

# National Audit of Dementia Care in General Hospitals 2018-2019



**Report for Wales**

## Authors

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Content is advised and approved by all members of the Steering Group. Please see our website for full details of the [Steering Group members](#) and the [Project Team](#).

## 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. (A list of participating hospitals is on our [website](#)).
- 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](#) and especially our Chair, Peter Crome.

## Artwork

Cover design features View over Derwent water by Peter Montgomery. All entries in the NAD art prize 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.

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# Introduction

## Background

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

- 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)

## Audit standards

The NAD 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 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 and associated references can be found in the 'Round 4 resources' section on the NAD [website](#).

## Data collection

Round 4 of NAD collected data between April and October 2018. The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward which admit adults over the age of 65.

Participating hospitals were asked to complete:

- A hospital level organisational checklist
- A retrospective casenote audit with a minimum target of 50 sets of patient notes
- A survey of carer experience of quality of care
- A staff questionnaire on providing care and support to people with dementia

## Reporting for Wales and England

In England and Wales, 195 hospitals (97% of eligible hospitals) took part in this round, a list of participating hospitals is on our [website](#). For this report, data in Round 4 has been grouped into 7 NHS England and NHS Improvement regions and Wales:

**Table 1:** Data received across England and Wales in Round 4 of audit

	Hospitals	Organisational checklist	Casenotes	Staff questionnaires	Carer questionnaires
National	195	195	9782	14154	4736
East of England	17	17	882	1529	467
London	27	27	1247	1638	873
Midlands	30	30	1531	1888	757
North East and Yorkshire	34	34	1699	2588	713
North West	25	25	1352	2197	660
South East	29	29	1468	2144	659
South West	17	17	865	1428	478
Wales	16	16	738	742	129

Please note: in Round 3 the regions in England were previously London, Midlands, North and South. This has been re-analysed to be comparable to Round 4 regional scores.

Data are presented in two ways in this report:

1. Key findings, scores and recommendations from the national results alongside results for Wales
2. A full breakdown of data by audit theme across England and Wales



# National key findings

Shown below are the five key findings derived from the national data set for the fourth round of the National Audit of Dementia.

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



**Personal information** collected in casenotes to support care:



**36%** noted factors which cause distress



**32%** noted actions which could calm or reassure

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



Trust /Health Boards can identify the 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

Overall, many results show **improvements** from those reported in Round 3 (2017).



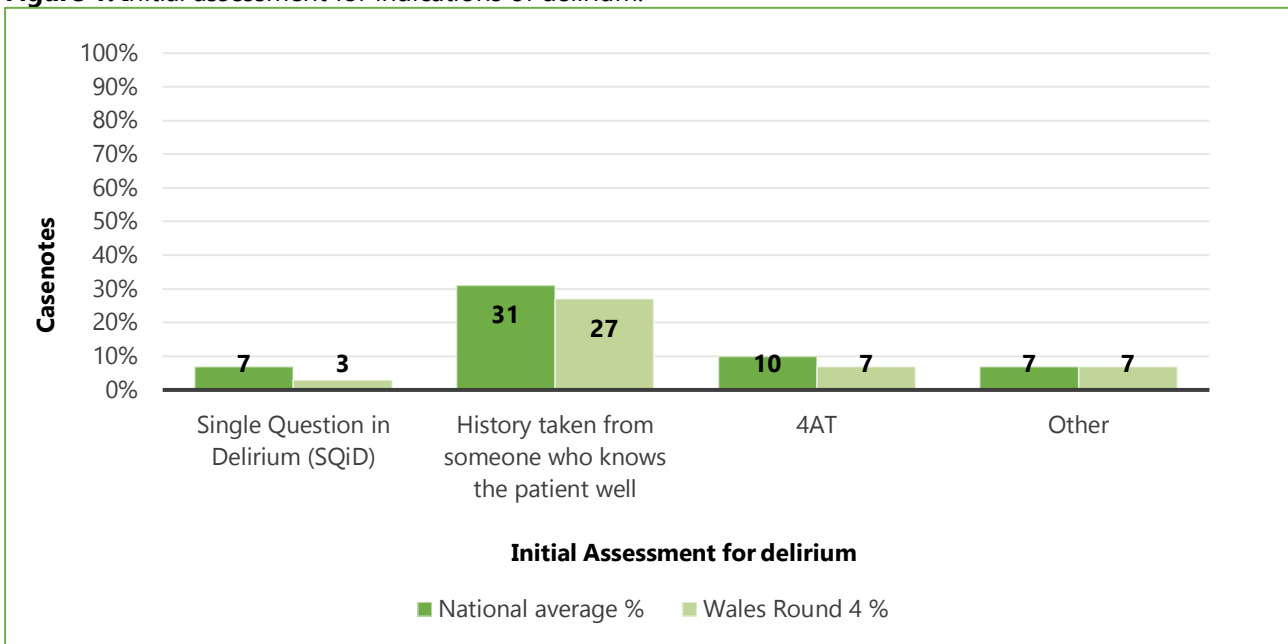
# Key findings and Wales

Each figure shows the national mean average results next to the data for Wales to allow for easy comparison. All percentages have been rounded up to a whole number which means some results may calculate to just under or over 100%. The national averages include data collected from 195 hospitals across England and Wales. Null responses were not included at both national and hospital level, therefore sample sizes can differ between questions from the same tool. Round 3 results are also shown where applicable.

## Key finding: assessments for delirium

Effective prevention, diagnosis and management of delirium in people with dementia admitted to hospital is essential. People with dementia are at considerable risk of developing delirium<sup>1</sup>. When delirium is superimposed on dementia, it can be challenging to distinguish<sup>2</sup>. As a result, it is important that hospitals have robust mechanisms in place for identifying indications of delirium in people with dementia.

**Figure 1:** Initial assessment for indications of delirium.



**NB:** 44 patient(s) had delirium noted on admission and were also considered to have an initial assessment for indications of delirium.

[NICE guidelines for delirium](#)<sup>1</sup> specify that when indications of delirium are identified a clinical assessment should be carried out to confirm diagnosis.



**Table 2:** Full assessment for delirium

	National average %	Wales % Round 4	Wales% Round 3
Initial assessment for indications of delirium	58% (n=9147)	43% (n=315)	36% (n=303)
Clinical assessment following indications of delirium	66% (n=2458)	64% (n=95)	81% (n=149)

**NB:** 15 patient(s) was/were not included in this figure as they went straight to assessment

### Key recommendations: Delirium

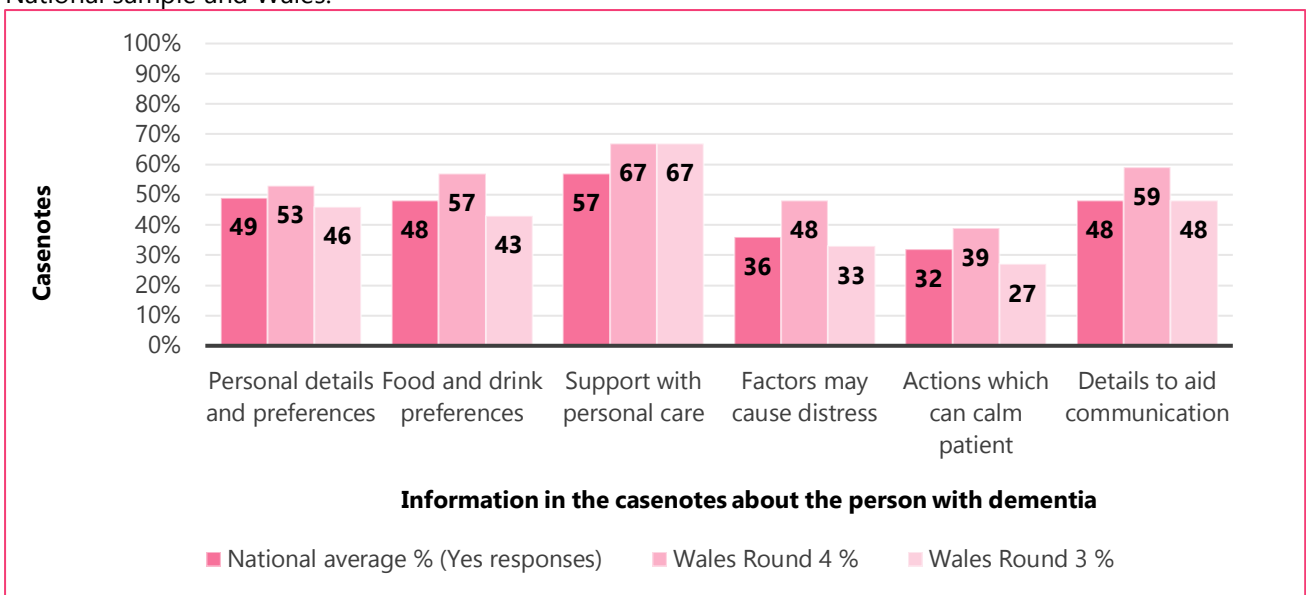
**Medical Directors and Directors of Nursing** should ensure that people with dementia admitted as an emergency are assessed for delirium using a standardised tool such as the 4AT or Confusion Assessment Method (CAM) (NICE CG 103 1.2)<sup>1</sup> and consider the symptom of pain as a contributory factor.

## Key finding: personal information collected to support 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. 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](#)<sup>3</sup>, [Forget-me-Not](#) and the [Butterfly Scheme](#)<sup>4</sup>.

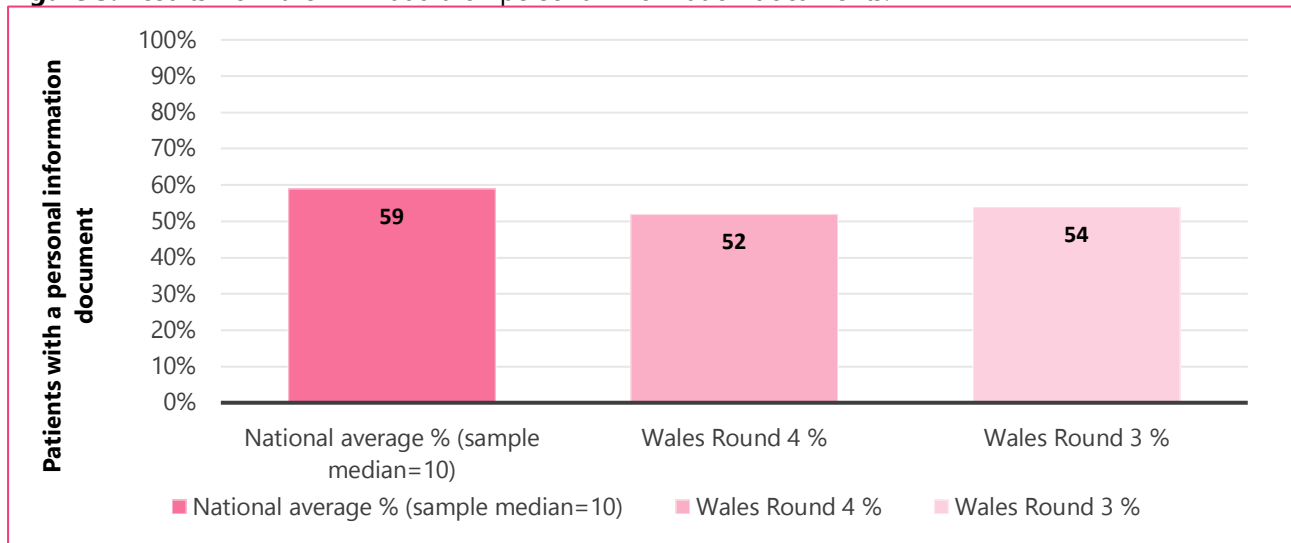
When looking at casenotes of people with dementia, 61% (5955/9782) contained this type of information, a slight increase from Round 3 (57%). However, not all the information relevant to providing care was consistently collected (Figure 2).

**Figure 2:** Percentage of casenotes where information about the person with dementia had been collected. National sample and Wales.

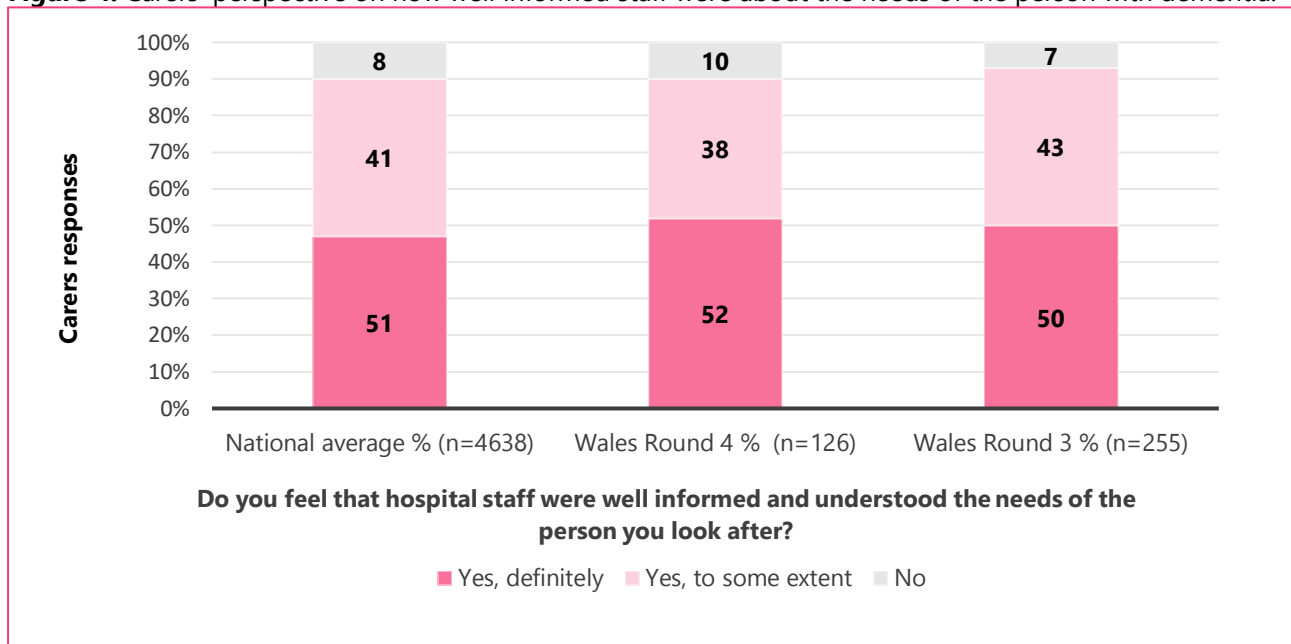


A patient’s casenotes may not always provide an accurate record of whether personal information is available to staff. In Rounds 3 and 4 of the audit, hospitals were asked to complete a mini audit on the three wards with the highest admissions of patients with dementia. Hospitals audited a total of 10 patients, checking to see if a personal information document was present at the bed side or in the daily notes folder. Figure 3 shows the percentage of patient casenotes which were checked and had a personal information document.

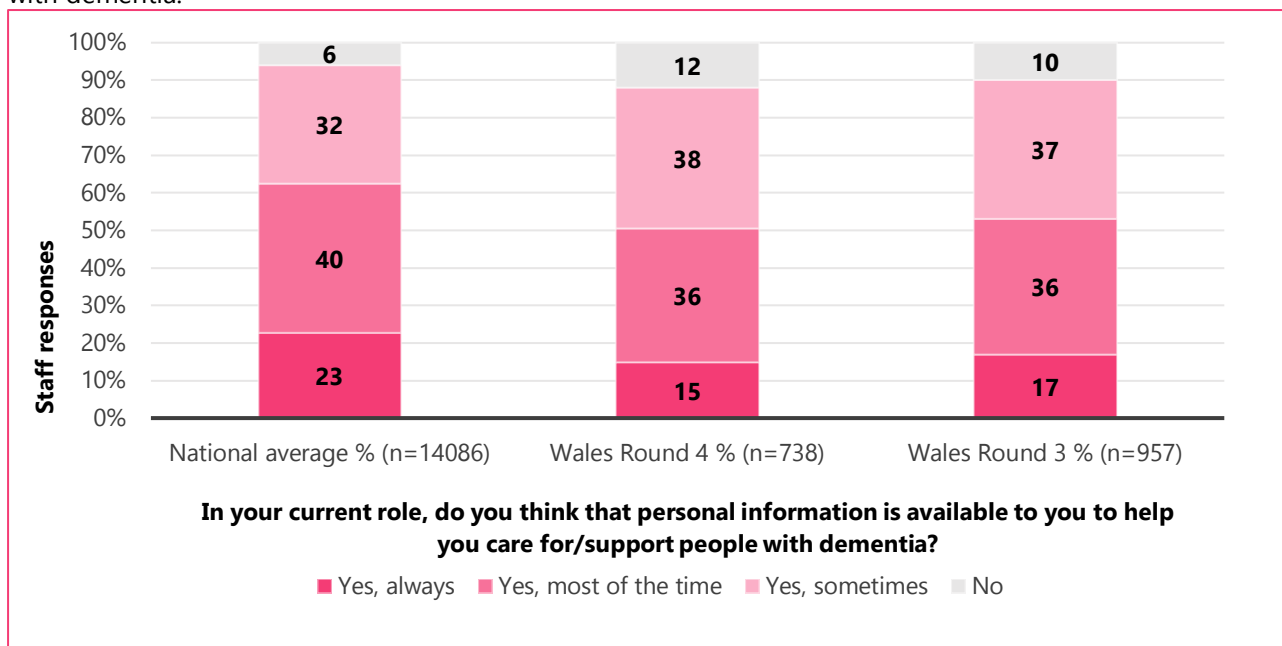
**Figure 3:** Results from the 'mini audit' on personal information documents.



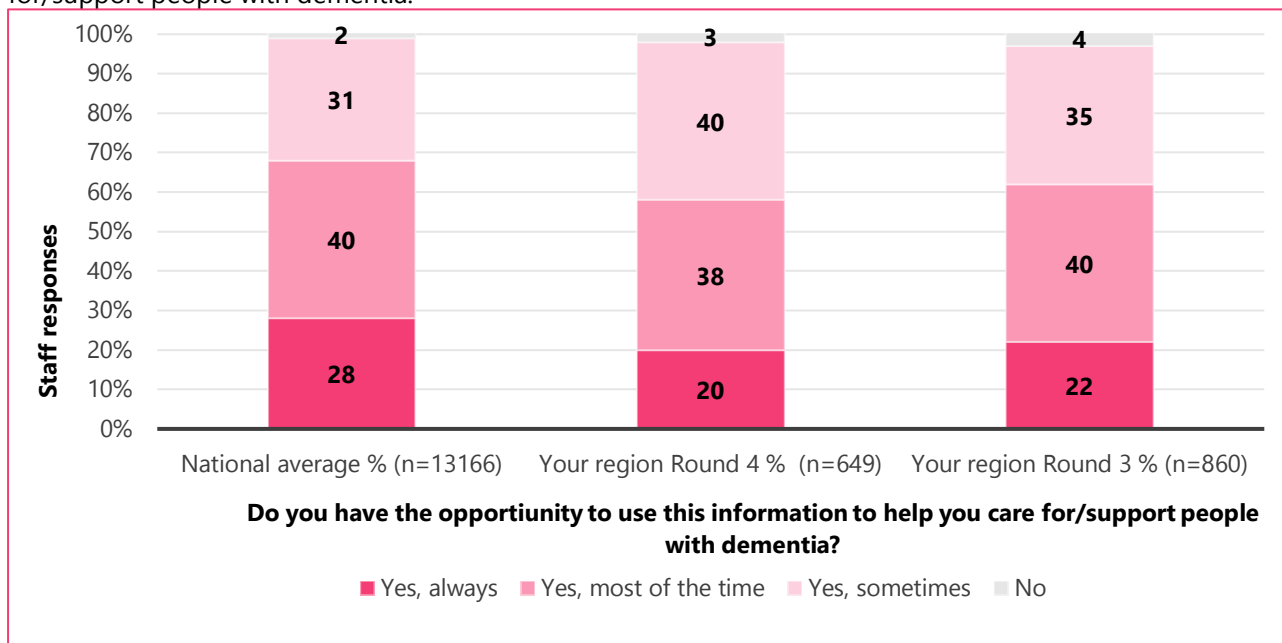
**Figure 4:** Carers' perspective on how well informed staff were about the needs of the person with dementia.



**Figure 5:** Staff perspective on the availability of personal information to help them care for/support people with dementia.



**Figure 6:** Staff perspective on the opportunity to use personal information when available to help them care for/support people with dementia.



## Key recommendation: Personal information

**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

## Key finding: dementia awareness training

The Alzheimer's Society's Fix Dementia Care hospitals campaign<sup>5</sup> and the Dementia Friendly Hospital Charter (2018)<sup>6</sup> 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. On a national level only 53% of hospitals were able to provide any figures on the proportion of staff trained.

**Table 3:** Number of staff equipped with at least Tier 1/basic awareness training between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018.

	National average (Interquartile range)	Wales
Average number of staff equipped with at least tier 1/basic awareness training identified at <b>Trust level</b> (n=151)	2128 (754-3015)	5522
Average number of staff equipped with at least tier 1/basic awareness training identified at <b>hospital level</b> (n=104)	1100 (433-1238)	534
Average number of adult beds excluding maternity and mental health beds at 31 <sup>st</sup> March 2018 at hospital level (n=195)	506 (325-650)	381

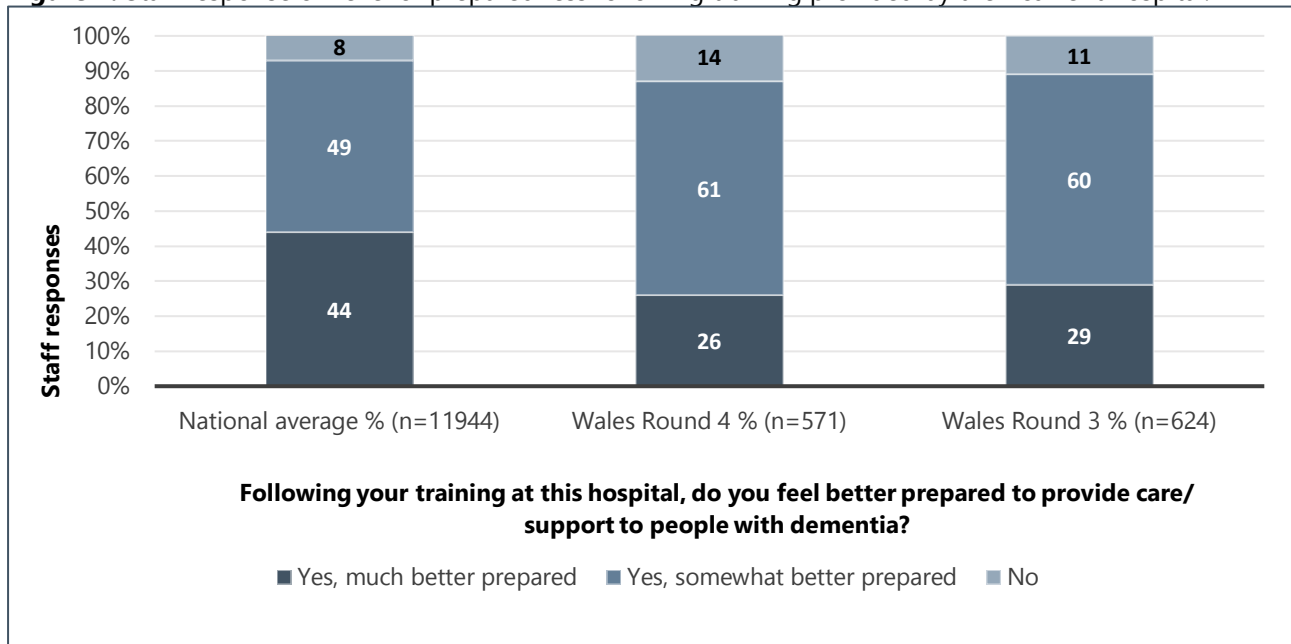
**NB:** Average number of adult beds according to Organisational Checklist.

The staff questionnaire also collected data on training formats, staff preparedness, and the level of staff who received training (Tables 3 and 4 and Figure 7).

**Table 4:** Proportion of staff reporting that they received some form of dementia training from the hospital they currently work at and what form of training(s)

	National average % (n=13407)	Wales % Round 4 (n=681)	Wales % Round 3 (n=880)
eLearning	52%	64%	48%
Workbook	8%	4%	3%
Workshop/study day	55%	37%	39%
Higher education module	5%	4%	4%
Other form of training	8%	6%	5%
Did not receive dementia training	11%	16%	27%

**Figure 7:** Staff response on level of preparedness following training provided by their current hospital.



**Key recommendation: Dementia awareness training**

**Trust Chief Executive Officer** 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



## Key finding: Trust/Health Boards involvement in dementia care

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

**Table 5:** Trust/Health Board involvement when reviewing information.

Health boards can identify patients with dementia when looking at information about:	National average % (n=195)	Wales % Round 4 (n=16)	Wales % Round 3 (n=17)
Wales in-hospital falls	64%	38%	35%
Wales delayed discharges	40%	38%	29%
Wales re-admissions	37%	13%	6%

### Key recommendation: Trust/Health Boards involvement in dementia care

**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

## Key finding: overall improvement in care in general hospitals

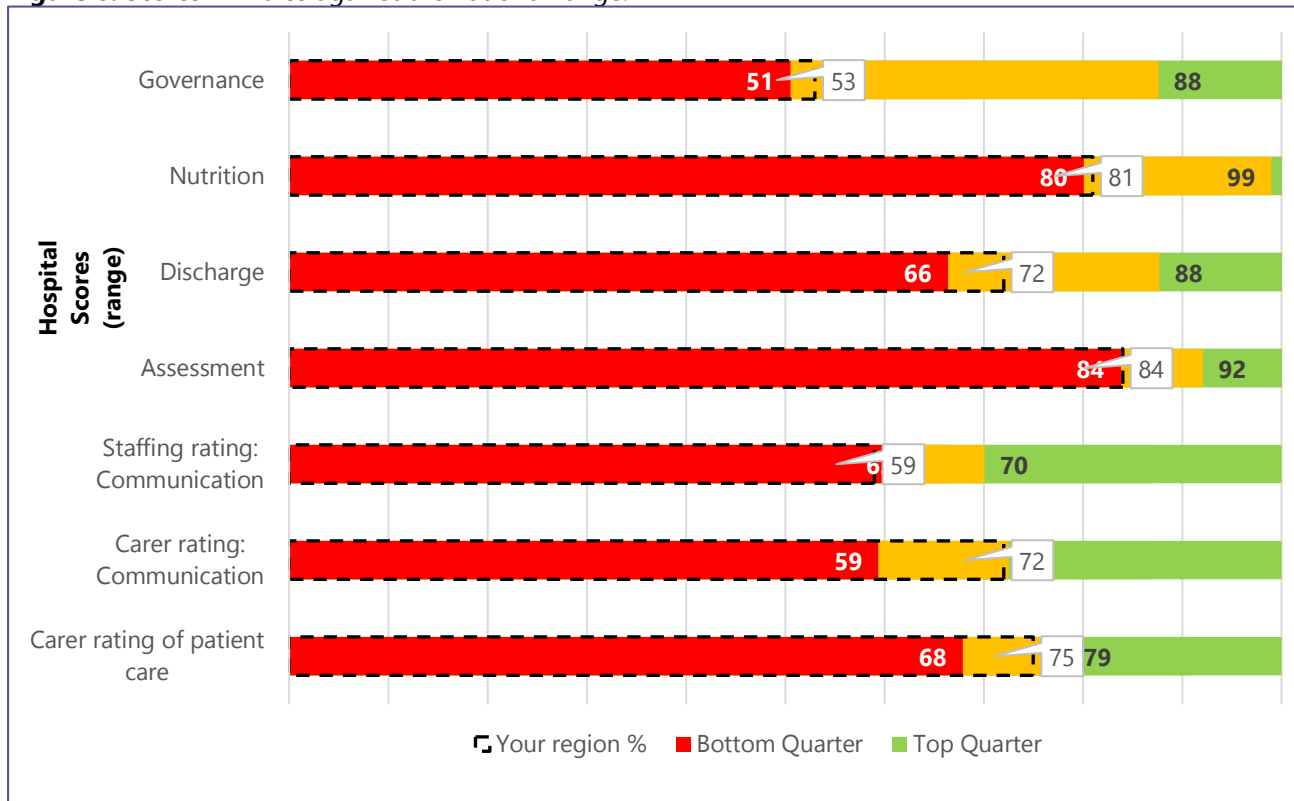
Overall, Round 4 results show slight improvements from those reported in Round 3 (2017). Average hospital scores across England and Wales have increased across all seven scoring items since Round 3.

Below is the breakdown of scores in Wales according to the seven scoring items explored in the National Audit of Dementia. Scores are derived from separate data sources and should be viewed independently. The method for the scoring can be found on the audit [website](#).

**Table 6:** Scores and rankings for Wales

Scoring	National score Round 4	Wales score Round 4	Range of scores for Wales Round 4	Wales score Round 3	Range of scores for Wales Round 3
Governance	<b>68%</b>	<b>53</b>	26 - 97	<b>49</b>	13 - 87
Nutrition	<b>89%</b>	<b>81</b>	43 - 100	<b>80</b>	38 - 100
Discharge	<b>76%</b>	<b>72</b>	23 - 100	<b>67</b>	48 - 85
Assessment	<b>87%</b>	<b>84</b>	61 - 93	<b>79</b>	60 - 90
Staff rating communication	<b>66%</b>	<b>59</b>	48 - 68	<b>60</b>	53 - 70
Carer rating: communication	<b>66%</b>	<b>72</b>	63 - 81	<b>80</b>	65 - 171
Carer rating of patient care	<b>73%</b>	<b>75</b>	64 - 84	<b>78</b>	63 - 89

**Figure 8:** Scores in Wales against the national range.



The dashed bar and call-out box indicate the Wales score for each scoring item. The middle section (yellow) represents the interquartile range where 50% of hospitals have scored. The cut off values for the interquartile range are indicated on each bar. If the Wales score is in the top quarter (green), your score is in the top 25% of scores. The bottom quarter (red) represents the lowest 25% of scores.

**Key recommendation:**

**Trust/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 Dementia Action Alliance 2018 charter

# Data breakdown by audit theme

Audit standards are measured across the audit tools. Therefore, data submitted are presented thematically, with data from different tools presented together.

## 1. Carer rating of patient care

Data from the carer questionnaire. This looks at how carers would rate the care received by the person they look after during the hospital stay.

## 2. Assessment

Data from the casenote audit. This looks at whether people with dementia admitted to hospital have received a comprehensive assessment, and how well each element of assessment is carried out.

## 3. Information and communication

Data from the organisational checklist, casenote audit, staff and carer questionnaires. This 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.

## 4. Staffing and training

Data from the organisational checklist, staff questionnaire and carer questionnaire. This looks at staffing provision, the extent of training delivery in hospitals and presents feedback from staff on training quality.

## 5. Nutrition

Data from the organisational checklist and staff questionnaire. This looks at whether hospitals have services that provide for the needs of people with dementia and presents feedback from staff on service quality.

## 6. Discharge

Data from the organisational checklist and casenote audit. This looks at the extent of planning for discharge from hospital for people with dementia and whether they and their carers are adequately informed.

## 7. Governance

Data from the organisational checklist, staff questionnaire and carer questionnaire. This looks at the involvement of hospital leads and the Executive Board in leading, planning and monitoring care, review of the environment and carer engagement.

## Data tables in audit theme chapters

**Table 7:** Explanation of how data tables are presented in audit theme chapters

Question number, tool and text		National audit Round 4	Region
Round 4 question number and audit tool that item appears in	Wording of question as in Round 4 tool	% (Interquartile Range*) (Num/Den) This refers to all hospitals from England and Wales that participated in Round 4 of the audit	% (Num/Den) Data for each region in Round 4

\* For casenote audit questions only.

Audit tool abbreviations shown with the question number will come from 1 of the 4 audit tools used in Round 4:

- OC – Organisational Checklist
- CA – Casenote Audit
- SQ – Staff Questionnaire
- CQ – Carer Questionnaire

We have provided:

- Percentage 'yes' response (unless otherwise indicated)
- Numerator/denominator (num/den).

The denominator will change throughout the report, depending on:

- Whether questions were routed (not asked in some instances)
- 'N/A' responses chosen (these have been excluded from the analyses)
- Staff and carers did not respond to a question.

When comparing Round 3 data with Round 4 data, please be aware that differences in sample sizes and slight wording changes to some questions, can affect results in both rounds. Comparison of the data should be made with caution.

# Carer Rating of Patient Care



Items presented in this section are from the carer questionnaire (CQ). The questions ask about carer opinion on patient care.

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
8 CQ	Rating of the care received by the person they care for during the hospital stay									
	Excellent	<b>38.2%</b> (1798/4704)	<b>36.8%</b> (171/465)	<b>30.6%</b> (266/869)	<b>39.5%</b> (297/751)	<b>39.4%</b> (278/706)	<b>42.5%</b> (277/652)	<b>39.5%</b> (260/658)	<b>40.2%</b> (191/475)	<b>45.3%</b> (58/128)
	Very good	<b>33.6%</b> (1580/4704)	<b>35.1%</b> (163/465)	<b>39.7%</b> (345/869)	<b>31.3%</b> (235/751)	<b>29.9%</b> (211/706)	<b>30.4%</b> (198/652)	<b>35.4%</b> (233/658)	<b>33.5%</b> (159/475)	<b>28.1%</b> (36/128)
	Good	<b>15.8%</b> (745/4704)	<b>15.5%</b> (72/465)	<b>17.4%</b> (151/869)	<b>15.2%</b> (114/751)	<b>17.6%</b> (124/706)	<b>15.2%</b> (99/652)	<b>14.7%</b> (97/658)	<b>14.9%</b> (71/475)	<b>13.3%</b> (17/128)
	Fair	<b>8.5%</b> (402/4704)	<b>9%</b> (42/465)	<b>8.7%</b> (76/869)	<b>8.5%</b> (64/751)	<b>10.3%</b> (73/706)	<b>8.1%</b> (53/652)	<b>7.6%</b> (50/658)	<b>7.6%</b> (36/475)	<b>6.3%</b> (8/128)
	Poor	<b>3.8%</b> (179/4704)	<b>3.7%</b> (17/465)	<b>3.6%</b> (31/869)	<b>5.5%</b> (41/751)	<b>2.8%</b> (20/706)	<b>3.8%</b> (25/652)	<b>2.7%</b> (18/658)	<b>3.8%</b> (18/475)	<b>7%</b> (9/128)
9 CQ	Likelihood to recommend the service to friends and family if they needed similar care or treatment									
	Extremely likely	<b>46.1%</b> (2126/4608)	<b>48.5%</b> (220/454)	<b>39.6%</b> (334/843)	<b>45.8%</b> (339/740)	<b>44.1%</b> (308/698)	<b>48.2%</b> (310/643)	<b>47.5%</b> (306/644)	<b>52.9%</b> (247/467)	<b>52.1%</b> (62/119)
	Likely	<b>34.1%</b> (1571/4608)	<b>33%</b> (150/454)	<b>40.3%</b> (340/843)	<b>32.8%</b> (243/740)	<b>34.8%</b> (243/698)	<b>32.3%</b> (208/643)	<b>34%</b> (219/644)	<b>28.7%</b> (134/467)	<b>28.6%</b> (34/119)
	Neither likely nor unlikely	<b>12%</b> (551/4608)	<b>10.1%</b> (46/454)	<b>11.7%</b> (99/843)	<b>12%</b> (89/740)	<b>14.5%</b> (101/698)	<b>12%</b> (77/643)	<b>12.1%</b> (78/644)	<b>10.7%</b> (50/467)	<b>9.2%</b> (11/119)
	Unlikely	<b>4.4%</b> (205/4608)	<b>4.2%</b> (19/454)	<b>5.5%</b> (46/843)	<b>5%</b> (37/740)	<b>4%</b> (28/698)	<b>3.7%</b> (24/643)	<b>3.9%</b> (25/644)	<b>4.3%</b> (20/467)	<b>5%</b> (6/119)

	Extremely unlikely	<b>3.4%</b> (155/4608)	<b>4.2%</b> (19/454)	<b>2.8%</b> (24/843)	<b>4.3%</b> (32/740)	<b>2.6%</b> (18/698)	<b>3.7%</b> (24/643)	<b>2.5%</b> (16/644)	<b>3.4%</b> (16/467)	<b>5%</b> (6/119)
10 CQ	Satisfaction with the support <b>they</b> received from this hospital to help them in their role as a carer									
	Very satisfied	<b>53.8%</b> (2354/4377)	<b>51.1%</b> (226/442)	<b>50.4%</b> (403/799)	<b>52.9%</b> (352/665)	<b>52.2%</b> (349/668)	<b>57.1%</b> (352/617)	<b>55.9%</b> (348/623)	<b>56.7%</b> (250/441)	<b>60.7%</b> (74/122)
	Somewhat satisfied	<b>32.4%</b> (1420/4377)	<b>33.9%</b> (150/442)	<b>34.9%</b> (279/799)	<b>31.4%</b> (209/665)	<b>34.9%</b> (233/668)	<b>30.5%</b> (188/617)	<b>32.4%</b> (202/623)	<b>28.3%</b> (125/441)	<b>27.9%</b> (34/122)
	Somewhat dissatisfied	<b>9.4%</b> (413/4377)	<b>9.5%</b> (42/442)	<b>10.4%</b> (83/799)	<b>11.1%</b> (74/665)	<b>9.4%</b> (63/668)	<b>8.4%</b> (52/617)	<b>8%</b> (50/623)	<b>9.1%</b> (40/441)	<b>7.4%</b> (9/122)
	Very dissatisfied	<b>4.3%</b> (190/4377)	<b>5.4%</b> (24/442)	<b>4.3%</b> (34/799)	<b>4.5%</b> (30/665)	<b>3.4%</b> (23/668)	<b>4.1%</b> (25/617)	<b>3.7%</b> (23/623)	<b>5.9%</b> (26/441)	<b>4.1%</b> (5/122)



# Assessment



Items presented in this theme are from the casenote audit (CA) and refer to assessments completed upon or during admission. Assessments completed for discharge can be found in the discharge theme chapter.

## Multidisciplinary assessment

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
14 CA	Assessment of mobility performed by a healthcare professional	<b>93.7%</b> (96.2, 92-98) (8451/9024)	<b>93.5%</b> (738/789)	<b>93.7%</b> (1038/1108)	<b>95.1%</b> (1343/1412)	<b>91.6%</b> (1479/1615)	<b>92.8%</b> (1149/1238)	<b>95.5%</b> (1302/1364)	<b>97.1%</b> (796/820)	<b>89.4%</b> (606/678)
15 CA	Assessment of nutritional status performed by a healthcare professional	<b>92.5%</b> (94.3, 90-98) (8824/9538)	<b>95.9%</b> (829/864)	<b>89.1%</b> (1075/1206)	<b>93.7%</b> (1396/1490)	<b>92.1%</b> (1530/1662)	<b>92.7%</b> (1224/1320)	<b>90.3%</b> (1291/1430)	<b>92.9%</b> (789/849)	<b>96.2%</b> (690/717)
15a CA	(If Q15=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index) or weight									
	Yes, there is a recording of the patient's BMI or weight	<b>85.1%</b> (91.95, 77-98) (7506/8824)	<b>89.1%</b> (739/829)	<b>88.9%</b> (956/1075)	<b>83.8%</b> (1170/1396)	<b>86.9%</b> (1329/1530)	<b>81.7%</b> (1000/1224)	<b>91.3%</b> (1179/1291)	<b>84.2%</b> (664/789)	<b>68%</b> (469/690)
	Other action taken	<b>3.2%</b> (0, 0-4) (281/8824)	<b>2.2%</b> (18/829)	<b>3.4%</b> (37/1075)	<b>3.2%</b> (45/1396)	<b>3.7%</b> (57/1530)	<b>3.7%</b> (45/1224)	<b>1.9%</b> (25/1291)	<b>2.9%</b> (23/789)	<b>4.5%</b> (31/690)
16 CA	Formal pressure ulcer risk assessment carried out and score recorded	<b>95.7%</b> (98, 94-100) (9362/9782)	<b>96.9%</b> (855/882)	<b>91.1%</b> (1136/1247)	<b>97.4%</b> (1491/1531)	<b>95.2%</b> (1618/1699)	<b>96%</b> (1298/1352)	<b>95.7%</b> (1405/1468)	<b>98.5%</b> (852/865)	<b>95.8%</b> (707/738)
17 CA	Patient asked about any continence needs	<b>89.1%</b> (95.1, 85-99) (8429/9457)	<b>94.6%</b> (819/866)	<b>76.3%</b> (891/1167)	<b>92.3%</b> (1375/1490)	<b>90.6%</b> (1488/1643)	<b>92.4%</b> (1220/1320)	<b>88.2%</b> (1252/1419)	<b>90.3%</b> (758/839)	<b>87.8%</b> (626/713)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
18 CA	Patient assessed for the presence of any pain	<b>85.4%</b> (91.75, 79-98) (8201/9600)	<b>90.7%</b> (790/871)	<b>81.7%</b> (984/1204)	<b>84.9%</b> (1279/1507)	<b>90.3%</b> (1507/1669)	<b>89%</b> (1177/1322)	<b>79.9%</b> (1154/1444)	<b>88.3%</b> (759/860)	<b>76.2%</b> (551/723)
19 CA	Assessment of functioning									
	Standardised assessment	<b>52.1%</b> (52.9, 25-78) (4795/9199)	<b>58.7%</b> (482/821)	<b>48.9%</b> (575/1177)	<b>46.5%</b> (671/1442)	<b>43.2%</b> (698/1614)	<b>56.8%</b> (718/1263)	<b>63.9%</b> (888/1390)	<b>53.2%</b> (429/807)	<b>48.8%</b> (334/685)
	Occupational therapy assessment	<b>43.6%</b> (43.35, 27-60) (4015/9199)	<b>42.9%</b> (352/821)	<b>49%</b> (577/1177)	<b>43.1%</b> (622/1442)	<b>35%</b> (565/1614)	<b>43.7%</b> (552/1263)	<b>50.6%</b> (703/1390)	<b>55.9%</b> (451/807)	<b>28.2%</b> (193/685)
	Physiotherapy assessment	<b>55.6%</b> (58.3, 36-73) (5115/9199)	<b>53.3%</b> (438/821)	<b>52.3%</b> (616/1177)	<b>50.2%</b> (724/1442)	<b>59.4%</b> (958/1614)	<b>59.7%</b> (754/1263)	<b>60.9%</b> (846/1390)	<b>58.4%</b> (471/807)	<b>45%</b> (308/685)
	Yes, other	<b>7.6%</b> (2.8, 0-8) (697/9199)	<b>6.7%</b> (55/821)	<b>8.9%</b> (105/1177)	<b>4%</b> (58/1442)	<b>5.5%</b> (88/1614)	<b>8.7%</b> (110/1263)	<b>7.1%</b> (98/1390)	<b>15.6%</b> (126/807)	<b>8.3%</b> (57/685)
	Yes (all options)	<b>85.8%</b> (94.8, 86-98) (8390/9199)	<b>91%</b> (747/821)	<b>92.6%</b> (1090/1177)	<b>89.1%</b> (1285/1442)	<b>88.7%</b> (1431/1614)	<b>91.8%</b> (1160/1263)	<b>94.7%</b> (1316/1390)	<b>93.1%</b> (751/807)	<b>89.1%</b> (610/685)

## Mental state assessment

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
20 CA	Cognitive testing using a validated structured instrument carried out	<b>54.3%</b> (53.05, 37-73)	<b>54.2%</b> (418/771)	<b>70.1%</b> (721/1029)	<b>56.3%</b> (763/1356)	<b>47.1%</b> (699/1484)	<b>38.2%</b> (437/1143)	<b>69.2%</b> (870/1257)	<b>60%</b> (470/783)	<b>34.5%</b> (225/652)

		(4603/8475)								
21 CA	Screening assessments carried out to assess for recent changes or fluctuation in behaviour that may indicate the presence of delirium									
	Single Question in Delirium (SQiD)	<b>7.3%</b> (1.35, 0-6) (710/9753)	<b>13.9%</b> (122/879)	<b>3.4%</b> (42/1243)	<b>9.9%</b> (151/1526)	<b>10.7%</b> (182/1697)	<b>3%</b> (41/1350)	<b>9%</b> (131/1458)	<b>2%</b> (17/865)	<b>3.3%</b> (24/735)
	History taken from someone who knows the patient well in which they were asked about any recent changes in cognition/behaviour	<b>30.5%</b> (25.9, 14-44) (2977/9753)	<b>33.7%</b> (296/879)	<b>40.2%</b> (500/1243)	<b>19.7%</b> (300/1526)	<b>23.3%</b> (395/1697)	<b>35%</b> (473/1350)	<b>37.7%</b> (549/1458)	<b>31.1%</b> (269/865)	<b>26.5%</b> (195/735)
	4AT	<b>10%</b> (4.15, 2-10) (978/9753)	<b>6.7%</b> (59/879)	<b>15%</b> (187/1243)	<b>8.2%</b> (125/1526)	<b>13.3%</b> (225/1697)	<b>8.5%</b> (115/1350)	<b>9.3%</b> (136/1458)	<b>9.5%</b> (82/865)	<b>6.7%</b> (49/735)
	Other	<b>7%</b> (3.9, 0-8) (680/9753)	<b>7.6%</b> (67/879)	<b>6.4%</b> (80/1243)	<b>5.2%</b> (79/1526)	<b>9%</b> (153/1697)	<b>5.9%</b> (79/1350)	<b>6.5%</b> (95/1458)	<b>8.9%</b> (77/865)	<b>6.8%</b> (50/735)
21a CA	Initial assessment above found evidence that delirium may be present	<b>50.8%</b> (53.8, 40-67) (2455/4832)	<b>46.2%</b> (210/455)	<b>57.9%</b> (445/769)	<b>46.3%</b> (283/611)	<b>59.7%</b> (480/804)	<b>50.6%</b> (331/654)	<b>44.1%</b> (369/836)	<b>47.8%</b> (193/404)	<b>48.2%</b> (144/299)
	Initial assessment above found no evidence of delirium	<b>49.2%</b> (46.2, 33-60) (2377/4832)	<b>53.8%</b> (245/455)	<b>42.1%</b> (324/769)	<b>53.7%</b> (328/611)	<b>40.3%</b> (324/804)	<b>49.4%</b> (323/654)	<b>55.9%</b> (467/836)	<b>52.2%</b> (211/404)	<b>51.8%</b> (155/299)
22 CA	A healthcare professional (trained and competent in the diagnosis of delirium) completed an assessment for delirium									
	4AT	<b>9.4%</b> (4.6, 0-12) (621/6623)	<b>7.3%</b> (41/560)	<b>12.9%</b> (109/842)	<b>9.1%</b> (96/1054)	<b>11.1%</b> (138/1240)	<b>6.7%</b> (62/931)	<b>9.1%</b> (80/879)	<b>8.8%</b> (53/600)	<b>8.1%</b> (42/517)
	Confusion Assessment Method (CAM) – short or long form	<b>5.3%</b> (0, 0-6) (351/6623)	<b>4.5%</b> (25/560)	<b>10.1%</b> (85/842)	<b>5.7%</b> (60/1054)	<b>1.7%</b> (21/1240)	<b>4.8%</b> (45/931)	<b>7.4%</b> (65/879)	<b>4.8%</b> (29/600)	<b>4.1%</b> (21/517)

	Other	<b>14.9%</b> (9.4, 2-20) (988/6623)	<b>10.7%</b> (60/560)	<b>19.7%</b> (166/842)	<b>9.8%</b> (103/1054)	<b>19%</b> (235/1240)	<b>17.9%</b> (167/931)	<b>16.2%</b> (142/879)	<b>11.2%</b> (67/600)	<b>9.3%</b> (48/517)
22a CA	Diagnosis of delirium confirmed	<b>80.5%</b> (83.3, 67-98) (1524/1892)	<b>76.9%</b> (93/121)	<b>84.4%</b> (286/339)	<b>79.7%</b> (204/256)	<b>83.5%</b> (314/376)	<b>77%</b> (204/265)	<b>80.9%</b> (225/278)	<b>78.2%</b> (115/147)	<b>75.5%</b> (83/110)

# Information and Communication



Items presented in this theme are from the organisational checklist (OC), casenote audit (CA), staff questionnaire (SQ) and carer questionnaire (CQ). The questions relate to personal information collected about people with dementia, communication between staff members and communication between staff and carers.

## Using personal information to improve care

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
13 OC	There is a formal system (pro-forma or template) in place in the hospital for gathering information pertinent to caring for a person with dementia	<b>97.4%</b> (190/195)	<b>100%</b> (17/17)	<b>100%</b> (27/27)	<b>93.3%</b> (28/30)	<b>91.2%</b> (31/34)	<b>100%</b> (25/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
Information collected by the pro-forma includes:										
13a OC	Personal details, preferences and routines	<b>100%</b> (190/190)	<b>100%</b> (17/17)	<b>100%</b> (27/27)	<b>100%</b> (28/28)	<b>100%</b> (31/31)	<b>100%</b> (25/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
13b OC	Reminders or support with personal care	<b>99.5%</b> (189/190)	<b>100%</b> (17/17)	<b>96.3%</b> (26/27)	<b>100%</b> (28/28)	<b>100%</b> (31/31)	<b>100%</b> (25/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
13c OC	Recurring factors that may cause or exacerbate distress	<b>99.5%</b> (189/190)	<b>94.1%</b> (16/17)	<b>100%</b> (27/27)	<b>100%</b> (28/28)	<b>100%</b> (31/31)	<b>100%</b> (25/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
13d OC	Support or actions that can calm the person if they are agitated	<b>98.9%</b> (188/190)	<b>94.1%</b> (16/17)	<b>96.3%</b> (26/27)	<b>100%</b> (28/28)	<b>100%</b> (31/31)	<b>100%</b> (25/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
13e OC	Life details which aid communication	<b>99.5%</b> (189/190)	<b>100%</b> (17/17)	<b>100%</b> (27/27)	<b>100%</b> (28/28)	<b>100%</b> (31/31)	<b>96%</b> (24/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
13f OC	How the person with dementia communicates with others/understands communication	<b>97.4%</b> (185/190)	<b>100%</b> (17/17)	<b>96.3%</b> (26/27)	<b>96.4%</b> (27/28)	<b>100%</b> (31/31)	<b>92%</b> (23/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>93.8%</b> (15/16)

## Availability of personal information

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
23 CA	The care assessment contains a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well	<b>60.9%</b> (61.85, 36-92) (5955/9782)	<b>62.6%</b> (552/882)	<b>60.3%</b> (752/1247)	<b>50.7%</b> (776/1531)	<b>55.4%</b> (942/1699)	<b>63.8%</b> (862/1352)	<b>68.8%</b> (1010/1468)	<b>69.5%</b> (601/865)	<b>62.3%</b> (460/738)
Information collected about:										
23a CA	Personal details, preferences and routines									
	Yes	<b>49.4%</b> (55.2, 34-75) (2889/5851)	<b>55.7%</b> (305/548)	<b>39%</b> (289/741)	<b>59.9%</b> (461/769)	<b>49.2%</b> (455/925)	<b>42.1%</b> (361/857)	<b>51%</b> (502/984)	<b>48%</b> (278/579)	<b>53.1%</b> (238/448)
	Unknown	<b>31.1%</b> (14.3, 0-42) (1819/5851)	<b>30.5%</b> (167/548)	<b>41%</b> (304/741)	<b>21.8%</b> (168/769)	<b>24.4%</b> (226/925)	<b>46.4%</b> (398/857)	<b>26.5%</b> (261/984)	<b>34.4%</b> (199/579)	<b>21.4%</b> (96/448)
23b CA	Food and drink preferences									
	Yes	<b>48.1%</b> (55.6, 30-74) (2810/5845)	<b>51.2%</b> (280/547)	<b>36.7%</b> (272/741)	<b>56.9%</b> (434/763)	<b>48.4%</b> (448/926)	<b>39.8%</b> (340/854)	<b>51.1%</b> (502/983)	<b>48.1%</b> (279/580)	<b>56.5%</b> (255/451)
	Unknown	<b>30.8%</b> (15, 0-42) (1800/5845)	<b>31.8%</b> (174/547)	<b>41.3%</b> (306/741)	<b>19.1%</b> (146/763)	<b>24.7%</b> (229/926)	<b>46.7%</b> (399/854)	<b>25.9%</b> (255/983)	<b>34.3%</b> (199/580)	<b>20.4%</b> (92/451)
23c CA	Reminders or support with personal care									
	Yes	<b>56.8%</b> (64, 39-82) (3326/5852)	<b>62.8%</b> (341/543)	<b>42.2%</b> (313/741)	<b>68.2%</b> (522/765)	<b>58.5%</b> (543/928)	<b>43.8%</b> (373/852)	<b>62.2%</b> (617/992)	<b>54.2%</b> (316/583)	<b>67.2%</b> (301/448)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
	Unknown	<b>28.3%</b> (9.4, 0-42) (1654/5852)	<b>26.9%</b> (146/543)	<b>40.2%</b> (298/741)	<b>17.1%</b> (131/765)	<b>21.9%</b> (203/928)	<b>45.3%</b> (386/852)	<b>21.1%</b> (209/992)	<b>32.8%</b> (191/583)	<b>20.1%</b> (90/448)	
23d CA	Recurring factors that may cause or exacerbate distress										
	Yes	<b>36.1%</b> (38.3, 20-58) (2101/5822)	<b>34%</b> (185/544)	<b>29.6%</b> (219/739)	<b>39.5%</b> (301/762)	<b>32.9%</b> (302/917)	<b>32.4%</b> (276/853)	<b>39.4%</b> (386/980)	<b>37.6%</b> (217/577)	<b>47.8%</b> (215/450)	
	Unknown	<b>35.1%</b> (17.5, 0-50) (2041/5822)	<b>38.6%</b> (210/544)	<b>41.8%</b> (309/739)	<b>28.6%</b> (218/762)	<b>28.1%</b> (258/917)	<b>49.8%</b> (425/853)	<b>30.2%</b> (296/980)	<b>39%</b> (225/577)	<b>22.2%</b> (100/450)	
23e CA	Support or actions that can calm the person if they are agitated										
	Yes	<b>31.8%</b> (30, 17-50) (1841/5794)	<b>30.1%</b> (163/541)	<b>27.9%</b> (206/738)	<b>33.3%</b> (252/756)	<b>26.8%</b> (244/911)	<b>28.5%</b> (242/850)	<b>37.1%</b> (361/974)	<b>34.1%</b> (196/574)	<b>39.3%</b> (177/450)	
	Unknown	<b>36%</b> (18.9, 0-51) (2085/5794)	<b>40.7%</b> (220/541)	<b>43%</b> (317/738)	<b>29.8%</b> (225/756)	<b>29.4%</b> (268/911)	<b>50.2%</b> (427/850)	<b>29.9%</b> (291/974)	<b>40.6%</b> (233/574)	<b>23.1%</b> (104/450)	
23f CA	How the person with dementia communicates with others/understands communication										
	Yes	<b>47.7%</b> (51.9, 33-74) (2784/5839)	<b>50.4%</b> (274/544)	<b>35.9%</b> (266/740)	<b>56.4%</b> (428/759)	<b>43.7%</b> (405/926)	<b>39.1%</b> (334/854)	<b>51.1%</b> (502/982)	<b>53%</b> (309/583)	<b>59%</b> (266/451)	
	Unknown	<b>31.3%</b> (15.8, 0-43) (1825/5839)	<b>33.5%</b> (182/544)	<b>40.5%</b> (300/740)	<b>23.5%</b> (178/759)	<b>26.5%</b> (245/926)	<b>47.1%</b> (402/854)	<b>24.9%</b> (245/982)	<b>30.7%</b> (179/583)	<b>20.8%</b> (94/451)	
14 OC	(If Q13=Yes) The form prompts staff to approach carers or relatives to collate necessary information	<b>94.2%</b> (179/190)	<b>100%</b> (17/17)	<b>92.6%</b> (25/27)	<b>96.4%</b> (27/28)	<b>96.8%</b> (30/31)	<b>96%</b> (24/25)	<b>93.1%</b> (27/29)	<b>94.1%</b> (16/17)	<b>81.3%</b> (13/16)	



Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
15 OC	Documenting use of personal information in practice: Hospitals selected three adult inpatient wards which had the highest admissions of people with dementia. Ten patients in these wards were checked to see if the personal information document was present. Included were patients with dementia who needed a personal information document such as "This is Me"									
15b OC	Number of patients checked (Range)	<b>0-33</b>	0-12	7-30	4-33	4-17	6-17	4-18	8-26	3-10
	Number of patients checked (Median)	<b>10</b>	10	10	10	10	9	10	10	10
	Percentage of patients where the information was present	<b>59.4%</b>	62.5%	64.3%	58.4%	46.2%	73.9%	60.3%	63.6%	51.6%
	Range	<b>0-20</b>	0-10	0-20	0-10	0-11	0-17	0-13	2-15	1-8
Median	<b>6</b>	5	7	5	4	7	7	7	5	

## Involvement of carers and people with dementia

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
5 CQ	Kept clearly informed about care and progress during the hospital stay									
	Yes, definitely	<b>45.9%</b> (2115/4609)	<b>41.3%</b> (190/460)	<b>46.5%</b> (390/839)	<b>46.2%</b> (339/734)	<b>44.4%</b> (310/698)	<b>48.5%</b> (311/641)	<b>43.3%</b> (280/646)	<b>50.1%</b> (236/471)	<b>49.2%</b> (59/120)
	Yes, to some extent	<b>38.5%</b> (1776/4609)	<b>42.8%</b> (197/460)	<b>38.5%</b> (323/839)	<b>36.6%</b> (269/734)	<b>40.8%</b> (285/698)	<b>35.3%</b> (226/641)	<b>42.6%</b> (275/646)	<b>32.7%</b> (154/471)	<b>39.2%</b> (47/120)
	No	<b>15.6%</b> (718/4609)	<b>15.9%</b> (73/460)	<b>15%</b> (126/839)	<b>17.2%</b> (126/734)	<b>14.8%</b> (103/698)	<b>16.2%</b> (104/641)	<b>14.1%</b> (91/646)	<b>17.2%</b> (81/471)	<b>11.7%</b> (14/120)
6 CQ	Involved as much as you wanted to be in decisions about care									
	Yes, definitely	<b>51.1%</b> (2317/4535)	<b>49.7%</b> (223/449)	<b>48.4%</b> (395/816)	<b>51.8%</b> (375/724)	<b>48%</b> (331/689)	<b>52.5%</b> (335/638)	<b>52.1%</b> (333/639)	<b>54.3%</b> (250/460)	<b>62.5%</b> (75/120)
	Yes, to some extent	<b>34.8%</b> (1577/4535)	<b>35%</b> (157/449)	<b>36.6%</b> (299/816)	<b>34%</b> (246/724)	<b>38.5%</b> (265/689)	<b>33.4%</b> (213/638)	<b>35.8%</b> (229/639)	<b>29.1%</b> (134/460)	<b>28.3%</b> (34/120)
	No	<b>14.1%</b> (641/4535)	<b>15.4%</b> (69/449)	<b>15%</b> (122/816)	<b>14.2%</b> (103/724)	<b>13.5%</b> (93/689)	<b>14.1%</b> (90/638)	<b>12.1%</b> (77/639)	<b>16.5%</b> (76/460)	<b>9.2%</b> (11/120)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
18 OC	The dementia lead or dementia working group collates feedback from carers on the written and verbal information provided to them	<b>70.3%</b> (137/195)	<b>100%</b> (17/17)	<b>63%</b> (17/27)	<b>63.3%</b> (19/30)	<b>94.1%</b> (32/34)	<b>64%</b> (16/25)	<b>65.5%</b> (19/29)	<b>76.5%</b> (13/17)	<b>25%</b> (4/16)
7 CQ	Hospital staff asked about the needs of the person to help plan their care									
	Yes, definitely	<b>48.3%</b> (2193/4545)	<b>46.5%</b> (212/456)	<b>46.7%</b> (388/830)	<b>49.6%</b> (359/724)	<b>44.5%</b> (309/695)	<b>48%</b> (305/636)	<b>51.7%</b> (331/640)	<b>50.2%</b> (223/444)	<b>55%</b> (66/120)
	Yes, to some extent	<b>34.3%</b> (1561/4545)	<b>37.7%</b> (172/456)	<b>35.2%</b> (292/830)	<b>31.5%</b> (228/724)	<b>38.3%</b> (266/695)	<b>35.2%</b> (224/636)	<b>32.8%</b> (210/640)	<b>30.6%</b> (136/444)	<b>27.5%</b> (33/120)
	No	<b>17.4%</b> (791/4545)	<b>15.8%</b> (72/456)	<b>18.1%</b> (150/830)	<b>18.9%</b> (137/724)	<b>17.3%</b> (120/695)	<b>16.8%</b> (107/636)	<b>15.5%</b> (99/640)	<b>19.1%</b> (85/444)	<b>17.5%</b> (21/120)
1 CQ	Hospital staff were well informed and understood the needs of the person									
	Yes, definitely	<b>51.1%</b> (2368/4638)	<b>54.2%</b> (250/461)	<b>48.8%</b> (412/845)	<b>50.1%</b> (370/738)	<b>46.9%</b> (329/702)	<b>54%</b> (350/648)	<b>52.2%</b> (339/650)	<b>53.8%</b> (252/468)	<b>52.4%</b> (66/126)
	Yes, to some extent	<b>40.7%</b> (1888/4638)	<b>36.9%</b> (170/461)	<b>43%</b> (363/845)	<b>40%</b> (295/738)	<b>45.6%</b> (320/702)	<b>38.4%</b> (249/648)	<b>40.6%</b> (264/650)	<b>38.2%</b> (179/468)	<b>38.1%</b> (48/126)
	No	<b>8.2%</b> (382/4638)	<b>8.9%</b> (41/461)	<b>8.3%</b> (70/845)	<b>9.9%</b> (73/738)	<b>7.5%</b> (53/702)	<b>7.6%</b> (49/648)	<b>7.2%</b> (47/650)	<b>7.9%</b> (37/468)	<b>9.5%</b> (12/126)
2 CQ	Hospital staff delivered high quality care that was appropriate to the needs of the person									
	Yes, definitely	<b>58.7%</b> (2728/4649)	<b>58.9%</b> (274/465)	<b>56.8%</b> (484/852)	<b>57.9%</b> (428/739)	<b>54.8%</b> (384/701)	<b>60.5%</b> (390/645)	<b>60.3%</b> (394/653)	<b>62%</b> (290/468)	<b>66.7%</b> (84/126)
	Yes, to some extent	<b>33.8%</b> (1571/4649)	<b>32.3%</b> (150/465)	<b>35.4%</b> (302/852)	<b>32.7%</b> (242/739)	<b>39.4%</b> (276/701)	<b>31.9%</b> (206/645)	<b>33.2%</b> (217/653)	<b>31.4%</b> (147/468)	<b>24.6%</b> (31/126)
	No	<b>7.5%</b> (350/4649)	<b>8.8%</b> (41/465)	<b>7.7%</b> (66/852)	<b>9.3%</b> (69/739)	<b>5.8%</b> (41/701)	<b>7.6%</b> (49/645)	<b>6.4%</b> (42/653)	<b>6.6%</b> (31/468)	<b>8.7%</b> (11/126)
4 CQ	The person was treated with respect by hospital staff									
	Yes, definitely	<b>77.5%</b> (3598/4640)	<b>76.6%</b> (354/462)	<b>75.9%</b> (640/843)	<b>76.5%</b> (568/742)	<b>72.8%</b> (513/705)	<b>76.7%</b> (495/645)	<b>82.3%</b> (534/649)	<b>82.5%</b> (386/468)	<b>85.7%</b> (108/126)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes, to some extent	<b>20.2%</b> (939/4640)	<b>20.3%</b> (94/462)	<b>21.7%</b> (183/843)	<b>20.9%</b> (155/742)	<b>25%</b> (176/705)	<b>21.4%</b> (138/645)	<b>16%</b> (104/649)	<b>15.6%</b> (73/468)	<b>12.7%</b> (16/126)
	No	<b>2.2%</b> (103/4640)	<b>3%</b> (14/462)	<b>2.4%</b> (20/843)	<b>2.6%</b> (19/742)	<b>2.3%</b> (16/705)	<b>1.9%</b> (12/645)	<b>1.7%</b> (11/649)	<b>1.9%</b> (9/468)	<b>1.6%</b> (2/126)

## Staff communication

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
3 SQ	Personal information is available to help care for/support people with dementia									
	Yes, always	<b>22.5%</b> (3171/14086)	<b>24.9%</b> (378/1520)	<b>30.2%</b> (492/1627)	<b>21.2%</b> (398/1880)	<b>21.6%</b> (555/2575)	<b>22.2%</b> (486/2191)	<b>22.9 %</b> (489/2131)	<b>18.5%</b> (264/1424)	<b>14.8%</b> (109/738)
	Yes, most of the time	<b>39.5%</b> (5557/14086)	<b>42.7%</b> (649/1520)	<b>38.8%</b> (631/1627)	<b>36.9%</b> (694/1880)	<b>38.8%</b> (999/2575)	<b>39.4%</b> (863/2191)	<b>39.2%</b> (835/2131)	<b>43.7%</b> (622/1424)	<b>35.8%</b> (264/738)
	Yes, sometimes	<b>31.7%</b> (4467/14086)	<b>28.5%</b> (433/1520)	<b>26.2%</b> (427/1627)	<b>34.1%</b> (642/1880)	<b>32.7%</b> (843/2575)	<b>31.8%</b> (697/2191)	<b>31.3%</b> (668/2131)	<b>33.7%</b> (480/1424)	<b>37.5%</b> (277/738)
	No	<b>6.3%</b> (891/14086)	<b>3.9%</b> (60/1520)	<b>4.7%</b> (77/1627)	<b>7.8%</b> (146/1880)	<b>6.9%</b> (178/2575)	<b>6.6%</b> (145/2191)	<b>6.5%</b> (139/2131)	<b>4.1%</b> (58/1424)	<b>11.9%</b> (88/738)
3a SQ	Can use personal information to help care for/support people with dementia									
	Yes, always	<b>27.7%</b> (3644/13166)	<b>30.2%</b> (441/1458)	<b>34.7%</b> (537/1547)	<b>26.1%</b> (451/1725)	<b>25.9%</b> (619/2394)	<b>28.8%</b> (588/2042)	<b>28.7%</b> (571/1987)	<b>22.4%</b> (306/1364)	<b>20.2%</b> (131/649)
	Yes, most of the time	<b>40%</b> (5266/13166)	<b>41.3%</b> (602/1458)	<b>40.1%</b> (621/1547)	<b>37.7%</b> (650/1725)	<b>41.3%</b> (988/2394)	<b>37.3%</b> (762/2042)	<b>40%</b> (795/1987)	<b>44.4%</b> (605/1364)	<b>37.4%</b> (243/649)
	Yes, sometimes	<b>30.8%</b> (4058/13166)	<b>27.1%</b> (395/1458)	<b>24.3%</b> (376/1547)	<b>34 %</b> (586/1725)	<b>31.6%</b> (757/2394)	<b>32.1%</b> (655/2042)	<b>30.2%</b> (600/1987)	<b>31.6%</b> (431/1364)	<b>39.8%</b> (258/649)
	No	<b>1.5%</b> (198/13166)	<b>1.4%</b> (20/1458)	<b>0.8%</b> (13/1547)	<b>2.2%</b> (38/1725)	<b>1.3%</b> (30/2394)	<b>1.8%</b> (37/2042)	<b>1.1%</b> (21/1987)	<b>1.6%</b> (22/1364)	<b>2.6%</b> (17/649)
4	Encouraged to accommodate the individual needs and preferences of people with dementia									

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
SQ	Yes, always	<b>31.5%</b> (4435/14078)	<b>33.6%</b> (510/1518)	<b>37.4%</b> (610/1629)	<b>29.0%</b> (543/1875)	<b>30.4%</b> (782/2575)	<b>33.4%</b> (732/2189)	<b>32.3%</b> (688/2131)	<b>27.7%</b> (394/1424)	<b>23.9%</b> (176/737)	
	Yes, most of the time	<b>34.6%</b> (4864/14078)	<b>36%</b> (547/1518)	<b>34%</b> (554/1629)	<b>33.7%</b> (631/1875)	<b>34%</b> (875/2575)	<b>33.2%</b> (727/2189)	<b>36.5%</b> (778/2131)	<b>37.3%</b> (531/1424)	<b>30%</b> (221/737)	
	Yes, sometimes	<b>25.3%</b> (3566/14078)	<b>22.5%</b> (341/1518)	<b>23.1%</b> (377/1629)	<b>27.4%</b> (514/1875)	<b>25.2%</b> (648/2575)	<b>23.9%</b> (524/2189)	<b>25.2%</b> (538/2131)	<b>26.4%</b> (376/1424)	<b>33.6%</b> (248/737)	
	No	<b>8.6%</b> (1213/14078)	<b>7.9%</b> (120/1518)	<b>5.4%</b> (88/1629)	<b>10%</b> (187/1875)	<b>10.5%</b> (270/2575)	<b>9.4%</b> (206/2189)	<b>6%</b> (127/2131)	<b>8.6%</b> (123/1424)	<b>12.5%</b> (92/737)	
5 SQ	Talk about caring for/supporting people with complex needs (including dementia), as a team										
	Frequently	<b>50.6%</b> (7120/14060)	<b>51.2%</b> (778/1519)	<b>62.1%</b> (1009/1626)	<b>48.1%</b> (903/1876)	<b>49.8%</b> (1277/2565)	<b>48.8%</b> (1068/2189)	<b>51.7%</b> (1097/2123)	<b>47.3%</b> (674/1425)	<b>42.6%</b> (314/737)	
	Occasionally	<b>35.5%</b> (4987/14060)	<b>36.9%</b> (560/1519)	<b>29.3%</b> (476/1626)	<b>36.5%</b> (684/1876)	<b>35.6%</b> (913/2565)	<b>35.7%</b> (782/2189)	<b>35.2%</b> (747/2123)	<b>38%</b> (541/1425)	<b>38.5%</b> (284/737)	
	Almost Never	<b>10.6%</b> (1496/14060)	<b>9.4%</b> (143/1519)	<b>7.1%</b> (115/1626)	<b>11.8%</b> (222/1876)	<b>11.1%</b> (285/2565)	<b>11.1%</b> (244/2189)	<b>10.2%</b> (217/2123)	<b>11.6%</b> (166/1425)	<b>14.1%</b> (104/737)	
	Never	<b>3.3%</b> (457/14060)	<b>2.5%</b> (38/1519)	<b>1.6%</b> (26/1626)	<b>3.6%</b> (67/1876)	<b>3.5%</b> (90/2565)	<b>4.3%</b> (95/2189)	<b>2.9%</b> (62/2123)	<b>3.1%</b> (44/1425)	<b>4.7%</b> (35/737)	

## Use of information systems

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
16 OC	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them	<b>92.8%</b> (181/195)	<b>100%</b> (17/17)	<b>88.9%</b> (24/27)	<b>86.7%</b> (26/30)	<b>82.4%</b> (28/34)	<b>100%</b> (25/25)	<b>96.6%</b> (28/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
16a OC	(If Q16=Yes) Please say what this is									
	A visual indicator, symbol or marker	<b>97.2%</b> (176/181)	<b>100%</b> (17/17)	<b>100%</b> (24/24)	<b>88.5%</b> (23/26)	<b>92.9%</b> (26/28)	<b>100%</b> (25/25)	<b>100%</b> (28/28)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
	Alert sheet or electronic flag	<b>8.8%</b> (16/181)	<b>11.8%</b> (2/17)	<b>4.2%</b> (1/24)	<b>15.4%</b> (4/26)	<b>14.3%</b> (4/28)	<b>8%</b> (2/25)	<b>10.7%</b> (3/28)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
	A box to highlight or alert dementia in the notes or care plan	<b>38.1%</b> (69/181)	<b>35.3%</b> (6/17)	<b>41.7%</b> (10/24)	<b>23.1%</b> (6/26)	<b>46.4%</b> (13/28)	<b>36%</b> (9/25)	<b>42.9%</b> (12/28)	<b>47.1%</b> (8/17)	<b>31.3%</b> (5/16)
	Other	<b>18.8%</b> (34/181)	<b>35.3%</b> (6/17)	<b>8.3%</b> (2/24)	<b>23.1%</b> (6/26)	<b>7.1%</b> (2/28)	<b>24%</b> (6/25)	<b>39.3%</b> (11/28)	<b>5.9%</b> (1/17)	<b>0%</b> (0/16)
17 OC	There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person accesses other treatment areas: (y/n)	<b>77.4%</b> (151/195)	<b>82.4%</b> (14/17)	<b>70.4%</b> (19/27)	<b>70%</b> (21/30)	<b>70.6%</b> (24/34)	<b>92%</b> (23/25)	<b>72.4%</b> (21/29)	<b>100%</b> (17/17)	<b>75%</b> (12/16)
17a OC	(If Q17=Yes) Please say what this is									
	A visual indicator, symbol or marker	<b>88.7%</b> (134/151)	<b>92.9%</b> (13/14)	<b>78.9%</b> (15/19)	<b>76.2%</b> (16/21)	<b>91.7%</b> (22/24)	<b>100%</b> (23/23)	<b>81%</b> (17/21)	<b>94.1%</b> (16/17)	<b>100%</b> (12/12)
	Alert sheet or electronic flag	<b>7.9%</b> (12/151)	<b>14.3%</b> (2/14)	<b>5.3%</b> (1/19)	<b>4.8%</b> (1/21)	<b>20.8%</b> (5/24)	<b>4.3%</b> (1/23)	<b>4.8%</b> (1/21)	<b>5.9%</b> (1/17)	<b>0%</b> (0/12)
	A box to highlight or alert dementia condition in the notes or care plan	<b>33.8%</b> (51/151)	<b>21.4%</b> (3/14)	<b>47.4%</b> (9/19)	<b>19%</b> (4/21)	<b>50%</b> (12/24)	<b>34.8%</b> (8/23)	<b>38.1%</b> (8/21)	<b>29.4%</b> (5/17)	<b>16.7%</b> (2/12)
	Other	<b>20.5%</b> (31/151)	<b>42.9%</b> (6/14)	<b>15.8%</b> (3/19)	<b>23.8%</b> (5/21)	<b>8.3%</b> (2/24)	<b>30.4%</b> (7/23)	<b>14.3%</b> (3/21)	<b>29.4%</b> (5/17)	<b>0%</b> (0/12)

# Staffing and Training



Items presented in this theme are from the organisational checklist (OC), staff questionnaire (SQ) and carer questionnaire (CQ). Questions relate to hospital staffing levels and the training available to staff on dementia care.

## Staffing levels

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
8 OC	Ward staffing levels (nurses, midwives and care staff) are made available for the public to view on a monthly basis									
Yes, on the trust website	<b>46.7%</b> (91/195)	<b>47.1%</b> (8/17)	<b>44.4%</b> (12/27)	<b>46.7%</b> (14/30)	<b>61.8%</b> (21/34)	<b>48%</b> (12/25)	<b>62.1%</b> (18/29)	<b>29.4%</b> (5/17)	<b>6.3%</b> (1/16)	
Yes, on the wards	<b>71.8%</b> (140/195)	<b>94.1%</b> (16/17)	<b>70.4%</b> (19/27)	<b>73.3%</b> (22/30)	<b>73.5%</b> (25/34)	<b>68%</b> (17/25)	<b>62.1%</b> (18/29)	<b>76.5%</b> (13/17)	<b>62.5%</b> (10/16)	
9 OC	An evidence-based tool is used for establishing ward staffing levels	<b>96.9%</b> (189/195)	<b>100%</b> (17/17)	<b>88.9%</b> (24/27)	<b>100%</b> (30/30)	<b>100%</b> (34/34)	<b>92%</b> (23/25)	<b>96.6%</b> (28/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
9a OC	The tool takes into account patient dependency and acuity	<b>99.5%</b> (188/189)	<b>100%</b> (17/17)	<b>100%</b> (24/24)	<b>100%</b> (30/30)	<b>100%</b> (34/34)	<b>95.7%</b> (22/23)	<b>100%</b> (28/28)	<b>100%</b> (17/17)	<b>100%</b> (16/16)

6 SQ	The ward is able to respond to the individual needs of people with dementia as they arise									
	Yes, always	<b>27.2%</b> (3689/13577)	<b>28.7%</b> (420/1465)	<b>37.1%</b> (592/1594)	<b>26.9%</b> (488/1812)	<b>26.3%</b> (654/2489)	<b>25.1%</b> (518/2061)	<b>25.7%</b> (531/2067)	<b>23.7%</b> (327/1382)	<b>22.5%</b> (159/707)
	Yes, most of the time	<b>43.5%</b> (5903/13577)	<b>44.6%</b> (654/1465)	<b>40.9%</b> (652/1594)	<b>41.1%</b> (745/1812)	<b>44.7%</b> (1113/2489)	<b>43.9%</b> (904/2061)	<b>44.1%</b> (911/2067)	<b>45.6%</b> (630/1382)	<b>41.6%</b> (294/707)
	Yes, sometimes	<b>23.3%</b> (3160/13577)	<b>22.3%</b> (326/1465)	<b>18%</b> (287/1594)	<b>25.2%</b> (457/1812)	<b>22.5%</b> (560/2489)	<b>24.7%</b> (510/2061)	<b>23.7%</b> (490/2067)	<b>25%</b> (345/1382)	<b>26.2%</b> (185/707)
	No	<b>6.1%</b> (825/13577)	<b>4.4%</b> (65/1465)	<b>4.0%</b> (63/1594)	<b>6.7%</b> (122/1812)	<b>6.5%</b> (162/2489)	<b>6.3%</b> (129/2061)	<b>6.5%</b> (135/2067)	<b>5.8%</b> (80/1382)	<b>9.8%</b> (69/707)
7 SQ	Additional staffing support is provided if dependency needs on the ward(s) increase									
	Yes, always	<b>10.4%</b> (1340/12942)	<b>12%</b> (168/1399)	<b>17.6%</b> (268/1523)	<b>10.1%</b> (174/1727)	<b>7.8%</b> (186/2370)	<b>10.3%</b> (202/1956)	<b>9.1%</b> (180/1973)	<b>7.9%</b> (104/1316)	<b>8.6%</b> (58/678)
	Yes, most of the time	<b>26.3%</b> (3405/12942)	<b>27.6%</b> (386/1399)	<b>30.5%</b> (464/1523)	<b>28.5%</b> (492/1727)	<b>24.7%</b> (586/2370)	<b>25.7%</b> (503/1956)	<b>25.5%</b> (503/1973)	<b>25%</b> (329/1316)	<b>20.9%</b> (142/678)
	Yes, sometimes	<b>42.8%</b> (5538/12942)	<b>41.5%</b> (581/1399)	<b>38.4%</b> (585/1523)	<b>40.4%</b> (698/1727)	<b>42.1%</b> (997/2370)	<b>43.8%</b> (856/1956)	<b>44.1%</b> (871/1973)	<b>47%</b> (619/1316)	<b>48.8%</b> (331/678)
	No	<b>20.5%</b> (2659/12942)	<b>18.9%</b> (264/1399)	<b>13.5%</b> (206/1523)	<b>21 %</b> (363/1727)	<b>25.4%</b> (601/2370)	<b>20.2%</b> (395/1956)	<b>21.2%</b> (419/1973)	<b>20.1%</b> (264/1316)	<b>21.7%</b> (147/678)
3 CQ	The person you look after was given enough help with personal care from hospital staff									
	Yes, definitely	<b>58.5%</b> (2641/4518)	<b>57.5%</b> (256/445)	<b>57.8%</b> (481/832)	<b>58.3%</b> (418/717)	<b>57%</b> (386/677)	<b>60.8%</b> (387/637)	<b>58.8%</b> (376/639)	<b>59%</b> (266/451)	<b>59.2%</b> (71/120)
	Yes, to some extent	<b>32.6%</b> (1473/4518)	<b>33.7%</b> (150/445)	<b>34.5%</b> (287/832)	<b>31.5%</b> (226/717)	<b>34.9%</b> (236/677)	<b>30.1%</b> (192/637)	<b>32.6%</b> (208/639)	<b>30.2%</b> (136/451)	<b>31.7%</b> (38/120)
	No	<b>8.9%</b> (404/4518)	<b>8.8%</b> (39/445)	<b>7.7%</b> (64/832)	<b>10.2%</b> (73/717)	<b>8.1%</b> (55/677)	<b>9.1%</b> (58/637)	<b>8.6%</b> (55/639)	<b>10.9%</b> (49/451)	<b>9.2%</b> (11/120)

## Guidance for staff

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
27 OC	There is a named dignity lead to provide guidance, advice and consultation to staff	<b>73.8%</b> (144/195)	<b>88.2%</b> (15/17)	<b>59.3%</b> (16/27)	<b>63.3%</b> (19/30)	<b>85.3%</b> (29/34)	<b>80%</b> (20/25)	<b>75.9%</b> (22/29)	<b>70.6%</b> (12/17)	<b>68.8%</b> (11/16)

## Training and knowledge framework

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
19 OC	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	<b>95.9%</b> (187/195)	<b>94.1%</b> (16/17)	<b>96.3%</b> (26/27)	<b>90%</b> (27/30)	<b>100%</b> (34/34)	<b>92%</b> (23/25)	<b>96.6%</b> (28/29)	<b>100%</b> (17/17)	<b>100%</b> (16/16)
21 OC	The dementia awareness training includes input from/makes use of the experiences of people with dementia and their carers	<b>81.5%</b> (159/195)	<b>94.1%</b> (16/17)	<b>77.8%</b> (21/27)	<b>70%</b> (21/30)	<b>85.3%</b> (29/34)	<b>84%</b> (21/25)	<b>79.3%</b> (23/29)	<b>88.2%</b> (15/17)	<b>81.3%</b> (13/16)



## Dementia training formats

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
22 OC	Format used to deliver basic dementia awareness training									
	eLearning module	<b>73.8%</b> (144/195)	<b>52.9%</b> (9/17)	<b>74.1%</b> (20/27)	<b>60%</b> (18/30)	<b>82.4%</b> (28/34)	<b>80%</b> (20/25)	<b>69%</b> (20/29)	<b>76.5%</b> (13/17)	<b>100%</b> (16/16)
	Workshop or study day	<b>82.1%</b> (160/195)	<b>76.5%</b> (13/17)	<b>74.1%</b> (20/27)	<b>86.7%</b> (26/30)	<b>88.2%</b> (30/34)	<b>84%</b> (21/25)	<b>86.2%</b> (25/29)	<b>70.6%</b> (12/17)	<b>81.3%</b> (13/16)
	Higher education module	<b>15.4%</b> (30/195)	<b>35.3%</b> (6/17)	<b>3.7%</b> (1/27)	<b>13.3%</b> (4/30)	<b>26.5%</b> (9/34)	<b>12%</b> (3/25)	<b>6.9%</b> (2/29)	<b>5.9%</b> (1/17)	<b>25%</b> (4/16)
	Workbook	<b>22.1%</b> (43/195)	<b>41.2%</b> (7/17)	<b>11.1%</b> (3/27)	<b>13.3%</b> (4/30)	<b>35.3%</b> (12/34)	<b>24%</b> (6/25)	<b>0%</b> (0/29)	<b>29.4%</b> (5/17)	<b>37.5%</b> (6/16)
	Other	<b>18.5%</b> (36/195)	<b>11.8%</b> (2/17)	<b>22.2%</b> (6/27)	<b>20%</b> (6/30)	<b>2.9%</b> (1/34)	<b>4%</b> (1/25)	<b>51.7%</b> (15/29)	<b>11.8%</b> (2/17)	<b>18.8%</b> (3/16)
2 SQ	Form of dementia training received at the hospital									
	eLearning module	<b>51.8%</b> (6939/13407)	<b>46.8%</b> (683/1458)	<b>47.2%</b> (751/1590)	<b>42.7%</b> (752/1760)	<b>54.9%</b> (1345/2450)	<b>62.6%</b> (1269/2026)	<b>41%</b> (845/2060)	<b>62.1%</b> (858/1382)	<b>64%</b> (436/681)
	Workshop or study day	<b>54.9%</b> (7355/13407)	<b>68%</b> (991/1458)	<b>57.2%</b> (909/1590)	<b>56.4%</b> (993/1760)	<b>48.7%</b> (1193/2450)	<b>49%</b> (992/2026)	<b>60.9%</b> (1254/2060)	<b>55.9%</b> (772/1382)	<b>36.9%</b> (251/681)
	Higher education module	<b>5.3%</b> (713/13407)	<b>6.9%</b> (101/1458)	<b>4.4%</b> (70/1590)	<b>6.4%</b> (112/1760)	<b>4.7%</b> (114/2450)	<b>4%</b> (81/2026)	<b>5.4%</b> (112/2060)	<b>6.8%</b> (94/1382)	<b>4.3%</b> (29/681)
	Workbook	<b>8.1%</b> (1086/13407)	<b>11.7%</b> (170/1458)	<b>5.3%</b> (85/1590)	<b>6.7%</b> (118/1760)	<b>13.4%</b> (329/2450)	<b>6.8%</b> (137/2026)	<b>5%</b> (104/2060)	<b>8.4%</b> (116/1382)	<b>4%</b> (27/681)
	Other	<b>8.2%</b> (1094/13407)	<b>9.7%</b> (141/1458)	<b>9.2%</b> (147/1590)	<b>8.5%</b> (149/1760)	<b>6.1%</b> (149/2450)	<b>6.9%</b> (139/2026)	<b>10.3%</b> (212/2060)	<b>8.5%</b> (118/1382)	<b>5.7%</b> (39/681)
	I have not received any dementia training at this hospital	<b>10.7%</b> (1439/13407)	<b>6.8%</b> (99/1458)	<b>13.3%</b> (212/1590)	<b>13.8%</b> (242/1760)	<b>10.8%</b> (264/2450)	<b>9.4%</b> (190/2026)	<b>11.1%</b> (228/2060)	<b>6.9%</b> (96/1382)	<b>15.9%</b> (108/681)

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
(If Q2=any form of training) Staff feel better prepared to provide care/ support to people with dementia following training at this hospital									
2a SQ Yes, much better prepared	<b>43.6%</b> (5209/11944)	<b>50.8%</b> (693/1363)	<b>53.7%</b> (739/1377)	<b>41.6%</b> (630/1515)	<b>41.5%</b> (905/2179)	<b>40.8%</b> (747/1829)	<b>46.5%</b> (850/1828)	<b>38.8%</b> (498/1282)	<b>25.7%</b> (147/571)
Yes, somewhat better prepared	<b>48.7%</b> (5811/11944)	<b>44.3%</b> (604/1363)	<b>41.2%</b> (567/1377)	<b>49.8%</b> (754/1515)	<b>50.1%</b> (1092/2179)	<b>49.4%</b> (903/1829)	<b>47.2%</b> (863/1828)	<b>53.2%</b> (682/1282)	<b>60.6%</b> (346/571)
No	<b>7.7%</b> (924/11944)	<b>4.8%</b> (66/1363)	<b>5.2%</b> (71/1377)	<b>8.6%</b> (131/1515)	<b>8.4%</b> (182/2179)	<b>9.8%</b> (179/1829)	<b>6.3%</b> (115/1828)	<b>8%</b> (102/1282)	<b>13.7%</b> (78/571)

## Staff data on dementia training

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
20 OC	The question below is about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia)									
	Doctors									
	Mandatory	<b>52.8%</b> (103/195)	<b>52.9%</b> (9/17)	<b>55.6%</b> (15/27)	<b>26.7%</b> (8/30)	<b>67.6%</b> (23/34)	<b>28%</b> (7/25)	<b>69%</b> (20/29)	<b>64.7%</b> (11/17)	<b>62.5%</b> (10/16)
	Provided on induction	<b>64.1%</b> (125/195)	<b>58.8%</b> (10/17)	<b>77.8%</b> (21/27)	<b>80%</b> (24/30)	<b>44.1%</b> (15/34)	<b>60%</b> (15/25)	<b>58.6%</b> (17/29)	<b>76.5%</b> (13/17)	<b>62.5%</b> (10/16)
	Provided in the last 12 months	<b>54.4%</b> (106/195)	<b>47.1%</b> (8/17)	<b>51.9%</b> (14/27)	<b>63.3%</b> (19/30)	<b>47.1%</b> (16/34)	<b>48%</b> (12/25)	<b>58.6%</b> (17/29)	<b>64.7%</b> (11/17)	<b>56.3%</b> (9/16)
	Not provided in the last 12 months	<b>6.7%</b> (13/195)	<b>17.6%</b> (3/17)	<b>0%</b> (0/27)	<b>6.7%</b> (2/30)	<b>0%</b> (0/34)	<b>24%</b> (6/25)	<b>0%</b> (0/29)	<b>5.9%</b> (1/17)	<b>6.3%</b> (1/16)
	Nurses									
	Mandatory	<b>63.1%</b> (123/195)	<b>64.7%</b> (11/17)	<b>70.4%</b> (19/27)	<b>33.3%</b> (10/30)	<b>67.6%</b> (23/34)	<b>48%</b> (12/25)	<b>72.4%</b> (21/29)	<b>64.7%</b> (11/17)	<b>100%</b> (16/16)
	Provided on induction	<b>69.2%</b> (135/195)	<b>82.4%</b> (14/17)	<b>77.8%</b> (21/27)	<b>70%</b> (21/30)	<b>61.8%</b> (21/34)	<b>68%</b> (17/25)	<b>65.5%</b> (19/29)	<b>76.5%</b> (13/17)	<b>56.3%</b> (9/16)
	Provided in the last 12 months	<b>61%</b> (119/195)	<b>70.6%</b> (12/17)	<b>59.3%</b> (16/27)	<b>76.7%</b> (23/30)	<b>47.1%</b> (16/34)	<b>60%</b> (15/25)	<b>55.2%</b> (16/29)	<b>70.6%</b> (12/17)	<b>56.3%</b> (9/16)
	Not provided in the last 12 months	<b>1%</b> (2/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>6.7%</b> (2/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
	Healthcare assistants									
	Mandatory	<b>63.1%</b> (123/195)	<b>64.7%</b> (11/17)	<b>66.7%</b> (18/27)	<b>33.3%</b> (10/30)	<b>67.6%</b> (23/34)	<b>48%</b> (12/25)	<b>75.9%</b> (22/29)	<b>64.7%</b> (11/17)	<b>100%</b> (16/16)
	Provided on induction	<b>66.7%</b> (130/195)	<b>82.4%</b> (14/17)	<b>77.8%</b> (21/27)	<b>70%</b> (21/30)	<b>58.8%</b> (20/34)	<b>64%</b> (16/25)	<b>65.5%</b> (19/29)	<b>76.5%</b> (13/17)	<b>37.5%</b> (6/16)
	Provided in the last 12 months	<b>59.5%</b> (116/195)	<b>70.6%</b> (12/17)	<b>59.3%</b> (16/27)	<b>76.7%</b> (23/30)	<b>47.1%</b> (16/34)	<b>60%</b> (15/25)	<b>55.2%</b> (16/29)	<b>70.6%</b> (12/17)	<b>37.5%</b> (6/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Not provided in the last 12 months	<b>1%</b> (2/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>6.7%</b> (2/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
Other allied healthcare professionals, e.g. physiotherapists, dieticians										
	Mandatory	<b>57.4%</b> (112/195)	<b>58.8%</b> (10/17)	<b>63%</b> (17/27)	<b>30%</b> (9/30)	<b>64.7%</b> (22/34)	<b>36%</b> (9/25)	<b>62.1%</b> (18/29)	<b>64.7%</b> (11/17)	<b>100%</b> (16/16)
	Provided on induction	<b>58.5%</b> (114/195)	<b>70.6%</b> (12/17)	<b>66.7%</b> (18/27)	<b>56.7%</b> (17/30)	<b>47.1%</b> (16/34)	<b>60%</b> (15/25)	<b>62.1%</b> (18/29)	<b>76.5%</b> (13/17)	<b>31.3%</b> (5/16)
	Provided in the last 12 months	<b>56.9%</b> (111/195)	<b>70.6%</b> (12/17)	<b>55.6%</b> (15/27)	<b>73.3%</b> (22/30)	<b>47.1%</b> (16/34)	<b>52%</b> (13/25)	<b>55.2%</b> (16/29)	<b>70.6%</b> (12/17)	<b>31.3%</b> (5/16)
	Not provided in the last 12 months	<b>3.6%</b> (7/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>13.3%</b> (4/30)	<b>5.9%</b> (2/34)	<b>4%</b> (1/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
Support staff in the hospital, e.g. housekeepers, porters, receptionists										
	Mandatory	<b>49.7%</b> (97/195)	<b>47.1%</b> (8/17)	<b>55.6%</b> (15/27)	<b>20%</b> (6/30)	<b>52.9%</b> (18/34)	<b>28%</b> (7/25)	<b>58.6%</b> (17/29)	<b>64.7%</b> (11/17)	<b>93.8%</b> (15/16)
	Provided on induction	<b>53.3%</b> (104/195)	<b>58.8%</b> (10/17)	<b>40.7%</b> (11/27)	<b>46.7%</b> (14/30)	<b>55.9%</b> (19/34)	<b>64%</b> (16/25)	<b>55.2%</b> (16/29)	<b>70.6%</b> (12/17)	<b>37.5%</b> (6/16)
	Provided in the last 12 months	<b>51.8%</b> (101/195)	<b>64.7%</b> (11/17)	<b>48.1%</b> (13/27)	<b>46.7%</b> (14/30)	<b>41.2%</b> (14/34)	<b>56%</b> (14/25)	<b>58.6%</b> (17/29)	<b>70.6%</b> (12/17)	<b>37.5%</b> (6/16)
	Not provided in the last 12 months	<b>11.3%</b> (22/195)	<b>17.6%</b> (3/17)	<b>11.1%</b> (3/27)	<b>33.3%</b> (10/30)	<b>11.8%</b> (4/34)	<b>8%</b> (2/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
25 OC	Contracts with external providers (for services such as catering and security) where staff will come into contact with people with dementia, specify that the staff should have training in dementia awareness									
	Yes, all contracts	<b>35.9%</b> (70/195)	<b>29.4%</b> (5/17)	<b>33.3%</b> (9/27)	<b>46.7%</b> (14/30)	<b>32.4%</b> (11/34)	<b>28%</b> (7/25)	<b>37.9%</b> (11/29)	<b>35.3%</b> (6/17)	<b>43.8%</b> (7/16)
	Yes, other	<b>23.6%</b> (46/195)	<b>17.6%</b> (3/17)	<b>14.8%</b> (4/27)	<b>16.7%</b> (5/30)	<b>17.6%</b> (6/34)	<b>28%</b> (7/25)	<b>34.5%</b> (10/29)	<b>35.3%</b> (6/17)	<b>31.3%</b> (5/16)
	No	<b>40.5%</b> (79/195)	<b>52.9%</b> (9/17)	<b>51.9%</b> (14/27)	<b>36.7%</b> (11/30)	<b>50%</b> (17/34)	<b>44%</b> (11/25)	<b>27.6%</b> (8/29)	<b>29.4%</b> (5/17)	<b>25%</b> (4/16)



## Nutrition

Items presented in this theme are from the organisational checklist (OC) and staff questionnaire (SQ). Questions relate to the provision of food and drink for people with dementia and hospital schemes such as protected mealtimes.

### Mealtimes policies and initiatives

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
10	Protected mealtimes are established in all wards that admit adults with known or suspected dementia	<b>97.9%</b> (191/195)	<b>100%</b> (17/17)	<b>100%</b> (27/27)	<b>100%</b> (30/30)	<b>100%</b> (34/34)	<b>100%</b> (25/25)	<b>89.7%</b> (26/29)	<b>100%</b> (17/17)	<b>93.8%</b> (15/16)
10a	(If Q10=Yes) Wards' adherence to protected mealtimes is reviewed and monitored	<b>87.4%</b> (167/191)	<b>94.1%</b> (16/17)	<b>81.5%</b> (22/27)	<b>83.3%</b> (25/30)	<b>88.2%</b> (30/34)	<b>88%</b> (22/25)	<b>96.2%</b> (25/26)	<b>76.5%</b> (13/17)	<b>93.3%</b> (14/15)
11	In the last week (except in emergency situations), patient mealtimes kept free of any clinical activity on the ward(s) you work on									
	Yes, always	<b>31.5%</b> (3677/11673)	<b>32.3%</b> (409/1265)	<b>38.1%</b> (545/1430)	<b>33.2%</b> (518/1559)	<b>32.9%</b> (706/2144)	<b>33.6%</b> (579/1723)	<b>26.3%</b> (461/1756)	<b>22.9%</b> (272/1190)	<b>30.9%</b> (187/606)
	Yes, most of the time	<b>40.9%</b> (4772/11673)	<b>42.7%</b> (540/1265)	<b>38.6%</b> (552/1430)	<b>41%</b> (639/1559)	<b>38.4%</b> (824/2144)	<b>39.9%</b> (688/1723)	<b>42.5%</b> (746/1756)	<b>45.5%</b> (541/1190)	<b>39.9%</b> (242/606)
	Yes, sometimes	<b>13.8%</b> (1611/11673)	<b>13.4%</b> (169/1265)	<b>12.6%</b> (180/1430)	<b>13.2%</b> (206/1559)	<b>13.8%</b> (296/2144)	<b>13.1%</b> (226/1723)	<b>15.5%</b> (272/1756)	<b>15.2%</b> (181/1190)	<b>13.4%</b> (81/606)
	No	<b>13.8%</b> (1613/11673)	<b>11.6%</b> (147/1265)	<b>10.7%</b> (153/1430)	<b>12.6%</b> (196/1559)	<b>14.8%</b> (318/2144)	<b>13.3%</b> (230/1723)	<b>15.8%</b> (277/1756)	<b>16.5%</b> (196/1190)	<b>15.8%</b> (96/606)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
11 OC	The hospital has in place a scheme/programme which allows identified carers of people with dementia to visit at any time including at mealtimes	<b>95.9%</b> (187/195)	<b>88.2%</b> (15/17)	<b>100%</b> (27/27)	<b>100%</b> (30/30)	<b>100%</b> (34/34)	<b>100%</b> (25/25)	<b>96.6%</b> (28/29)	<b>94.1%</b> (16/17)	<b>75%</b> (12/16)
8 SQ	Carers of people with dementia can visit at any time on the ward(s)									
	Yes, always	<b>63.3%</b> (7943/12543)	<b>65.1%</b> (897/1378)	<b>63.4%</b> (947/1494)	<b>60.6%</b> (997/1644)	<b>56.8%</b> (1292/2275)	<b>69.6%</b> (1322/1900)	<b>65.8%</b> (1253/1905)	<b>66%</b> (863/1307)	<b>58.1%</b> (372/640)
	Yes, most of the time	<b>22.3%</b> (2801/12543)	<b>21.9%</b> (302/1378)	<b>22.9%</b> (342/1494)	<b>23.2%</b> (381/1644)	<b>23.6%</b> (538/2275)	<b>19.7%</b> (375/1900)	<b>22.2%</b> (422/1905)	<b>21.7%</b> (283/1307)	<b>24.7%</b> (158/640)
	Yes, sometimes	<b>10.5%</b> (1318/12543)	<b>9.3%</b> (128/1378)	<b>10.6%</b> (158/1494)	<b>11.7%</b> (193/1644)	<b>14.2%</b> (323/2275)	<b>7.7%</b> (147/1900)	<b>8.7%</b> (166/1905)	<b>9.4%</b> (123/1307)	<b>12.5%</b> (80/640)
	No	<b>3.8%</b> (481/12543)	<b>3.7%</b> (51/1378)	<b>3.1%</b> (47/1494)	<b>4.4%</b> (73/1644)	<b>5.4%</b> (122/2275)	<b>2.9%</b> (56/1900)	<b>3.4%</b> (64/1905)	<b>2.9%</b> (38/1307)	<b>4.7%</b> (30/640)

## Finger foods and 24-hour food services

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
30 OC	The hospital can provide finger foods for people with dementia Patients can choose a complete meal option (including vegetarian) that can be eaten without	<b>75.4%</b> (147/195)	<b>76.5%</b> (13/17)	<b>70.4%</b> (19/27)	<b>73.3%</b> (22/30)	<b>82.4%</b> (28/34)	<b>84%</b> (21/25)	<b>72.4%</b> (21/29)	<b>58.8%</b> (10/17)	<b>81.3%</b> (13/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
	cutlery (finger food) every day										
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on four to six days per week or more	<b>1%</b> (2/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>0%</b> (0/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>3.4%</b> (1/29)	<b>5.9%</b> (1/17)	<b>0%</b> (0/16)	
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on two or three days per week or more	<b>0.5%</b> (1/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>0%</b> (0/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>5.9%</b> (1/17)	<b>0%</b> (0/16)	
	Patients can choose a complete meal option (including vegetarian) that can be eaten without cutlery on only one day per week	<b>0%</b> (0/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>0%</b> (0/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)	
	Finger food consists of sandwiches/wraps only	<b>23.1%</b> (45/195)	<b>23.5%</b> (4/17)	<b>29.6%</b> (8/27)	<b>26.7%</b> (8/30)	<b>17.6%</b> (6/34)	<b>16%</b> (4/25)	<b>24.1%</b> (7/29)	<b>29.4%</b> (5/17)	<b>18.8%</b> (3/16)	
12 SQ	Ability to access finger food for people with dementia as an alternative to main meals										
	Yes, always	<b>44.2%</b> (4971/11253)	<b>48.1%</b> (597/1241)	<b>35.7%</b> (476/1334)	<b>46.4%</b> (693/1492)	<b>45.8%</b> (961/2099)	<b>47.8%</b> (796/1664)	<b>40.5%</b> (678/1676)	<b>47.7%</b> (547/1147)	<b>37.2%</b> (223/600)	
	Yes, most of the time	<b>27.3%</b> (3074/11253)	<b>27.6%</b> (342/1241)	<b>25.7%</b> (343/1334)	<b>26.9%</b> (402/1492)	<b>31.3%</b> (657/2099)	<b>26.1%</b> (434/1664)	<b>26.6%</b> (446/1676)	<b>24.8%</b> (285/1147)	<b>27.5%</b> (165/600)	
	Yes, sometimes	<b>18.4%</b> (2068/11253)	<b>16.4%</b> (203/1241)	<b>22.6%</b> (302/1334)	<b>17.7%</b> (264/1492)	<b>14.8%</b> (310/2099)	<b>17.3%</b> (288/1664)	<b>20%</b> (336/1676)	<b>18.6%</b> (213/1147)	<b>25.3%</b> (152/600)	

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
	No	<b>10.1%</b> (1140/11253)	<b>8%</b> (99/1241)	<b>16%</b> (213/1334)	<b>8.9%</b> (133/1492)	<b>8.1%</b> (171/2099)	<b>8.8%</b> (146/1664)	<b>12.9%</b> (216/1676)	<b>8.9%</b> (102/1147)	<b>10%</b> (60/600)	
31 OC	The hospital can provide 24 hour food services for people with dementia										
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es) are available 24 hours a day	<b>60%</b> (117/195)	<b>64.7%</b> (11/17)	<b>48.1%</b> (13/27)	<b>73.3%</b> (22/30)	<b>64.7%</b> (22/34)	<b>68%</b> (17/25)	<b>58.6%</b> (17/29)	<b>52.9%</b> (9/17)	<b>37.5%</b> (6/16)	
	In addition to the main meals, other food, for example toast, sandwiches, cereals, soup are available, but less than 24 hours a day	<b>8.2%</b> (16/195)	<b>5.9%</b> (1/17)	<b>14.8%</b> (4/27)	<b>6.7%</b> (2/30)	<b>8.8%</b> (3/34)	<b>0%</b> (0/25)	<b>10.3%</b> (3/29)	<b>5.9%</b> (1/17)	<b>12.5%</b> (2/16)	
	Simple food supplies for example bread, cereal, yoghurt and biscuits are available 24 hours a day	<b>27.2%</b> (53/195)	<b>23.5%</b> (4/17)	<b>29.6%</b> (8/27)	<b>10%</b> (3/30)	<b>26.5%</b> (9/34)	<b>24%</b> (6/25)	<b>31%</b> (9/29)	<b>35.3%</b> (6/17)	<b>50%</b> (8/16)	
	Only snacks (biscuits, cake) are available 24 hours a day	<b>4.1%</b> (8/195)	<b>0%</b> (0/17)	<b>7.4%</b> (2/27)	<b>10%</b> (3/30)	<b>0%</b> (0/34)	<b>8%</b> (2/25)	<b>0%</b> (0/29)	<b>5.9%</b> (1/17)	<b>0%</b> (0/16)	
	Food is not available 24 hours a day	<b>0.5%</b> (1/195)	<b>5.9%</b> (1/17)	<b>0%</b> (0/27)	<b>0%</b> (0/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)	
13 SQ	Ability to access snacks for people with dementia in between meals										
	Yes, always	<b>47.7%</b> (5581/11694)	<b>53.6%</b> (686/1281)	<b>46.1%</b> (632/1372)	<b>55.1%</b> (858/1556)	<b>48.6%</b> (1050/2160)	<b>45.8%</b> (787/1718)	<b>43.1%</b> (763/1772)	<b>45%</b> (549/1221)	<b>41.7%</b> (256/614)	



Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes, most of the time	<b>27%</b> (3160/11694)	<b>27.2%</b> (349/1281)	<b>26.1%</b> (358/1372)	<b>23.4%</b> (364/1556)	<b>28.2%</b> (609/2160)	<b>27.2%</b> (467/1718)	<b>28.7%</b> (508/1772)	<b>28.3%</b> (346/1221)	<b>25.9%</b> (159/614)
	Yes, sometimes	<b>19.7%</b> (2305/11694)	<b>16%</b> (205/1281)	<b>20.3%</b> (278/1372)	<b>18.6%</b> (290/1556)	<b>18.4%</b> (398/2160)	<b>19.9%</b> (342/1718)	<b>21.7%</b> (384/1772)	<b>20.4%</b> (249/1221)	<b>25.9%</b> (159/614)
	No	<b>5.5%</b> (648/11694)	<b>3.2%</b> (41/1281)	<b>7.6%</b> (104/1372)	<b>2.8%</b> (44/1556)	<b>4.8%</b> (103/2160)	<b>7.1%</b> (122/1718)	<b>6.6%</b> (117/1772)	<b>6.3%</b> (77/1221)	<b>6.5%</b> (40/614)

## Communication of nutrition and hydration needs

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
14 SQ	Nutrition and hydration needs of people with dementia are communicated at handovers/safety briefings										
	Yes, always	<b>43.7%</b> (5060/11591)	<b>42.5%</b> (530/1247)	<b>48.9%</b> (686/1402)	<b>41.3%</b> (632/1531)	<b>44.1%</b> (968/2194)	<b>48.7%</b> (824/1692)	<b>37.9%</b> (660/1741)	<b>41%</b> (483/1179)	<b>45.8%</b> (277/605)	
	Yes, most of the time	<b>32.9%</b> (3810/11591)	<b>34.7%</b> (433/1247)	<b>29%</b> (407/1402)	<b>34.8%</b> (533/1531)	<b>34.9%</b> (765/2194)	<b>30.7%</b> (519/1692)	<b>32.7%</b> (569/1741)	<b>33.1%</b> (390/1179)	<b>32.1%</b> (194/605)	
	Yes, sometimes	<b>17.4%</b> (2017/11591)	<b>18.1%</b> (226/1247)	<b>16.8%</b> (236/1402)	<b>17.4%</b> (267/1531)	<b>15.4%</b> (338/2194)	<b>14.8%</b> (250/1692)	<b>21.4%</b> (372/1741)	<b>18.8%</b> (222/1179)	<b>17.5%</b> (106/605)	
	No	<b>6.1%</b> (704/11591)	<b>4.7%</b> (58/1247)	<b>5.2%</b> (73/1402)	<b>6.5%</b> (99/1531)	<b>5.6%</b> (123/2194)	<b>5.9%</b> (99/1692)	<b>8%</b> (140/1741)	<b>7.1%</b> (84/1179)	<b>4.6%</b> (28/605)	

## Overall

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
10 SQ	People with dementia have their nutritional needs met while on the ward(s)									
	Yes, always	<b>29.9%</b> (3732/12498)	<b>31.7%</b> (431/1360)	<b>37.5%</b> (562/1499)	<b>30%</b> (502/1675)	<b>31.1%</b> (713/2292)	<b>31.7%</b> (594/1874)	<b>23.4%</b> (438/1872)	<b>23.8%</b> (305/1282)	<b>29%</b> (187/644)
	Yes, most of the time	<b>47.8%</b> (5978/12498)	<b>47.6%</b> (648/1360)	<b>44.2%</b> (663/1499)	<b>45.7%</b> (765/1675)	<b>49.4%</b> (1132/2292)	<b>45.5%</b> (852/1874)	<b>51.1%</b> (956/1872)	<b>51.2%</b> (656/1282)	<b>47.5%</b> (306/644)
	Yes, sometimes	<b>18.5%</b> (2311/12498)	<b>16.6%</b> (226/1360)	<b>15.3%</b> (230/1499)	<b>20.3%</b> (340/1675)	<b>16.3%</b> (374/2292)	<b>18.5%</b> (346/1874)	<b>21.8%</b> (409/1872)	<b>20.4%</b> (262/1282)	<b>19.3%</b> (124/644)
	No	<b>3.8%</b> (477/12498)	<b>4%</b> (55/1360)	<b>2.9%</b> (44/1499)	<b>4.1%</b> (68/1675)	<b>3.2%</b> (73/2292)	<b>4.4%</b> (82/1874)	<b>3.7%</b> (69/1872)	<b>4.6%</b> (59/1282)	<b>4.2%</b> (27/644)



## Governance

Items presented in this theme are from the organisational checklist (OC), staff questionnaire (SQ) and carer questionnaire (CQ). The questions relate to such topics as the environment in the hospital, involvement of the executive board, services available to carers and patients and engagement with carers.

### Care pathway

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
1 OC	A care pathway or bundle for patients with dementia is in place									
	Yes	<b>76.9%</b> (150/195)	<b>70.6%</b> (12/17)	<b>70.4%</b> (19/27)	<b>70%</b> (21/30)	<b>91.2%</b> (31/34)	<b>88.0%</b> (22/25)	<b>79.3%</b> (23/29)	<b>82.4%</b> (14/17)	<b>50%</b> (8/16)
	In development	<b>15.4%</b> (30/195)	<b>29.4%</b> (5/17)	<b>25.9%</b> (7/27)	<b>23.3%</b> (7/30)	<b>5.9%</b> (2/34)	<b>8.0%</b> (2/25)	<b>6.9%</b> (2/29)	<b>11.8%</b> (2/17)	<b>18.8%</b> (3/16)
1a OC	(If Q1=Yes or In development) A senior clinician is responsible for implementation and/ or review of the care pathway	<b>97.8%</b> (176/180)	<b>94.1%</b> (16/17)	<b>100%</b> (26/26)	<b>100%</b> (28/28)	<b>93.9%</b> (31/33)	<b>100%</b> (24/24)	<b>100.0%</b> (25/25)	<b>100%</b> (16/16)	<b>90.9%</b> (10/11)
1b OC	(If Q1=Yes or In development) There is a care pathway/bundle for Delirium									
	Yes	<b>64.4%</b> (116/180)	<b>82.4%</b> (14/17)	<b>76.9%</b> (20/26)	<b>60.7%</b> (17/28)	<b>75.8%</b> (25/33)	<b>41.7%</b> (10/24)	<b>56%</b> (14/25)	<b>75.0%</b> (12/16)	<b>36.4%</b> (4/11)
	Pathway in development	<b>27.8%</b> (50/180)	<b>17.6%</b> (3/17)	<b>23.1%</b> (6/26)	<b>32.1%</b> (9/28)	<b>18.2%</b> (6/33)	<b>45.8%</b> (11/24)	<b>28%</b> (7/25)	<b>6.3%</b> (1/16)	<b>63.6%</b> (7/11)
	Stroke									

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes	<b>93.9%</b> (169/180)	<b>100%</b> (17/17)	<b>100%</b> (26/26)	<b>89.3%</b> (25/28)	<b>90.9%</b> (30/33)	<b>95.8%</b> (23/24)	<b>88%</b> (22/25)	<b>93.8%</b> (15/16)	<b>100.0%</b> (11/11)
	Pathway in development	<b>1.1%</b> (2/180)	<b>0%</b> (0/17)	<b>0%</b> (0/26)	<b>3.6%</b> (1/28)	<b>0%</b> (0/33)	<b>0%</b> (0/24)	<b>4%</b> (1/25)	<b>0%</b> (0/16)	<b>0%</b> (0/11)
	Fractured neck of femur									
	Yes	<b>91.7%</b> (165/180)	<b>88.2%</b> (15/17)	<b>100%</b> (26/26)	<b>82.1%</b> (23/28)	<b>90.9%</b> (30/33)	<b>100%</b> (24/24)	<b>88%</b> (22/25)	<b>93.8%</b> (15/16)	<b>90.9%</b> (10/11)
	Pathway in development	<b>2.8%</b> (5/180)	<b>0%</b> (0/17)	<b>0%</b> (0/26)	<b>10.7%</b> (3/28)	<b>0%</b> (0/33)	<b>0%</b> (0/24)	<b>4%</b> (1/25)	<b>0%</b> (0/16)	<b>9.1%</b> (1/11)
1c OC	(If Q1=Yes or In development) The dementia care pathway/bundle is integrated within or linked to the following care pathways									
	Delirium	<b>94.6%</b> (157/166)	<b>94.1%</b> (16/17)	<b>100.0%</b> (26/26)	<b>96.2%</b> (25/26)	<b>90.3%</b> (28/31)	<b>95.2%</b> (20/21)	<b>95.2%</b> (20/21)	<b>100%</b> (13/13)	<b>81.8%</b> (9/11)
	Stroke	<b>47.4%</b> (81/171)	<b>41.2%</b> (7/17)	<b>46.2%</b> (12/26)	<b>42.3%</b> (11/26)	<b>50%</b> (15/30)	<b>69.6%</b> (16/23)	<b>37.5%</b> (9/24)	<b>40%</b> (6/15)	<b>50%</b> (5/10)
	Fractured neck of femur	<b>58.2%</b> (99/170)	<b>66.7%</b> (10/15)	<b>61.5%</b> (16/26)	<b>50%</b> (13/26)	<b>53.3%</b> (16/30)	<b>66.7%</b> (16/24)	<b>66.7%</b> (16/24)	<b>46.7%</b> (7/15)	<b>50%</b> (5/10)

## Reviewing dementia care in hospitals

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
3 OC	The Executive Board regularly receives feedback from									
3a OC	Clinical Leads for older people and people with dementia including Modern Matrons/ Nurse Consultant	<b>81%</b> (158/195)	<b>82.4%</b> (14/17)	<b>77.8%</b> (21/27)	<b>76.7%</b> (23/30)	<b>79.4%</b> (27/34)	<b>96%</b> (24/25)	<b>86.2%</b> (25/29)	<b>88.2%</b> (15/17)	<b>56.3%</b> (9/16)
3b OC	Complaints – analysed by age	<b>48.7%</b> (95/195)	<b>58.8%</b> (10/17)	<b>55.6%</b> (15/27)	<b>46.7%</b> (14/30)	<b>50%</b> (17/34)	<b>44%</b> (11/25)	<b>58.6%</b> (17/29)	<b>41.2%</b> (7/17)	<b>25%</b> (4/16)
3c OC	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia	<b>63.6%</b> (112/176)	<b>70.6%</b> (12/17)	<b>48.1%</b> (13/27)	<b>50%</b> (14/28)	<b>78.8%</b> (26/33)	<b>68%</b> (17/25)	<b>75.9%</b> (22/29)	<b>47.1%</b> (8/17)	<b>NA</b>
3d OC	Patient/ public forums or local Healthwatch – in relation to services for older people and people with dementia	<b>68.2%</b> (133/195)	<b>94.1%</b> (16/17)	<b>63%</b> (17/27)	<b>56.7%</b> (17/30)	<b>61.8%</b> (21/34)	<b>76%</b> (19/25)	<b>79.3%</b> (23/29)	<b>76.5%</b> (13/17)	<b>43.8%</b> (7/16)
2 OC	The Executive Board regularly reviews information collected on									
2a OC	Re-admissions, in which patients with dementia can be identified in the total number of patients re-admitted	<b>36.9%</b> (72/195)	<b>41.2%</b> (7/17)	<b>25.9%</b> (7/27)	<b>23.3%</b> (7/30)	<b>44.1%</b> (15/34)	<b>40%</b> (10/25)	<b>55.2%</b> (16/29)	<b>47.1%</b> (8/17)	<b>12.5%</b> (2/16)
2b OC	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	<b>40%</b> (78/195)	<b>41.2%</b> (7/17)	<b>29.6%</b> (8/27)	<b>20%</b> (6/30)	<b>50%</b> (17/34)	<b>52%</b> (13/25)	<b>48.3%</b> (14/29)	<b>41.2%</b> (7/17)	<b>37.5%</b> (6/16)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
2c OC	Number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	<b>64.1%</b> (125/195)	<b>88.2%</b> (15/17)	<b>37%</b> (10/27)	<b>56.7%</b> (17/30)	<b>61.8%</b> (21/34)	<b>68%</b> (17/25)	<b>86.2%</b> (25/29)	<b>82.4%</b> (14/17)	<b>37.5%</b> (6/16)
7 OC	A Dementia Working Group is in place and reviews the quality of services provided in the hospital	<b>92.3%</b> 180/195	<b>100%</b> (17/17)	<b>96.3%</b> (26/27)	<b>96.7%</b> (29/30)	<b>85.3%</b> (29/34)	<b>84%</b> (21/25)	<b>93.1%</b> (27/29)	<b>100%</b> (17/17)	<b>87.5%</b> (14/16)
7a OC	(If Q7=Yes) The group meets									
	Quarterly	<b>31.7%</b> (57/180)	<b>52.9%</b> (9/17)	<b>11.5%</b> (3/26)	<b>27.6%</b> (8/29)	<b>31%</b> (9/29)	<b>14.3%</b> (3/21)	<b>48.1%</b> (13/27)	<b>29.4%</b> (5/17)	<b>50%</b> (7/14)
	Monthly	<b>28.9%</b> (52/180)	<b>29.4%</b> (5/17)	<b>42.3%</b> (11/26)	<b>37.9%</b> (11/29)	<b>24.1%</b> (7/29)	<b>33.3%</b> (7/21)	<b>7.4%</b> (2/27)	<b>23.5%</b> (4/17)	<b>35.7%</b> (5/14)
	Bi-monthly	<b>38.9%</b> (70/180)	<b>17.6%</b> (3/17)	<b>46.2%</b> (12/26)	<b>31%</b> (9/29)	<b>44.8%</b> (13/29)	<b>52.4%</b> (11/21)	<b>44.4%</b> (12/27)	<b>47.1%</b> (8/17)	<b>14.3%</b> (2/14)
	Other	<b>0.6%</b> (1/180)	<b>0%</b> (0/17)	<b>0%</b> (0/26)	<b>3.4%</b> (1/29)	<b>0%</b> (0/29)	<b>0%</b> (0/21)	<b>0%</b> (0/27)	<b>0%</b> (0/17)	<b>0%</b> (0/14)
7b OC	(If Q7=Yes) The group includes									
	Healthcare professionals	<b>100%</b> (180/180)	<b>100%</b> (17/17)	<b>100%</b> (26/26)	<b>100%</b> (29/29)	<b>100%</b> (29/29)	<b>100%</b> (21/21)	<b>100%</b> (27/27)	<b>100%</b> (17/17)	<b>100%</b> (14/14)
	Organisations which support people with dementia e.g. Alzheimer's Society	<b>73.3%</b> (132/180)	<b>82.4%</b> (14/17)	<b>73.1%</b> (19/26)	<b>62.1%</b> (18/29)	<b>79.3%</b> (23/29)	<b>76.2%</b> (16/21)	<b>70.4%</b> (19/27)	<b>64.7%</b> (11/17)	<b>85.7%</b> (12/14)
	Carer/service user representation	<b>65.6%</b> (118/180)	<b>70.6%</b> (12/17)	<b>65.4%</b> (17/26)	<b>62.1%</b> (18/29)	<b>55.2%</b> (16/29)	<b>81%</b> (17/21)	<b>66.7%</b> (18/27)	<b>70.6%</b> (12/17)	<b>57.1%</b> (8/14)

## Continuity of care

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
12 OC	Instances of night time bed moves are noted and reported at Executive Board level									
	Yes, for all patients, and patients with cognitive memory impairment (including dementia and delirium) can be identified	<b>24.1%</b> (47/195)	<b>23.5%</b> (4/17)	<b>18.5%</b> (5/27)	<b>20%</b> (6/30)	<b>23.5%</b> (8/34)	<b>24%</b> (6/25)	<b>44.8%</b> (13/29)	<b>23.5%</b> (4/17)	<b>6.3%</b> (1/16)
	Yes, for all patients but with no breakdown	<b>30.8%</b> (60/195)	<b>41.2%</b> (7/17)	<b>18.5%</b> (5/27)	<b>20%</b> (6/30)	<b>38.2%</b> (13/34)	<b>32%</b> (8/25)	<b>24.1%</b> (7/29)	<b>64.7%</b> (11/17)	<b>18.8%</b> (3/16)
	Yes, for patients with cognitive memory impairment (including dementia and delirium) only	<b>4.1%</b> (8/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>3.3%</b> (1/30)	<b>2.9%</b> (1/34)	<b>4%</b> (1/25)	<b>3.5%</b> (1/29)	<b>5.9%</b> (1/17)	<b>18.8%</b> (3/16)
No	<b>41%</b> (80/195)	<b>35.3%</b> (6/17)	<b>63%</b> (17/27)	<b>56.7%</b> (17/30)	<b>35.3%</b> (12/34)	<b>40%</b> (10/25)	<b>27.6%</b> (8/29)	<b>5.9%</b> (1/17)	<b>56.3%</b> (9/16)	
9 SQ	Night time bed moves for people with dementia avoided where possible on the ward(s)									
	Yes, always	<b>16.6%</b> (1835/11033)	<b>15.5%</b> (184/1189)	<b>20.1%</b> (259/1287)	<b>14.7%</b> (212/1447)	<b>16.3%</b> (340/2090)	<b>20.2%</b> (335/1661)	<b>15.4%</b> (252/1635)	<b>14.1%</b> (162/1147)	<b>15.8%</b> (91/577)
	Yes, most of the time	<b>32.7%</b> (3611/11033)	<b>35.8%</b> (426/1189)	<b>29.4%</b> (378/1287)	<b>31.4%</b> (455/1447)	<b>29.8%</b> (622/2090)	<b>35.6%</b> (592/1661)	<b>35.6%</b> (574/1635)	<b>34.1%</b> (391/1147)	<b>30%</b> (173/577)
	Yes, sometimes	<b>24.7%</b> (2723/11033)	<b>24.4%</b> (290/1189)	<b>27.5%</b> (354/1287)	<b>26.4%</b> (382/1447)	<b>22.6%</b> (468/2090)	<b>21.9%</b> (364/1661)	<b>26.1%</b> (426/1635)	<b>26.7%</b> (306/1147)	<b>23.1%</b> (133/577)
No	<b>26%</b> (2864/11033)	<b>24.3%</b> (289/1189)	<b>23%</b> (296/1287)	<b>27.5%</b> (398/1447)	<b>31.6%</b> (660/2090)	<b>22.3%</b> (370/1661)	<b>23.4%</b> (383/1635)	<b>25.1%</b> (288/1147)	<b>31.2%</b> (180/577)	

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
26 OC	The hospital has access to intermediate care services, which will admit people with dementia	<b>87.7%</b> (171/195)	<b>88.2%</b> (15/17)	<b>88.9%</b> (24/27)	<b>73.3%</b> (22/30)	<b>94.1%</b> (32/34)	<b>88%</b> (22/25)	<b>89.7%</b> (26/29)	<b>94.1%</b> (16/17)	<b>87.5%</b> (14/16)
26a OC	(If Q26=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	<b>82.5%</b> (141/171)	<b>80%</b> (12/15)	<b>75%</b> (18/24)	<b>68.2%</b> (15/22)	<b>87.5%</b> (28/32)	<b>81.8%</b> (18/22)	<b>80.8%</b> (21/26)	<b>93.8%</b> (15/16)	<b>100%</b> (14/14)

## Specialist services for dementia care

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
4 OC	There are champions for dementia a									
4a OC	Directorate level	<b>77.4%</b> (151/195)	<b>82.4%</b> (14/17)	<b>63%</b> (17/27)	<b>83.3%</b> (25/30)	<b>94.1%</b> (32/34)	<b>76%</b> (19/25)	<b>72.4%</b> (21/29)	<b>88.2%</b> (15/17)	<b>50%</b> (8/16)
4b OC	Ward level	<b>88.7%</b> (173/195)	<b>100%</b> (17/17)	<b>85.2%</b> (23/27)	<b>86.7%</b> (26/30)	<b>94.1%</b> (32/34)	<b>88%</b> (22/25)	<b>86.2%</b> (25/29)	<b>88.2%</b> (15/17)	<b>81.3%</b> (13/16)
5 OC	Full Time Equivalent (FTE) Dementia Specialist Nurses	<b>Mean 1.66</b> Range 0-9	<b>1.77</b> 0-5	<b>2.75</b> 0-9	<b>1.56</b> 0-4	<b>1.26</b> 0-6	<b>1.41</b> 0-4	<b>1.66</b> 0-4	<b>1.44</b> 0-8	<b>1.44</b> 0-5



Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
employed to work in the trust/health board									

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
1 SQ	Supported by specialist services for dementia in the hospital									
	During office hours <i>i.e. Monday-Fri, 9am-5pm</i>									
1a SQ	Yes, always	<b>30.1%</b> (4133/13710)	<b>39.1%</b> (577/1474)	<b>37.8%</b> (606/1605)	<b>25%</b> (456/1827)	<b>27.4%</b> (687/2505)	<b>27.8%</b> (590/2119)	<b>34.5%</b> (720/2087)	<b>29.4%</b> (406/1383)	<b>12.8%</b> (91/710)
	Yes, most of the time	<b>32.1%</b> (4401/13710)	<b>32.3%</b> (476/1474)	<b>30.7%</b> (492/1605)	<b>32.1%</b> (587/1827)	<b>32.2%</b> (807/2505)	<b>30.7%</b> (651/2119)	<b>34.4%</b> (717/2087)	<b>34.6%</b> (479/1383)	<b>27%</b> (192/710)
	Yes, sometimes	<b>26.5%</b> (3638/13710)	<b>22.5%</b> (332/1474)	<b>24.1%</b> (387/1605)	<b>29.1%</b> (532/1827)	<b>26.5%</b> (664/2505)	<b>27.6%</b> (584/2119)	<b>23.2%</b> (484/2087)	<b>27.5%</b> (381/1383)	<b>38.6%</b> (274/710)
	No	<b>11.2%</b> (1538/13710)	<b>6%</b> (89/1474)	<b>7.5%</b> (120/1605)	<b>13.8%</b> (252/1827)	<b>13.9%</b> (347/2505)	<b>13.9%</b> (294/2119)	<b>8%</b> (166/2087)	<b>8.5%</b> (117/1383)	<b>21.5%</b> (153/710)
1b SQ	Out of office hours									
	Yes, always	<b>8.6%</b> (942/10960)	<b>11.3%</b> (136/1191)	<b>9.6%</b> (117/1220)	<b>7.9%</b> (116/1477)	<b>9.1%</b> (191/2092)	<b>9.1%</b> (150/1648)	<b>8%</b> (127/1588)	<b>7.2%</b> (81/1125)	<b>3.9%</b> (24/619)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Yes, most of the time	<b>15.9%</b> (1739/10960)	<b>19.8%</b> (236/1191)	<b>17%</b> (207/1220)	<b>13.5%</b> (199/1477)	<b>16.2%</b> (338/2092)	<b>15.3%</b> (252/1648)	<b>17.9%</b> (284/1588)	<b>14.8%</b> (167/1125)	<b>9%</b> (56/619)
	Yes, sometimes	<b>28.6%</b> (3139/10960)	<b>27.5%</b> (328/1191)	<b>29.8%</b> (363/1220)	<b>29.4%</b> (434/1477)	<b>29%</b> (606/2092)	<b>25.9%</b> (427/1648)	<b>30.6%</b> (486/1588)	<b>30.9%</b> (348/1125)	<b>23.7%</b> (147/619)
	No	<b>46.9%</b> (5140/1060)	<b>41.2%</b> (491/1191)	<b>43.7%</b> (533/1220)	<b>49.3%</b> (728/1477)	<b>45.7%</b> (957/2092)	<b>49.7%</b> (819/1648)	<b>43.5%</b> (691/1588)	<b>47%</b> (529/1125)	<b>63.3%</b> (392/619)

## Engagement with carers

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
6 OC	A strategy or plan for carer engagement been produced	<b>75.9%</b> (148/195)	<b>88.2%</b> (15/17)	<b>66.7%</b> (18/27)	<b>80%</b> (24/30)	<b>70.6%</b> (24/34)	<b>68%</b> (17/25)	<b>75.9%</b> (22/29)	<b>94.1%</b> (16/17)	<b>75%</b> (12/16)
(If Q6=Yes) Implementation of the strategy or plan scheduled for review										
6a OC	Yes, more than once a year	<b>31.1%</b> (46/148)	<b>53.3%</b> (8/15)	<b>22.2%</b> (4/18)	<b>25%</b> (6/24)	<b>41.7%</b> (10/24)	<b>41.2%</b> (7/17)	<b>13.6%</b> (3/22)	<b>31.3%</b> (5/16)	<b>25%</b> (3/12)
	Yes, once a year	<b>45.3%</b> (67/148)	<b>40%</b> (6/15)	<b>33.3%</b> (6/18)	<b>50%</b> (12/24)	<b>45.8%</b> (11/24)	<b>41.2%</b> (7/17)	<b>63.6%</b> (14/22)	<b>62.5%</b> (10/16)	<b>8.3%</b> (1/12)
	Yes, less than once a year	<b>19.6%</b> (29/148)	<b>6.7%</b> (1/15)	<b>38.9%</b> (7/18)	<b>20.8%</b> (5/24)	<b>8.3%</b> (2/24)	<b>11.8%</b> (2/17)	<b>22.7%</b> (5/22)	<b>6.3%</b> (1/16)	<b>50%</b> (6/12)
	No	<b>4.1%</b> (6/148)	<b>0%</b> (0/15)	<b>5.6%</b> (1/18)	<b>4.2%</b> (1/24)	<b>4.2%</b> (1/24)	<b>5.9%</b> (1/17)	<b>0%</b> (0/22)	<b>0%</b> (0/16)	<b>16.7%</b> (2/12)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
29 OC	There is a social worker or other designated person or team responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies	<b>85.6%</b> (167/195)	<b>88.2%</b> (15/17)	<b>81.5%</b> (22/27)	<b>76.7%</b> (23/30)	<b>82.4%</b> (28/34)	<b>100%</b> (25/25)	<b>89.7%</b> (26/29)	<b>94.1%</b> (16/17)	<b>75%</b> (12/16)
32 OC	There is access to advocacy services with experience and training in working with people with dementia	<b>93.3%</b> (182/195)	<b>100%</b> (17/17)	<b>81.5%</b> (22/27)	<b>86.7%</b> (26/30)	<b>100%</b> (34/34)	<b>88%</b> (22/25)	<b>100%</b> (29/29)	<b>100%</b> (17/17)	<b>93.8%</b> (15/16)

## Environment

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
34 OC	The physical environment within the hospital has been reviewed using an appropriate tool to establish whether it is "dementia-friendly"									
	Throughout the hospital	<b>53.3%</b> (104/195)	<b>41.2%</b> (7/17)	<b>48.2%</b> (13/27)	<b>46.7%</b> (14/30)	<b>41.2%</b> (14/34)	<b>72%</b> (18/25)	<b>69%</b> (20/29)	<b>70.6%</b> (12/17)	<b>37.5%</b> (6/16)

	All adult wards/areas	<b>9.2%</b> (18/195)	<b>29.4%</b> (5/17)	<b>0%</b> (0/27)	<b>10%</b> (3/30)	<b>8.8%</b> (3/34)	<b>12%</b> (3/25)	<b>3.4%</b> (1/29)	<b>11.8%</b> (2/17)	<b>6.3%</b> (1/16)
	All care of the elderly wards/areas	<b>14.9%</b> (29/195)	<b>17.6%</b> (3/17)	<b>22.2%</b> (6/27)	<b>13.3%</b> (4/30)	<b>26.5%</b> (9/34)	<b>8%</b> (2/25)	<b>6.9%</b> (2/29)	<b>11.8%</b> (2/17)	<b>6.3%</b> (1/16)
	Designated dementia wards only	<b>3.6%</b> (7/195)	<b>0%</b> (0/17)	<b>7.4%</b> (2/27)	<b>3.3%</b> (1/30)	<b>2.9%</b> (1/34)	<b>0%</b> (0/25)	<b>10.3%</b> (3/29)	<b>0%</b> (0/17)	<b>0%</b> (0/16)
	Other	<b>11.8%</b> (23/195)	<b>11.8%</b> (2/17)	<b>11.1%</b> (3/27)	<b>0%</b> (0/30)	<b>20.6%</b> (7/34)	<b>8%</b> (2/25)	<b>10.3%</b> (3/29)	<b>5.9%</b> (1/17)	<b>31.3%</b> (5/16)
	No	<b>7.2%</b> (14/195)	<b>0%</b> (0/17)	<b>11.1%</b> (3/27)	<b>26.7%</b> (8/30)	<b>0%</b> (0/34)	<b>0%</b> (0/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>18.8%</b> (3/16)
34a OC	(If Q34=Yes) Environmental changes based on the review are									
	Completed	<b>15.3%</b> (28/183)	<b>35.3%</b> (6/17)	<b>16.7%</b> (4/24)	<b>18.2%</b> (4/22)	<b>2.9%</b> (1/34)	<b>20%</b> (5/25)	<b>10.3%</b> (3/29)	<b>23.5%</b> (4/17)	<b>6.7%</b> (1/15)
	Underway	<b>62.8%</b> (115/183)	<b>41.2%</b> (7/17)	<b>70.8%</b> (17/24)	<b>68.2%</b> (15/22)	<b>70.6%</b> (24/34)	<b>60%</b> (15/25)	<b>65.5%</b> (19/29)	<b>41.2%</b> (7/17)	<b>73.3%</b> (11/15)
	Planned but not yet underway	<b>13.1%</b> (24/183)	<b>17.6%</b> (3/17)	<b>4.2%</b> (1/24)	<b>9.1%</b> (2/22)	<b>17.6%</b> (6/34)	<b>8%</b> (2/25)	<b>17.2%</b> (5/29)	<b>17.6%</b> (3/17)	<b>13.3%</b> (2/15)
	Planned but funding has not been identified	<b>7.1%</b> (13/183)	<b>5.9%</b> (1/17)	<b>4.2%</b> (1/24)	<b>4.5%</b> (1/22)	<b>8.8%</b> (3/34)	<b>8%</b> (2/25)	<b>3.4%</b> (1/29)	<b>17.6%</b> (3/17)	<b>6.7%</b> (1/15)
	Plans are not in place	<b>1.6%</b> (3/183)	<b>0%</b> (0/17)	<b>4.2%</b> (1/24)	<b>0%</b> (0/22)	<b>0%</b> (0/34)	<b>4%</b> (1/25)	<b>3.4%</b> (1/29)	<b>0%</b> (0/17)	<b>0%</b> (0/15)

34b OC	(If Q34=Yes) Service users/carers/lay volunteers have been part of the team reviewing the environment									
	Throughout the hospital	<b>63.9%</b> (117/183)	<b>64.7%</b> (11/17)	<b>66.7%</b> (16/24)	<b>72.7%</b> (16/22)	<b>64.7%</b> (22/34)	<b>68%</b> (17/25)	<b>79.3%</b> (23/29)	<b>70.6%</b> (12/17)	<b>0%</b> (0/15)
	All adult wards/areas	<b>3.8%</b> (7/183)	<b>11.8%</b> (2/17)	<b>0%</b> (0/24)	<b>0%</b> (0/22)	<b>5.9%</b> (2/34)	<b>0%</b> (0/25)	<b>3.4%</b> (1/29)	<b>11.8%</b> (2/17)	<b>0%</b> (0/15)
	All care of the elderly wards/areas	<b>6%</b> (11/183)	<b>0%</b> (0/17)	<b>8.3%</b> (2/24)	<b>9.1%</b> (2/22)	<b>17.6%</b> (6/34)	<b>4%</b> (1/25)	<b>0%</b> (0/29)	<b>0%</b> (0/17)	<b>0%</b> (0/15)
	Designated dementia wards only	<b>2.2%</b> (4/183)	<b>0%</b> (0/17)	<b>4.2%</b> (1/24)	<b>0%</b> (0/22)	<b>2.9%</b> (1/34)	<b>0%</b> (0/25)	<b>3.4%</b> (1/29)	<b>5.9%</b> (1/17)	<b>0%</b> (0/15)
	Other	<b>9.3%</b> (17/183)	<b>5.9%</b> (1/17)	<b>16.7%</b> (4/24)	<b>4.5%</b> (1/22)	<b>5.9%</b> (2/34)	<b>16%</b> (4/25)	<b>0%</b> (0/29)	<b>5.9%</b> (1/17)	<b>26.7%</b> (4/15)
	They have not been part of the team	<b>14.8%</b> (27/183)	<b>17.6%</b> (3/17)	<b>4.2%</b> (1/24)	<b>13.6%</b> (3/22)	<b>2.9%</b> (1/34)	<b>12%</b> (3/25)	<b>13.8%</b> (4/29)	<b>5.9%</b> (1/17)	<b>73.3%</b> (11/15)
34c OC	(If Q34=Yes) There are plans to further review the changes implemented									
	Yes, we are already undertaking/have already done this	<b>48.1%</b> (88/183)	<b>64.7%</b> (11/17)	<b>29.2%</b> (7/24)	<b>54.6%</b> (12/22)	<b>32.4%</b> (11/34)	<b>60%</b> (15/25)	<b>48.3%</b> (14/29)	<b>52.9%</b> (9/17)	<b>60%</b> (9/15)
	Yes, once the work is completed	<b>40.4%</b> (74/183)	<b>23.5%</b> (4/17)	<b>37.5%</b> (9/24)	<b>31.8%</b> (7/22)	<b>55.9%</b> (19/34)	<b>32%</b> (8/25)	<b>44.8%</b> (13/29)	<b>47.1%</b> (8/17)	<b>40%</b> (6/15)
	No plans are in place	<b>11.5%</b> (21/183)	<b>11.8%</b> (2/17)	<b>33.3%</b> (8/24)	<b>13.6%</b> (3/22)	<b>11.8%</b> (4/34)	<b>8%</b> (2/25)	<b>6.9%</b> (2/29)	<b>0%</b> (0/17)	<b>0%</b> (0/15)
33	Opportunities for social interaction for patients with dementia are available									

OC	On all adult wards	<b>17.4%</b> (34/195)	<b>23.5%</b> (4/17)	<b>25.9%</b> (7/27)	<b>16.7%</b> (5/30)	<b>17.6%</b> (6/34)	<b>24%</b> (6/25)	<b>6.9%</b> (2/29)	<b>5.9%</b> (1/17)	<b>18.8%</b> (3/16)
	On care of the elderly wards	<b>35.9%</b> (70/195)	<b>35.3%</b> (6/17)	<b>48.1%</b> (13/27)	<b>33.3%</b> (10/30)	<b>29.4%</b> (10/34)	<b>24%</b> (6/25)	<b>37.9%</b> (11/29)	<b>29.4%</b> (5/17)	<b>56.3%</b> (9/16)
	Other	<b>41%</b> (80/195)	<b>41.2%</b> (7/17)	<b>25.9%</b> (7/27)	<b>46.7%</b> (14/30)	<b>38.2%</b> (13/34)	<b>48%</b> (12/25)	<b>44.8%</b> (13/29)	<b>58.8%</b> (10/17)	<b>25%</b> (4/16)
	No	<b>5.6%</b> (11/195)	<b>0%</b> (0/17)	<b>0%</b> (0/27)	<b>3.3%</b> (1/30)	<b>14.7%</b> (5/34)	<b>4%</b> (1/25)	<b>10.3%</b> (3/29)	<b>5.9%</b> (1/17)	<b>0%</b> (0/16)



## Discharge

Items presented in this theme are from the organisational checklist (OC) and the casenote audit (CA). The questions ask about discharge planning, assessment for discharge and discharge notice.

### Discharge coordination

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
28 OC	There is a named person/identified team who takes overall responsibility for complex needs discharge and this includes people with dementia	<b>91.8%</b> (179/195)	<b>94.1%</b> (16/17)	<b>100%</b> (27/27)	<b>83.3%</b> (25/30)	<b>100%</b> (34/34)	<b>84%</b> (21/25)	<b>96.6%</b> (28/29)	<b>94.1%</b> (16/17)	<b>75%</b> (12/16)
28a OC	(If Q28=Yes) This person/team has training in ongoing needs of people with dementia	<b>88.3%</b> (158/179)	<b>93.8%</b> (15/16)	<b>74.1%</b> (20/27)	<b>84%</b> (21/25)	<b>91.2%</b> (31/34)	<b>90.5%</b> (19/21)	<b>89.3%</b> (25/28)	<b>93.8%</b> (15/16)	<b>100%</b> (12/12)
28b OC	(If Q28=Yes) This person/team has experience of working with people with dementia and their carers:	<b>98.9%</b> (177/179)	<b>100%</b> (16/16)	<b>100%</b> (27/27)	<b>96%</b> (24/25)	<b>100%</b> (34/34)	<b>100%</b> (21/21)	<b>100%</b> (28/28)	<b>93.8%</b> (15/16)	<b>100%</b> (12/12)
29 CA	Named person/identified team co-ordinated the discharge plan	<b>85.3%</b> (91.15, 80-98) (5950/6975)	<b>88%</b> (580/659)	<b>89.7%</b> (830/925)	<b>75.2%</b> (795/1057)	<b>84.5%</b> (1034/1224)	<b>85%</b> (827/973)	<b>92%</b> (958/1041)	<b>90.2%</b> (535/593)	<b>77.7%</b> (391/503)
Evidence in the notes that the discharge coordinator/person or team planning discharge has discussed place of discharge and support needs with										

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
30a CA	The person with dementia	<b>56.5%</b> (54.35, 41-75) (3386/5994)	<b>50.7%</b> (287/566)	<b>62.1%</b> (450/725)	<b>53.2%</b> (486/914)	<b>47.8%</b> (540/1130)	<b>55.7%</b> (453/813)	<b>66.6%</b> (585/878)	<b>66.5%</b> (343/516)	<b>53.5%</b> (242/452)
30b CA	The person's carer/relative	<b>83.1%</b> (85.2, 76-94) (5613/6754)	<b>82.2%</b> (521/634)	<b>79.7%</b> (689/864)	<b>80.7%</b> (814/1009)	<b>79.4%</b> (952/1199)	<b>85.5%</b> (827/967)	<b>88.4%</b> (898/1016)	<b>90.7%</b> (525/579)	<b>79.6%</b> (387/486)
30c CA	The consultant responsible for the patient's care	<b>76.5%</b> (82.3, 65-94) (5514/7211)	<b>73.7%</b> (494/670)	<b>78.4%</b> (741/945)	<b>60.8%</b> (668/1099)	<b>80.9%</b> (1015/1255)	<b>73.7%</b> (758/1029)	<b>84.5%</b> (893/1057)	<b>84%</b> (530/631)	<b>79%</b> (415/525)
30d CA	Other members of the multidisciplinary team	<b>85.1%</b> (87.5, 78-96) (6134/7211)	<b>84.9%</b> (569/670)	<b>84.6%</b> (799/945)	<b>80.1%</b> (880/1099)	<b>83.3%</b> (1046/1255)	<b>86%</b> (885/1029)	<b>90.6%</b> (958/1057)	<b>89.2%</b> (563/631)	<b>82.7%</b> (434/525)

## Discharge planning

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
31 CA	A single plan/summary for discharge with clear updated information has been produced	<b>85.8%</b> (93.5, 82-100) (5988/6975)	<b>90.7%</b> (598/659)	<b>83.8%</b> (775/925)	<b>85.7%</b> (906/1057)	<b>88.6%</b> (1085/1224)	<b>80.2%</b> (780/973)	<b>90.5%</b> (942/1041)	<b>87%</b> (516/593)	<b>76.7%</b> (386/503)
32 CA	Support needs documented in the discharge plan/summary	<b>61.5%</b> (60.65, 47-80) (4288/6975)	<b>62.2%</b> (410/659)	<b>62.8%</b> (581/925)	<b>57.1%</b> (604/1057)	<b>60.1%</b> (736/1224)	<b>60.3%</b> (587/973)	<b>68.7%</b> (715/1041)	<b>62.6%</b> (371/593)	<b>56.5%</b> (284/503)



Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
33 CA	Patient and/or carer received a copy of the plan/ summary	<b>88.1%</b> (97.1, 87-100) (5886/6679)	<b>95.2%</b> (616/647)	<b>92.6%</b> (825/891)	<b>94.7%</b> (950/1003)	<b>87.1%</b> (1022/1174)	<b>91.2%</b> (835/916)	<b>97%</b> (985/1015)	<b>84.3%</b> (485/575)	<b>36.7%</b> (168/458)
34 CA	Copy of the discharge plan/summary sent to the GP/primary care team	<b>94.3%</b> (97.75, 94-100) (6575/6975)	<b>97%</b> (639/659)	<b>93.6%</b> (866/925)	<b>96.2%</b> (1017/1057)	<b>95.7%</b> (1171/1224)	<b>93.8%</b> (913/973)	<b>97.7%</b> (1017/1041)	<b>90.6%</b> (537/593)	<b>82.5%</b> (415/503)
35 CA	Discharge planning initiated within 24 hours of admission	<b>51.3%</b> (50, 30-77) (2665/5191)	<b>49.5%</b> (238/481)	<b>57.4%</b> (378/659)	<b>43%</b> (365/848)	<b>39.2%</b> (338/863)	<b>58.3%</b> (437/750)	<b>59%</b> (442/749)	<b>73.4%</b> (314/428)	<b>37%</b> (153/413)
(If Q35=No/N/A) Recorded reason why discharge planning could not be initiated within 24 hours										
35a CA	Patient acutely unwell	<b>61.3%</b> (61.7, 42-82) (1239/2020)	<b>55.6%</b> (105/189)	<b>67.5%</b> (193/286)	<b>63.3%</b> (159/251)	<b>64%</b> (251/392)	<b>57.3%</b> (160/279)	<b>53.2%</b> (164/308)	<b>65.5%</b> (133/203)	<b>66.1%</b> (74/112)
	Patient awaiting assessment	<b>8.8%</b> (0, 0-13) (177/2020)	<b>13.2%</b> (25/189)	<b>5.6%</b> (16/286)	<b>8%</b> (20/251)	<b>5.6%</b> (22/392)	<b>8.6%</b> (24/279)	<b>12.7%</b> (39/308)	<b>8.4%</b> (17/203)	<b>12.5%</b> (14/112)
	Patient awaiting history/results	<b>7.7%</b> (0, 0-10) (156/2020)	<b>4.8%</b> (9/189)	<b>3.8%</b> (11/286)	<b>7.6%</b> (19/251)	<b>6.9%</b> (27/392)	<b>15.1%</b> (42/279)	<b>11.4%</b> (35/308)	<b>4.9%</b> (10/203)	<b>2.7%</b> (3/112)
	Patient awaiting surgery	<b>9.6%</b> (0, 0-14) (193/2020)	<b>8.5%</b> (16/189)	<b>9.4%</b> (27/286)	<b>10.8%</b> (27/251)	<b>11.5%</b> (45/392)	<b>7.5%</b> (21/279)	<b>9.4%</b> (29/308)	<b>7.4%</b> (15/203)	<b>11.6%</b> (13/112)
	Patient presenting confusion	<b>5.8%</b> (0, 0-9) (118/2020)	<b>9%</b> (17/189)	<b>6.3%</b> (18/286)	<b>6%</b> (15/251)	<b>5.9%</b> (23/392)	<b>2.5%</b> (7/279)	<b>6.5%</b> (20/308)	<b>8.9%</b> (18/203)	<b>0%</b> (0/112)
	Patient on end of life plan	<b>0%</b> (0, 0-0) (1/2020)	<b>0%</b> (0/189)	<b>0%</b> (0/286)	<b>0%</b> (0/251)	<b>0%</b> (0/392)	<b>0%</b> (0/279)	<b>0%</b> (0/308)	<b>0%</b> (0/203)	<b>0.9%</b> (1/112)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
	Patient being transferred to another hospital	<b>0.2%</b> (0, 0-0) (5/2020)	<b>0%</b> (0/189)	<b>0%</b> (0/286)	<b>0.4%</b> (1/251)	<b>0.3%</b> (1/392)	<b>0%</b> (0/279)	<b>0.3%</b> (1/308)	<b>0.5%</b> (1/203)	<b>0.9%</b> (1/112)
	Patient unresponsive	<b>0.3%</b> (0, 0-0) (7/2020)	<b>0%</b> (0/189)	<b>1.4%</b> (4/286)	<b>0%</b> (0/251)	<b>0.3%</b> (1/392)	<b>0.4%</b> (1/279)	<b>0.3%</b> (1/308)	<b>0%</b> (0/203)	<b>0%</b> (0/112)
	Patient being discharged to nursing/residential care	<b>5%</b> (0, 0-6) (100/2020)	<b>7.9%</b> (15/189)	<b>4.9%</b> (14/286)	<b>2.4%</b> (6/251)	<b>4.8%</b> (19/392)	<b>6.1%</b> (17/279)	<b>5.5%</b> (17/308)	<b>3.4%</b> (7/203)	<b>4.5%</b> (5/112)
	Other	<b>1.2%</b> (0, 0-0) (24/2020)	<b>1.1%</b> (2/189)	<b>1%</b> (3/286)	<b>1.6%</b> (4/251)	<b>0.8%</b> (3/392)	<b>2.5%</b> (7/279)	<b>0.6%</b> (2/308)	<b>1%</b> (2/203)	<b>0.9%</b> (1/112)

### Involving the person with dementia in decision making

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
28 CA	Recorded referral to a social worker for assessment of housing and care needs due to a proposed change in residence	<b>59.7%</b> (63.4, 47-80) (1444/2419)	<b>56.5%</b> (126/223)	<b>51.9%</b> (163/314)	<b>51.5%</b> (190/369)	<b>58.7%</b> (250/426)	<b>69.1%</b> (221/320)	<b>64.8%</b> (230/355)	<b>68.8%</b> (139/202)	<b>59.5%</b> (125/210)
28a (i) CA	(If Q28=Yes) There are documented concerns about the patient's capacity to consent to the referral	<b>69.5%</b> (72.7, 55-89) (1003/1444)	<b>50.8%</b> (64/126)	<b>64.4%</b> (105/163)	<b>64.2%</b> (122/190)	<b>65.1%</b> (162/249)	<b>72.9%</b> (161/221)	<b>75.7%</b> (174/230)	<b>83.5%</b> (116/139)	<b>78.4%</b> (98/125)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
28a (ii) CA	The patient had capacity on assessment and their consent is documented	<b>11%</b> (0, 0-17) (110/1003)	<b>7.8%</b> (5/64)	<b>5.7%</b> (6/106)	<b>12.3%</b> (15/122)	<b>10.5%</b> (17/162)	<b>12.4%</b> (20/161)	<b>16.1%</b> (28/174)	<b>8.6%</b> (10/116)	<b>9.2%</b> (9/98)
	The patient lacked requisite capacity and evidence of a best interests decision has been recorded	<b>71.5%</b> (80, 50-100) (717/1003)	<b>75%</b> (48/64)	<b>83%</b> (88/106)	<b>67.2%</b> (82/122)	<b>64.2%</b> (104/162)	<b>71.4%</b> (115/161)	<b>66.1%</b> (115/174)	<b>69.8%</b> (81/116)	<b>85.7%</b> (84/98)
	There is no record of either consent or best interest decision making*	<b>17.5%</b> (0, 0-29) (176/1003)	<b>17.2%</b> (11/64)	<b>11.3%</b> (12/106)	<b>20.5%</b> (25/122)	<b>25.3%</b> (41/162)	<b>16.1%</b> (26/161)	<b>17.8%</b> (31/174)	<b>21.6%</b> (25/116)	<b>5.1%</b> (5/98)
28a (i) CA	There are no documented concerns about the patient's capacity to consent to the referral	<b>30.5%</b> (27.3, 11-45) (441/1444)	<b>49.2%</b> (62/126)	<b>35.6%</b> (58/163)	<b>35.8%</b> (68/190)	<b>34.9%</b> (87/249)	<b>27.1%</b> (60/221)	<b>24.3%</b> (56/230)	<b>16.5%</b> (23/139)	<b>21.6%</b> (27/125)
28a (iii) CA	The patients consent was requested and this is recorded	<b>27.7%</b> (0, 0-50) (122/441)	<b>29%</b> (18/62)	<b>24.1%</b> (14/58)	<b>8.8%</b> (6/68)	<b>27.6%</b> (24/87)	<b>41.7%</b> (25/60)	<b>30.4%</b> (17/56)	<b>30.4%</b> (7/23)	<b>40.7%</b> (11/27)
	There is no record of the patients consent*	<b>72.3%</b> (100, 50-100) (319/441)	<b>71%</b> (44/62)	<b>75.9%</b> (44/58)	<b>91.2%</b> (62/68)	<b>72.4%</b> (63/87)	<b>58.3%</b> (35/60)	<b>69.6%</b> (39/56)	<b>69.6%</b> (16/23)	<b>59.3%</b> (16/27)

## Carer involvement and support

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales	
36 CA	Carers or family have received notice of discharge and this is documented									
	Less than 24 hours	<b>20.7%</b> (18.05, 8-31) (1493/7211)	<b>24.8%</b> (166/670)	<b>15.7%</b> (148/945)	<b>26.1%</b> (287/1099)	<b>20.8%</b> (261/1255)	<b>23.5%</b> (242/1029)	<b>18.8%</b> (199/1057)	<b>15.1%</b> (95/631)	<b>18.1%</b> (95/525)
	24 hours	<b>12.3%</b> (9.1, 3-18) (889/7211)	<b>9.3%</b> (62/670)	<b>11.2%</b> (106/945)	<b>10.8%</b> (119/1099)	<b>11.2%</b> (141/1255)	<b>16.6%</b> (171/1029)	<b>14.8%</b> (156/1057)	<b>12.5%</b> (79/631)	<b>10.5%</b> (55/525)
	25 - 48 hours	<b>15.8%</b> (13, 7-22) (1140/7211)	<b>21%</b> (141/670)	<b>14.8%</b> (140/945)	<b>17%</b> (187/1099)	<b>13%</b> (163/1255)	<b>13.6%</b> (140/1029)	<b>14.2%</b> (150/1057)	<b>22.3%</b> (141/631)	<b>14.9%</b> (78/525)
	More than 48 hours	<b>26.3%</b> (23.2, 11-41) (1897/7211)	<b>21.6%</b> (145/670)	<b>25.8%</b> (244/945)	<b>21.5%</b> (236/1099)	<b>21.4%</b> (269/1255)	<b>26%</b> (268/1029)	<b>35%</b> (370/1057)	<b>32.3%</b> (204/631)	<b>30.7%</b> (161/525)
	No notice at all	<b>0.5%</b> (0, 0-0) (37/7211)	<b>0.7%</b> (5/670)	<b>0.5%</b> (5/945)	<b>0.4%</b> (4/1099)	<b>0.6%</b> (7/1255)	<b>0.9%</b> (9/1029)	<b>0.4%</b> (4/1057)	<b>0.3%</b> (2/631)	<b>0.2%</b> (1/525)
	Not documented	<b>22.6%</b> (20.6, 10-30) (1627/7211)	<b>21.6%</b> (145/670)	<b>28.7%</b> (271/945)	<b>22.5%</b> (247/1099)	<b>31.3%</b> (393/1255)	<b>18.1%</b> (186/1029)	<b>15.1%</b> (160/1057)	<b>15.7%</b> (99/631)	<b>24%</b> (126/525)
	No carer, family, friend/could not contact	<b>1.7%</b> (0, 0-3) (124/7211)	<b>0.9%</b> (6/670)	<b>3.2%</b> (30/945)	<b>1.7%</b> (19/1099)	<b>1.6%</b> (20/1255)	<b>1.2%</b> (12/1029)	<b>1.6%</b> (17/1057)	<b>1.7%</b> (11/631)	<b>1.7%</b> (9/525)
Patient specified information to be withheld	<b>0.1%</b> (0, 0-0) (4/7211)	<b>0%</b> (0/670)	<b>0.1%</b> (1/945)	<b>0%</b> (0/1099)	<b>0.1%</b> (1/1255)	<b>0.1%</b> (1/1029)	<b>0.1%</b> (1/1057)	<b>0%</b> (0/631)	<b>0%</b> (0/525)	
37 CA	An assessment of the carer's current needs has	<b>68.6%</b> (72.45, 53-89)	<b>68.1%</b> (209/307)	<b>67.8%</b> (311/459)	<b>62.7%</b> (373/595)	<b>69.7%</b> (465/667)	<b>76.9%</b> (396/515)	<b>70%</b> (367/524)	<b>61%</b> (133/218)	<b>68.7%</b> (224/326)

	taken place in advance of discharge	(2478/3611)								
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## Assessment before discharge

Question number and text	National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
24 CA Cognitive testing, using a validated structured instrument carried out at point of discharge	<b>10.7%</b> (5.3, 2-13) (771/7211)	<b>10.7%</b> (72/670)	<b>18.2%</b> (172/945)	<b>8%</b> (88/1099)	<b>7.2%</b> (90/1255)	<b>7.5%</b> (77/1029)	<b>15.4%</b> (163/1057)	<b>12%</b> (76/631)	<b>6.3%</b> (33/525)
(If 24=No) Reasons why was this not completed									
24 a CA Patient too unwell/not responsive (including advanced dementia making assessment inappropriate)	<b>12.5%</b> (7.95, 3-19) (806/6440)	<b>10.9%</b> (65/598)	<b>16%</b> (124/773)	<b>13.9%</b> (141/1011)	<b>6%</b> (70/1165)	<b>17.3%</b> (165/952)	<b>14.3%</b> (128/894)	<b>9.7%</b> (54/555)	<b>12%</b> (59/492)
Not documented/unknown	<b>79.6%</b> (86.25, 71-95) (5125/6440)	<b>77.8%</b> (465/598)	<b>70.6%</b> (546/773)	<b>79.9%</b> (808/1011)	<b>84.2%</b> (981/1165)	<b>76.1%</b> (724/952)	<b>80.4%</b> (719/894)	<b>84.1%</b> (467/555)	<b>84.3%</b> (415/492)
Other	<b>7.9%</b> (2.65, 0-8) (509/6440)	<b>11.4%</b> (68/598)	<b>13.3%</b> (103/773)	<b>6.1%</b> (62/1011)	<b>9.8%</b> (114/1165)	<b>6.6%</b> (63/952)	<b>5.3%</b> (47/894)	<b>6.1%</b> (34/555)	<b>3.7%</b> (18/492)
25 CA Cause of cognitive impairment was summarised and recorded	<b>70.6%</b> (76.4, 57-87) (5092/7211)	<b>71.5%</b> (479/670)	<b>79.8%</b> (754/945)	<b>62.7%</b> (689/1099)	<b>65.8%</b> (826/1255)	<b>69.7%</b> (717/1029)	<b>80.1%</b> (847/1057)	<b>74.3%</b> (469/631)	<b>59.2%</b> (311/525)

Question number and text		National audit Round 4	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Wales
26 CA	Symptoms of delirium	<b>36%</b> (36.65, 24-47) (2594/7211)	<b>33.3%</b> (223/670)	<b>42.1%</b> (398/945)	<b>31.7%</b> (348/1099)	<b>41.3%</b> (518/1255)	<b>34.7%</b> (357/1029)	<b>34.8%</b> (368/1057)	<b>31.4%</b> (198/631)	<b>35%</b> (184/525)
26 a CA	(If Q26=Yes) Symptoms of delirium summarised for discharge	<b>46.6%</b> (42.1, 26-64) (1210/2594)	<b>50.2%</b> (112/223)	<b>57.3%</b> (228/398)	<b>36.2%</b> (126/348)	<b>46.5%</b> (241/518)	<b>40.9%</b> (146/357)	<b>49.7%</b> (183/368)	<b>50%</b> (99/198)	<b>40.8%</b> (75/184)
27 CA	Persistent behavioural and psychological symptoms of dementia (wandering, aggression, shouting) during admission	<b>18%</b> (16.7, 11-24) (1299/7211)	<b>19.3%</b> (129/670)	<b>18%</b> (170/945)	<b>17.6%</b> (193/1099)	<b>18.1%</b> (227/1255)	<b>20%</b> (206/1029)	<b>15.7%</b> (166/1057)	<b>17%</b> (107/631)	<b>19.2%</b> (101/525)
27 a CA	(If Q27=Yes) Behavioural and psychological symptoms of dementia summarised for discharge	<b>44.2%</b> (42.9, 23-67) (574/1299)	<b>45.7%</b> (59/129)	<b>53.5%</b> (91/170)	<b>36.8%</b> (71/193)	<b>39.2%</b> (89/227)	<b>40.3%</b> (83/206)	<b>50.6%</b> (84/166)	<b>43.9%</b> (47/107)	<b>49.5%</b> (50/101)

# 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)<sup>1</sup> and consider the symptom of pain as a 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
  - A record of 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 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 discussions should be recorded in the notes.
- 9 **Medical Directors** should ensure implementation of NICE guidance on continuity of care (NG 27, recommendation 1.5.10)<sup>7</sup> and the transmission of information at transfer home 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 or another structured tool such as PLACE<sup>8</sup> 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** **Trust/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<sup>6</sup>.

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