NAD
NATIONAL AUDIT OF DEMENTIA

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ROYAL COLLEGE OF PSYCHIATRISTS

National Audit of Dementia Care in General Hospitals 2018–2019

Round Four Audit Report

age UK
Love later life

Alzheimer's Society
United Against Dementia

BGS
British Geriatrics Society
Improving healthcare for older people

NDAA
National Dementia Action Alliance

Royal College of Physicians

Royal College of Nursing

HQIP
Healthcare Quality Improvement Partnership

JFC

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Content is advised and approved by all members of the Steering Group. For full details of the Steering Group members and the Project Team, please see Appendix N.

Partner Organisations

Age UK
Alzheimer's Society
British Geriatrics Society (BGS)
John's Campaign
National Dementia Action Alliance (NDAA)
Royal College of Nursing (RCN)
Royal College of Physicians (RCP)

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- The carers for people with dementia and staff working in hospitals who completed a questionnaire for this round of the audit.
- The audit leads, champions, and clinical audit staff for their hard work organising the data collection in their hospitals. (For a list of participating hospitals see Appendix F).
- The participants in the Service User Review Panels held following Round 3, for their contribution to the content of Round 4 (a report on the panel discussions is on our website).
- All the members of the Steering Group (Appendix N) and especially our Chair, Peter Crome.

Artwork

Cover design features Blue Sun, by Patrick Cox. Patrick Cox is a person living with dementia. The work was the winner of the Art Prize held by the audit for the Round 4 report cover, for the concept "Living Well". The runner up was Carry on Regardless by Sue Townsend. All entries can be seen on our website. We would like to thank all entrants for sending us their impressive work and permitting us to display it.

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/NHS Improvement, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies www.hqip.org.uk/national-programmes.

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Foreword

This report presents the Round 4 results of the National Audit of Dementia. The care and support of people with dementia remains a key priority in England and Wales. It is one of the 10 priorities identified by NHS England in the 'Five Year Forward View'[1]. The Welsh Government's Dementia Action Plan 2018–22[2] emphasises the importance of providing high quality dignified care for people with dementia.

An extremely high proportion of eligible hospitals participated in this important audit once again. We greatly appreciate the significant amount of work involved in co-ordinating this audit. We are extremely grateful to all the staff who took part, in particular Trust audit leads.

We present scores for each hospital derived from key themes and show these alongside the Round 3 scores for comparison. The seven scores are based on information about governance, assessment, nutrition provision, discharge, information, communication and an overall carer rating.

There are several areas where improvement has been made: 96% of hospitals in England and Wales now have a system in place for more flexible family visiting; a large number (88%) of carers (and/or patients) receive a copy of the discharge plan; more staff report being able to access finger food or snacks for patients with dementia.

Although a higher proportion of staff reported they had received training in dementia, it is disappointing that many hospitals seem to have no formal record of staff who have received this training. It's not possible to work out the proportion of dementia-trained staff and draw comparisons. This is an area which hospitals must address. Any member of staff involved in the care of people with dementia must have training relevant to their grade and include identification and management of delirium. This training should be recorded to provide assurance to the public and regulators.

Perhaps the most concerning aspect of this audit is the low rate of screening for delirium. People with dementia are particularly susceptible to delirium. This is a frequent cause of acute admission to hospital and a contributory factor in falls and prolonged lengths of stay. Yet in Round 4 only 58% of people with dementia were assessed for possible delirium. This is an area which needs urgent action.

The audit highlights variations between specialities and routes of admission. Delirium assessment for patients on orthopaedic wards with a hip fracture were amongst the highest. This is most likely due to the inclusion of routine delirium screening into fracture neck of femur pathways/clerking proformas.

The National Audit of Dementia remains a powerful catalyst for improvement. This report demonstrates the progress made so far whilst highlighting the challenges that remain.

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Executive Summary

Background

This report looks at the quality of care provided to people with dementia in general hospitals, specifically aspects of care delivery known to impact upon people with dementia as inpatients. In recent studies, up to 42% of people over 70 who have an unplanned hospital admission have dementia[3]. People with dementia often face increased difficulties when in hospital, including:

- Increased confusion and disorientation
- Length of stays longer than people without dementia
- Potentially avoidable complications, such as dehydration or falls
- Delays when leaving hospital

Previous results

This is the fourth national report produced by the National Audit of Dementia. Round 3 results showed that there had been a continued effort at an organisational level to improve care experience. However, further improvements were needed in relation to:

- Assessing and recording delirium
- Collection of personal information about the person with dementia's care needs
- Access to finger food and snacks
- Availability of dementia champions to support staff
- Ensuring people with dementia are properly consulted

For an update on Round 3 recommendations see Appendix B.

Who should read this report:

- People who receive care or provide care for someone – people with dementia and their families/carers
- People involved in providing care – professional staff, managers and Trusts/Health Boards working in general hospitals in England and Wales
- People involved in commissioning care – NHS England/NHS Improvement, Welsh Government and Clinical Commissioning Groups
- People who regulate care – including the Care Quality Commission, clinical audit and quality improvement professionals

Audit standards

Audit standards are derived from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter, and reports from Alzheimer's Society, Age UK and Royal Colleges. A full list of these standards can be found in the 'Round 4 resources' section on the NAD website.

Method

195 hospitals in England and Wales took part in the audit (Appendix F) and data were collected from April to October 2018. Data presented are from:

- A retrospective casenote audit
- An organisational checklist
- A carer questionnaire
- A staff questionnaire

Full methodology is shown on page 10.

Key Findings

58% of casenotes had an initial assessment or delirium already noted on admission

See Recommendation 1

Personal information collected to support care:

36% had factors which cause distress

32% had actions which could calm or reassure

See Recommendation 2

53% of hospitals were able to submit data on the number of staff who had received Tier 1/informed dementia awareness training

See Recommendation 4

Trusts/Health Boards can identify proportion of people with dementia who experience:

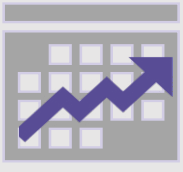
inpatient falls **64%** of Trust/Health Boards

delayed discharges **40%** of Trust/Health Boards

re-admissions **37%** of Trust/Health Boards

See Recommendation 12

Overall, many results show improvement from those reported in Round 3 (2017)



See Recommendation 14

Introduction

The National Audit of Dementia (NAD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England/NHS Improvement and the Welsh government and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) working in close partnership with professional and service user representatives. The NAD looks at the quality of care received by people with dementia in general hospitals, specifically aspects relating to care delivery which are known to impact upon people with dementia while in hospital.

This audit collects information from:

- The health records of people with dementia admitted to hospital
- Hospital management about how care is planned and delivered
- Carers of people with dementia about the experience of care received
- Staff about their training and their experience of care delivery

Round 4 of the audit (2018–2019) repeated data collection carried out for Round 3 (2016–2017). The Round 3 report (2017) showed that while significant progress had been achieved in the quality of care provided to people with dementia in general hospitals, some aspects required further improvement.

Dementia in general hospitals

Dementia is the term used to describe a range of symptoms that can include memory loss, difficulties with thinking, problem solving or language and changes in mood and behaviour. It is caused when the brain is damaged by diseases, such as Alzheimer's disease, or a series of strokes. Symptoms vary extensively between individuals depending on which part of the brain is damaged[4]. People with dementia are known to experience adverse effects resulting from hospital admission, including increased confusion, long lengths of stay and delayed discharge[3].

There are 850,000 people living with dementia in the UK[5]. This is expected to rise to one million by 2025 and continue to increase to two million by 2051. Dementia costs the UK economy £26.3 billion a year and is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia[6].

Improving dementia care has remained a key national priority for health services in England and Wales since the outset of the audit in 2008. NHS England/NHS Improvement is committed to supporting the Dementia 2020 Implementation Plan and the Dementia Friendly Hospitals charter of the National Dementia Action Alliance[7]. The Welsh Government Dementia Action Plan for Wales 2018–2022[2] aims to embed a rights-based approach to the care of people with dementia admitted to hospital, outlining the importance of support for families and carers and the implementation of John's Campaign[8].

Methodology

Audit standards

The National Audit of Dementia (care in general hospitals) measures the performance of general hospitals against standards relating to care delivery which are known to impact upon people with dementia while in hospital. These standards have been derived from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter, and reports from Alzheimer's Society, Age UK and Royal Colleges. A full list of these standards and associated references can be found in the 'Round 4 resources' section on the NAD website.

Eligibility

The NAD is applicable to all general acute hospitals which provide general acute services on more than one ward to people over the age of 65, in England and Wales. For this round of audit, all eligible hospitals were invited to participate, and registration ran for a year prior to the start of data collection. Across England and Wales, 202 hospitals were identified as eligible for audit and 195 (97%) signed up to participate: 179/185 in England and 16/17 in Wales.

Service user and carer participation

Representatives with experience of living with dementia or caring for someone who has dementia sat on the Steering Group which advised on all aspects of the audit. Development of the carer questionnaire was informed by a panel of carers and patients. Carers were involved in testing the questionnaire and returned comments on content and format.

Following Round 3, four Service User Representation Panels convened by Alzheimer's Society held discussions on the key findings of the report and priorities for people with dementia admitted to hospital. A report on the discussions can be seen on the NAD website.

Data collection tools

Data were collected between April and October 2018. Data were collected via secure online forms, plus distribution of paper versions of the carer and staff questionnaires.

Organisational checklist

Participants were asked to complete one organisational checklist per hospital. This asked for information on routine collection and reporting of data and specific resources used for supporting people with dementia. Data were submitted by audit leads with input from senior staff from the Clinical Governance Board and Information Services (or equivalent).

The organisational checklist collected data on:

- Governance and delivery of care
- Discharge and transfer monitoring
- Staff training, learning and development

Casenote audit

The retrospective casenote audit asked hospitals to submit data from a minimum of 50 and a maximum of 100 casenotes. This meant that hospitals with larger potential samples could choose to submit a larger proportion of their available casenotes for a more representative sample of their data. Casenotes were eligible for audit where:

- Patients had a diagnosis of dementia
- Admission had been for 72 hours or longer
- Discharge was between 1 April and 30 April 2018

Where necessary to achieve a good sample size, hospitals could include patients discharged in May 2018. Casenotes were identified by hospitals using a list of ICD 10 codes for dementia which can be found on the NAD website. Where patients had more than one admission during these months, only the first admission was used. Data were submitted by audit leads with input from colleagues from audit departments, junior doctors, and dementia champions.

The casenote audit collected data on:

- Admission
- Assessment
- Personal information
- Care planning and delivery
- Discharge

Carer questionnaire

The carer questionnaire asked carers about the care of people with dementia, communication with hospital staff and support for the carer. There was also a free text comment box for any additional feedback. Questionnaires were available both online and in paper format. The paper version was handed out by staff to carers and family visiting patients between June and October 2018. The online questionnaire was publicised on social media and posters displayed in participating hospitals. Carer organisations were also contacted to help promote the questionnaire. All questionnaires were anonymous and returned directly to the Project Team in freepost envelopes. Online questionnaires had an additional question about the period when the person with dementia had been in hospital and only those from 2018 were included in analysis. Hospitals were informed immediately if any serious incidents indicating an ongoing problem were highlighted in the comments section and all comments were fed back to participating hospitals in December 2018, so that they could address any identified issues.

Staff questionnaire

The staff questionnaire explored how well staff felt supported to provide good quality care/support to inpatients with dementia/possible dementia and provided a free text box for staff to give suggestions on how their hospital could improve. All clinical staff working with adult inpatients (qualified and unqualified, excluding those in maternity or paediatric services), plus ward administrators or wards clerks were eligible to complete this questionnaire. Staff outside of this specification (e.g. porters, catering staff, housekeeping, A&E staff, and staff only working in outpatients) were not included. Questionnaires were distributed both online and in paper format between June and October 2018 to all eligible staff

throughout the hospital. All questionnaires were anonymous and paper copies were returned directly to the Project Team in freepost envelopes.

NB: Please note that the staff questionnaire sampling method in Round 4 differed from Round 3. In Round 3 we asked staff to distribute online questionnaires throughout the hospital and paper questionnaires to three wards which had high admissions of people with dementia. This should be borne in mind when comparing results between rounds.

Table 1 Data received per tool in Round 4 of the audit

Audit tool	Number of participating hospitals	Data received	Average per hospital	Range	Interquartile Range
Organisational checklist	195	195	N/A	N/A	N/A
Casenote audit	192	9782	51	10–99	50–52
Staff questionnaire	195	14154	73	5–417	43–95
Carer questionnaire	185	4736	26	1–95	10–37

For details of data analysis see Appendix H.

Confidentiality

No patient identifiable data were collected for the audit of casenotes. Staff and carer surveys were distributed with prepaid envelopes for direct return to the Project Team or completed online. No identifying details were requested.

How the findings are presented

This report contains overall results from hospitals in England and Wales taking part in Round 4 of the audit. Audit standards are measured across all four of the tools. Results are presented together and grouped into themes (presented as chapters). Scores developed from key items in each theme are shown, giving an overview of progress at the national level (Average Hospital Scores, page 15) and for each of the participating hospitals (Appendices D–F).

1. Carer rating of patient care

The carer rating of the overall quality of patient care is presented separately with a breakdown of themes from analysis of free text comments. This highlights the importance of carer feedback to understanding the care experience. The score was calculated based on responses in the carer questionnaire about how carers would rate the care received by the person they look after during the hospital stay. Further results from the carer questionnaire are presented within report themes.

2. Assessment

This theme looks at whether people with dementia admitted to hospital have received a comprehensive assessment, and how well each element of assessment is carried out (data presented are from the casenote audit). The assessment score was calculated using the information collected on seven assessments:

- Mobility
- Pain
- Nutritional status
- Continence
- Pressure ulcer
- Functioning
- Recent changes in behaviour that may indicate the presence of delirium (Appendix G)

3. Information and communication

This theme looks at communication systems in use in the hospital, evidence of their use in casenotes, and presents feedback from carers and staff about the quality of communication (data presented are from the organisational checklist, casenote audit, staff and carer questionnaires). There are two scores associated with this theme.

Carer rating communication score:

- Carer (or patient) kept clearly informed about care and progress
- Carer (or patient) involved as much as they wanted to be in care decision
- Staff asked carer about the needs of the person they look after to plan care

Staff rating communication score:

- Information relevant to caring for the person available to staff
- Staff encouraged to accommodate individual needs and preferences
- Staff team talks about care/support for people with dementia

4. Staffing and training

This theme looks at staffing provision, the extent of training delivery in hospitals, and presents feedback from staff on training quality (data are presented from the organisational checklist, staff questionnaire and carer questionnaire). We did not receive enough comparable information about staff training to provide a score for this theme.

5. Nutrition

This theme looks at food provision and whether hospitals have services in place that meet the needs of people with dementia. It presents feedback from staff on service quality (data are presented from the organisational checklist and staff questionnaire). The nutrition score was calculated based on hospital responses in the organisational checklist on the presence of the following policies and services:

- Protected mealtimes
- Carer access
- Complete meal options
- 24-hour food availability

6. Discharge

This theme looks at the extent of planning for hospital discharge for people with dementia and whether they and their carers were adequately informed (data are presented from the organisational checklist and casenote audit). Questions related to discharge were not asked for patients who died, self-discharged, received end of life care or were transferred to another hospital, psychiatric ward, palliative care, intermediate care or rehabilitation ward. The discharge score was calculated from responses in the casenote audit on whether there was evidence of the discharge coordinator discussing the patients place of discharge and support needs with:

- The person with dementia
- The carer or relative
- The consultant responsible for the person's care
- Other members of the multidisciplinary team

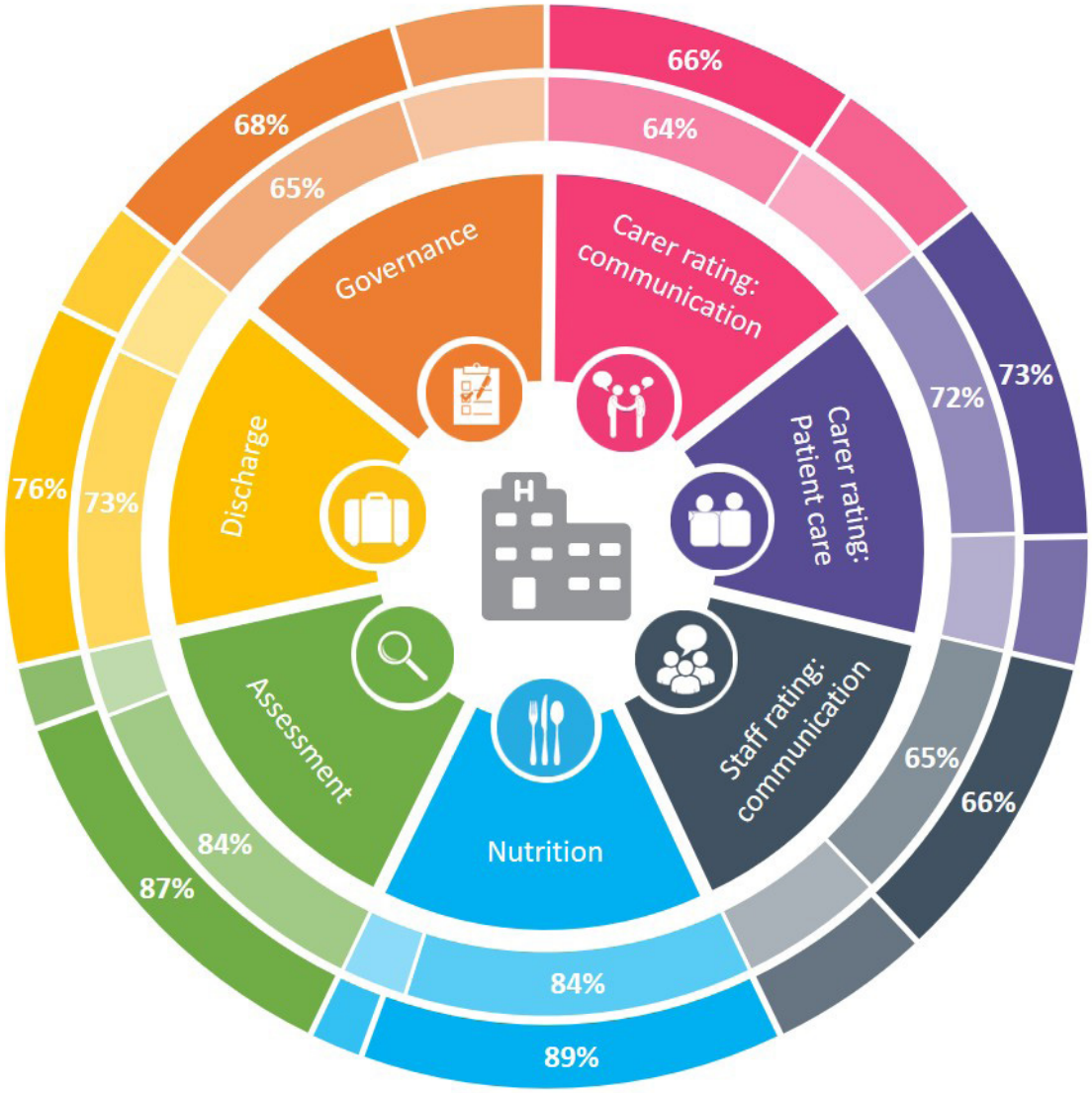
7. Governance

This theme looks at the involvement of hospital leads and the Trust/Health Board in leading, planning and monitoring care, review of the environment, and carer engagement (data are presented from the organisational checklist and staff questionnaire). The governance score was calculated using information in the organisational checklist relating to the following seven items:

- Care pathways
- Trust/Health Board reviews
- Trust/Health Board feedback
- Dementia champions at directorate level
- Dementia champions at ward level
- Strategy for carer engagement
- Dementia working group

Results

Average hospital scores across England and Wales for National Audit of Dementia Round 3 (2016–2017) and Round 4 (2018–2019)



The scores represented are national averages from the seven scoring themes in this report based on data submitted by participating hospitals in England and Wales. The inner faded circle represents the Round 3 scores and the outer circle represents Round 4 scores from participating hospitals (see Appendices E and F for a full breakdown of hospital scores).

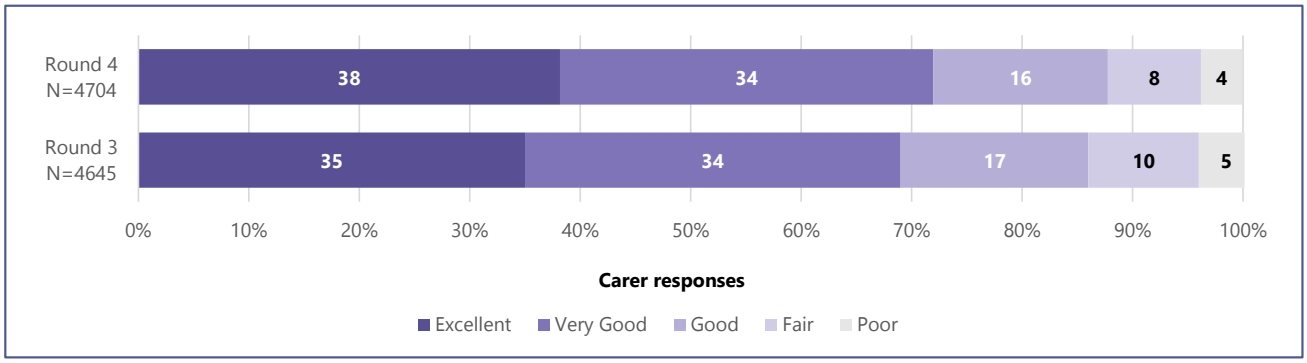
1. Carer Rating of Patient Care

Carer involvement during a hospital admission is important to people with dementia to help support care delivery[8]. Carer feedback provides hospitals with valuable information about their perception of the quality of care, their involvement in care and decision making, and the quality of information sharing and communication.

The carer questionnaire produces two scores. The score for the carer rating of information and communication is shown in that theme. The overall score for carer rating of patient care is derived from the question on the quality of patient care, based on weighted responses on a five-point scale. The average, 73%, shows very little change from Round 3 (72%).

This is similar to the proportion of carers who responded "Excellent" or "Very good", to the question on overall care quality, showing a slight increase to 72% (Round 3, 69%) (Figure 1).

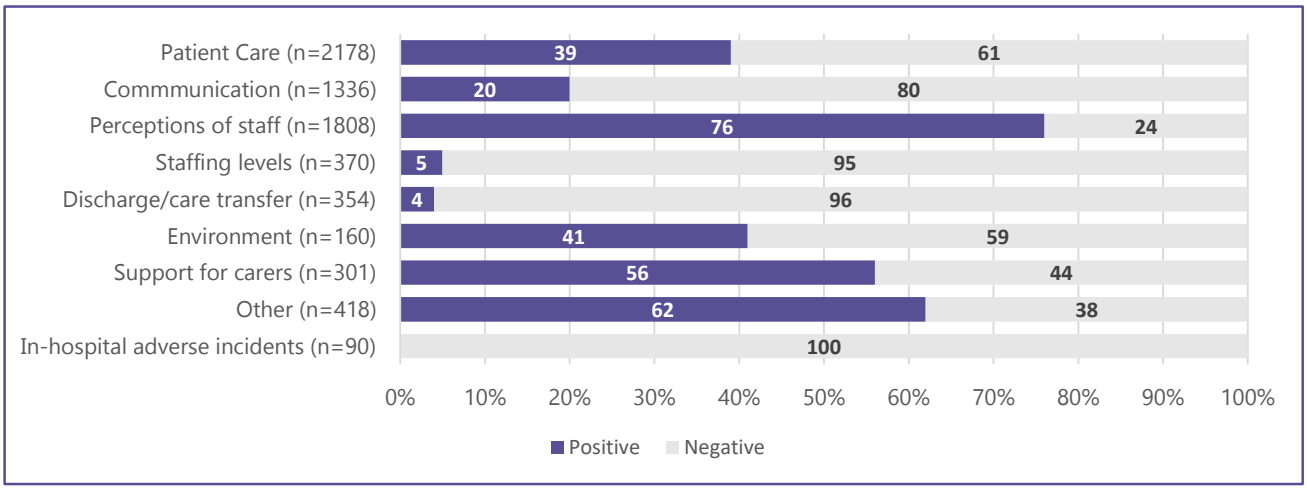
Figure 1 Carer rating of patient care



Carer comments

Carers were able to add additional comments as free text. We received a total of 7015 comments, 43% of which were positive and 57% negative. Figure 2 shows the breakdown of the most common topics raised. Examples of positive and negative comments for each topic are presented below. A full breakdown of positive and negative comments by topic can be found in Appendix L.

Figure 2 Breakdown of carer comments by topic



NB: In-hospital adverse incidents are only represented by negative responses.

Examples of positive and negative carer comments by topic

Patient care

31% (2178/7015) of all comments were about patient care.

✓ "Mentioned to memory nurse he liked noise, she got us a radio. The care team showed compassion shaving dad etc. and took time to sit and talk to patients."

× "This space is not large enough. Patient left sitting in a chair all day. Almost no help to walk, no physio. Not taken to the toilet, just put down as 'incontinent'. Went to the toilet successfully when I took him. Almost no support to prevent him becoming depressed and withdrawn..."

Perceptions of staff

26% (1808/7015) of all comments were about perceptions of staff.

✓ "The staff on [ward name] provided an excellent level of care, professionally and in terms of meeting individual care needs, respecting my mother's independence. They equally kept me informed about possible recovery pathways, were very polite and attentive. Obvious testament to the hospitals investment in ongoing training and development. The nurse practitioners and the dementia nurses were especially supportive and helpful."

× "I am totally shocked and dismayed at what I experienced at [the] hospital. The staff were totally uncommunicative and unhelpful at every level. My poor mother and other elderly patients on the ward were totally ignored, it's beyond belief... It's inexplicable..."

Communication

19% (1336/7015) of all comments were about communication.

- ✓ "Staff were approachable and had time to talk. We were actively involved in decisions about referring to Social Services and for an occupational therapist. Staff were well tuned in to my mothers-in-law's behaviours as an elderly lady with dementia."
- × "Need to listen to carers of dementia patients… Dementia patients cannot speak for themselves, please advise carers of treatment. Difficult to obtain information because levels of staff do not communicate adequately with each other."

Other

6% (418/7015) of all comments were about another aspect of the hospital stay.

- ✓ "My husband could not have been treated any better if he was royalty. Everybody was wonderful, even down to the girls bringing meals. Excellent."
- × "Please note – the dementia team were very helpful. [Ward name] was atrocious."

Staffing levels

5% (370/7015) of all comments were about staffing levels.

- ✓ "Very happy with the dementia team, especially [staff member]. Although the hospital could do with employing up to 10 more dementia care nurses. Without their support over the last 10 weeks, I'm not sure if we would have coped as well as we have…"
- × "Never seem to see the same staff two days in a row and everyone is busy – never knew who was in charge of my relative…"

Discharge/care transfer

5% (354/7015) of all comments were about discharge/care transfer.

- ✓ "Very busy staff did look after my mother, particularly medically. Discharge support, dietitian, occupational therapy and home care. Was a very welcome relief to see information and support after hospital."
- × "Discharged too soon – readmitted after 48 hours. No discussion prior to discharge, no occupational therapist visit, no equipment and no bed on readmission – had to go via accident and emergency. Moved to rehabilitation hospital, discharged with one hours' notice and dumped patient in lounge whilst waiting to be collected – four hours!"

Support for carers

4% (301/7015) of all comments were about support for carers.

- ✓ "Loved the fact that they accepted open visiting to carers and had a sign above the bed letting all health care professionals know they had dementia."
- × "I felt invisible. I worried my mother was becoming invisible. I was frightened to complain in case the situation and care for my mother worsened."

Environment

2% (160/7015) of all comments were about environment.

✓ "The ward was clean, bright and open. It's very cosy as a ward can be."

× "No stimulation for the elderly or interaction. Not treated as individuals just left sat on chairs. Not too happy with the whole set up. Felt like it was a holding area for the elderly."

Adverse incidents

1% (90/7015) of all comments were about an adverse incident that occurred during the hospital stay (in-hospital adverse incidents are only represented by negative responses).

× "Very unhappy; dad high risk of falls. Put in bay away from the desk, out of sight and had two falls in the hospital and had bruising all down his left side and a fracture in his right heel…"

2. Assessment

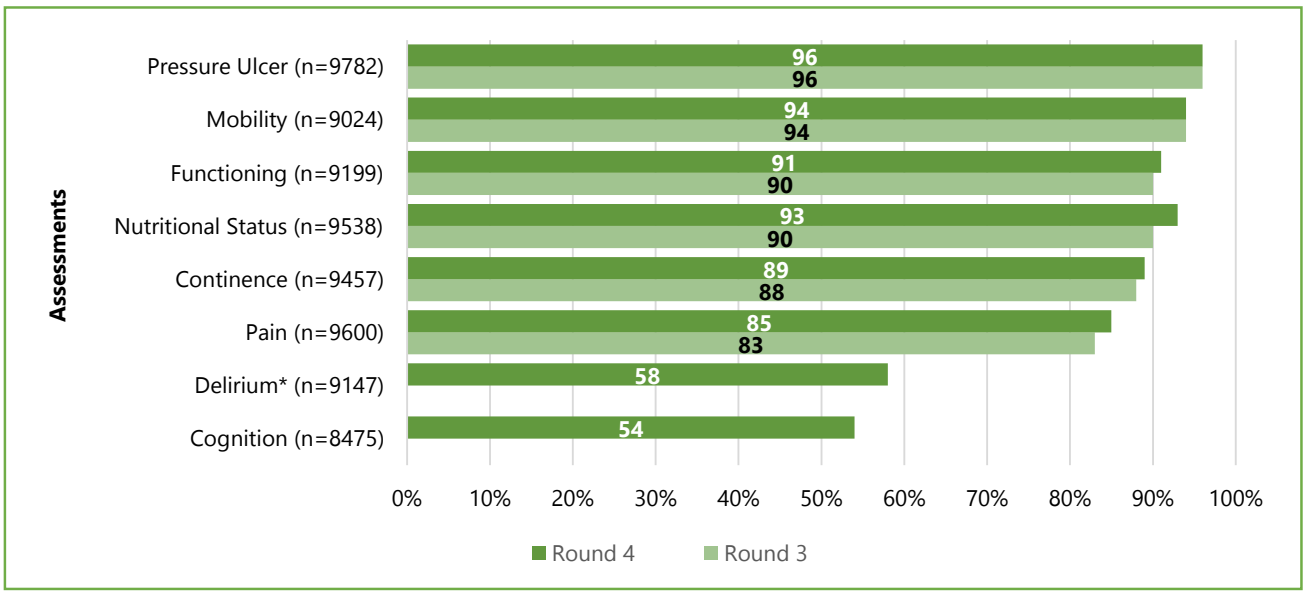
Comprehensive assessment is the multidisciplinary assessment of medical, functioning and psychological capabilities[9]. Providing a comprehensive assessment to older adults in hospitals can improve outcomes such as survival and returning home after admission[10].

The score for assessment is based on a total out of seven key assessments received per patient (Appendix D). The average score of 87% shows an increase from 83% in Round 3.

Comprehensive assessment

Overall, physical assessments were administered and documented more than mental assessments (Figure 3). Excluding those with recorded reasons (e.g. patient too unwell), 28% (2348/8068) of casenotes had no record of cognitive testing or of an initial assessment for indicators of delirium being carried out during admission.

Figure 3 Assessments carried out during the admission episode or during the patient's stay



* Delirium refers to an initial assessment for indications of delirium (Appendix G).

NB: Round 3 delirium and cognition results have been omitted because these questions were amended in Round 4 and are no longer comparable to Round 3.

Staff suggestions about assessment

"Identifying earlier and putting in place measures to prevent delirium, dehydration, and constipation… Referring to senior health professionals for assessment routinely if complex cases."

Allied Healthcare Professional

"Utilising an appropriate pain assessment tool e.g. pain assessment in advanced dementia."

Registered Nurse Band 7

"Improve delirium screening on admission and decrease risk of delirium developing in hospital."

Doctor

Full assessment for delirium

People with dementia are at considerable risk of developing delirium[11]. When delirium is superimposed on dementia, it can be challenging to distinguish[12]. NICE guidelines for delirium[11] specify that when indications of delirium are identified a clinical assessment should be carried out to confirm diagnosis:

- 66% (1616/2458) of patients with indications of delirium (detected using a screening tool or noted during admission) went on to have a full assessment
- An additional 262 patients were suspected to have delirium and went straight to an assessment without the use of a screening tool

81% (1524/1892) of patients who received a full assessment had a confirmed diagnosis of delirium made during their admission.

Factors associated with comprehensive assessment

43% (4219/9782) of patients received all possible assessments (excluding cognitive assessment which can be administered at place of discharge) compared to 31% in Round 3. Table 2 shows that there was variability in the total number of assessments received per patient across ward specialities.

Table 2 Proportion of casenotes receiving all possible assessments by ward speciality

Ward	Patients with all possible assessments % (num/den)
Care of the Elderly	49% (2065/4184)
Orthopaedics	47% (416/881)
Stroke	46% (193/417)
Other	38% (177/462)
General Medical	38% (849/2239)
Other Medical	36% (298/829)
Cardiac	29% (72/250)
Surgical	29% (149/520)

Casenotes with evidence of an initial delirium assessment displayed the largest variation in assessments by ward. 64% of patients on care of the elderly wards and 60% of patients on orthopaedic wards received an initial assessment. Although post-operative patients commonly experience delirium[13], only 39% of patients on surgical wards had evidence of an initial assessment.

Recommendation for assessment

1 **Medical Directors and Directors of Nursing** should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)[11] and consider the symptom of pain as a contributory factor

3. Information & Communication

Symptoms of dementia often include difficulty in conveying, retaining and receiving information. This can impact on the care and support patients receive[14].

There are two scores for Information and Communication, from ratings by carers and ratings by staff. The average score for carer rating of information and communication increased to 66%, up from 64% in Round 3. The average score for staff rating of information and communication saw a slight increase to 66%, up from 65% in Round 3.

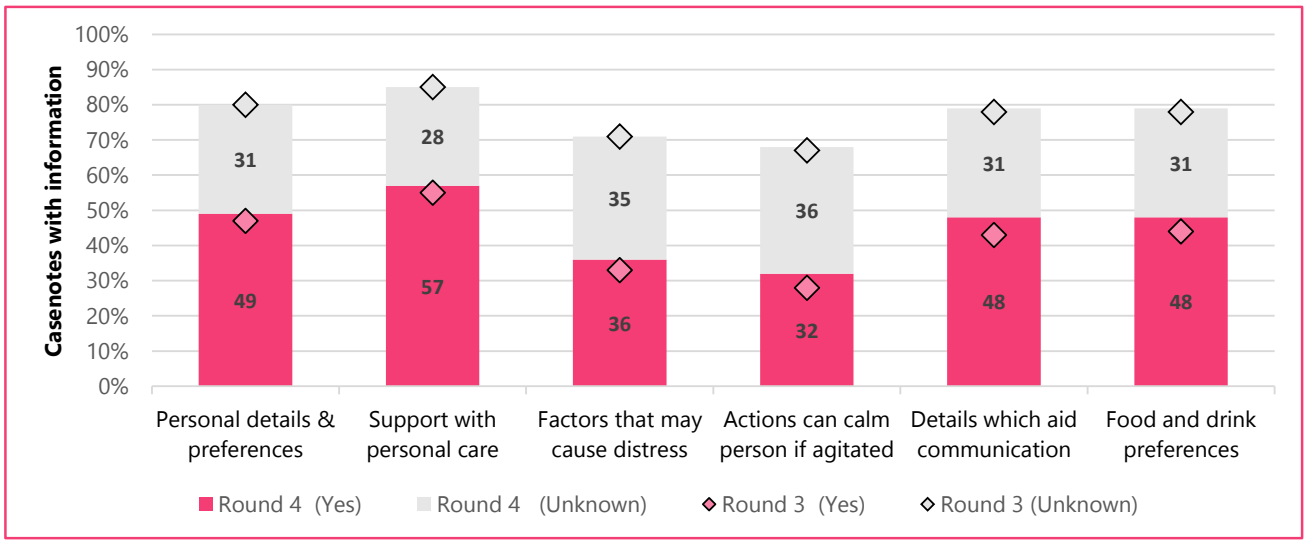
Using personal information to improve care

Details recorded about the person with dementia should help staff to understand and anticipate their needs and involve them in decisions about their care[15]. Nearly all hospitals (97%, 190/195) said that they had a formal system in place for collecting personal information (99%, Round 3). This included documents such as:

- This is Me[16]
- Butterfly Scheme[17]
- Forget-me-Not scheme
- A hospital created patient passport
- A designated section of the patient care plan

When looking at casenotes of people with dementia, 61% (5955/9782) contained this type of information, a slight increase from Round 3 (57%). However, not all the information relevant to providing care was consistently collected (Figure 4).

Figure 4 Personal information held in casenotes



NB: The unknown response option has been included for reporting since Round 3 and is used where the information is held in a document such as 'This is Me'[15] or a patient passport, which generally stays with the patient rather than being held in notes.

Mini audit: documenting personal information in practice

A patient's casenotes may not always provide an accurate record of whether personal information is available to staff. Rounds 3 and 4 of the audit included a mini audit on the wards:

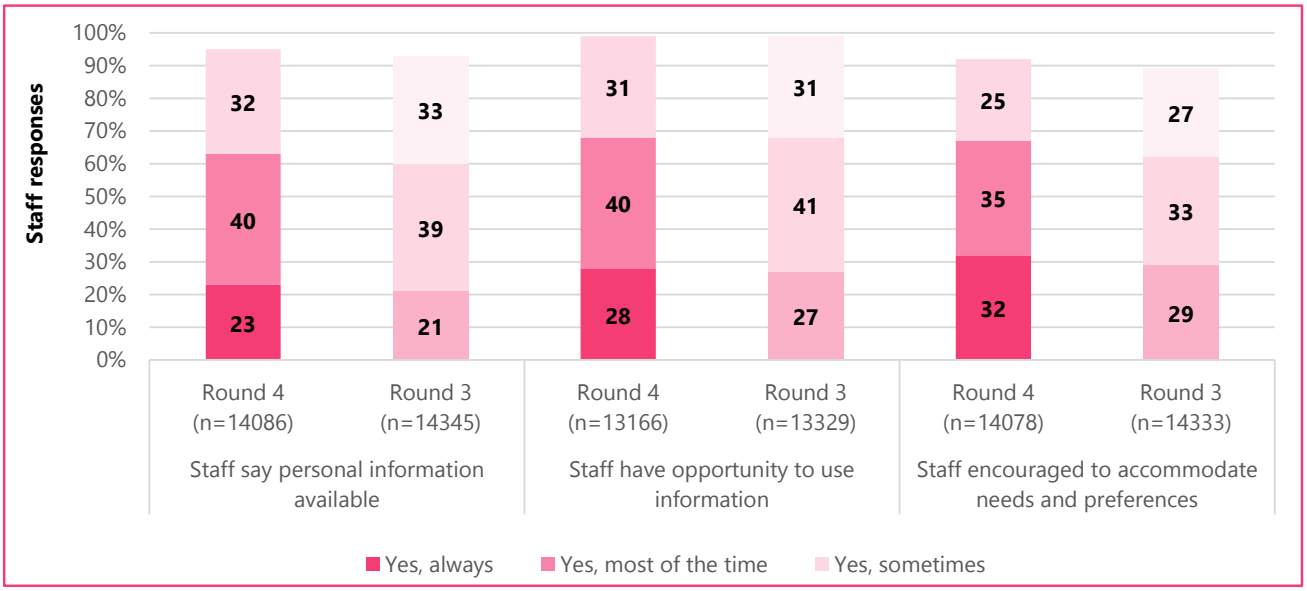
- Hospitals identified three wards with the highest admissions of patients with dementia
- Hospitals audited a total of 10 patients, checking to see if a personal information document was present at the bed side or in the daily notes folder

On average 59% of patients audited had this information, up from 49% in Round 3.

Availability of personal information

There is a slight increase in staff reporting that the personal information about patients with dementia was available for them "always" or "most of the time". However, there is no difference in the proportion of staff saying that they had the opportunity to use the information when it was available (Figure 5).

Figure 5 Staff feedback on availability of personal information



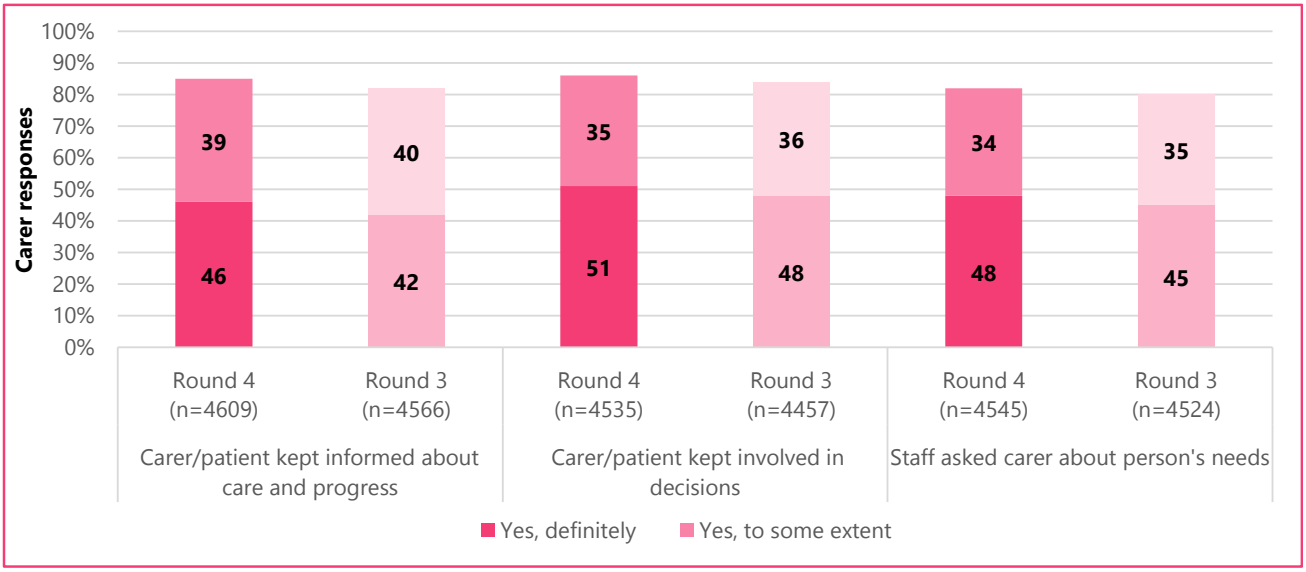
Involvement of carers and people with dementia

The Royal College of Nursing[18] and NHS England[19] have detailed best practice in including and involving carers wherever possible in the care of people with dementia when admitted to hospital. As part of this, hospitals should ask carers about their views on the written and verbal information provided to them[20]. 70% (137/195) of hospitals had their dementia lead or dementia working group collate feedback from carers for review, a significantly lower proportion than in Round 3 (82%, 163/199).

Decisions about care

Figure 6 shows responses from carers to questions about being kept informed and consulted. There is a slight but significant increase in carers answering "yes, definitely" to these questions.

Figure 6 Carer responses to questions about information and communication



Carer comments were often about communication (19%, 1336/7018 of all comments) giving examples of both very good and very poor experiences.

Carer comments about communication

"...My daughter and I were asked what [name] likes and dislikes and any hobbies etc. The nurses put a 'what is important to me' sheet up behind his bed which had all useful information about [name] and what keeps him calm. We felt very involved in the care..."

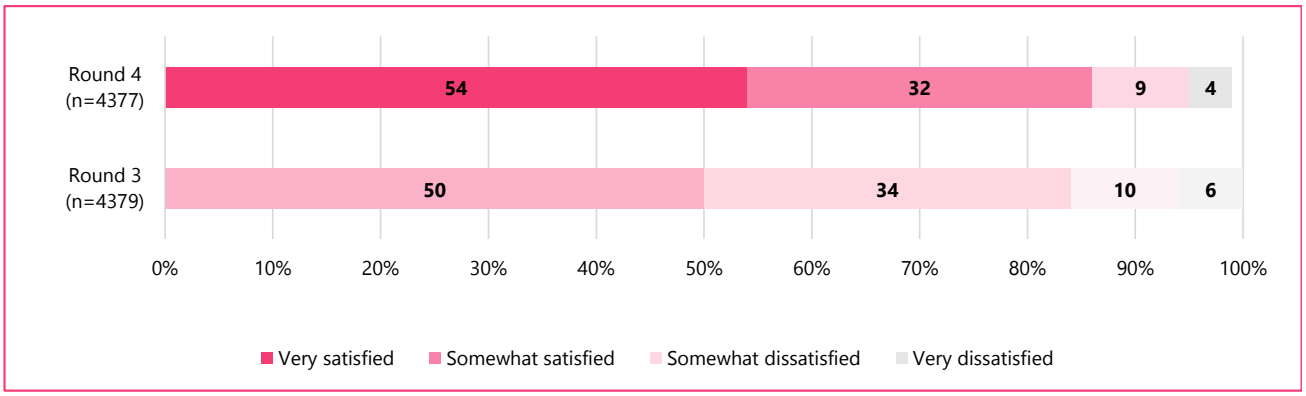
"...All the beds have Forget-me-Not forms by them, aimed at patients with dementia but the staff did not complete it for Mum. My niece completed it, but it was thrown away. Although on the surface it looks like the ward is trying to support dementia patients, that is not my experience..."

"...We were told about the Butterfly Scheme in the hospital but when we approached the nurses they made it clear that they didn't want to encourage it."

Support provided to carers

Carers were asked to rate the support provided to them as carers by the hospital (Figure 7).

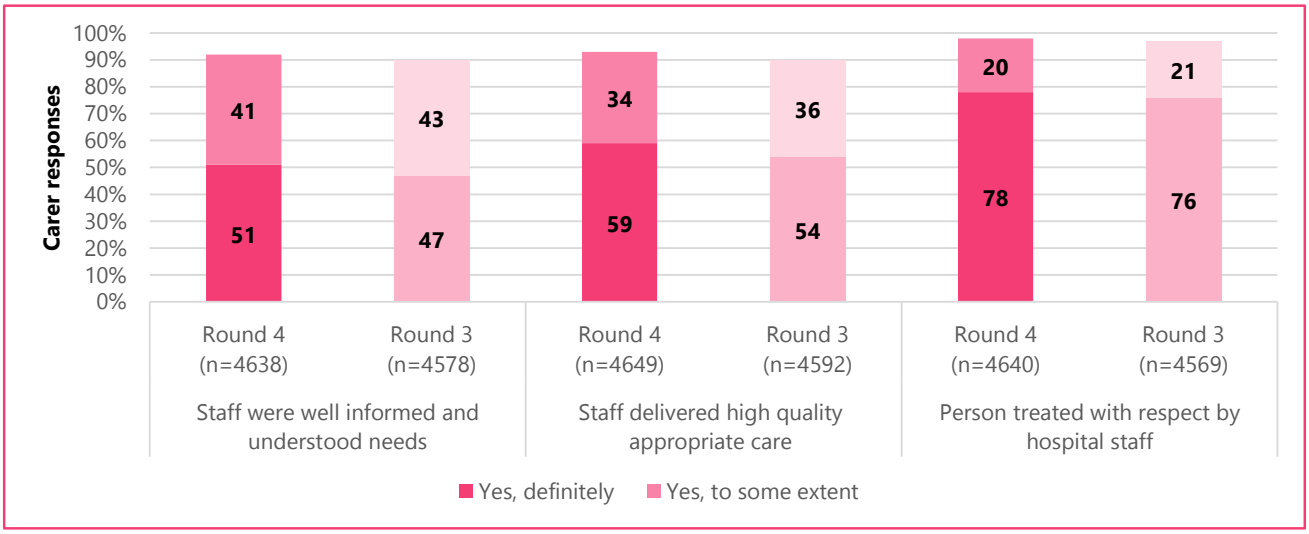
Figure 7 Carer satisfaction with support from the hospital



Patients' needs and quality of care

Most carers reported that the person they care for was "definitely" treated with respect by hospital staff. There were slight increases in carers saying that staff were "definitely" well informed and delivered high quality care (Figure 8). However, comments also detailed examples of very poor care.

Figure 8 Carer perspective: Understanding patients' needs and quality of care



Carer comments on dignity and respect

"Staff treated my family member with dignity and respect at all times, he was treated as an individual and his care was very person centred…"

"…my relative was made to feel a nuisance and all I kept hearing from staff is we are waiting for geriatrics to have a bed for him. There was no willingness to see him as an individual. Disgraceful experience."

"She was left in a bed she could not independently leave, in her own urine and faeces as no nurse was free to attend to her; all my wife had left was her dignity and they took that away. I am appalled…"

Staff communication

7% of suggestions by staff related to information and communication in the hospital (897/13800). Of these:

- 59% were about increasing the use of personal information, such as 'This is Me'[15] documents
- 14% were about improving communication between clinical roles and teams
- 9% were about consistently using visual symbols to alert staff that a patient had dementia

Staff suggestions about information and communication

"More consistent and widespread use of This is Me/'Reach out to me' providing personal information about people with dementia. Not routinely used on wards sadly."

Allied Healthcare Professional

"More communication is needed between nurses, nursing assistants etc."

Healthcare Assistant

"Ensure every patient with dementia has a Forget-me-Not at the bedside."

Doctor

The staff questionnaire asked staff how often, as a team, staff talk about the way they care for/support people with complex needs (including dementia). Round 4 results show very little change from Round 3:

- 51% (7120/14060) reported this occurred "frequently" (Round 3, 50%)
- 36% (4987/14060) said "occasionally" (Round 3, 37%)
- 14% (1953/14060) said they "almost never" or "never" did this (Round 3, 13%)

Use of information systems

We asked hospitals whether they used a system to ensure that staff were aware of the person's dementia and how it affected them:

- 93% (181/195) of hospitals have a system in place on the ward (Round 3, 91%)
- 77% (151/195) have a system that works between or across wards or treatment areas (Round 3, 70%)

The most frequently used system for ensuring that staff were aware of a person's dementia was a visual symbol (97%, 176/181) (e.g. Butterfly Scheme[17] or Forget-me-Not).

Carer comments about staff

"The staff were so helpful and kind. He was very difficult at times. Very unsettled, but everyone seemed to understand. Security had to come and watch him. They were so good with him. The social worker was informative and supportive. I hold staff and the Carers Cafe in high regard. Made to feel calm and confident."

"I feel that the staff do not want to take care of the old and confused patients in this hospital. As soon as they have had enough, they contact family even secretly to help deal with the patient. None of them are trained [or] know how to deal with the patient. They just don't care anymore. Very upset by this."

Recommendations for information and communication

2 **Directors of Nursing** should ensure that initial routine assessment of people with dementia includes:

- Information about factors that can cause distress or agitation
- Steps that can be taken to prevent these

3 **Trust Chief Executive Officers** should ensure that, throughout the hospital, there is clear ongoing communication with families and carers of people with dementia, including:

- Information and written resources on admission
- A private space for discussions
- Recording discussions in patient notes
- Provision for out of hours visiting

4. Staffing & Training

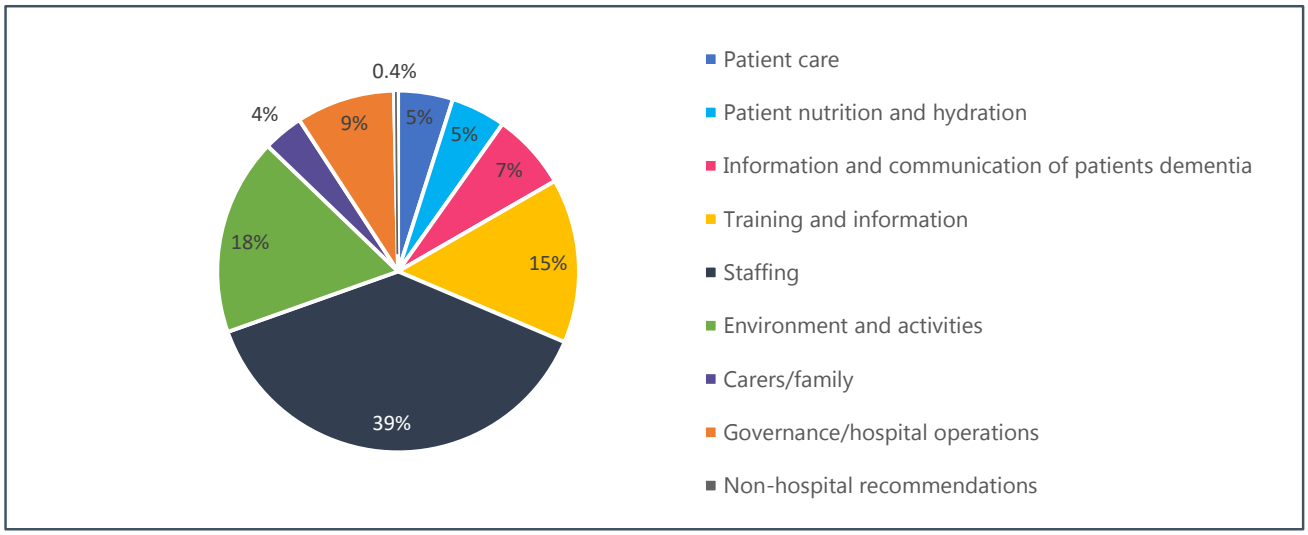
People living with dementia admitted to hospital interact with a wide range of healthcare professionals[21]. The Prime Minister's Challenge on Dementia 2020[22] highlighted the importance for all NHS staff to receive training on dementia at an appropriate level to their role.

As only 53% of hospitals were able to supply any figures on the proportion of staff trained we have not provided a score or comparative information for this theme.

Staff suggestions to improve care

We asked staff to provide suggestions on how their hospitals could improve the care and support of people with dementia. Figure 9 shows that the most common suggestions from staff were related to staffing, environment and training (n = 13800).

Figure 9 Staff suggestions on how hospitals could improve the care/support of people with dementia by topic



Staffing levels

Appropriate staffing levels and skill mix are critical in the delivery of safe and effective care to meet the physical, psychological and social needs of people with dementia[7]. NICE has guidelines on determining safe staffing for nursing in adult inpatient wards in acute hospitals[23]. However, these do not specify expected staff to patient ratios and there are currently no mandatory national standards relating to this in England. NHS England recommends that hospitals use evidence-based decision-making tools to calculate ward staffing levels and the Royal College of Nursing has made recommendations on staffing levels[24]. In Wales safe staffing legislation[25] has recently been implemented, specifying that all Health Boards and NHS Trusts must calculate and provide sufficient nurse staffing levels on acute hospital wards.

Hospitals reported:

- 97% (189/195) used an evidence-based tool to establish staffing levels (Round 3, 99%)
- 100% (188/189) confirmed that this considered patient dependency and acuity
- 96% (187/195) reported that ward staffing levels were made available to the public monthly either on the Trust website or on the ward

Despite hospitals reporting that these evidence-based tools are in place, staff continued to report that adequate staffing support is not available to them:

- 37% (4745/12942) of staff reported "always"/"most of the time" that additional staffing support was provided when dependency needs increased (Round 3, 38%)
- 39% (5320/13800) of staff suggested that their hospital could improve the care and support of people with dementia if they had more or better access to staffing (Figure 9)
- 71% (9592/13577) of staff reported that the ward they worked on was able to respond to the needs of people with dementia "yes always"/"most of the time" which has decreased from 78% in Round 3

91% (4114/4518) of carers reported that the person with dementia was "definitely" or "to some extent" given sufficient help with personal care from hospital staff (Round 3, 90%).

Carer comments about personal care

"Mum was kept clean and tidy at all times. Washed and dressed and encourage to walk and engage in conversation with staff and some of the inpatients. Overall happy with the treatment mum has received. No complaints."

"Needed encouragement to eat something other than sweet food. Some staff were excellent with assisting my mother to help wash & dress herself. Others were quite rough and took over rather than assisting her. This could be quite distressing, but I do understand time constraints. I would bring my lunch in and sit and eat it with her whilst she had hers. That way she ate and didn't think too much about it. This should be encouraged."

"I can't thank nursing staff enough they have all been fantastic. My husband has always been spotless and been shaved. They are all wonderful."

Dementia specialist nurses

On average there was one full-time equivalent dementia specialist nurse in Trusts/Health Boards for every 280 beds (excluding maternity and mental health beds) on 31 March 2018. 28% (31/139) of Trusts/ Health Boards did not have any dementia specialist nurses.

NB: Information only available at Trust level.

Staff suggestions about staffing levels

"I think staffing is the main issue, we are often not on full numbers and we have to do our best with what we have, this impacts on the time we have available to spend with patients with dementia."

Registered Nurse Band 5 or 6

"Caring for dementia patients is quite challenging, so we need extra staff to meet their individualised needs and attention. These days it's very difficult to work in this ward because we are short staffed."

Healthcare Assistant

"Higher staffing levels to provide one-to-one for those patients who need it. This would increase staff morale and help the patient, as well as other patients as they will be given more help from the nurse."

Doctor

Staff training

NICE Dementia guidelines (2018)[26] outline that all staff working in person-centred and outcome-focused care for people living with dementia should be given training.

Hospital data on dementia training

The Alzheimer's Society's Fix Dementia Care hospitals campaign[27] and the Dementia Friendly Hospital Charter (2018)[7] state that all hospitals should publish reports which monitor dementia training among staff. We asked how many staff were provided with training in at least Tier 1/informed dementia awareness during a one-year period. Staff training data is still not being consistently recorded so it is not possible to calculate the proportion of dementia trained staff in hospitals:

- 47% (91/195) of hospitals were unable to provide hospital level training numbers
- 23% (44/195) were unable to provide Trust level numbers

NB: Question wording was amended in Round 4 and is not comparable to Round 3.

Hospitals often have staffing contracts with external providers (for services such as catering and security) whose staff encounter people with dementia. We asked hospitals whether these contracts specify that staff should have training in dementia awareness:

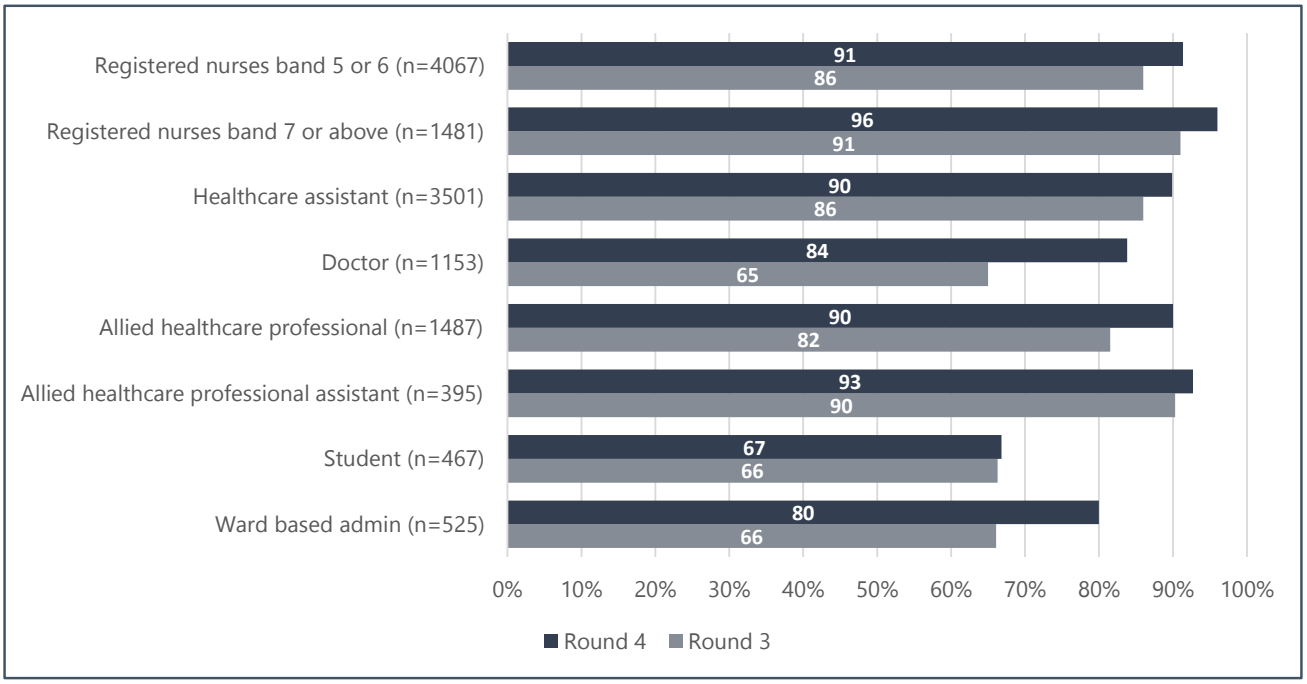
- 36% (70/195) reported that this was outlined in all contracts
- 24% (46/195) reported that it was outlined in some contracts
- 41% (79/195) did not have this requirement in any of their contracts

Of those hospitals who reported that some contracts specify staff should have dementia awareness training, 46% specified that these were contracts for security staff.

Staff data on dementia training

89% (11968/13407) of staff reported that they had received some form of dementia training from the hospital they currently work at (Round 3, 83%). Figure 10 highlights that this has increased across all staffing groups.

Figure 10 Proportion of staff reporting that they received some form of dementia training from the hospital they currently work at



Dementia training formats

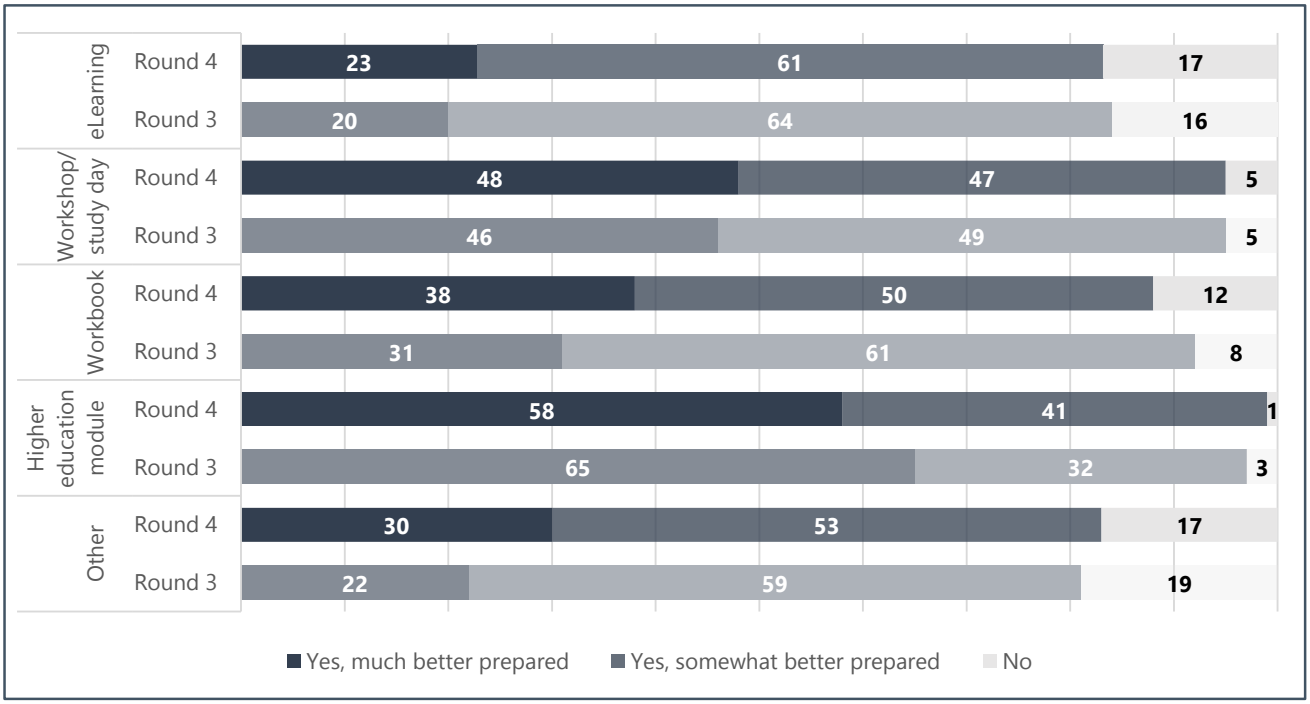
The organisational checklist and staff questionnaire report the most and least frequent formats of dementia training. Table 3 shows the types of training that hospitals report is available and what staff report they are receiving.

Table 3 Training formats used according to hospitals and staff

Format of training	Hospitals Round 4 % (num/den)	Hospitals Round 3 % (num/den)	Staff Round 4 % (num/den)	Staff Round 3 % (num/den)
Workshop/study day	82% (160/195)	91% (181/195)	55% (7355/13407)	53% (7030/13205)
eLearning	74% (144/195)	73% (145/199)	52% (6939/13407)	43% (5653/13205)
Workbook	22% (43/195)	N/A	8% (1086/13407)	N/A
Other	19% (36/195)	29% (58/199)	8% (1094/13407)	15% (961/13205)
Higher education module	15% (30/195)	23% (45/199)	5% (713/13407)	5% (713/13205)

In both Rounds 3 and 4 staff that only received eLearning training felt the least prepared to care and support people with dementia (Figure 11). Positively, there has been a decrease in staff only receiving eLearning training (24%, 3196/13407) since Round 3 (34%).

Figure 11 Proportion of staff reporting preparedness to care for people with dementia according to format of training received



NB: This figure reflects staff who received one form of training only.

Staff suggestions about dementia care training

"To have regular training/workshops for students on how best to look after patients with dementia as students spend more time with this group of patients, so regular training will help to provide good care."

Student

"Personally, I think full training needs to be given to all staff who are not educated on dementia patients and their needs. I feel it is not fair on both the uneducated staff of dementia and the patient."

Healthcare Assistant

"Training should be compulsory for all staff who come into contact with dementia patients. Ignorance and fear of dementia very often can lead to poor care for patients with dementia, if training was provided this would not be an issue."

Registered Nurse Band 5 or 6

Recommendations for staffing and training

4 **Trust Chief Executive Officers** should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:

- Delirium and its relationship to dementia is included in the training
- Information about the number of staff who received dementia training is recorded
- The proportion of staff who have received dementia training is included in the annual Quality Account Report

5 **Trust Chief Executive Officers** should ensure that contracts with external providers of services to the hospital include the requirement that service staff regularly working with people with dementia have received at least Tier 1 training in dementia (or higher, appropriate to their role)

5. Nutrition

For people with dementia, age-related impairments, disabilities and comorbidities can lead to reduced dietary intake and malnutrition[28]. 70% of hospitalised older people are affected by undernutrition. This can lead to skin fragility, falls, increased frailty and mortality[29].

The score for nutrition is based on the hospital's provision of finger food and snacks to encourage food intake, the presence of protected mealtimes free from clinical activity and allowing the carer to visit and provide support, including at mealtimes. The average nutrition score increased to 89% in Round 4 up from 84% in Round 3.

Mealtime policies and initiatives

Protected mealtimes

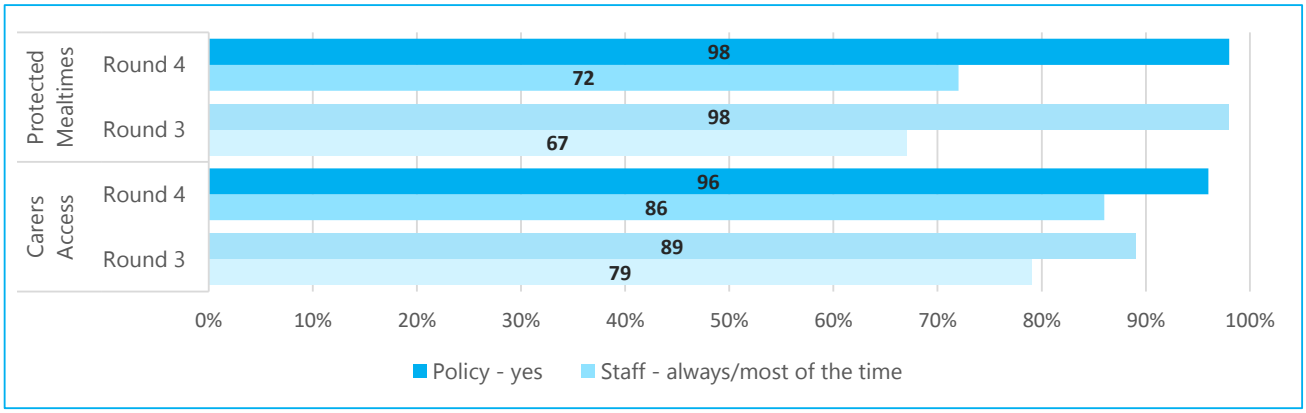
Nearly all hospitals have a protected mealtime policy in place (as in Round 3). Staff responses indicating protected mealtimes were adhered to "always" or "most of the time" increased (Figure 12). However, from staff feedback:

- 14% (1613/11673) indicated protected mealtimes were not adhered to at all
- 10% (57/575) of all suggestions on nutrition and hydration stressed better adherence to protected mealtimes

Carer's passport/John's Campaign

Engaging carers through initiatives such as carer's passports and John's Campaign[8] is intended to provide 24-hour access for carers including mealtimes. Figure 12 shows the number of hospitals that have implemented such initiatives has increased in Round 4 with only eight hospitals (out of 195) without a policy in place.

Figure 12 Hospital and staff responses to protected mealtimes and access for carers



These initiatives saw significant improvement in feedback from staff, which may mean that provision or awareness in practice is becoming more consistent with hospital policy.

Comments about policies and initiatives

"...Protected mealtimes, should mean every staff member helping to give out meals and food. Patients should not be moved, or returned to ward during mealtimes. Clinic appointments, scans etc. should be outside of protected meal times."

Healthcare Assistant

"Make carers access to wards more universal and more public. Gerontology wards are properly signed up to John's Campaign but not all of the other wards are as engaged."

Doctor

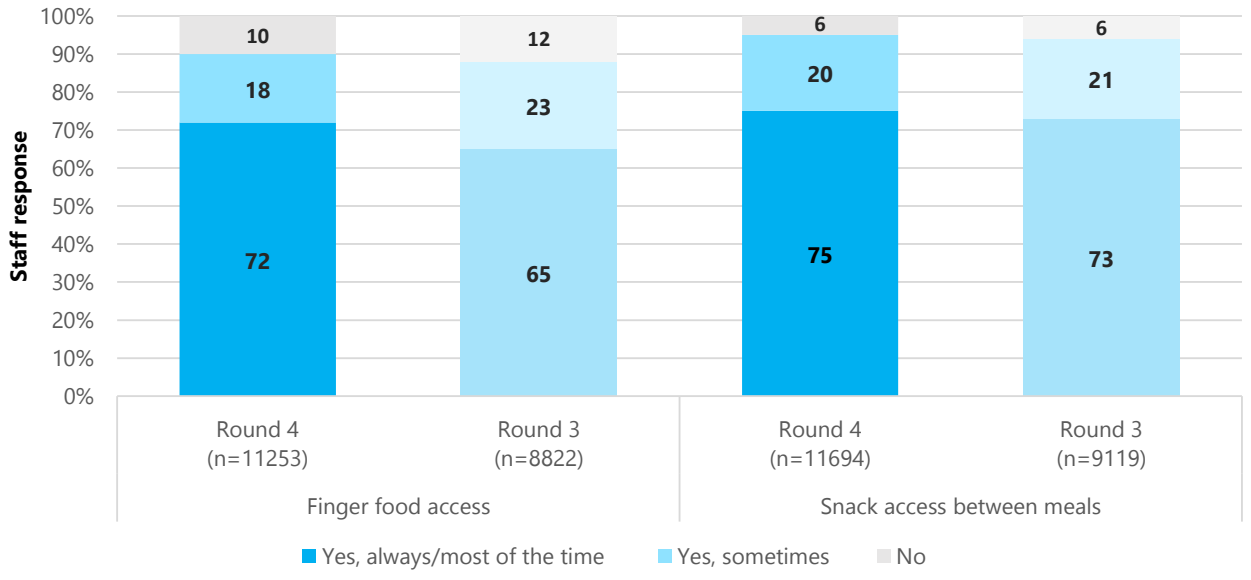
"Particularly happy with the Stay With Me initiative – this was hugely helpful. Not enough support over meal times..."

Carer

Finger foods and 24-hour food services

Most staff reported that the nutritional needs of people with dementia are met "always" or "most of the time" (78%, 9710/12498), an increase from Round 3 (76%). Figure 13 shows significant increases in staff reporting availability of finger foods as alternative meal options and accessibility of snacks between meals.

Figure 13 Staff responses to finger food availability and snack access between meals



Although there are improvements at both hospital and staff level, many hospitals are yet to implement:

- Alternative complete meal options that can be eaten without cutlery – 75% of hospitals now have this (147/195), from 65% in Round 3
- 24-hour access to a range of foods – 60% of hospitals report this, (117/195), up from 51% in Round 3

Comments about meal options and 24-hour food services

"I feel that there could be more options of finger foods for patients with dementia. I feel options for patients with dementia to meet nutrition/hydration needs are limiting as they need little and often throughout the day and we don't have staff to support it."

Allied Healthcare Professional

"Review of strategies to monitor nutrition and hydration of patients with dementia, specifically in work areas where workload is overwhelming. It is easy to say during training but can be very challenging and difficult to achieve in reality."

Registered Nurse Band 5 or 6

"The meals were not consistent. One night there was only cornflakes left for [patient]."

Carer

Communication of nutrition and hydration needs

Only 77% (8870/11591) of staff said that the nutrition and hydration needs of people with dementia were communicated "always" or "most of the time" at handovers and safety briefings in comparison to 80% in Round 3. Both staff and carers highlight communication and awareness as key to providing optimal care in meeting the nutritional and hydration needs of people with dementia.

Comments about staff communication of nutritional needs

"Handover of dementia patients nutritional requirements at safety huddles, bed boards and intentional rounding charts don't always correspond to the patient's needs and safety, such as thickened fluids or sloppy diets on bed side information, but it is in the electronic system."

Registered Nurse Band 7 or above

"Nutritional needs should/could be communicated better. Patients who require support with feeding should not have to wait until their food is cold!"

Allied Healthcare Professional

"...Sometimes food is not ordered for patients because they have been overlooked and they do not have the capacity to alert staff. Sometimes those who are to be fed are given cold food as they have to wait so long to be fed because staff are dealing with other matters. Sometimes the tray of food is removed by the kitchen staff before the patient has been fed..."

Carer

Recommendations for nutrition

6 **Directors of Nursing** should ensure that the nutrition and hydration needs of patients with dementia are included in the nurse shift handovers

7 **Trust Chief Executive Officers** should ensure that hospital external catering contracts and internal catering provision includes the requirement for the ready availability of both finger foods and snacks for people with dementia

6. Discharge

Planning and consultation is key to an effective discharge from hospital for people with dementia[30].

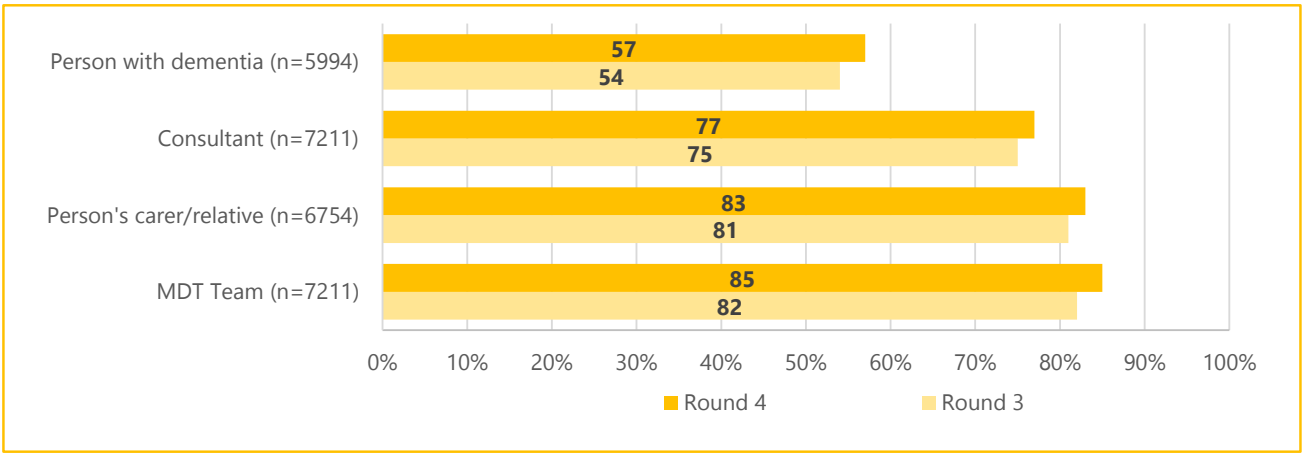
The score for discharge is based on planning and discussion involving the person with dementia and their carer, the consultant and the multidisciplinary team. The average score increased to 76% from 73% in Round 3.

Discharge coordination

A named person or team can provide consultation, advice and support for staff carrying out discharge coordination:

- Most hospitals (92%, 179/195) had a named person in place to coordinate discharge plans for people with dementia
- 85% (5950/6975) of casenotes had evidence of a named person in place (Round 3, 82%)
- Evidence in casenotes of documented discussions with the discharge coordinator regarding place of discharge and support needs increasing (Figure 14)

Figure 14 Place of discharge and support needs discussed with discharge coordinator



NB: This excludes those with a documented reason why a discussion could not take place e.g. the person with dementia refused discussion or there was no carer.

Involving the person with dementia in decision making

16% of patients (1216/7760) had a change of residence after discharge. Of those who changed residence, 77% (937/1216) went from their own home or carers' home to a nursing/residential care facility.

A change in residence is a major decision that should be made with the patient and recorded in the casenotes[31]. If the person with dementia does not have the capacity to make the decision, there should be a record of best interests decision making. As in Round 3, 66% (949/1444) of casenotes had a record of the patient's consent or a best interests decision making when such a change was proposed.

Staff suggestions about decision making

"There is much about safeguarding and mental capacity for doctors in mandatory training but nothing specific that I am aware of for dementia – raising awareness of what resources are available for hospital staff would be helpful."

Doctor

"Better understanding of Mental Capacity Act 2005, capacity assessments and deprivation of liberty safeguards."

Registered Nurse Band 7 or above

Carer involvement and support

Sufficient involvement of the carer, including notice of discharge, can be crucial to a successful discharge. Notice of discharge was evidenced in 75% (5419/7211) of casenotes, as in Round 3. Of those who received notice of discharge:

- 35% (1897/5419) received more than 48 hours' notice (37%, Round 3)
- 21% (1140/5419) received 25–28 hours (20%, Round 3)
- 16% (889/5419) received 24 hours (16%, Round 3)
- 28% (1493/5419) received less than 24 hours' notice (27%, Round 3)

In advance of discharge, it is important that carers are offered an assessment of their current needs where applicable. There is a small increase in the proportion of casenotes with carer assessment in advance of discharge from 67% to 69% (2478/3611).

Carer comments about discharge

"When my father was discharged and returned to the nursing home I was not informed, and it was only when I arrived at the hospital ward I was told he had gone back."

"I was always kept up to date with all information, so we could discharge plan well in advance."

"We were not told when my father would be discharged from hospital and were never given any information regarding his progress. We always had to ask what was happening."

Assessment before discharge

Round 4 showed a decrease in the proportion of patients who received an assessment of cognitive functioning at the point of discharge, falling from 22% to 11% (771/7211). The majority of casenotes without documented cognitive testing at discharge did not contain a recorded reason why it was not assessed (80%, 5125/6440).

For patients with delirium, re-evaluating cognition is important to ensure patients have responded to treatment[32]. Of those who had a confirmed delirium diagnosis, 18% (201/1123) had a record of cognitive testing at discharge in their casenotes.

Documenting symptoms in discharge correspondence

Discharge plans should contain up to date mental health information to support onward care[31]. Behavioural and psychological symptoms of dementia (BPSD) are recorded in discharge correspondence for 44% casenotes (574/1299) where there was BPSD during admission (Round 3, 45%).

Of those who had symptoms of delirium during admission, just under half (47%, 1210/2594) had their symptoms summarised for discharge (Round 3, 48%). This improved where there was a confirmed diagnosis of delirium made during admission, with 61% (664/1088) of casenotes summarising delirium for discharge.

Dissemination of discharge plans

The hospital discharge process should include a single, up-to-date discharge plan with patient information[33]. 86% (5988/6975) of casenotes contained a single plan/summary for discharge. This shows little change from Round 3 (85%).

The proportion of patients/carers receiving a copy of the plan/summary has increased significantly from 81% in Round 3 to 88% (5886/6679). A copy of the discharge plan/summary was sent to the GP/primary care team in 94% (6575/6975) of casenotes, as in Round 3.

Recommendations for discharge

8 **Hospital discharge teams** should ensure that discussions take place with people with dementia and their carers and include:

- The place of discharge
- Support needs
- A record of the discussion in the notes

9 **Medical Directors** should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10)[35] and the transmission of information at transfer home[36] including:

- The occurrence of delirium and behavioural symptoms of dementia
- Recommendations for ongoing assessment or referral (for example to a memory clinic or community team) post-discharge

7. Governance

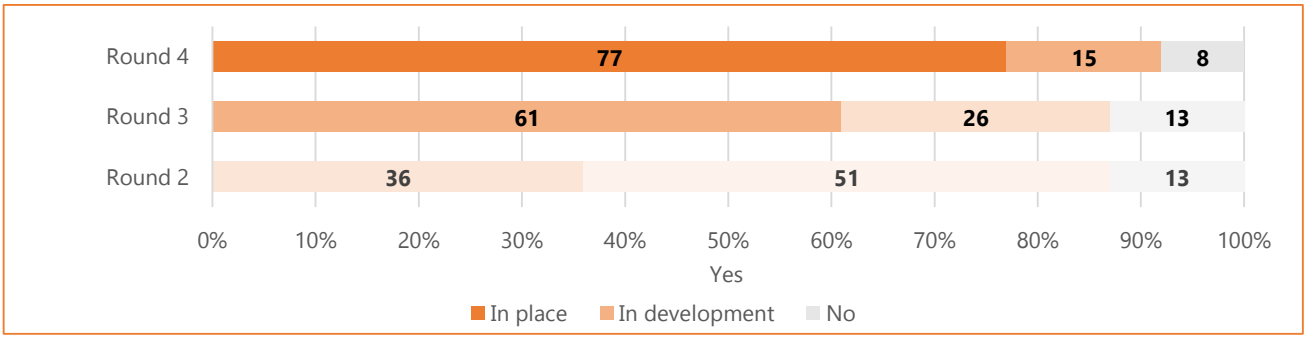
Effective leadership and strategic planning provide an integrated approach to care quality for people with dementia in hospitals[34].

The score for governance is based on key resources and initiatives demonstrating leadership and support for the hospital's planning and provision of care for people with dementia. The average hospital score has increased to 68% from 65% in Round 3.

Care pathway

The percentage of hospitals with a dementia care pathway in place has continued to increase (Figure 15). The percentage of hospitals with a clinician responsible for the implementation and/or review of the pathway remained high at 98% (176/180).

Figure 15 Hospitals with a dementia care pathway



Integrated care pathways for people with dementia

For people with dementia the primary reason for admission into hospital is almost always due to other reasons rather than dementia alone. Integrating pathways aids hospitals in meeting expected care standards for people with dementia irrespective of reasons for admission. Hospitals were asked about the integration of neck of femur fracture, stroke and delirium pathways, all of which were in the top 10 primary diagnoses from casenotes audited (Appendix I).

Table 4 Care pathways linked to dementia care pathways

Care pathways	In place % (num/den)	In development % (num/den)	Dementia care pathway is/will be integrated % (num/den)
Delirium	64% (116/180)	28% (50/180)	95% (157/166)
Stroke	94% (169/180)	1% (2/180)	47% (81/171)
Neck of Femur	92% (165/180)	3% (5/180)	58% (99/170)

Hospitals were more likely to have stroke and neck of femur pathways in place, but fewer hospitals had them integrated with their dementia care pathway (Table 4).

Staff suggestions on care pathways

"Patient pathway. A patient with dementia can have cancer, [a] cancer patient can have dementia. Need all departments to be able to communicate about [a] patient. Need to know when a patient is referred about their care needs."

Allied Healthcare Professional

"There could be a more streamlined pathway to discharge dementia patients – the learning difficulties group of patients seem more organised in this area."

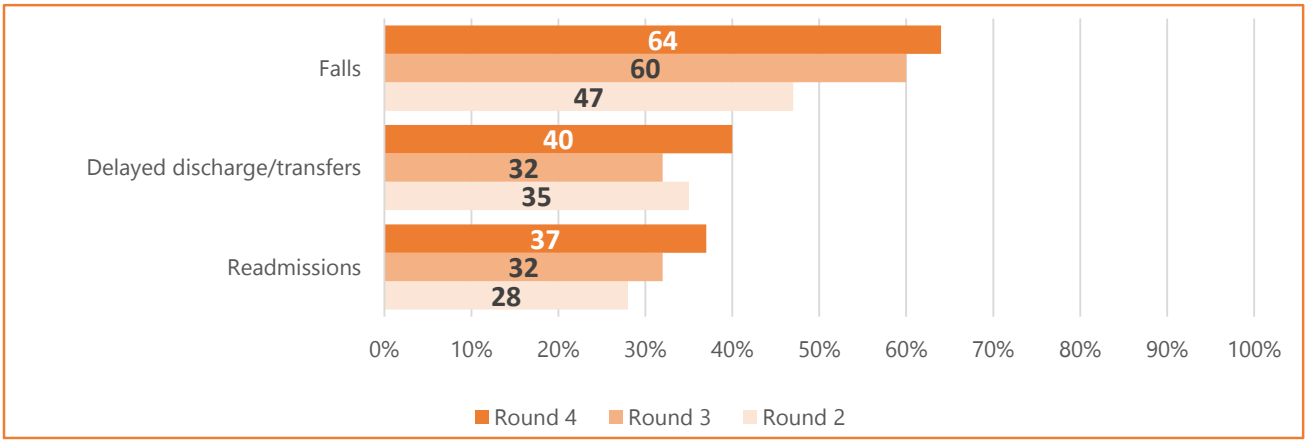
Ward Based Admin

Reviewing dementia care in hospitals

Involvement of the Trust/Health Board

More Trusts/Health Boards now identify the patient population with dementia, when reviewing collated information on patient safety indicators. Although there have been notable increases, less than half of Trusts/Health Boards were able to identify patients with dementia when reviewing readmissions and delayed discharges.

Figure 16 Trusts/Health Boards reviews of incident information in which patients with dementia can be identified



Fewer Trusts/Health Boards receive feedback from clinical leads and complaints (analysed by age) in comparison to Round 3 (Table 5).

Table 5 Feedback received by hospital Trusts/Health Boards

	Round 4 % (num/den)	Round 3 % (num/den)
Clinical leads for older people	81% (158/195)	85% (169/199)
Complaints – analysed by age	49% (95/195)	52% (104/199)
Patient Advice and Liaison Services (PALS)	64% (113/177)	59% (106/181)
Patient/public forums or local Healthwatch	68% (133/195)	67% (134/199)

Dementia working groups

The number of hospitals with dementia working groups to review the quality of services remained high (92%, 180/195) with:

- 100% (180/180) of groups including healthcare professionals (no change from Round 3)
- 73% (132/180) including representative organisations (e.g. Alzheimer's Society), an increase from Round 3 (64%)
- 66% (119/180) having carer/service user representation (no change from Round 3)

Continuity of care

Bed moves at night

59% (115/195) of hospitals reported instances of bed moves at the Trust/Health Board level, up from 38% in Round 3. Although there have been improvements in bed move monitoring:

- 28% of hospitals (55/195) identify patients with cognitive/memory impairment including dementia and delirium when reporting bed moves
- 49% of staff (2864/11033) responded that bed moves were avoided always or most of the time for people with dementia, as in Round 3. 26% of staff said bed moves were not avoided (up from 24% in Round 3)

Both staff and carers continue to report that bed moves are a major barrier in providing high quality care for people with dementia. Reducing the number of bed moves, especially at night, accounted for:

- 42% (487/1171) of all governance-related staff suggestions
- 13% (46/341) of carer comments about care transfer

Staff suggestions on bed moves

"Remembering that bed moves for flow reasons may not be right for patients with dementia or delirium who need the fewest number of bed moves to stay calm and at the right time of day. Inappropriate or poorly planned moves increase delirium and length of stay therefore, overall have a negative impact on flow."

Doctor

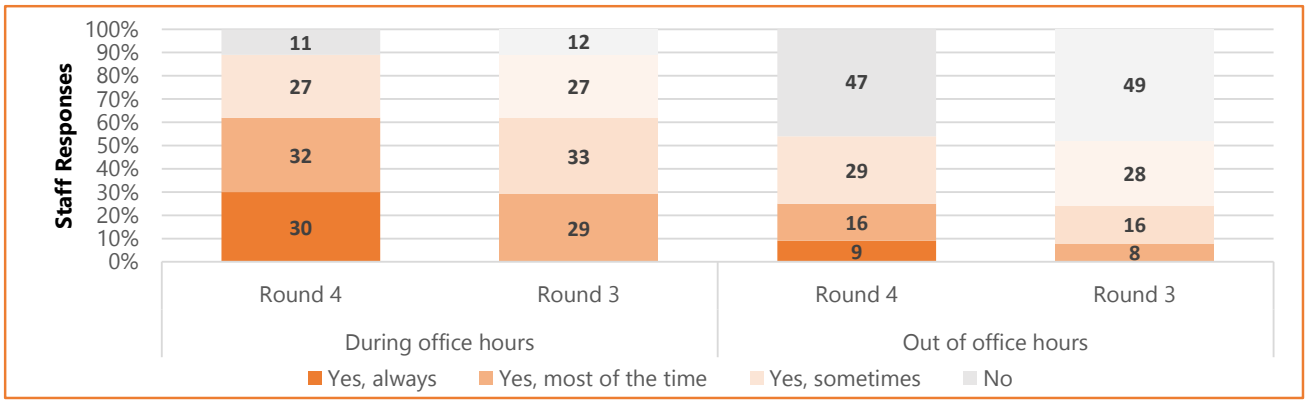
"It is important for people with dementia to NOT have to keep orientating themselves in a new environment, bed moves in the hospital should be kept to a minimum."

Allied Healthcare Professional

Specialist services for dementia care

Figure 17 highlights feedback from staff about support with almost two-thirds (8534/13710) feeling supported during office hours and only one in four (2681/10960) feeling supported out of office hours.

Figure 17 Staff responses regarding support from specialist dementia services in the hospital



Dementia champions

Round 4 saw a decrease in champion representation at both directorate and ward level, from 83% to 77% (151/195) and from 94% to 89% (173/195) respectively, potentially affecting the level of support available to staff.

Staff suggestions on dementia champions and specialist services

"To improve dementia awareness we currently have one specialist dementia nurse at [hospital]. It would be better and appropriate to maybe employ at least two more specialist nurses to cope with the demands of an ever increasing demographic of patients who are admitted to hospital with memory problems and dementia. Dementia care could be so much better if it is shared with more specialist nurses, to provide excellent care."

Healthcare Assistant

"Dementia specialist services often seem rather remote and inaccessible, the same could be said of many specialist nurse roles but I feel dementia services should have greater involvement in direct patient care as this is the best way to improve practice"

Registered Nurse Band 5 or 6

Carer engagement

76% (148/195) of hospitals had a strategy or plan for carer engagement in place (e.g. Triangle of Care self-assessment tool) a slight increase from 75% in Round 3. In addition to this:

- 96% (142/148) of these hospitals continue to schedule a review of their strategy, no change from Round 3
- 86% (167/195) of hospitals had a designated person, team or social worker providing advice and support directly to people with dementia and their carers, a significant increase from Round 3 (76%)
- 93% (182/195) of hospitals have access to advocacy services, a slight decrease from Round 3 (95%)

Carer comments on carer engagement

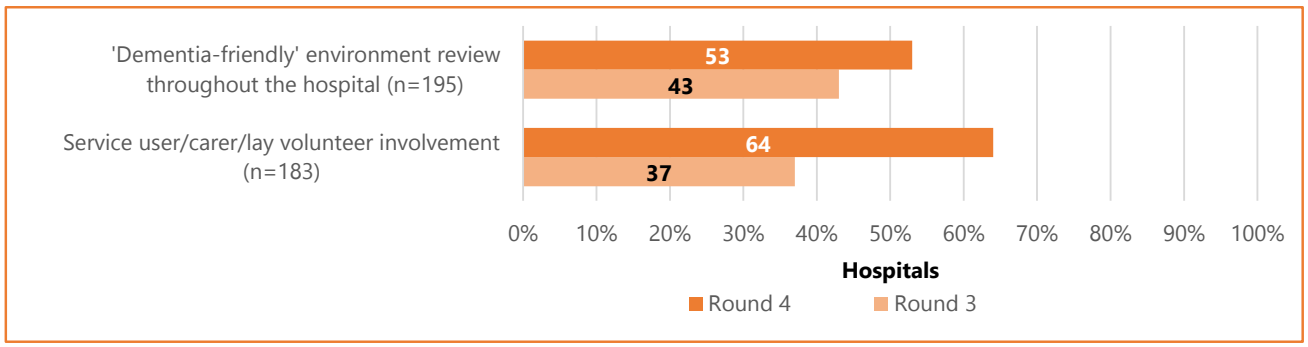
"Staff were approachable and had time to talk. We were actively involved in decisions about referring to Social Services and for an occupational therapist."

"...The best thing they did was put me in contact with [local support organisation] and their support worker at the hospital. This made a big difference with communication as they had time to explain things and ask the questions that needed asking..."

Environment

Care environments should promote independence, well-being and patient safety with patient input to ensure standards are met[7]. Figure 18 shows a significant increase in the number of hospitals reviewing their environments throughout the hospital and those involving service users/carers/lay volunteers in these reviews. There was also an increase in the number of environmental changes based on the review that were planned or underway, 76% of hospitals (139/183) compared to 67% in Round 3.

Figure 18 Hospital 'dementia-friendly' environment reviews with service users/carers/lay volunteers



Social environment

Opportunities for patients with dementia to engage in social interaction, such as mealtimes or activities away from their bed area with other patients, increased slightly:

- 17% (34/195) on all adult wards (15%, Round 3)
- 41% (80/195) on one or more of their wards (30%, Round 3)

Comments on environment

"Provide a dementia-friendly environment with a communal 'cosy' area for socialising and activities, music, reminiscence therapy, access to finger foods and snacks, also a daily routine to help with familiarity and reduce anxiety."

Allied Health Professional

"The ward has an activity therapist, who has worked really hard engaging with my wife. My wife really enjoys sessions she has provided; it's wonderful to see her enjoying herself and mentally active. My wife is more pleased to see the therapeutic coordinator than myself. Really great idea, all hospitals should adapt this."

Carer

Recommendations for governance

10 **Trust Chief Executive Officers** should use the King's Fund environmental assessment tools[37] (or another structured tool such as PLACE[38]) to:

- Conduct environmental reviews across the hospital
- Implement improvements based upon the review findings

11 **Trust Chief Executive Officers, Medical Directors and Directors of Nursing** should ensure that hospitals have developed policies that cover 'minimising moving patients at night', including information about:

- Only moving patients with dementia between wards when there is a clinical need
- Collation of information about inappropriate moves and reporting this to the Trust Board for review on at least an annual basis

12 **Trust Executive Directors** should ensure that information is presented to the Board which clearly identifies the proportion of people with dementia within reporting on patients who experience:

- A fall during their admission
- A delay to their discharge
- Readmission within 30 days of discharge

13 **Trust Dementia Leads** should ensure that people with dementia/carers are represented and can comment on aspects of the hospital's dementia strategy and action plans via the Dementia Working Group, Patient Experience Group or other appropriate forum

Appendices

Appendix A: Recommendations

Assessment:

1 Medical Directors and Directors of Nursing should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)[11] and consider the symptom of pain as contributory factor.

Information and communication:

2 Directors of Nursing should ensure that initial routine assessment of people with dementia includes:

- Information about factors that can cause distress or agitation
- Steps that can be taken to prevent these.

3 Trust Chief Executive Officers should ensure that, throughout the hospital, there is clear ongoing communication with the families and carers of people with dementia, including:

- Information and written resources on admission
- A private space for discussions
- Recording discussions in patient notes
- Provision for out of hours visiting.

Staffing and training:

4 Trust Chief Executive Officers should demonstrate that all staff providing care for people with dementia receive mandatory dementia training at a level (Tier 1, 2, 3) appropriate to their role and that:

- Delirium and its relationship to dementia is included in the training
- Information about the number of staff who received dementia training is recorded
- The proportion of staff who have received dementia training is included in the annual Quality Account Report.

5 Trust Chief Executive Officers should ensure that contracts with external providers of services to the hospital include the requirement that service staff regularly working with people with dementia have received at least Tier 1 training in dementia (or higher, appropriate to their role).

Nutrition:

6 Directors of Nursing should ensure that the nutrition and hydration needs of patients with dementia are included in the nurse shift handovers.

7 Trust Chief Executive Officers should ensure that hospital external catering contracts and internal catering provision includes the requirement for the ready availability of both finger foods and snacks for people with dementia.

Discharge:

8 Hospital discharge teams should ensure that discussions take place with people with dementia and their carers and include:

- The place of discharge
- Support needs
- A record of the discussion in the notes.

9 Medical Directors should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10)[35] and the transmission of information at transfer home[36] including:

- The occurrence of delirium and behavioural symptoms of dementia
- Recommendations for ongoing assessment or referral (for example to a memory clinic or community team) post-discharge.

Governance:

10 Trust Chief Executive Officers should use the King's Fund environmental assessment tools[37] (or another structured tool such as PLACE[38]) to:

- Conduct environmental reviews across the hospital
- Implement improvements based upon the review findings.

11 Trust Chief Executive Officers, Medical Directors and Directors of Nursing should ensure that hospitals have developed policies that cover 'minimising moving patients at night' including information about:

- Only moving patients with dementia between wards when there is a clinical need
- Collation of information about inappropriate moves and reporting this to the Trust Board for review on at least an annual basis.

12 **Trust Executive Directors** should ensure that information is presented to the Board which clearly identifies the proportion of people with dementia within reporting on patients who experience:

- A fall during their admission
- A delay to their discharge
- Readmission within 30 days of discharge.

13 **Trust Dementia Leads** should ensure that people with dementia/carers are represented and can comment on aspects of the hospital's dementia strategy and action plans via the Dementia Working Group, Patient Experience Group or other appropriate forum.

Overall:

14 **Trusts/Health Boards and their Chief Executive Officers** should:

- Work to implement these recommendations by World Alzheimer's Day 2020
- Publish progress made on implementing dementia recommendations in an annual Trust statement on dementia care
- Include other dementia friendly hospital initiatives, such as self-assessment based on the National Dementia Action Alliance 2018 charter[7].

Appendix B: Update on Round 3 recommendations

Assessment

Round 3 Recommendations	Update
Medical and Nursing Directors should: Ensure that hospitals have robust mechanisms in place for assessing delirium in people with dementia including: • At admission, a full clinical delirium assessment, whenever indicators of delirium are identified • Cognitive tests administered on admission and again before discharge • Delirium screening and assessment fully documented in the patients notes (regardless of the outcome) • Care offered in concordance with the delirium evidence-base recommendations when the assessment indicates symptoms of delirium • Results recorded on the electronic discharge summary	Evidence of initial assessment of delirium carried out: 58%* Evidence of full assessment following signs of delirium: 66%* **Not comparable to Round 3 – changes to question*
	Cognitive testing before discharge: 11% (↓ 11%)
	Recording mental health needs in discharge correspondence: BPSD 44% (–) Delirium symptoms 47% (↓ 1%)
Medical and Nursing Directors should ensure that structured pain assessments are in use and properly recorded for people with a diagnosis or current history of dementia.	Pain assessment 85% (↑ 2%)

Information and Communication

Round 3 Recommendations	Update
Ward Managers should audit implementation/use of personal information collected to improve care for patients (e.g. This is Me[16] or other locally developed document). The result of the audit should be fed back to the dementia champions/dementia lead and ward staff.	Staff reporting that the personal information about patients with dementia was available for them always/most of the time: 63% (↑ 3%)
The Senior Clinical Lead for Dementia should ensure that copies of the personal information document (such as This is Me[16] or other locally developed document) are available on the ward and that the information is kept accessible to staff and visiting carers.	Spot check audit showing information present at bedsides: 59% (↑ 10%)
	Staff reporting they had the opportunity to use the information when it was available: 68% (–)

Nutrition

Round 3 Recommendations	Update
Clinical Commissioning Groups/Health Boards should ensure that tenders let by Trusts for new catering contracts always specify provision of finger foods for main meals and access to a range of snacks 24 hours a day.	Complete meal options that can be eaten without cutlery everyday: 75% (↑ 10%)
	Meal alternatives are available 24-hours a day: 60% (↑ 9%)
The Medical Director and Nursing Directors should promote the attendance of key carers to support care, but ensure that this is complementary to, and not instead of, care delivered by staff. The level of input by carers, and how carers feel about the level of input they have been asked to deliver should be monitored through carer feedback, complaints and PAL enquiries. Carer satisfaction should be seen as a marker of good care. Ward managers should be supported to ensure carers supporting patients should not be asked to leave at mealtimes and/or stopped from helping with meals. (This excludes emergency and urgent care and treatment).	Staff reporting that carers could visit out of hours always or most of the time: 86% (↑ 7%)
Ward Managers and Multidisciplinary teams should encourage carers to attend mealtimes whenever they want and ensure their input is valued.	

Staffing and Training

Round 3 Recommendations	Update
The Medical Director and Nursing Directors should (with the Education Lead for the Trust or Health Board) ensure that training in dementia awareness is a priority for all staffing groups. eLearning should not be relied on as the sole medium for delivering training in dementia awareness.	Staff reporting that they had received some form of dementia training from the hospital they currently work at: 89% (↑ 6%) Staff only receiving training in eLearning format: 23% (↓ 11%)
The Medical Director and Nursing Directors should (with the Head of Therapy Directorate) keep central training records on all staff receiving training in dementia, enabling them to be aware of the levels of awareness and expertise in the hospital.	Hospitals able to provide hospital level information on the number of staff with dementia training: 53%* Hospitals able to provide Trust level information on the number of staff with dementia training: 77%* **Not comparable to Round 3 – changes to question*

Discharge

Round 3 Recommendations	Update
The Safeguarding Lead should ensure that staff are trained in the Mental Capacity Act, including consent, appropriate use of best interests decision making, the use of Lasting Power of Attorney and Advance Decision Making. Training should cover supportive communication with family members/carers on these topics.	Record of patient's consent/best interests decision making when change of residence proposed: 66% (–)
The Safeguarding Lead should ensure staff are properly trained and informed on the need for the appropriate presence and participation of the patient in discussions about the patient's care, treatment and discharge. Discharge discussions should include a comprehensive note of who was present and the views expressed. The appropriate presence and involvement of the carer(s), as determined by patient consent or best interest decision, should also be recorded.	Evidence of discussion with the person with dementia at discharge: 57% (↑ 3%). Evidence of discussion with the carer or relative: 83% (↑ 2%)

Governance

Round 3 Recommendations	Update
The Chief Executive Officer should ensure that there is a dementia champion available to support staff 24 hours per day, seven days per week. This could be achieved through ensuring that people in roles such as Site Nurse Practitioners and Bed Managers have expertise in dementia care.	Dementia champions in place at Directorate level: 77% (↓ 5%) Ward level: 89% (↓ 5%)
Trust Boards/Council of Governors/Health Boards should request that the information they receive on delayed discharges and patient safety indicators including falls, pressure ulcers and readmissions can identify the proportion of the patient population with dementia	The number of hospital Trusts/ Health Boards that can identify patients with dementia when reviewing: In-hospital falls: 64% (↑ 4%) Delayed discharges: 40% (↑ 8%) Readmissions: 37% (↑ 5%)
The Chief Executive Officer should ensure that there is an activity program which provides opportunities for social interaction for people with dementia The Director of Nursing and Head of Therapy Directorate should work with dementia and therapy leads to create or enhance activity programs to provide opportunities for social interaction for people with dementia – especially for patients experiencing longer lengths of stay.	Hospitals provide opportunities for social interaction away from the bedside: On all adult wards: 17% (↑ 2%) On care of the elderly wards: 36% (↓ 3%) On some wards: 41% (↑ 11%)
The Senior Clinical Lead for Dementia should: • Build clear links to the delirium pathway into the dementia pathway, care bundle or protocol. • Work with clinical teams to target local Trust quality improvement initiatives aimed at improving care by developing and implementing integrated evidence-based care pathways for people with dementia and delirium. These should include: – Falls and fractured hips; UTIs; Chest infections; Stroke The overlap and learning from other audits such as the National Audit of Inpatient Falls should be acknowledged and incorporated in this work and highlighted within staff training.	Hospitals care pathways that are integrated with the dementia pathway: Delirium: 95% Stroke: 47% Fractured neck of femur: 58%* **Not comparable to Round 3 – changes to question*

Appendix C: Sharing results and quality improvement work in 2019

Clinical outcomes publication (COP)

This programme brings together quality measures from a range of audits and helps support their inclusion via accessible platforms such as NHS Choices. Audit data submitted for COP is shown on the My NHS website[39].

Collecting information from people with dementia admitted to hospital – feasibility study

We created a short survey to ask hospitals participating in the National Audit of Dementia (NAD) about their experience of collecting feedback directly from people living with dementia admitted to hospital. Where audit leads said that they systematically collected feedback, we carried out interviews to gather information and materials on the methodology, resources required, and utility of the data. With this feedback, we can examine the possibility for people with dementia to report on their own experiences in future rounds of the audit.

Optional casenote audit

The casenote audit tool is open until September 2019, to allow hospitals who wish to build a year on year record of performance to submit further cases.

Spotlight audit

This module will look at medication which may be prescribed for behavioural and psychological symptoms of dementia. Data collection will be carried out during July 2019.

Quality improvement workshops

Seven quality improvement workshops will take place around England and Wales in September and October 2019. These will be led by quality improvement healthcare expert Maureen McGeorge. Workshops will help audit leads to devise practical applications to address shortfalls identified by the audit.

Information about future rounds of the audit can be found on the HQIP website.

Appendix D: Method for scoring

This appendix lays out the question items from the four tools used in the scoring system, the reasons why these questions were chosen and an explanation of how the scores were calculated.

Selection and content of the seven key scoring items

The seven scoring items were selected because:

- They are identified as priority items relating to the care of people with dementia
- Either previous audit data analysis, or analysis of the properties of the tool in pilot, suggested that they would provide a sufficiently robust basis for comparison
- They are drawn from all four of the main audit tools, and therefore include measures drawn from audit of casenotes, organisational response to questions relating to support for people with dementia, and the perspective of carers and of staff

Scoring Items	Score content
Assessment	Patients in the casenote sample – weighted according to how many out of seven assessments were received by each patient
Carer rating of the quality of information and communication	Carers' response to three questions on the quality of information and communication
Staff rating of the quality of information and communication	Staff responses to three questions on the quality of information and communication
Nutrition	Hospital responses to four questions: carer passport scheme, availability of finger foods, 24-hour food provision and protected mealtimes
Discharge	Patients in the casenote audit receiving four elements of discharge planning: discussion with the person, carer, consultant and MDT
Governance	Hospital responses to seven questions relating to leadership, support and engagement
Carer rating of patient care	How positively carers rated care provided to the person with dementia

We have been unable to develop a score based on staffing and training as the required data on proportion of trained staff was not available.

Methods of scoring

Audit tools collect information in different ways, with different response options, and therefore there is not one overall method. The basic principle for each tool is shown in the following worked examples using simulated data.

Assessment (casenote audit CA)

Questions used for calculating scores

Calculation based on positive responses for: mobility (CA14), nutritional status (CA15), pressure ulcer (CA16), continence (CA17), pain (CA18), functioning (CA19) and delirium screen (Appendix G).

Calculating assessment score

Hospital score = % patients × number of assessments

For this score only, N/A responses were counted as positive. N/A can only be answered for assessments when there is a recorded reason.

Examples		
N assessments (out of 7)	% patients receiving	Hospital score (% patients × N assessments)
Any 1	50	50
Any 2	25	50
Any 3	5	15
Any 4	10	40
Any 5	4	20
Any 6	3	18
All 7	3	21
	Total hospital score	214
	Total possible score	700
	% score	30.6

Information and communication (carer questionnaire CQ and staff questionnaire SQ)

Questions used for calculating scores
CQ5. Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? For example, about plans for treatment and discharge.
CQ6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?
CQ7. Did hospital staff ask you about the needs of the person you look after to help plan their care?
SQ3. In your current role, do you think personal information is available to you to help you provide care/ support to people with dementia? E.g. their likes/dislikes, preferred name, past job
SQ4. In your current role, do you feel encouraged to accommodate the individual needs and preferences of people with dementia? E.g. taking time to speak and interact at the pace of the person with dementia, permitting them to walk around the ward
SQ5. As a team, how often do you talk about the way you provide care/support to people with complex needs (including dementia)?

Calculating carer rating of information and communication *(N/A removed from totals)

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

Calculating staff rating of information and communication *(N/A removed from totals)

	Yes always/ frequently	Yes most of the time/ occasionally	Yes sometimes/ almost never	No/ Never	N/A*	Total applicable N	Total possible score per q	Total N score
Score per response	3	2	1	0	N/A*			
Examples (based on 20 responses)								
Q3	10	3	2	3	2	18	54	38
Q4	8	3	2	5	2	18	54	32
Q5	2	14	2	2	0	20	60	36
							Total section score	106
							Total possible	168
							% score	63.1

Nutrition provision and support for people with dementia (organisational checklist OC)

Questions used for calculating score
OC10. Protected mealtimes are established in all wards that admit adults with known or suspected dementia (Y/N)
OC11. The hospital has in place a scheme/programme which allows identified carers of people with dementia to visit at any time including at mealtimes. (E.g. Carer's passport) (Y/N)
OC30. The hospital can provide finger foods for people with dementia (patients can choose a complete meal option that can be eaten without cutlery everyday/on four to six days per week/on two or three days per week/on only one day per week/finger food consists of sandwiches/wraps only)
OC31. The hospital can provide 24-hour food services for people with dementia (other food for example toast, sandwiches, cereals, soup and lighter hot dishes, are available 24 hours a day/other food for example … are available, but less than 24 hours a day/simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day/only snacks are available 24 hours a day/food is not available 24 hours a day)

Calculating nutrition score

	Yes/everyday	4–6 days	2–3 days	1 day	S/wich only
Score	1	0.8	0.6	0.4	0.2
	24 hr food	Less than 24	Simple	Snacks	Not available
Score	1	0.75	0.5	0.25	0
Examples					
Q10	1				
Q11					0
Q30		0.8			
Q31		0.75			
				Total score	2.55
				Total possible	4
				% score	63.8

Discharge planning and discussion (casenote audit CA)

Questions used in calculating score
CA30a. Is there evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with the person with dementia?
CA30b. Is there evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with the person's carer/relative?
CA30c. Is there evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with the consultant responsible for the patient's care?
CA30d. Is there evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with other members of the multidisciplinary team?

Calculating discharge score

Examples		
Question	% 'yes' response	Hospital score
30a	50	50
30b	25	25
30c	15	15
30d	40	40
	Total hospital score	130
	Total possible score	400
	% score	39

Governance, leadership and support (organisational checklist OC)

Calculating governance score

Question number and text		Scoring per question			Response	Score
		Y	N	Other		
OC1	A care pathway or bundle for patients with dementia is in place (Yes/No/In development)	1	0	0.5	Y	1
OC2	The Executive Board regularly reviews information collected on:					
OC2a	Re-admissions, in which patients with dementia can be identified in the total number of patients Re-admitted (Y/N)	1	0		Y	1
OC2b	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers (Y/N)	1	0		Y	1
OC2c	The number of In-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (Y/N)	1	0		Y	1
OC3	The Executive Board regularly receives feedback from the following:					
OC3a	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse consultants (Y/N)	0.25	0		N	0
OC3b	Complaints – analysed by age (Y/N)	0.25	0		Y	0.25
OC3c	Patient Advice and Liaison Services (PALS) – in relation to services for older people and people with dementia (Y/N)	0.25	0		Y	0.25
OC3d	Patient/public forums or local Healthwatch – in relation to services for older people and people with dementia (Y/N)	0.25	0		Y	0.25
OC4	There are champions for dementia at:					
OC4a	Directorate level (Y/N)	0.5	0		N	0
OC4b	Ward level (Y/N)	0.5	0		Y	0.5
OC6	Has a strategy or plan for carer engagement been produced? (e.g. using Triangle of Care self-assessment tool) (Y/N)	1	0		N	0
OC7	A Dementia Working Group is in place and reviews the quality of services provided in the hospital (Y/N)	1	0		Y	1
					Total possible	8
					Total score	6.25
					% score	78.1

Carer overall rating of patient care (carer questionnaire CQ)

Question used for calculating score:

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

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

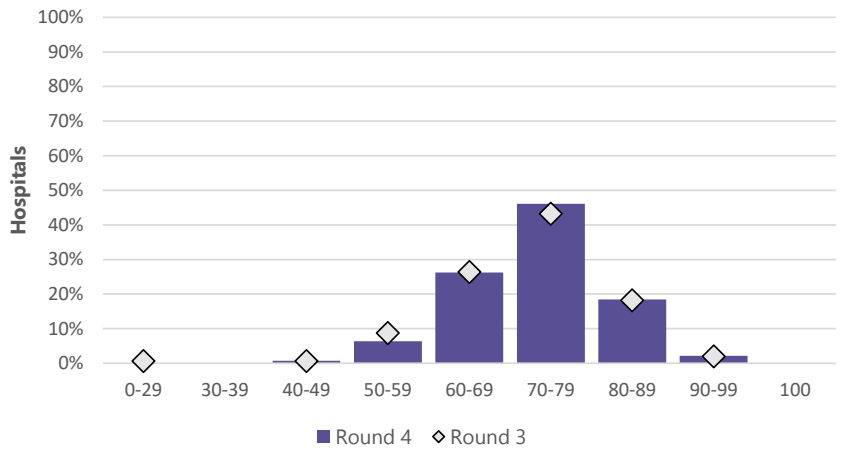
Appendix E: Range of scores in Round 4 and Round 3

This appendix shows the range of hospital scores for each theme. For hospitals to receive a complete set of scores they needed to provide:

- 1 complete organisational checklist (to receive a nutrition and governance score)
- 20 or more casenotes (to receive an assessment and discharge score)
- 20 or more staff questionnaires (to receive a staff information and communication score)
- 10 or more carer questionnaires (to receive a carer information and communication score and carer overall rating of patient care score)

Hospital score movements shown below are based on the proportion of hospitals that had achieved a score in both rounds for the theme.

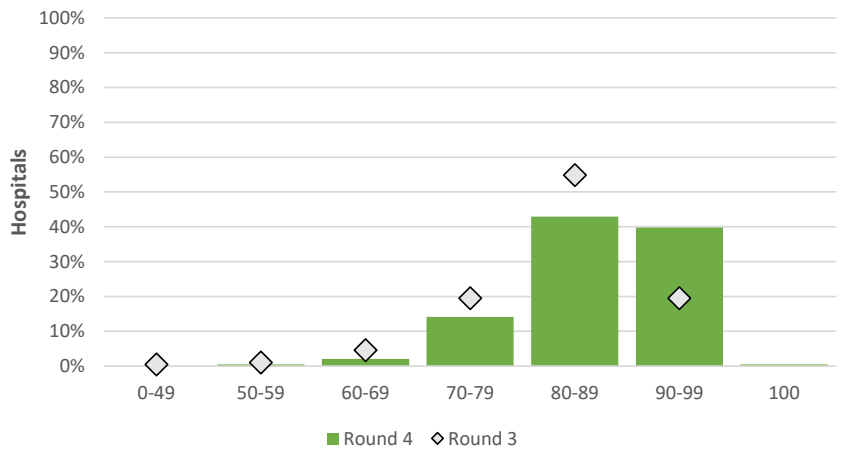
Overall carer rating of patient care score



	Round 4	Round 3
Number of hospitals	141	148
Min	48%	22%
Max	91%	93%
Average score	73%	72%

- 60 hospitals achieved a score greater than or equal to their score in Round 3
- 56 hospitals scored lower than their score in Round 3

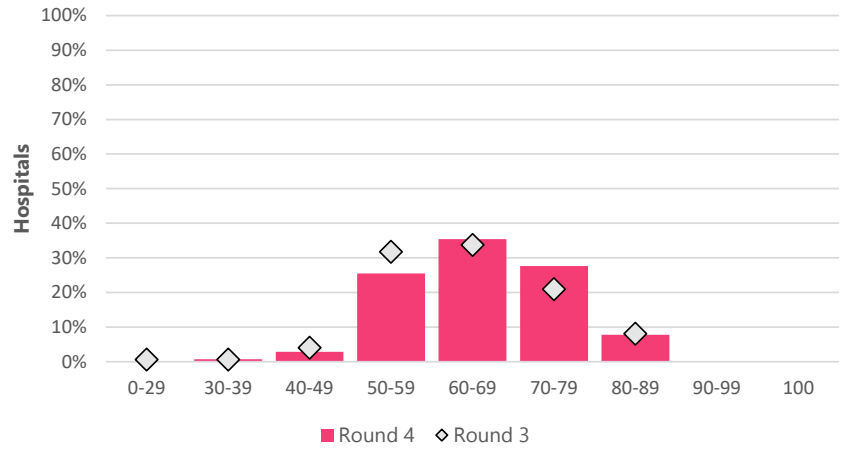
Assessment score



	Round 4	Round 3
Number of hospitals	191	195
Min	54%	49%
Max	100%	99%
Average score	87%	84%

- 133 hospitals achieved a score greater than or equal to their score in Round 3
- 53 hospitals scored lower than their score in Round 3

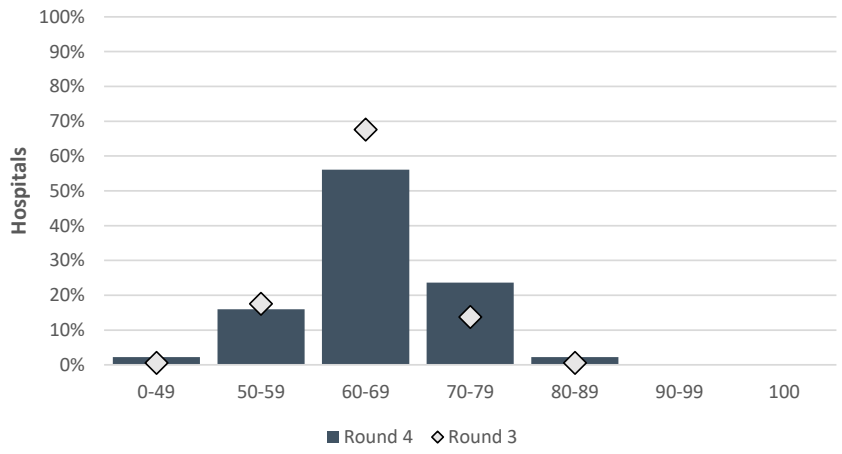
Carer information and communication score



	Round 4	Round 3
Number of hospitals	141	148
Min	36%	22%
Max	87%	88%
Average score	66%	64%

- 59 hospitals achieved a score greater than or equal to their score in Round 3
- 57 hospitals scored lower than their score in Round 3

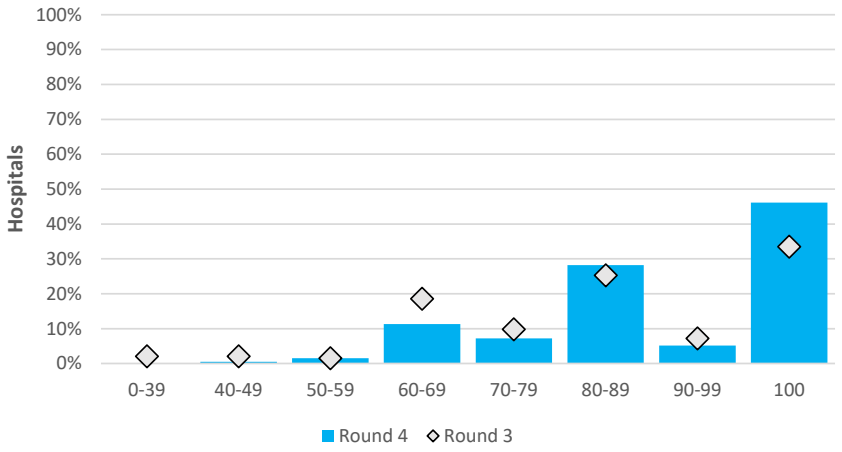
Staff information and communication score



	Round 4	Round 3
Number of hospitals	182	182
Min	47%	48%
Max	87%	83%
Average score	66%	65%

- 101 hospitals achieved a score greater than or equal to their score in Round 3
- 64 hospitals scored lower than their score in Round 3

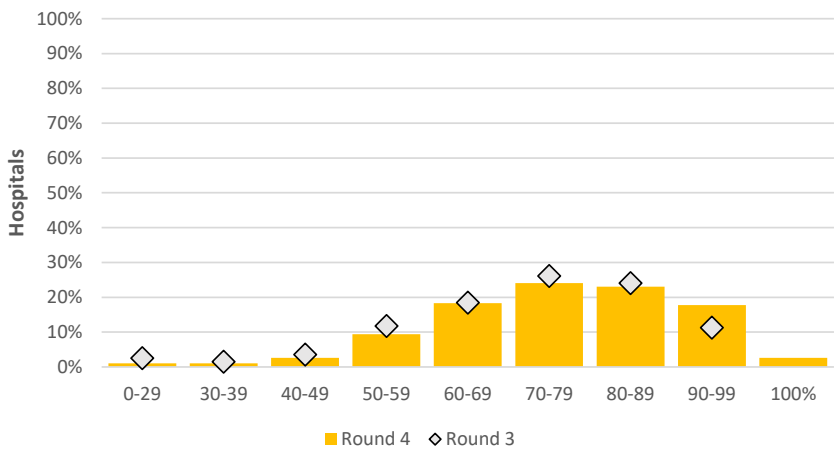
Nutrition score



	Round 4	Round 3
Number of hospitals	195	199
Min	43%	36%
Max	100%	100%
Average score	89%	84%

- 140 hospitals achieved a score greater than or equal to their score in Round 3
- 54 hospitals scored lower than their score in Round 3

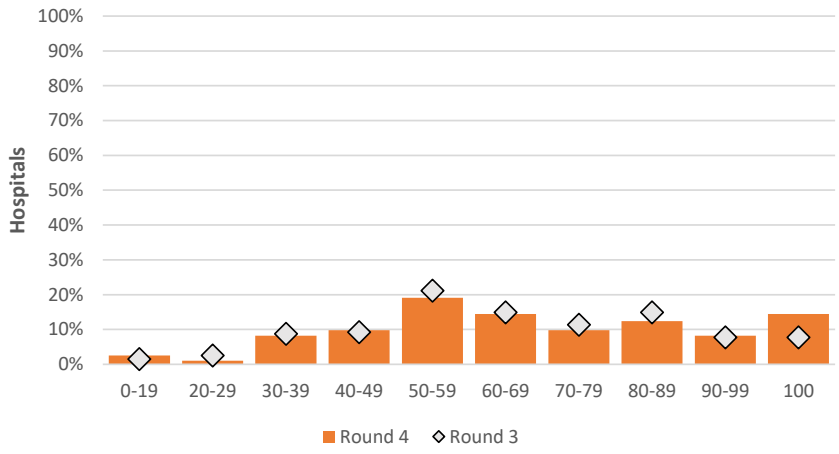
Discharge score



	Round 4	Round 3
Number of hospitals	191	195
Min	18%	22%
Max	100%	98%
Average score	76%	73%

- 111 hospitals achieved a score greater than or equal to their score in Round 3
- 75 hospitals scored lower than their score in Round 3

Governance score



	Round 4	Round 3
Number of hospitals	195	199
Min	13%	13%
Max	100%	100%
Average score	68%	65%

- 123 hospitals achieved a score greater than or equal to their score in Round 3
- 71 hospitals scored lower than their score in Round 3

Appendix F: Hospital score table

The table below lists each of the seven scores for all hospitals in the audit. Hospitals are ordered alphabetically, and the colour gradient for each score reflects the rank of that hospital for each measure. To receive a full set of scores, hospitals were required to provide one complete organisational checklist, more than 19 casenotes, 20 or more staff questionnaires and 10 or more carer questionnaires. Hospitals with fewer than the required number, have not received a score for that theme and have been left blank. The scores were also compared with hospital scores from Round 3 of the audit:

- ↑ Score increased since Round 3
- ↓ Score decreased since Round 3
- – Score unchanged or no Round 3 comparison

Scores are derived from separate data sources and should be viewed independently. For example, a hospital's score for Assessment should be compared to other Assessment scores, rather than the other scores for that hospital. This is because a hospital's highest score may not reflect its area of greatest achievement, if it is a theme in which all hospitals have scored highly.

The key below illustrates the hospital scores based on quartiles.

	Highest scores			**Lowest scores**
Governance	100% – 87.6%	87.5% – 68.9%	68.8% – 50.5%	50.4% – 12.5%
Nutrition	100%	99.9% – 93.9%	93.8% – 80.1%	80% – 42.5%
Discharge	100% – 87.7%	87.6% – 77.1%	77% – 66.4%	66.3% – 17.6%
Assessment	100% – 92.1%	92% – 88.7%	88.6% – 83.8%	83.7% – 53.7%
Staff communication	87.1% – 70.1%	70% – 66.5%	66.4% – 62.6%	62.5% – 47.7%
Carer communication	86.8% – 72.5%	72.4% – 65.4%	65.3% – 59.4%	59.3% – 35.9%
Carer rating of patient care	91.1% – 78.5%	78.4% – 73.2%	73.1% – 67.9%	67.8% – 48.1%

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Addenbrooke's Hospital	84.4 (60) ↑	100 (1) –	48.8 (182) ↓	91.3 (55) ↓	73.6 (23) ↑	–	–
Airedale General Hospital	75 (72) ↑	87.5 (102) –	79.5 (83) ↓	93.6 (35) ↑	67.7 (76) ↑	54.5 (123) ↓	70.5 (91) ↑
Alexandra Hospital, Redditch	53.1 (135) ↓	87.5 (102) ↓	69.7 (130) ↑	87.1 (112) ↑	70.1 (44) –	–	–
Arrowe Park Hospital	78.1 (70) ↑	100 (1) ↑	87.6 (48) ↑	86 (124) ↑	67.8 (73) –	60.8 (98) ↓	76.5 (47) ↑
Barnet Hospital	100 (1) ↑	100 (1) –	79.2 (86) ↓	84.6 (136) ↓	87.1 (1) ↑	75 (24) ↓	81.8 (23) ↑
Barnsley Hospital	50 (147) ↓	93.8 (92) ↓	59.7 (164) ↓	74.9 (173) ↓	71.1 (41) ↑	70 (50) ↓	71.1 (87) ↓
Basildon University Hospital	100 (1) ↑	100 (1) ↑	97.2 (13) ↑	91 (60) ↑	65.8 (97) ↓	58.2 (112) ↑	65.4 (118) ↑
Basingstoke & North Hampshire Hospital	93.8 (32) ↑	87.5 (102) ↑	80.3 (82) ↓	89.9 (78) ↑	67.9 (72) ↑	75 (24) ↑	79.4 (30) ↑
Bassetlaw Hospital	31.3 (185) ↓	87.5 (102) ↓	73.8 (111) ↑	92.7 (39) ↑	69.2 (58) ↑	73.5 (30) –	83.3 (14) –
Bedford Hospital	87.5 (46) ↑	100 (1) ↑	83.2 (66) ↑	95.5 (20) ↑	77.8 (7) ↓	83 (5) ↓	82.4 (19) ↓
Birmingham Heartlands Hospital	34.4 (179) ↓	100 (1) –	35.6 (188) –	85.7 (125) –	48.6 (180) –	35.9 (141) ↓	51.8 (139) ↓
Blackpool Victoria Hospital	56.3 (122) ↑	67.5 (172) ↓	63.4 (152) ↑	90.4 (73) ↑	62.7 (131) ↓	59.1 (108) ↓	72.7 (74) ↓
Bradford Royal Infirmary	87.5 (46) ↑	100 (1) ↑	70.6 (123) ↓	79 (163) ↓	74.1 (22) ↑	65.2 (71) ↓	70.5 (91) ↓
Bristol Royal Infirmary	100 (1) ↑	100 (1) –	88.8 (43) ↑	73.4 (179) ↓	66.7 (83) ↓	–	–
Bronglais General Hospital	53.1 (135) ↑	87.5 (102) ↓	76.5 (98) ↑	84.9 (135) ↓	48.4 (181) ↓	–	–
Broomfield Hospital	71.9 (82) ↑	100 (1) ↑	71.1 (121) ↓	88.3 (97) ↑	71.3 (38) ↑	71 (41) ↓	87.9 (5) ↓
Calderdale Royal Hospital	81.3 (65) ↑	80 (140) –	55.1 (177) ↓	74.3 (175) ↓	63.4 (126) ↑	–	–
Central Middlesex Hospital	59.4 (117) ↑	61.3 (189) ↓	100 (1) ↑	94.3 (28) ↑	73.3 (24) ↑	63.9 (78) ↑	70.9 (89) ↓
Chelsea & Westminster Hospital	40.6 (168) ↓	61.3 (189) ↓	48.4 (183) ↓	74 (178) ↑	54.7 (175) ↓	65.4 (69) ↑	75 (56) ↓
Cheltenham General Hospital	56.3 (122) ↓	80 (140) ↑	81.4 (73) ↑	92 (47) ↑	58.2 (162) ↑	62.5 (86) ↓	73.3 (68) ↑
Chesterfield Royal Hospital	93.8 (32) ↑	100 (1) ↑	100 (1) ↑	95.4 (21) ↑	73.0 (29) ↑	80.2 (10) –	89.5 (4) –
Chorley & South Ribble Hospital	90.6 (43) ↑	67.5 (172) ↓	65.4 (146) ↓	71.1 (183) ↓	58.5 (160) ↓	–	–
City Hospital, Birmingham	96.9 (29) ↑	61.3 (189) ↓	79.4 (84) ↑	93.7 (33) ↑	55.2 (172) ↓	–	–
Colchester General Hospital	56.3 (122) ↓	55 (193) ↓	76 (99) ↓	91.3 (55) ↓	68.9 (61) ↑	54.1 (126) ↓	63.8 (121) ↑

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Conquest Hospital	87.5 (46) ↑	100 (1) –	71 (122) ↑	87.3 (109) ↑	–	57.9 (113) –	71.2 (85) –
County Hospital, Stafford	68.8 (89) ↑	93.8 (92) ↑	56.3 (175) ↓	90.6 (68) ↑	64.9 (106) ↓	86.6 (2) ↑	91.1 (1) ↑
Croydon University Hospital	25 (190) ↓	100 (1) ↑	69.5 (131) ↓	79.1 (162) ↓	69.4 (57) ↑	–	–
Cumberland Infirmary	43.8 (163) ↓	87.5 (102) ↑	74.8 (103) ↓	82.6 (149) ↓	56.9 (168) ↓	54.2 (124) –	78.1 (40) –
Darent Valley Hospital	100 (1) ↑	75 (158) ↓	95.7 (21) ↑	98 (5) ↑	66.7 (83) ↑	59.5 (104) ↑	70.7 (90) ↑
Darlington Memorial Hospital	46.9 (154) ↓	87.5 (102) –	64.2 (150) ↑	92.4 (41) ↑	73.3 (24) ↑	60.9 (96) ↑	63.7 (122) ↓
Derriford Hospital	75 (72) ↑	67.5 (172) ↓	92.2 (31) ↑	87.2 (110) ↑	72.4 (33) ↑	65.3 (70) ↓	72.1 (78) ↑
Diana Princess of Wales Hospital, Grimsby	53.1 (135) ↑	67.5 (172) –	66.4 (142) ↑	70 (185) ↓	63.8 (120) ↑	56 (118) ↓	67.5 (106) ↓
Doncaster Royal Infirmary	32.3 (182) ↓	87.5 (102) ↓	77.1 (94) ↑	88.9 (92) ↑	63.8 (120) ↓	–	–
Dorset County Hospital	75 (72) ↓	95 (91) ↓	91.1 (36) ↑	89.4 (82) ↑	62.2 (139) ↓	54.8 (121) ↓	66.1 (114) ↓
Ealing Hospital	100 (1) ↑	100 (1) –	81.2 (75) ↓	90.6 (68) ↑	72.4 (33) ↓	59.4 (105) ↓	63 (125) ↓
East Surrey Hospital	100 (1) ↑	100 (1) ↑	95 (24) ↑	97.7 (9) ↑	78.9 (5) ↑	71.2 (40) ↑	87.5 (6) ↑
Eastbourne District General Hospital	87.5 (46) ↑	100 (1) –	73.6 (113) ↑	89.7 (79) ↑	–	60.9 (96) ↑	73.4 (67) ↓
Epsom General Hospital	100 (1) ↑	73.8 (165) ↓	–	–	–	–	–
Fairfield General Hospital	84.4 (60) ↑	81.3 (136) ↓	70.2 (127) ↓	81.1 (156) ↑	72.9 (30) ↑	–	–
Freeman Hospital	56.3 (122) ↓	100 (1) ↑	85.2 (53) ↑	86.6 (120) ↑	75.2 (17) ↑	–	–
Friarage Hospital	93.8 (32) –	93.8 (92) ↓	90.6 (38) ↑	88.6 (96) ↑	63.6 (122) ↓	–	–
Frimley Park Hospital	100 (1) ↑	100 (1) ↑	100 (1) ↑	100 (1) ↑	73.1 (28) ↑	62 (91) ↓	71.9 (79) ↓
Furness General Hospital	59.4 (117) –	100 (1) –	91.3 (34) ↑	90.7 (67) ↑	–	56.6 (117) ↓	71.2 (85) ↑
George Eliot NHS Hospital	43.8 (163) ↓	100 (1) ↑	66 (145) ↑	87.5 (106) ↑	61.1 (145) ↑	–	–
Glan Clwyd Hospital	87.1 (57) ↑	87.5 (102) ↑	97.6 (11) ↑	92.4 (41) ↑	57.6 (164) ↓	72 (39) ↑	76.8 (46) ↑
Glangwili General Hospital	25.8 (189) ↓	42.5 (195) ↓	80.8 (79) ↑	87.4 (107) ↑	61.5 (140) ↑	–	–
Gloucestershire Royal Hospital	56.3 (122) ↓	73.8 (165) –	84.8 (54) ↓	89 (91) ↓	59.3 (156) ↓	74.4 (27) ↑	81.9 (22) ↑
Good Hope Hospital	34.4 (179) ↓	100 (1) –	46.9 (184) ↓	87.1 (112) ↑	53.8 (178) ↓	52.1 (130) ↓	59.1 (132) ↓

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Grantham & District Hospital	53.1 (135) ↓	80 (140) –	56.7 (173) ↓	91.4 (54) ↓	47.7 (182) ↓	–	–
Great Western Hospital	93.8 (32) ↑	87.5 (102) ↑	62.5 (157) ↓	86.3 (123) ↑	66.1 (95) ↑	59.8 (101) ↑	68.5 (101) ↑
Harrogate District Hospital	43.8 (163) ↑	80 (140) ↑	74.7 (105) ↑	88.9 (92) ↑	63.3 (127) ↓	68.4 (55) ↓	76.3 (49) ↓
Hinchingbrooke Hospital	81.3 (65) ↑	100 (1) ↑	76.6 (97) ↑	87.8 (101) ↑	–	–	–
Homerton University Hospital	46.9 (154) ↓	67.5 (172) ↓	87.5 (49) ↓	94.4 (26) ↓	67.8 (73) ↑	63.1 (83) ↓	75 (56) ↑
Horton General Hospital	46.9 (154) ↓	67.5 (172) ↓	98 (9) ↑	99.4 (2) ↑	59.3 (156) ↓	–	–
Huddersfield Royal Infirmary	81.3 (65) ↑	80 (140) –	64.3 (148) ↓	72.6 (181) ↓	62.6 (134) –	59.7 (102) –	63.1 (124) –
Hull Royal Infirmary	75 (72) ↓	100 (1) ↑	69.9 (129) ↓	91.3 (55) ↑	64.7 (110) ↓	65.5 (68) ↑	69.6 (95) ↓
Ipswich Hospital	68.8 (89) ↑	87.5 (102) ↓	94.2 (26) ↑	96.9 (11) ↑	66.7 (83) ↓	77.7 (15) ↑	78.4 (35) ↑
James Paget Hospital	56.3 (122) ↑	67.5 (172) ↓	52.1 (181) ↓	82.5 (151) ↓	75.8 (12) ↑	80.3 (9) ↑	81.1 (25) ↑
John Radcliffe Hospital	71.9 (82) –	80 (140) –	99.2 (8) ↑	92.3 (45) ↑	58.4 (161) ↓	75.4 (22) ↑	79.2 (32) ↑
Kent & Canterbury Hospital	65.6 (100) ↑	93.8 (92) ↑	–	–	67.3 (82) ↓	–	–
Kettering General Hospital	75 (72) ↓	100 (1) ↑	62.3 (158) ↓	72.9 (180) ↓	57.1 (166) ↓	–	–
King George Hospital, Ilford	62.5 (105) ↑	100 (1) ↑	91.3 (35) ↑	93.2 (36) ↑	64.9 (106) –	–	–
King's College Hospital	68.8 (89) ↑	80 (140) ↓	96.9 (14) ↓	97.7 (9) ↑	73.3 (24) ↓	65.2 (71) ↓	66.5 (112) ↓
King's Mill Hospital	50 (147) ↑	100 (1) ↑	93.1 (29) ↑	88.9 (92) ↑	75.3 (16) ↑	70.9 (44) ↓	81 (26) ↓
Kingston Hospital	68.8 (89) ↓	100 (1) ↑	84.2 (62) ↓	77.1 (166) ↓	69.8 (49) ↑	51.1 (133) ↓	61.1 (128) ↓
Leeds General Infirmary	100 (1) ↑	100 (1) ↑	75 (102) ↓	90.5 (71) ↑	69.8 (49) ↑	–	–
Leicester Royal Infirmary	68.8 (89) ↓	87.5 (102) ↑	64.9 (147) ↑	83.7 (142) ↑	68.6 (64) ↑	62.7 (84) ↓	69 (97) ↓
Leighton Hospital	100 (1) ↑	100 (1) –	82.2 (69) ↑	96.4 (16) ↑	69.8 (49) ↑	63.9 (78) ↑	75.5 (55) ↑
Lincoln County Hospital	12.5 (193) ↓	80 (140) –	78.9 (87) ↑	87.7 (103) ↑	–	55.8 (119) ↓	56.3 (136) ↓
Lister Hospital	68.8 (89) ↑	67.5 (172) ↑	57.3 (169) ↓	69 (186) ↓	65.5 (101) ↓	63.3 (82) ↓	68.9 (99) ↓
Luton & Dunstable Hospital	71.9 (82) ↑	87.5 (102) ↑	68.4 (135) ↓	85.4 (131) ↑	69.7 (54) ↑	60.3 (100) ↑	67 (110) ↑
Macclesfield District General Hospital	53.1 (135) ↓	100 (1) ↑	46 (185) ↓	91.2 (59) ↑	72.9 (30) ↑	66.5 (62) ↑	78.4 (35) ↑

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Maidstone Hospital	56.3 (122) ↑	87.5 (102) –	70.6 (123) ↓	78.6 (165) ↑	64.9 (106) ↑	69.5 (52) ↓	78.4 (35) ↑
Manchester Royal Infirmary	87.5 (46) ↑	100 (1) ↑	75.6 (101) ↑	92 (47) ↑	66.5 (88) ↓	77.3 (17) ↑	77.6 (43) ↑
Manor Hospital, Walsall	71.9 (82) ↓	100 (1) –	87.7 (45) ↓	87.2 (110) ↑	63.6 (122) ↓	56.8 (115) –	64.1 (119) –
Medway Maritime Hospital	46.9 (154) ↓	87.5 (102) ↑	66.7 (140) ↑	68.9 (187) ↓	–	–	–
Milton Keynes Hospital	15.6 (191) ↓	87.5 (102) ↓	95.8 (19) ↑	87.4 (107) ↑	65.5 (101) ↑	–	–
Morriston Hospital	51.6 (146) ↑	62.5 (187) ↓	23 (189) ↓	60.5 (189) ↓	60.4 (149) ↓	–	–
Musgrove Park Hospital	62.5 (105) ↑	100 (1) –	78.5 (89) ↓	92.9 (38) ↓	65.5 (101) ↑	72.2 (35) ↓	80.7 (28) ↓
Nevill Hall Hospital	38.7 (173) ↓	100 (1) –	84.4 (57) ↑	89.3 (85) ↑	60.8 (147) ↑	–	–
New Cross Hospital	53.2 (134) ↑	100 (1) –	–	–	61.2 (143) ↓	69.2 (53) –	76.5 (47) –
Newham University Hospital	75 (72) ↓	100 (1) ↑	95.3 (22) ↑	92.4 (41) ↓	65.8 (97) ↓	70.7 (45) ↑	72.5 (76) ↑
Norfolk & Norwich University Hospital	100 (1) ↑	100 (1) –	79.4 (84) ↓	94.3 (28) ↑	67.8 (73) ↑	52.5 (129) ↑	60.7 (130) ↓
North Devon District Hospital	31.3 (185) ↓	75 (158) ↓	96 (18) ↑	84 (140) ↑	66.5 (88) ↓	72.2 (35) ↓	73.1 (69) ↓
North Manchester General Hospital	68.8 (89) ↑	81.3 (136) ↓	82 (71) ↓	86.9 (119) ↑	59.4 (154) –	–	–
North Middlesex University Hospital	56.3 (122) ↑	100 (1) ↑	53.7 (178) –	82.6 (149) –	78.3 (6) –	65.7 (67) –	65.8 (117) –
North Tyneside General Hospital	62.5 (105) ↑	100 (1) ↑	86.4 (51) ↑	89.7 (79) ↓	65.7 (100) ↓	50 (134) ↓	82.1 (21) ↓
Northampton General Hospital	68.8 (89) –	81.3 (136) ↑	63.4 (152) ↑	90.3 (74) ↑	68.2 (69) ↑	49.3 (137) ↓	61.5 (127) ↓
Northern General Hospital, Sheffield	100 (1) ↑	100 (1) –	77.8 (91) ↑	89.4 (82) ↑	65.2 (104) ↑	66.4 (64) –	75.7 (52) –
Northwick Park Hospital	40.6 (168) ↓	93.8 (92) ↓	82 (71) ↑	94.1 (31) ↑	69.8 (49) ↑	71 (41) –	75 (56) –
Nottingham City Hospital	40.6 (168) ↓	100 (1) –	46 (185) ↑	85.4 (131) ↑	56.8 (169) ↑	–	–
Peterborough City Hospital	81.3 (65) ↓	93.8 (92) ↓	61 (163) ↓	85.7 (125) ↑	69.5 (56) ↑	47.1 (139) ↓	72.9 (72) ↑
Pilgrim Hospital	56.3 (122) ↓	87.5 (102) ↑	74.4 (108) ↑	92.7 (39) ↑	74.7 (20) ↑	81.4 (6) –	75 (56) –
Pinderfields Hospital	90.6 (43) ↑	67.5 (172) –	85.7 (52) ↑	92 (47) ↑	77.3 (9) ↑	56.8 (115) ↓	64.1 (119) ↓
Poole Hospital	84.4 (60) ↓	81.3 (136) ↓	95.8 (19) ↑	95.3 (22) ↑	70 (46) ↑	66.7 (59) ↓	71.6 (84) ↓
Prince Charles Hospital, Wales	35.5 (178) ↓	75 (158) ↓	59.6 (165) ↑	74.5 (174) ↑	57 (167) ↑	–	–

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Prince Philip Hospital, Wales	38.7 (173) ↑	73.8 (165) ↓	99.5 (6) ↑	93.1 (37) ↑	66.5 (88) ↑	–	–
Princess Royal University Hospital, London	40.6 (168) ↑	87.5 (102) ↑	73 (116) ↓	87.1 (112) ↓	64.5 (112) ↓	66.4 (64) ↑	81.3 (24) ↑
Queen Alexandra Hospital, Portsmouth	100 (1) ↑	67.5 (172) ↓	83 (67) ↑	75.4 (171) ↓	62.4 (138) ↑	–	–
Queen Elizabeth Hospital Birmingham	100 (1) ↑	80 (140) –	63.4 (152) ↓	84.3 (137) ↓	67.4 (80) ↓	64.9 (74) ↑	75.7 (52) ↑
Queen Elizabeth Hospital, Gateshead	68.8 (89) ↑	100 (1) –	64.3 (148) ↓	77.1 (166) ↓	74.8 (19) ↑	70.2 (47) ↑	82.6 (17) ↑
Queen Elizabeth Hospital, London	31.2 (188) ↓	87.5 (102) ↑	73.2 (115) ↑	84.3 (137) ↑	61.5 (140) ↓	61.5 (91) ↓	68.6 (100) ↓
Queen Elizabeth The Queen Mother Hospital	65.6 (100) ↑	93.8 (92) ↑	97.6 (11) ↑	75 (172) ↓	71.3 (38) ↑	–	–
Queen's Hospital, Burton Upon Trent	75 (72) ↓	100 (1) ↑	89.9 (39) ↑	92 (47) ↑	66.2 (94) –	51.4 (132) ↓	58 (133) ↓
Queen's Hospital, Romford	62.5 (105) ↑	100 (1) ↑	100 (1) ↑	98.5 (4) ↑	64 (116) –	–	–
Rotherham General Hospital	78.1 (70) ↓	100 (1) –	53.7 (178) ↓	84 (140) ↓	64 (116) ↓	–	–
Royal Albert Edward Infirmary, Wigan	100 (1) ↑	100 (1) –	80.9 (78) ↑	90 (76) ↑	77.4 (8) ↑	49.1 (138) ↓	62.5 (126) ↓
Royal Berkshire Hospital	62.5 (105) ↓	100 (1) ↑	91.8 (33) –	94.8 (23) ↑	62.5 (137) ↓	78.1 (14) ↑	83.9 (13) ↑
Royal Blackburn Hospital	62.5 (105) ↑	100 (1) ↑	70.6 (123) ↑	85.7 (125) ↑	65.8 (97) ↑	54.2 (124) ↓	71.9 (79) ↓
Royal Bolton Hospital	100 (1) ↑	87.5 (102) –	62 (159) ↑	91.3 (55) ↑	69.9 (48) ↑	61 (95) ↑	74.2 (64) ↑
Royal Bournemouth Hospital	100 (1) ↑	100 (1) ↑	80.8 (79) ↓	85.2 (133) ↓	68.2 (69) ↑	70.1 (49) –	82.8 (16) –
Royal Cornwall Hospital	100 (1) ↑	80 (140) ↓	91.9 (32) ↑	87.7 (103) ↑	63.3 (127) ↑	63.9 (78) ↑	67.3 (107) ↓
Royal Derby Hospital	93.8 (32) ↑	100 (1) ↑	78 (90) ↑	95.7 (17) ↑	68.9 (61) ↑	64.5 (76) ↑	75 (56) ↓
Royal Devon & Exeter Hospital	59.4 (117) ↓	67.5 (172) ↓	94.6 (25) ↑	98 (5) ↑	64 (116) ↓	76.4 (20) ↑	78.9 (33) ↑
Royal Glamorgan Hospital	38.7 (173) ↓	75 (158) ↓	66.7 (140) ↓	83.2 (144) ↓	56 (170) ↓	–	–
Royal Gwent Hospital	32.3 (182) ↓	100 (1) ↑	61.2 (162) ↓	89.3 (85) ↑	59.5 (153) ↓	–	–
Royal Hallamshire Hospital	100 (1) ↑	100 (1) –	62.9 (156) ↓	89.1 (89) ↑	54.3 (177) –	–	–
Royal Hampshire County Hospital	93.8 (32) ↑	87.5 (102) ↑	77 (96) ↑	85.7 (125) ↑	71.2 (40) ↓	76 (21) ↑	80.9 (27) ↑
Royal Lancaster Infirmary	59.4 (117) –	100 (1) –	97.7 (10) ↑	99 (3) ↑	70.3 (43) –	75.3 (23) ↑	79.3 (31) ↑
Royal Liverpool University Hospital	100 (1) ↑	100 (1) ↑	89.4 (40) ↑	94.6 (24) ↑	67.4 (80) ↑	66.5 (62) –	66.1 (114) –

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Royal Preston Hospital	90.6 (43) –	67.5 (172) –	63.8 (151) –	76.9 (169) –	–	–	–
Royal Shrewsbury Hospital	62.5 (105) ↑	100 (1) ↑	61.4 (161) ↓	80.4 (158) ↑	59.9 (151) –	64.6 (75) ↑	69.7 (94) ↑
Royal Surrey County Hospital	93.8 (32) ↑	100 (1) ↑	89.3 (42) ↓	96.9 (11) ↑	74.7 (20) ↑	76.9 (18) ↑	85.7 (9) ↑
Royal Sussex County Hospital	87.5 (46) ↑	80 (140) ↓	58.8 (166) ↓	82 (152) ↑	70 (46) ↑	–	–
Royal United Hospital Bath	93.8 (32) ↑	100 (1) ↑	81.1 (76) ↓	90.5 (71) ↓	63 (129) ↓	78.9 (12) ↑	84.1 (11) –
Royal Victoria Infirmary	56.3 (122) ↓	100 (1) ↑	77.6 (92) ↑	79.6 (161) ↓	69.8 (49) ↑	–	–
Russells Hall Hospital	53.1 (135) ↑	80 (140) ↓	63.1 (155) ↑	91 (60) ↑	73.2 (27) ↑	62.5 (86) ↓	71.1 (87) ↑
Salford Royal Hospital	100 (1) ↑	100 (1) ↑	76 (99) ↓	85.7 (125) ↑	64 (116) ↑	71 (41) ↑	74.3 (63) ↑
Salisbury District Hospital	84.4 (60) ↑	87.5 (102) ↓	92.3 (30) ↓	94.6 (24) ↑	67.7 (76) ↑	62.6 (85) ↑	70.1 (93) ↓
Sandwell General Hospital	96.9 (29) ↑	61.3 (189) ↓	68.6 (134) ↑	93.7 (33) ↑	55.2 (172) ↓	–	–
Scarborough Hospital	81.3 (65) ↓	100 (1) –	71.9 (120) ↑	82.9 (145) ↓	61.1 (145) ↑	–	–
Scunthorpe General Hospital	53.1 (135) ↑	67.5 (172) –	66.9 (139) ↑	81.1 (156) ↑	68.4 (66) ↑	73.7 (29) ↑	74.4 (62) ↑
Singleton Hospital	32.3 (182) ↓	62.5 (187) ↓	56.4 (174) ↑	81.7 (154) ↑	–	–	–
Solihull Hospital	34.4 (179) ↓	100 (1) –	57.5 (168) ↑	77.1 (166) ↓	63 (129) ↓	59.2 (107) ↓	66.7 (111) ↓
South Tyneside District Hospital	62.5 (105) ↑	100 (1) ↑	74 (110) ↑	90.6 (68) ↓	61.4 (142) ↑	80.6 (8) ↑	90 (3) ↑
Southampton General Hospital	40.6 (168) ↓	100 (1) –	74.2 (109) ↑	89.7 (79) ↑	66.4 (92) ↑	67.1 (57) ↑	83.3 (14) ↑
Southend University Hospital	65.6 (100) ↑	100 (1) ↑	56.8 (171) ↑	87 (118) ↑	64.9 (106) ↑	62.5 (86) ↓	75.8 (51) ↑
Southmead Hospital	50 (147) ↓	77.5 (157) ↓	83.8 (63) ↓	94.3 (28) ↓	62.6 (134) ↑	58.7 (110) ↑	66.4 (113) ↓
Southport & Formby District General Hospital	50 (147) ↑	80 (140) ↑	84.3 (60) ↑	81.7 (154) ↓	68.6 (64) ↑	–	–
St George's Hospital, London	50 (147) ↑	67.5 (172) ↑	67.4 (138) ↓	81.9 (153) ↑	75.7 (13) ↑	68.7 (54) ↑	78.2 (39) ↑
St Helier Hospital, Epsom	100 (1) ↑	73.8 (165) ↑	–	–	–	–	–
St James's University Hospital, Leeds	100 (1) ↑	100 (1) ↑	77.5 (93) ↑	90.8 (66) –	66.7 (83) ↑	72.4 (35) ↑	73.1 (69) ↑
St Mary's Hospital, Isle of Wight	75 (72) ↑	70 (171) ↑	84.6 (55) –	79.9 (159) –	59.8 (152) ↑	41 (140) ↑	48.1 (141) ↑
St Mary's Hospital, London	53.1 (135) ↓	87.5 (102) ↓	88 (44) ↓	88 (99) ↑	81.6 (3) –	66.7 (59) –	60 (131) –

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
St Peter's Hospital, Chertsey	93.8 (32) ↑	80 (140) ↓	84.4 (57) ↑	89.2 (87) ↑	68.4 (66) ↑	57.7 (114) –	66.1 (114) –
St Richard's Hospital, Chichester	87.5 (46) ↓	75 (158) ↓	73.5 (114) ↑	92 (47) ↑	72.1 (35) ↓	67.1 (57) ↓	79.9 (29) ↓
Stepping Hill Hospital	53.1 (135) ↓	100 (1) ↑	96.5 (17) ↑	96.6 (15) ↑	–	–	–
Stoke Mandeville Hospital	12.5 (193) ↓	100 (1) ↑	72.3 (119) ↑	68 (188) ↓	63.5 (125) ↑	59.3 (106) ↓	61.1 (128) ↓
Sunderland Royal Hospital	56.3 (122) ↓	100 (1) –	73.7 (112) ↑	95.6 (19) ↑	54.7 (174) ↓	–	–
Tameside General Hospital	50 (147) ↓	100 (1) –	57.1 (170) ↓	87.1 (112) ↑	60.8 (147) ↓	70.5 (46) ↓	75 (56) ↓
The Countess of Chester Hospital	37.5 (176) ↓	100 (1) ↑	82.9 (68) ↓	79 (163) ↓	55.7 (171) ↓	67.8 (56) –	71.7 (83) –
The County Hospital, Hereford	53.1 (135) ↑	73.8 (165) ↑	70.3 (126) ↑	90.9 (62) ↑	64.5 (112) –	–	–
The Hillingdon Hospital	50 (147) ↓	67.5 (172) –	72.6 (118) ↓	89.2 (87) ↑	69 (60) ↓	64.5 (76) ↑	71.8 (82) ↑
The James Cook University Hospital	93.8 (32) –	93.8 (92) ↓	87.7 (45) ↑	90.2 (75) ↑	59.3 (156) ↓	58.7 (110) ↓	68.4 (102) ↓
The Princess Alexandra Hospital, Essex	87.5 (46) ↑	100 (1) ↑	95.1 (23) ↑	93.8 (32) ↑	71.6 (36) ↑	50 (134) ↓	51.8 (139) ↓
The Princess of Wales Hospital, Wales	96.8 (31) ↑	87.5 (102) ↓	66.3 (143) ↓	82.9 (145) ↓	–	–	–
The Princess Royal Hospital, Haywards Heath	87.5 (46) ↑	80 (140) ↓	74.7 (105) ↓	90.9 (62) ↑	66.7 (83) ↓	72.7 (34) ↑	85.5 (10) ↑
The Princess Royal Hospital, Shrewsbury	62.5 (105) ↑	100 (1) ↑	84.5 (56) ↑	75.7 (170) ↑	66.5 (88) ↑	59.7 (102) ↑	72.7 (74) ↑
The Queen Elizabeth Hospital, King's Lynn	43.8 (163) ↓	55 (193) ↓	74.6 (107) ↑	90.9 (62) ↑	57.4 (165) –	–	–
The Royal Free Hospital	100 (1) ↑	100 (1) ↑	68.1 (136) ↓	94.4 (26) ↓	85.3 (2) ↑	77.4 (16) ↑	87.2 (7) ↑
The Royal London Hospital	43.8 (163) ↑	100 (1) ↑	84.4 (57) ↓	53.7 (190) ↓	68.9 (61) ↓	54.9 (120) ↓	56.8 (135) ↓
The Royal Oldham Hospital	71.9 (82) ↑	87.5 (102) ↓	70.1 (128) ↓	79.8 (160) ↑	61.2 (143) ↓	72.9 (33) –	78.3 (38) –
The Royal Stoke University Hospital	68.8 (89) ↑	100 (1) –	69 (132) ↓	88 (99) ↑	69.1 (59) ↑	86.8 (1) ↑	90.4 (2) ↑
The Whittington Hospital	12.5 (193) ↓	87.5 (102) ↑	94 (27) ↑	82.8 (148) ↓	71.5 (37) ↑	62.5 (86) –	69 (97) –
The York Hospital	100 (1) ↑	100 (1) –	83.6 (64) ↓	96.7 (14) ↑	62.6 (134) ↑	60.5 (99) ↓	71.9 (79) ↓
Torbay Hospital	71.9 (82) ↑	80 (140) ↓	74.8 (103) ↓	92.4 (41) ↑	65.9 (96) ↑	83.3 (4) –	86.4 (8) –
Trafford General Hospital	87.5 (46) ↑	100 (1) ↑	84.3 (60) ↑	90 (76) ↑	76 (11) ↑	74.1 (28) ↑	77.9 (41) ↑
Tunbridge Wells Hospital	62.5 (105) ↑	87.5 (102) –	81 (77) ↑	70.9 (184) ↑	54.5 (176) ↓	61.1 (94) ↓	72.4 (77) ↓

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
University College Hospital	84.4 (60) ↑	87.5 (102) ↑	93.4 (28) ↓	83.7 (142) ↓	67.6 (78) ↓	78.9 (12) ↓	82.3 (20) ↓
University Hospital Aintree	15.6 (191) ↓	87.5 (102) –	72.9 (117) ↓	87.1 (112) ↑	62.7 (131) ↓	66.7 (59) ↑	77.3 (45) ↑
University Hospital Lewisham	37.5 (176) ↓	100 (1) ↑	80.5 (81) ↑	86.6 (120) ↑	80.9 (4) ↑	73.4 (31) ↑	77.8 (42) ↑
University Hospital Llandough	45.2 (160) ↑	100 (1) ↑	87.7 (45) ↑	84.3 (137) ↓	58.8 (159) ↑	63.9 (78) ↓	68.4 (102) ↓
University Hospital North Durham	46.9 (154) ↓	87.5 (102) ↓	67.9 (137) ↑	88.3 (97) ↑	60 (150) ↓	54.7 (122) ↑	55.4 (138) ↑
University Hospital of North Tees	100 (1) ↑	100 (1) –	89.4 (40) ↑	95.7 (17) ↑	64.7 (110) ↑	61.5 (92) ↓	67.2 (109) ↓
University Hospital of Wales	45.2 (160) ↑	73.8 (165) ↑	77.1 (94) ↑	74.2 (176) ↓	59.4 (154) ↑	–	–
University Hospital, Coventry	71.9 (82) ↑	100 (1) –	82.2 (69) ↑	82.9 (145) ↓	75.1 (18) ↑	53.7 (128) ↓	69.6 (95) ↓
Wansbeck General Hospital	62.5 (105) ↑	100 (1) ↑	99.3 (7) ↑	98 (5) ↑	66.4 (92) ↓	54 (127) –	73.1 (69) –
Warrington Hospital	62.5 (105) ↓	100 (1) ↑	100 (1) ↑	98 (5) ↑	67.5 (79) ↓	50 (134) ↓	57.7 (134) ↓
Warwick Hospital	75 (72) ↑	100 (1) ↑	87.1 (50) ↑	85.7 (125) ↑	62.7 (131) ↓	–	–
Watford General Hospital	100 (1) ↑	100 (1) –	83.4 (65) ↑	96.8 (13) ↑	76.1 (10) ↑	58.9 (109) ↓	67.3 (107) ↓
West Cumberland Hospital	46.9 (154) ↓	100 (1) ↑	17.6 (190) –	91.8 (52) –	58 (163) –	85.7 (3) –	68.4 (102) –
West Middlesex University Hospital	31.3 (185) ↓	93.8 (92) ↑	52.5 (180) ↓	88.9 (92) ↑	68.4 (66) ↑	66.1 (66) –	67.9 (105) –
West Suffolk Hospital	75 (72) ↓	75 (158) ↓	78.9 (87) ↓	87.6 (105) ↓	64.3 (114) ↑	–	–
Weston General Hospital	68.8 (89) ↑	87.5 (102) ↓	36.8 (187) ↓	71.7 (182) ↓	–	–	–
Wexham Park Hospital	100 (1) ↑	87.5 (102) ↑	96.7 (15) ↑	91.8 (52) ↑	75.6 (14) ↑	72.4 (35) ↑	73.8 (65) ↑
Whipps Cross University Hospital	59.4 (117) ↑	100 (1) –	56.8 (171) ↓	74.2 (176) ↓	75.6 (14) ↓	52.1 (130) ↓	56.3 (136) ↓
Whiston Hospital	56.3 (122) ↓	100 (1) –	61.5 (160) ↓	86.6 (120) ↑	69.7 (54) ↑	76.9 (18) –	78.8 (34) –
William Harvey Hospital, Ashford	65.6 (100) ↑	93.8 (92) ↑	96.6 (16) ↑	92.3 (45) ↑	72.5 (32) ↑	70.2 (47) –	73.8 (65) –
Worcestershire Royal Hospital	53.1 (135) ↓	80 (140) ↓	58.8 (166) ↓	85.2 (133) ↓	64.2 (115) –	73.3 (32) ↑	77.5 (44) ↑
Worthing Hospital	87.5 (46) ↓	75 (158) ↓	90.8 (37) ↑	90.9 (62) ↑	71.1 (41) –	65.2 (71) ↑	72.8 (73) ↑
Wrexham Maelor Hospital	87.1 (57) ↑	87.5 (102) ↑	55.9 (176) ↓	87.1 (112) ↑	49.7 (179) ↓	62.5 (86) ↓	63.7 (122) ↓
Wythenshawe Hospital	65.6 (100) ↑	100 (1) ↑	66.3 (143) ↓	87.8 (101) ↑	70.1 (44) ↑	69.7 (51) ↑	75.7 (52) ↑

	Governance % (Rank/195)	Nutrition % (Rank/195)	Discharge % (Rank/191)	Assessment % (Rank/191)	Staff Comm % (Rank/182)	Carer Comm % (Rank/141)	Overall Carer % (Rank/141)
Yeovil District Hospital	93.8 (32) ↑	100 (1) ↑	81.4 (73) ↑	89.4 (82) ↑	63.6 (122) ↑	74.6 (26) –	76.2 (50) –
Ysbyty Gwynedd	87.1 (57) ↑	87.5 (102) ↑	68.8 (133) ↓	89.1 (89) ↑	65.1 (105) ↑	81.1 (7) ↑	84.1 (11) ↑
Ysbyty Ystrad Fawr	45.2 (160) ↑	100 (1) –	93.2 (29) ↑	87.5 (106) ↑	68.1 (71) ↑	80 (11) ↑	82.5 (18) ↑

Appendix G: Calculating the results for delirium initial and full assessments

Following the NAD Spotlight Audit in 2018 we amended the questions on delirium assessment. We added more response options to capture evidence of assessment in casenotes.

Initial delirium assessment

The Round 4 delirium screening question asked:

"*Were any of the following screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium?*"

(See Resources on NAD website for Q21 of the Round 4 casenote audit tool)

This identified 50% of casenotes with an initial delirium assessment.

Hospital-level adjustments using expanded criteria

To ensure the most extensive and inclusive interpretation of screening was used, responses to two further questions were counted as an initial assessment for delirium.

These were:

- Delirium or acute confusion recorded for "*What was the primary diagnosis/cause of admission*" (Q6) or
- Where no initial screening took place, but a positive response was given to "*Did a healthcare profession (who is trained and competent in the diagnosis of delirium) complete any of the following assessments for delirium?*" (Q22)

Counting these results, the national result for initial assessment increased to 58% (5272/9147).

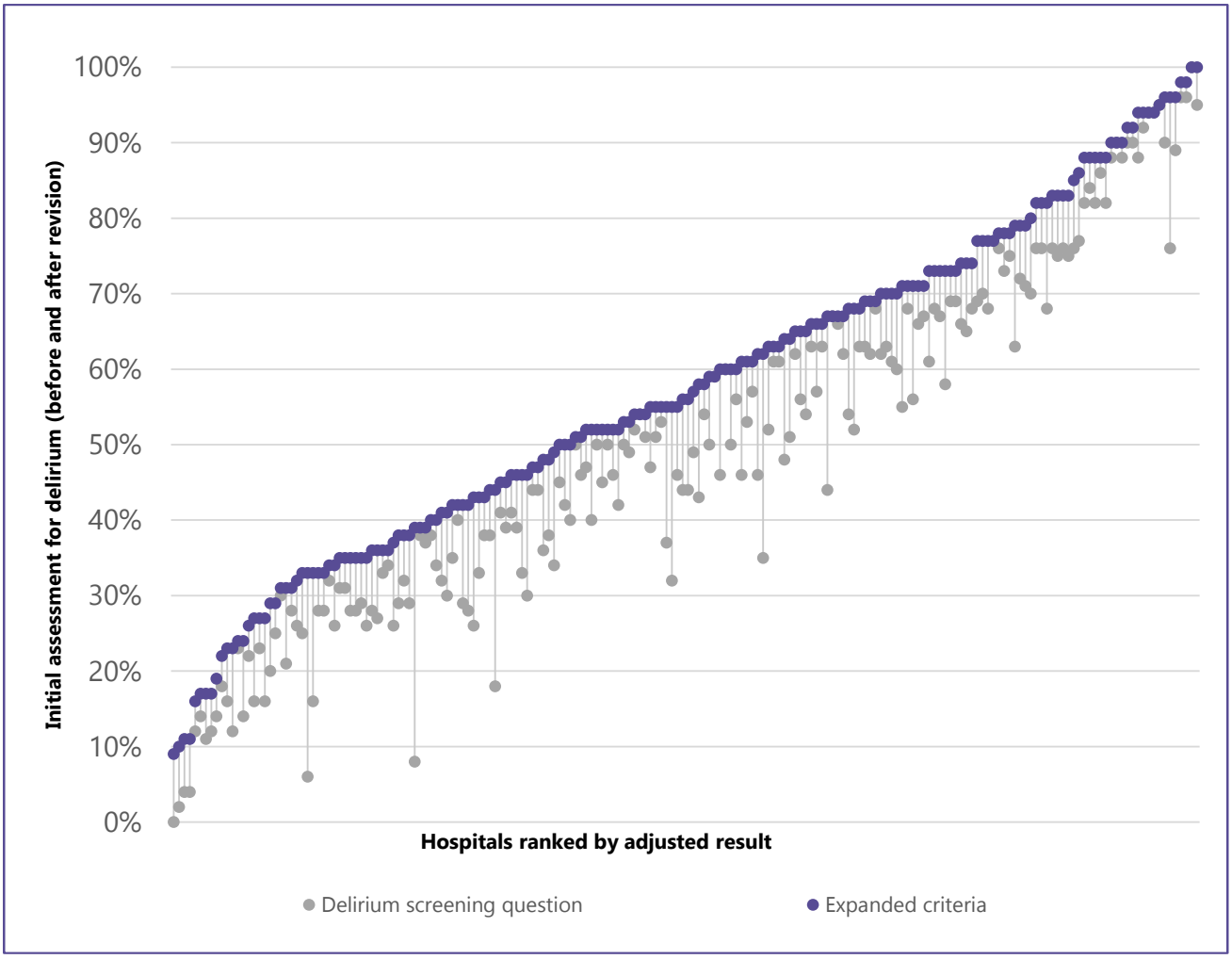
Initial assessment is therefore defined as one or more of the following:

- Delirium noted on admission (n = 624)
- Corroborative history (n = 2977)
- Single Question in Delirium (SQiD) (n = 710)
- Another form of delirium screen (n = 680)
- 4AT (used as a screening or assessment tool) (n = 1191)
- Confusion Assessment Method (CAM) (n = 351)
- Another form of delirium assessment (n = 988)

On average, each hospital improved their score by 7.4 percentage points (with a range of 0–30).

Adjusted results per hospital are shown on the next page.

Figure: Initial assessment for delirium and the adjusted results by hospital



Appendix H: Data handling and analysis

All data were entered using Formic Fusion Survey Software via secure webpages. Quantitative data were extracted and analysed in IBM SPSS Statistics 21 and qualitative data was analysed in Microsoft Excel 2016 using a coding framework informed by the data (see website). Throughout the report we refer to data that is statistically significant identified using z-tests ($p<0.05$).

Changes made to the data

During the process of quality assuring the data received, the following changes were made:

- In this report whole number percentages have been rounded off (0.5 has been rounded up) therefore some total percentages in this report may not add up to 100%.
- Across all four audit tools, when it was possible to confidently identify data errors in comments returned, responses were changed, and this change was recorded. Where it was not possible to identify an error with complete confidence, no change was made.
- Duplicates identified in casenotes and staff or carer questionnaire datasets were removed.
- Where comments showed that there was no diagnosis of dementia (i.e. where a coding error had been made), casenotes were removed. Where it was indicated that patients had not been admitted for 72 hours or more and the hospital was unable to confirm a length of stay of more than 72 hours, casenotes were removed.
- Where two answers were selected on the paper versions of the carer and staff questionnaires, the more moderate response option was selected. For example, where a respondent selected both "yes, always" and "yes, most of the time", the latter was entered onto the data collection system. This reflects the fact respondents felt unable to confidently select the more positive response option only.
- Staff questionnaires were removed when completed by ineligible job roles or staff working in ineligible areas of the hospital (see page 11).
- All identifying information was removed from comments in staff and carer questionnaires.

Outliers

The outlier policy can be found in the resources section on the NAD website. The policy is informed by the Healthcare Quality Improvement Partnership and Department of Health guidance on outliers (2017)[40]. Hospitals who were identified as outliers according to the specified outlier items were contacted prior to the publication of this report.

Quality Assurance

Inter-rater reliability

The audit asked hospitals to re-audit five casenotes from the submitted sample using a second auditor so that matching casenotes could be compared for reliability. The inter-rater reliability analysis can be found on the NAD website. This analysis found that there was moderate to good agreement across all questions between auditors (showing questions had been interpreted consistently by auditors) and therefore no adjustments were made.

Quality assurance visits

Five hospitals were randomly selected to take part in quality assurance visits, during which a clinical lead from the audit randomly checked 10 submitted casenotes. This is an additional reliability check to compare data recording and reporting between hospitals and ensure that questions are consistently interpreted.

Appendix I: Patient demographic information

Age range (national sample)	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Min–65	2.3% (228/9782)	2.2% (221/10047)
66–80	24.4% (2386/9782)	24.3% (2445/10047)
81–100	73.0% (7146/9782)	73% (7332/10047)
101–108	0.2% (19/9782)	0.4% (39/10047)
Unknown	0% (3/9782)	0.1% (10/10047)
Age	**National Audit Round 4 % (num/den)**	**National Audit Round 3 % (num/den)**
Range	19–105	34–108
Mean	84	84
Gender	**National Audit Round 4 % (num/den)**	**National Audit Round 3 % (num/den)**
Male	41.4% (4054/9782)	40.1% (4029/10047)
Female	58.6% (5728/9782)	59.9% (6018/10047)
Ethnicity	**National Audit Round 4 % (num/den)**	**National Audit Round 3 % (num/den)**
White/White British	80.7% (7898/9782)	82.1% (8250/10047)
Asian/Asian British	2.5% (245/9782)	1.9% (193/10047)
Black/Black British	1.5% (150/9782)	1.2% (123/10047)
Mixed	0.1% (14/9782)	0.1% (11/10047)
Chinese	–	0.1% (10/10047)
Not documented	13.0% (1274/9782)	2.1% (210/10047)
Other	2.1% (201/9782)	12.4% (1250/10047)
First language	**National Audit Round 4 % (num/den)**	**National Audit Round 3 % (num/den)**
English	77.7% (7602/9782)	77.4% (7778/10047)
Welsh	0.6% (62/9782)	0.6% (61/10047)
Other European language	0.8% (77/9782)	1.0% (96/10047)
Asian language	1.7% (169/9782)	1.4% (144/10047)
Other	0.7% (70/9782)	0.6% (59/10047)
Not documented	18.4% (1802/9782)	19% (1909/10047)

Speciality of the ward patients spent the longest time in	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Care of the elderly	42.8% (4184/9782)	41.4% (4125/10047)
General medical	22.9% (2239/9782)	23.5% (2359/10047)
Orthopaedics	9% (881/9782)	8.9% (892/10047)
Other medical	8.5% (829/9782)	9.9% (999/10047)
Surgical	5.3% (520/9782)	6.8% (681/10047)
Stroke	4.3% (417/9782)	4.5% (456/10047)
Other	3.4% (334/9782)	1.4% (136/10047)
Cardiac	2.6% (250/9782)	2.5% (248/10047)
Nephrology	0.5% (45/9782)	0.5% (52/10047)
Critical care	0.3% (27/9782)	0.2% (23/10047)
Obstetrics/Gynaecology	0.3% (32/9782)	0.4% (41/10047)
Oncology	0.2% (24/9782)	0.2% (22/10047)
Unknown	Removed for Round 4	0.1% (13/10047)

Primary diagnosis/cause of admission*	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Respiratory	19.0% (1861/9782)	19.9% (1998/10047)
Fall	14.8% (1449/9782)	13.2% (1332/10047)
Urinary/renal	8.7% (849/9782)	9% (901/10047)
Hip dislocation	6.4% (627/9782)	7.5% (754/10047)
Cardiac vascular	6.4% (628/9782)	5.1% (517/10047)
Delirium/confusion	6.2% (604/9782)	6% (604/10047)
Sepsis	6% (586/9782)	6.3% (633/10047)
Gastrointestinal	4.5% (442/9782)	5.9% (595/10047)
Stroke	3.2% (316/9782)	3.8% (380/10047)
Brain/neurological	2.5% (238/9782)	3.6% (364/10047)
Other	2.2% (218/9782)	1.9% (192/10047)
Skin lacerations or lesions	2.1% (202/9782)	2% (204/10047)
Other fractures	1.9% (184/9782)	1% (96/10047)
Pain swelling	1.8% (177/9782)	0.8% (85/10047)
Unable to cope/frailty	1.8% (172/9782)	1.6% (160/10047)
Impaired consciousness	1.7% (166/9782)	2% (198/10047)
Dementia	1.6% (160/9782)	1.9% (195/10047)
Endocrine or metabolic	1.5% (146/9782)	1.1% (112/10047)
Haematology	1.5% (143/9782)	1.2% (115/10047)
Dehydration	1.4% (134/9782)	1.4% (143/10047)
Liver related/hepatology	0.9% (92/9782)	0.8% (84/10047)
Cancer	0.7% (70/9782)	1% (94/10047)
Not documented/unknown	0.6% (59/9782)	0.2% (21/10047)
Rheumatic	0.5% (52/9782)	0.4% (45/10047)
Surgical/non-surgical procedure	0.5% (50/9782)	0.9% (86/10047)
Adverse reaction/allergy	0.4% (37/9782)	0.3% (28/10047)
Oral/visual	0.4% (39/9782)	0.4% (45/10047)
Social	0.3% (34/9782)	New to Round 4
Psychiatric behaviour	0.3% (32/9782)	0.4% (42/10047)
Injury/trauma	0.2% (15/9782)	0.2% (24/10047)

**Primary cause of admission shown as the first reason entered*

Patients who:	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Died in hospital	11.3% (1100/9782)	12.8% (1285/10047)
Self-discharged from hospital	0.2% (15/8683)	0.1% (12/8764)
Were marked 'fast track discharge'/'discharge to assess'/'transfer to assess'/expedited with family agreement for recorded reasons	6.9% (597/8667)	5.5% (482/8752)
Received end of life care in hospital/were on end of life care plan	12.5% (1227/9782)	13% (1302/10047)

Length of stay in the hospital	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
2–10 days	47.7% (4662/9782)	45.3% (4553/10047)
11–20 days	25.8% (2523/9782)	25.5% (2559/10047)
21–30 days	11.5% (1127/9782)	11.3% (1132/10047)
31–40 days	6.3% (613/9782)	6.7% (671/10047)
41–50 days	3.3% (319/9782)	4.2% (418/10047)
51–60 days	2.2% (212/9782)	2.3% (230/10047)
61–70 days	1.4% (134/9782)	1.7% (168/10047)
71–80 days	0.7% (70/9782)	1% (102/10047)
81–90 days	0.5% (46/9782)	0.6% (62/10047)
90 days or more	0.8% (76/9782)	1.5% (152/10047)

Length of stay in hospital	National Audit Round 4 (N)	National Audit Round 3 (N)
Range	3–391	2–775
Median	11	12

Place of residence before/after admission	National Audit Round 4 % (num/den)		National Audit Round 3 % (num/den)	
	Before	After	Before	After
Own home	59% (5776/9782)	42% (3648/8682)	57.7% (5793/10047)	40.2% (3519/8762)
Respite care	0.8% (74/9782)	1.5% (134/8682)	0.8% (80/10047)	1.6% (136/8762)
Rehabilitation ward	0.3% (31/9782)	1.6% (135/8682)	0.4% (37/10047)	2.4% (207/8762)
Psychiatric ward	0.5% (46/9782)	0.6% (51/8682)	0.5% (48/10047)	0.7% (62/8762)
Carer's home	1.4% (138/9782)	1.3% (114/8682)	2.1% (212/10047)	2.1% (181/8762)
Intermediate/community rehabilitation care	0.7% (73/9782)	4.3% (373/8682)	0.3% (27/10047)	2% (172/8762)
Residential care	17.9% (1753/9782)	19.9% (1723/8682)	16.9% (1701/10047)	17.7% (1551/8762)
Nursing home	18.1% (1775/9782)	25.8% (2241/8682)	19.7% (1981/10047)	28.7% (2511/8762)
Palliative care	0% (3/9782)	0.6% (51/8682)	0.0% (5/10047)	0.6% (54/8762)
Transfer to another hospital	0.9% (90/9782)	2.1% (185/8682)	1.4% (145/10047)	3.9% (343/8762)
Long stay care	0.2% (23/9782)	0.3% (27/8682)	0.2% (18/10047)	0.3% (26/8762)

Change in residence	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
No change	84.3% (6544)	73.4% (6428)
Own/carer's home to nursing/residential care	7.7% (937)	11.1% (972)

Appendix J: Carer demographic information

Age range	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
18–24 years	1% (46/4658)	1% (48/4626)
25–34 years	3.3% (154/4658)	2.9% (133/4626)
35–44 years	6% (280/4658)	5.6% (259/4626)
45–54 years	16.9% (787/4658)	16.2% (749/4626)
55–64 years	24.5% (1139/4658)	25.8% (1193/4626)
65–74 years	18.9% (879/4658)	20.8% (960/4626)
75–84 years	20.1% (934/4658)	19.1% (885/4626)
85 years or over	8.2% (384/4658)	7.4% (343/4626)
Prefer not to say	1.2% (55/4658)	1.2% (56/4626)

Gender	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Male	31.5% (1460/4641)	30.6% (1413/4624)
Female	67.4% (3128/4641)	68.1% (3150/4624)
Other	0.1% (3/4641)	0.1% (4/4624)
Prefer not to say	1.1% (50/4641)	1.2% (57/4624)

Ethnicity	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
White/White British	87.2% (4003/4593)	88.4% (4079/4612)
Black/Black British	3.6% (167/4593)	3% (140/4612)
Asian/Asian British	3.9% (177/4593)	3.3% (152/4612)
Mixed	1.4% (63/4593)	1% (44/4612)
Chinese	Removed for R4	0.2% (9/4612)
Other	1.7% (80/4593)	1.4% (64/4612)
Prefer not to say	2.2% (103/4593)	2.7% (124/4612)

Relationship to patient	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Spouse or partner	32.5% (1529/4709)	33.5% (1558/4648)
Family member	56.3% (2649/4709)	55.9% (2597/4648)
Friend	5.5% (261/4709)	4.4% (203/4648)
Professional carer (health or social care)	4.7% (221/4709)	5.4% (249/4648)
Other	1% (49/4709)	0.9% (41/4648)

One of main carers for patient	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Yes	76% (3268/4300)	77.8% (3356/4314)

Appendix K: Staff demographic information

% of patients encountered in role who have dementia/possible dementia	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Up to 25%	30.5% (4295/14075)	31.9% (4559/14287)
26–50%	26.7% (3764/14075)	25.6% (3651/14287)
51–75%	25% (3514/14075)	24.4% (3489/14287)
More than 75%	17.8% (2502/14075)	18.1% (2588/14287)

Gender	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Male	14.9% (2113/14154)	15.7% (2260/14361)
Female	83.7% (11843/14154)	83.2% (11954/14361)
Other	0.2% (34/14154)	0.2% (34/14361)
Prefer not to say	1.2% (164/14154)	0.8% (113/14361)

Ethnicity	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
White/White British	76.3% (10802/14154)	79.9% (11467/14354)
Black/Black British	4.8% (684/14154)	4.1% (594/14354)
Asian/Asian British	10% (1421/14154)	8.0% (1150/14354)
Mixed	1.5% (212/14154)	1.3% (183/14354)
Chinese	Removed for R4	0.5% (73/14354)
Other	4.9% (690/14154)	4.5% (646/14354)
Prefer not to say	2.4% (345/14154)	1.7% (241/14354)

Job role	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Registered nurse (band 5 or 6)	29.9% (4215/14099)	29.9% (4300/14362)
Registered nurse (band 7 or above)	10.9% (1542/14099)	12.7% (1831/14362)
Healthcare assistant	25.4% (3587/14099)	23.1% (3324/14362)
Doctor	9.7% (1370/14099)	11.5% (1645/14362)
Allied healthcare professional	11.4% (1601/14099)	11.9% (1713/14362)
Allied healthcare professional assistant (previously, 'therapy assistant' Round 3*)	2.9% (410/14099)	2.6% (367/14362)
Student	3.5% (486/14099)	2.3% (332/14362)
Ward based admin	4.1% (580/14099)	4.0% (571/14362)
Other	2.2% (308/14099)	1.9% (279/14362)

Hours worked per week	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Up to 29 hours	13.3% (1873/14090)	13% (1866/14324)
30 hours or more	86.7% (12217/14090)	87% (12458/14324)

Time worked in the hospital	National Audit Round 4 % (num/den)	National Audit Round 3 % (num/den)
Less than 6 months	6.8% (958/14093)	8% (1148/14331)
6–11 months	9.1% (1284/14093)	9.5% (1364/14331)
1–2 years	16.4% (2307/14093)	15.6% (2242/14331)
3–5 years	20.1% (2828/14093)	16.4% (2350/14331)
6–10 years	14.7% (2076/14093)	15.9% (2283/14331)
11–15 years	10.6% (1490/14093)	12.1% (1739/14331)
More than 15 years	22.4% (3150/14093)	22.4% (3205/14331)

Appendix L: Carer comments

Carers were asked to make any further comments on care using a free text comment box. In total, 2151 questionnaires were returned with at least one comment which amounted to 7015 separate comments on a range of subjects. 43% of these were generally positive. The breakdown of comments shows topics most frequently noted by carers.

Patient care

31% (2178/7015) of all comments were about patient care

Of these comments:

- ✓ 14% said the person they care for received general good care
- ✓ 9% said that the staff delivered high quality care appropriate to the needs of the person they care for
- ✓ 5% said that the person they care for had been treated with respect
- ✓ 3% said that staff were well informed and understood the patient's needs
- ✓ 3% said that the treatment/medical care was good
- ✓ 2% said that the person they care for was given enough help with personal care
- ✓ 1% said that there was stimulation or activity provided
- ✓ 1% said that the person they cared for was helped with food and drink
- × 15% said that staff were not well informed and didn't understand the needs of the person they care for
- × 11% said that the person they care for was not given enough help with personal care e.g. personal items went missing, hearing aids were not put in
- × 8% said that the person they care for was not helped with food or drink
- × 6% said that support was not provided for specific care needs e.g. no help with medication, not getting the person out of bed
- × 5% said that the treatment/medical care was poor e.g. there was no therapy
- × 5% said that staff did not deliver high quality care appropriate to the needs of the person they care for

Perceptions of staff

26% (1808/7015) of all comments were about perceptions of staff

Of these comments:

- ✓ 28% specified good qualities of staff members e.g. helpful, professional, friendly, positive, happy, compassionate, caring, empathetic
- ✓ 13% said that staff were generally good
- ✓ 13% said that the nurses were good
- ✓ 8% said that staff were very good e.g. went out of their way for a patient, were outstanding
- ✓ 4% said that the doctors were good
- ✓ 3% said that a member of staff had had a positive effect on the person they care for e.g. making the person feel comfortable, at ease, or happy
- ✓ 2% said that the AHPs (therapists, social workers, etc) were good
- × 7% specified bad qualities of staff members e.g. unhelpful, unprofessional, unfriendly, negative, unhappy, lacking compassion, uncaring
- × 4% said that staff were very bad e.g. actively rude, appalling attitude, dismissive
- × 4% said that the nurses were poor
- × 3% said that the staff member had had a negative effect on the person they care for e.g. caused distress, tears, agitation
- × 2% said that the doctors were poor
- × 1% said that staff were generally poor
- × 1% said that the AHPs (therapists, social workers, etc) were poor

Communication

19% (1336/7015) of all comments were about communication

Of these comments:

- ✓ 9% said that communication from staff was good
- ✓ 5% said that they had been involved in care including decisions
- ✓ 2% said that they were asked about the person's needs for care planning
- ✓ 2% said that written information e.g. This is Me[16] was good
- ✓ 1% said communication in general was good
- ✓ 1% said that communication between staff was good
- × 27% said that communication from staff was poor
- × 16% said that they were not involved in care including decisions
- × 9% said that communication between staff was poor
- × 6% said that written information was poor or not read/visible
- × 6% said that they were not asked about the person's needs for care planning
- × 4% said that communication in general was poor
- × 1% said the use of visual identifiers was poor

Other

6% (418/7015) of all comments were about another aspect of the hospital stay

Of these comments:

- ✓ 51% made a generally positive comment e.g. very good, excellent, wonderful
- × 15% made a generally negative comment e.g. appalling, dreadful, disgusting

Discharge/care transfer

5% (354/7015) of all comments were about discharge/care transfer

Of these comments:

- ✓ 4% mentioned a positive aspect about discharge or care transfer
- × 22% said that the discharge was unsafe, poorly planned or commented on some other deficit e.g. lack of dignity, poor communication regarding timing
- × 13% made a negative comment about bed moves
- × 11% said that communication was poor between the hospital and other services or places of care
- × 10% said that the person they care for had a failed discharge (readmission)
- × 7% said that they were not informed of discharge
- × 7% said that admission was prolonged and that there was no place for the patient to be transferred to

Staffing levels

5% (370/7015) of all comments were about staffing levels

Of these comments:

- ✓ 2% said that the patient received 'one to one' care
- × 52% said there was not enough staff
- × 38% said that staff seemed too busy, overworked or didn't have time to care
- × 1% said that the hospital was understaffed at night

Support for carers

4% (301/7015) of all comments were about support for carers

Of these comments:

- ✓ 31% said that they felt well supported
- ✓ 7% said that food, drink or other facility was provided e.g. parking, accessible toilet, overnight stay
- × 18% said that more support for carers was needed
- × 11% said that food, drink or other facility was not provided

Environment

2% (160/7015) of all comments were about the environment

Of these comments:

- ✓ 12% said that the ward was clean
- × 16% said the equipment (e.g. memory board, clock, aid, furniture) was unsuitable
- × 13% said that the ward was unclean e.g. dirty or dusty

Adverse incidents

1% (90/7015) of all comments were about an adverse incident that occurred during the hospital stay

Of these comments:

- × 14% said that the person they care for lost weight while in hospital
- × 7% mentioned another In-hospital incident e.g. consumption of a toxic substance not medication
- × 3% said that the person they care for went missing while in hospital
- × 34% said that the person they care for had a fall while in hospital
- × 24% said that the person they care for received a medication or treatment error whilst in hospital
- × 17% said that the person they care for received an injury while in hospital

Appendix M: Suggestions made by staff about improving care

The staff questionnaire asked staff to make suggestions on how their hospital could improve care and support provided to people with dementia, staff provided a total of 13800 suggestions.

Staffing

39% (5320/13800) of all suggestions were about staffing

Of these suggestions:

- 47% wanted more staff (general comment)
- 13% wanted more dementia specialist staff
- 10% wanted more staff to provide 'one to one' care
- 7% wanted more staff to help with nutritional support
- 6% wanted more time to care
- 5% wanted more activity staff
- 5% wanted more nurses and/or healthcare assistants
- 4% wanted more volunteers

> "I think staffing is the main issue, we are often not on full numbers and therefore have to do our best with what we have, this impacts on the time we have available to spend with patients with dementia."

Environment and activities

18% (2430/13800) of all suggestions were about the physical environment and activities available in the hospital

Of these suggestions:

- 39% wanted better access to activities e.g. pet therapy, singing sessions, TV, twiddle muffs
- 16% wanted access to a space away from the bed e.g. garden, day room, dining table
- 11% wanted to see improvements to the environment to make it more dementia friendly
- 10% wanted to see improvements to the ward design e.g. colour scheme, flooring, signage, replicate design of another ward
- 9% specified that a specialist ward with more beds for patients with dementia should be created
- 6% wanted better access to dementia related equipment e.g. clocks, calendars, fall sensors
- 4% wanted to see improvements in the hospital and/or ward layout e.g. less single rooms, locked doors, cohorting bays

> "By providing activities or being able to move them to a different environment for a period of time during the day. Providing more staff so that the patients can visit the gardens."

Training and information

15% (2096/13800) of all suggestions related to staff training and information

Of these suggestions:

- 50% wanted more general training relating to dementia or more frequent training
- 12% wanted better training e.g. more in depth, more classroom-based learning instead of eLearning
- 11% wanted staff to have better awareness and knowledge of dementia
- 9% wanted to make training mandatory and thought that all staff should be trained
- 6% wanted more or better training on a specified subject area relating to dementia e.g. Mental Capacity Act, feeding, and challenging behaviour
- 3% wanted more training for doctors, nurses, HCAs and AHPs (including social workers)
- 2% wanted more training for agency staff, bank staff, and students
- 2% wanted more training for non-clinical staff e.g. administrative workers, catering, security, and porters
- 1% wanted more written information on dementia for staff

"Staff need more dementia training to help understand the patients' experiences. This would encourage more empathy towards patients and their families who all struggle with the effects of living with dementia."

Governance and hospital operations

9% (1171/13800) of all suggestions related to governance and hospital operations

Of these suggestions:

- 42% wanted fewer or no bed moves at night for patients with dementia
- 9% wanted appropriate and immediate ward placement for patients with dementia
- 9% wanted quicker discharge/expedited discharge/ better discharge of patients with dementia
- 7% wanted better integrated working and communication with other organisations and services
- 4% wanted hospital management to acknowledge that patients with dementia need more staff time than other patients
- 4% wanted better access to a dementia care plan
- 2% wanted hospital management to listen to staff
- 2% wanted better information systems e.g. changes to IT, less paperwork

"Stop moving patients with dementia at night as that confuses and upsets them more."

Communication about dementia

7% (897/13800) of all suggestions related to information and communication about patients' dementia

Of these suggestions:

- 59% wanted more/better use of personal information e.g. likes, dislikes, This is Me[16]
- 14% wanted better communication of the person's dementia between departments (including escort to other areas of hospital)
- 11% wanted more handovers/"huddles"/staff meetings
- 9% wanted more/better use of visual indicators of dementia e.g. a flower above the patient's bed

"By ensuring that for every patient with dementia we have completed documentation regarding the patients needs, likes/dislikes, occupation, relationships."

Patient care

5% (648/13800) of all suggestions related to patient care

Of these suggestions:

- 43% wanted better support skills e.g. listening, talking, and treating patients with dementia as individuals and encouraging patients to dress themselves
- 24% wanted better provision for and response to care needs e.g. dressing patients in their own clothes, call bells, toileting, pain relief, end of life care, not using sedation, doing hearing tests, more therapy
- 7% wanted better diagnosis practices e.g. not refusing diagnosis due to delirium

"More time to care for patients with dementia and give them opportunities to do their personal care in their own time…"

Patient nutrition and hydration

5% (704/13800) of all suggestions related to patient nutrition and hydration

Of these suggestions:

- 33% wanted better access to snacks and finger foods
- 18% wanted better/more appropriate food choice and size, and food ordering systems (e.g. who takes order when)
- 11% wanted adapted equipment for nutrition e.g. beakers, adapted cutlery, coloured crockery, picture menus, easier food packaging
- 10% wanted better meal timings and adhering to protected mealtimes
- 7% wanted better access to food out of hours
- 5% wanted an improved system to show and record nutritional needs e.g. coloured tray to show that a patient needs help with feeding, displaying nutritional needs by the patient's bed, completing food charts (not to include information on likes and dislikes)

"More variety of finger foods should be available other than sandwiches."

Carers and family

4% (485/13800) of all suggestions related to carers and family

Of these suggestions:

- 51% wanted to utilise more/actively encourage/involve carers in patients' care e.g. encouraging carers to come in to help with feeding/personal care/bring in familiar items
- 15% wanted consistent open visiting for carers
- 10% wanted provision of more support services for carers and family
- 8% wanted written information about dementia available for family and carers
- 5% wanted facilities for carers and family e.g. somewhere to stay overnight, a family room

"More family involvement in the care needs of the patients, especially on the ward in relation to eating and drinking. Encourage families/friend to get involved whilst here…"

Appendix N: Project team members and steering group

Conflicts of interest

Members of the Steering Group are asked to declare any conflicts of interest at outset and prior to each meeting. This is included as a standing item on the agenda. Should a conflict of interest affecting the conduct or results of audit be declared, the member may be asked to absent themselves from all or part of the discussion, at the meeting and subsequently.

The National Audit of Dementia project team

Professor Mike Crawford, Director of the Royal College of Psychiatrists' Centre for Quality Improvement

Dr Alan Quirk, Senior Programme Manager (Research and Audit)

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Aimée Morris, Deputy Programme Manager

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Lori Bourke, Project Officer

Jhermaine Capistrano, Project Officer

Jessica Butler, Project Administrator

Emily Rayfield, Project Administrator (from 2017 to May 2018)

Chloe Snowden, Deputy Programme Manager (from 2016 to July 2018)

Steering group

Professor Peter Crome, Honorary Professor, UCL, Emeritus Professor, Keele University (Chair)

Professor Dawn Brooker, Director, University of Worcester Association for Dementia

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Glossary

4AT: A clinical instrument for delirium detection. It is a short and practical tool designed for use in busy areas where assessment for delirium is needed.

A

Acuity: The measurement of the intensity of nursing care required by a patient.

Acute hospitals: Acute hospitals provide services such as accident and emergency departments, inpatient and outpatient medicine and surgery and in some cases specialist medical care. They provide secondary care, ranging from relatively small district hospitals to large teaching hospitals

Adverse incident: An unintended injury or complication resulting in prolonged hospital stay, disability at the time of discharge or death, and caused by healthcare management rather than by the patient's reason for being in hospital.

Advocacy services: A service that can speak on behalf of a patient or a group of patients to help them make their wishes known.

Age UK: Age UK provides life-enhancing services and vital support to people in later life.

Alzheimer's Society: Alzheimer's Society is a United Kingdom care and research charity for people with dementia and their carers.

Audit: Clinical audit is a quality improvement process. It seeks to improve patient care and outcomes through a systematic review of care against specific standards or criteria. The results should act as a stimulus to implement improvements in the delivery of treatment and care.

Audit standard: A specific criterion against which current practice in a service is measured. Standards are often developed from recognised, published guidelines for provision of treatment and care.

B

Behavioural and psychological symptoms of dementia (BPSD): Behavioural and psychological symptoms of dementia include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a change in behaviour. One or more of these symptoms will affect nearly all people with dementia over the course of their illness. These symptoms are among the most complex and stressful, leading to a myriad of poor patient health outcomes, healthcare problems, and income loss for family care givers.

Best interests decision making: If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.

British Geriatrics Society: The British Geriatrics Society is the professional body of specialists in the healthcare of older people in the United Kingdom. Membership is drawn from doctors, nurses, allied health professionals, scientists and others practicing geriatric medicine and with a particular interest in the care of older people and the promotion of better health in old age.

Butterfly Scheme: The Butterfly Scheme[17] offers discreet identification of people with memory impairment, backed up by a five-point plan for all staff to follow when they see the butterfly symbol.

C

Care pathway: A care pathway is one of the main tools used to manage the quality in healthcare concerning the standardisation of care processes. It has been shown that their implementation reduces the variability in clinical practice and improves outcomes.

Carer: A person, often a spouse, family member or close friend, who provides unpaid emotional and day-to-day support to a patient.

Casenotes: A written account of a patient's examination and treatment that includes the patient's medical history and complaints, the results of diagnostic tests and procedures, medications and therapeutic procedures.

Chief Executive Officer (CEO): Appointed as the lead of a health organisation to manage how healthcare is delivered.

Clinical Commissioning Groups (CCGs): Groups of clinicians led by GPs who take on the role of purchasing local health services in England.

Clinical Governance Board and Information Services: Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Cognitive assessment: A cognitive assessment is used to measure thinking abilities such as memory, language, reasoning and perception. This helps to build a picture of someone's abilities over a range of skills and allows researchers to monitor how they are changing over time.

Complete meal options: Meals that have at least one protein, one starch and one vegetable choice. In addition, at least one starter and dessert if offered.

Confusion Assessment Method: The Confusion Assessment Method (CAM) is a way for non-psychiatrically trained clinicians to identify delirium quickly.

Corroborative history: Patient history confirmed with family member or close friend in order to ascertain a clear understanding of the patient's needs and to help inform diagnosis.

D

Delirium: A common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. It can be difficult to distinguish between delirium and dementia and some people may have both conditions.

Delirium assessment: Clinical assessment carried out by a healthcare professional trained and competent in the diagnosis of delirium to confirm the diagnosis.

Delirium screen: A method of detecting recent changes or fluctuations in behaviour that may indicate delirium.

Dementia: A condition in which there is a gradual loss of brain function. The main symptoms are usually loss of memory, confusion, problems with speech and understanding, changes in personality and behaviour and an increased reliance on others for activities of daily living.

Dementia awareness training: Dementia awareness training improves knowledge and understanding of dementia including: the signs and symptoms of dementia; how dementia affects behaviour, the senses and communication; and how to build positive relationships with people affected by dementia using increasing knowledge, empathy and practical skills.

Dementia champion/lead: A dementia champion is someone with knowledge and skills in the care of people with dementia. They are an advocate for people with dementia and a source of information and support for co-workers.

Dementia-friendly Hospital: A Dementia Friendly Hospital is a hospital where people with dementia are understood, respected and supported.

Dementia-friendly Hospital charter: The Dementia-friendly Hospitals Charter provides guidelines for hospitals to work by to try and make the experience of visits better for people living with dementia. The charter has been endorsed by a selection of professionals from across healthcare industry.

Dementia specialist nurse: Specially trained nurses who work alongside people with dementia and their families, giving them one-to-one support, expert guidance and practical solutions.

Dementia working group: A group of people diagnosed with dementia who bring the lived experience as experts with personal knowledge of dementia whether in a professional or non-professional capacity.

Director of Nursing: A registered nurse who is responsible for overseeing all aspects of nursing within the healthcare facility.

E

eLearning: Web-based resource for different types of learning.

F

Forget-me-Not: The Forget-me-Not symbol is used to help staff recognise a patient is experiencing memory problems or confusion e.g a symbol on the bed or personal information document, in order to improve patient experience through aiding communication and interaction.

H

Health Boards: The Welsh equivalent of NHS Trusts.

Healthcare Quality Improvement Partnership (HQIP): An organisation which funds clinical audits and works to increase the impact of these to improve quality in healthcare in England and Wales.

Healthwatch: A UK charity which promotes evidence-based medicine.

J

John's Campaign: John's Campaign[8] works towards the right for family and carers to stay with people with dementia within all hospital settings and other caring institutions.

M

Medical Director: A doctor within a health organisation who works as part of the senior management team to provide clinical leadership and advice, and acts as a bridge between medical staff and the organisation.

Mental assessment: The purpose of this assessment is to build up an accurate picture of a patient's mental healthcare needs, including their mental health symptoms and experiences, past experiences, especially of similar problems, and issues relevant to their or others' safety.

Mental Capacity Act: The Mental Capacity Act 2005 is an Act whose primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

N

National Dementia Action Alliance: National Dementia Action Alliance brings together leading organisations across England committed to transforming health and social care outcomes for people affected by dementia.

NHS England/NHS Improvement: The National Health Service (NHS) England exists to care for people. Its goal is to provide high quality care for everyone, now and in the future. At a more local level, NHS England/ NHS Improvement works together with Clinical Commissioning Groups (CCGs) who deliver health services locally, and local authorities (Councils) to make shared plans for service that put patients at the centre.

NICE (National Institute for Health and Clinical Excellence): An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NICE guideline: Guidelines on the treatment and care of people with a specific disease or condition in the NHS.

Num/den: Abbreviation of 'numerator/ denominator' and refers to the number of responses to a question out of the total sample who answered the question.

P

Patient Advice and Liaison Services (PALS): The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient-led Assessments of the Care Environment (PLACE): Patient-led assessments involve local people (patient assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing things such as privacy and dignity, cleanliness and general building maintenance, and the extent to which the environment is able to support the care of those with dementia.

Patient passport: A patient passport provides immediate and important information for doctors, nurses and administrative staff in an easy to read form. It is used to promote a positive experience for people with learning disabilities going into hospital.

Pilot: A trial run of a project, such as audit or research, which tests out methods and data collection materials.

Primary care team: A multi-professional team including nurses and other healthcare professionals.

Proforma: A structured template used as a prompt for the consistent collection of information.

Protected mealtime: Protected mealtimes ensure that patients have a dedicated mealtime, free from as many interruptions as possible, including non-urgent clinical activity. They help to create a quiet, relaxed atmosphere for patients to enjoy their meal.

Q

Quality assurance visit: Quality assurance visits are carried out to ensure that the information given by hospitals is correct and that the data analysed is correct.

S

Single Question in Delirium: This is a tool for early recognition of delirium and a way to monitor potential changes in condition. Relatives or friends of a patient with dementia are asked "Do you feel that [patient's name] has been more confused lately?".

T

This is Me: This is Me[16] is a document developed by the Alzheimer's Society. The form is for anyone receiving professional care who is living with dementia or is experiencing delirium or other communication difficulties.

Triangle of Care: The Triangle of Care guide is a joint piece of work between Carers, Trust and the National Mental Health Development Unit, emphasizing the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health.

Trust Boards: A group of executives, including the Chief Executive, Medical Director and Director of Nursing, and local non-executive members who meet to, amongst other purposes, plan and govern the Trust and monitor and set high standards for performance.

Trusts: National Health Service (NHS) Trusts are public service organisations that provide healthcare services.

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