



National Audit of Dementia

UPCARE: Programme name - please do not change this field.*	National Audit of Dementia
Workstream name (if applicable) - please do not change this field.*	Not applicable
Contract status	Ongoing
Audit or non-audit	Audit
HQIP commissioned*	Yes
HQIP AD	JC
HQIP PM	NP
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Dementia
1.3a Healthcare setting*	NHS secondary or tertiary care; Other (please describe in next question)
1.3b If you selected 'Other' above, please provide details.*	Audit in general hospitals - this audit collects data from general hospitals in England and Wales Spotlight audit in memory services - this audit collects data from community based memory assessment services in England and Wales
1.4 Inclusion and exclusion criteria*	Audit in general hospitals - Hospitals eligible to participate in NAD provide acute care to adults including older adults on more than one of their wards.

Audit in memory services - community based memory services in England and Wales

1.5 Methods of data submission*	Extraction from existing data source(s)
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	To be determined
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	N/A
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	To be determined
1.7 Data flow diagram	data-flow-chart---nad---28-february-2024.pdf (rcpsych.ac.uk)
1.8 Data quality & analysis plan	<p>Please note: the following applies to previous rounds of audit. Metrics are in development for future rounds in general hospitals and in dementia diagnostic services and this section will be updated.</p> <p>General hospitals: Audit tools were piloted in 20 sites across England and Wales in 2021. Questions in all online forms are made mandatory to complete, or routing used to ensure that questions which are not applicable are not answered. (E.g. Where it is reported that a patient had died during admission, the form will not allow them to complete the section on discharge).</p> <p>Comments in the carer questionnaire are examined and any identifying information removed as they are entered. Serious incidents reported in comments which indicated an ongoing problem that the hospital should be informed about immediately, will be fed back during data collection, with anonymity preserved. All comments will be fed back to participating hospitals as soon as initial cleaning is complete so that they can immediately address issues identified.</p> <p>Case adjustment</p> <p>For previous rounds of audit, the Project Team explored the influence of sample demographics on hospital results. For example, the impact of gender, age and ethnicity on scores have been examined. Comparing the unadjusted and adjusted hospital scores, the differences were very small. This meant there were no meaningful adjustments to be made and therefore, all scores were left in an unadjusted format. This will be tested again for Round 6 data analysis.</p> <p>Changes made to the data</p>

During the process of quality assuring the data received, changes may be made: • Across all audit tools, when it is possible to confidently identify data errors in comments returned, responses will be changed, and this change recorded. Where it is not possible to identify an error with complete confidence, no change is made. • Duplicates identified in datasets will be removed. • Where comments show that there was no diagnosis of dementia (i.e. where a coding error had been made), casenotes will be removed. • Where it was indicated that patients had not been admitted for the specified period (24 hours+) and the hospital cannot confirm a length of stay of more than 24 hours, casenotes will be removed. • Where two answers are selected on any paper versions of questionnaires, the more moderate response option will be selected. For example, where a respondent selected both “yes, always” and “yes, most of the time”, the latter will be entered onto the data collection system. This reflects the fact respondents felt unable to confidently select the more positive response option only. • All identifying information in comments will be removed from carer/ patient questionnaires. • Items will be removed from reporting where analysis or expert advice indicates that the data is not of sufficient quality.

Quantitative data cleaning and analysis is completed in IBM SPSS Statistics 21 by the Project Team. Qualitative data analysis is completed in Microsoft Excel using pre-agreed coding frameworks (informed by the data) and cross-checked by coders.

Spotlight audit: The tool used for the memory services audit has been implemented in 3 previous rounds, including a national audit (England) in 2019, and the current round is a repeat of the audit carried out by National Audit of Dementia in 2021.

Inter-rater reliability The audit has asked services to re-audit five casenotes from the submitted sample using a second auditor so that matching casenotes could be compared for reliability

1.9 Outlier policy

Outlier policy

The outlier policy for Round 6 audit in general hospitals can be found at

[r6-outlier-protocol---nad---28-february-2024-pdf.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/audit-and-quality-improvement/audit-and-quality-improvement-reports/round-6-outlier-protocol---nad---28-february-2024-pdf.pdf)

Two items for outlier analysis were selected by the Steering Group for Round 6 of the audit as of clinical significance and likely to provide sufficient reliable data for analysis.

Assessment: Initial delirium assessment (screen) • Assessment: Pain assessment •

Outliers have been identified as those at three standard deviations (SD) from the mean.

The outlier policy is informed by the Healthcare Quality Improvement Partnership and Department of Health guidance on outliers.

2.2 Process measures

Links to all tools for the previous round of audit in general hospitals can be found here: <https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-dementia-round-6>

Key QI items, casenote audit:

1. Delirium screening and assessment 1.1 At presentation assess people with cognitive impairment and/or dementia for recent changes or fluctuations in behaviour with may indicate delirium (CG103). 1.2 If behaviour changes are present, a healthcare professional who is trained and competent in diagnosing delirium should carry out a clinical assessment to confirm the diagnosis (CG103).
2. Pain assessment 2.1 Pain is assessed using an appropriate measurement or tool including self-reported pain and/or structured observational pain assessment tools (NG97).
3. Discharge Planning initiation within 24 hours 3.1 Principle 1: Plan for discharge from the start (NHS England: Reducing Length of Stay) Key QI items, Annual Dementia Statement:
4. Availability of personal information to support care 4.1 Use a structured tool to assess the views and preferences, likes and dislikes, routines and personal history of a person living with dementia. (NG97) Key QI items, Carer questionnaire
5. Carer rated quality of care and communication 5.1 The person living with dementia and their family members or carers (as appropriate) are provided with oral and written information about the condition (NG97). 5.2 After diagnosis, the person with dementia and their family members or carers (as appropriate) should be signposted to relevant support services. 5.3 People with dementia and their families/carers are recognised as partners in their care. This includes choice and control and decisions affecting their care and support whilst in hospital and on discharge. (Dementia friendly hospital charter, Partnership).

Links to data collection tools for the previous spotlight audit in community-based memory services can be found here:

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-dementia-round-6/national-audit-dementia-round-6>

Key QI items: 1. Time from initial referral to diagnosis (MSNAP 96.17,48 The diagnosis is given with the locally specified target timeframe, unless any further specialist assessments or investigations are required, or other circumstances cause delay. Reasons for delay are recorded and monitored Guidance: In England, the requirement is within 6 weeks of referral. In Wales, the requirement is within 12 weeks of referral. Investigations such as blood tests and brain scans would be considered routine rather than specialist).

2.3 Organisational measures

General hospitals:

In Rounds 5 and 6, the audit collected organisational items which will produce for each hospital a report of a series of statements, to be known as the Annual Dementia Statement. This shows:

Proportion of admissions with dementia

Aggregated information derived from process measures above (e.g. % patients screened for delirium)

Proportion of people with dementia with collated personal information in place

Percentage of falls involving people with dementia

Percentage of readmissions involving people with dementia

Percentage of pressure ulcers (newly acquired in hospital) involving people with dementia

Percentage of incidents recorded as involving violence or aggression involving people with dementia

Dementia Strategy Group and frequency

Number of lead nurses for dementia employed by TRUST (WTE)

Number of consultant physicians who are specialists for dementia employed by TRUST (WTE)

Number of allied healthcare professionals who are specialists in dementia working in TRUST (WTE)

Percentage of all staff employed by hospital OR Trust who have received Tier 1 dementia training (awareness level)

Percentage of staff working on adult wards OR across Trust who have received Tier 2 dementia training (knowledge, skills and attitudes for staff in regular contact with people living with dementia)

Percentage of staff working on adult wards OR across Trust who have received Tier 3 dementia training (enhanced knowledge, skills and attitudes for staff who are experts in working with people living with dementia)

Contractual with external providers (for services such as catering and security) to provide their staff with dementia awareness training, where staff come into contact with people with dementia

Percentage of adult wards where finger foods are available as a meal option

Percentage of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement

If the physical environment within the hospital been reviewed using an appropriate tool (for example, King's Fund Enhancing the Healing Environment; Patient Led Assessment of the Care Environment etc.) to establish whether it is 'dementia-friendly'/ whether environmental changes based on the review are complete

Spotlight audit in memory assessment services:

Total number of patients completing the pathway to diagnosis between 1st January and 31st August 2023

If service is accredited with the Memory Services National Accreditation Programme (MSNAP)

Organisation providing the memory service

Named research champion / lead

Named lead for young onset dementia

Are CT and MRI scans reported by neuroradiologists

Able to view scan images (e.g. using medical imaging technology such as PACS)

Is attending imaging appointments facilitated by the memory service

Able to refer patients for scans (PET/DAT/CSF/SPECT)

Opportunities for joint working (Neurology/Neuroradiology/Gerontology/Parkinson's disease clinic)

Post diagnostic follow up service

Provide or offer Cognitive Stimulation Therapy (CST)

2.5 Patient reported experience measures

General hospitals:

Between 2022 and 2024, the audit used a patient survey tool. This is a flexible tool which can be used as a questionnaire or as a semi structured interview tool.

This includes questions relating to key topics of:

- Communication
- Staff knowledge/awareness of dementia
- Time available to provide care
- Knowing/using personal information about the person
- Comfort/pain
- Food quality
- Ability to see visitors
- Overall question about care quality

Part of the work of the audit in 2025 is to evaluate different methods of collecting data from people with dementia and carers, and the successful work to date in collecting feedback from people with dementia will be part of this evaluation.

2.6a Do measures align with any of the following sources of evidence (select all that apply)

NICE clinical guideline; NICE quality standard; Professional society; Royal College; Other (please describe in next question)

2.6b Evidence supplemental information

Expert opinion - experts in healthcare provision and experts-by-experience are consulted via the Steering Group and sub group about the content and phrasing of questions, responses and guidance

3.1 Results visualisation	Annual report; Static data files; Interactive online portal (run charts available)
3.2a Levels of reporting*	Hospital or specialist unit; National; Other (please describe in next question)
3.3 Timeliness of results feedback	Within 1 year; Within 3 months
2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	08/14/2023 - 01/03/2024
Dataset #1 name	Casenote Audit
Dataset #1 type*	Clinical audit
Dataset #1 population coverage*	Sample of eligible patients
Dataset #1 items collected (n)	36
Dataset #1 use of existing national datasets	N/A
Dataset #1 specification	nad6-casenote-audit-part-one.pdf (rcpsych.ac.uk) nad6-casenote-audit-part-two.pdf (rcpsych.ac.uk) nad6-casenote-audit-part-three.pdf (rcpsych.ac.uk)
Dataset #2 name	Carer Experience Survey
Dataset #2 type*	Survey (carer and/or staff)
Dataset #2 items collected (n)	10
Dataset #2 items from existing national datasets (n)	N/A
Dataset #2 use of existing national datasets	N/A
Dataset #2 specification	Rounds 3, 4, 5 and 6 of the audit included a carer questionnaire independently developed for the audit by the Patient Experience Research Centre at Imperial College. The carer questionnaire asked carers about the care of people with dementia, communication with hospital staff and support for the carer. There was

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

[Carer Questionnaire - online translated versions | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/Carer-Questionnaire-online-translated-versions)

Dataset #3 use of existing national datasets	N/A
Dataset #4 name	Organisational Checklist
Dataset #4 type*	Organisational audit
Dataset #4 items collected (n)	37
Dataset #4 use of existing national datasets	N/A
Dataset #4 specification	ads-proforma-guidance-june-23.pdf (rcpsych.ac.uk)
When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).	09/16/2024
When were your clinical performance indicators (referred to as metrics) signed off by funders? Please	09/05/2023

upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).

National report publication date (within calendar year 01/01 - 31/12/2023)*

10 August 2023

Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*

National Audit of Dementia care in general hospitals planned publication 12 December 2024

Memory Assessment Services spotlight audit planned publication date 8 August 2024

Planned national report publication date (within calendar year 01/01 - 31/12/2025)*

To be determined

Planned national report publication date (within calendar year 01/01 - 31/12/2026)*

To be determined

Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).

02/04/2025

Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

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

Files

20241202NationalAuditDementia_careingenerallhospitals_metrics.xlsx

NAD Healthcare Quality Improvement Plan September 2024.docx

