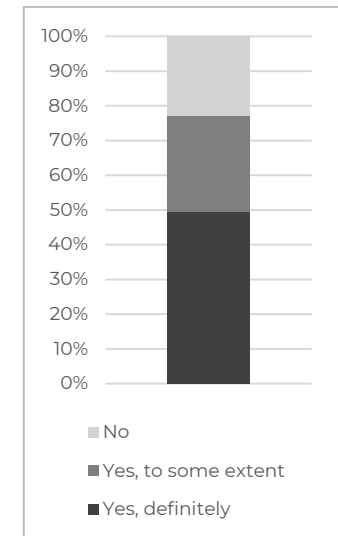
Figures below show a full breakdown of the carer questionnaire responses. Your Round 4 carer questionnaire results are shown above each graph. NB this data is only shown for sites with 10 or more carer questionnaires.

Carer ratings for overall quality of care and for communication can be found in [Appendix XI](#) of the national Report, and on your ADS poster on [CaseCapture](#).

Figure 15: Informed Staff (n=21)

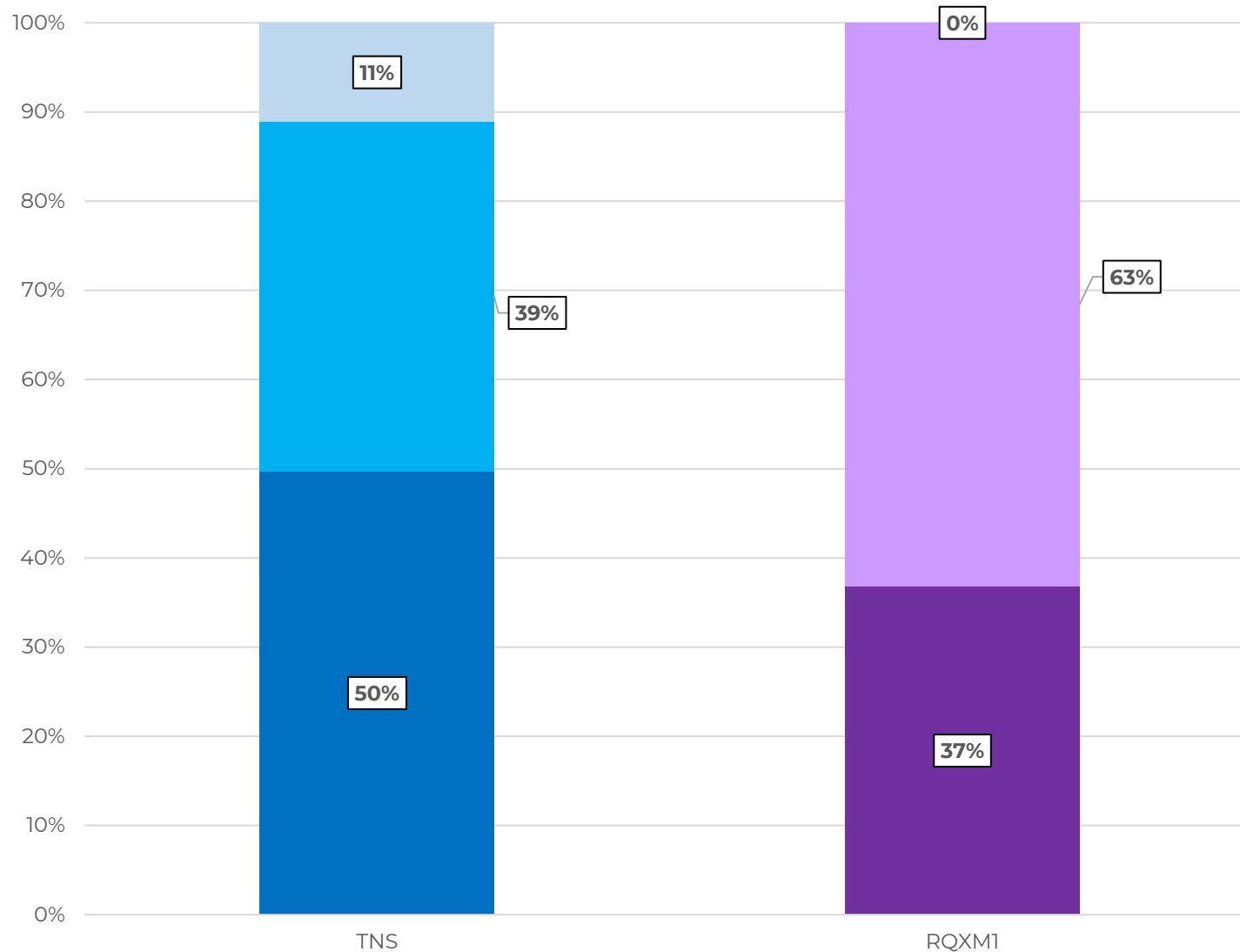


**RQXMI R4**  
**Informed Staff: Yes, definitely %**  
**53.8%**

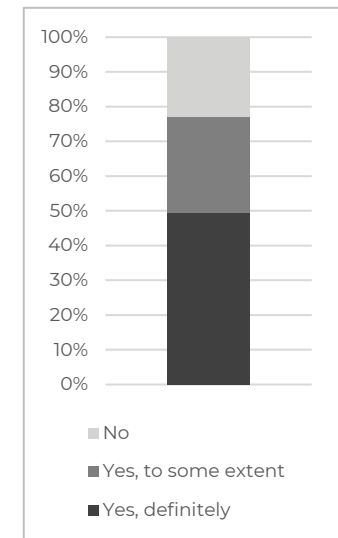


Do you feel that hospital staff were well informed and understood the needs of the person you look after?

Figure 16: Quality of care from staff (n=19)

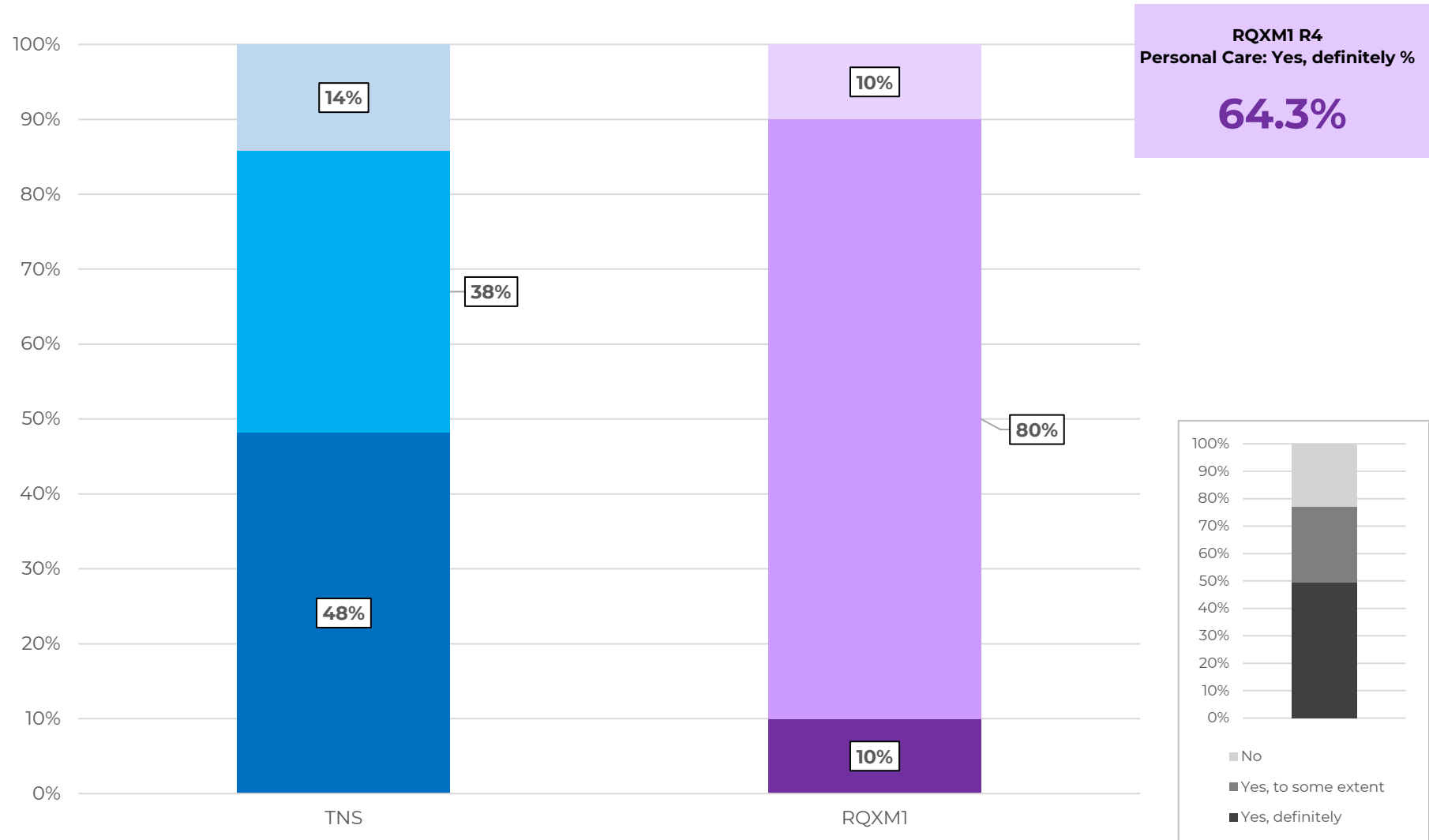


**RQXMI R4**  
**Care Quality: Yes, definitely %**  
**76.9%**



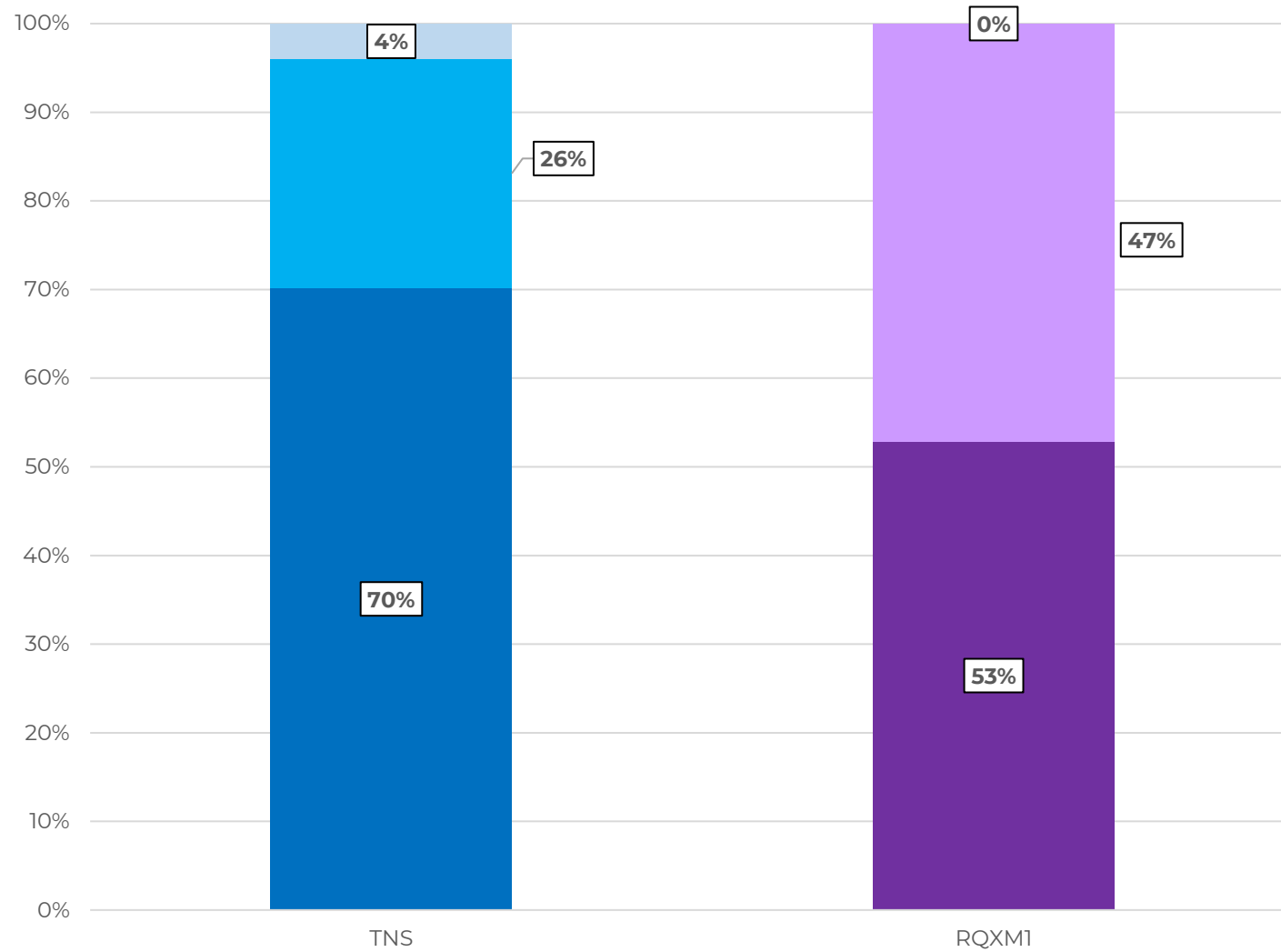
Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?

Figure 17: Personal Care (n=20)

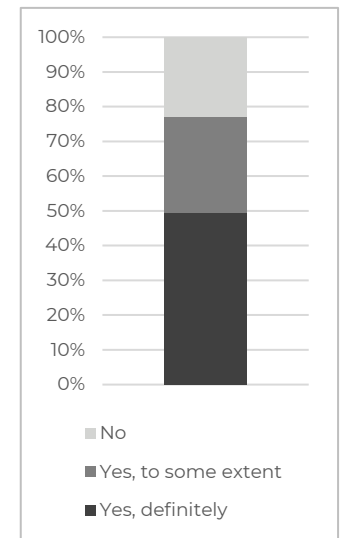


Was the person you look after given enough help with personal care from hospital staff? For example, eating, drinking, washing and using the toilet.

Figure 18: Respect (n=17)

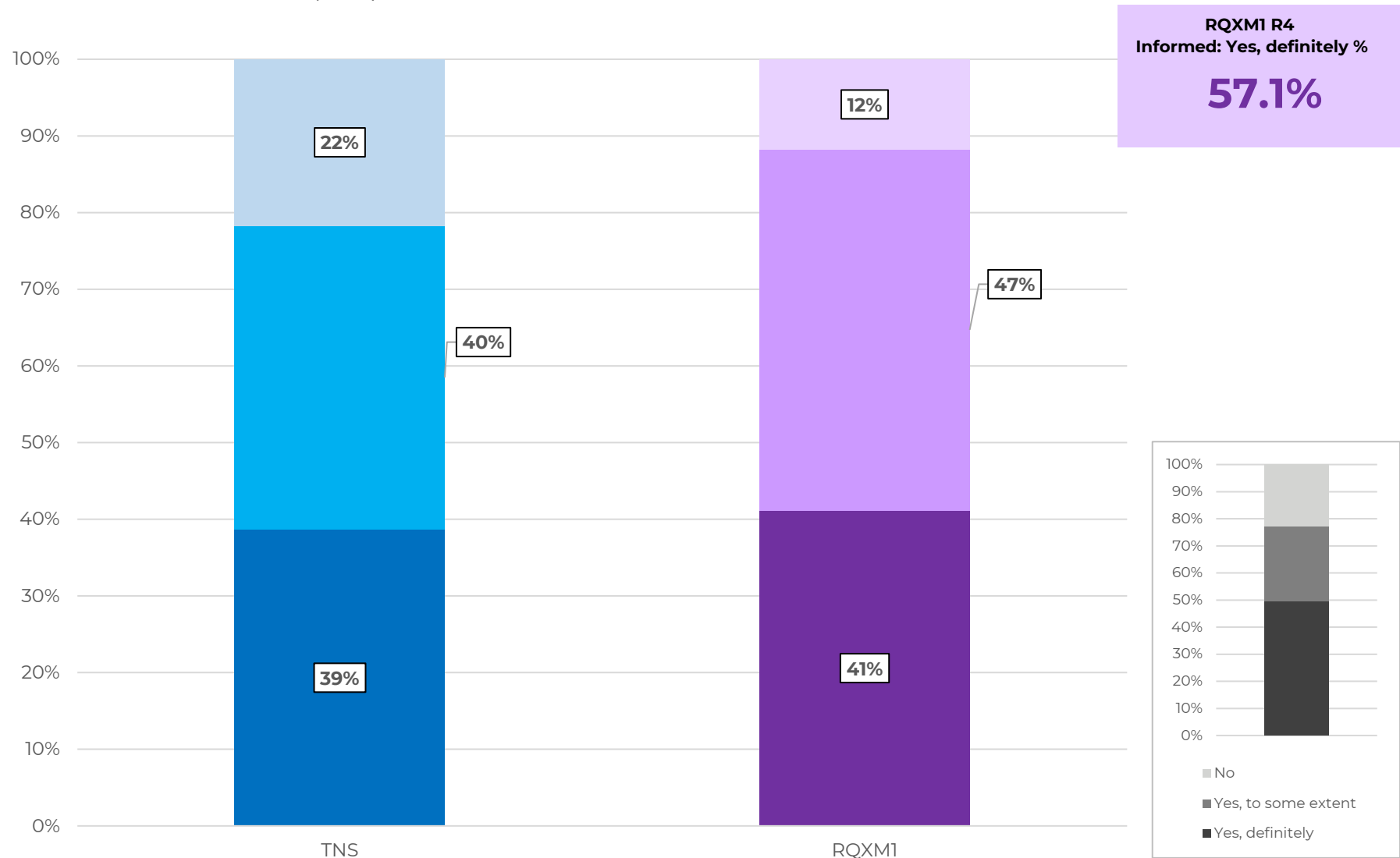


**RQXM1 R4**  
**Respect: Yes, definitely %**  
**78.6%**



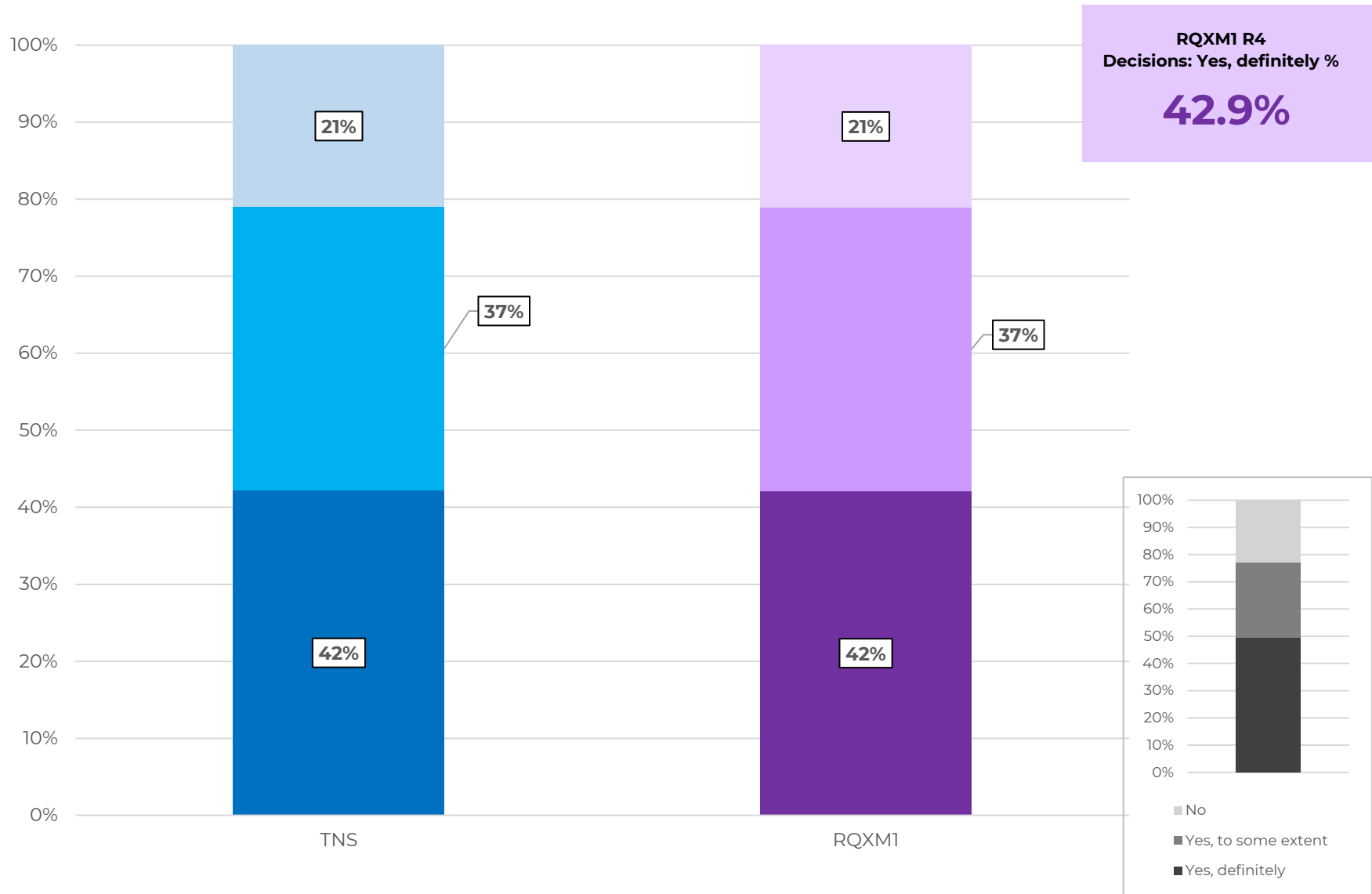
Was the person you look after treated with respect by hospital staff?

Figure 19: Informed about Care (n=17)



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

Figure 20: Involved Decisions (n=19)



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

Figure 21: Needs (n=20)

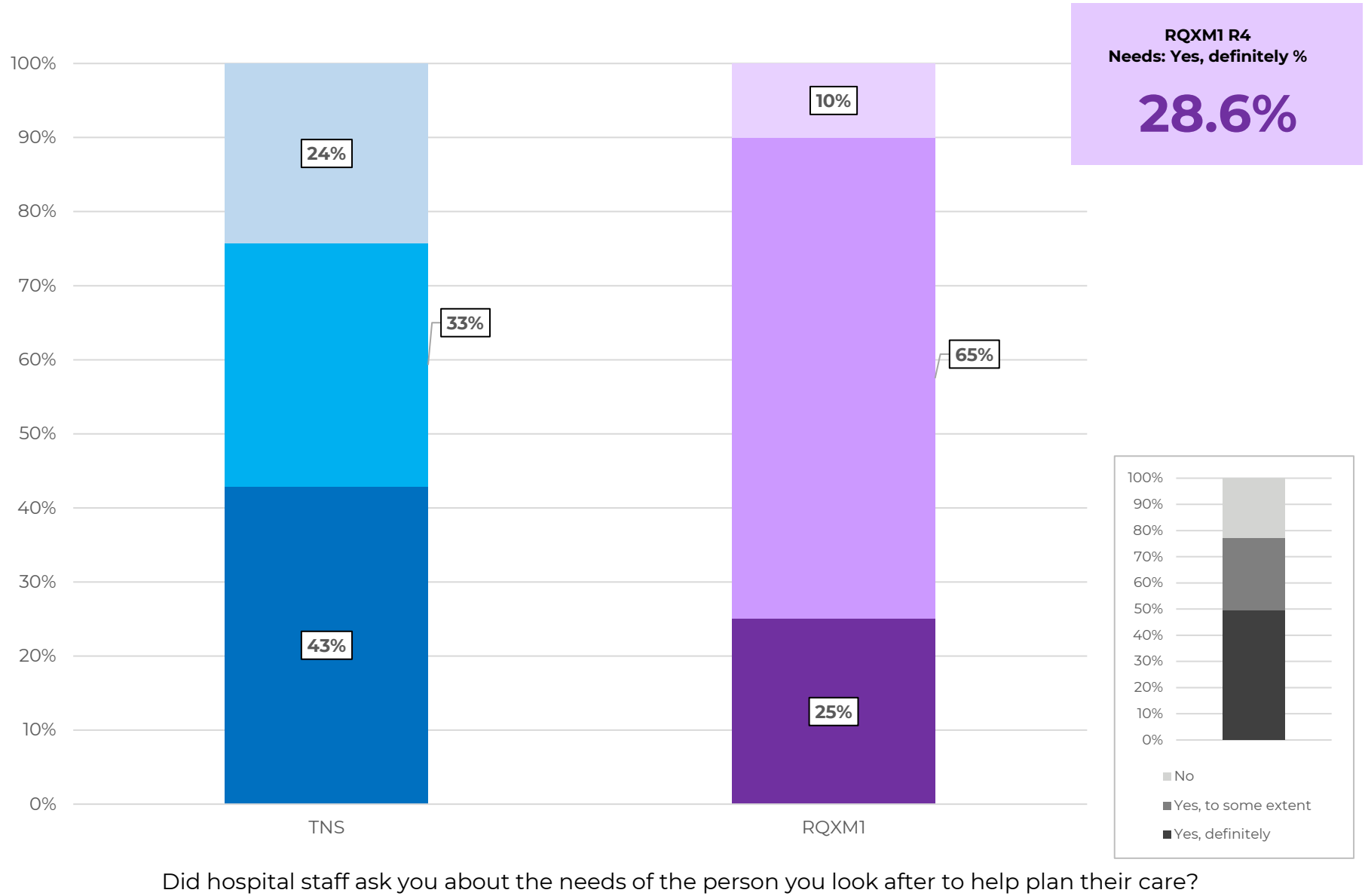
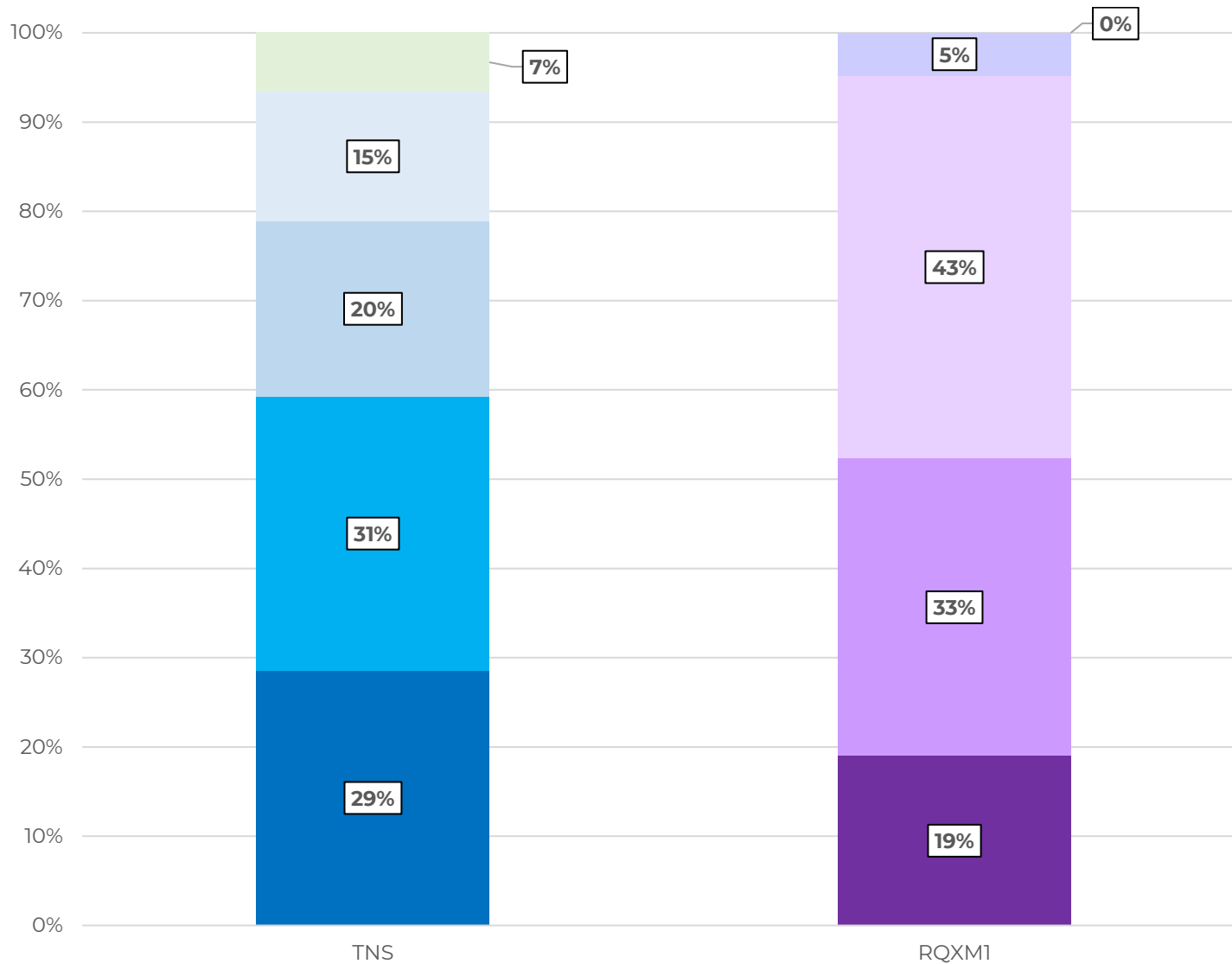
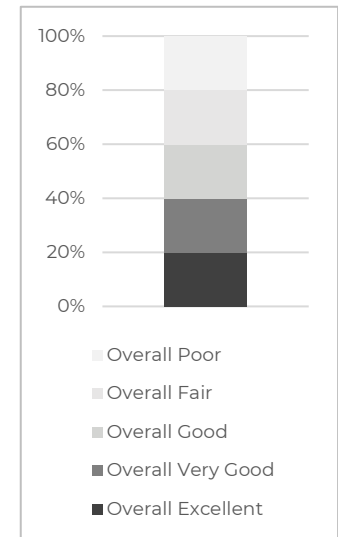


Figure 22: Overall Carer Rating (n=21)



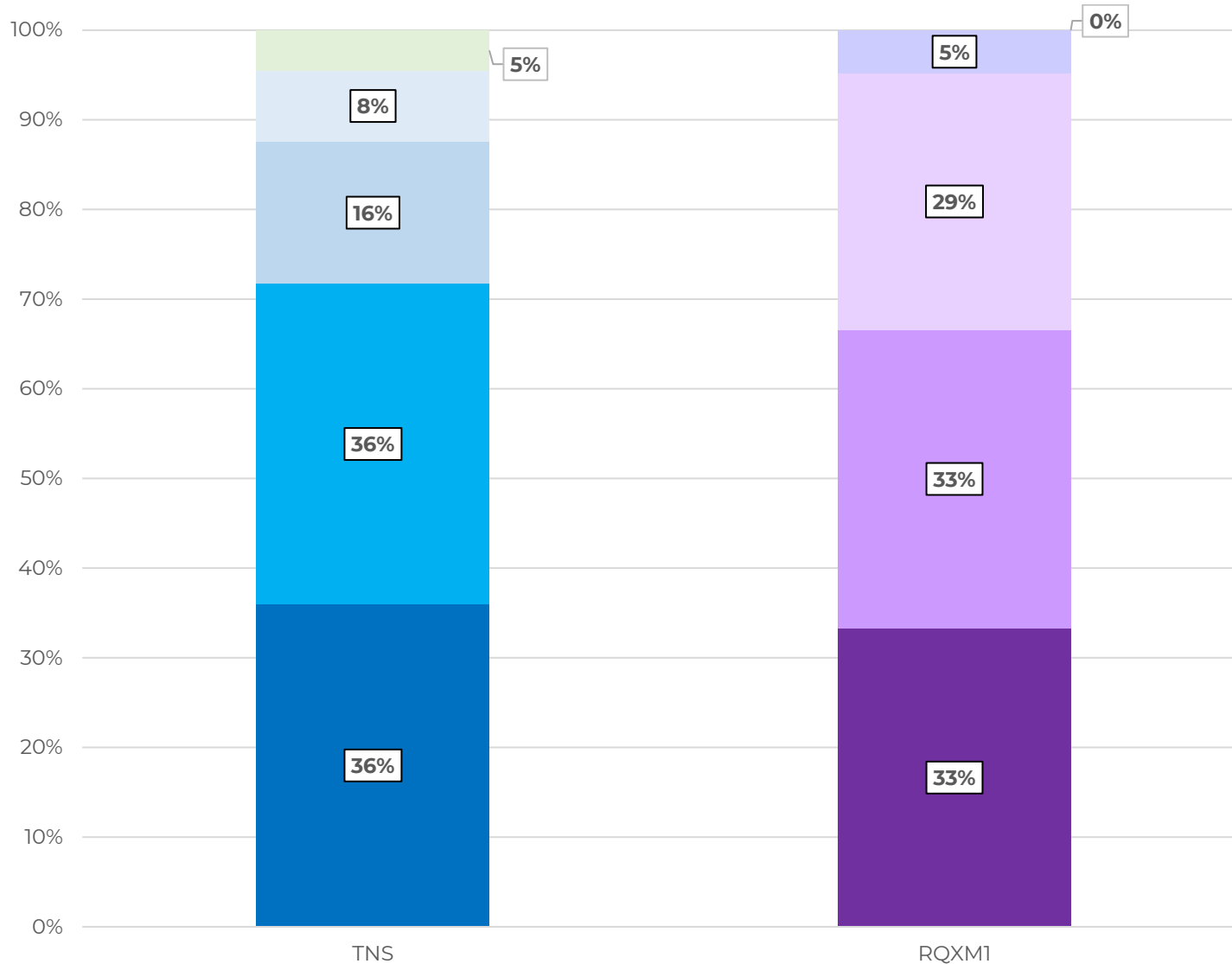
**RQXM1 R4**  
**Overall Rating: Excellent %:**  
**42.9%**



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



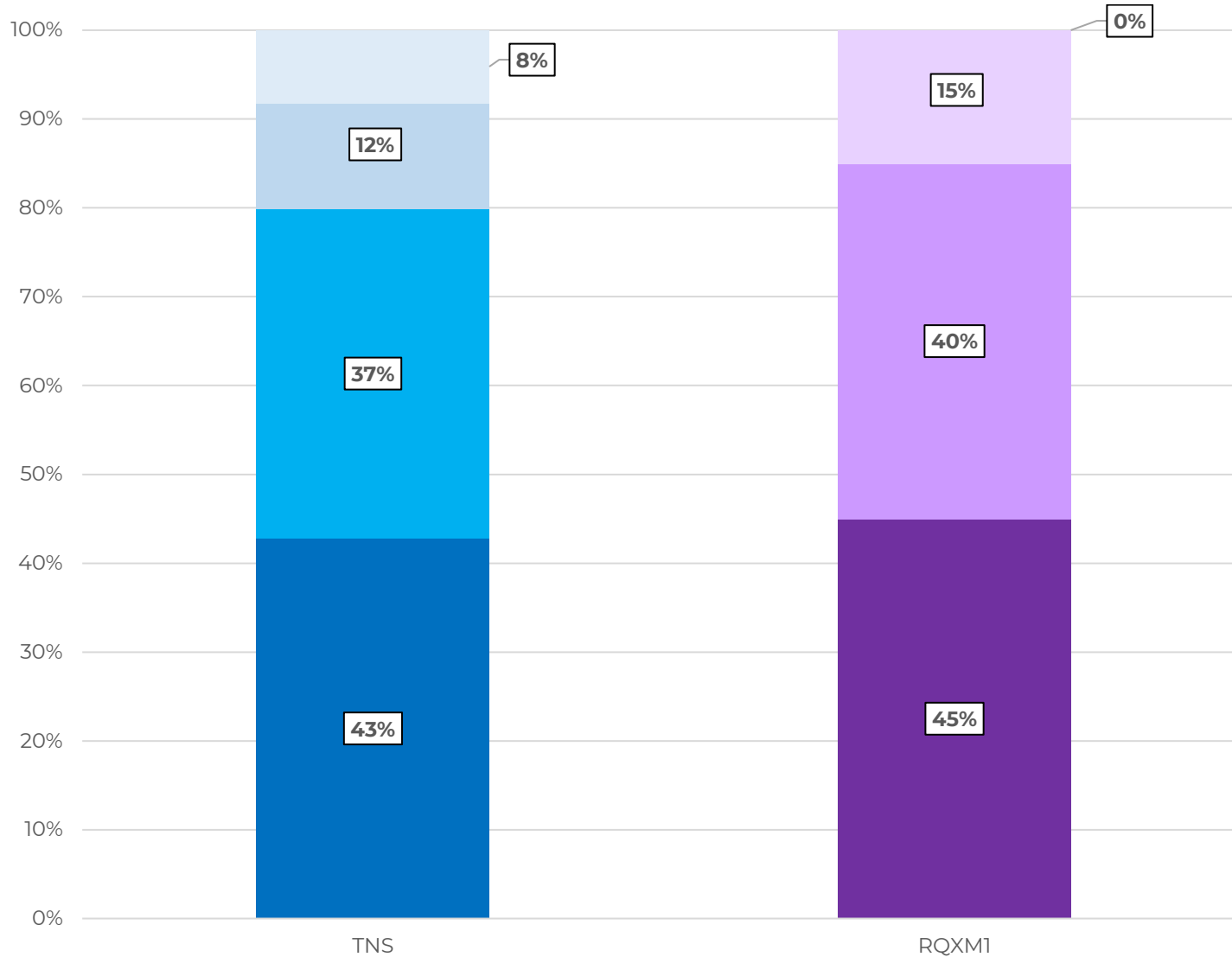
Figure 23: Recommend (n=21)



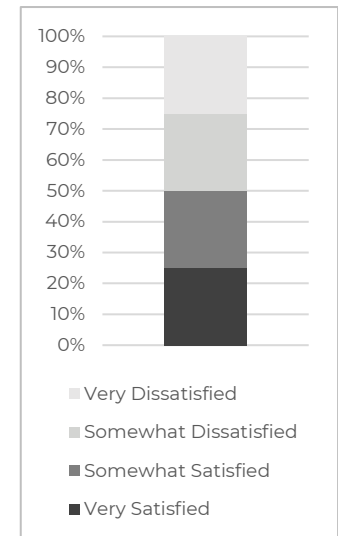
**RQXM1 R4**  
**Recommendation: Extremely likely %**  
**42.9%**

How likely would you be to recommend the service to friends and family if they needed similar care or treatment?

Figure 24: Carer Satisfaction (n=20)



**RQXM1 R4**  
**Carer Satisfaction: Very Satisfied %**  
**58.3%**



Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?

## Carer Comments

Carers were able to make comments on the questionnaire. The table below shows a summary overview of comments by theme sorted by positive/ negative. (Sites were returned all their comments with identifying details removed in January).

Your hospital received a total of **12** carer comments.

Table 6: Carer Comments by Category\*

*\*In Hospital Adverse Events can only have negative comments*

| <b>Staff Training</b>                | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
|--------------------------------------|------------------------|---------------------|
| Positive                             | 2                      | 0                   |
| Negative                             | 39                     | 0                   |
| <b>Treatment of Patients</b>         | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                             | 198                    | 3                   |
| Negative                             | 154                    | 1                   |
| <b>In-hospital Adverse Incidents</b> | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Negative                             | 11                     | 0                   |
| <b>Communication</b>                 | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                             | 57                     | 1                   |
| Negative                             | 233                    | 0                   |

| <b>Perceptions of Staff</b>    | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
|--------------------------------|------------------------|---------------------|
| Positive                       | 307                    | 3                   |
| Negative                       | 51                     | 0                   |
| <b>Staffing Levels</b>         | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                       | 1                      | 0                   |
| Negative                       | 103                    | 1                   |
| <b>Discharge/Care Transfer</b> | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                       | 9                      | 2                   |
| Negative                       | 68                     | 0                   |
| <b>Environment</b>             | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                       | 8                      | 0                   |
| Negative                       | 26                     | 0                   |
| <b>Support for Carers</b>      | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |
| Positive                       | 30                     | 0                   |
| Negative                       | 16                     | 0                   |
| <b>Overall/Other</b>           | <b>National R5 (N)</b> | <b>RQXM1 R5 (N)</b> |

|          |     |   |
|----------|-----|---|
| Positive | 111 | 1 |
| Negative | 30  | 0 |

## Appendices

### Appendix I: Casenote Audit

#### Information about the patient

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

† Excludes NA responses

#### Information about the patient

| Age     | National R5 %<br>(N/D)         | RQXM1 R5 % (N) | RQXM1 R4 % (N) |
|---------|--------------------------------|----------------|----------------|
| Min-65  | <b>2% (304/14888)</b>          | *% (*)         | *% (*)         |
| 66-80   | <b>27.3%<br/>(4060/14888)</b>  | 24.5% (12)     | 33.3% (18)     |
| 81-100  | <b>70.4%<br/>(10480/14888)</b> | 73.5% (36)     | 61.1% (33)     |
| 101-108 | <b>0.3% (44/14888)</b>         | 0% (0)         | 0% (0)         |
| Unknown | <b>0% (0/14888)</b>            | 0% (0)         | 0% (0)         |
| Minimum | <b>30</b>                      | 64             | 62             |
| Maximum | <b>106</b>                     | 98             | 99             |
| Mean    | <b>84</b>                      | 84             | 81.5           |

| <b>Sex</b>             | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
|------------------------|----------------------------|-----------------------|-----------------------|
| Female                 | <b>54.9% (8172/14888)</b>  | 51% (25)              | New to R5             |
| Male                   | <b>42.9% (6383/14888)</b>  | 49% (24)              | New to R5             |
| Unknown/Not documented | <b>2.2% (333/14888)</b>    | 0% (0)                | New to R5             |
| <b>Gender</b>          | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Female                 | <b>51.6% (7675/14888)</b>  | 51% (25)              | 61.1% (33)            |
| Male                   | <b>40.3% (6003/14888)</b>  | 49% (24)              | 38.9% (21)            |
| Non-binary/Other       | <b>0% (0/14888)</b>        | 0% (0)                | New to R5             |
| Unknown/Not documented | <b>8.1% (1210/14888)</b>   | 0% (0)                | New to R5             |
| <b>Ethnicity</b>       | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| White                  | <b>83.9% (12485/14888)</b> | 63.3% (31)            | 29.6% (16)            |
| Asian/Asian British    | <b>2.5% (379/14888)</b>    | *% (*)                | *% (*)                |
| Black/ Black British   | <b>2.1% (311/14888)</b>    | 28.6% (14)            | 22.2% (12)            |

|   |                                |                       |                       |
|---|--------------------------------|-----------------------|-----------------------|
| Mixed                                       | <b>0.7% (100/14888)</b>        | 0% (0)                | 0% (0)                |
| Other                                       | <b>1.1% (162/14888)</b>        | 0% (0)                | 27.8% (15)            |
| Unknown/Not documented                      | <b>9.7% (1451/14888)</b>       | *% (*)                | 13% (7)               |
| <b>First Language</b>                       | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| English                                     | <b>75.0%<br/>(11161/14888)</b> | 73.5% (36)            | 79.6% (43)            |
| Welsh                                       | <b>0.5% (71/14888)</b>         | 0% (0)                | 0% (0)                |
| Other European Language                     | <b>0.7% (106/14888)</b>        | 16.3% (8)             | *% (*)                |
| Any Asian Language                          | <b>1.4% (208/14888)</b>        | *% (*)                | *% (*)                |
| Other                                       | <b>0.5% (67/14888)</b>         | *% (*)                | *% (*)                |
| Unknown/Not Documented                      | <b>22% (3275/14888)</b>        | *% (*)                | *% (*)                |
| <b>Primary diagnosis/cause of admission</b> | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Cancer                                      | <b>0.3% (42/14888)</b>         | 0% (0)                | 0% (0)                |
| Cardiac/vascular/ chest pain                | <b>4.4% (653/14888)</b>        | *% (*)                | *% (*)                |



|  |                           |           |           |
|--|---------------------------|-----------|-----------|
| Dehydration/ nutrition   | <b>1.4% (215/14888)</b>   | 0% (0)    | 0% (0)    |
| Delirium/ confusion/ cognitive impairment                                  | <b>10.8% (1614/14888)</b> | *% (*)    | 11.1% (6) |
| Dementia   | <b>1% (144/14888)</b>     | *% (*)    | 0% (0)    |
| Endocrine/ metabolic condition   | <b>1% (144/14888)</b>     | *% (*)    | 0% (0)    |
| Fall   | <b>23.2% (755/14888)</b>  | 18.4% (9) | 11.1% (6) |
| Gastrointestinal   | <b>5.1% (755/14888)</b>   | *% (*)    | *% (*)    |
| Haematology related  | <b>0.6% (90/14888)</b>    | 0% (0)    | *% (*)    |
| Hepatology/liver related   | <b>0.2% (31/14888)</b>    | 0% (0)    | 0% (0)    |
| Hip fracture/ dislocation  | <b>3.5% (514/14888)</b>   | *% (*)    | *% (*)    |
| Other Fracture/ dislocation  | <b>1.2% (186/14888)</b>   | 0% (0)    | *% (*)    |
| Impaired consciousness/ reduced responsiveness/<br>drowsiness or dizziness | <b>2.4% (359/14888)</b>   | *% (*)    | *% (*)    |
| Neurological problem/seizure/ head injury/ headache                        | <b>2.8% (415/14888)</b>   | 0% (0)    | *% (*)    |
| Psychiatric/ psychological/ behavioural problems                           | <b>0.5% (76/14888)</b>    | 0% (0)    | 0% (0)    |

|   |                                |                       |                       |
|---|--------------------------------|-----------------------|-----------------------|
| Respiratory   | <b>12.9% (1927/14888)</b>      | 14.3% (7)             | 22.2% (12)            |
| Sepsis  | <b>4.2% (632/14888)</b>        | 12.2% (6)             | *% (*)                |
| Skin problems/ lacerations/lesions                            | <b>1% (148/14888)</b>          | 0% (0)                | *% (*)                |
| Stroke or related   | <b>2.4% (354/14888)</b>        | *% (*)                | *% (*)                |
| Surgical/non-surgical procedure                               | <b>1% (152/14888)</b>          | 0% (0)                | 0% (0)                |
| Urinary/ urogenital/renal                                     | <b>5.7% (843/14888)</b>        | *% (*)                | *% (*)                |
| Unable to cope/ frailty                                       | <b>1.9% (278/14888)</b>        | 0% (0)                | 0% (0)                |
| Other – please specify  | <b>11.5% (1717/14888)</b>      | *% (*)                | 0% (0)                |
| Unknown/Not documented  | <b>1% (152/14888)</b>          | 0% (0)                | 0% (0)                |
| <b>Elective or emergency admission</b>                        | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Elective  | <b>0.9% (140/14888)</b>        | *% (*)                | New to R5             |
| Emergency   | <b>99.1%<br/>(14748/14888)</b> | 98% (48)              | New to R5             |
| <b>Was delirium noted as part of the admitting condition?</b> | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |

|  |                                      |                       |                       |
|--|--------------------------------------|-----------------------|-----------------------|
| No   | <b>66.3%</b><br><b>(9868/14888)</b>  | 61.2% (30)            | New to R5             |
| Yes  | <b>33.7%</b><br><b>(5020/14888)</b>  | 38.8% (19)            | New to R5             |
| <b>Dementia status</b>   | <b>National R5 %<br/>(N/D)</b>       | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Known dementia   | <b>74.6%</b><br><b>(11100/14888)</b> | 95.9% (47)            | New to R5             |
| Probably dementia/ Concerns about cognition  | <b>25.4%</b><br><b>(3788/14888)</b>  | *% (*)                | New to R5             |
| <b>What is the subtype of dementia?</b>  | <b>National R5 %<br/>(N/D)</b>       | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Alzheimer's Disease (F00, G30)   | <b>33.2% (3683/11100)</b>            | 53.2% (25)            | New to R5             |
| Dementia in Alzheimer's disease, atypical or mixed type (F00.2)                            | <b>8.6% (956/11100)</b>              | *% (*)                | New to R5             |
| Vascular Dementia (F01)  | <b>18.9% (2099/11100)</b>            | 14.9% (7)             | New to R5             |
| Dementia with Lewy bodies (G31.9)  | <b>2.5% (282/11100)</b>              | 0% (0)                | New to R5             |
| Fronto-temporal Dementia (G31.8)   | <b>0.7% (79/11100)</b>               | 0% (0)                | New to R5             |
| Dementia in Parkinson's disease (F02.3)  | <b>2.2% (248/11100)</b>              | *% (*)                | New to R5             |
| Delirium due to known psychological condition, including delirium superimposed on dementia | <b>0.5% (51/11100)</b>               | 0% (0)                | New to R5             |

|   |                            |                       |                       |
|---|----------------------------|-----------------------|-----------------------|
| Unspecified dementia (F03)                  | <b>16.1 (1792/11100)</b>   | 12.8% (6)             | New to R5             |
| Dementia subtype Unknown/not documented     | <b>17.2% (1910/11100)</b>  | *% (*)                | New to R5             |
| <b>Place of care before admission</b>       | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N)</b> | <b>RQXMI R4 % (N)</b> |
| Own home                                    | <b>67.5% (10045/14887)</b> | 81.6% (40)            | 74.1% (40)            |
| Respite care                                | <b>0.4% (60/14887)</b>     | 0% (0)                | 0% (0)                |
| Rehabilitation ward                         | <b>0.2% (32/14887)</b>     | 0% (0)                | 0% (0)                |
| Psychiatric ward                            | <b>0.3% (43/14887)</b>     | 0% (0)                | 0% (0)                |
| Carer's home                                | <b>1.9% (290/14887)</b>    | 0% (0)                | *% (*)                |
| Intermediate/ community rehabilitation care | <b>0.4% (55/14887)</b>     | 0% (0)                | 0% (0)                |
| Residential care                            | <b>15.7% (2334/14887)</b>  | *% (*)                | *% (*)                |
| Nursing home                                | <b>13% (1940/14887)</b>    | *% (*)                | 11.1% (6)             |
| Palliative care                             | <b>0% (2/14887)</b>        | 0% (0)                | 0% (0)                |

|                              |                                |                       |                       |
|------------------------------|--------------------------------|-----------------------|-----------------------|
| Transfer to another hospital | <b>0.3% (45/14887)</b>         | *% (*)                | 0% (0)                |
| Long stay care               | <b>0.3% (41/14887)</b>         | 0% (0)                | *% (*)                |
| <b>Ward</b>                  | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| Care of the elderly          | <b>30.2%<br/>(4490/14888)</b>  | 32.7% (16)            | 63% (34)              |
| Oncology                     | <b>0.1% (20/14888)</b>         | 0% (0)                | 0% (0)                |
| Cardiac                      | <b>1.8% (267/14888)</b>        | 0% (0)                | *% (*)                |
| Orthopaedics                 | <b>6% (891/14888)</b>          | *% (*)                | *% (*)                |
| Critical care                | <b>0.3% (43/14888)</b>         | 0% (0)                | 0% (0)                |
| Stroke                       | <b>2.8% (417/14888)</b>        | 14.3% (7)             | *% (*)                |
| General medical              | <b>27.3%<br/>(4066/14888)</b>  | 38.8% (19)            | 11.1% (6)             |
| Surgical                     | <b>5.4% (804/14888)</b>        | *% (*)                | *% (*)                |
| Nephrology                   | <b>0.5% (69/14888)</b>         | 0% (0)                | 0% (0)                |
| Other medical                | <b>13.1% (1946/14888)</b>      | *% (*)                | *% (*)                |
| Obstetrics/ gynaecology      | <b>0.2% (37/14888)</b>         | 0% (0)                | 0% (0)                |

|                        |                           |        |           |
|------------------------|---------------------------|--------|-----------|
| Other                  | <b>12.3% (1836/14888)</b> | *% (*) | *% (*)    |
| Unknown/Not documented | <b>0% (2/14888)</b>       | 0% (0) | New to R5 |

## Delirium Screening and Assessment

| Delirium Screening Assessments  | National R5 % (N/D)       | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
|---|---------------------------|------------------|------------------|
| Single Question in Delirium (SQiD)  | <b>32.4% (3449/10642)</b> | 71.4% (35/49)    | 7.4% (4/54)      |
| History taken from someone who knows the patient well in which they were asked about any recent changes in cognition/ behaviour | <b>70.8% (7539/10642)</b> | 81.6% (40/49)    | 37% (20/54)      |
| 4AT   | <b>35% (3730 /10642)</b>  | 24.5% (12/49)    | 16.7% (9/54)     |
| CAM   | <b>5.3% (563/10642)</b>   | 0% (0/49)        | 0% (0/34)        |
| OSLA  | <b>0.4% (47/10642)</b>    | 0% (0/49)        | New to R5        |
| Other   | <b>13.6% (1446/10642)</b> | 61.2% (30/49)    | 18.5% (10/54)    |
| Any Initial Delirium Screen   | National R5 % (N/D)       | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
| Yes, within 24 hours  | <b>80.9% (8605/10642)</b> | 83.7% (41/49)    | New to R5        |
| Yes, more than 24 hours   | <b>6.2% (664/10642)</b>   | 6.1% (3/49)      | New to R5        |
| No  | <b>12.9% (1373/10642)</b> | 10.2% (5/49)     | New to R5        |
| Any Initial Delirium Screen   | <b>87.1% (9269/10642)</b> | 89.8% (44/49)    | 75.9% (41/54)    |

| Days from admission to delirium screen | National R5 % (N/D)      | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
|--|--------------------------|------------------|------------------|
| 0-1 days                               | <b>90.9% (8201/9020)</b> | 88.6% (39/44)    | New to R5        |
| 2-3 days                               | <b>5.5% (496/9020)</b>   | 11.4% (5/44)     | New to R5        |
| 4-6 days                               | <b>1.8% (164/9020)</b>   | 0% (0/44)        | New to R5        |
| 7-13 days                              | <b>0.9% (80/9020)</b>    | 0% (0/44)        | New to R5        |
| 14-20 days                             | <b>0.3% (30/9020)</b>    | 0% (0/44)        | New to R5        |
| 21-27 days                             | <b>0.2% (17/9020)</b>    | 0% (0/44)        | New to R5        |
| 28-34 days                             | <b>0.2% (17/9020)</b>    | 0% (0/44)        | New to R5        |
| 35-69 days                             | <b>0.2% (14/9020)</b>    | 0% (0/44)        | New to R5        |
| 70-140 days                            | <b>0% (1/9020)</b>       | 0% (0/44)        | New to R5        |
| Delirium assessment                    | National R5 % (N/D)      | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
| Yes, delirium may be present           | <b>48.1% (4342/9032)</b> | 45.5% (20/44)    | 63.4% (26/41)    |
| No evidence of delirium                | <b>51.8% (4677/9032)</b> | 54.5% (24/44)    | 36.6% (15/41)    |



| <b>Delirium Confirmed</b>                              | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
|--|----------------------------|-------------------------|-------------------------|
| Yes, the patient was diagnosed with delirium           | <b>71.5% (3106/4342)</b>   | 80% (16/20)             | 95% (19/20)             |
| No, it was confirmed the patient did not have delirium | <b>15.2% (661/4342)</b>    | 20% (4/20)              | New to R5               |
| No further investigation took place                    | <b>13.2% (575/4342)</b>    | 0% (0/20)               | New to R5               |
| <b>Delirium Management Plan</b>                        | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Yes  | <b>92.5% (2872/3106)</b>   | 100% (16/16)            | New to R5               |
| No   | <b>7.5% (234/3106)</b>     | 0% (0/16)               | New to R5               |
| <b>Delirium Care Plan</b>                              | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Yes  | <b>50% (1552/3106)</b>     | 68.8% (11/16)           | New to R5               |
| No   | <b>50% (1554/3106)</b>     | 31.3% (5/16)            | New to R5               |

## Pain Assessment

| Pain Assessment                        | National R5 % (N/D)       | RQXMI R5 % (N/D) | RQXMI R4 % (N/D) |
|--|---------------------------|------------------|------------------|
| Yes, within 24 hours                   | <b>85.1% (8936/10505)</b> | 65.3% (32/49)    | New to R5        |
| Yes, more than 24 hours                | <b>6.5% (687/10505)</b>   | 18.4% (9/49)     | New to R5        |
| No                                     | <b>8.4% (882/10505)</b>   | 16.3% (8/49)     | New to R5        |
| Yes                                    | <b>91.6% (9623/10505)</b> | 83.7% (41/49)    | 96.3% (52/54)    |
| Days from admission to pain assessment | National R5 % (N/D)       | RQXMI R5 % (N/D) | RQXMI R4 % (N/D) |
| 0-1 days                               | <b>94.2% (9069/9623)</b>  | 78% (32/41)      | New to R5        |
| 2-3 days                               | <b>3.7% (357/9623)</b>    | 17.1% (7/41)     | New to R5        |
| 4-6 days                               | <b>1% (93/9623)</b>       | 2.4% (1/41)      | New to R5        |
| 7-13 days                              | <b>0.5% (49/9623)</b>     | 0% (0/41)        | New to R5        |
| 14-20 days                             | <b>0.2% (17/9623)</b>     | 2.4% (1/41)      | New to R5        |
| 21-27 days                             | <b>0.1% (9/9623)</b>      | 0% (0/41)        | New to R5        |

|   |                            |                         |                         |
|---|----------------------------|-------------------------|-------------------------|
| 28-34 days  | <b>0.1% (12/9623)</b>      | 0% (0/41)               | New to R5               |
| 35-69 days  | <b>0.1% (14/9623)</b>      | 0% (0/41)               | New to R5               |
| 70-140 days   | <b>0% (3/9623)</b>         | 0% (0/41)               | New to R5               |
| <b>Pain Assessment Tools Used</b>                               | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| The Abbey Pain scale  | <b>10.3% (991/9623)</b>    | 17.1% (7/41)            | New to R5               |
| Pain assessment in advanced dementia (PAINAID)                  | <b>1.3% (125/9623)</b>     | 0% (0/41)               | New to R5               |
| Checklist of nonverbal pain indicators (CNPI) observation score | <b>1% (98/9623)</b>        | 0% (0/41)               | New to R5               |
| Question only   | <b>65.9% (6338/9623)</b>   | 85.4% (35/41)           | New to R5               |
| None  | <b>0% (3/9623)</b>         | 0% (0/41)               | New to R5               |
| Other   | <b>26.6% (2561/9623)</b>   | 14.6% (6/41)            | New to R5               |
| Patients who had questioning as their only pain assessment      | <b>61.1% (5580/9623)</b>   | 68.3% (28/41)           | New to R5               |
| <b>Pain Reassessment</b>  | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Yes, within 24 hours  | <b>83.1% (7995/9623)</b>   | 63.4% (26/41)           | New to R5               |

|   |                            |                         |                         |
|---|----------------------------|-------------------------|-------------------------|
| Yes, more than 24 hours                                     | <b>9.3% (895/9623)</b>     | 26.8% (11/41)           | New to R5               |
| No  | <b>7.6% (733/9623)</b>     | 9.8% (4/41)             | New to R5               |
| Yes   | <b>92.4% (8890/9623)</b>   | 90.2% (37/41)           | New to R5               |
| <b>Days from first pain assessment to pain reassessment</b> | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| 0-1 days  | <b>93% (8267/8890)</b>     | 81.1% (30/37)           | New to R5               |
| 2-3 days  | <b>4.9% (436/8890)</b>     | 10.8% (4/37)            | New to R5               |
| 4-6 days  | <b>1.3% (117/8890)</b>     | 5.4% (2/37)             | New to R5               |
| 7-13 days   | <b>0.5% (46/8890)</b>      | 2.7% (1/37)             | New to R5               |
| 14-20 days  | <b>0.1% (9/8890)</b>       | 0% (0/37)               | New to R5               |
| 21-27 days  | <b>0.1% (5/8890)</b>       | 0% (0/37)               | New to R5               |
| 28-34 days  | <b>0.1% (8/8890)</b>       | 0% (0/37)               | New to R5               |
| 35-69 days  | <b>0% (0/8890)</b>         | 0% (0/37)               | New to R5               |
| 70-140 days   | <b>0% (1/8890)</b>         | 0% (0/37)               | New to R5               |

| <b>Pain Reassessment Tools Used</b>                               | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
|---|----------------------------|-------------------------|-------------------------|
| The Abbey Pain scale  | <b>11.1% (987/8890)</b>    | 10.8% (4/37)            | New to R5               |
| Pain assessment in advanced dementia (PAINAID)                    | <b>1% (91/8890)</b>        | 0% (0/37)               | New to R5               |
| Checklist of nonverbal pain indicators (CNPI) observation score   | <b>0.8% (68/8890)</b>      | 0% (0/37)               | New to R5               |
| Question only   | <b>64.1% (5697/8890)</b>   | 89.2% (33/37)           | New to R5               |
| None  | <b>0% (0/8890)</b>         | 0% (0/37)               | New to R5               |
| Other   | <b>28.2% (2505/8890)</b>   | 16.2% (6/37)            | New to R5               |
| Patients who had questioning as their only repeat pain assessment | <b>59.5% (5288/8890)</b>   | 73% (27/37)             | New to R5               |

## Discharge Planning

| Were the required actions to prepare for discharge identified? | National R5 % (N/D)       | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
|--|---------------------------|------------------|------------------|
| Yes, within 24 hours of admission                              | <b>38.7% (4118/10642)</b> | 49% (24/49)      | 42.1% (16/38)    |
| Yes, more than 24 hours after admission                        | <b>46.8% (4981/10642)</b> | 38.8% (19/49)    | New to R5        |
| No   | <b>14.5% (1541/10642)</b> | 12.2% (6/49)     | New to R5        |
| Yes (combined)   | <b>85.5% (9099/10642)</b> | 87.8% (43/49)    | New to R5        |
| Expected date of discharge been recorded                       | National R5 % (N/D)       | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
| Yes, within 24 hours of admission                              | <b>31.9% (3391/10642)</b> | 30.6% (15/49)    | New to R5        |
| Yes, more than 24 hours after admission                        | <b>32.2% (3427/10642)</b> | 51% (25/49)      | New to R5        |
| No   | <b>35.9% (3822/10642)</b> | 18.4% (9/49)     | New to R5        |
| Yes (combined)   | <b>64.1% (6818/10642)</b> | 81.6% (40/49)    | New to R5        |
| Days from admission to discharge plan                          | National R5 % (N/D)       | RQXM1 R5 % (N/D) | RQXM1 R4 % (N/D) |
| 0-1 days   | <b>48.6% (4423/9097)</b>  | 55.8% (24/43)    | New to R5        |

|   |                            |                         |                         |
|---|----------------------------|-------------------------|-------------------------|
| 2-3 days  | <b>22.1% (2007/9097)</b>   | 27.9% (12/43)           | New to R5               |
| 4-6 days  | <b>14.1% (1286/9097)</b>   | 9.3% (4/43)             | New to R5               |
| 7-13 days   | <b>9.8% (893/9097)</b>     | 4.7% (2/43)             | New to R5               |
| 14-20 days  | <b>2.9% (264/9097)</b>     | 0% (0/43)               | New to R5               |
| 21-27 days  | <b>1.2% (106/9097)</b>     | 0% (0/43)               | New to R5               |
| 28-34 days  | <b>0.7% (65/9097)</b>      | 0% (0/43)               | New to R5               |
| 35-69 days  | <b>0.5% (50/9097)</b>      | 2.3% (1/43)             | New to R5               |
| 70-140 days   | <b>0% (3/9097)</b>         | 0% (0/43)               | New to R5               |
| <b>Was a named member of staff (nurse/consultant/discharge coordinator) or named team responsible clearly identified to coordinate discharge?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Yes, within 24 hours of admission   | <b>39% (4152/10642)</b>    | 53.1% (26/49)           | New to R5               |
| Yes, more than 24 hours after admission   | <b>33.2% (3538/10642)</b>  | 36.7% (18/49)           | New to R5               |
| No  | <b>27.7% (2949/10642)</b>  | 10.2% (5/49)            | New to R5               |
| Yes (combined)  | <b>72.2% (7690/10642)</b>  | 89.8% (44/49)           | 91.3% (42/46)           |

| <b>If the discharge planning was not initiated within 24 hours of admission, please select the recorded reason why?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
|---|----------------------------|-------------------------|-------------------------|
| Patient acutely unwell  | <b>46.9% (3067/6540)</b>   | 68% (17/25)             | 100% (8/8)              |
| Patient awaiting assessment   | <b>15.8 (1035/6540)</b>    | 4% (1/25)               | 0% (0/8)                |
| Patient awaiting history/results  | <b>4.9% (320/6540)</b>     | 0% (0/25)               | 0% (0/8)                |
| Patient awaiting surgery  | <b>5.4% (355/6540)</b>     | 4% (1/25)               | 0% (0/8)                |
| Patient presenting confusion  | <b>3.9% (256/6540)</b>     | 0% (0/25)               | 0% (0/8)                |
| Patient on end of life plan   | <b>4.4% (288/6540)</b>     | 12% (3/25)              | 0% (0/8)                |
| Patient transferred to another hospital   | <b>0.7% (43/6540)</b>      | 0% (0/25)               | 0% (0/8)                |
| Patient unresponsive  | <b>0.3% (20/6540)</b>      | 0% (0/25)               | 0% (0/8)                |
| Patient being discharged to nursing/residential care  | <b>2.1% (139/6540)</b>     | 0% (0/25)               | 0% (0/8)                |
| Other (please specify)  | <b>3.4% (224/6540)</b>     | 8% (2/25)               | 0% (0/8)                |
| No reason recorded  | <b>9.4% (612/6540)</b>     | 0% (0/25)               | New to R5               |
| Unknown/Not documented  | <b>2.8% (181/6540)</b>     | 4% (1/25)               | New to R5               |



## Discharge Information

| Has the patient been discharged? | National R5 % (N/D)       | RQXMI R5 % (N/D) | RQXMI R4 % (N/D) |
|----------------------------------|---------------------------|------------------|------------------|
| Yes                              | <b>86.4% (9164/10601)</b> | 85.7% (42/49)    | New to R5        |
| No, the patient died             | <b>11.5% (1224/10601)</b> | 14.3% (7/49)     | New to R5        |
| No, still an inpatient           | <b>2% (213/10601)</b>     | 0% (0/49)        | New to R5        |
| Length of stay in days           | National R5 % (N/D)       | RQXMI R5 % (N/D) | RQXMI R4 % (N/D) |
| Minimum                          | <b>0</b>                  | 1                | New to R5        |
| Maximum                          | <b>153</b>                | 66               | New to R5        |
| Median                           | <b>10</b>                 | 7                | New to R5        |
| Length of stay in weeks          | National R5 % (N/D)       | RQXMI R5 % (N/D) | RQXMI R4 % (N/D) |
| 0-6 days                         | <b>34.7% (3589/10347)</b> | 46.9% (23/49)    | New to R5        |
| 7-13 days                        | <b>25.4% (2631/10347)</b> | 26.5% (13/49)    | New to R5        |
| 14-20 days                       | <b>13.8% (1426/10347)</b> | 14.3% (7/49)     | New to R5        |

|   |                            |                         |                         |
|---|----------------------------|-------------------------|-------------------------|
| 21-27 days  | <b>8.7% (898/10347)</b>    | 4.1% (2/49)             | New to R5               |
| 28-34 days  | <b>5.8% (595/10347)</b>    | 0% (0/49)               | New to R5               |
| 35-69 days  | <b>9.7% (999/10347)</b>    | 8.2% (4/49)             | New to R5               |
| 70-162 days   | <b>2% (209/10347)</b>      | 0% (0/49)               | New to R5               |
| <b>Place in which the person was living or receiving care after discharge</b> | <b>National R5 % (N/D)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Own home  | <b>50.7% (4650/9164)</b>   | 83.3% (35/42)           | New to R5               |
| Respite care  | <b>0.6% (55/9126)</b>      | 0% (0/42)               | New to R5               |
| Rehabilitation ward   | <b>2.1% (192/9164)</b>     | 0% (0/42)               | New to R5               |
| Psychiatric ward  | <b>0.5% (47/9164)</b>      | 0% (0/42)               | New to R5               |
| Carer's home  | <b>1.7% (152/9164)</b>     | 0% (0/42)               | New to R5               |
| Intermediate/Community rehabilitation care                                    | <b>3.3% (305/9126)</b>     | 0% (0/42)               | New to R5               |
| Residential care  | <b>17.6% (1610/9164)</b>   | 9.5% (4/42)             | New to R5               |
| Nursing home  | <b>20.9% (1914/9164)</b>   | 4.8% (2/42)             | New to R5               |

|  |                            |                         |                         |
|--|----------------------------|-------------------------|-------------------------|
| Palliative care  | <b>0.7% (68/9164)</b>      | 2.4% (1/42)             | New to R5               |
| Transfer to another hospital   | <b>1.3% (120/9164)</b>     | 0% (0/42)               | New to R5               |
| Long stay care   | <b>0.1% (13/9164)</b>      | 0% (0/42)               | New to R5               |
| Unknown/Not documented   | <b>0.4% (38/9164)</b>      | 0% (0/42)               | New to R5               |
| <b>Change in place of care from admission to discharge</b>   | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Own home/short term to long term care  | <b>12.9% (1156/8981)</b>   | 7.3% (3/41)             | New to R5               |
| Long term to own home/short term care  | <b>3.4% (309/8981)</b>     | 4.9% (2/41)             | New to R5               |
| No change  | <b>83.7% (7516/8981)</b>   | 87.8% (36/41)           | New to R5               |
| <b>At the point of discharge was the patient based on the right ward for the responsible consultant specialty?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Yes  | <b>92% (9558/10388)</b>    | 87.8% (43/49)           | New to R5               |
| No   | <b>7.6% (788/10388)</b>    | 12.2% (6/49)            | New to R5               |
| Unknown/Not documented   | <b>0.4% (42/10388)</b>     | 0% (0/49)               | New to R5               |

| <b>(If still an inpatient) is the patient based on the right ward for the responsible consultant specialty?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
|---|----------------------------|-------------------------|-------------------------|
| Yes   | <b>96.7% (206/213)</b>     | -                       | New to R5               |
| No  | <b>2.8% (6/213)</b>        | -                       | New to R5               |
| Unknown/Not documented  | <b>0.5% (1/213)</b>        | -                       | New to R5               |
| <b>Overall percentage of outliers</b>   | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Patient not on right ward   | <b>7.5% (794/10558)</b>    | 12.2% (6/49)            | New to R5               |
| <b>(If the patient died) Was the patient receiving end of life care/on an end of life care plan?</b>            | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Yes   | <b>80.6% (987/1224)</b>    | 100% (7/7)              | New to R5               |
| No  | <b>19% (233/1224)</b>      | 0% (0/7)                | New to R5               |
| Unknown/Not documented  | <b>0.3% (4/1224)</b>       | 0% (0/7)                | New to R5               |

## Appendix II: Annual Dementia Statement

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

### Admissions

| Admissions  | National R5            | RQXM1 R5 | RQXM1 R4  |
|---|------------------------|----------|-----------|
| Number of overall admissions to the hospital in the past year                                     | <b>60,432 (Median)</b> | 72528    | New to R5 |
| Number of dementia admissions to the hospital within the past year                                | <b>1,871 (Median)</b>  | 1421     | New to R5 |
| Percentage of people with dementia admitted to the hospital                                       | <b>3% (Median)</b>     | 2%       | New to R5 |
| Do dementia leads in the hospital think most people with dementia are identified during admission | National R5 % (N/D)    | RQXM1 R5 | RQXM1 R4  |
| Yes   | <b>62.5% (105/168)</b> | Yes      | New to R5 |
| No  | <b>33.9% (57/168)</b>  | -        | New to R5 |
| Not Known/ Undocumented   | <b>3.6% (6/168)</b>    | -        | New to R5 |
| Can you estimate a proportion of people with dementia who may not be identified during admission? | National R5 % (N/D)    | RQXM1 R5 | RQXM1 R4  |
| Less than 5%  | <b>28.6% (48/168)</b>  | -        | New to R5 |
| Up to 10%   | <b>10.1% (17/168)</b>  | -        | New to R5 |

|                   |                       |                   |           |
|-------------------|-----------------------|-------------------|-----------|
| Up to 15%         | <b>8.3% (14/168)</b>  | -                 | New to R5 |
| Up to 20%         | <b>6.5% (11/168)</b>  | -                 | New to R5 |
| Up to 25%         | <b>8.3% (14/168)</b>  | -                 | New to R5 |
| An unknown number | <b>38.1% (64/168)</b> | An unknown number | New to R5 |

**Feedback about the care provided to people with dementia**

| <b>Do you collect feedback on a regular basis from people with dementia admitted to the hospital?</b>                                      | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
|--|----------------------------|-----------------|-----------------|
| Yes  | <b>35.7% (60/168)</b>      | Yes             | New to R5       |
| No   | <b>58.9% (99/168)</b>      | -               | New to R5       |
| Not Known/ Undocumented  | <b>5.4% (9/168)</b>        | -               | New to R5       |
| <b>Based on the past six months, what is the average number of people with dementia per month providing feedback?<br/>*If 'Yes' to 4.3</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| 1  | <b>16.7% (10/60)</b>       | -               | New to R5       |
| 2  | <b>10% (6/60)</b>          | -               | New to R5       |
| 3  | <b>11.7% (7/60)</b>        | -               | New to R5       |
| 4  | <b>10% (6/60)</b>          | 4               | New to R5       |
| 5  | <b>20% (12/60)</b>         | -               | New to R5       |
| 6  | <b>0% (0/60)</b>           | -               | New to R5       |
| 7  | <b>1.7% (1/60)</b>         | -               | New to R5       |

|              |                      |   |           |
|--------------|----------------------|---|-----------|
| 8            | <b>6.7% (4/60)</b>   | - | New to R5 |
| 9            | <b>0% (0/60)</b>     | - | New to R5 |
| 10           | <b>6.7% (4/60)</b>   | - | New to R5 |
| More than 10 | <b>16.7% (10/60)</b> | - | New to R5 |



## Governance

| Personal information document or Scheme  | National R5 % (N/D)   | RQXM1 R5   | RQXM1 R4  |
|--|-----------------------|------------|-----------|
| All about Me   | <b>8.3% (14/168)</b>  | -          | New to R5 |
| Butterfly Scheme   | <b>6% (10/168)</b>    | -          | New to R5 |
| Forget me not  | <b>7.7% (13/168)</b>  | -          | New to R5 |
| Getting to know me   | <b>4.8% (8/168)</b>   | -          | New to R5 |
| Hospital passport  | <b>1.8% (3/168)</b>   | -          | New to R5 |
| More than one  | <b>10.7% (18/168)</b> | -          | New to R5 |
| This is Me   | <b>42.9% (72/168)</b> | This is Me | New to R5 |
| Other  | <b>14.9% (25/168)</b> | -          | New to R5 |
| None   | <b>3% (5/168)</b>     | -          | New to R5 |
| Bedside Check and Personal information document or Scheme  | National R5           | RQXM1 R5   | RQXM1 R4  |
| Number of people with dementia who had a bedside check   | <b>10 (Median)</b>    | 2          | 10        |
| Number of people with dementia who had an up to date document with their personal information at their bedside | <b>5 (Median)</b>     | 0          | 1         |

|  |                            |                 |                 |
|--|----------------------------|-----------------|-----------------|
| Percentage of people with an up-to-date document with their personal information at their bedside  | <b>46.2% (Mean)</b>        | 0%              | 10%             |
| <b>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</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Yes  | <b>63.7% (107/168)</b>     | Yes             | -               |
| No   | <b>31.5% (53/168)</b>      | -               | No              |
| Not known/ Undocumented  | <b>4.8% (8/168)</b>        | -               | New to R5       |
| <b>Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every:<br/>*If 'Yes' to 5.4</b>                    | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Quarter  | <b>59.8% (64/107)</b>      | Quarter         | New to R5       |
| Six Months   | <b>7.5% (8/107)</b>        | -               | New to R5       |
| Year   | <b>2.8% (3/107)</b>        | -               | New to R5       |
| Not specified  | <b>12.1% (13/107)</b>      | -               | New to R5       |
| No   | <b>15.9% (17/107)</b>      | -               | New to R5       |
| Not known/ Undocumented  | <b>1.9% (2/107)</b>        | -               | New to R5       |

| <b>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</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
|--|----------------------------|-----------------|-----------------|
| Yes  | <b>46.4% (78/168)</b>      | Yes             | -               |
| No   | <b>49.4% (83/168)</b>      | -               | No              |
| Not known/ Undocumented  | <b>4.2% (7/168)</b>        | -               | New to R5       |
| <b>Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every: *If 'Yes' to 5.5</b>                                  | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Quarter  | <b>43.6% (34/78)</b>       | -               | New to R5       |
| Six Months   | <b>9% (7/78)</b>           | -               | New to R5       |
| Year   | <b>5.1% (4/78)</b>         | -               | New to R5       |
| Not specified  | <b>20.5% (16/78)</b>       | -               | New to R5       |
| No   | <b>19.2% (15/78)</b>       | No              | New to R5       |
| Not known/ Undocumented  | <b>2.6% (2/78)</b>         | -               | New to R5       |

| <b>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</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
|--|----------------------------|-----------------|-----------------|
| Yes  | <b>36.9% (62/168)</b>      | -               | -               |
| No   | <b>58.9% (99/168)</b>      | No              | No              |
| Not known/ Undocumented  | <b>4.2% (7/168)</b>        | -               | New to R5       |
| <b>Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every:<br/>*If 'Yes' to 5.5</b>  | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Quarter  | <b>41.9% (26/62)</b>       | -               | New to R5       |
| Six Months   | <b>6.5% (4/62)</b>         | -               | New to R5       |
| Year   | <b>1.6% (1/62)</b>         | -               | New to R5       |
| Not specified  | <b>30.6% (19/62)</b>       | -               | New to R5       |
| No   | <b>16.1% (10/62)</b>       | -               | New to R5       |
| Not known/ Undocumented  | <b>3.2% (2/62)</b>         | -               | New to R5       |

| <b>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</b>           | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
|--|----------------------------|-----------------|-----------------|
| Yes  | <b>49.4% (83/168)</b>      | Yes             | New to R5       |
| No   | <b>46.4% (78/168)</b>      | -               | New to R5       |
| Not known/ Undocumented  | <b>4.2% (7/168)</b>        | -               | New to R5       |
| <b>Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every:*If 'Yes' to 5.7</b>   | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Quarter  | <b>57.8% (48/83)</b>       | Quarter         | New to R5       |
| Six Months   | <b>6% (5/83)</b>           | -               | New to R5       |
| Year   | <b>1.2% (1/83)</b>         | -               | New to R5       |
| Not specified  | <b>20.5% (17/83)</b>       | -               | New to R5       |
| No   | <b>12% (10/83)</b>         | -               | New to R5       |
| Not known/ Undocumented  | <b>2.4% (2/83)</b>         | -               | New to R5       |
| <b>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</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |

|   |                            |                 |                 |
|---|----------------------------|-----------------|-----------------|
| Yes   | <b>58.3% (98/168)</b>      | Yes             | New to R5       |
| No  | <b>37.5% (63/168)</b>      | -               | New to R5       |
| Not known/ Undocumented   | <b>4.2% (7/168)</b>        | -               | New to R5       |
| <b>Is this information presented to the Board/ responsible sub committee/ oversight committee for review with an improvement plan every:<br/>*If 'Yes' to 5.8</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Quarter   | <b>53.1% (52/98)</b>       | -               | New to R5       |
| Six Months  | <b>10.2% (10/98)</b>       | -               | New to R5       |
| Year  | <b>3.1% (3/98)</b>         | -               | New to R5       |
| Not specified   | <b>20.4% (20/98)</b>       | Not specified   | New to R5       |
| No  | <b>11.2% (11/98)</b>       | -               | New to R5       |
| Not known/ Undocumented   | <b>2% (2/98)</b>           | -               | New to R5       |
| <b>Do you have a dementia strategy group/working party?</b>   | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Yes   | <b>82.1% (138/168)</b>     | Yes             | Yes             |

|   |                                |                  |                 |
|---|--------------------------------|------------------|-----------------|
| No  | <b>13.7% (23/168)</b>          | -                | -               |
| Not known/ Undocumented                                 | <b>4.2% (7/168)</b>            | -                | New to R5       |
| <b>How often do they meet?<br/>*If 'Yes' to 5.9</b>     | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5</b>  | <b>RQXM1 R4</b> |
| Once a quarter or more                                  | <b>88.4% (122/138)</b>         | -                | New to R5       |
| Every 3-6 months  | <b>8% (11/138)</b>             | Every 3-6 months | New to R5       |
| Every 6-12 months                                       | <b>2.9% (4/138)</b>            | -                | New to R5       |
| Every 18-24 months                                      | <b>0.7% (1/138)</b>            | -                | New to R5       |
| Not known/ Undocumented                                 | <b>0% (0/138)</b>              | -                | New to R5       |
| <b>Please indicate who is involved *If 'Yes' to 5.9</b> | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5</b>  | <b>RQXM1 R4</b> |
| Trust dementia leads                                    | <b>100% (138/138)</b>          | Yes              | Yes             |
| Patient/ public representatives                         | <b>44.9% (62/138)</b>          | Yes              | New to R5       |
| Local Healthwatch                                       | <b>20.3% (28/138)</b>          | No               | New to R5       |
| People with dementia and carers                         | <b>35.5% (49/138)</b>          | Yes              | Yes             |

|  |                            |  |                 |
|--|----------------------------|--|-----------------|
| Local campaigning groups/ charities                                      | <b>51.4% (71/138)</b>      | Yes                                    | Yes             |
| <b>Distribution of Dementia strategy group involvement</b>               | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b>                        | <b>RQXM1 R4</b> |
| No Dementia strategy group   | <b>13.7% (23/168)</b>      | -                                      | New to R5       |
| At least 1 group in strategy group                                       | <b>75.6% (127/168)</b>     | At least 1 group in the strategy group | New to R5       |
| All groups involved  | <b>6.5% (11/168)</b>       | -                                      | New to R5       |
| Not known/ Undocumented  | <b>4.2% (7/168)</b>        | -                                      | New to R5       |
| <b>Is the hospital signed up to: John's Campaign</b>                     | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b>                        | <b>RQXM1 R4</b> |
| Yes  | <b>87.5% (147/168)</b>     | -                                      | New to R5       |
| No   | <b>8.3% (14/168)</b>       | No                                     | New to R5       |
| Not known/ Undocumented  | <b>4.2% (7/168)</b>        | -                                      | New to R5       |
| <b>Is the hospital signed up to: Dementia Friendly Hospitals Charter</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b>                        | <b>RQXM1 R4</b> |
| Yes  | <b>85.1% (143/168)</b>     | Yes                                    | New to R5       |
| No   | <b>11.3% (19/168)</b>      | -                                      | New to R5       |
| Not known/ Undocumented  | <b>3.6% (6/168)</b>        | -                                      | New to R5       |



## Staff expertise and training

| Staff Training  | National R5            | RQXM1 R5 % | RQXM1 R4 % |
|---|------------------------|------------|------------|
| Number of lead nurses for dementia employed by your Trust (WTE)   | <b>1 (Median)</b>      | 1          | New to R5  |
| Number of consultant physicians who are specialists for dementia employed by your Trust (WTE)                   | <b>1 (Median)</b>      | 1          | New to R5  |
| Number of Allied Healthcare Professionals who are specialists in dementia working in your Trust                 | <b>0 (Median)</b>      | 2          | New to R5  |
| Tier 1 dementia trained staff   | National R5 %          | RQXM1 R5 % | RQXM1 R4 % |
| Percentage of all staff employed by your hospital/Trust who have received Tier 1 dementia training              | <b>86.4% (Median)</b>  | Unknown    | New to R5  |
| What level is this reported at?   | National R5 % (N/D)    | RQXM1 R5 % | RQXM1 R4 % |
| Hospital  | <b>14.8% (20/135)</b>  | -          | New to R5  |
| Trust   | <b>85.2% (115/135)</b> | -          | New to R5  |
| Staff Training  | National R5 % (N/D)    | RQXM1 R5 % | RQXM1 R4 % |
| Percentage of staff working on your adult wards OR across your Trust who have received Tier 2 dementia training | <b>45% (Median)</b>    | Unknown    | New to R5  |
| What level is this reported at?   | National R5 % (N/D)    | RQXM1 R5 % | RQXM1 R4 % |

|   |                            |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Hospital  | <b>14.4% (14/97)</b>       | -                 | New to R5         |
| Trust   | <b>85.6% (83/97)</b>       | -                 | New to R5         |
| <b>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?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 %</b> | <b>New to R5</b>  |
| Yes   | <b>40.5% (68/168)</b>      | -                 | New to R5         |
| No  | <b>54.8% (92/168)</b>      | No                | New to R5         |
| Not known/ Undocumented   | <b>4.8% (8/168)</b>        | -                 | New to R5         |
| <b>Who is this for?<br/>*If 'Yes' to 6.6</b>  | <b>National R5 % (N/D)</b> | <b>RQXM1 R5 %</b> | <b>RQXM1 R4 %</b> |
| All contracted services   | <b>50% (34/68)</b>         | -                 | New to R5         |
| All contracted services with staff working on adult wards   | <b>13.2% (9/68)</b>        | -                 | New to R5         |
| Some contracted services  | <b>36.8% (25/68)</b>       | -                 | New to R5         |
| Not known/ Undocumented   | <b>0% (0/68)</b>           | -                 | New to R5         |

## Nutrition and Environment

| Nutrition   | National R5                | RQXM1 R5                                     | RQXM1 R4                    |
|---|----------------------------|--|-----------------------------|
| Total number of adult wards   | <b>21 (Median)</b>         | 16   | New to R5                   |
| Total number of adult wards where finger foods are available as meal options for each meal  | <b>19 (Median)</b>         | 4  | New to R5                   |
| Percentage of adult wards where finger foods are available as a meal option   | <b>90% (Mean)</b>          | 25%  | New to R5                   |
| Total number of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement  | <b>20 (Median)</b>         | 4  | New to R5                   |
| Percentage of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement  | <b>95% (Mean)</b>          | 25%  | New to R5                   |
| <b>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'?</b> | <b>National R5 % (N/D)</b> | <b>RQXM1 R5</b>                              | <b>RQXM1 R4</b>             |
| Taken place throughout the hospital   | <b>35.7% (60/168)</b>      | -  | Taken place across hospital |
| Taken place on all adult wards and public areas   | <b>8.9% (15/168)</b>       | -  | -                           |
| Taken place on all adult wards  | <b>6% (10/168)</b>         | -  | New to R5                   |
| Taken place on all care of the elderly wards  | <b>11.9% (20/168)</b>      | Taken place on all care of the elderly wards | -                           |

|   |                                |                 |                 |
|---|--------------------------------|-----------------|-----------------|
| Taken place on some wards                             | <b>26.8% (45/168)</b>          | -               | New to R5       |
| Not taken place                                       | <b>5.4% (9/168)</b>            | -               | -               |
| Not Known/ Undocumented                               | <b>5.4% (9/168)</b>            | -               | New to R5       |
| <b>Environmental changes based on the review are:</b> | <b>National R5 %<br/>(N/D)</b> | <b>RQXM1 R5</b> | <b>RQXM1 R4</b> |
| Completed   | <b>11.9% (20/168)</b>          | -               | Completed       |
| Underway  | <b>52.4% (88/168)</b>          | -               | -               |
| Planned but not yet underway                          | <b>8.3% (14/168)</b>           | -               | -               |
| Planned but no funding has been identified            | <b>7.1% (12/168)</b>           | -               | -               |
| Not yet planned                                       | <b>13.1% (22/168)</b>          | Not yet planned | New to R5       |
| Not Known/ Undocumented                               | <b>7.1% (12/168)</b>           | -               | New to R5       |

## Appendix III: Carer Questionnaire

### Demographics

| Which of these best describes your relationship to the person you look after?                          | National R5 % (Num) | RQXMI R5 % (N) | RQXMI R4 % (N) |
|--|---------------------|----------------|----------------|
| Spouse or partner  | <b>36.3% (802)</b>  | *% (*)         | *% (*)         |
| Family member  | <b>52% (1151)</b>   | 66.7% (14)     | 64.3% (9)      |
| Friend   | <b>5.7% (125)</b>   | *% (*)         | *% (*)         |
| Professional carer (health or social care)   | <b>4.6% (102)</b>   | 0% (0)         | *% (*)         |
| Other  | <b>1.4% (32)</b>    | *% (*)         | 0% (0)         |
| Are you one of the main carers for the person you look after? For example, family carer or key worker. | National R5 % (Num) | RQXMI R5 % (N) | RQXMI R4 % (N) |
| Yes  | <b>79% (1564)</b>   | 68.8% (11)     | 75% (9)        |
| No   | <b>21% (417)</b>    | *% (*)         | No Data        |
| Gender   | TNS                 | RQXMI R5 % (N) | RQXMI R4 % (N) |
| Male   | <b>31.8% (688)</b>  | 42.9% (9)      | *% (*)         |
| Female   | <b>66.7% (1443)</b> | 57.1% (12)     | 85.7% (12)     |

|                    |                                |                       |                       |
|--------------------|--------------------------------|-----------------------|-----------------------|
| Other              | <b>0.3% (7)</b>                | 0% (0)                | 0% (0)                |
| Prefer not to say  | <b>1.2% (25)</b>               | 0% (0)                | 0% (0)                |
| <b>Age</b>         | <b>National R5 %<br/>(Num)</b> | <b>RQXM1 R5 % (N)</b> | <b>RQXM1 R4 % (N)</b> |
| 18-24 years        | <b>0.4% (8)</b>                | 0% (0)                | 0% (0)                |
| 25-34 years        | <b>1.9% (42)</b>               | *% (*)                | *% (*)                |
| 35-44 years        | <b>5.3% (115)</b>              | *% (*)                | 0% (0)                |
| 45-54 years        | <b>15.5% (340)</b>             | *% (*)                | 42.9% (6)             |
| 55-64 years        | <b>23.9% (524)</b>             | *% (*)                | *% (*)                |
| 65-74 years        | <b>18.9% (413)</b>             | *% (*)                | *% (*)                |
| 75-84 years        | <b>23.9% (523)</b>             | *% (*)                | *% (*)                |
| 85 years and older | <b>8.7% (191)</b>              | *% (*)                | *% (*)                |
| Prefer not to say  | <b>1.5% (32)</b>               | 0% (0)                | 0% (0)                |

| Ethnicity           | National R5 % (Num) | RQXM1 R5 % (N) | RQXM1 R4 % (N) |
|---------------------|---------------------|----------------|----------------|
| White/White British | <b>85.8% (1852)</b> | 61.9% (13)     | 71.4% (10)     |
| Black/Black British | <b>4.3% (93)</b>    | 28.6% (6)      | *% (*)         |
| Asian/Asian British | <b>3.8% (82)</b>    | 0% (0)         | 0% (0)         |
| Mixed               | <b>2.6% (56)</b>    | *% (*)         | 0% (0)         |
| Other               | <b>1.3% (27)</b>    | 0% (*)         | *% (*)         |
| Prefer not to say   | <b>2.3% (49)</b>    | *% (*)         | 0% (0)         |

## Carer Questionnaire Responses

| <b>1. Do you feel that hospital staff were well informed and understood the needs of the person you look after?</b>  | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
|--|--------------------------------|-------------------------|-------------------------|
| Yes, definitely  | <b>42% (901/2143)</b>          | 28.6% (6/21)            | 53.8% (7/13)            |
| Yes, to some extent  | <b>44.4% (952/2143)</b>        | 66.7% (14/21)           | 38.5% (5/13)            |
| No   | <b>13.5% (290/2143)</b>        | 4.8% (1/21)             | 7.7% (1/13)             |
| <b>2. Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?</b>                | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Yes, definitely  | <b>49.7% (1066/2144)</b>       | 36.8% (7/19)            | 76.9% (10/13)           |
| Yes, to some extent  | <b>39.2% (840/2144)</b>        | 63.2% (12/19)           | 7.7% (1/13)             |
| No   | <b>11.1% (238/2144)</b>        | 0% (0/19)               | 15.4% (2/13)            |
| <b>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.</b> | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Yes, definitely  | <b>48.2% (992/2058)</b>        | 10% (2/20)              | 64.3% (9/14)            |
| Yes, to some extent  | <b>37.6% (774/2058)</b>        | 80% (16/20)             | 28.6% (4/14)            |
| No   | <b>14.2% (292/2058)</b>        | 10% (2/20)              | 7.1% (1/14)             |



| <b>4. Was the person you look after treated with respect by hospital staff?</b>  | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
|--|--------------------------------|-------------------------|-------------------------|
| Yes, definitely  | <b>70.2% (1488/2119)</b>       | 52.9% (9/17)            | 78.6% (11/14)           |
| Yes, to some extent  | <b>25.8% (546/2119)</b>        | 47.1% (8/17)            | 21.4% (3/14)            |
| No   | <b>4% (85/2119)</b>            | 0% (0/17)               | 0% (0/14)               |
| <b>5. 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.</b> | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Yes, definitely  | <b>38.7% (827/2138)</b>        | 41.2% (7/17)            | 57.1% (8/14)            |
| Yes, to some extent  | <b>39.7% (848/2138)</b>        | 47.1% (8/17)            | 28.6% (4/14)            |
| No   | <b>21.7% (463/2138)</b>        | 11.8% (2/17)            | 14.3% (2/14)            |
| <b>6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?</b>   | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Yes, definitely  | <b>42.2% (898/2127)</b>        | 42.1% (8/19)            | 42.9% (6/14)            |
| Yes, to some extent  | <b>36.8% (782/2127)</b>        | 36.8% (7/19)            | 42.9% (6/14)            |
| No   | <b>21% (447/2127)</b>          | 21.1% (4/19)            | 14.3% (2/14)            |

| <b>7. Did hospital staff ask you about the needs of the person you look after to help plan their care?</b>                 | <b>National R5 % (Num/Den)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
|--|--------------------------------|-------------------------|-------------------------|
| Yes, definitely  | <b>42.9% (919/2144)</b>        | 25% (5/20)              | 28.6% (4/14)            |
| Yes, to some extent  | <b>32.8% (704/2144)</b>        | 65% (13/20)             | 50% (7/14)              |
| No   | <b>24.3% (521/2144)</b>        | 10% (2/20)              | 21.4% (3/14)            |
| <b>8. Overall, how would you rate the care received by the person you look after during the hospital stay?</b>             | <b>National R5 % (Num/Den)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Excellent  | <b>28.6% (631/2208)</b>        | 19% (4/21)              | 42.9% (6/14)            |
| Very good  | <b>30.7% (677/2208)</b>        | 33.3% (7/21)            | 35.7% (5/14)            |
| Good   | <b>19.7% (435/2208)</b>        | 42.9% (9/21)            | 7.1% (1/14)             |
| Fair   | <b>14.5% (320/2208)</b>        | 4.8% (1/21)             | 7.1% (1/14)             |
| Poor   | <b>6.6% (145/2208)</b>         | 0% (0/21)               | 7.1% (1/14)             |
| <b>9. How likely would you be to recommend the service to friends and family if they needed similar care or treatment?</b> | <b>National R5 % (Num/Den)</b> | <b>RQXM1 R5 % (N/D)</b> | <b>RQXM1 R4 % (N/D)</b> |
| Extremely likely   | <b>36% (767/2129)</b>          | 33.3% (7/21)            | 42.9% (6/14)            |
| Likely   | <b>35.7% (759/2129)</b>        | 33.3% (7/21)            | 42.9% (42.9/14)         |

|  |                                |                         |                         |
|--|--------------------------------|-------------------------|-------------------------|
| Neither likely nor unlikely  | <b>15.9% (338/2129)</b>        | 28.6% (6/21)            | 0% (0/14)               |
| Unlikely   | <b>7.9% (169/2129)</b>         | 4.8% (1/21)             | 14.3% (2/14)            |
| Extremely unlikely   | <b>4.5% (96/2129)</b>          | 0% (0/21)               | 0% (0/14)               |
| <b>10. Overall, how satisfied are you with the support you have received from this hospital to help you in your role as a carer?</b> | <b>National R5 % (Num/Den)</b> | <b>RQXMI R5 % (N/D)</b> | <b>RQXMI R4 % (N/D)</b> |
| Very satisfied   | <b>42.8% (882/2063)</b>        | 45% (9/20)              | 58.3% (7/12)            |
| Somewhat satisfied   | <b>37.1% (765/2063)</b>        | 40% (8/20)              | 33.3% (4/12)            |
| Somewhat dissatisfied  | <b>11.9% (246/2063)</b>        | 15% (3/20)              | 8.3% (1/12)             |
| Very dissatisfied  | <b>8.2% (170/2063)</b>         | 0% (0/20)               | 0% (0/12)               |