

National Audit of Dementia in Acute General Hospitals

Healthcare Quality Improvement Plan 2025-2027

Background

The National Audit of Dementia (NAD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) working in close partnership with professional and service user representatives.

Healthcare Quality Improvement Plan (HQI Plan)

The HQI plan provides a central framework for the audit. Its aim is to evaluate whether people living with dementia admitted to acute general hospitals as inpatients receive consistent, high-quality care aligned with professionally agreed guidelines and standards. It includes reporting on areas for improvement and presenting audit data in ways that drive better care delivery, improved outcomes, and shared learning.

Healthcare Improvement Goals define specific, measurable targets for change. Key metrics have been identified based on national priorities, guidance, and consultation with the NAD Steering Group, Clinical and Patient and Carer Advisors, Audit Lead Advisory Panel, and Lived Experience Advisory Group. Four priority goals have been selected through consultation and previous audit findings; however, these may be amended or refined based on results of the trial and pilot activities in 2026 – Annual Census Day and trial of online patient/ carer data collection. The goals will be agreed with funders and reviewed periodically with input from expert advisers.

2026 Census Day

Census Day will take place within a one-week period – provisionally planned for Carer's Week (8- 12 June 2026) - across all hospitals to collect timely, point-in-time information on the prevalence (the total number at a single point in time) of patients living with dementia who are admitted to hospital. Census Day will also serve as a focal point for raising awareness of teams' person-centred practices and initiatives, including approaches to feedback and support for people living with dementia and their carers. The results will inform the targets set within the goals for the 2027 audit, as outlined below.

Healthcare Improvement Goals

Goal 1: Increase the use of structured assessments in key elements of care

By September 2026 or the outset of the next audit, a target increase in the proportion of patients receiving a structured assessment for delirium, pain, and nutrition will be determined.

Rationale: Structured assessments provide an objective and consistent measure of key elements of care. When used consistently they can inform an improved patient care or management plan.

- NHS England and the British Geriatrics Society (2025) recommend the use of the 4AT tool as a routine delirium screen for all older people requiring acute care plus Comprehensive Geriatric Assessment using standardised assessment tools ([NHS England & BGS, 2025](#)).

Goal 2: Increase the proportion of staff trained to Tier / Level 2

By September 2026 or the outset of the next audit, a target increase in the proportion of hospitals able to accurately report on training delivered, and an increase in the proportion of staff trained over 2 audit rounds will be determined.

Rationale: People living with dementia are admitted to adult wards throughout the hospital, and there should be sufficient staff trained in skills in dementia care above awareness level to be rostered in each ward/ department. *The Dementia Training Standards Framework* mandates that people working in social care who provide personalised, direct care and support to people with dementia complete NHS England (previously Health Education England) Tier 2 training (in Wales, Health and Care Learning Wales Level 2). This ensures they have the appropriate knowledge, skills, and attitudes required for roles involving regular contact with people living with dementia ([Skills for Health, Health Education England and Skills for Care, 2018](#)).

Goal 3: Increase the proportion of hospitals able to report on the number of people living with dementia admitted, based on identification (e.g. a marker) used during the admission

By September 2026 or the outset of the next audit, a target increase in the proportion of hospitals able to report and track admissions will be determined.

Rationale: Dementia is most frequently recorded (coded) post discharge, as part of secondary coding. Systems in place now allow for a marker to be placed on the patient record at admission, allowing for better communication, planning and approaches to providing person-centred care, as well as better understanding of prevalence within the hospital, contributing to strategic planning of care.

Goal 4: Increase the use of Personal Information Documents to support staff in providing care for people living with dementia when admitted

By September 2026 or the outset of the next audit, a target increase in the proportion of patients with dementia who have a Personal Information Document during a spot check will be determined.

Rationale: A Personal Information Document (e.g. *This is Me*) captures key personal details about the individual, which can enhance care delivery and support staff to establish trust and rapport ([Dementia Action Alliance, 2018](#)).

Key metrics drafted 31 July 2025, amended 13 January 2026

ID Number	Metric	Level
DH0001	<i>Structured assessment tools</i> • Proportion of patients who received a structured nutritional screen or assessment (%)	Patient
DH0002	• Proportion of patients with dementia who received a structured screen or assessment for delirium (%)	
DH0003	• Proportion of patients with dementia who received a structured screen or assessment for pain (%)	
DH0004	<i>Dementia awareness training</i> • Proportion of hospital staff who have completed Tier 1 or Tier 2 dementia awareness training (disaggregated by tier) (%)	Hospital
DH0005	<i>Identification of patients living with dementia</i> • Proportion of hospital admissions for which dementia is identified (%) OR • Proportion of inpatients with dementia identified on Census Day (%)	Hospital
DH0006	<i>Person-centred care</i> • Proportion of patients with dementia with a completed Personal Information Document accessible at the bedside (%)	Patient
DH0007	• Proportion of patients with dementia sat out of bed (%)	
DH0008	<i>Carer involvement</i> • Proportion of carers of people with dementia reporting that they were appropriately involved in the discharge plan (%) OR • Proportion of carers reporting overall satisfaction with the care (%)	Carer