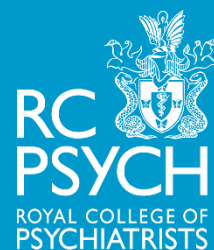




National Audit of Dementia
Care in General Hospitals
2022 – 2023 Round 5
Accessible Report



NAD
NATIONAL AUDIT
OF DEMENTIA

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Cover image: Kenzie H, aged 11. Artwork demonstrating Kenzie's personal expression of his great-grandfather with dementia; *"When my Grandma would come home from taking care of him, she would say all the things he could not remember, like people's names"*.

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The National Audit of Dementia (care in general hospitals) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales.

HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.

www.hqip.org.uk/national-programmes

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The Purpose of this Report

The National Audit of Dementia (care in general hospitals) reported for the fifth time in August 2023. This document is a shorter version of the national report's findings. It presents some of the main findings from the audit in a user-friendly way. Why the findings are important to people with dementia is detailed throughout the report. Recommendations related to these findings are also given in this report.

The full report for the fifth round of the National Audit of Dementia was published in August 2023, this can be downloaded [here](#).

How were people with dementia involved?

Our steering group includes representatives with experience of living with dementia or providing care for a person with dementia.

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Overview

Dementia is the umbrella term used for conditions and symptoms caused by illnesses which damage the brain. Symptoms vary but may include memory loss, difficulties with thinking, language and problem solving, as well as changes in mood and behaviour.

Being in hospital can be especially difficult for a person affected by dementia, who will be in an unfamiliar environment as well as having an illness or injury. Common reasons why people with dementia are admitted to hospital include falls, hip fractures, stroke, urinary tract infections, and respiratory infections.

Almost 1 million people in the UK have dementia, according to the latest figures published by Alzheimer's Research UK. This is 1 in every 11 people over the age of 65. This is predicted to rise to 1.1 million by 2030.

Improving dementia care is a national priority for health services in England and Wales. The Dementia Friendly Hospitals Charter provides guidelines for hospitals to make the experience of being in hospital better for people living with dementia. This Charter is supported by NHS England and is part of the All-Wales Dementia Care Pathway of Standards.

National Institute for Health and Care Excellence (NICE) guidelines are evidence-based recommendations for health and care in England and Wales. They help health and social care professionals to prevent ill health, promote good health and improve the quality of care and services. The guideline on dementia covers diagnosing and managing dementia (including Alzheimer's disease).

The questions we ask in this audit are designed to help hospitals understand if the care they provide is in line with a selection of the best practice standards in the Charter and NICE guidelines.

National Audit of Dementia

Round Five

The fifth National Audit of Dementia collected information in 2022 and reported in 2023.

178 (out of 191) acute general hospitals in England and Wales took part in this round of audit.

- 164 hospitals took part in England
- 14 hospitals took part in Wales.

Information collected from hospitals

10,642 casenotes of patients with dementia were submitted. A range of **25 – 270** cases were submitted per hospital.

Hospitals included patients with a dementia diagnosis or with probable dementia, who were admitted to hospital for at least **24 hours during September and October 2022**.

- Demographic and ward information
- Delirium and pain assessments
- Beginning to plan for when the patient leaves hospital

We did not ask for any personal information such as name, date of birth, address or postcode, to ensure that the information was anonymous.

169 (out of 178) hospitals submitted information about their organisation to produce an Annual Dementia Statement poster.

Hospitals received an Annual Dementia Statement including:

- Training provided for staff
- Support that hospitals had in place for people with dementia and their carers
- Hospital guidelines which support the care of people with dementia.

Carer questionnaires were given to the carers and family members visiting people with dementia in hospitals. **2,223 questionnaires** were collected from **160** hospitals.

The questionnaire asked about:

- Patient care
- Communication
- Support for the carer.

The information we share about Round 5 data is compared, where possible, with the information we published previously from [Round 4](#) (presented in 2019).

Key Findings and Recommendations

Assessments and Discharge Plans

87% of patients with dementia were examined to see if they had **delirium**.

92% of patients had an **assessment of pain**, and 92% had this assessment repeated.

61% of patients who had a pain assessment were **only asked a question** about being in **pain**, instead of assessment with a tool designed for people with dementia.

39% of patients had their **plan for discharge** (leaving hospital) started within their first day in hospital.

Recommendations for Medical Directors and Chief Nurses

Ensure that staff are trained and supported to use appropriate tools for assessing pain in patients with dementia.

Feedback from Carers

Compared to the previous round, carers for people with dementia who completed a questionnaire were less likely to give positive responses about the care given to someone living with dementia.

The score given by carers for overall care quality went down to **66%** from 72%.

The score given by carers for communication from staff went down to **60%** from 65%.

Recommendations for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for:

- looking at feedback from patients with dementia and carers and
- developing action plans for improving the experience of care.

Identifying when people with dementia are admitted to hospital

Hospitals do not have good systems for identifying admissions of people who are living with dementia. The totals of patients with dementia reported by each hospital varied very widely, from **33 up to 29,769**, or a proportion varying from **0-15%** of all admissions in a year.

This is such a huge variation that we do not think the figures we have been given so far are reliable.

Recommendation for Trust Chief Executive Officers

Ensure that there is a lead for dementia on the Executive Board who has responsibility for:

- Putting into place systems which can identify on admission people who have dementia.
- Making sure that the system can also collect accurate numbers of people with dementia who have falls, pressure ulcers, delays to discharge, readmission to hospital, or experiences of violence and aggression while they are in hospital.

Staff Expertise and Training

20 hospitals (12%) reported having no lead nurse for dementia.

80% of hospitals could provide figures on the number of staff who had **Tier 1** dementia training (dementia awareness level). Of the 80% of hospitals that provided figures, these ranged from **0-100%** of the staff in each hospital who were trained.

Only **58%** of hospitals could provide any figures for the number of staff with **Tier 2** training in dementia (knowledge, skills and attitudes).

Recommendation for Trust Chief Executive officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for:

- monitoring the proportion of staff who have received Tier 2 level training in dementia
- measuring how this affects care for patients.

Dementia Friendly Environment Review

36% of hospitals had reviewed the environment for the whole hospital.

15% of hospitals had reviewed all adult wards.

39% of hospitals had reviewed at least some of their wards.

11% of hospitals had not carried out a review, or did not know of one happening.

12% of hospitals had completed all the changes identified by their review.

Recommendation for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for regular review of the environment against standards for “Dementia Friendly” environments.

Personal Information Document

46% of patients in the bedside check had a document with their care needs, details, likes and dislikes kept at the side of their bed where staff could read the information to help them provide care.

Recommendation for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for making sure that personal information about care preferences and needs is collected and available at the bedside.

General recommendation for Integrated Care Boards (in England) and Welsh Government:

Regularly seek assurance from Trust Boards about actions they have taken on all the items above and the progress they have made.

Feedback from Carers

Why it matters:

Carers are usually family members or close friends of the person living with dementia who is admitted to hospital. They can provide important information about the person's preferences and needs to nurses and doctors. The questionnaire asks them about how well staff understand dementia, and details about provision of care and communication. It is important that the hospital supports carers and works in partnership with them.

Recommendations for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for:

- looking at feedback from patients with dementia and carers and
- developing action plans for improving the experience of care.

What we found from carer feedback

Round 4
(2019)

Round 5
(2022)

Percentage of carers who thought that hospital staff were well informed and understood the needs of the person they care for.

51%

42%

Percentage of carers who said that the overall quality of care the person they care for received while in hospital was 'very good'.

59%

50%

Percentage of carers who thought that the person they look after was given enough help with personal care from hospital staff.

59%

48%

Percentage of carers who were 'very satisfied' with the support they receive from the hospital to help them in their role as carer.

54%

43%

Percentage of carers who said that the overall quality of care was 'excellent' or 'very good'.

72%

59%

Percentage of carers who said that the person they care for was treated with respect by hospital staff.

78%

70%

Staffing and Training

Why it matters:

Staff involved in providing care and treatment require training in what dementia is and how it affects people, and in how to make the care they give person-centred to preferences and needs. In England Tier 1 training is awareness about dementia which all staff should have, and Tier 2 training is higher level knowledge and skills for staff who work regularly with people with dementia. In Wales these training levels are called Universal and Targeted. To ensure that staff are trained, it is important that there are leadership roles in the hospital with responsibility for dementia.

“

Unfortunately the ward in question didn't seem to have a clear understanding of dementia. [RELATIVE] was basically left to self care 24/7.

- **Feedback from a Carer**

”

Recommendation for Trust Chief Executive officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for:

- monitoring the proportion of staff who have received Tier 2 level training in dementia
- measuring how this affects care for patients.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals with at least one lead nurse for dementia.	New for Round 5	89%
Percentage of hospitals which were able to provide information about the total number of staff who had received Tier 1 dementia training.	New for Round 5	80%
Percentage of staff within hospitals who had received Tier 1 dementia training.	New for Round 5	76%

Only **58%** of hospitals could provide any figures for the number of staff with **Tier 2** training in dementia.

Personal Information Document

Why it matters:

Personal information documents or patient passports contain information about the person with dementia's preferences as well as care needs and life story, which supports staff in providing person-centered care. An example is the 'This is Me' document created by Alzheimer's Society. Hospitals were asked to carry out a spot check on a randomly selected 10 patients with dementia across 3 wards to see whether their personal information documents were at the bedside to be used by staff providing care.

“

'This is Me' booklet was [a] very helpful way to get down on paper my [RELATIVE] 's needs especially because he has a number of difficulties including hearing loss. [The booklet] was provided by the ward which was helpful.

- Feedback from a Carer

”

Recommendation for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for making sure that personal information about care preferences and needs is collected and available at the bedside.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals which were able to perform a bedside check	New to Round 5	91%
Percentage of patients with an up-to-date personal information document by their bedside	59%	46%

Monitoring Care of People with Dementia

Why it matters:

The Dementia-Friendly Hospital Charter recommends that hospitals have the right resources governance structures and systems that support staff to deliver care that is dementia-friendly. This includes the systems for monitoring care overall at hospital level. For example, it should be possible for hospitals to look at whether patients are having falls in hospital and to see how many of these patients have dementia.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals with systems to identify people with dementia who experienced a fall within the last year	New for Round 5	64%
Percentage of hospitals with systems to identify people with dementia who were readmitted within 30 days of discharge	New for Round 5	46%
Percentage of hospitals with systems to identify people with dementia who experienced a delayed discharge within the last year	New for Round 5	37%
Percentage of hospitals with systems to identify people with dementia who developed a pressure ulcer within the last year	New for Round 5	49%
Percentage of hospitals with systems to identify people with dementia who were involved in a violent incident within the last year	New for Round 5	58%

Assessment of Environment

Why it matters:

There is evidence that an environment that is calm and welcoming, well sign-posted and adjustable to people's needs is important in providing good care for people with dementia. There are free resources such as Enhancing the Healing Environment available for hospitals to use to review and make improvements to their wards.



Hospitals are NOT GOOD PLACES TO GET WELL. Noisy, too many bright lights, loud noises, loud voices etc.

- **Feedback from a Carer**

I appreciated the safe comfortable calm environment my [RELATIVE] was [as] an inpatient. A lot of this was due to the hardworking efforts of all the wards staff.

- **Feedback from a Carer**



Recommendation for Trust Chief Executive Officers:

Ensure that there is a lead for dementia on the Executive Board who has responsibility for regular review of the environment against standards for "Dementia Friendly" environments.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals which looked at the hospital or ward environment to see how well designed it was for people with dementia	53%	51%
Percentage of hospitals which looked at the hospital environment and had changes planned or underway	New for Round 5	68%

Identifying People with Dementia

Why it matters:

Being able to identify someone who has or may have a dementia condition as they are admitted to the hospital is important. It allows the doctors and nurses caring for them to plan and provide the right assessments, treatment, care and discharge planning during their admission. If the hospital does not have systems which support this, it means that the hospital also lacks the information needed for overall planning of care, training and resources.

“

No use of the butterflies [identification] system... as a family we felt we had to be there as much as possible.

- **Feedback from a Carer**

”

Recommendation for Trust Chief Executive Officers:

Trust Chief Executive Officers should Ensure that there is a lead for dementia on the Executive Board who has responsibility for looking at feedback from patients with dementia and carers and developing action plans for improving the experience of care.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals which were able to provide their total admissions within a year	New for Round 5	90%
Lowest number of total admissions	New for Round 5	11,186
Highest number of total admissions	New for Round 5	198,460
Percentage of hospitals which were able to provide their dementia admissions during the year	New for Round 5	89%
Lowest number of dementia admissions	New for Round 5	33
Highest number of dementia admissions	New for Round 5	29,769

Delirium Screening and Assessments

Why they matter:

Having dementia is the biggest risk factor for developing delirium, which is a very serious side effect of many illnesses and injuries and can be brought on by admission to hospital. It is therefore very important that all patients with dementia are “screened” with an initial very short assessment to see if they have any symptoms of delirium, with a full follow up assessment if there are any symptoms. Patients diagnosed with delirium should receive a medical management and nursing care plan.

“

Being on a busy ward with little rest from noise and artificial light has confused night and day and he is now distressed with delirium/sundowning.

- **Feedback from a Carer**

”

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of patients who received an initial screen for delirium during their stay	58%	87%
Percentage of patients who received an initial screen for delirium within 24 hours of admission	New for Round 5	81%
Percentage of patients who were screened and were diagnosed with delirium	New for Round 5	72%
Percentage of patients with a delirium diagnosis who received a delirium medical management plan	New for Round 5	93%
Percentage of patients with a delirium diagnosis who received a delirium nursing care plan	New for Round 5	50%

Pain Assessment

Why it matters:

People with more severe symptoms of dementia may be unable to describe pain or answer questions about pain, and are at risk of suffering from untreated pain unless they are properly assessed. NICE recommends a structured observational pain tool to assess pain, repeated as necessary.

“

[RELATIVE] given a bell to press if he was in pain, but having dementia meant he mostly forgot what it was for and I often visited the hospital to find him in pain.

- Feedback from a Carer

All of the ward staff, doctors and nurses were very professional and caring towards my [RELATIVE]. Ensuring he was kept pain free and comfortable at all times.

- Feedback from a Carer

”

Recommendation for Medical Director and/or Chief Nurse:

Ensure that staff are trained and supported to use appropriate tools for assessing pain in patients with dementia.

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of patients who received a pain assessment during their stay	85%	92%
Percentage of patients who received a pain assessment within 24 hours of admission	New for Round 5	85%
Percentage of patients who received a structured pain assessment	New for Round 5	39%
Percentage of patients who only received a question as a pain assessment	New for Round 5	61%
Percentage of patients whose pain assessment was repeated during their stay	New for Round 5	92%
Percentage of patients whose pain assessment was repeated within 24 hours of the first assessment	New for Round 5	83%

Leaving the Hospital

Why it matters:

Planning for discharge from the beginning of admission helps to ensure that everything is considered to help the patient leave hospital to their appropriate place of care.

NHS England Principles for Reducing Length of Stay say that early discharge planning is also important because it may help to make the stay in hospital shorter. This is particularly important for people with dementia as being in hospital can make confusion worse and cause distress.

“

The hospital put in place things to make sure my friend was discharged safely and with a package of care in place. They were fantastic really.

- **Feedback from a Carer**

I was contacted out of the blue and told my [AGE] [RELATIVE] would be discharged to a Travelodge...The discharge team did not take into account her night time needs and I was distraught

- **Feedback from a Carer**

”

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of patients that had a discharge plan initiated within 24 hours	76%	84%
Percentage of patients that had a named person or team to plan their discharge	85%	72%
Percentage of patients that had an expected date of discharge	New for Round 5	64%
Average number of days patients stayed in hospital for	11 days	10 days

Provision of Nutrition on Wards

Why it matters:

Weight loss is a common problem in people with dementia, who can experience problems with eating and drinking especially when unwell.

Helping to increase intake by providing finger foods which are easy to eat, and making snacks available so that people can eat little and often, can help to prevent people losing weight and support their recovery.

“

The dementia team always helped me at meal times.

- **Feedback from a patient**

I think there could be more assistance with feeding and drinking. The food and drink is just out on the table and left. Elderly people and those with dementia do not always understand how to eat.

- **Feedback from a carer**

”

What we found

	Round 4 (2019)	Round 5 (2022)
Percentage of hospitals with snacks available between meals	New for Round 5	95%
Percentage of hospitals with food that can be eaten without a knife and fork	New for Round 5	90%

Resources

A list of resources and links that are referred to in this report and provides more information about the audit's standards:

- National Institute for Health and Care Excellence (NICE). Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline [NG97] June 2018 [Accessed 25 April 2023]. <https://www.nice.org.uk/guidance/ng97>
- National Institute for Health and Care Excellence (NICE). Delirium: prevention, diagnosis and management in hospital and long-term care. [1.1 Think Delirium]. Updated January 2023 [Accessed 25 April]. [Recommendations | Delirium: prevention, diagnosis and management in hospital and long-term care | Guidance | NICE](#)
- John's Campaign [online]. [John's Campaign \(johnscampaign.org.uk\)](http://johnscampaign.org.uk)
- Royal College of Psychiatrists. Carer Questionnaire [online]. [Carer Questionnaire - online translated versions | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)
- National Audit of Dementia Care in General Hospitals Round 5 National Report. [Layout 1 \(rcpsych.ac.uk\)](#)
- National Audit of Dementia Care in General Hospitals Round 5 Key Metrics Spreadsheet. [nad---appendix-xi---hospital-level-results---key-metrics-and-carer-questionnaire.xlsx \(live.com\)](#)