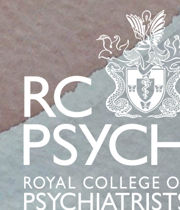
National Audit of Dementia

Care in General Hospitals 2023-24: Round 6 Audit Report

Published December 2024

COMMISSIONED BY

Healthcare Quality Improvement Partnership



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ROYAL COLLEGE OF PSYCHIATRISTS

NAD
NATIONAL AUDIT OF DEMENTIA

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Priority Areas for Improvement

In 2023, the National Report[1] recommended the following areas to Trust/Health Boards and commissioners as a focus for quality improvement. Based on the 2024 findings below, we restate these as continuing priorities:

Identifying People with Dementia (2024)

Figures returned by hospitals for **people with dementia admitted per year**, ranged from

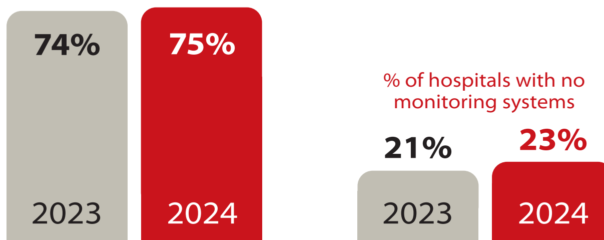
207 to 29831

with admission proportions of all patients ranging from

1% to 21%

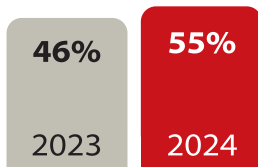
In 2023 the proportion of admissions with dementia reported ranged from 0-15%. 2024 results were queried with sites, and represent the confirmed figures. The extreme range suggests that these data are unlikely to be reliable and that problems remain with identifying and recording the number of people with dementia admitted to acute settings.

Monitoring Adverse Events (2024)



In 2023, 74% of hospitals reported having at least one monitoring system for adverse events (falls, pressure ulcers, delayed discharge, readmission, or incidents of violence), which rose to 75% in 2024. In 2023, 21% of hospitals did not have this ability in any system for people with dementia, with similar findings in 2024 at 23%.

Personal Information Document (2024)



Increase in the % of patients with **up-to-date documents** by their bedside, ranging from

0% to 100%

with **9 hospitals** finding no patients with a document

In 2023, 46% of people with dementia had a personal information document, with a range of 0-100% per hospital, similar to 2024. 12 hospitals did not find the document in place for any patients in 2023. (See Change Over Time).

Priority Areas for Improvement

Staff Training (2024)

Average % of staff trained at tier/level 1

	2023	2024
Average % of staff trained at tier/level 1	76%	77%

Small change in % of staff trained at **tier/level 1,** ranging from

0% to 100%

58% hospitals could provide **tier/level 2** staff training figures

In 2023, an average of 76% (median 86%) of staff across hospitals were trained in dementia awareness, but this ranged from 0%-100 per hospital. 42% of hospitals were unable to provide figures for staff trained at Tier/ Level 2 working on adult wards. This remains an area for improvement.

Feedback from Carers (2024)

	2023	2024
Overall Care Rating	66%	68%
Carer Rating of Communication	60%	63%

In 2023, overall care rating was 66% and the carer rating of communication 60%.

Ratings have improved compared with round 5 of the audit but remain less favourable than rounds 3 and 4. Less than half of carers in 2024 reported that they had definitely been kept informed, or involved in decision making. This remains an area for improvement (See Change Over Time).

Structured Pain Assessments (2024)

Year	% of patients receiving a structured pain assessment
2023	36%
2024	41%

% of patients receiving a structured pain assessment

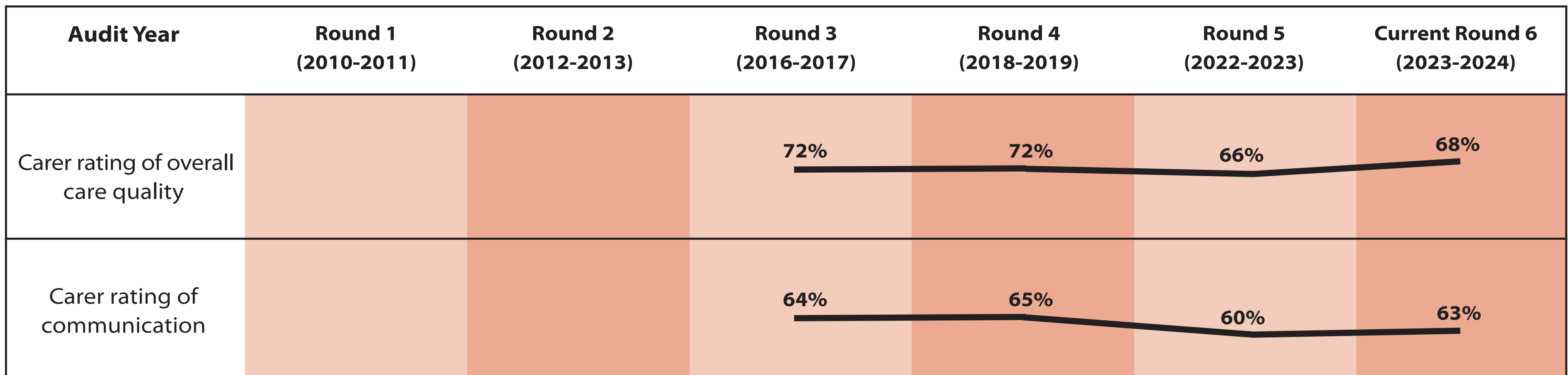
Increase in the % of patients with a **structured pain assessment** to **41%** ranging

0% to 100%

The percentage of patients receiving any type of assessment of pain improved significantly, from 92% of patients in 2023 to 98% in 2024. However, the most common method to assess pain is still a single question (59% in 2024). The use of structured assessment remains an area for improvement.
(See Pain Assessments.)

Change Over Time

Audit Year	Round 1 (2010-2011)	Round 2 (2012-2013)	Round 3 (2016-2017)	Round 4 (2018-2019)	Round 5 (2022-2023)	Current Round 6 (2023-2024)
Delirium initial or screen or assessment				58%	87%	92%
Pain assessment	86%	87%	83%	85%	92%	98%
Discharge Plan initiated within 24 hours of admission	36%	40%	47%	51%	39%	40%



Audit Year	Round 1 (2010-2011)	Round 2 (2012-2013)	Round 3 (2016-2017)	Round 4 (2018-2019)	Round 5 (2022-2023)	Current Round 6 (2023-2024)
Carer rating of overall care quality			72%	72%	66%	68%
Carer rating of communication			64%	65%	60%	63%

Change Over Time

Audit Year	Round 1 (2010-2011)	Round 2 (2012-2013)	Round 3 (2016-2017)	Round 4 (2018-2019)	Round 5 (2022-2023)	Current Round 6 (2023-2024)
Inpatient falls data available/proportion of people with dementia	31%	47%	60%	64%	64%	71%
Delayed discharge data available/proportion of people with dementia	20%	35%	32%	40%	37%	38%
Readmissions data available/proportion of people with dementia	8%	28%	32%	37%	46%	48%
"Dementia Friendly" hospital environment review taken place throughout hospital			43%	53%	36%	48%
Proportion of patients with personal information document (eg This is Me)	43%	45%	49%	59%	46%	55%

2024 Recommendations

1 The Medical Director and Chief Nurse should ensure that all people with dementia admitted acutely to hospital are screened for delirium across clinical pathways using the 4-question 4AT. Screening should take place on admission, and at any other point when delirium is suspected.

See Delirium Screening and Assessment

2 The Chief Nurse should ensure that staff routinely gather personal information which details preferences and needs of people with dementia, involving care partners in this where possible. This information can then be appropriately shared with the staff providing care to support person centred interventions. Proforma documents, like the 'This is Me' booklet, are accessible at the point of care and serve as a useful example. Usage should then be monitored at Trust/Health Board Executive level.

See Priority Areas for Improvement, and Monitoring Care Provision.

3 Trusts/Health Boards should make use of NAD reported data, such as the summary Annual Dementia Statement containing information about assessment, use of personal information document, staff training, and monitoring of care, to support and demonstrate Quality Improvement in their hospitals, and within quality assurance reporting to regulatory bodies. Trusts/Health Boards should also encourage use of resources to support quality improvement including the Better Care Fund High Impact Change Model and the Dementia 100 self-assessment framework (due to be published early 2025).

See Priority Areas for Improvement, Identifying People with Dementia, Monitoring Care Provision, Governance, Delirium Screening and Assessment, Pain Assessment and Reassessment, Discharge Information, and Feedback from Carers.

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Foreword

The care of people with dementia remains a top national priority for health services in both England and Wales.[2 3]

This report underscores the need for a continued strong focus on governance, monitoring and oversight of dementia care. Such measures are necessary to support staff and improve the quality of care and experience for people with dementia.

The audit continues to show that many hospitals lack a reliable mechanism to identify people with dementia on (or soon after) admission, which is important to ensure these patients receive the high standard of patient-centred care they need and deserve. Accurate data are essential to identify trends, which in combination with the audit findings can be used to target quality improvement efforts more effectively.

Overall, more staff have received Tier/Level 1 dementia training (median 92%). It is a concern that only 58% of hospitals are able to report the proportion of staff who have received Tier/Level 2 dementia training. Any staff member involved in the direct care of people with dementia should receive Tier/Level 2 training, and this training should be recorded to provide assurance to executive boards, the public and regulators.[2]

Improvements in patient care include the use of documents to capture important personal information about people with dementia. Feedback from carers also suggests some improvement in their experience of communication and in care quality, although approximately a third felt these aspects could improve. Many carers felt they were insufficiently involved in care and discharge planning.

Enabling people with dementia to actively comment on their care is an important step to improve care quality and 49% of hospitals report they now regularly collect such feedback.

Dementia is the biggest risk factor for delirium and early detection of delirium improves patient outcomes. Screening rates for delirium have continued to improve to 92% in the current audit round. There is still reliance on history taking alone (including the Single Question for Delirium (SQiD)) as a screen with only 44% of screens done using structured delirium assessment tools such as the '4AT'.[4]

Assessment of pain has also improved significantly from 92% of patients in 2023 to 98% in this round. However, the most common method used to assess pain is still a simple question. As this can be unreliable for patients with moderate or severe dementia, specific dementia pain assessment tools should be used when indicated.

Alongside the improvements that need to be addressed in the use of delirium and pain assessments, regular checks should be put in place following initial assessments for each, to ensure responsiveness to the needs of the patient.

Foreword

The importance of improving care extends far beyond policy; it is vital to those people who live with dementia and their families. It is very important that this potentially vulnerable group of patients receive high-quality, compassionate care. The report shows many positive changes, and we hope that this report will lead to further improvement in patient experience.

This is the second audit round which has been conducted prospectively, enabling hospitals to act earlier to improve patient care and experience. This approach presents challenges for audit leads and teams, and we would like to sincerely thank the staff who participated in this audit and those who continue to strive to enhance the care of people with dementia. It is gratifying to see 92% of eligible hospitals demonstrate commitment to improving care by participating.

Beth Swanson, Consultant Nurse for the audit

Oliver Corrado, Consultant Physician for the audit

Hilary Doxford, Patient/Carer Advisor

Overview

In the UK almost 1 million people have dementia[5]. "Dementia" is a term covering a range of symptoms affecting the brain, usually caused by a disease (such as Alzheimer's disease or Parkinson's) or injury (such as stroke).

The National Institute for Health and Care Excellence (NICE) states that "People with dementia often experience longer hospital stays, delays in leaving hospital and reduced independent living. Hospital admission can trigger distress, confusion and delirium for someone with dementia. This can contribute to a decline in functioning and a reduced ability to return home to independent living".[6]

The National Audit of Dementia (NAD) measures the performance of general hospitals in England and Wales against standards relating to care delivery which are known to impact people with dementia while in hospital. Standards are derived from national and professional guidance, including NICE Quality Standards and guidance[6], and the Dementia Friendly Hospitals Charter[7].

Dementia care continues to be a national priority in England and Wales. The Dementia Care Pathway: Full Implementation Guidance[8] commissioned by NHS England, and the All Wales Dementia Care Pathway of Standards[3] state key principles for treatment, support and care for people living with dementia and their carers, highlighting a person-centred approach in which rights and dignity are fundamental. Across England and Wales hospitals have affirmed this approach, signing up to John's Campaign (90%)[9] for the right of people with dementia to be supported by their family carers, and the Dementia Friendly Hospital Charter (82%).[7]

This report compares results from data collected in 2022-23 (Round 5) and 2023-24 (Round 6).

For 2023-24, hospitals were again asked to identify people with dementia on admission to the hospital for the audit. We learned during Round 5 that this is a complex and arduous task for many hospitals with no electronic records or where the system has not been set up to easily identify patients with dementia. For this reason, sampling requirements were reduced slightly (see Method). We are very grateful to the dementia leads and teams who worked hard to return data to update knowledge about hospital care in England and Wales. Hospitals also collected organisational information in the form of an Annual Dementia Statement, and feedback from carers and people with dementia.

The difficulties experienced by teams in case-finding people with dementia in hospital are reflected in information figures reported by hospitals on important contextual information, such as the proportion of yearly admissions (see Identification, Governance). There is a clear need to develop systems which support better knowledge about admitted patients, as this impacts on care provision and hospital performance in a number of ways. This was a key recommendation in the 2023 report, and is restated here as a continuing priority area for improvement. 2024 recommendations focus on newly highlighted findings on structured assessment for delirium, ensuring the use of personal information documents, and the use of data from the audit to support quality improvement.

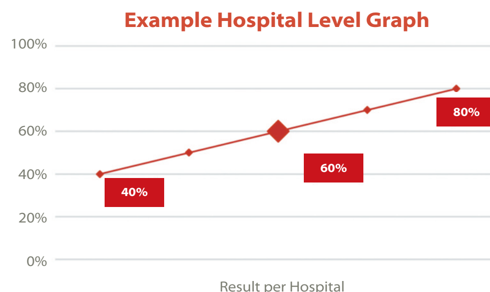
Method

Audit Component	Description
Casenote Audit – Identification	Hospitals identified all patients with dementia as they were admitted.
Casenote Audit – Key Metrics	Hospitals selected patients and submitted key metric information. Depending on hospital size, the first 40-80 patients were selected.
Casenote Audit – Discharge Information	Hospitals submitted information about discharge.
Annual Dementia Statement	Organisational information collected on each hospital.
Feedback from Carers	Hospitals distributed questionnaires in paper or online form, returned directly to the NAD team.
Patient Questionnaire Tool	Hospitals collected feedback from newly developed tool 3-5 patients with dementia per month, on an ongoing basis.

How to Read this Report

Hospital level results are shown as '◆' ordered from minimum to maximum.

Percentages in this report may not add up to 100% as they have been rounded (0.5 has been rounded up).



Casenote Audit

177 participating hospitals identified 12530 patients within the audit period, and selected a total of 9860 patients. Casenote audit eligibility consisted of:

- Patients with a dementia diagnosis or with concerns about cognition
- Admitted to hospital for 24 hours or longer
- Admitted August – November 2023

Annual Dementia Statement

172 hospitals submitted organisational information for their Annual Dementia Statement.

Feedback from Carers

2381 questionnaire responses were returned from 155 hospitals.

Hospital Participation

For list of participating sites, please see Appendix IX.

Quotes from patients with dementia and carers are taken from qualitative responses to NAD Patient Feedback Tool and Carer Questionnaire respectively. (See Appendix II for further information).

Patient Feedback:

Using a new tool developed by NAD, hospitals were asked to collect feedback from 3-5 patients with dementia per month. See Appendix V for further information and preliminary results.

See full breakdown of Annual Dementia Statement data in **Appendix VII**.

Identifying People with Dementia

Identifying people with dementia provides hospitals with important knowledge regarding resource allocation and effective care planning. This helps hospital staff deliver better care to people with dementia whilst admitted to hospital.

We asked hospitals to submit their yearly annual totals for all admissions and admissions of people with dementia. In 2023, total admission figures had very large variation and the proportions did not seem to reflect Hospital Episodes Admissions data.

In 2024, **165**/172 hospitals provided information on total adult admissions within a year, including total number of people with dementia admitted.

As we could not reliably report admissions figures in 2023, in this round, we asked all hospitals to confirm their figures and where they were obtained from. **55%** (95/172) of hospitals confirmed their proportion of admissions with dementia data. These figures ranged from **207 to 29831** patients with dementia, with the proportion of admissions of people with dementia varying from **1% to 21%** (see Table 1).

The majority of hospitals reported that figures were obtained from business intelligence or information teams.

There continues to be large variation and we cannot claim that the totals shown for 2024 reliably report the number/proportion of patients with dementia admitted to general hospitals.

Table 1. Reported Total Admissions Figures

2024 Admission Figures	Min	Max	Median
Admissions within a year	3756	471696	72640
Admissions with Dementia within a year	207	29831	1895
% of Admissions with Dementia	1%	21%	3%

Local Approaches:

In 2024, 41% (73/178) hospitals reported that their records were “mostly electronic”. Of these, 46 (26%) had a system which allowed them to include a marker or searchable field for dementia.

As reported in 2023, there is no single method available to hospitals to identify patients who have dementia on admission. Hospitals with electronic patient records (EPR) can include a special marker or field for dementia if their system permits. This allows patients to be followed up and their care monitored. Otherwise, hospitals are using different identification and tracking methods. This can be through searching assessments received by older/frail patients, or the dementia lead or specialist team may obtain a list of patients from the emergency department for follow up.

See full breakdown of Annual Dementia Statement data in **Appendix VII**.

Monitoring Adverse Events

The Dementia Friendly Hospital Charter (2018)[7]:

Systems are in place to support continuous improvement of quality of care for people with dementia and their carers whilst in hospital, including resources and governance structures that support staff to deliver care that is dementia-friendly.[7]

Acute hospitals use monitoring systems to collate and report information about incidents (harms or risk of harm) and delays/failures in discharge. This helps to identify and prevent the causes and to plan use of resources (such as staffing, training or environmental upgrade).

The audit asks hospitals about the systems they use which look at the total number of patients affected by falls, delayed discharge, readmissions within 30 days, new pressure ulcers, and incidents involving violence or aggression. For each of these, the audit then asks whether the system can identify totals of patients with dementia affected. Where this information is available, it assists in risk management and better care planning for people with dementia.

> ***Felt confident to leave my [RELATIVE] in care of hospital, understanding her complex needs presented many challenges.***
>
> *CARER*

> ***My [RELATIVE] had 'risk of falls' written behind her bed and she was taken to the toilet and allowed to fall. Fractures to hip and wrist.***
>
> *CARER*

Monitoring Care Provision

See full breakdown of Annual Dementia Statement data in **Appendix VII**.

Monitoring Adverse Events

Since 2023, there has been a significant increase in hospital systems which collate data (or information) on people with dementia affected by in-patient falls, and a smaller increase for systems identifying patients with new pressure ulcers. For delayed discharge and readmissions, less than half of hospitals have systems which show how people with dementia are affected. **28%** (48/172) of hospitals have systems which cover all of the information.

10-12% of hospitals which collate these types of information reported that it is not reviewed by a strategic committee for action planning.

As in 2023, **82%** (141/172) of hospitals have a Dementia Strategy Group and **87%** (123) meet once a quarter or more.

	Yes	No	Not Known/Undocumented	2023 Yes
Falls	71%	29%	1%	64%
Readmissions	48%	49%	3%	46%
Delayed Discharges	38%	59%	3%	37%
Pressure Ulcers	58%	41%	1%	49%
Violent or Aggressive Incidents	62%	37%	1%	58%

Figure 1. % of Hospitals with Adverse Event Monitoring Systems in Place which Identify People with Dementia

Personal Information Documents

The Dementia Friendly Hospital Charter (2018)[7]:

Personal profiles or passports are used and are kept in a visible place to help staff get to know the person and what is important to them.[7]

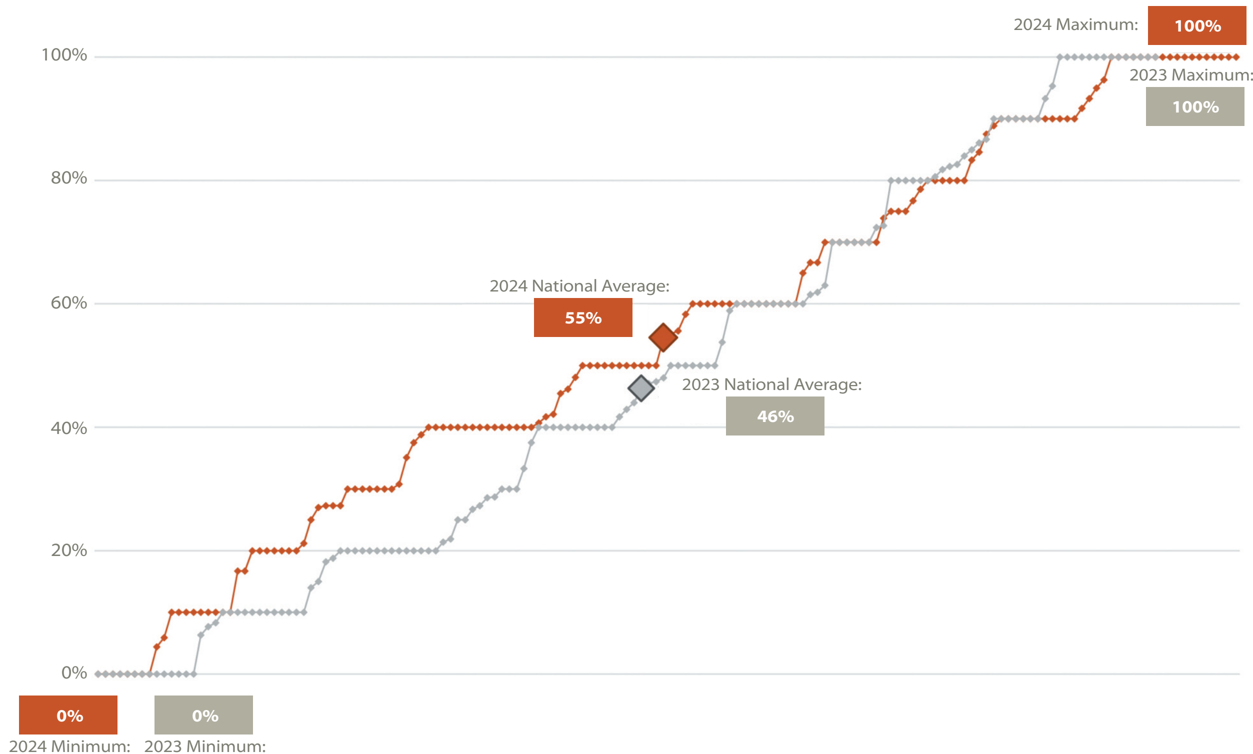


Figure 2. % of Patients with a Personal Information Document by their Bedside, by hospital

> *Provided the ward with her 'This is Me' folder and they have taken this into account to better understand my [RELATIVE].*
>
> CARER

> *Not all of the staff are aware of dementia and what that means for me – they did fill out my 'About Me' but nobody ever read it really.*
>
> PATIENT

Personal details recorded in hospital about people with dementia help staff to understand and anticipate their needs and preferences and involve them in decisions about their care.[10] Nearly all hospitals (**98%**, 168/172) are using a personal information document to collect these details.

The audit incorporates a bedside check on 10 patients who have dementia to see if their document is complete and accessible to staff. An average of 55% of patients had one in place, slightly higher than 2023. The results per hospital ranged from **0-100%** for documents in place, with **18** hospitals having one for 100% of patients checked.

See full breakdown of Annual Dementia Statement data in **Appendix VII**.

Staff Training

Care is provided by staff who are appropriately trained in dementia care.[7]

National and professional guidance on high quality care stress the importance of ensuring staff have the right skills to care for people living with dementia[8]. Monitoring training provision is important to ensure that this happens.[3]

As in previous rounds, not all hospitals were able to provide figures for the proportion of staff who have training in working with people with dementia. The audit asks about staff trained in dementia awareness throughout the hospital (Tier 1 in England or Level 1) or in higher level skills (Tier/Level 2) for staff working on adult wards. **42%** (73/172) of hospitals audited in 2024 were unable to give Tier/Level 2 training figures, at either hospital or Trust level, as was the case in 2023. Per hospital, on average **77%** of staff were trained at Tier/Level 1 (median 92%), and **46%** were trained at Tier/Level 2 (median 45%).

Tier/Level 1

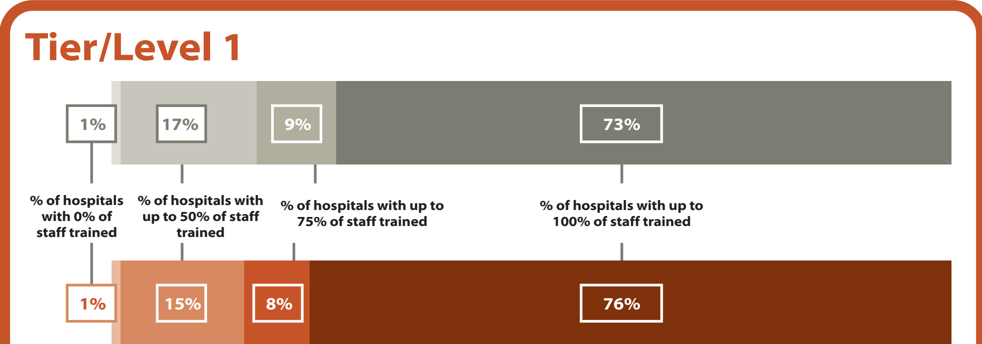


Fig 3. % of Staff Trained at Tier/Level 1 in Hospital/Trust

Fig 4. % of Hospitals/Trusts Able to Provide Any Training Figures at Tier/Level 1

Tier/Level 2

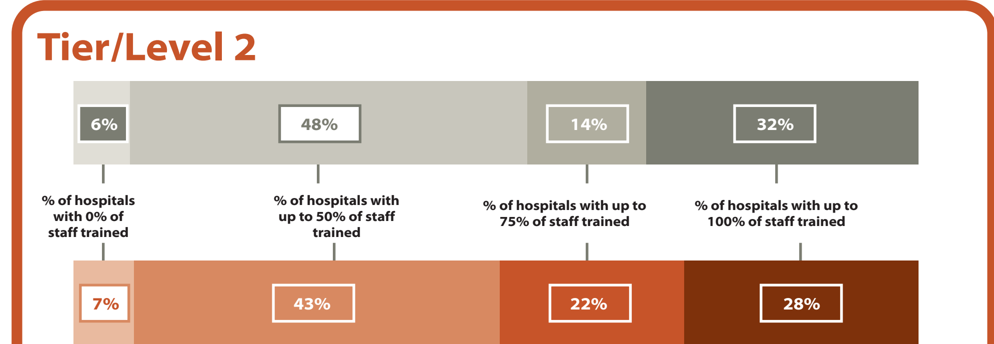


Fig 5. % of Staff Trained at Tier/Level 2 in Hospital/Trust

Fig 6. % of Hospitals/Trusts Able to Provide Any Training Figures at Tier/Level 2

Governance

Providing a Dementia Friendly Environment

The Dementia Friendly Hospital Charter (2018)[7]:

The care environment is comfortable and supportive, promoting patient safety, well-being and independence and people with dementia are enabled to find their way around the hospital.[7]

55% (95/172) of hospitals reported that environmental reviews had been carried out across the hospital (48%, 83/172) or all adult wards (7%, 12/172). This is a slight increase from 51% (85/168) in 2023. **153** hospitals in total reported review in at least part of the hospital. **75%** (114/153) of hospitals said that planned changes were completed or underway.

> ***Everyone is so nice and helpful and having a quiet room was so good to sit and talk to [RELATIVE] in comfort.***
>
> *CARER*

Providing Suitable Nutrition

The Dementia Friendly Hospital Charter (2018)[7]:

People with dementia and their family/carers will receive care that is person-centred and meets specific individual needs.[7]

Hospitals were asked how many of their hospital wards could provide meal alternatives (snacks or finger foods) for people with dementia who may not be able to eat full meals or at set meal times.

85% (143/168) of hospitals reported that all adult wards could provide both, as in 2023. **Five** hospitals **(3%)** reported that none of their wards provided either.

> ***Very often there were staff shortages so food was left on bedside tables so food became cold as some patients were unable to feed themselves.***
>
> *PATIENT*

More Information on Environment:

Patient Led Assessments of the Care Environment (PLACE) 2023[11]:
Dementia-friendly environments are a key reporting point in PLACE assessments, and acute hospitals assessed in 2023 achieved an average score of 82%.
The Enhancing the Healing Environment[12] programme provides free environmental assessment tools, downloadable as an app from University of Worcester.

See full breakdown of Casenote data in **Appendix VI.**

Delirium Screening and Assessment

The Dementia Friendly Hospital Charter (2018)[7]:

People with dementia and their family carers have access to an accurate assessment of their needs and care is delivered accordingly.[7]

People with dementia are at greatly increased risk of developing delirium during a hospital assessment[13], and NICE recommends that anyone at risk is assessed on presentation for changes in their mental state that may indicate delirium[14].

In 2024, **92%** (9020/9860) of patients audited had been screened for delirium, up from 87% in 2023 (9269/10642). **86%** (8467/9860) were screened within 24 hours of admission, increased from 81% (8605/10642).

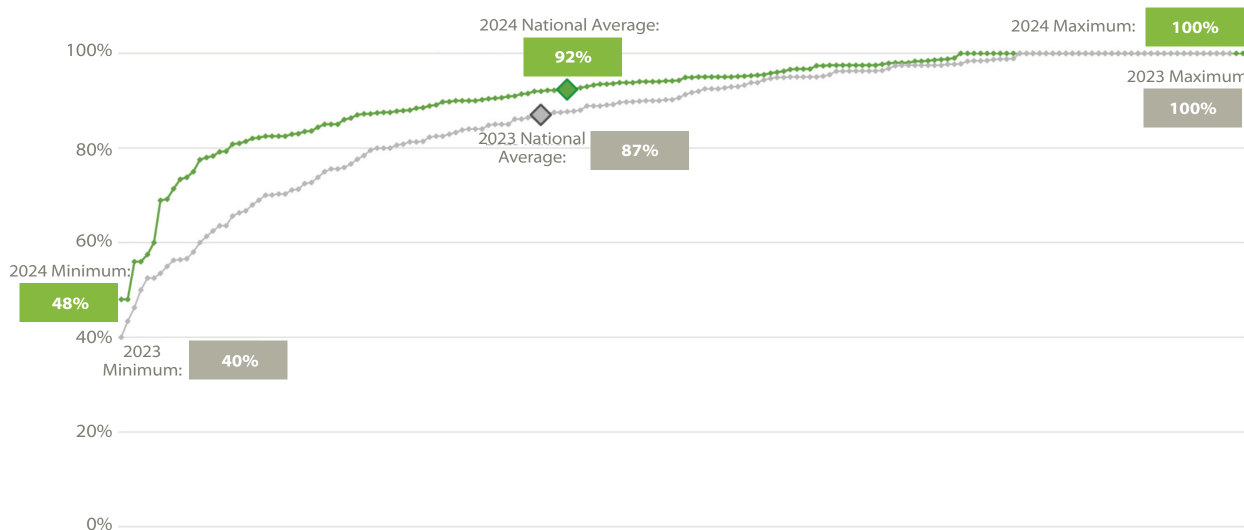


Figure 8. % of Patients Receiving an Initial Delirium Screen, by hospital

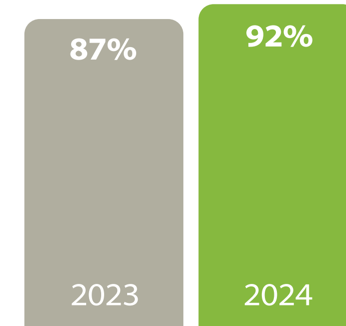


Figure 7. % of Patients Receiving an Initial Delirium Screen

These are significant increases and may reflect a focus on delirium in local quality improvement projects led by hospital dementia teams (see Quality Improvement). At a hospital level, the lowest result was **48%** of patients screened.

> ***The staff with the enhanced care team were very good with [RELATIVE], particularly when he had delirium.***
>
> *CARER*

Delirium Screening & Assessment

Delirium Screening and Assessment Tools

The audit asks about any form of screening used for delirium. The most frequently used is taking a collateral history from someone who knows the person. This can give valuable background information about when they started to experience changes in their mental state and how it affects them.

The most frequently used structured tool is the 4AT Rapid Clinical Test for Delirium Detection[4]. This is used across many different medical and surgical clinical pathways, as it is a short tool with only 4 questions. It can be used without special training and gives a score which indicates possible delirium/ cognitive impairment requiring further assessment.

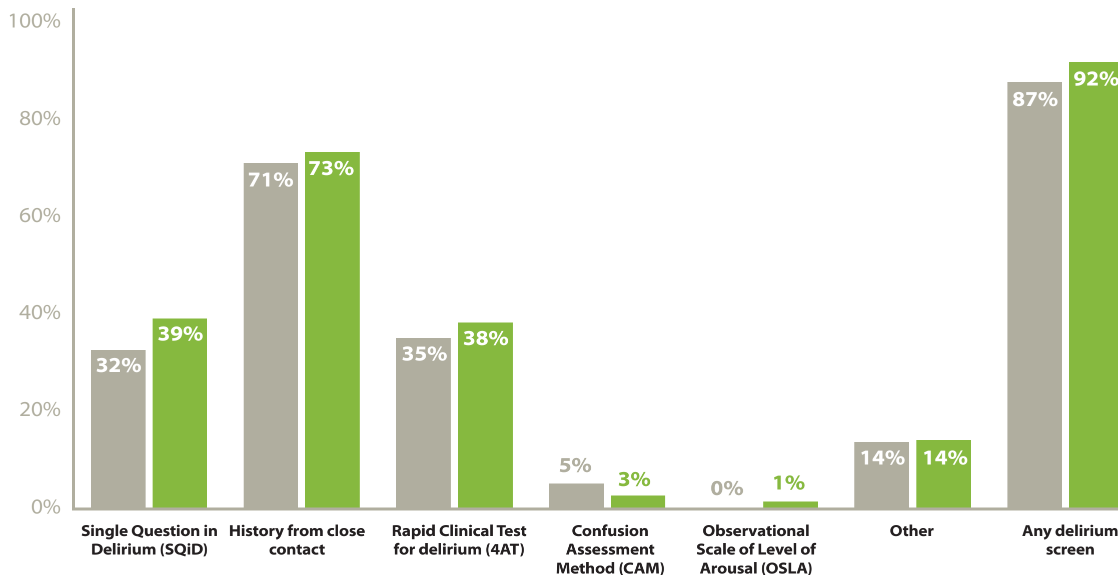


Figure 9. Breakdown of Delirium Screens Received by Patients

The breakdown in Figure 9 shows that patients may have more than one screen for delirium, either the Single Question in Delirium (SQiD) which asks about new confusion, or collateral history, plus a structured tool which produces a score such as 4AT, CAM or OSLA. 44% (4003/9020) of patients had a delirium screen using any type of structured tool. **17%** (1520/9020) of patients screened had both history taking and a structured tool.

Delirium Diagnosis and Management

50% (4388/8864) of patients screened had signs of possible delirium. Of these, **58%** (2551/4388) were diagnosed with delirium, and a further 25% had suspected but unconfirmed delirium.

Patients with delirium require a medical management plan, for further investigation and treatment, and a nursing care plan. 2024 results showed an increase in nursing care plans (**58%,** 2103/3637) but a decrease in management plans (see Appendix IV). This could relate to changes in the way the documents are compiled and classified as electronic records are introduced in hospitals.

Pain Assessment & Reassessment

See full breakdown of Casenote data in **Appendix VI**.

Pain Assessment

The Dementia Friendly Hospital Charter (2018)[7]:

> ***"People with dementia and their family carers have access to an accurate assessment of their needs and care is delivered accordingly. This should include: Personal needs including pain control".[7]***

Patients who have dementia should be assessed for pain using an appropriate measurement or tool upon admission. Some people with moderate to severe dementia may be unable to communicate and self-report pain. In such cases it may be untreated and cause distress to the patient.

The percentage of patients receiving any initial pain assessment increased significantly from 92% in 2023 (9623/10505) to **98%** in 2024 (9563/9784). There is a wide variation in the percentage of patients receiving a pain assessment within 24 hours of admission among participating hospitals, ranging from **48% to 100%** of patients, with an average of **93%.**

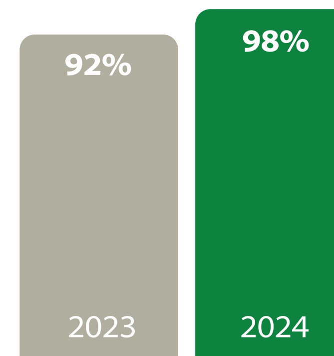


Figure 10. % of Patients Receiving an Initial Pain Assessment

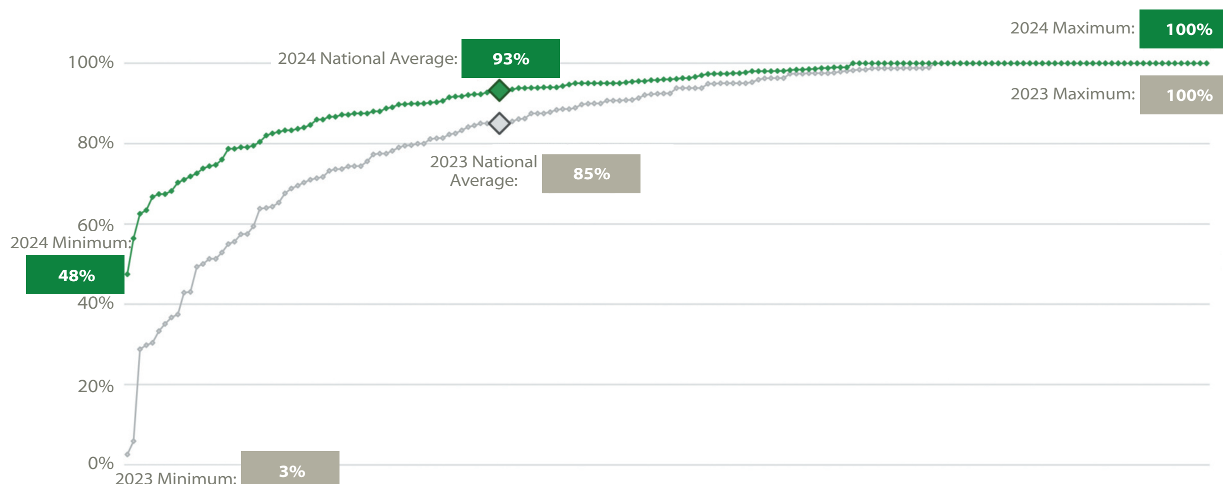


Figure 11. % of Patients Receiving an Initial Pain Assessment within 24 hours, by hospital

Pain Reassessment

Assessment for pain should be undertaken on admission, followed up with regular checks, and repeated as necessary. The percentage of patients receiving a pain reassessment within 24 hours of their initial assessment rose from 83% (7995/9623) in 2023 to **85%** (8159/9563) in 2024.

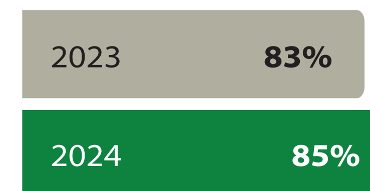


Figure 12. % of Patients Receiving Pain Assessment within 24 hours of their Initial Assessment

Pain Assessment & Reassessment

Structured Pain Assessment

Although 98% of patients received a pain assessment, the proportion of patients who received a structured pain assessment of any kind (**41%**, 3968/9784) is significantly less. In 2023, NAD recommended that Trusts ensure that staff are able to complete a comprehensive pain assessment using a structured tool, rather than just asking a question about pain. This is particularly important for patients with moderate to severe dementia[15].

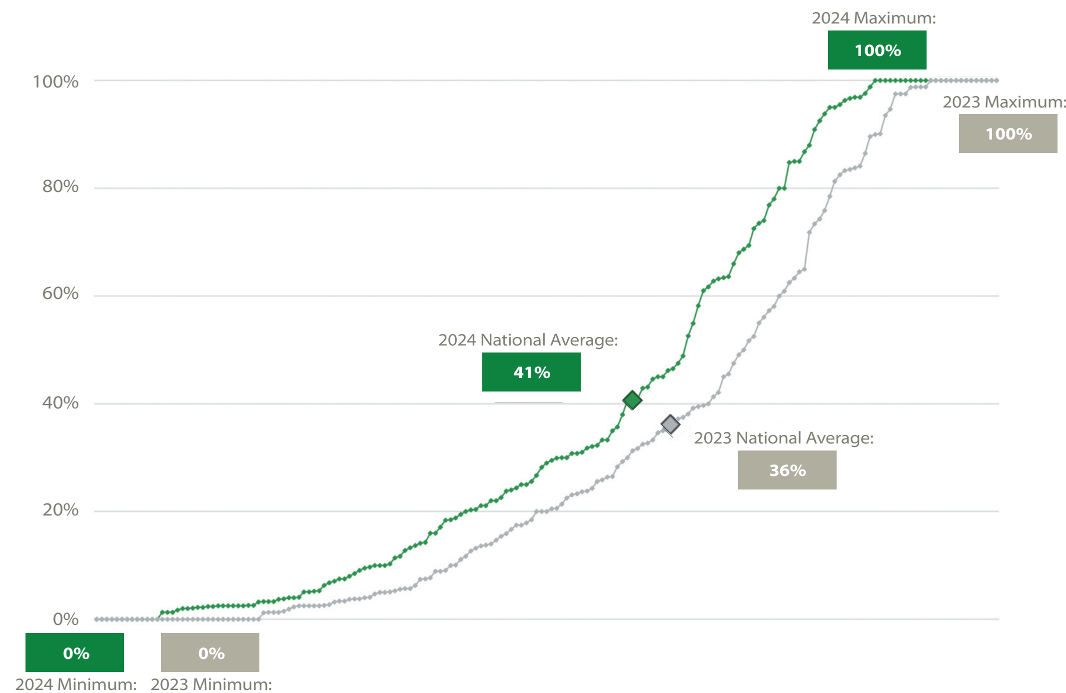


Figure 14. % of Patients Receiving a Structured Pain Assessment

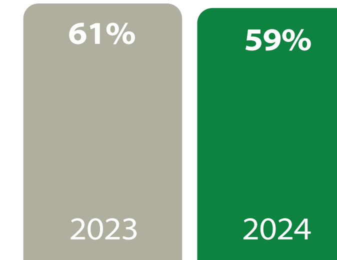


Figure 13. Patients Receiving Only a Question as a Pain Assessment

Patients Receiving Questioning Only

The percentage of patients who had questioning as their only pain assessment decreased from 61% (5880/9623) in 2023 to **59%** (5595/9563) in 2024. In 2024 there was a large variation in the use of a structured pain tool for assessment, ranging from **0% to 100%** with an average of **41%. 12 hospitals** used no structured pain tools while **24 hospitals** used structured pain tools for all patients.

> *...[RELATIVE] has never been given her pain relief, they said she never asked for it. She has dementia and could not ask. Why did the staff not know this as [RELATIVE] was on the ward for months.*
>
> *CARER*

See full breakdown of Casenote data in **Appendix VI**.

Discharge Planning

NHS Principles for Reducing Length of Stay[16]:

From the outset of a patient's admission, the team leading their care, plus the patient, their family and carers, need a clear expectation of what is going to happen during their stay. Reducing unnecessary patient waiting should be a priority.[16]

Identifying the required actions to prepare for discharge from the outset of a patient's admission helps to ensure a safe and planned discharge, enabling patients to be discharged from hospital without unnecessary delay[17].

The percentage of patients who had discharge planning initiated within 24 hours was very similar between 2023 (39%, 4118/10642) and 2024 (**40%**, 3936/9860).

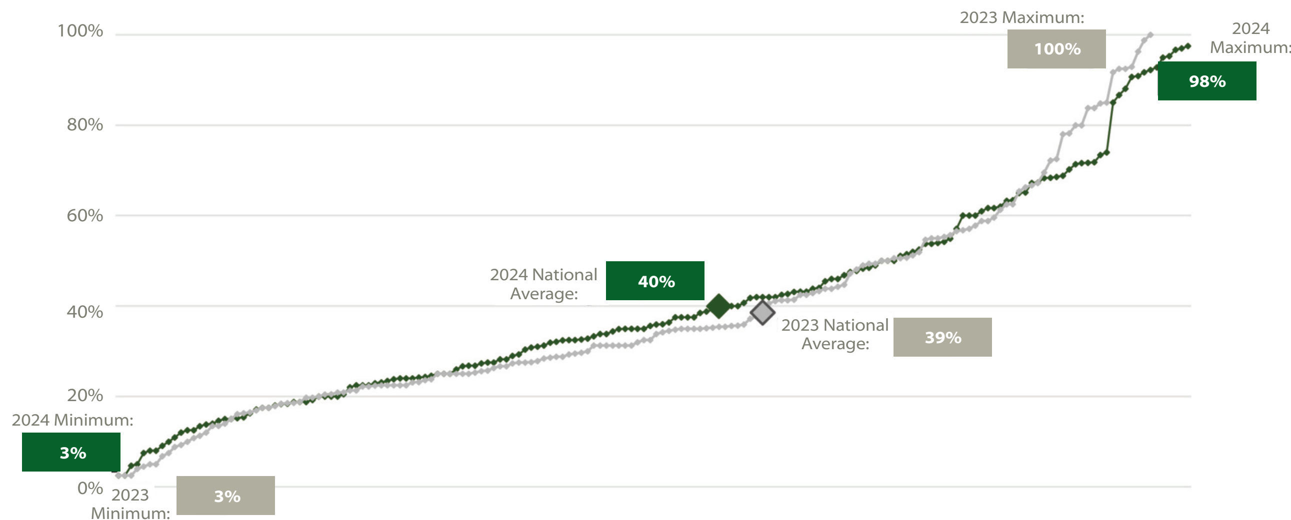


Figure 16. % of Patients with a Discharge Plan Initiated within 24 hours of Admission, by hospital

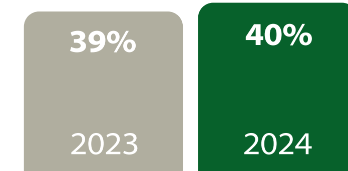


Figure 15. % of Patients with a Discharge Plan Initiated within 24 hours of Admission

The audit tool allowed respondents to indicate any reason why discharge planning was not initiated within 24 hours of admission (such as the patient awaiting assessment). When reasons are taken into account as 'not applicable', the percentage of patients with discharge planning initiated within 24 hours rises to **89%** (3936/4420).

The reasons provided for why discharge planning was not initiated within 24 hours can be found in Appendix IV.

> ***The discharge team is a real credit to the hospital.***
> *CARER*

Discharge Information

Length of Stay

Long hospital stays can lead to an increased risk of falling, sleep deprivation, catching infections and mental and physical deconditioning. Shorter stays can therefore lead to improved patient experience and outcomes[17].

As patients were identified prospectively in the casenote audit, 168 patients had not been discharged by the end of the data collection period. The length of stay data presented refer to the 9525 patients who had been discharged (8549) or who had died (976) during the data collection period. The median stay is unchanged at **10 days.**

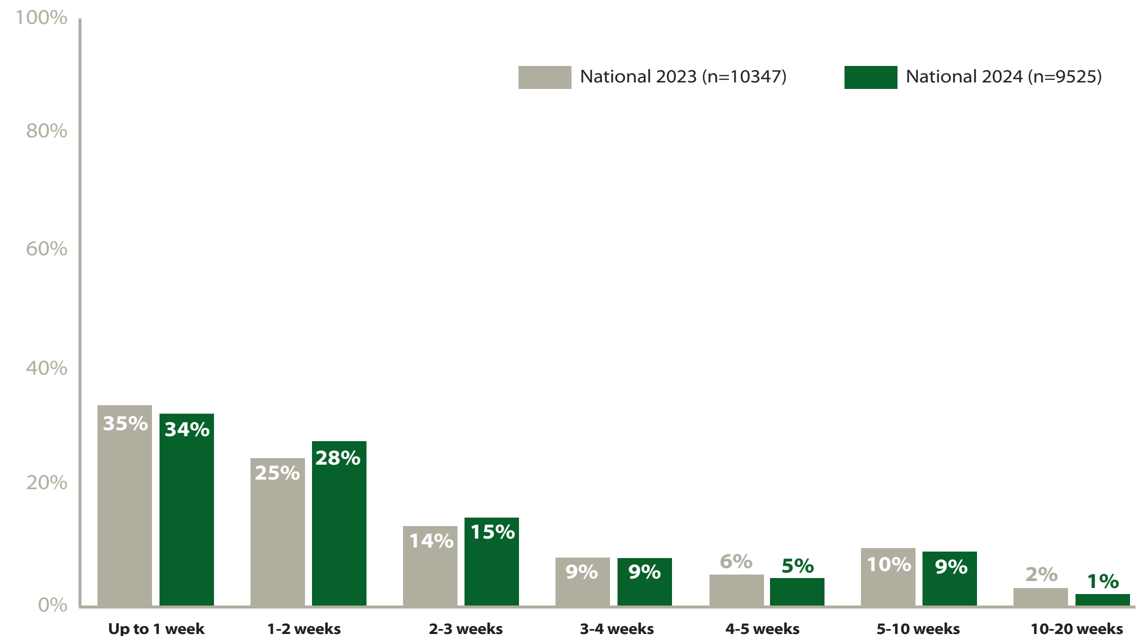


Figure 17. Length of Stay in Weeks

Change in Place of Residence/Care after Discharge

Looking at any change in a patient's place of care after discharge contributes to our understanding of whether patients have experienced a decline during their admission.

The change in place of care from a patient's own home or short-term care to long term care was similar in 2023 (13%) and 2024 (**12%**).

I was pressured into taking my [RELATIVE] home when he clearly was not well enough, and no care plan put in place. Consequently he was re-admitted less than a week after his discharge which caused him much more distress than was necessary!

CARER

High Impact Change Model: (HICM) Improving the timely and effective discharge of people with dementia and delirium into the community

The Better Care Fund (BCF) Support Programme has developed a national tool that captures the top 'high impact changes' to support health and social care systems to improve discharge, assessment, and commissioning of care in the community for those with dementia and delirium.

The BCF Support Programme provides support to health and care systems to deliver integrated care, funded by BCF since 2016, and a partnership of LGA, ADASS and Newton Europe.

Feedback from Carers

See full breakdown of Carer Questionnaire data in **Appendix VIII**.

Carer Questionnaire

The Dementia Friendly Hospital Charter (2018)[7]:

People with dementia and their families/carers are recognised as partners in their care. This includes: Choice and control in decisions affecting their care [and] support whilst in hospital and on discharge.[7]

The carer questionnaire has been used in this audit since 2017. It provides 2 scores on key areas of overall care quality and the quality of information and communication. Both scores increased from 2023 (see figure 19 & figure 20), having previously decreased between 2019 and 2023. 2381 carers of people with dementia responded to the carer questionnaire across 155 hospitals in this round. At a hospital level, overall care quality scores ranged from 48% to 94% and communication scores from 27% to 85%, suggesting very diverse patient and carer experiences in different hospitals.

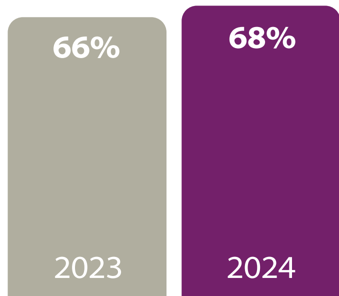


Figure 19. Carer Rating of Overall Care Quality

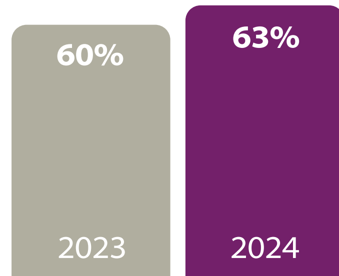


Figure 20. Carer Rating of Communication

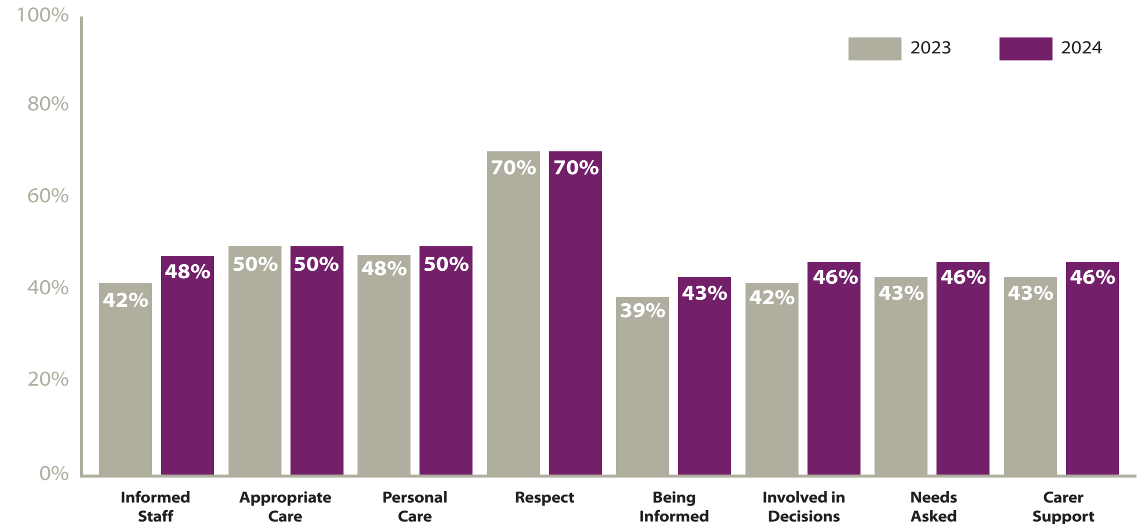


Figure 18. % of 'Yes, Definitely' Responses in Carer Questionnaire

Compared to 2023, results show a significant increase in 'yes, definitely' responses for hospitals having informed staff, and carers being informed about and involved in decisions (see Figure 18).

> ***Communication poor for relatives and constantly had to ask. Not enough staff on the ward to provide safe care for dementia patients.***
>
> *CARER*

> ***I think the care was very good. Someone was always checking on the people in the ward and making sure they were comfy.***
>
> *CARER*

Quality Improvement

The audit programme includes webinars led by our Quality Improvement consultant Maureen McGeorge, where participants can come together and share details of their local successes, challenges, and suggest improvements to the audit.

We asked audit leads to share details of their current QI work with us for this report, and summarise 2 case studies below:

Improving 4AT Delirium Assessment Compliance at Royal Derby Hospital

Jane Gregory, Senior Sister Dementia Team, University Hospitals of Derby and Burton NHS Foundation Trust

The Trust Dementia Team led a project to increase delirium screening for patients with dementia following results from NAD Round 5 in 2023 and their own local audit.

Challenges:

- Several electronic patient systems in use, 4AT not well placed
- Lack of awareness/education in the medical and nursing teams

Method:

- Appropriate location and signposting to the 4AT on the system
- Comprehensive programme of face to face and webinar-based training, with follow up Teams sessions
- New guidance disseminated online and via ward visits
- Improved Governance – Divisions monitor completion and report via Vulnerable Patient reportings

Results:

Improvement in delirium screening for patients with dementia to 94%, up from 60% in Round 5 (see Appendix I)

Dementia and Delirium Outreach Team (DDOT)

Emma Jones, Dementia Lead, South Warwickshire University NHS Foundation Trust

A new Dementia and Delirium Outreach Team aimed at supporting staff to improve results in a range of areas directly affecting patient care, including length of stay, pain assessment and discharge to long term care.

Method:

The DDOT began work with five Care of the Elderly wards in December 2023, and expanded activity to ward teams providing direct support for people living with dementia or experiencing delirium during admission.

The team also provides training in delirium, home-based delirium care for acute patients, and supports diagnosis of dementia from within the hospital.

Results:

- Length of stay – 20% reduction achieved by April 2024
- Discharge to new long term care placement – down by 10%
- It is projected that the DDOT activities will create productivity savings of 1,608 bed days

Warwick Hospital NAD results show improvement in pain assessment and discharge plan initiation (see Appendix I).

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National Audit of Dementia

The Royal College of Psychiatrists
21 Prescot Street
London, E1 8BB

https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia