

National Audit of Dementia
Care in General Hospitals
Report for Wales on Rounds 5&6
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Front Cover: Artwork is by NAD patient representative George Rook.



Key Findings

Delirium Screening

92%

patients received an initial delirium screen in Wales.

Up from **87%** in 2023

92%

patients received an initial delirium screen across **England and Wales.**

Pain Assessment

49%

patients received a structured pain assessment in Wales.

Up from **35%** in 2023

41%

patients received a structured pain assessment across **England and Wales.**

89%
2023

96%
2024

Patients who received any type of pain assessment in Wales, increased to **96%.**

98%

patients received any pain assessment across **England and Wales.**

Discharge Information

26%

patients had a discharge plan initiated within 24 hours in Wales

Up from **20%** In 2023

40%

patients had a discharge plan initiated within 24 hours in **England and Wales.**

2023 **17 days**

2024 **15 days**

Median length of stay reduced to **15 days** in Wales

Median length of stay in **England and Wales** is

10 days



Key Findings

Feedback from Carers

59%
2023

64%
2024

Rating for **overall care quality** improved to **64%** in Wales.

Rating for overall care quality in **England and Wales** is **68%**

67%
2023

73%
2024

Rating for **quality of communication** improved to **73%** in Wales.

Rating for quality of communication in **England and Wales** is **63%**

Identifying Patients with Dementia and Staff Training Figures

Figures were returned by only **4 hospitals** in Wales for **people with dementia admitted in a year** and these are unlikely to reflect the true proportion.

In 2023 and 2024 we found **8 hospitals** in Wales that could provide any **information about their level 1** (informed training) for staff.

Personal Information Document

38%
2023

36%
2024

Proportion of patients with a **personal information document** decreased to **36%** in Wales.

55%

patients had a personal information document by their bedside in **England and Wales.**



Key Metrics Summary

Key Metrics	R6 National	R6 Wales	R5 Wales
% Any delirium screen (inc. noted on admission)	92%	92%	87%
% Any pain assessment	98%	96%	89%
% Any pain reassessment	85%	93%	93%
% Pain tool – question only	59%	51%	65%
% Initiation of discharge plan in first 24 hours	40%	26%	20%
Median Length of Stay	10 days	15 days	17 days
Key Metrics	R6 National	R6 Wales	R5 Wales
% Patients with dementia with up-to-date personal information document	55%	36%	38%
Carer Communication Score	63%	64%	59%
Overall Carer Rating of Care Quality	68%	73%	67%



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Foreword

Dementia is a national priority in Wales and work continues on a national programme of dementia care.

The [Dementia Pathway of Standards](#) and the Dementia Friendly Hospital Charter for Wales both have a focus on improving the care and experience of people living with dementia in hospital, with work taking place across all regions of Wales.

The National Audit of Dementia Round 6 adds to the picture of dementia care in hospitals and this information can give a renewed focus to areas of improvement on a local, regional and national level.

Work is currently taking place to align the national audit of dementia results with health boards and trusts so that improvement projects and initiatives are shared across Wales with a focus on capturing meaningful data and outcomes for people living with dementia.

Dr Anna Kuczynska

Senior Medical Officer for Primary Care, Mental Health, Substance Misuse & Vulnerable Groups Division/ Uwch Swyddog Meddygol Grwpia Iechyd Meddwl, Camddefnydd Sylweddau, Anableddau Dysgu ac Agored i Niwed

**Primary Care and Mental Health Group / Grwp Gofal Sylfaenol ac Iechyd Meddwl
Welsh Government/ Llywodraeth Cymru**



Graphic from The All Wales Dementia Pathway of standards, contains 20 standards wrapped around the person, showing the hospital charter standards



Overview

The National Audit of Dementia (NAD) measures the performance of general hospitals in 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, and the Dementia Friendly Hospitals Charter.

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. ([National Institute for Health and Care Excellence](#)).

Dementia care continues to be a national priority in Wales. The [All Wales Dementia Care Pathway of Standards](#) 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.

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

For Rounds 5 and 6, hospitals were 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, Round 6 sampling requirements were reduced slightly. We are very grateful to the dementia leads and teams who worked hard to return data to update knowledge about hospital care in Wales. Hospitals also collected organisational information in the form of an Annual Dementia Statement, and feedback from carers and people with dementia.

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 is restated in the [Round 6 National Report](#) as a **continuing priority area for improvement**.

Key **recommendations** in the National Report 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. Each participating hospital has received a local report with their own data and national data, and the [audit key metrics spreadsheet](#) shows results from each hospital benchmarked against the national results. Comparisons between data for Wales and regions in England can also be found in the [Regional Report](#), with a full breakdown of all data received from hospitals in Wales.



Method

Data collection Wales Round 6

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

14 participating hospitals identified 652 patients within the audit period, and selected a total of 573 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

11 hospitals submitted over 25 casenotes and received local reporting

Annual Dementia Statement

13 hospitals submitted organisational information for their Annual Dementia Statement.

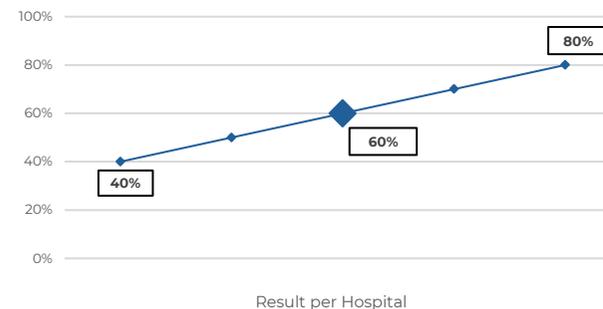
Feedback from Carers

170 questionnaire responses were returned from 7 hospitals.

Hospital Participation

Please see main National Report [Appendix X](#).

Example Hospital Level Graph



Identifying People with Dementia

Identifying people with dementia on admission

The [Dementia Friendly Hospital Charter for Wales](#) sets out in its Vision Statement the importance of partnership working between the person living with dementia, hospital staff, the person's carers, family and supporters. It goes on to stress the need for seamless transition between the person's home and care settings.

The National Audit of Dementia has [found](#) that hospitals are not well provided with systems to identify when a person living with dementia is admitted to hospital.

Table 1. Reported Total Admissions Figures

Wales Admission Figures	2023 (n=10)			2024 (n=4)		
	Min	Max	Median	Min	Max	Median
Admission within a year	12534	65044	36906	27766	57086	32734
Admissions with Dementia within a year	446	2775	1053	368	917	497
% of Admissions with Dementia	2%	9%	2%	1%	2%	2%

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 for admissions of people with dementia

In 2024 4 hospitals in Wales provided us with information on total adult admissions within a year, including total number of people with dementia admitted. The proportions for people with dementia obtained are very low and do not reflect predicted admissions or age profile. As in the total England and Wales Audit dataset, we cannot claim that totals shown for 2024 reliably report the number/proportion of patients with dementia admitted to general hospitals. This was highlighted as an area of continuing Priority for Improvement in the Round 6 National Report.



Monitoring Care Provision

Monitoring Adverse Events

The Dementia Friendly Hospital Charter for Wales:

Systems are in place to support continuous improvement in the quality of care for people with dementia and their carers whilst in hospital. This should include information given to people in a dementia friendly way and that the hospital adopts ways of working that support staff to deliver care that is dementia friendly.

Acute hospitals use many 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 of these adverse events, and to plan best 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 can show whether people with dementia are more greatly impacted, and assists in risk management and better care planning for people with dementia.

“Communication wasn't there. We have to attend daily to make sure he is on an appropriate mattress. He has developed sores which will take time to heal... The ward is crazy - patient can't rest.” – *Carer*

“...has had a number of medical issues since he has been at the hospital, and all have been addressed quickly and appropriately” - *Carer*

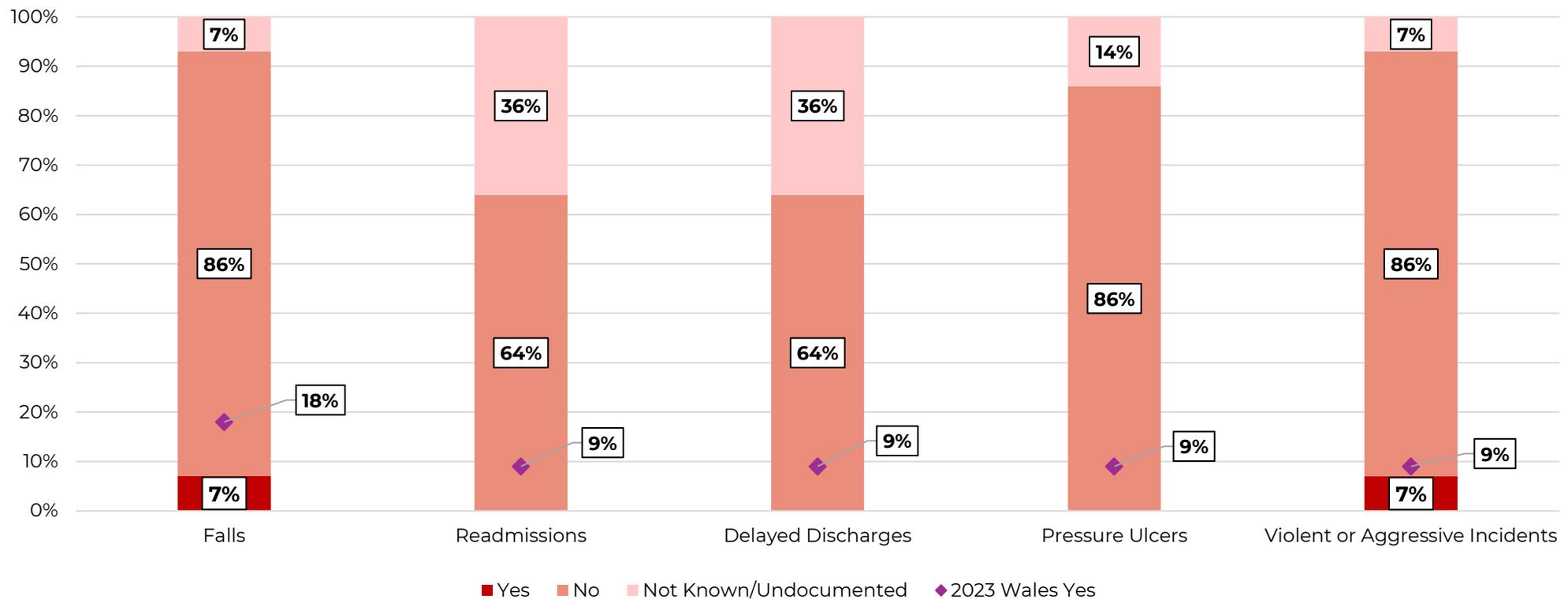


Monitoring Care Provision

Monitoring Adverse Events

For the audit we asked hospitals in Wales about whether their monitoring systems could provide information on the proportion of patients with dementia affected by falls in hospital, readmission within 30 days, delayed discharge, new pressure ulcers, or incidents involving violence or aggression. For the most part hospitals reported that their systems could not do this or that they did not know, with one hospital reporting that they could report on patients with dementia affected by falls, and incidents involving violence or aggression

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



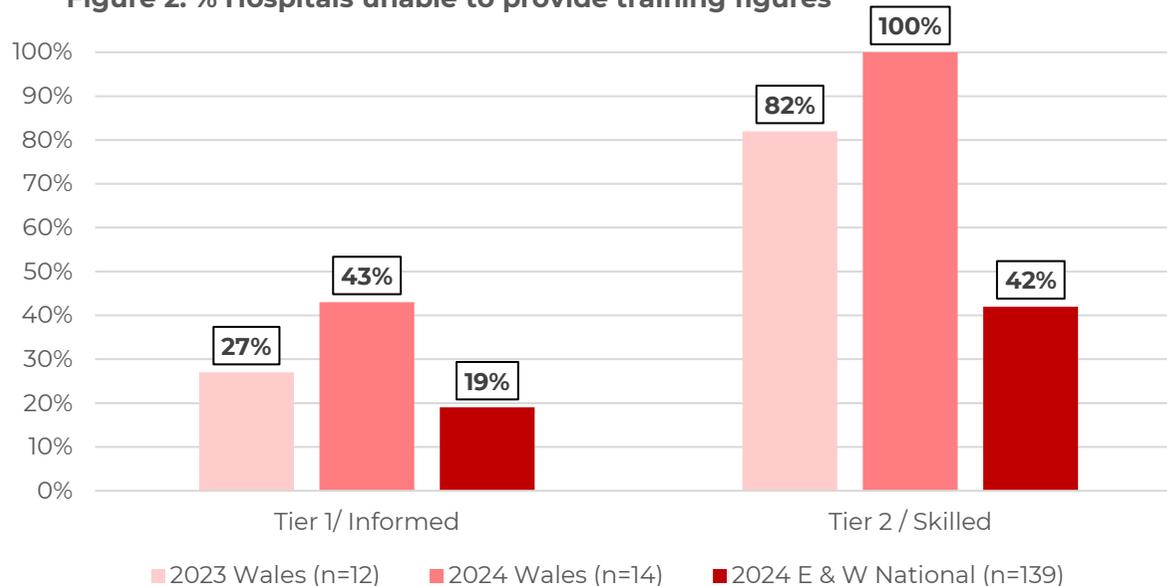
Staff Training

The Dementia Friendly Hospital Charter for Wales:

Staff at all levels are given permission and encouragement to make a difference to shape good care. The learning and development of staff in dementia care is important and opportunities to undertake training are valued, supported and invested in.

The **National Dementia Vision for Wales** sets out the importance of supporting the NHS Wales workforce to ensure they have the knowledge, skills and values they need to provide the best care and support for patients with dementia. These are captured within the [Good Work Dementia Learning and Development Framework](#). This document describes key learning and development topics related to care of people with dementia under the headings, Informed, Skilled, and Influencer. The headings are broadly comparable to the Learning Tiers 1, 2 and 3 of the [Dementia Training Standards Framework](#) in England.

Figure 2. % Hospitals unable to provide training figures



Over successive rounds of audit, the National Audit of Dementia has asked hospitals in England and Wales to provide information about the percentage of their staff who have received dementia care training. Unfortunately at this point, these figures are not captured centrally within Trusts and Health Boards so at this point the audit cannot provide details on the extent of training provision. Figure 2 shows that in 2024, of 14 participating hospitals in Wales, 8 had figures on percentage of staff with Informed training, but none on Skilled training.



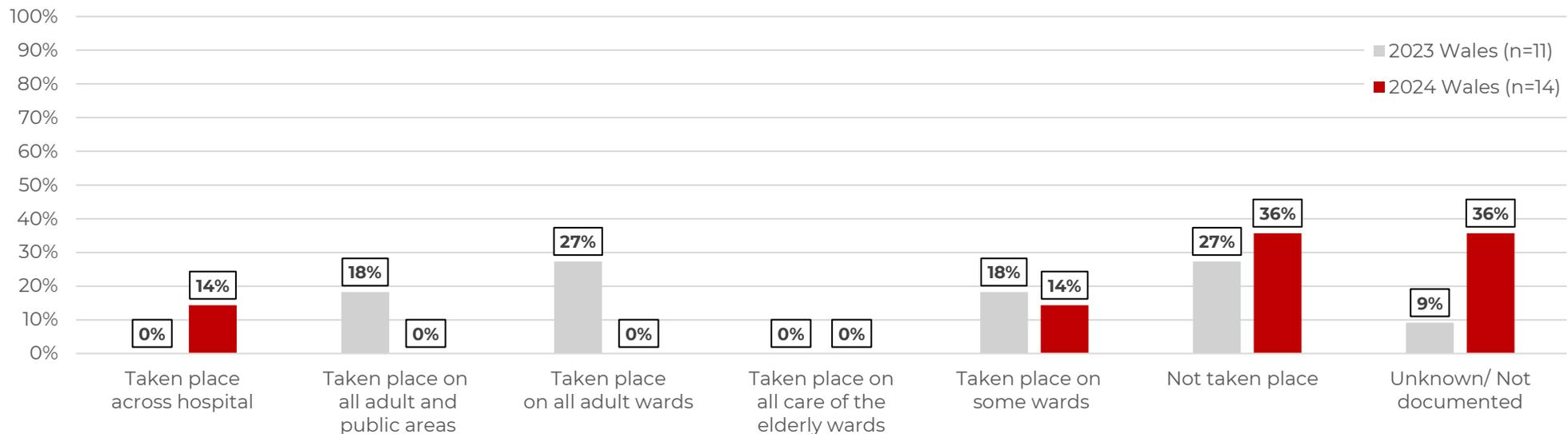
Environment

The Dementia Friendly Hospital Charter for Wales :

The environment is comfortable, empowering and promotes independence. The environment encourages usual mobility, activity and social interaction. Hospital planning and maintenance incorporates dementia friendly areas and there is support from all departments to design, achieve and upkeep them.

The audit asks hospitals about reviews of the environment in the hospital to assess how dementia friendly it is, using such tools as the King's Fund [Enhancing the Healing Environment Programme](#). Reviews had been carried out in all or part of 64% (9/14) hospitals in Wales, and changes based on the review were underway in all 9.

Figure 3. % hospitals carrying out "Dementia Friendly" reviews of the Physical Environment



“The ward is lovely and staff really care about [RELATIVE] but they are understaffed big time.” - Carer

“Hospital facilities substandard. Had to take our own heater in as there was no adequate heating on the ward”. - Carer



Nutrition

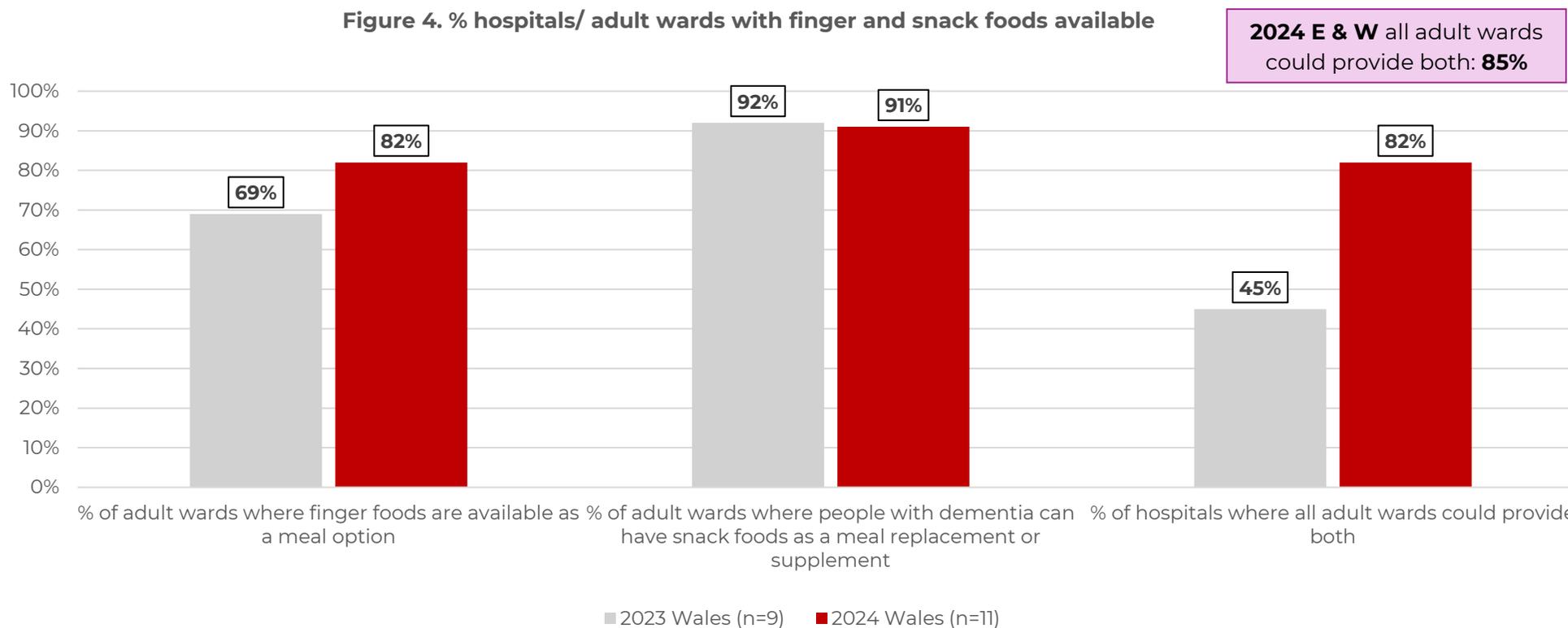
The Dementia Friendly Hospital Charter for Wales:

Staff provide personalised care in a timely way and adjustments are made to enable and support the individual.

We asked hospitals how many of their adult 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 mealtimes.

82% (9/11) of hospitals in Wales reported that all adult wards could provide both, an increase from 2023.

Figure 4. % hospitals/ adult wards with finger and snack foods available



Delirium Screening & Assessment

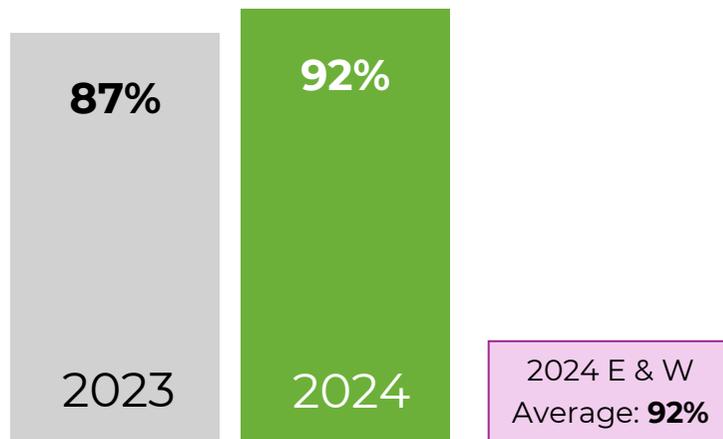
The Dementia Friendly Hospital Charter for Wales:

Assessments are always centred around the person and seek to identify strengths to enable care and support to be built around their needs. Assessment includes identification and treatment of a range of conditions and symptoms, such as **delirium**, depression, continence care and pain. 'This Is Me' or an equivalent document is used to get to know the person and information is accessible for all staff.

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

In 2024, **92%** (527/573) of patients audited had been screened for delirium, up from 87% (500/577) in 2023. **93% of these** (489/527) were screened within 24 hours of admission, increased from 88%. These increases show significant improvement.

Figure 5. % of Patients in Wales Receiving Any Initial Delirium Screen



“Fantastic care of my [RELATIVE] thank you... did have to speak to a couple of different staff to assess initial treatment on admission.” - *Carer*

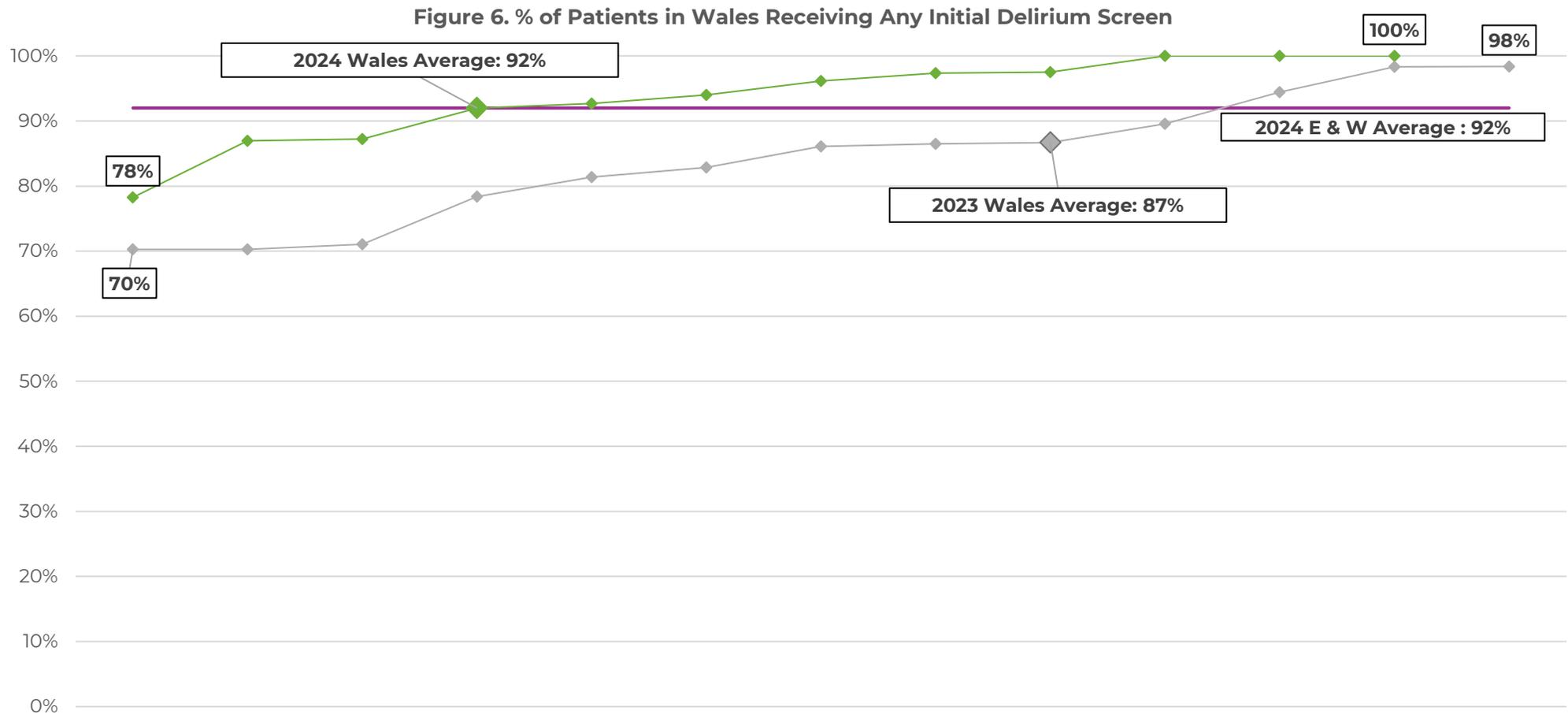
“Communication is poor on the next steps or assessment being taken” - *Carer*



Delirium Screening & Assessment

Initial Delirium Screening by Hospital

Figure 6 below shows the proportion of patients within in each hospital in Wales who were screened for delirium, against the 2023 results and the 2024 average across England and Wales. This ranges from 78%-100% patients per hospital.



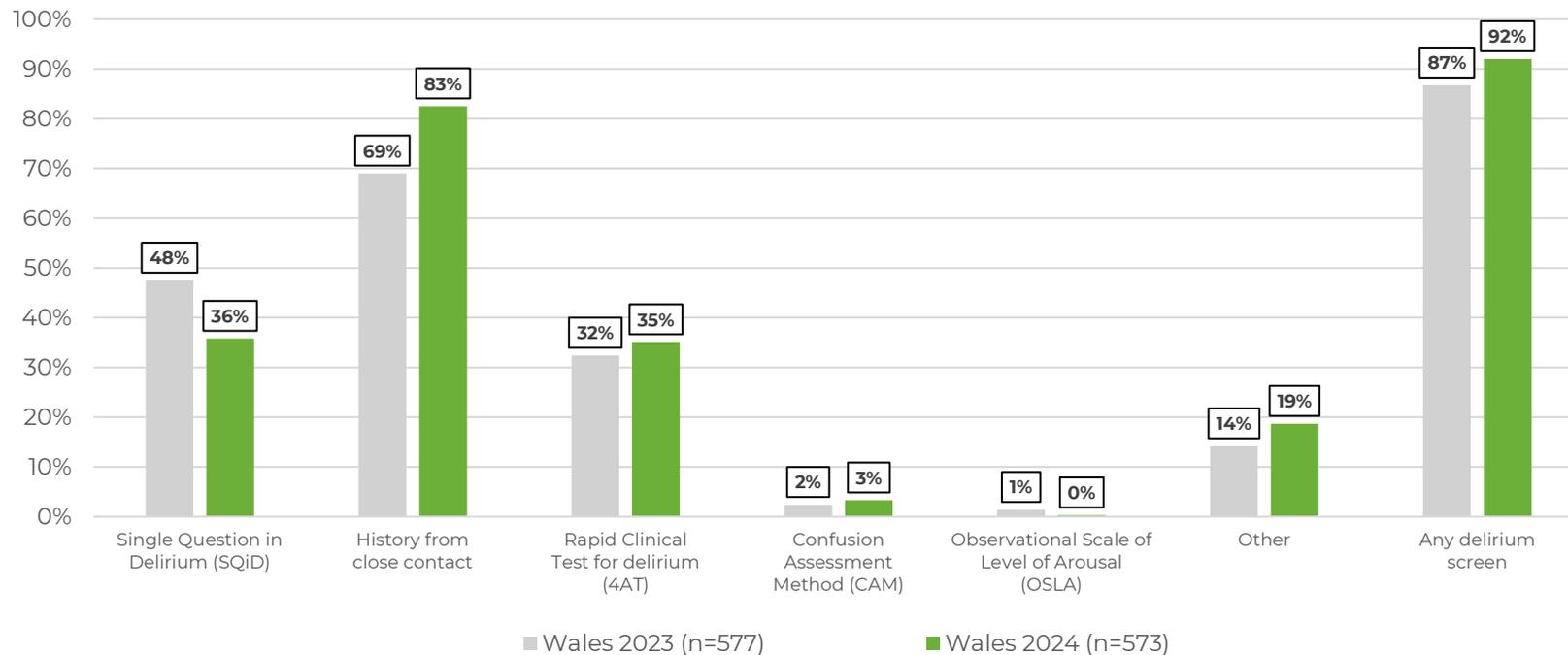
Delirium Screening & Assessment

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. 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 7. Breakdown of delirium screens received by patients in Wales



The breakdown in Figure 7 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](#).



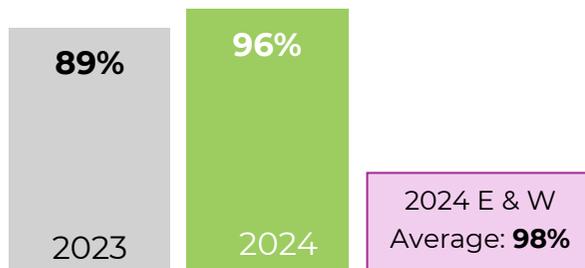
Pain Assessment & Reassessment

Pain Assessment

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.

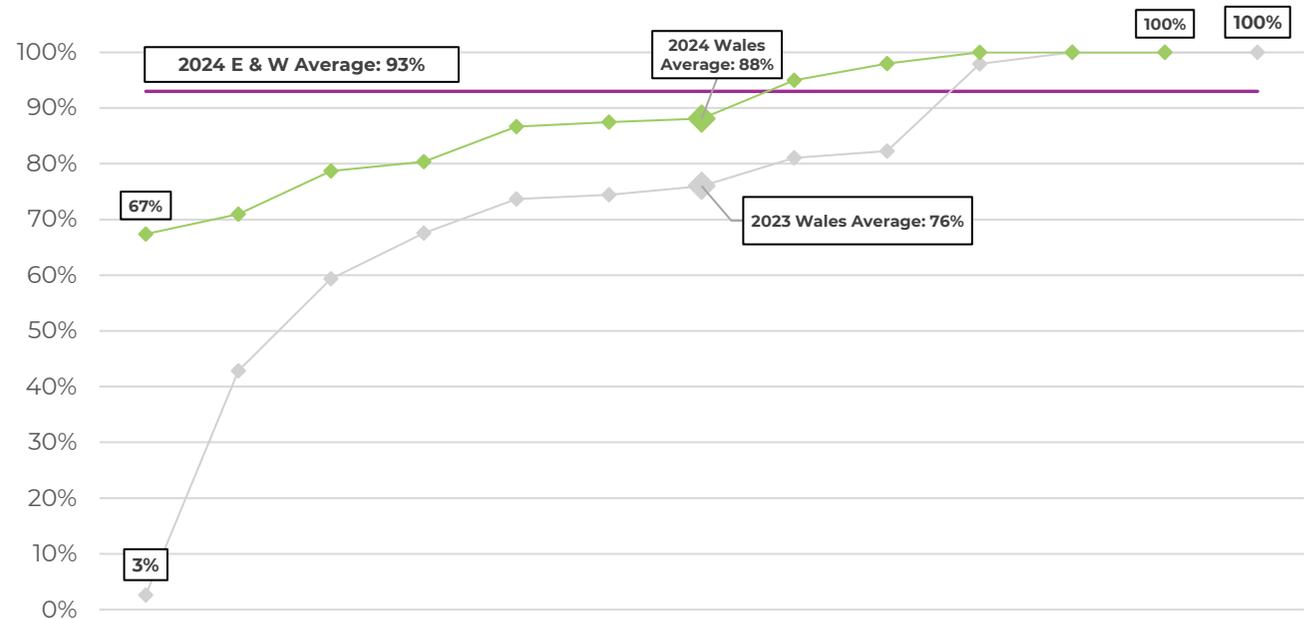
The percentage of patients receiving any type of initial pain assessment increased significantly from 89% in 2023 (500/563) to **96%** in 2024 (540/561).

Figure 9. % of Patients Receiving an Initial Pain Assessment



There is a wide variation in the percentage of patients receiving a pain assessment within 24 hours of admission among participating hospitals, ranging from **67% to 100%** of patients, with an average of **88%**. (Figure 8).

Figure 8. % 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 remained roughly the same at 78% of patients (423/540) versus 79% in 2023 (393/500)



Pain Assessment & Reassessment

Structured Pain Assessment

Although 96% of patients received a pain assessment, the proportion of patients who received a structured pain assessment of any kind (47%, 246/561) is significantly less. The [2024 NAD National Report](#) highlights this as a priority area for improvement. It is recommended that Health Boards ensure that staff are able to complete a comprehensive pain assessment using a structured tool designed for use with people living with dementia, rather than just asking a question about pain. This is particularly important for patients with moderate to severe dementia.

Figure 11 . % of Patients Receiving Only a Question as their Pain Assessment

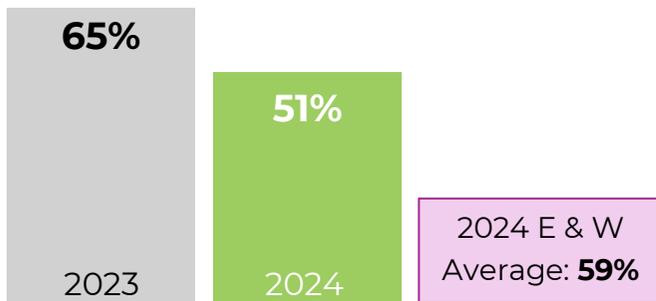
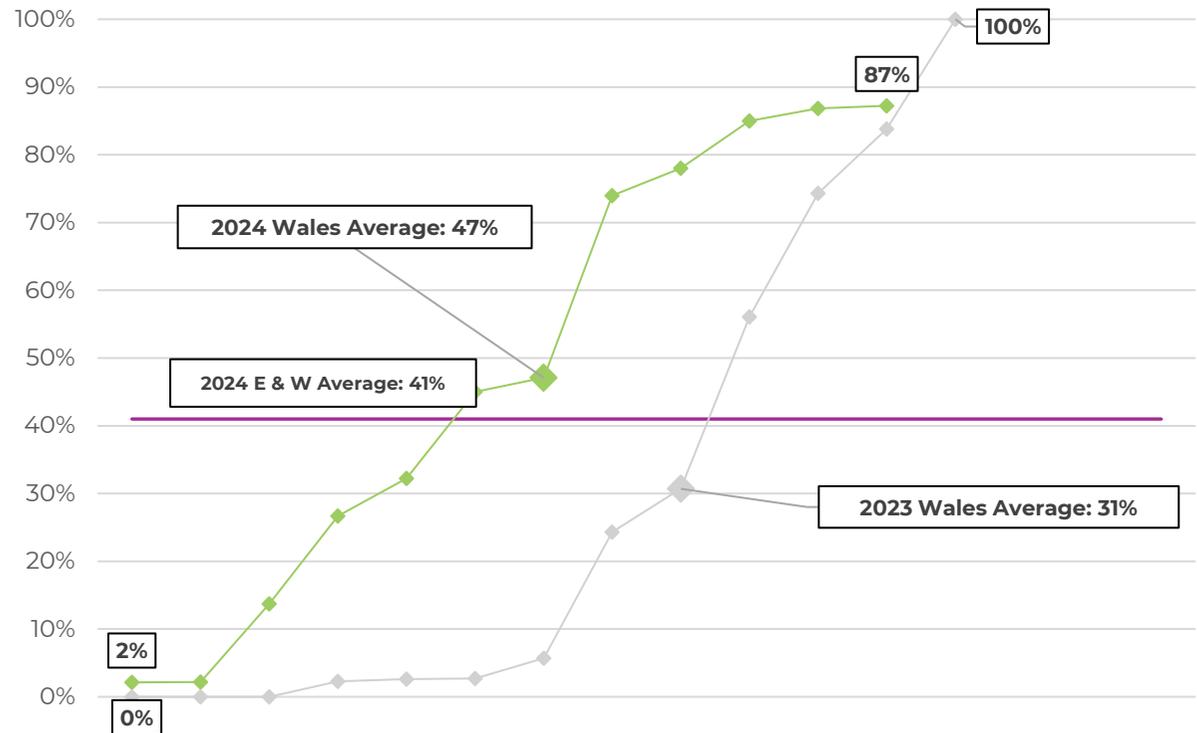


Figure 10. % of Patients Receiving a Structured Pain Assessment by Hospital



“My [RELATIVE] is constipated. She's developed Pneumonia here. Staff don't have enough time to speak with her. They are all lovely but it's like rush hour always.” - *Carer*

“Nothing is too much trouble for any of the staff. They gave him incredible care. I cannot fault any of them”. - *Carer*



Personal Information Documents

The Dementia Friendly Hospital Charter for Wales:

Assessments are always centred around the person and seek to identify strengths to enable care and support to be built around their needs. Assessment includes identification and treatment of a range of conditions and symptoms, such as delirium, depression, continence care and pain. 'This Is Me' or an equivalent document is used to get to know the person and information is accessible for all staff.

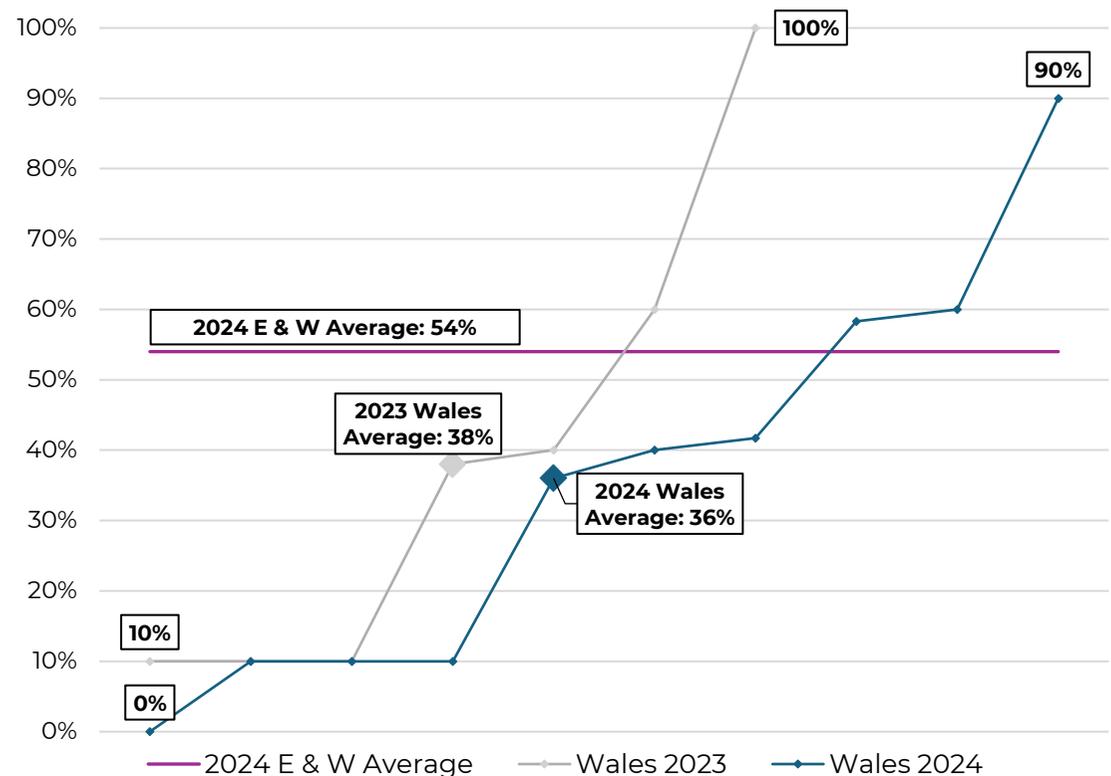
Of hospitals in Wales who supplied organisational information, 79% (11/14) are using a personal information document to collect details relating to the person's needs, preferences and decision making around care.

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 36% of patients had one in place, roughly the same as 2023 (38% average). The results per hospital ranged from **0-90%** for documents in place, with **2** hospitals above the England & Wales average of 54% patients.

"They're very good and asked for information when I first came in"- *Carer*

"Need this is me document on every ward. Some wards do it not all." - *Carer*

Figure 12. % of Patients with a Personal Information Document at their Bedside, by Hospital



Discharge Information

Discharge Planning

The Dementia Friendly Hospital Charter for Wales:

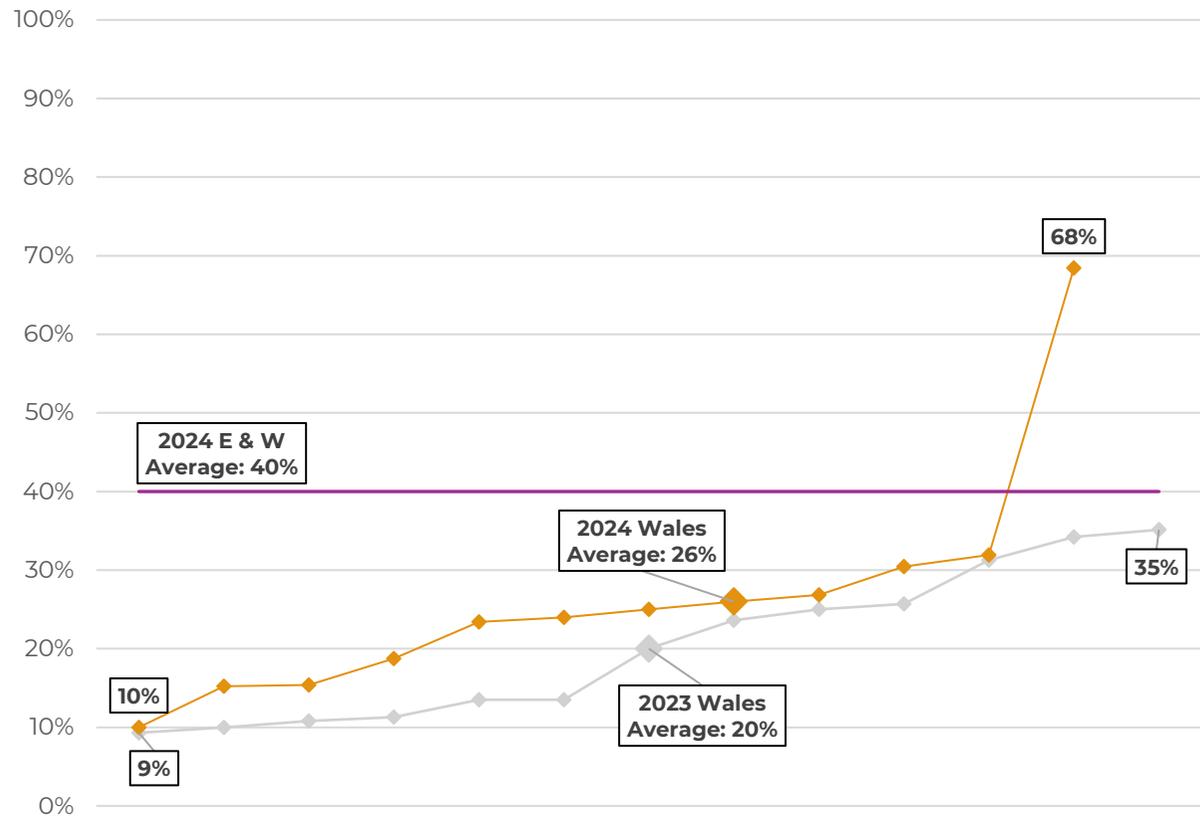
Discharge planning starts on the day of arrival into hospital (Charter Principles)

In Wales, the percentage of patients with dementia who had discharge planning initiated within 24 hours increased to 26% (149/573) from 20% (116/577) in 2023. Across hospitals this ranged from 10%-68% of patients.

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 95% (149/157).

“Hopefully a nursing care home would soon have a vacancy but there are few as hospitals who tend to take in patients have unfortunately closed” - Carer

Figure 13. % of Patients with a Discharge Plan Initiated within 24 Hours of Admission, by Hospital in Wales



Discharge Information

Length of Stay

“The effective and efficient coordination of discharge planning contributes to reducing the inpatient length of stay for patients living with frailty and lowers their exposure to harm”

[Hospital discharge guidance](#), Welsh Government January 2025

As patients were identified on or during their admission in the casenote audit, 17 patients had not been discharged by the end of the data collection period. The length of stay data presented refer to the 555 patients who had been discharged (476) or who had died (79) during the data collection period. The median length of stay in Wales for patients with dementia has decreased by 2 days to 15 days, down from 17 days. Median LOS across England and Wales together is unchanged at 10 days.

Figure 14. Length of Stay in Weeks, Wales

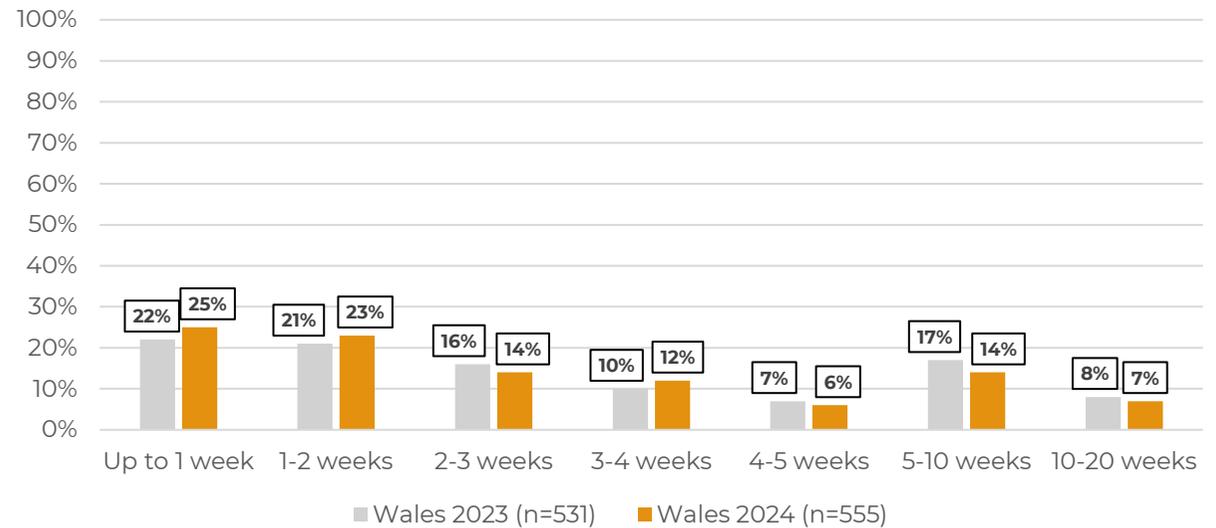


Table 2. Length of stay, England and Wales average

Length of Stay in Weeks	England & Wales 2023 (n=10347)	England & Wales 2024 (n=9525)
Up to 1 week	35%	34%
1-2 weeks	25%	28%
2-3 weeks	14%	15%
3-4 weeks	9%	9%
4-5 weeks	6%	5%
5-10 weeks	10%	9%
10-20 weeks	2%	1%



Feedback from Carers

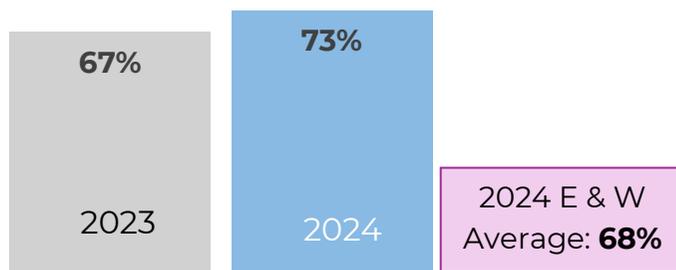
Carer Questionnaire

The Dementia Friendly Hospital Charter for Wales:

People living with dementia and their carers or families are offered opportunities to say how they have been cared for and what their experience has felt like.

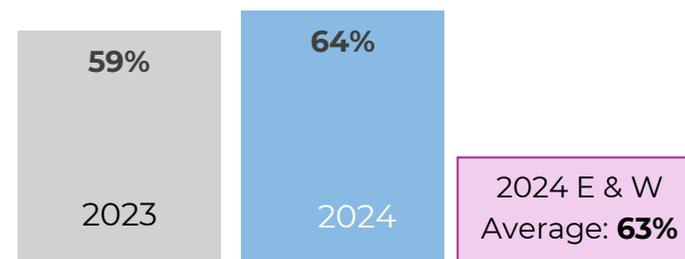
The [carer questionnaire](#) has been used in this audit since 2017. It provides 2 scores on key areas of overall care quality and the quality of information and communication. As in England and Wales together, both scores increased in Wales from 2023 (see Figures 15 & 16), having previously decreased between 2019 and 2023.

Figure 15. Carer Rating of Overall Care Quality in Wales



“I feel that some of the staff do not understand the needs of the patients. Just because a patient is sat quietly, it does not mean they are ok” - *Carer*

Figure 16. Carer Rating of Communication in Wales



“...the care has been absolutely first class. Everyone involved in care has been professional. The clinical care, kindness, and compassion has been first class” - *Carer*

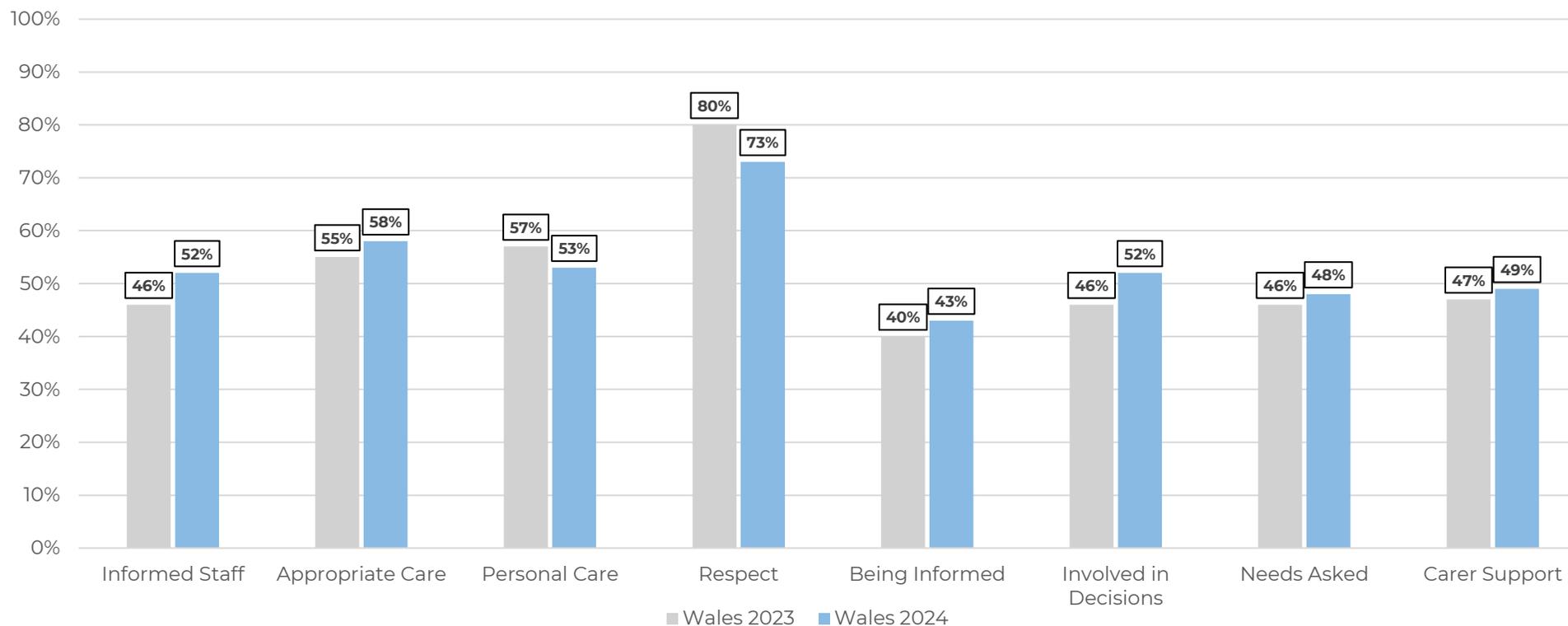


Feedback from Carers

In Wales 170 carers of people with dementia responded to the carer questionnaire across 10 hospitals in this round, with 7 hospitals returning sufficient questionnaires to receive scores. At a hospital level, overall care quality scores ranged from 63% to 80% and communication scores from 31% to 75%, suggesting a difference in quality of patient and carer experiences in different hospitals.

Questions attracting lowest positive responses overall were those on keeping the carer informed and asking about their needs, followed by whether staff were informed about dementia and kept the person with dementia and carer involved in decisions.

Figure 17 . % of "Yes, Definitely" Responses in Carer Questionnaire



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