DEMENTIA
NATIONAL AUDIT OF
DEMENTIA

CCQI

RC
PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS

Second round of audit

Report for Wales

2013

Royal College
of Physicians

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Contents

This report contains a full presentation of results from the 17 hospitals in Wales that participated in the second round of the National Audit of Dementia, presented with the results from all participating hospitals. First round results are also shown where applicable. In addition, a summary presentation of key findings for this round is included. See page 4 for a summary of key findings and page 10 for the full presentation of results.

Below we show some "headline" findings from the **second round national data for Wales**. This includes items from each of the six audit themes; governance, assessments, mental health and liaison psychiatry, hospital discharge and transfers, information and communication, and staff training. The audit consisted of two modules; a hospital organisational checklist and a case note audit.

Dementia champions have been identified in the majority of hospitals. 65% of hospitals have champions at directorate and ward level

A minority of Executive Boards are regularly reviewing information on readmission rates, delayed discharges, and in-hospital falls relating to people with dementia, with little change from round 1.

Important elements of mental health assessment are not routinely carried out. 28% of case notes showed patients received a standardised mental status test, and just over a third showed an initial test for delirium. Most patients had received assessments of nutritional status and mobility.

77% of hospitals reported access to a liaison psychiatry service. Services for older people are less available at evenings and weekends, when compared to working age services.

10% of patients in the sample had a new prescription for antipsychotic drugs made during admission to hospital. Where patients had a PRN (as needed) prescription in place, this resulted in administration of antipsychotics in the majority of cases.

Carers involved in the patient's care were included in discussions about place of discharge and support needs in 75% of cases. Less than half of case notes showed that the patient and/or carer had received a copy of the discharge plan. Around a third of case notes showed that carers or family were given more than 48 hours notice of discharge.

65% of hospitals reported having a document in place to collect personal information about the person with dementia, for use in their care. 60% of the case notes contained a section dedicated to collecting this information.

65% of hospitals now have a training strategy identifying necessary skill development for working with people with dementia. Just over a third of hospitals include dementia awareness in their staff induction programmes.

The National Audit of Dementia (care in general hospitals) was established in 2008 with funding from the Healthcare Quality Improvement Partnership (HQIP) to examine the quality of care received by people with dementia in general hospitals.

The audit is managed by a project team based at the Royal College of Psychiatrists' Centre for Quality Improvement. The National Audit of Dementia is a partner project, and so the project team work collaboratively with professional bodies of the five main disciplines involved in providing dementia services, and one of the main voluntary sector providers of support and services:

➢   The Royal College of Psychiatrists
➢   The British Geriatrics Society
➢   The Royal College of Nursing
➢   The Royal College of Physicians
➢   The Royal College of General Practitioners
➢   The Alzheimer's Society

Round 1 of audit

The first round of audit was carried out in 2010/2011. The first round consisted of a hospital-level (core) audit and an optional ward-level (enhanced) audit. For more information about the structure of the first round of audit, please visit our website. The national report published in 2011 was based on the findings from both the hospital-level and ward-level audit of round 1. A report containing data tables with results amalgamated from all participating hospitals in Wales in round 1 was issued in 2011.

Round 2 of audit

The second round of the audit repeated core audit modules. Data were collected between April and October 2012. The national report for round 2 was published in July 2013.

What data were collected?

The Round 2 of audit was made up of two modules:

➢   **Organisational checklist:** This module looked at the structures, policies, key staff and care processes that impact on service planning and provision for the care of people with dementia within a general hospital. Each participating hospital was expected to submit one checklist.

➢   **Case note audit:** In this module, hospitals were asked to identify the records of a minimum of 40 patients with a diagnosis or current history of dementia, audited against a checklist of standards that relate to their admission, assessment, care planning/delivery, and discharge.

The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward and admitting adults over the age of 65. To access the list of participating Trusts/hospitals, please visit our website.

This report contains the aggregated data submitted by Welsh hospitals and the aggregated data submitted by all hospitals in England & Wales, this is the national data sample. In the report you will find the following:

Key findings

This includes items from each theme previously highlighted in interim and national reporting and in recommendations. Data submitted by Welsh hospitals are shown against the national sample from this round. This provides a summary overview.

Presentation of the full data set by theme

We have presented findings from the organisational checklist and case note audit together, to encourage comparison between the tools.

Benchmarking

Where it is possible, round 1 and round 2 data for Wales are shown together, to encourage reflection on progress and action planning.

Site variation

So that site variation can be taken into consideration, the national data sample is shown with the interquartile range percentage and the national median percentage.

This summary section is intended as an immediate overview of results compiled from participating hospitals in Wales in the current round of audit.

Key findings in this section were selected for each audit theme, according to the criteria below:

- Items presented as key findings in round 1 (presented in the interim report published in December 2010 and the national report published in December 2011).
- Items included in the recommendations in the national report published in December 2011.

A full presentation of the data set by theme begins on page 10.

Caveat: The initial audit found little correlation between the two modules of the core audit, the organisational checklist and the case note audit. This indicates that the presence of a hospital policy or procedure is not a good marker of actual practice. Please bear this in mind in considering the results presented.

Theme 1: Governance

Organisational checklist		Wales %	National audit %
A care pathway for patients with dementia is in place		18%	36%
The care pathway is adaptable for use within or fitted to the following existing care pathways:	Acute	100%	96%
	Palliative	33%	81%
	End of life	33%	87%
A senior clinician is responsible for implementation and/or review of the care pathway		79%	95%
The Executive Board regularly reviews:	Information collected on readmissions, in which patients with dementia can be identified in the total number of patients readmitted	6%	28%
	Information collected on delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	29%	35%
	The number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified	24%	47%
There are champions for dementia at:	Directorate level	65%	82%
	Ward level	65%	76%

Theme 2: Assessments

Organisational checklist	Wales %	National audit %
Multidisciplinary assessment includes assessment of nutritional status	100%	100%
Multidisciplinary assessment includes assessment of functioning using a standardised instrument	88%	84%
There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment are assessed for the presence of delirium at presentation	18%	55%
There is a policy or guideline stating that an assessment of mental state is carried out on all patients over the age of 65 admitted to hospital	29%	51%

Case note audit	Wales %	National audit %
An assessment of nutritional status was performed by a healthcare professional	85%	89%
Has an assessment of functioning, using a standardised assessment, been carried out?	33%	44%
Has a standardised mental status test been carried out?	28%	50%
Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?	36%	38%
If delirium indicated, has the patient been clinically assessed for delirium by a healthcare professional?	81%	86%

Theme 3: Mental health and liaison psychiatry

Organisational checklist		Wales %	National audit %
There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for use in patients who present behavioural and psychological symptoms of dementia		35%	61%
The hospital provides access to a liaison psychiatry service which can provide assessment/treatment to adults throughout the hospital		77%	94%
Liaison psychiatry is available for working age adults:	Day	90%	75%
	Evening	60%	55%
	Weekends	60%	58%
Liaison psychiatry is available for older adults:	Day	100%	96%
	Evening	30%	35%
	Weekends	30%	40%

Case note audit		Wales %	National audit %
Antipsychotic prescription recorded in case notes:	Antipsychotics due to an existing prescription	17%	12%
	Antipsychotics administered via PRN	6%	5%
	New or additional antipsychotic prescription made	10%	6%
Reasons recorded for administration of antipsychotic drugs in the hospital (via a PRN or a new/additional prescription):	Agitation/anxiety	37%	33%
	Aggression/threatening behaviour	31%	23%
	Delirium/hallucinations/delusions	10%	10%
	End of life	2%	7%
	Disturbance through wandering, obsessive behaviour, mannerisms, tics	8%	6%

Theme 4: Hospital discharge and transfers

Organisational checklist	Wales %	National audit %
There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia	35%	54%
The discharge policy states that discharge should be an actively managed process which begins within 24 hours of admission	77%	94%

Case note audit	Wales %	National audit %
Was discharge planning initiated within 24 hours of admission?	20%	40%
An assessment of the carer's current needs has taken place in advance of discharge	67%	72%
Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person's carer/relative?	75%	80%

Figure 1: Notice of discharge received by carers or family:
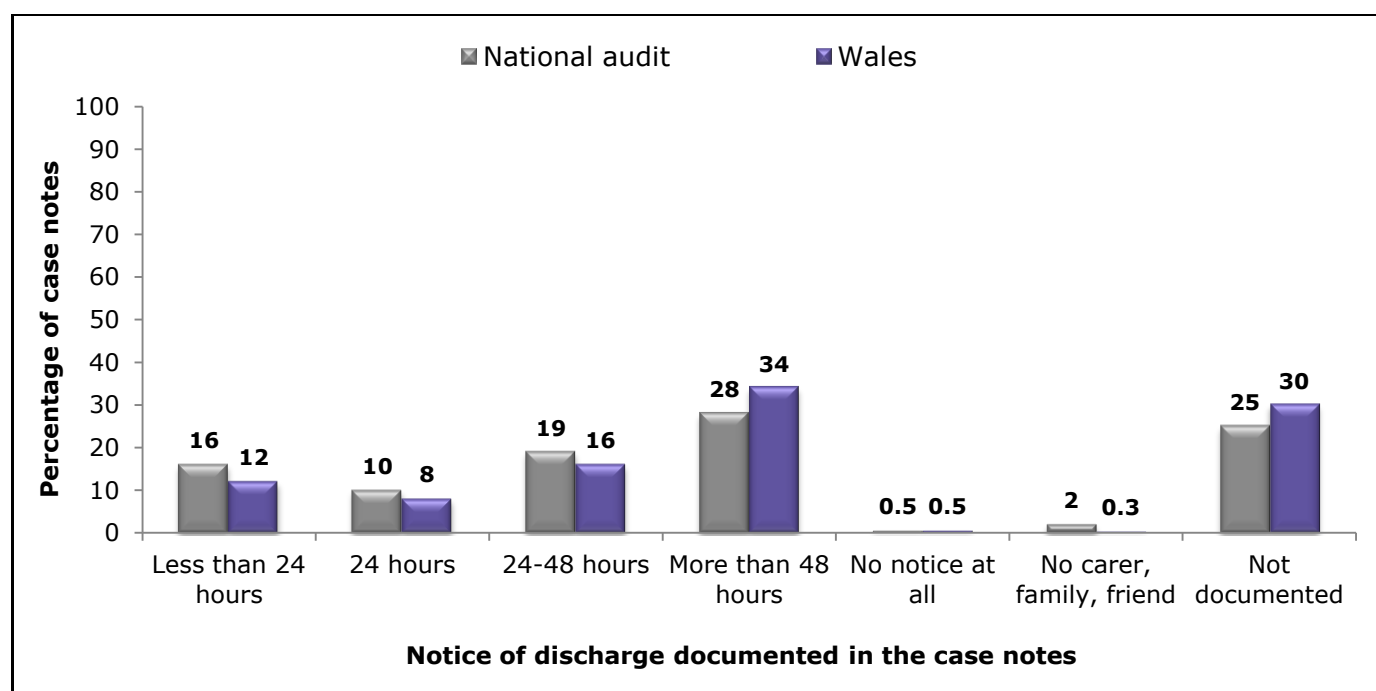
Theme 5: Information and communication

Organisational checklist	Wales %	National audit %
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	59%	49%
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	47%	41%
There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia	65%	74%

Case note audit

Figure 2: Information collected about the person with dementia from carers or relatives:
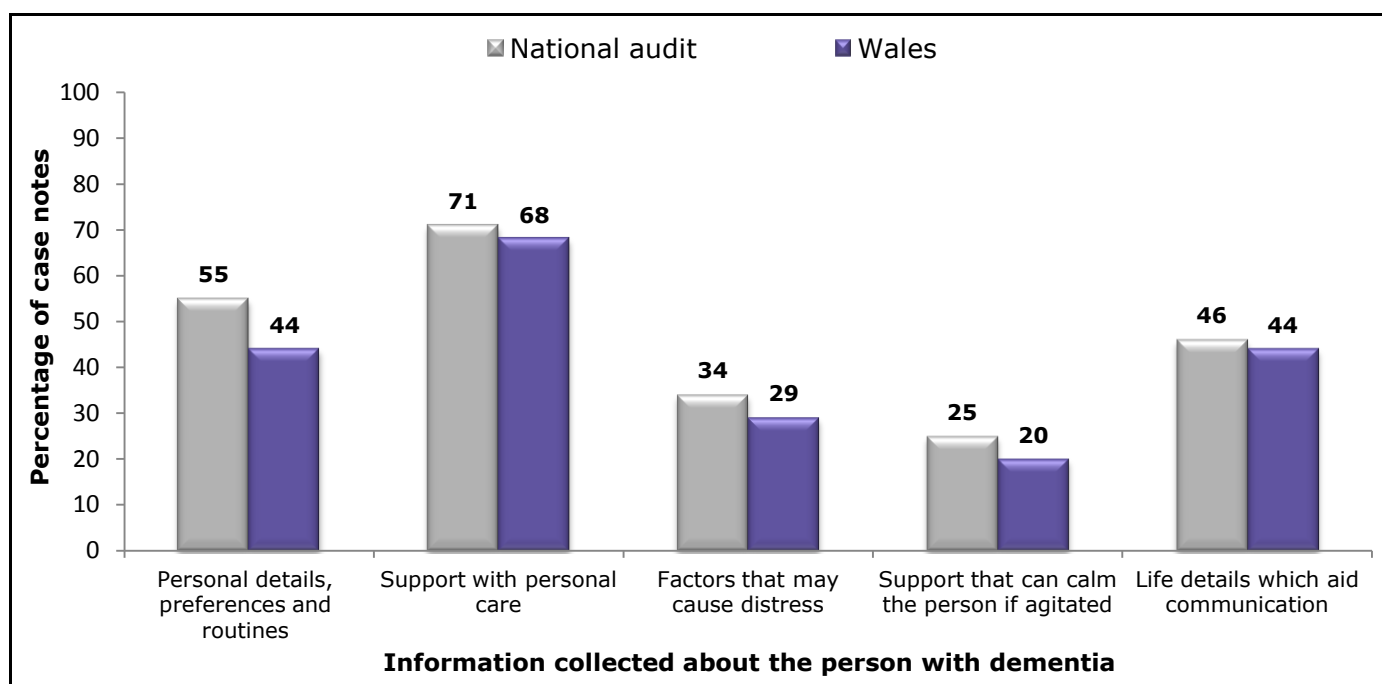
Theme 6: Staff training

Organisational checklist		Wales %	National audit %
There is a training and knowledge framework/strategy that identifies necessary skill development in working with and caring for people with dementia		65%	78%
Staff induction programmes include dementia awareness		35%	59%
Provision of dementia awareness training to doctors:	Mandatory	0%	23%
	Provided on induction	24%	34%
	Provided in the last 12 months	88%	57%
	Not provided in the last 12 months	12%	23%
Provision of dementia awareness training to nurses:	Mandatory	0%	28%
	Provided on induction	35%	38%
	Provided in the last 12 months	88%	68%
	Not provided in the last 12 months	12%	11%
Provision of dementia awareness training to healthcare assistants:	Mandatory	0%	29%
	Provided on induction	35%	38%
	Provided in the last 12 months	88%	66%
	Not provided in the last 12 months	12%	12%

All 151 eligible Trusts/Health Boards in England and Wales put forward at least one hospital for the audit. Of the 215 eligible hospitals, 210 (98%) registered for the audit and submitted data. Of these hospitals, 206 submitted data for both modules (organisational checklist and case note audit). To access the list of the participating Trusts/hospitals, please see the list on our website.

Data received in both modules of the audit

	Organisational checklist		Case note audit	
	No. of hospitals	Data received	No. of hospitals	Data received
Wales (N=17)	17	17 checklists	16	607 case notes
National audit (N=210)	210	210 checklists	206	7987 case notes

Participation breakdown by region

Wales and region in England	No. of eligible hospitals	No. of participating hospitals	Percentage of hospitals participating
Wales	18	17	94%
London	32	32	100%
North (formerly North West, North East, Yorkshire and the Humber)	66	63	95%
Midlands (formerly West Midlands, East Midlands, East of England)	51	50	98%
South (formerly South West, South Central, South East Coast)	48	48	100%

Audit themes

Audit standards are measured across the organisational checklist and case note audit. Therefore, data submitted are presented thematically, with data from each tool presented together.

The themes are:

1. **Governance** (organisational checklist)
2. **Assessments** (organisational checklist and case note audit)
3. **Mental health and liaison psychiatry** (organisational checklist and case note audit)
4. **Hospital discharge and transfers** (organisational checklist and case note audit)
5. **Information and communication** (organisational checklist and case note audit)
6. **Staff training** (organisational checklist)

Organisational checklist data has been presented first followed by case note audit data, where applicable.

Benchmarking round 1 and round 2 data

Where possible, round 1 data are presented against round 2 data for comparison. Tools have been revised since the first round of audit, in line with the updating and amendment of the standards. This has meant modification or replacement of some questions. Questions have also been removed where there was evidence that data produced were insufficiently reliable.

Results are benchmarked where questions in each round were identical, or where only minor changes (not affecting meaning) were made.

Audit standards

For each audit question, you will find a reference to the standard measured, together with an indication of how the standard is weighted.

Standards for audit were compiled for the first round of audit and updated at the beginning of 2012.

The Steering Group for the National Audit of Dementia weighted each of these standards. Classification of the standards is in accordance with the following broad principles:

Type 1: Failure to meet these standards 100% would result in a significant threat to patient safety, rights or dignity and/or would breach the law.

Type 2: Standards that an organisation/ward would be expected to meet in normal practice.

Type 3: Standards that an organisation/ward should meet to achieve excellent practice.

For more information about how the standards were devised, please see the standards document on our website.

What to consider when interpreting results

Sample size

The majority of participating hospitals submitted a sample of at least 40 case notes as requested. A minority of hospitals submitted 29 case notes or fewer. These samples have been included in the national data set, and local reports for each hospital have been produced.

Breakdown of case notes submitted, per hospital site

Sample size	Percentage of hospitals (N)	
	National Audit	Wales
40-50 case notes	78% (161)	75% (12)
30-39 case notes	17% (35)	19% (3)
20-29 case notes	5% (10)	6% (1)

Changes made to the data

Case note audit

Changes were made to the data received if comments suggested that the answer/s that had been provided were not an accurate reflection of the care received by the person with dementia:

- Specific answers were removed and left blank if comments indicated that an answer was not provided for certain questions on the audit pro-forma.
- If comments indicated that the patient was too unwell or unable to communicate, answers were changed from 'No' to 'N/A' for assessment of continence (Q19), assessment of pain (Q20) and assessment of mental state (Q22).
- If an assessment of functioning was noted as carried out (Q21) but the comments suggested that the tool used was not standardised or that a score was not recorded, the answer for this question was changed from 'Yes' to 'No'.
- Some comments indicated that the home safety assessment (Q24b4) was not applicable to patients if they were being discharged to a place of care (e.g. nursing home, residential home, transfer to another hospital, palliative care or psychiatric care). Patients that were not discharged to their own home or a carer's home, had their answers changed to 'N/A'.
- If it was indicated that the patient was receiving antipsychotics in the hospital (Q27), but neither reported as an existing prescription (Q27a), a PRN administered (Q27b1) or a new/additional prescription (Q27c), answers for a new or additional prescription (Q27c) were changed from either 'No' or 'Information could not be found' to 'Yes', as this was the guidance provided in the tool.
- Many comments indicated that some of the questions in the audit tool were not applicable to patients receiving end of life care. For certain questions in the tool, these patients have been removed from the analysis: assessment of functioning (Q21), social worker assessment (Q24), and follow up referral to community based mental health service on discharge (Q42b). Patients who died in hospital were also removed from the analysis of this question (Q42b).

Organisational checklist

- Answers were removed and left blank if comments indicated that an answer was not provided for certain questions on the audit pro-forma.
- If 'other' was selected for Q24a and Q25a, auditors were asked to specify what these were. If the free text response could be re-categorised under one of the options provided, this was changed.

Inter rater reliability

For each hospital site, five case notes from the sample submitted were re-audited by a second auditor and results compared. We advised that the first five case notes should be re-audited. Where this was not possible any five were chosen. The inter rater reliability analysis can be found on our website.

Organisational checklist

Std no. [Type]	Question number and text	National audit %, Num/Den	Wales Round 2	Wales Round 1
Reference and type of standard.	Question number and wording as in tool, including the response options e.g. (y/n).	The national audit refers to all hospitals from England and Wales that participated in the audit. We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The denominator will change throughout the report, depending if questions are routed (not asked in some instances).	The aggregated percentage 'yes' response (unless otherwise indicated) from Welsh hospitals in round 2 has been provided as well as the numerator/denominator.	If the same question or a similar question was asked in round 1, we have provided the aggregated percentage 'yes' response from Welsh hospitals in round 1, as well as the numerator/denominator.

Case note audit

Std no. [Type]	Question number and text	National audit %, Num/Den (Median, IQR)	Wales Round 2	Wales Round 1
Reference and type of standard.	Question number and wording as in tool, including the response options e.g. (y/n).	The national audit refers to all hospitals from England and Wales that participated in the audit. We have provided the percentage 'yes' response (unless otherwise indicated) and the numerator/denominator. The median (median percentage from all sites) and IQR (interquartile range - spread of data between the first quartile, 25%, and the third quartile, 75%) have also been provided to provide site variation context.	The aggregated percentage 'yes' response (unless otherwise indicated) from Welsh hospitals in round 2 has been provided as well as the numerator/denominator.	If the same question or a similar question was asked in round 1, we have provided the aggregated percentage 'yes' response from Welsh hospitals in round 1, as well as the numerator/denominator.
		The denominator will change throughout the report, depending if questions are routed (not asked in some instances) and if an 'N/A' response has been chosen, these have been excluded from the analysis. *		

* See page 11 for details.

When comparing round 1 data with round 2 data, please be aware that differences in sample sizes and slight wording changes that have been made to some questions, can affect results in both rounds. Comparison of the data should be made with caution.

Total national case note sample = **7987**
The number of case notes submitted by Welsh hospitals in round 2 (2012) = **607**
The number of case notes submitted by Welsh hospitals in round 1 (2010) = **634**

Patient demographics and information

Patients who:	National audit: % (N)	Wales Round 2: % (N)
Died in hospital	**13.4%** (1068)	**20.3%** (123)
Self-discharged from hospital	**0.5%** (38)	**0.5%** (3)
Received end of life care in hospital	**10.5%** (835)	**10.2%** (62)

Age	National audit:	Wales Round 2:
Range	**33 – 106**	**56 – 99**
Average	**84**	**84**

Age range (national sample)	National audit: % (N)	Wales Round 2: % (N)
33 – 65	**2.2%** (175)	**1.5%** (9)
66 – 80	**24.7%** (1971)	**26%** (158)
81 – 100	**72.8%** (5816)	**72.5%** (440)
101 – 106	**0.3%** (25)	**0%** (0)

Gender	National audit: % (N)	Wales Round 2: % (N)
Male	**37.6%** (3002)	**35.6%** (216)
Female	**62.4%** (4985)	**64.4%** (391)

Ethnicity	National audit: % (N)	Wales Round 2: % (N)
White British	**80.5%** (6429)	**66.4%** (403)
Any other white background	**2.2%** (179)	**1.6%** (10)
Black/Black British	**1.4%** (109)	**0%** (0)
Asian/Asian British	**1.4%** (113)	**0%** (0)
Mixed race	**0.1%** (8)	**0%** (0)
Chinese	**0.1%** (6)	**0%** (0)
Not documented	**13.7%** (1091)	**31.8%** (193)
Other ethnic group	**0.7%** (52)	**0.2%** (1)

First language	National audit: % (N)	Wales Round 2: % (N)
English	**77.2%** (6166)	**63.6%** (386)
Welsh	**0.8%** (63)	**9.7%** (59)
Other European language	**1%** (81)	**0.2%** (1)
Asian language	**1.1%** (85)	**0.2%** (1)
Not documented	**19.3%** (1545)	**26%** (158)
Other	**0.6%** (47)	**0.3%** (2)

Patient demographics and information

Speciality of the ward patients spent the longest time in	National audit: % (N)	Wales Round 2: % (N)
Cardiac	**2.6%** (207)	**4.6%** (28)
Care of the elderly	**40.4%** (3226)	**29.5%** (179)
Critical care	**0.1%** (11)	**0.2%** (1)
General medical	**25.3%** (2017)	**33.7%** (204)
Nephrology	**0.5%** (41)	**0.5%** (3)
Obstetrics/Gynaecology	**0.3%** (24)	**0%** (0)
Oncology	**0.1%** (10)	**0%** (0)
Orthopaedics	**11.3%** (903)	**12.4%** (75)
Stroke	**4.9%** (388)	**4.5%** (27)
Surgical	**5.8%** (461)	**5.1%** (31)
Other medical	**7%** (557)	**8.4%** (51)
Other	**1.8%** (141)	**1.2%** (7)

Length of stay in the hospital	National audit: % (N)	Wales Round 2: % (N)
4-10 days	**37.6%** (3004)	**34.4%** (208)
11-20 days	**28.4%** (2266)	**25%** (151)
21-30 days	**13.7%** (1094)	**12.9%** (78)
31-40 days	**7.7%** (614)	**7.8%** (47)
41-50 days	**4.7%** (379)	**7.1%** (43)
51-60 days	**2.8%** (222)	**3.8%** (23)
61+ days	**5.1%** (405)	**9.1%** (55)
Range	**4 – 257 days**	**4 – 194 days**
Median	**14 days**	**16 days**

Place of residence before/after admission	National audit: % (N)		Wales Round 2: % (N)	
	Before	**After ***	**Before**	**After ***
Own home	**54.7%** (4372)	**34.6%** (2392)	**49.6%** (301)	**32.9%** (159)
Respite care	**1.1%** (88)	**1.6%** (113)	**0.2%** (1)	**1.2%** (6)
Rehabilitation/long stay care	**0.5%** (38)	**2.9%** (200)	**0.2%** (1)	**6.4%** (31)
Psychiatric ward	**0.6%** (46)	**1%** (68)	**0.5%** (3)	**1.4%** (7)
Carer's home	**2.4%** (192)	**2.1%** (145)	**3.1%** (19)	**2.9%** (14)
Intermediate care	**0.5%** (38)	**2.7%** (184)	**0.2%** (1)	**0.6%** (3)
Residential care	**19.1%** (1528)	**20%** (1385)	**18.6%** (113)	**15.7%** (76)
Nursing home	**19.8%** (1582)	**30.8%** (2133)	**24.9%** (151)	**29.3%** (142)
Palliative care	**0%** (2)	**0.4%** (29)	**0%** (0)	**0.2%** (1)
Transfer from/to another hospital	**1.3%** (101)	**3.9%** (267)	**2.8%** (17)	**9.3%** (45)

Change in residence *	National audit: % (N)	Wales Round 2: % (N)
No change	**68.5%** (4740)	**54.7%** (332)
Own/carer's home to nursing/residential care	**14.1%** (978)	**6.8%** (41)

* These figures exclude patients who died whilst in hospital.

What are we measuring?

Standards measured in this theme were derived from a range of national and professional guidance including the *National Dementia Strategy*; the *1000 Lives Plus Programme*; the *NICE dementia guideline*, and the Alzheimer's Society report *Counting the Cost*.

Previous findings/recommendations

The first round of audit found a lack of leadership and whole organisation commitment to deliver high quality care. The national report recommended that Trust/Health Boards needed to:

- Identify a senior clinician in each hospital to take charge of the care pathway.
- Identify Dementia Champions, including at ward-level.
- Systematically collect information relating to the care experience of people with dementia in hospital to identify necessary improvements to overall governance and process.

CARE PATHWAY FOR DEMENTIA

Organisational checklist

Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2 % Num/Den	Wales Round 1 % Num/Den
4.1 [2]	1	A care pathway for patients with dementia is in place:			
		Yes	**35.7%** 75/210	**17.6%** 3/17	0% 0/17
		In development	**50.5%** 106/210	**64.7%** 11/17	23.5% 4/17
3.5 [2]	1a	(If Q1=Yes) The care pathway is adaptable for use within or fitted to the following existing care pathways:			
		Acute (y/n)	**96%** 72/75	**100%** 3/3	-
		Palliative (y/n)	**81.3%** 61/75	**33.3%** 1/3	-
		End of life (y/n)	**86.7%** 65/75	**33.3%** 1/3	-
4.2 [2]	1b	(If Q1=Yes or In development) A senior clinician is responsible for implementation and/or review of the care pathway (y/n)	**94.5%** 171/181	**78.6%** 11/14	33.3% 2/6
-	1c	(if Q1b=Yes) Please identify who leads the work of the hospital or Trust on this:			
		Clinical/Medical Director	**9.4%** 16/171	**0%** 0/11	-
		Consultant Geriatrician/Specialist Physician in Elderly Care	**66.7%** 114/171	**0%** 0/11	
		Consultant Psychiatrist	**5.8%** 10/171	**63.6%** 7/11	
		Consultant Physician	**3.5%** 6/171	**0%** 0/11	
		Consultant Nurse	**2.9%** 5/171	**0%** 0/11	
		Lead Nurse Practitioner/Matron	**7%** 12/171	**0%** 0/11	
		Other	**4.7%** 8/171	**36.4%** 4/11	

INVOLVEMENT OF THE EXECUTIVE BOARD

Organisational checklist

Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
		The Executive Board regularly reviews information collected on:			
4.7 [2]	3a	Readmissions, in which patients with dementia can be identified in the total number of patients re-admitted (y/n)	**28.1%** 59/210	**5.9%** 1/17	5.9% 1/17
	3b	Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers (y/n)	**34.8%** 73/210	**29.4%** 5/17	29.4% 5/17
4.4 [2]	4	The Executive Board regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, in which patients with dementia can be identified (y/n)	**46.7%** 98/210	**23.5%** 4/17	29.4% 5/17

Figure 3: Patient information reviewed by the Executive Board:
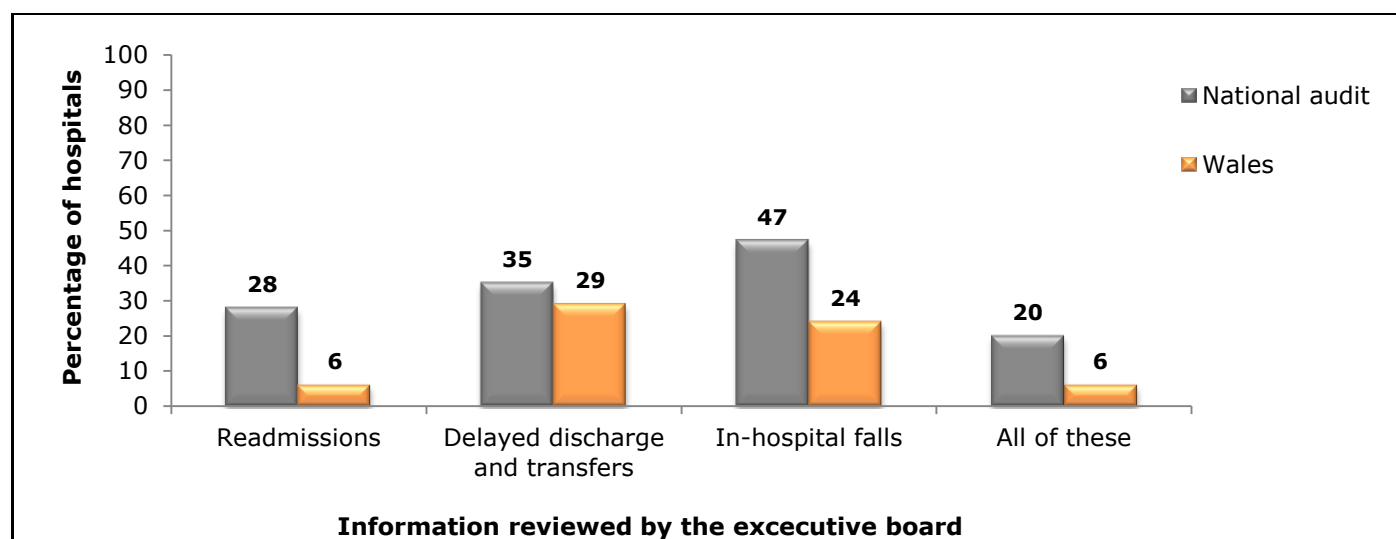
Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
		The Executive Board regularly receives feedback from the following:			
4.5 [2]	5a	The Clinical Leads for older people and people with dementia including Modern Matrons/Nurse Consultants (y/n)	**73.8%** 155/210	**76.5%** 13/17	23.5% 4/17
	5b	Complaints – analysed by age (y/n)	**51.4%** 108/210	**41.2%** 7/17	23.5% 4/17
	5c	Patient Advice and Liaison Services (PALS) – in relation to the services for older people and people with dementia (y/n)	**54.9%** 106/193	Not applicable to Wales	-
	5d	Patient Forums or Local Involvement Networks – in relation to services for older people and people with dementia (y/n)	**58.6%** 123/210	**52.9%** 9/17	41.2% 7/17

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ACCESS TO SERVICES AND SUPPORT FOR STAFF

Organisational checklist

Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
4.3 [1]	2	There is a named officer with designated responsibility for the protection of vulnerable adults (y/n)	**99.5%** 209/210	**100%** 17/17	94.1% 16/17
4.9 [2]	7	Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate (y/n)	**99.5%** 209/210	**100%** 17/17	100% 17/17
4.11 [2]		There are champions for dementia at:			
	8a	Directorate level (y/n)	**81.9%** 172/210	**64.7%** 11/17	-
	8b	Ward level (y/n)	**76.2%** 160/210	**64.7%** 11/17	-
6.2 [2]	35	The hospital has access to intermediate care services, which will admit people with dementia (y/n)	**83.8%** 176/210	**58.8%** 10/17	52.9% 9/17
6.3 [3]	35a	(If Q35=Yes) Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission (y/n)	**78.4%** 138/176	**70%** 7/10	55.6% 5/9
7.1 [2]	36	There is a named dignity lead to provide guidance, advice and consultation to staff (y/n)	**85.7%** 180/210	**88.2%** 15/17	76.5% 13/17
6.7 [2]	38	There is a social worker or other designated person responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies (y/n)	**57.6%** 121/210	**70.6%** 12/17	-
6.8 [1]	39	There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating (y/n)	**95.7%** 201/210	**100%** 17/17	100% 17/17
	39a	(If Q39=Yes) Specialist assessment and advice can be obtained from:			
		Speech and Language Therapist (y/n)	**99.5%** 200/201	**100%** 17/17	100% 17/17
		Dietician (y/n)	**99%** 199/201	**100%** 17/17	100% 17/17
		Other (y/n)	**61.7%** 124/201	**47.1%** 8/17	52.9% 9/17
6.9 [3]	40	There is access to an interpreting service which meets the needs of people with dementia in the hospital (y/n)	**58.6%** 123/210	**41.2%** 7/17	58.8% 10/17
6.10 [2]	41	There is access to advocacy services with experience and training in working with people with dementia (y/n)	**85.2%** 179/210	**76.5%** 13/17	88.2% 15/17

PROTECTED MEALTIMES

Organisational checklist

Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
3.7 [1]	12	Protected mealtimes are established in all wards that admit adults with known or suspected dementia (y/n)	**96.2%** 202/210	**100%** 17/17	-
	12a	(If Q12=Yes) Wards' adherence to protected mealtimes is reviewed and monitored (y/n)	**97%** 196/202	**94.1%** 16/17	-

What are we measuring?

Standards were derived mainly from the British Geriatrics Society (2005) *Comprehensive Assessment for the Frail Older Patient*; and NICE guidelines for *Dementia* and *Delirium*.

Previous findings/recommendations

The first round of audit found a mismatch between procedure and practice. Key physical assessments were not routinely carried out and assessments in use were not always standardised. There was a lack of mental health assessment at admission and discharge, and a need for appropriate social assessment to ensure safe and effective discharge processes.

PHYSICAL HEALTH ASSESSMENTS

Organisational checklist

Std no. [Type]		Question number and text	National audit % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.9 [1]	9a	Multidisciplinary assessment includes problem list (y/n)	**94.8%** 199/210	**94.1%** 16/17	94.1% 16/17
	9b	Multidisciplinary assessment includes comorbid conditions (y/n)	**100%** 210/210	**100%** 17/17	100% 17/17
	9c	Multidisciplinary assessment includes current medication including dosage and frequencies (y/n)	**100%** 210/210	**100%** 17/17	-
	9d	Multidisciplinary assessment includes assessment of functioning using a standardised instrument – i.e. basic activities of daily living, instrumental activities of daily living, mobility (y/n)	**83.8%** 176/210	**88.2%** 15/17	94.1% 16/17
	9f	Multidisciplinary assessment includes nutritional status (y/n)	**100%** 210/210	**100%** 17/17	100% 17/17
	10	As part of the initial assessment, the patient's BMI (Body Mass Index) or weight is recorded, wherever possible (y/n)	**99%** 208/210	**94.1%** 16/17	-

Case note audit

Std no. [Type]		Question number and text	National audit % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.9 [1]	13	The multidisciplinary assessment includes problem list (y/n)	**90.1%** 7197/7987 (95%, 86 – 98%)	**83.7%** 508/607	86.3% 547/634
	14	The multidisciplinary assessment includes comorbid conditions (y/n/na)	**96.8%** 7657/7913 (98%, 96 – 100%)	**94.2%** 567/602	96.2% 609/633
	15	The assessment includes a record of current medication, including dosage and frequency (yes, there is a record of medication being taken/yes, there is a record that no medication was being taken/no record) *	**92.5%** 7391/7986 (95%, 90 – 98%)	**90.4%** 549/607	-

* Results present both positive response options together ('yes, there is a record of medication being taken' and 'yes, there is a record that no medication was being taken')

Std no. [Type]		Question number and text	National audit % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.9 [1]	16	An assessment of mobility was performed by a healthcare professional (y/n/na)	**93.7%** 6869/7331 (95%, 90 – 98%)	**89.1%** 501/562	85% 533/627
	17	An assessment of nutritional status was performed by a healthcare professional (y/n/na)	**89.1%** 6982/7834 (93%, 85 – 97%)	**85.2%** 505/593	62.8% 398/634
	17a	(If Q17=Yes) The assessment of nutritional status includes recording of BMI (Body Mass Index)/weight (y/n/na)	**81.3%** 5465/6720 (88%, 71 – 95%)	**59.8%** 289/483	-
1.10 [1]	18	Has a formal pressure sore risk assessment been carried out and score recorded? (y/n)	**93.8%** 7494/7986 (98%, 90 – 100%)	**87.8%** 533/607	83.4% 529/634
1.12 [1]	19	As part of the multidisciplinary assessment has the patient been asked about any continence needs? (y/n/na)	**86.6%** 6532/7547 (92%, 80 – 97%)	**91.8%** 525/572	76.9% 464/603
1.11 [1]	20	As part of the multidisciplinary assessment has the patient been asked about the presence of any pain? (y/n/na)	**86.6%** 6617/7638 (92%, 79 – 97%)	**84.8%** 485/572	77.9% 471/605
1.13 [1]	21	Has an assessment of functioning, using a standardised assessment, been carried out? (y/n) *	**43.7%** 3128/7150 (39%, 18 – 71%)	**32.8%** 179/545	16.9% 107/634

* Patients who were receiving end of life care have been excluded from the analysis of this question as comments from auditors suggested that this question was not appropriate for this group.
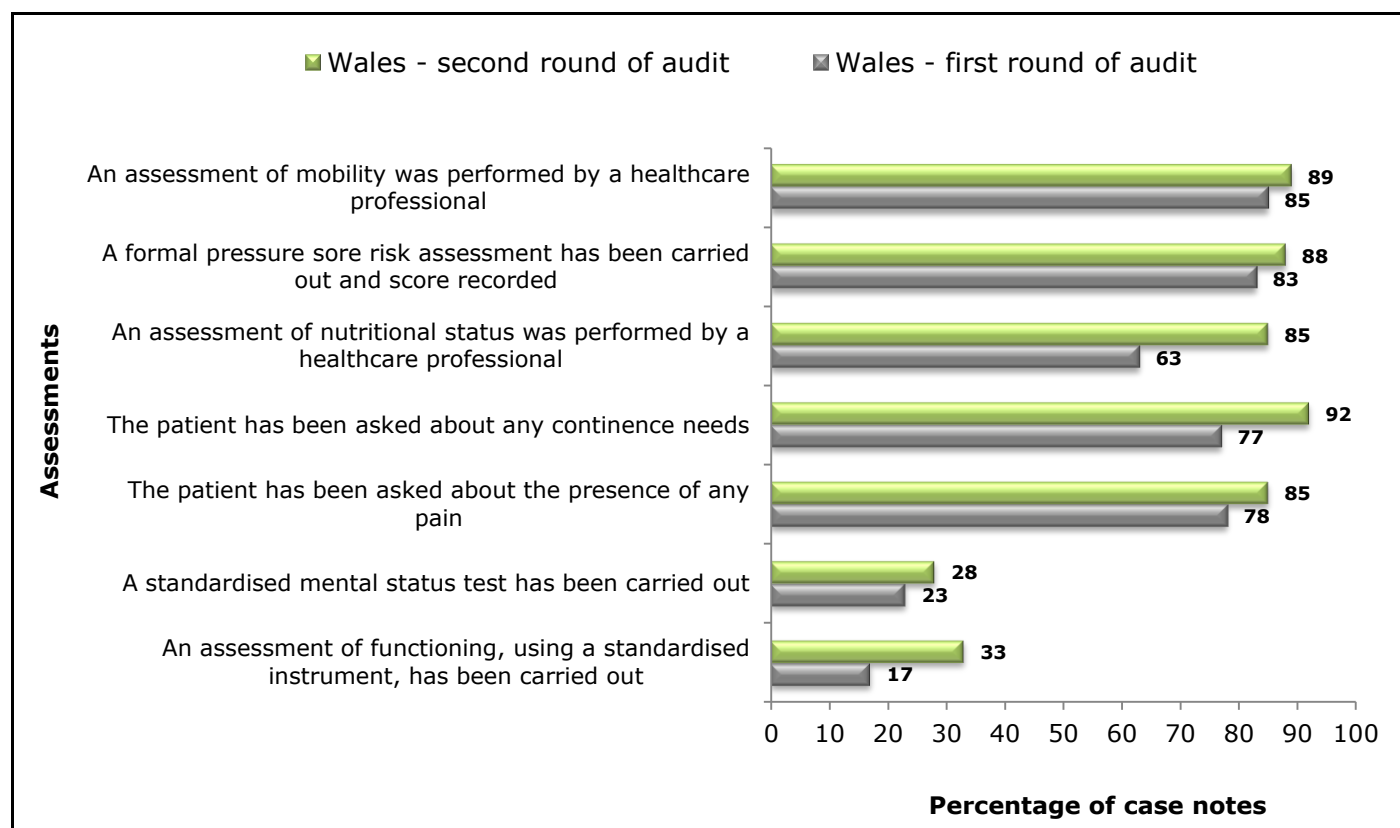
MENTAL HEALTH ASSESSMENTS

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.9 [2]	9e	Multidisciplinary assessment includes assessment of mental state using a standardised instrument – i.e. mental status (cognitive) testing (y/n)	**96.7%** 203/210	**76.5%** 13/17	88.2% 15/17
1.4 [2]	13	There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment are assessed for the presence of delirium at presentation:			
		Yes	**54.8%** 115/210	**17.6%** 3/17	-
		In development	**41%** 86/210	**52.9%** 9/17	
1.5 [2]	14	There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment with behaviour changes suggesting the presence of delirium, are clinically assessed by a healthcare professional who is trained and competent in the diagnosis of delirium:			
		Yes	**49%** 103/210	**29.4%** 5/17	-
		In development	**43.3%** 91/210	**52.9%** 9/17	
1.2 [2]	16	There is a policy or guideline stating that an assessment of mental state is carried out on all patients over the age of 65 admitted to hospital (y/n)	**51.4%** 108/210	**29.4%** 5/17	11.8% 2/17

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.6 [1]	12	Has the patient's mental health history been recorded – dementia or other conditions or symptoms? (y/n/na)	**95%** 7395/7783 (95%, 93 - 98%)	**93.2%** 562/603	94.9% 590/622
1.3 [2]	22	Has a standardised mental status test been carried out? (y/n/na)	**50.2%** 3548/7069 (50%, 35 - 68%)	**28.3%** 154/545	23% 146/634
1.4 [2]	23	Has an assessment been carried out for recent changes or fluctuation in behaviour that may indicate the presence of delirium?			
		Yes, and there were indications that delirium may be present	**21.9%** 1747/7986 (20%, 10 - 30%)	**18.8%** 114/607	-
		Yes, but there was no indication that delirium may be present	**15.7%** 1253/7986 (13%, 5 - 23%)	**17.5%** 106/607	
1.5 [2]	23a	(If Q23=Yes, delirium may be present) Has the patient been clinically assessed for delirium by a healthcare professional? (y/no assessment)	**85.7%,** 1497/1747 (89%, 72 - 100%)	**80.7%** 92/114	-

Figure 4: Evidence of assessments in case notes in the first and second round of audit.

SOCIAL AND ENVIRONMENTAL ASSESSMENTS

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.16 [2]	11a	Social and environmental assessment includes support provided to the person 'informally' (y/n)	**97.1%** 204/210	**88.2%** 15/17	-
1.17 [2]	11b	Social and environmental assessment includes care provision assessment (y/n)	**97.6%** 205/210	**88.2%** 15/17	-
1.18 [3]	11c	Social and environmental assessment includes financial support assessment (y/n)	**76.7%** 161/210	**58.8%** 10/17	-
1.19 [2]	11d	Social and environmental assessment includes home safety assessment (y/n)	**94.3%** 198/210	**88.2%** 15/17	-

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	24	Has a need for care assessment by a social worker been identified? (y/n/already receiving input/cannot get hold of information) *	**53.1%** 2884/5427 (53%, 39 – 70%)	**47.4%** 180/380	-
-	24a	(If Q24=Yes) Has a care assessment by a social worker been requested? (y/n)	**94.7%** 2731/2884 (97%, 91 – 100%)	**91.1%** 164/180	-
-	24b	(If Q24a=Yes) Has a care assessment by a social worker been carried out? (y/n)	**85.9%** 2334/2718 (91%, 75 – 100%)	**78.5%** 128/163	-
16 [2]	24b1	(If Q24b=Yes) Did the assessment include an assessment of support provided to the person 'informally'? (y/n/na)	**88.7%** 1883/2122 (93%, 83 – 100%)	**82.2%** 97/118	-
1.17 [2]	24b2	(If Q24b=Yes) Did the assessment include a formal care provision assessment? (y/n/na)	**90.9%** 1837/2021 (100%, 86 – 100%)	**88.9%** 104/117	-
1.18 [3]	24b3	(If Q24b=Yes) Did the assessment include a financial support assessment? (y/n/na)	**62.2%** 1127/1813 (62%, 33 – 91%)	**46.1%** 53/115	-
1.19 [2]	24b4	(If Q24b=Yes) Did the assessment include a home safety assessment? (y/n/na)	**88.9%** 1263/1421 (100%, 83 – 100%)	**88%** 73/83	-

* Patients who were receiving end of life care have been excluded from these questions (Q24 - Q24b4), as comments from auditors suggested that they were not appropriate for this group.

What are we measuring?

Standards were derived from the NICE guidelines for *Dementia* and *Delirium*; and the Royal College of Psychiatrists (2005) *Who Cares Wins*.

Previous findings/recommendations

The first round of audit highlighted the need to assess and review any cases of antipsychotic prescription. It also found that most hospitals had access to liaison psychiatry services, but a lack of availability at evenings and weekends. Hospitals commented that provision of liaison psychiatry for working age and older age adults may differ.

The report recommended:
• Liaison psychiatry services should be in place and accessible over 24 hours for treatment and referral of people with dementia.
• Admission to hospital should be highlighted as a review point for any use of antipsychotic medication.
• Clear guidance should be in place for interventions for behavioural and psychological symptoms of dementia.

For mental health assessments, please see page 20 (Theme 2: Assessments).

MENTAL HEALTH POLICIES AND PROTOCOLS

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.1 [2]	15	There are systems in place to ensure that where dementia is suspected but not yet diagnosed, this triggers a referral for assessment and differential diagnosis either in the hospital or in the community (memory services) (y/n)	**75.2%** 158/210	**58.8%** 10/17	58.8% 10/17
1.7 [1]	17	There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for use in patients who present behavioural psychological symptoms of dementia (BPSD) (in line with the NICE guidance):			
		Yes	**61%** 128/210	**35.3%** 6/17	41.2% 7/17
		In development	**30%** 63/210	**35.3%** 6/17	-
1.8 [1]	17a	(If Q17=Yes) The protocol specifies that restraint and sedation is used only as a final option (y/n)	**96.9%** 124/128	**100%** 6/6	-
1.7 [1]	17b	(If Q17=Yes) The protocol specifies consideration of physical causes which may cause challenging behaviour in people with dementia (y/n)	**94.5%** 121/128	**100%** 6/6	-
1.7 [1]	17c	(If Q17=Yes) The protocol considers environmental factors such as noise, lack of activity, disorientation (y/n)	**91.4%** 117/128	**66.7%** 4/6	-
	17d	(If Q17=Yes) The protocol specifies the possibility of using techniques of reassurance, de-escalation, distraction (y/n)	**93.8%** 120/128	**100%** 6/6	-

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.8 [1]	17e	(If Q17=Yes) The protocol specifies the risks that must be assessed and taken into account before any use of restraint or sedation in people with dementia and the frail elderly (y/n)	**88.3%** 113/128	**66.7%** 4/6	-
1.7 [1]	17f	(If Q17=Yes) The protocol specifies any prescription and administration of antipsychotic drugs is in line with NICE guidance (y/n)	**83.6%** 107/128	**100%** 6/6	-
5.3 [2]	18	There is a section or prompt in the general hospital discharge summary for mental health diagnosis and management (y/n)	**25.7%** 54/210	**11.8%** 2/17	-

PREVALENCE OF ANTIPSYCHOTIC PRESCRIPTION

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	27	Has this patient had antipsychotic drugs at any point during admission (whether or not prescribed in hospital)? (y/n/information cannot be found)	**18.6%** 1465/7883	**26.3%** 157/598	-
	27a	On admission, was the patient taking antipsychotics due to an existing regular prescription? (y/n/information cannot be found)	**11.5%** 906/7862	**17.2%** 102/594	26.8% 170/634
	27b	Was a PRN prescription for antipsychotics in place for this admission? (y/n/information cannot be found)	**6.8%** 538/7860	**7.7%** 46/595	14.7% 93/634
	27b1	(If Q 27b1=yes) Was an antipsychotic administered via PRN? (y/n/information cannot be found)	**75%** 404/538	**80.4%** 37/46	73.1% 68/93
	27c	Was a new additional prescription made for an antipsychotic? (y/n/information cannot be found)	**5.9%** 465/7864	**9.8%** 58/594	9.8% 62/634
-	28	(If Q27b1 or Q27c=Yes) Was a reason recorded for prescription of antipsychotics? (y/not recorded in notes)	**79.7%** 509/639	**75.4%** 49/65	-
	28a	(If Q28=Yes) What was the main or primary reason recorded for prescription of antipsychotics?			
		Comorbid psychotic conditions *	**2.6%** 13/509	**4.1%** 2/49	-
		Immediate risk of harm to self and others *	**4.7%** 24/509	**0%** 0/49	-
		Severe distress not responsive to other intervention *	**5.5%** 28/509	**2%** 1/49	-
		Need to carry out investigation and/or treatment and/or nursing	**4.9%** 25/509	**0%** 0/49	-

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	28a	What was the main or primary reason recorded for prescription of antipsychotics? (continued)			
		Agitation/anxiety **	**33%** 168/509	**36.7%** 18/49	-
		Aggressive/threatening behaviour **	**23.2%** 118/509	**30.6%** 15/49	-
		Disturbance through noise	**1%** 5/509	**2%** 1/49	-
		Disturbance through wandering, obsessive behaviour, mannerisms, tics	**5.7%** 29/509	**8.2%** 4/49	-
		Delirium/hallucinations/delusions	**9.6%** 49/509	**10.2%** 5/49	-
		End of life	**6.9%** 35/509	**2%** 1/49	-
		Depression/low mood	**0.4%** 2/509	**0%** 0/49	-
		Other	**2.6%** 13/509	**4.1%** 2/49	-
-	29	(If Q28=Yes) Was there more than one reason recorded for the prescription of antipsychotics? (y/n)	**41.5%** 211/509	**36.7%** 18/49	-
	29a	(If Q29=Yes) What are the other reasons recorded for prescription of antipsychotics?			
		Comorbid psychotic conditions *	**2.8%** 6/211	**5.6%** 1/18	-
		Immediate risk of harm to self and others *	**15.2%** 32/211	**0%** 0/18	-
		Severe distress not responsive to other intervention *	**10.9%** 23/211	**0%** 0/18	-
		Need to carry out investigation and/or treatment and/or nursing	**11.9%** 25/211	**0%** 0/18	-
		Agitation/anxiety **	**41.7%** 88/211	**50%** 9/18	-
		Aggressive/threatening behaviour **	**27.5%** 58/211	**27.8%** 5/18	-
		Disturbance through noise	**6.2%** 13/211	**16.7%** 3/18	-
		Disturbance through wandering, obsessive behaviour, mannerisms, tics	**14.7%** 31/211	**27.8%** 5/18	-
		Delirium/hallucinations/delusions	**15.2%** 32/211	**0%** 0/18	-
		End of life	**2.8%** 6/211	**5.6%** 1/18	-
		Depression/low mood	**1%** 2/211	**0%** 0/18	-
		Other	**3.3%** 7/211	**0%** 0/18	-

* These reasons for prescription are in line with NICE guidance.
** The audit did not gather information on whether other interventions were attempted prior to prescription.
Therefore it is not possible to state whether these prescriptions are in line with NICE guidance.

If patients' case notes showed that they were taking antipsychotics (Q27=Yes), auditors were asked the following question (Q33) from the discharge section of the case note audit tool. Please note that this section was not applicable for patients who: died in hospital, self discharged, were receiving end of life care (on an end of life care pathway) or who were discharged to another hospital, a psychiatric ward, palliative care, intermediate care or rehabilitation. Therefore, the denominator below (1068) is made up of those case notes where discharge questions were applicable AND where there was any record of antipsychotic prescription.

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	33	Is there any record in the discharge summary/notes that there is a prescription of antipsychotics that is being continued post discharge? (y/n)	**58.3%** 623/1068 (57%, 40 – 80%)	**58.2%** 57/98	-

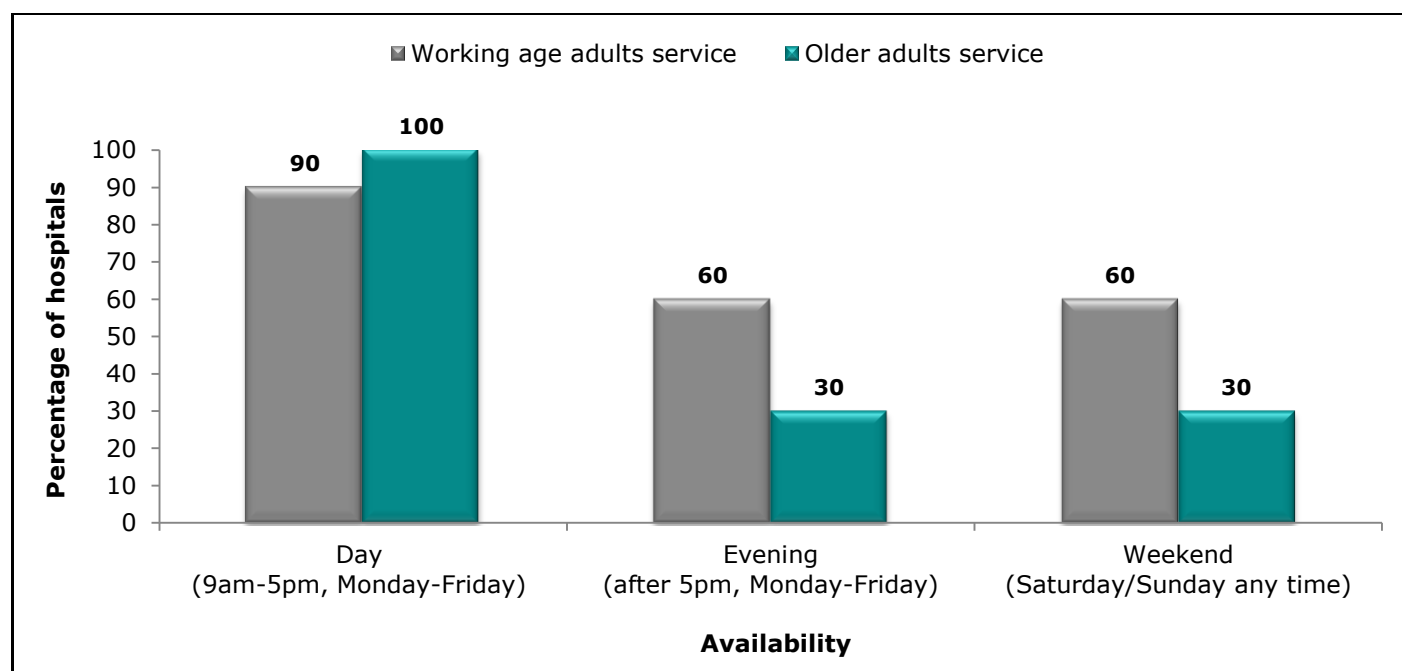## PROVISION OF LIAISON PSYCHIATRY SERVICE

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
2.1 [2]	42	The hospital provides access to a liaison psychiatry service which can provide assessment and treatment to adults throughout the hospital (y/n)	**94.3%** 198/210	**76.5%** 13/17	94.1% 16/17
2.1 [2]	43	The liaison service provides emergency/urgent assessment (y/n)	**84.8%** 168/198	**100%** 13/13	100% 16/16
2.2 [2]	44	There is a named Consultant Psychiatrist (y/n)	**81.8%** 162/198	**100%** 13/13	62.5% 10/16
2.3 [2]	44a	(If Q44=Yes) The Consultant Psychiatrist has dedicated time in his/her job plan for the provision of this service (y/n)	**90.7%** 147/162	**69.2%** 9/13	80% 8/10
2.4 [2]	44b	(If Q44=Yes) The Consultant Psychiatrist specialises in the care and treatment of older people (y/n)	**92.6%** 150/162	**100%** 13/13	100% 10/10
2.1 [2]	45	Liaison psychiatry is provided by a specialist mental health team (y/n)	**95.5%** 189/198	**76.9%** 10/13	87.5% 14/16
2.1 [2]	45a	(If Q45=Yes) The liaison service in your hospital regularly provides:			
		Routine mental health care to working age adults	**3.7%** 7/189	**0%** 0/10	-
		Routine mental health care to older people	**27.5%** 52/189	**20%** 2/10	
		Routine mental health care to working age adults and to older people	**68.8%** 130/189	**80%** 8/10	

Std no. [Type]		Question number and text		National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	45b	(If Q45=Yes) Please indicate the times when liaison psychiatry is available:				
		Working age adults	Day	**74.6%** 141/189	**90%** 9/10	-
			Evening	**54.5%** 103/189	**60%** 6/10	-
			Weekends	**57.7%** 109/189	**60%** 6/10	-
		Older adults	Day	**95.8%** 181/189	**100%** 10/10	-
			Evening	**34.9%** 66/189	**30%** 3/10	-
			Weekends	**40.2%** 76/189	**30%** 3/10	-

Figure 5: Availability of liaison psychiatry services provided by specialist mental health teams in Wales.

Std no. [Type]		Question number and text		National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	45c	(If Q45=Yes) Please indicate where the liaison psychiatry team is based:				
		Working age adults	On site	**55%** 104/189	**60%** 6/10	-
			Off site	**28.6%** 54/189	**30%** 3/10	-
		Older adults	On site	**67.7%** 128/189	**60%** 6/10	-
			Off site	**33.3%** 63/189	**40%** 4/10	-
2.5 [2]	45d	(If Q45=Yes) Do all healthcare professionals who are part of the liaison psychiatry service have dedicated time? (y/n)		**87.8%** 166/189	**80%** 8/10	-

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	46	(If Q45=No) If there is no specialist mental health team, who does provide liaison psychiatry/ mental health input?			
		Old Age Consultant Psychiatrist	**33.3%** 3/9	**33.3%** 1/3	-
		Other Psychiatrist	**11.1%** 1/9	**0%** 0/3	
		Nurse	**11.1%** 1/9	**33.3%** 1/3	
		Nurse Consultant	**11.1%** 1/9	**0%** 0/3	
		Other	**33.3%** 3/9	**33.3%** 1/3	

REFERRAL TO LIAISON PSYCHIATRY

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	42	Has any referral been made to psychiatric consultation/liaison? (y/n/no liaison service/not documented)	**16.3%** 1291/7916	**21.3%** 129/607	-

For case notes where there is no record of referral or no liaison psychiatry service in the hospital (if Q42=No or No liaison service available in the hospital):

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	42a	Has any need for referral to liaison psychiatry been noted on admission or during further assessment? (y/n)	**2.9%** 183/6308	**3.1%** 14/449	-
-	42b *	Has a follow up referral to community based mental health services been made on discharge? (y/n/na) *	**4.1%** 181/4364	**6.4%** 19/297	-

* Patients who died or who were receiving end of life care have been excluded from this question as comments from auditors in the case note audit suggested that they were not appropriate for this group.

For case notes where there is a record of a referral to liaison psychiatry (if Q42=Yes):

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	43	Is it stated whether the referral is emergency, urgent or not stated?			
		Emergency	**2%** 26/1291	**0.8%** 1/129	-
		Urgent	**13.5%** 174/1291	**12.4%** 16/129	-
		Routine	**33.2%** 429/1291	**41.1%** 53/129	-
		Not Stated	**51.3%** 662/1291	**45.7%** 59/129	-

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	44	Please indicate time between referral and assessment:			
		Within 60 minutes	**2.1%** 27/1291	**0%** 0/129	-
		Within 24 hours	**22.4%** 289/1291	**13.2%** 17/129	-
		Within 24-48 hours	**17.8%** 230/1291	**20.2%** 26/129	-
		Within 48-72 hours	**9.4%** 121/1291	**8.5%** 11/129	-
		Within 72-96 hours	**8%** 103/1291	**14.7%** 19/129	-
		Longer than 96 hours	**12.7%** 164/1291	**15.5%** 20/129	-
		Not documented	**24.4%** 315/1291	**24%** 31/129	-
		Patient died/was discharged	**3.3%** 42/1291	**3.9%** 5/129	-
-	45	What was the main reason for referral?			
		Cognitive assessment or review/dementia	**26.6%** 343/1291	**22.5%** 29/129	-
		Confusion	**11.2%** 145/1291	**10.1%** 13/129	-
		Aggression/agitation/anxiety	**15.8%** 204/1291	**18.6%** 24/129	-
		Delirium	**2.2%** 28/1291	**1.6%** 2/129	-
		Depression/low mood	**4.4%** 57/1291	**2.3%** 3/129	-
		Psychosis (e.g. delusions/hallucinations/paranoia)	**3.7%** 48/1291	**2.3%** 3/129	-
		Risk to others/risk to self	**1.2%** 15/1291	**0.8%** 1/129	-
		Capacity assessment	**4%** 51/1291	**2.3%** 3/129	-
		Discharge planning (includes assessment for care homes)	**13.2%** 170/1291	**19.4%** 25/129	-
		Diagnosis	**2.7%** 35/1291	**3.1%** 4/129	-
		Other (e.g. wandering, not eating, non-compliance)	**5.7%** 74/1291	**7.8%** 10/129	-
		Not documented	**9.4%** 121/1291	**9.3%** 12/129	-

Theme 4: Hospital discharge and transfers

What are we measuring?

Standards were mainly derived from the Department of Health (2003) *Discharge from hospital: Getting it right for people with dementia*; the National Audit Office (2003) *Ensuring the effective discharge of older patients from NHS acute hospitals*; and the Royal College of Psychiatrists (2005) *Who Cares Wins*.

Previous findings/recommendations

The first round of audit found that more attention should be focussed on early discharge planning and providing a copy of the discharge plan to the patient or carer to ensure discharge discussion and decisions are understood. The report recommended that Trusts/Health Boards review discharge polices with reference to the needs of people with dementia and their carers, and that notification of discharge is a routinely collected statistic.

NB: The discharge section was not applicable to all patients selected for the case note audit. Patients were excluded if they:
- died in hospital;
- self discharged from hospital;
- were receiving end of life care;
- were discharged to: another hospital, psychiatric ward, palliative care, intermediate care, rehabilitation.

Total national case note sample in this section = **6008**
The number of case notes in this section from Welsh hospitals in round 2 (2012) = 394
The number of case notes in this section from Welsh hospitals in round 1 (2010) = 427

DISCHARGE AND TRANSFER POLICIES

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
4.8 [2]	6	There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia (y/n)	**53.8%** 113/210	**35.3%** 6/17	17.6% 3/17
5.1 [2]	19	The discharge policy states that discharge should be an actively managed process which begins within 24 hours of admission (y/n)	**94.3%** 198/210	**76.5%** 13/17	94.1% 16/17
		The discharge policy specifies that:			
3.3 [3]	20a	Discharge should take place during the day (y/n)	**83.3%** 175/210	**76.5%** 13/17	-
3.4 [3]	20b	Relatives and carers should be informed and updated about prospective discharge dates (y/n)	**97.1%** 204/210	**82.4%** 14/17	-
5.2 [2]	21	Information about discharge and support (written in plain English or Welsh, and available in other appropriate languages) is made available to patients and their relatives:			-
		Yes, available in English (or Welsh) and can easily be provided in other languages/formats	**47.1%** 99/210	**35.3%** 6/17	
		Yes, but available in English (or Welsh) only	**25.7%** 54/210	**17.6%** 3/17	

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.2 [2]	21a	(If Q21=Yes) The discharge policy specifies that this information is made available to patients and their relatives on admission (y/n)	**85%** 130/153	**100%** 9/9	-
5.2 [2]	21b	(If Q21=Yes) The written information about discharge provided to patients and relatives contains information about organisations representing people with dementia and carers (y/n)	**39.5%** 60/152	**66.7%** 6/9	-
		The transfer policy specifies that:			
3.1 [3]	22a	People with dementia should be moved only for reasons pertaining to their care and treatment (y/n)	**60%** 126/210	**52.9%** 9/17	-
3.3 [3]	22b	The move should take place during the day (y/n)	**73.8%** 155/210	**58.8%** 10/17	-
3.4 [3]	22c	Relatives and carers should be kept informed of any moves within the hospital (y/n)	**87.1%** 183/210	**70.6%** 12/17	-

ASSESSMENT BEFORE DISCHARGE

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.3 [2]	30a	At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded (y/n) *	**18.6%** 1117/6008 (14%, 7 – 26%)	**12.7%** 50/394	13.3% 57/427
	30b	At the point of discharge the cause of cognitive impairment was summarised and recorded (y/n)	**59.7%** 3587/6008 (62%, 45 – 76%)	**52%** 205/394	56% 239/427
	31	Have there been any symptoms of delirium? (y/n)	**28.8%** 1729/6008 (28%, 18 – 39%)	**25.4%** 100/394	**-**
	31a	(If Q31=Yes) Have the symptoms of delirium been summarised for discharge? (y/n)	**47.9%** 828/1729 (43%, 25 – 67%)	**51%** 51/100	-
	32	Have there been any persistent behavioural and psychiatric symptoms of dementia (wandering, aggression, shouting) during this admission? (y/n)	**24.9%** 1494/6008 (23%, 17 – 32%)	**23.4%** 92/394	**-**
	32a	(If Q32=Yes) Have the symptoms of behavioural and psychiatric symptoms of dementia been summarised for discharge? (y/n)	**43.2%** 646/1494 (40%, 21 – 60%)	**47.8%** 44/92	**-**

* Comments from auditors in the case note audit suggested that some patients were too unwell or unable to communicate and so assessment of cognitive impairment could not be carried out on discharge. This may have affected results.

DISCHARGE COORDINATION AND MDT INPUT

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
6.4 [2]	37	There is a named person who takes overall responsibility for complex needs discharge and this includes people with dementia (y/n)	**83.3%** 175/210	**76.5%** 13/17	-
6.5 [2]	37a	(If Q37=Yes) This person has training in ongoing needs of people with dementia (y/n)	**82.2%** 143/174	**76.9%** 10/13	-
6.6 [3]	37b	(If Q37=Yes) This person has experience of working with people with dementia and their carers (y/n)	**98.3%** 171/174	**100%** 13/13	-

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
6.4 [2]	34	Did a named person coordinate the discharge plan? (y/n/there is no discharge plan)*	**63.5%** 3544/5585 (68%, 41 – 84%)	**66.2%** 233/352	44.3% 173/391
5.4 [1]	35a	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person with dementia? (y/n/na)	**56.6%** 2796/4944 (55%, 40 – 75%)	**51.6%** 179/347	31.5% 104/330
	35b	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person's carer/relative? (y/n/na)	**80.1%** 4506/5625 (83%, 71 – 92%)	**74.5%** 286/384	75.9% 277/365
	35c	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the consultant responsible for the patient's care? (y/n/na)	**73.6%** 4421/6008 (77%, 61 – 91%)	**68.3%** 269/394	60.4% 258/427
	35d	Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with other members of the multidisciplinary team? (y/n/na)	**81.1%** 4874/6008 (85%, 72 – 96%)	**74.9%** 295/394	76.1% 325/427
5.6 [1]	36	Has a single plan for discharge with clear updated information been produced? (y/n)	**68.7%** 4127/6008 (74%, 54 – 88%)	**61.9%** 244/394	56.4% 241/427
5.7 [2]	37	Are any support needs that have been identified documented in the discharge plan or summary? (y/n/na)	**62.2%** 3267/5251 (63%, 48 – 78%)	**68.4%** 242/354	52.4% 174/332

* Comments from auditors in the case note audit implied that often there is no single named person coordinating discharge and that a team approach is adopted. This may have affected results.

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.8 [1]	38	Has the patient and/or carer received a copy of the plan or summary? (y/n)	**65.7%** 3949/6008 (72%, 42 – 91%)	**43.1%** 170/394	21.6% 92/427
5.1 [2]	39	Was discharge planning initiated within 24 hours of admission? (y/n/na)	**39.6%** 1980/4999 (35%, 17 – 62%)	**19.9%** 70/352	24.8% 135/545

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
-	39a	(If Q39=N/A) Please select the recorded reason why discharge planning could not be initiated within 24 hours:			
		Patient acutely unwell	**54.3%** 548/1009	**59.5%** 25/42	-
		Patient awaiting assessment	**9.1%** 92/1009	**2.4%** 1/42	-
		Patient awaiting history/results	**4.2%** 42/1009	**2.4%** 1/42	-
		Patient awaiting surgery	**13.5%** 136/1009	**11.9%** 5/42	-
		Patient presenting confusion	**7%** 71/1009	**14.3%** 6/42	-
		Patient transferred to another hospital	**0.2%** 2/1009	**0%** 0/42	-
		Patient unresponsive	**0.5%** 5/1009	**2.4%** 1/42	-
		Patient being discharged to nursing/residential care	**6.7%** 68/1009	**0%** 0/42	-
		Not recorded	**2.7%** 27/1009	**7.1%** 3/42	-
		Other	**1.8%** 18/1009	**0%** 0/42	-

SUPPORT FOR CARERS AND FAMILY

Case note audit

Q26 below is only applicable for patients who were discharged to their own home or their carer's home:

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.2 [2]	26	Has information about support on discharge been given to the patient and/or the carer? (y/n)	**49.9%** 1268/2539 (50%, 31 – 68%)	**49.7%** 86/173	-

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.10 [2]	40	Carers or family have received notice of discharge and this is documented:			
		Less than 24 hours	**15.9%** 956/6008	**12.2%** 48/394	17.3% 74/427
		24 hours	**10.4%** 623/6008	**7.9%** 31/394	16.9% 72/427
		24-48 hours	**18.5%** 1112/6008	**15.5%** 61/394	21.8% 93/427
		More than 48 hours	**28.3%** 1699/6008	**34%** 134/394	28.8% 123/427
		No notice at all	**0.5%** 32/6008	**0.5%** 2/394	5.9% 25/427
		No carer, family, friend	**1.6%** 95/6008	**0.3%** 1/394	-
		Not documented	**24.8%** 1491/6008	**29.7%** 117/394	-

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
5.5 [2]	41	An assessment of the carer's current needs has taken place in advance of discharge (y/n/na)	**71.7%** 2337/3258 (77%, 56 – 89%)	**66.9%** 170/254	66.4% 160/241

What are we measuring?

Standards in this section were derived from the Alzheimer's Society *Care on a Hospital Ward factsheet* and from the NICE *Dementia Guideline*.

Previous findings/recommendations

The first round of audit found that family carers were not routinely involved in the care of the patient with dementia. Personal details that could improve the experience of care were not routinely collected, and the amount of information available to staff varied. Key recommendations for the senior clinical lead for dementia were:

- To ensure that the family/carer is involved in the care plan.
- To ensure that a personal information document is in use throughout the hospital and readily available.
- To implement systems of good practice ensuring that staff can identify people with dementia and provide an appropriate response.

COLLECTING INFORMATION ABOUT THE PERSON

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.14 [1]	23	There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia (y/n)	**73.8%** 155/210	**64.7%** 11/17	29.4% 5/17
	23a1	(If Q23=Yes) Information collected by the pro-forma includes personal details, preferences and routines (y/n)	**99.4%** 154/155	**100%** 11/11	-
	23a2	(If Q23=Yes) Information collected by the pro-forma includes reminders or support with personal care (y/n)	**98.1%** 152/155	**100%** 11/11	-
	23a3	(If Q23=Yes) Information collected by the pro-forma includes recurring factors that may cause or exacerbate distress (y/n)	**95.5%** 148/155	**100%** 11/11	-
	23a4	(If Q23=Yes) Information collected by the pro-forma includes support or actions that can calm the person if they are agitated (y/n)	**94.2%** 146/155	**100%** 11/11	-
	23a5	(If Q23=Yes) Information collected by the pro-forma includes life details which aid communication (y/n)	**98.7%** 153/155	**100%** 11/11	-
	23b	(If Q23=Yes) The form prompts staff to approach carers or relatives to collate necessary information (y/n)	**97.4%** 151/155	**100%** 11/11	-

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
1.14 [1]	25	Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well? (y/n) *	**44.9%** 3589/7987 (44%, 21 - 68%)	**60.1%** 365/607	46.9% 268/571
	25a	(If Q25=Yes) Has information been collected about the patient regarding personal details, preferences and routines? (y/n/na)	**54.6%** 1905/3492 (57%, 38 – 75%)	**44.4%** 158/356	54.4% 143/263
	25b	(If Q25=Yes) Has information been collected about the patient regarding reminders or support with personal care? (y/n/na)	**70.7%** 2465/3486 (75%, 56 – 88%)	**67.7%** 241/356	75% 198/264
	25c	(If Q25=Yes) Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress? (y/n/na)	**33.8%** 1160/3437 (32%, 13 – 51%)	**29.1%** 101/347	21.2% 55/259
	25d	(If Q25=Yes) Has information been collected about the patient regarding support or actions that can calm the person if they are agitated? (y/n/na)	**24.5%** 825/3372 (19%, 5 – 40%)	**19.9%** 69/347	14.1% 36/255
	25e	(If Q25=Yes) Has information been collected about the patient regarding life details which aid communication? (y/n/na)	**46.2%** 1588/3434 (50%, 26 – 67%)	**44.2%** 153/346	42.6% 112/263

* Comments from auditors in the case note audit suggested that often the "This is me" form for collecting information about the person with dementia leaves the hospital with the patient on discharge, therefore this information could not be accessed at the time of audit. This may have affected results.

COMMUNICATION BETWEEN STAFF

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
9.3 [1]	24	There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them (y/n)	**48.6%** 102/210	**58.8%** 10/17	-
	24a	(If Q24=Yes) Please say what this is:			
		A visual indicator, symbol or marker	**69.6%** 71/102	**60%** 6/10	-
		Alert sheet	**7.8%** 8/102	**0%** 0/10	
		A box to highlight or alert dementia condition in the notes or care plan	**14.7%** 15/102	**0%** 0/10	
		Other	**7.8%** 8/102	**40%** 4/10	

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
9.4 [2]	25	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)	**41.4%** 87/210	**47.1%** 8/17	-
	25a	(If Q25=Yes) Please say what this is:			
		A visual indicator, symbol or marker	**62.1%** 54/87	**50%** 4/8	-
		Alert sheet	**12.6%** 11/87	**0%** 0/8	
		A box to highlight or alert dementia condition in the notes or care plan	**12.6%** 11/87	**0%** 0/8	
		Other	**12.6%** 11/87	**50%** 4/8	

INFORMATION FOR THE CARER

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
9.13 [2]	27	There is a system in place to ensure that carers are advised about obtaining carer's assessment and support (y/n)	**67.1%** 141/210	**76.5%** 13/17	41.2% 7/17
		There are clear guidelines regarding involvement of carers and information sharing. This includes:			
9.14 [2]	28a	Making sure the carer knows what information will be shared with them (y/n)	**65.7%** 138/210	**58.8%** 10/17	47.1% 8/17
9.11 [2]	28b	Asking the carer about the extent they prefer to be involved with the care and support of the person with dementia whilst in the hospital (y/n)	**65.2%** 137/210	**88.2%** 15/17	52.9% 9/17
5.4 [1]	28c	Asking the carer about their wishes and ability to provide care and support of the person with dementia post discharge (y/n)	**71.4%** 150/210	**88.2%** 15/17	64.7% 11/17

ORGANISATION OF PATIENT NOTES

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
9.10 [2]		The patient's notes are organised in such a way that it is easy to:			
	26a	Identify any communication or memory problems (y/n)	**53.8%** 113/210	**52.9%** 9/17	17.6% 3/17
	26b	See the care plan (y/n)	**64.3%** 135/210	**47.1%** 8/17	88.2% 15/17

Case note audit

Std no. [Type]		Question number and text	National audit: % Num/Den (Median, IQR)	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
9.10 [2]	46	Is information about the person's dementia quickly found in a specified place in the file? (y/n)	**60.7%,** 4851/7987 (68%, 36 – 86%)	**68%** 413/607	50.8% 322/634
	47	Is information about related care and support needs quickly found in a specified place in the file? (y/n)	**54.8%,** 4376/7987 (58%, 30 – 79%)	**52.9%** 321/607	37.5% 238/634
-	48	In your opinion, how would you rate the organisation of this case note?			
		The notes are well organised and it was easy to find all the information that I needed	**23.5%,** 1878/7987 (17%, 8 – 35%)	**14.2%** 86/607	-
		The notes are organised adequately, however it was not so easy to find all the information I needed	**51.4%,** 4106/7987 (50%, 38 – 63%)	**49.4%** 300/607	-
		The notes are not well organised, and it was a struggle to find all the information that I needed	**20.1%,** 1605/7987 (18%, 8 – 30%)	**26%** 158/607	-
		The notes are disorderly and it was extremely difficult to find any of the information that I needed	**5%,** 398/7987 (3%, 0 – 8%)	**10.4%** 63/607	-

What are we measuring?

Standards in this theme were derived from the *NICE Dementia Guideline* and Royal College of Psychiatrist's *Who Cares Wins*.

Previous findings/recommendations

The first round of audit found that further training is needed across all job roles for a range of competencies related to the care of people with dementia, and recommended promotion at a national level of an overall competency framework, to provide:
• 100% of staff with basic dementia awareness training.
• Locally agreed enhanced and specialist levels of knowledge.

N.B. Round 1 asked only for limited details about dementia awareness and other relevant training. For round 2, questions were devised so that hospitals could report provision in greater detail. This means it is not possible to compare most responses between rounds of audit. Responses in this section are about training provision and will not show the proportion of staff who have actually received training.

Organisational checklist

Std no. [Type]		Question number and text	National audit: % Num/Den	Wales Round 2: % Num/Den	Wales Round 1: % Num/Den
7.2 [2]	29	There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia (y/n)	**78.1%** 164/210	**64.7%** 11/17	29.4% 5/17
7.4 [2]	30	Staff induction programmes include dementia awareness (y/n)	**59%** 124/210	**35.3%** 6/17	-
7.11 [3]	33	Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff (y/n)	**65.7%** 138/210	**52.9%** 9/17	23.5% 4/17
7.10 [3]	34	Liaison teams from local mental health and learning disability services offer regular training for healthcare professionals in the hospital who provide care for people with dementia (y/n)	**64.8%** 136/210	**64.7%** 11/17	31.3% 5/16

The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia: *Training provision can refer to in-house or online training, knowledge sharing sessions, induction, or other scheduled learning event including ward based training provided by a specialist practitioner e.g. dementia champion, liaison nurse.*

31. Dementia awareness training, 7.4 [2]

Staff group	Mandatory		Provided on induction		Provided in the last 12 months		Not provided in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**23%** 48/209	**0%** 0/17	**34.4%** 72/209	**23.5%** 4/17	**56.5%** 118/209	**88.2%** 15/17	**22.5%** 47/209	**11.8%** 2/17
Nurses	**27.8%** 58/209	**0%** 0/17	**38.3%** 80/209	**35.3%** 6/17	**67.9%** 142/209	**88.2%** 15/17	**10.5%** 22/209	**11.8%** 2/17
Healthcare assistants	**29.2%** 61/209	**0%** 0/17	**37.8%** 79/209	**35.3%** 6/17	**65.6%** 137/209	**88.2%** 15/17	**11.5%** 24/209	**11.8%** 2/17
Other allied healthcare professionals	**24.4%** 51/209	**0%** 0/17	**30.1%** 63/209	**23.5%** 4/17	**60.8%** 127/209	**64.7%** 11/17	**22.5%** 47/209	**35.3%** 6/17
Support staff in the hospital	**17.2%** 36/209	**0%** 0/17	**24.9%** 52/209	**23.5%** 4/17	**45.9%** 96/209	**52.9%** 9/17	**41.1%** 86/209	**47.1%** 8/17

Figure 6: Proportion of hospitals in Wales providing dementia awareness training to different staff groups, and whether training is mandatory/provided on induction or provided in the 12 months prior to data collection (March 2011-12).
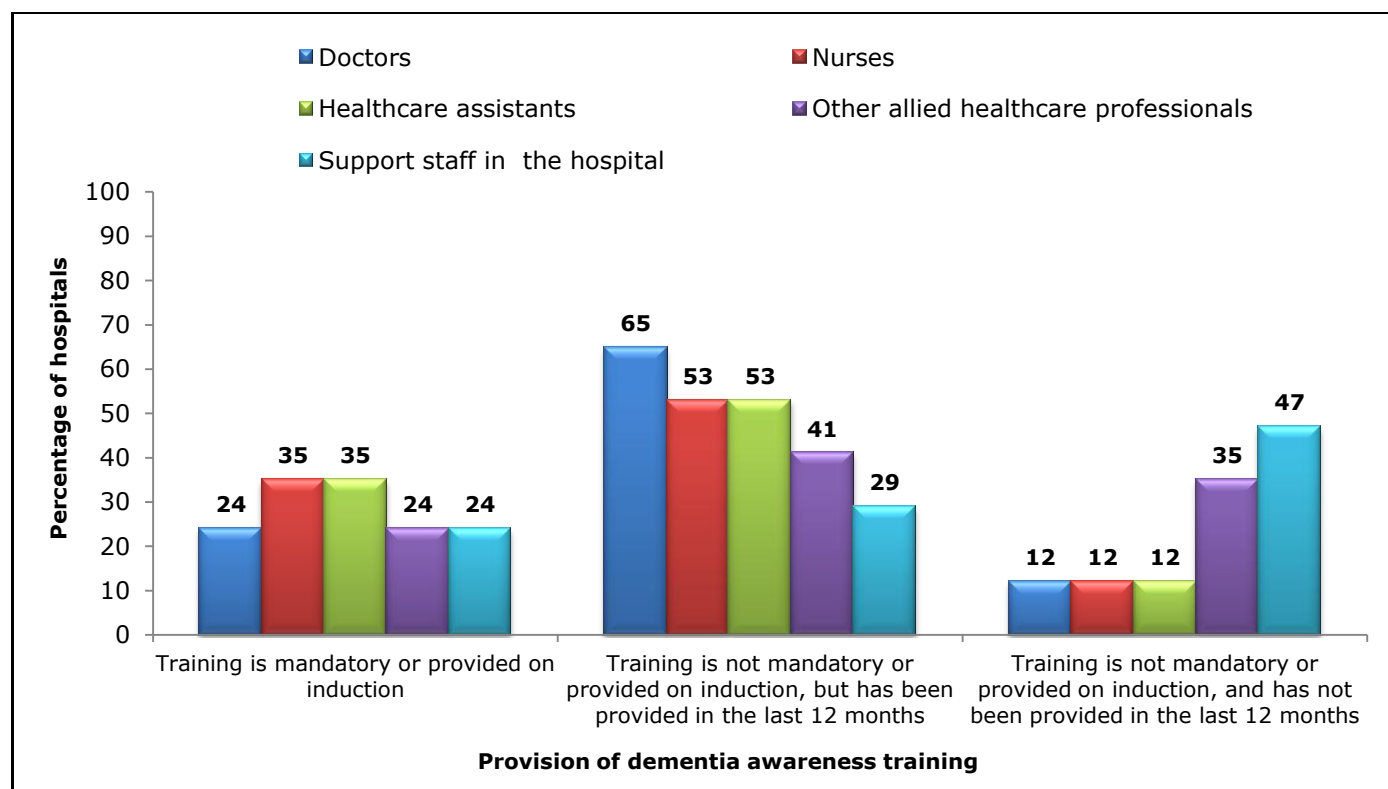
NB *The figure shows training provision by hospitals to different staff groups. It **does not** show the percentage of staff receiving training.*

32a. Protection of vulnerable adults, 7.6 [1]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**91.4%** 191/209	**76.5%** 13/17	**19.6%** 41/209	**35.3%** 6/17	**4.3%** 9/209	**17.6%** 3/17
Nurses	**94.7%** 198/209	**76.5%** 13/17	**18.2%** 38/209	**35.3%** 6/17	**2.4%** 5/209	**17.6%** 3/17
Healthcare assistants	**93.8%** 196/209	**76.5%** 13/17	**15.3%** 32/209	**29.4%** 5/17	**3.8%** 8/209	**23.5%** 4/17

32b. How to support people with hearing/visual impairments, 7.7 [2]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**19.6%** 41/209	**0%** 0/17	**15.8%** 33/209	**17.6%** 3/17	**67.9%** 142/209	**82.4%** 14/17
Nurses	**27.3%** 57/209	**5.9%** 1/17	**19.1%** 40/209	**17.6%** 3/17	**56.9%** 119/209	**76.5%** 13/17
Healthcare assistants	**31.1%** 65/209	**5.9%** 1/17	**18.2%** 38/209	**17.6%** 3/17	**54.1%** 113/209	**76.5%** 13/17

32c. Mental Capacity Act, 7.8 [2]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**87.6%** 183/209	**94.1%** 16/17	**22.5%** 47/209	**11.8%** 2/17	**2.4%** 5/209	**5.9%** 1/17
Nurses	**88%** 184/209	**88.2%** 15/17	**21.1%** 44/209	**11.8%** 2/17	**3.3%** 7/209	**11.8%** 2/17
Healthcare assistants	**84.2%** 176/209	**82.4%** 14/17	**19.1%** 40/209	**11.8%** 2/17	**7.7%** 16/209	**11.8%** 2/17

32d. Communication skills specific for people with dementia, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**48.8%** 102/209	**58.8%** 10/17	**14.4%** 30/209	**5.9%** 1/17	**40.7%** 85/209	**35.3%** 6/17
Nurses	**67%** 140/209	**76.5%** 13/17	**19.1%** 40/209	**5.9%** 1/17	**22%** 46/209	**17.6%** 3/17
Healthcare assistants	**67%** 140/209	**70.6%** 12/17	**17.7%** 37/209	**5.9%** 1/17	**22.5%** 47/209	**23.5%** 4/17

32e. Approaches to behaviour that challenges including management of aggression and extreme agitation, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**67.5%** 141/209	**70.6%** 12/17	**10.5%** 22/209	**0%** 0/17	**25.4%** 53/209	**29.4%** 5/17
Nurses	**74.6%** 156/209	**82.4%** 14/17	**15.3%** 32/209	**0%** 0/17	**17.2%** 36/209	**17.6%** 3/17
Healthcare assistants	**74.6%** 156/209	**82.4%** 14/17	**12.9%** 27/209	**0%** 0/17	**19.1%** 40/209	**17.6%** 3/17

32f. Assessing risk whenever the use of restraint or sedation is considered, 7.3 [2]

Staff group	Included in the Trust training programme in the last 12 months		Made available via external provision in the last 12 months		Not available in the last 12 months	
	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den	National audit: % Num/Den	Wales Round 2: % Num/Den
Doctors	**52.6%** 110/209	**70.6%** 12/17	**5.7%** 12/209	**0%** 0/17	**43.5%** 91/209	**29.4%** 5/17
Nurses	**56.9%** 119/209	**76.5%** 13/17	**9.1%** 19/209	**0%** 0/17	**38.8%** 81/209	**23.5%** 4/17
Healthcare assistants	**52.6%** 110/209	**64.7%** 11/17	**6.7%** 14/209	**0%** 0/17	**44.5%** 93/209	**35.3%** 6/17

The following documents can be downloaded on the audit's website:
www.nationalauditofdementia.org.uk

- **Standards document and audit tools from both rounds of audit**

- **Reports from the first round of audit**

  - National report published in December 2011

  - Interim report published in December 2010

- **List of participating Trusts/Health Boards and hospitals in both rounds of audit**

- **Case note audit inter rater reliability**

- **List of steering group members**

www.nationalauditofdementia.org.uk

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