DEMTRAIN study:

Developing the evidence base for dementia training in acute NHS hospitals

A survey of dementia training in acute NHS hospitals in England: Summary of the 87 acute NHS hospitals

Prepared by

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This report and associated resources are supported by the following organisations:

This report will be of use to hospital dementia leads, trust and hospital managers/ leaders, staff and people living with dementia, their carers and families and dementia organisations and community groups that advocate on their behalf.

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Foreword by John O'Doherty



In April 2016 I was diagnosed with Vascular Dementia. Due to the complexity of my employment it was not possible for me to continue and therefore I took early retirement. I have always had an analytical mind and therefore I made the decision to devote my time to make sense of my diagnosis and as a result I got involved in as much research as I possibly could and developed significant knowledge of the disease. I reached the decision though that there was much more that I needed to learn but equally there was much I could contribute, and that was in the area of research. Consequently, I looked for opportunities and as a result of this I became a member of the DEMTRAIN advisory group.

As a member of the group I have participated in many activities and events, during which I can advise and contribute as a person living with dementia. I have been involved in visiting hospitals as part of case studies. Because of personal experience this was to me a very important area. I find this extremely satisfying.

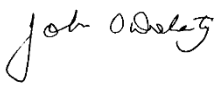
Areas of my involvement have included: -

I am a member of the DEMTRAIN advisory group. I have attended meetings where I am in the fortunate position to able to advise as to the direction the study should be steered. I get immense satisfaction from attending different groups and participate fully. Whilst I live with a diagnosis of dementia, I have contributed as equally as others and have at no stage ever felt uncomfortable and the environment is totally welcoming.

Following my diagnosis, for a variety of other medical conditions I have received treatment both as an outpatient and inpatient, in a number of hospitals in Greater Manchester. This has given me a unique insight as to how people living with dementia are treated and also how different hospitals have inconsistent approaches relating to their dementia awareness. Examples of this are environmental such as signage, lighting and toilet facilities. It was also apparent that I was reacted to differently than I was prior to my diagnosis. It is important to clarify that this was not reflected in my care but significantly with regards to communicating with me. Staff were clearly uncomfortable and when they spoke to me it was in simplistic terms as opposed to elaborate explanations.

I think it important to mention that the study has been a two-way process, whilst I have been in a position to exert influence the study has also influenced my approach to members of the NHS. I have greater patience and empathy. I speak freely to them about my dementia and encourage them that they can do the same. I have visited several hospitals and am pleased to say that that many of them have made great strides in creating an environment suitable for people living with dementia.

In conclusion participation in the DEMTRAIN study has energised me and restored my confidence and self-belief, which following a diagnosis of dementia diminishes quicker than memories. It has given me optimism for the future and I firmly believe that the work we do will have a positive influence on the way Dementia is treated within the NHS.



John O'Doherty
Member of DEMTRAIN Advisory Group/ Independent Dementia Advocate

Foreword by Professor John Keady



Acute NHS hospitals play a pivotal role in their local neighbourhood and are a cornerstone of statutory NHS care provision. They are a source of civic pride and serve all members of their designated population equally and on the basis of clinical need. Compassion, care and cure all contribute towards authentic and meaningful service drivers and as we enter the third decade of the 21st century, it is nigh on impossible to consider a scenario in which acute NHS hospitals are not intertwined with the fabric of our everyday lives and society. The narrative arc of 'from cradle to grave' continues to embody NHS service provision and practice and long may that continue.

This report is aimed at one important group of users of Acute NHS hospital services, people living with dementia. The contents are drawn from the DEMTRAIN study - work programme 5 of the ESRC/NIHR 'Neighbourhoods and dementia: a mixed methods study' which took place between the 1st May 2014 and the 31st October, 2019. This work programme focussed on staff training in dementia in Acute NHS hospitals. In England, the Prime Minister's Challenge on Dementia 2020 Implementation Plan1 outlines the need for education and training for staff that will deliver 'high quality compassionate and culturally competent care' (p. 29). A well educated workforce is essential for the delivery of high quality care and support for people living with dementia.

As part of the services that acute NHS hospitals provide, some of the most important are directed towards the training and well-being of staff at all levels and grades employed to deliver front-line services and to keep the acute NHS hospital up and running on a daily basis. Such care and service planning does not occur in a vacuum and has many facets and directions, for example:

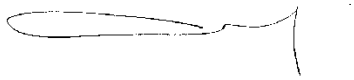
Acute NHS hospitals serve the population in which they are located; consequently, they are influenced by local culture, geography, area identity and demographics;

The front door to the local acute NHS hospital is always open creating a special bond between the hospital and those who are free to access and use the service; and

The acute NHS hospital is often a familiar landmark in the local neighbourhood with a history and tradition all of its own.

In many ways, it was the largely unexplored area of the acute NHS hospital as part of the local neighbourhood that informed the overall study design and the personalised report on the findings from work programme 5 that follows within these pages.

I would like to thank all those who took part in this work and, if I may, especially thank the academic staff at Lancaster University (lead site) and The University of Manchester who worked so hard and so well together. Without their work and dedication, this report would not have happened at all.



Professor John Keady
Chief Investigator, ESRC/NIHR Neighbourhoods and dementia: a mixed methods study [May 1st 2014-October 31st 2019)
The University of Manchester/Greater Manchester Mental Health NHS Foundation Trust

Reference

1. Department of Health (2016). *Prime Minister's Challenge on Dementia 2020 Implementation Plan*. London: Department of Health

Foreword by Dr Dawne Garrett



The study report is the culmination of a robust mixed method study DEMTRAIN which sought to describe and evaluate the impact of dementia training in acute NHS hospitals as well as identifying the facilitators and barriers to dementia training in the hospital setting.

The DEMTRAIN research team have developed an infographic model summarizing the programme theory and logic model of the key factors that lead to successful dementia training in acute NHS hospital settings in Appendix 1. The Royal College of Nursing have endorsed this resource which is listed on the RCN Endorsement web page.

I have had the pleasure of chairing the Advisory group which met once or twice a year during the study period. The report highlights aspects of dementia care within various areas of NHS Acute Care Trusts and provides a call from board to wards care and I hope this will promote exactly the right kind of joined up approach which could make the impact needed for people living with dementia who need a hospital stay.



Dr Dawne Garrett
Royal College of Nursing Professional Lead
Older People's Nursing and Dementia Care /Chair of the DEMTRAIN Study Advisory Group

Royal College of Nursing

Introduction and background

If you are managing or working in an acute NHS hospital in the UK you will likely know that there are an estimated 850,000 people currently living with dementia in the UK (Alzheimer's Society, 2020). You also might be aware that at any one time in the UK (before the Coronavirus (COVID-19) outbreak), around 70% of acute NHS hospital beds were occupied by older people, 40% of whom had dementia(Health, 2001; King's College London *et al.*, 2007; Prince *et al.*, 2014). This works out as over a quarter (28%) of beds in acute NHS hospitals being occupied by a person living with dementia. It is therefore, no surprise that quality of care and safety for people living with dementia has received much attention in the recent years (Department of Health, 2009; Department of Health, 2015). In addition to a range of interventions, the focus of improving quality of care and safety has focused on improved dementia training for all levels and grades of staff. By the end of 2015 around 515,967 NHS staff in England had been trained in dementia awareness and over 100,000 social care staff trained to better support people with dementia (Department of Health, 2015).

Health Education England (HEE) continues to lead strategically on the delivery of the national dementia education and training requirements outlined by the Department of Health and Social Care's (DHSC's) Mandate to HEE and the Prime Minister's 2020 Challenge on Dementia. This includes a requirement to count and report dementia training figures on a bi-annual basis to the Department of Health and Social Care (DHSC).

Since its inception in 2012, this activity has shown continued growth in education and training across NHS organisations and in March 2018 a much-publicised milestone of 1 million episodes of foundation level training of the Dementia Training Standards Framework was exceeded. The March 2019 census, shows further growth across the tiers (see Table 1) thus demonstrating NHS staff continue to access dementia education and training.

Table 1: Episodes of Dementia Education and Training (Tiers relate to the levels of training set out in the Dementia Training Standards Framework)

	Tier 1 (all except care homes and non NHS commissioned)	Tier 2 (NHS Trusts)	Tier 3 (NHS Trusts)
March 2019 Totals	1232234	161483	26097
September 2018 Totals	1134500	132628	24185
% Increase September 2018 and March 2019	8.61%	21.76%	7.91%

Since 2013, Health Education England has overseen increases in the provision of foundational-level dementia (Tier 1) training ensuring that members of the workforce who are involved in providing NHS care for people with dementia are, as a minimum, "Dementia Aware" (Health Education England/Department of Health, 2018). The Dementia Training Standards Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England (HEE) in partnership with Skills for Care. Originally launched in October 2015 and updated in 2018, the Framework supports implementation of the HEE mandate and the objectives for education, training and workforce development set out in the Prime Minister's Challenge on Dementia 2020. In particular, the aim is to support the development and delivery of appropriate and consistent dementia education and training for the health and care workforce. The Framework is aimed at staff in health, social care and housing, this provides the 'industry standard' learning outcomes – tier 1 (all staff); tier 2 (those working regularly with people living with dementia) with the most advanced level, tier 3, detailing outcomes designed for staff in specialist and leadership roles. There is no single mandatory training programme for each of the tiers of training. It is up to individual organisations to choose training that meets the learning outcomes in the Framework but also the needs of their organisation in terms of delivery.

Limited research has so far been conducted to evaluate dementia training packages. Evaluation tends to focus on immediate, on-the-day training feedback and effects. Moreover, training for staff in any care setting is seldom evaluated for its impact on the care of people living with dementia and for long-term effects and impact on staff (Scerri *et al.*, 2017; Spector *et al.*, 2013). Given the high variability of dementia training packages (Health Education England/Department of Health, 2018; Rogers, 2008; Scerri *et al.*, 2017), there is a need to

better understand the current evidence and context of dementia training that is provided in acute NHS hospitals.

Although dementia awareness and care training is widely thought to increase staff competencies (Scerri *et al.*, 2017; Spector *et al.*, 2013) the types of training that staff receive and how effectiveness is assessed is highly variable. A recent ethnographic study of the care received by people living with dementia in acute NHS hospital suggests that staff struggle to respond to the needs of people living with dementia and that training may be one of the interventions that can help to address quality of care issues observed (Surr *et al.*, 2020).

The recent 'What works?' research study commissioned by the National Institute for Health Research Policy Research Programme (NIHR PRP) on behalf of Health Education England from Leeds Beckett University, provides further insight and learning into what works in dementia education and training. They reported that the most effective dementia education and training sessions are likely to be characterised by the following (Surr *et al.*, 2020):

- a blended learning approach i.e. face to face, small group delivery using interactive methods, activities and discussion;
- focused rather than broad in content;
- tailored to the role and service setting of the staff attending;
- delivered by an experienced facilitator/clinical expert;
- at least 3 hours duration with longer programmes more likely to be effective;
- supported by commitment from the top and an organisation-wide culture of person-centred care.

DEMTRAIN study: Developing the evidence base for dementia training in acute NHS hospitals

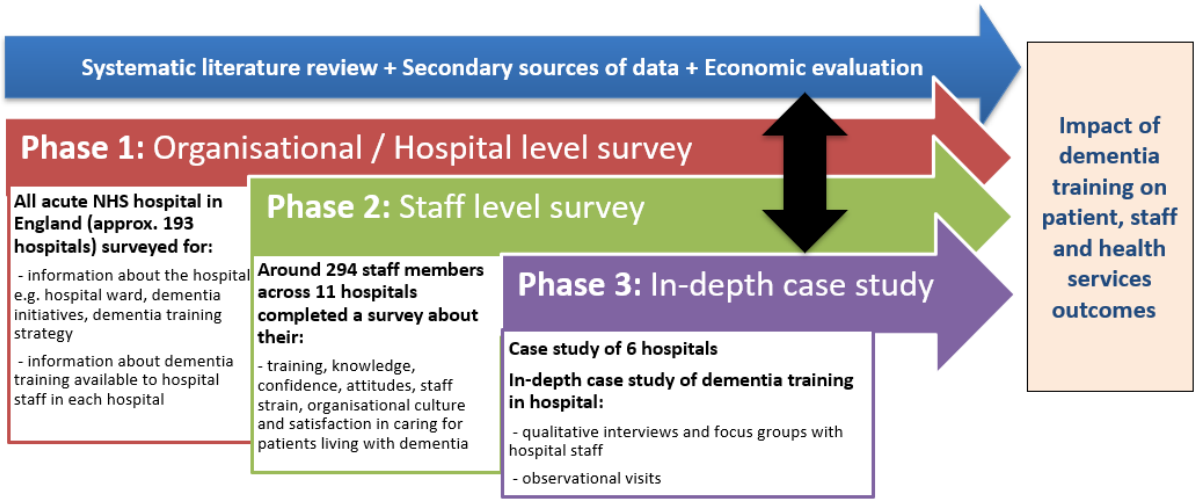
The DEMTRAIN study explores the complex workings of dementia training, including exploring relationships with patient and staff outcomes. We aim to address two overarching research questions:

1) How do variations in content, implementation and intensity of dementia training in hospitals in England relate to health service outcome/process measures (eg, length of stay (LoS), emergency readmissions (ERs) and mortality) and staff outcomes (eg, confidence, staff strain, knowledge of dementia)?
2) What components of dementia training are most strongly related to improved patient and staff outcomes?

The findings will lead to a set of specific recommendations and guidance about which elements of training packages are more effective and appropriate for use in acute hospitals.

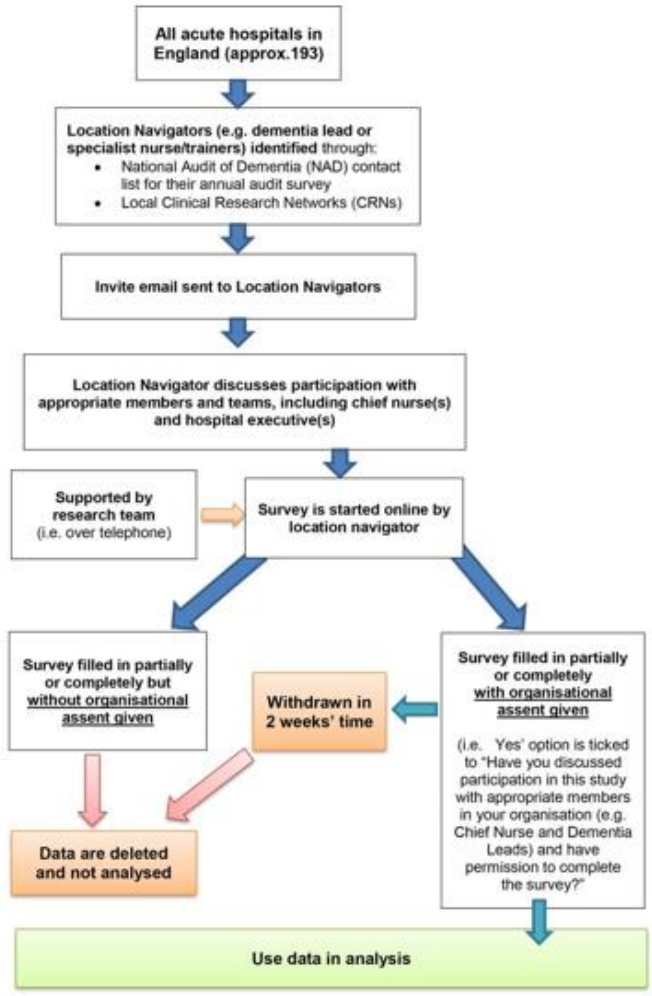
In this large mixed method study DEMTRAIN we describe and evaluate the impact of dementia training in acute NHS hospitals as well as identifying the facilitators and barriers to dementia training in the hospital setting (Ahmed *et al.*, 2020). We use existing data, such as Hospital Episode Statistics, alongside two surveys (at both the hospital and the staff level). For the staff survey, we recruited up to 30 staff members per hospital, from eleven hospitals selected from a random sample of 24 acute NHS hospitals. We have also carried out an in-depth case study of six acute NHS hospitals. In addition, we aim to explore the cost effectiveness of a selection of dementia training packages. The findings from all these phases of our study will further help to provide organisational insights for the hospital that took part in the hospital survey. As we publish our results, we will aim to have open access versions available and will deposit links to these publications on the Neighbourhoods and Dementia study website. Figure 1 summarises our study methods.

Figure 1: What we did?



This report presents findings from the first phase of our research: the national organisational survey of dementia training in acute NHS hospitals in England.

Figure 2: Recruitment process for NHS acute hospitals taking part in the DEMTRAIN Hospital organisational survey of dementia training and care in England.



Faraz Ahmed et al. BMJ Open 2020;10:e030739

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The survey was sent to 193 acute NHS hospitals in England in 2017 (see Figure 2). We used the College Centre for Quality Improvement (CCQI) National Audit of Dementia (NAD) sample frame contact list. This survey was designed to identify training strategies; establish the presence, frequency, duration, characteristics and format of training programmes; quality of training and resources utilised in developing training. We also explored what other dementia

related schemes and initiatives are implemented (e.g. having a dementia champion, active participation in Butterfly scheme, Dementia Friends, carers allowed on wards at meal times). We received responses from 87 acute NHS hospitals (45%). Incomplete data at NHS hospital trusts meant that trusts did not hold the information to be able to complete all the questions.

Dementia leads were responsible for completing the data. However, in cases where the information needed to complete the Hospital Organisational Survey was not directly available to the dementia leads, the dementia leads acted as location navigators and directed requests to complete the survey to the appropriate person in the acute NHS hospital.

Our research team have collaborated and worked with a number of key stakeholders and organisations to facilitate this research. The two DEMTRAIN surveys received endorsement from Professor Alistair Burns, Professor of Old Age Psychiatry, University of Manchester, Professor Martin Vernon, National Clinical Director for Older People and Person Centred Integrated Care at NHS England, Dementia Action Alliance, and the Royal College of Nursing.

Completed organisational surveys were entered into a prize draw and four hospitals received £500 for either equipment to enhance the hospital experience for people living with dementia.

How to read this report

In the first part of this report, we summarise key findings from the organisational survey, providing summary responses from all 87 acute NHS hospitals in the form of bar charts and a table. We include findings on the following: dementia wards; dementia schemes/initiatives taking place in hospitals; assessment and policies to support assessment; hospital policies and systems; who provides dementia training?; and characteristics of the most commonly undertaken packages (content, development, assessment, accreditation, mode of delivery, involvement of people living with dementia and carers). Where we report a percentage of Acute NHS hospitals in relation to our findings, we are referring to those that took part in the survey.

In the second part of this report we discuss our reflections, including the challenges in conducting this national level survey on dementia training in acute NHS hospitals. Finally, we provide an infographic model summarizing the facilitators of and barriers to implementing hospital dementia training. All DEMTRAIN research analysed to date has informed the model. We have also developed this as an interactive web-based resource which is available on https://www.bradford.ac.uk/dementia/research/current-projects/demtrain/training/ and via the Neighbourhood and Dementia Website (https://sites.manchester.ac.uk/neighbourhoods-and-dementia/work-programme-5/).

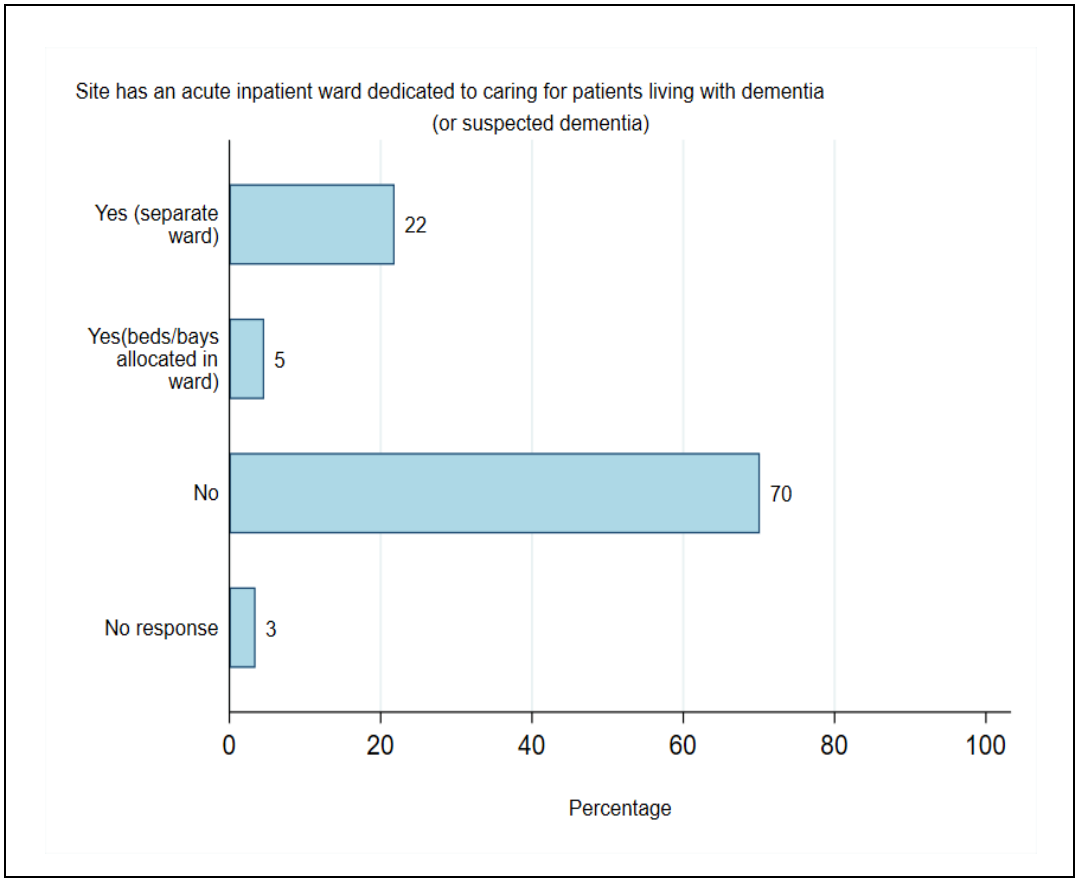
In the final Appendices, we have included our infographic and summarized the key recommendations from the study in case you may want to just print off these few pages as a summary to circulate to relevant staff, service leads and departments.

This report will be of use to hospital dementia leads, trust and hospital managers/ leaders, staff and people living with dementia, their carers and families and dementia organisations and community groups that advocate on their behalf.

Part 1: Key findings from the survey from 87 acute NHS hospitals

Wards

Figure 3: Acute NHS hospitals with an acute inpatient ward dedicated to caring for people living with dementia (or suspected dementia)



Over two thirds of acute NHS hospitals (70%) did not have an acute inpatient ward dedicated to caring for people living with dementia. About a fifth (22%) had a separate ward and 5% had specific beds or bays in a ward allocated for people living with dementia.

Dementia schemes/initiatives

The following three graphs show the array of dementia related schemes and initiatives implemented in acute NHS hospitals between 1 April 2015 - 31 March 2016. Environmental and organisational initiatives are presented in Figure 4.1 and 4.2, and Patient, carer and patient-based initiatives in Figure 4.3.

Figure 4.1: Environmental & organisational initiatives (part 1)

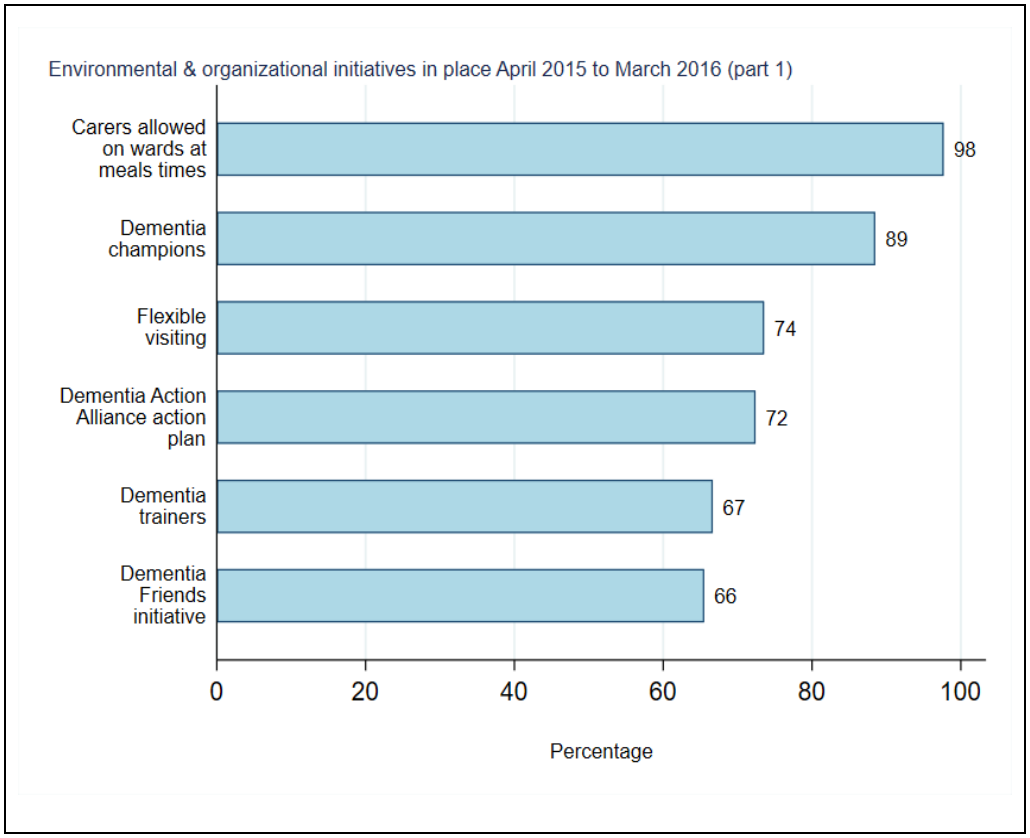


Figure 4.2: Environmental & organisational initiatives (part 2)

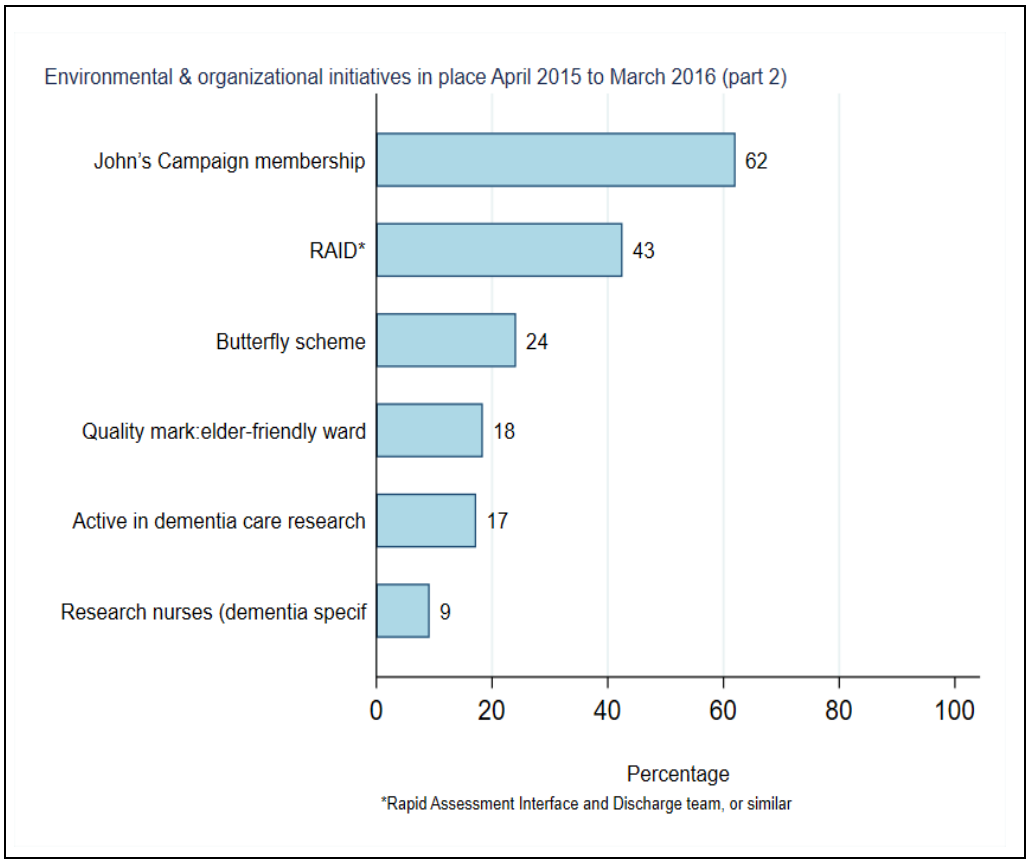
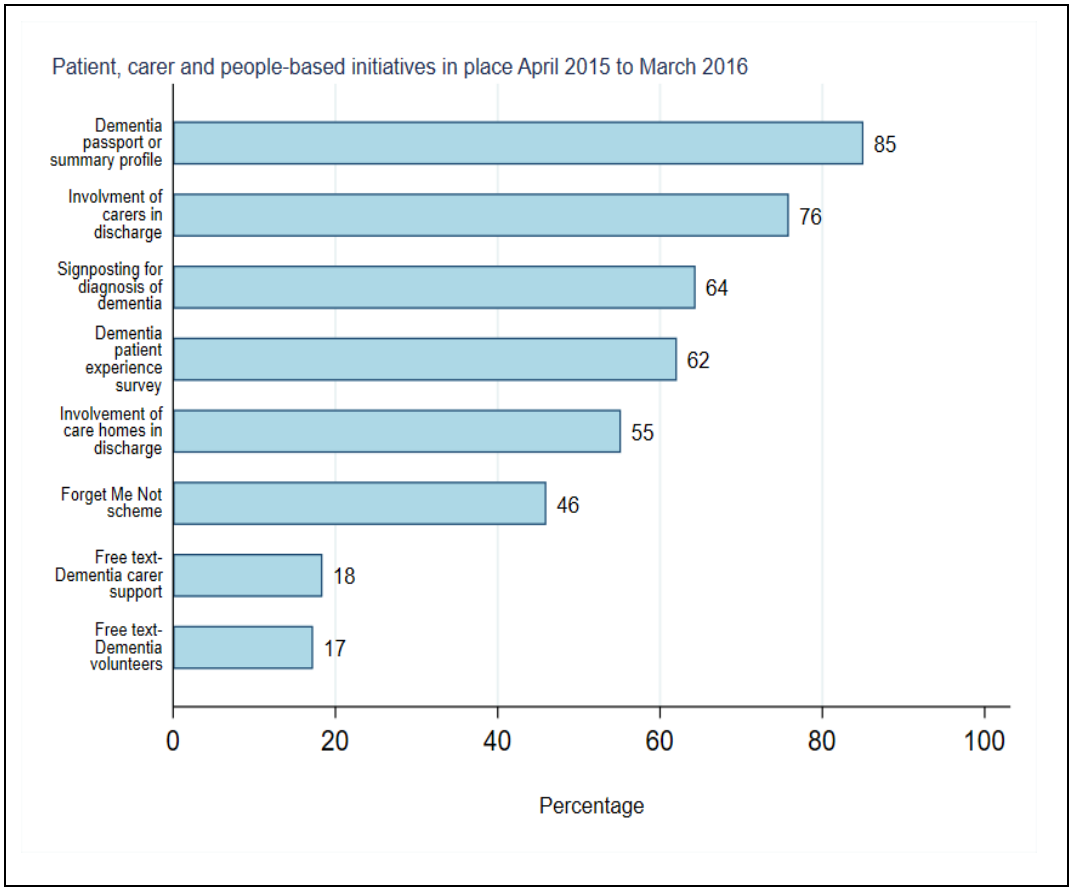
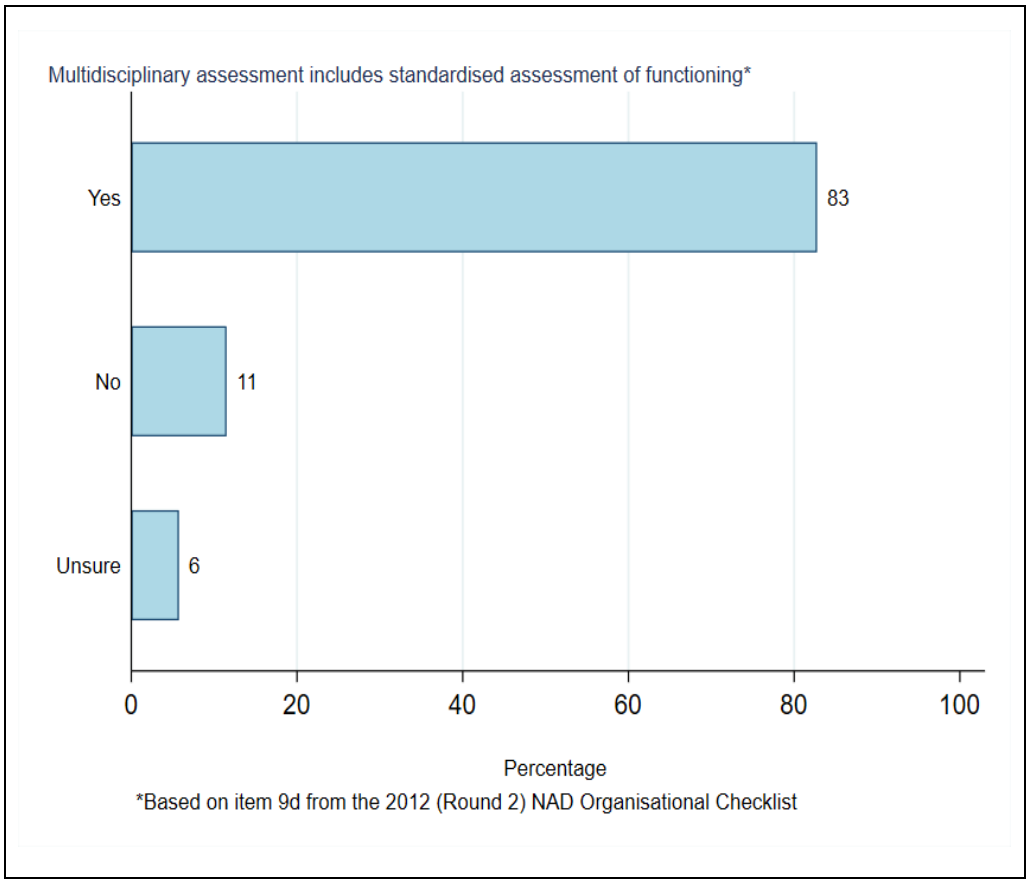


Figure 4.3: Patient, carer and people-base initiatives



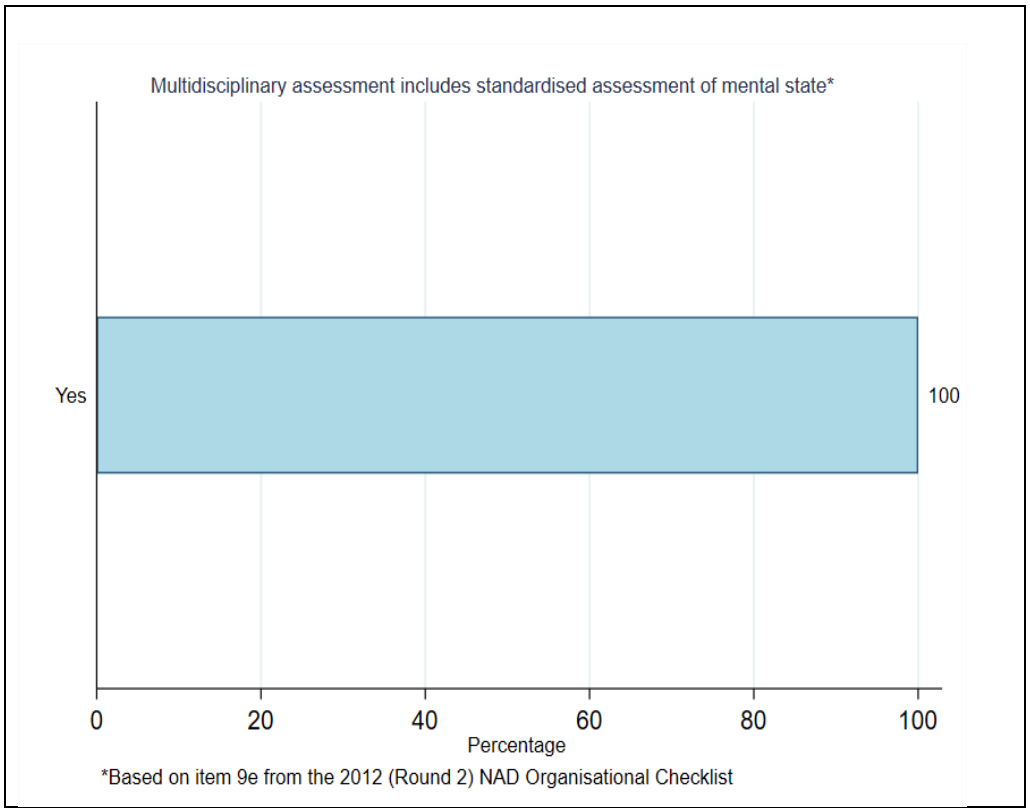
Assessment and policies to support assessment

Figure 5.1: Standardised assessment of functioning included in multidisciplinary assessment



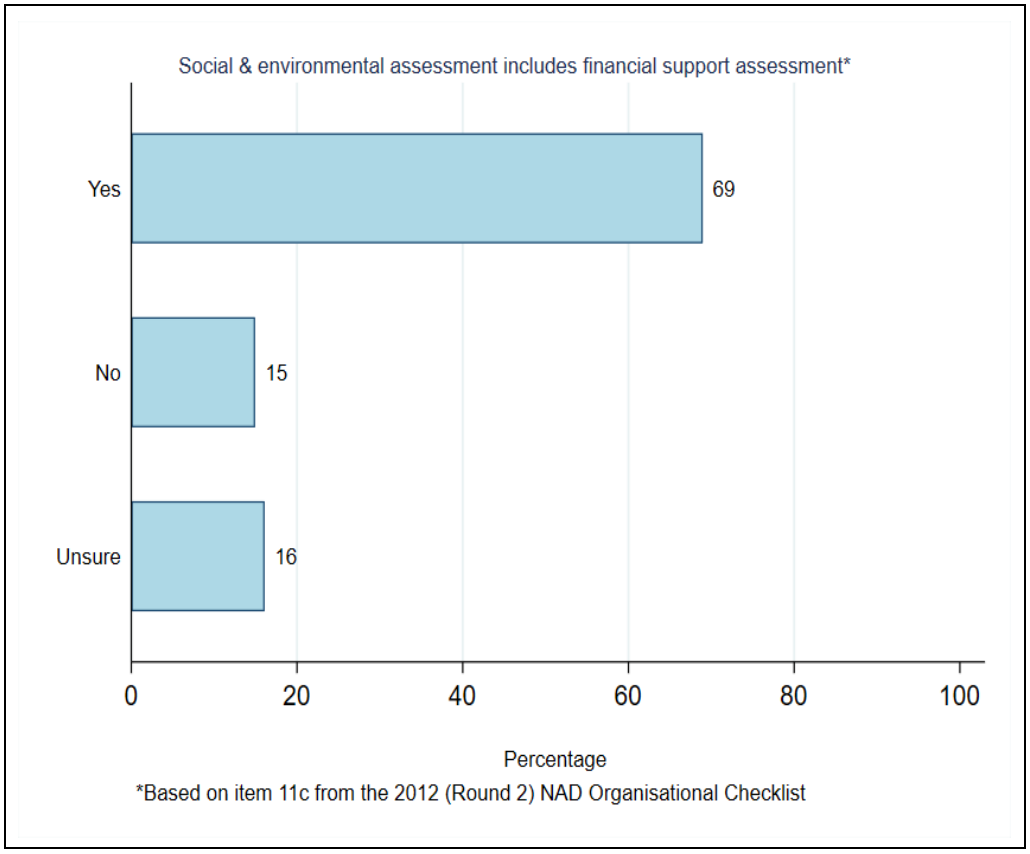
Most acute NHS hospitals (83%) reported that their multidisciplinary assessment included an assessment of functioning by standardised instrument i.e. basic activities of daily living, instrumental activities of daily living, mobility.

Figure 5.2: Multidisciplinary assessment includes standardised assessment of mental state



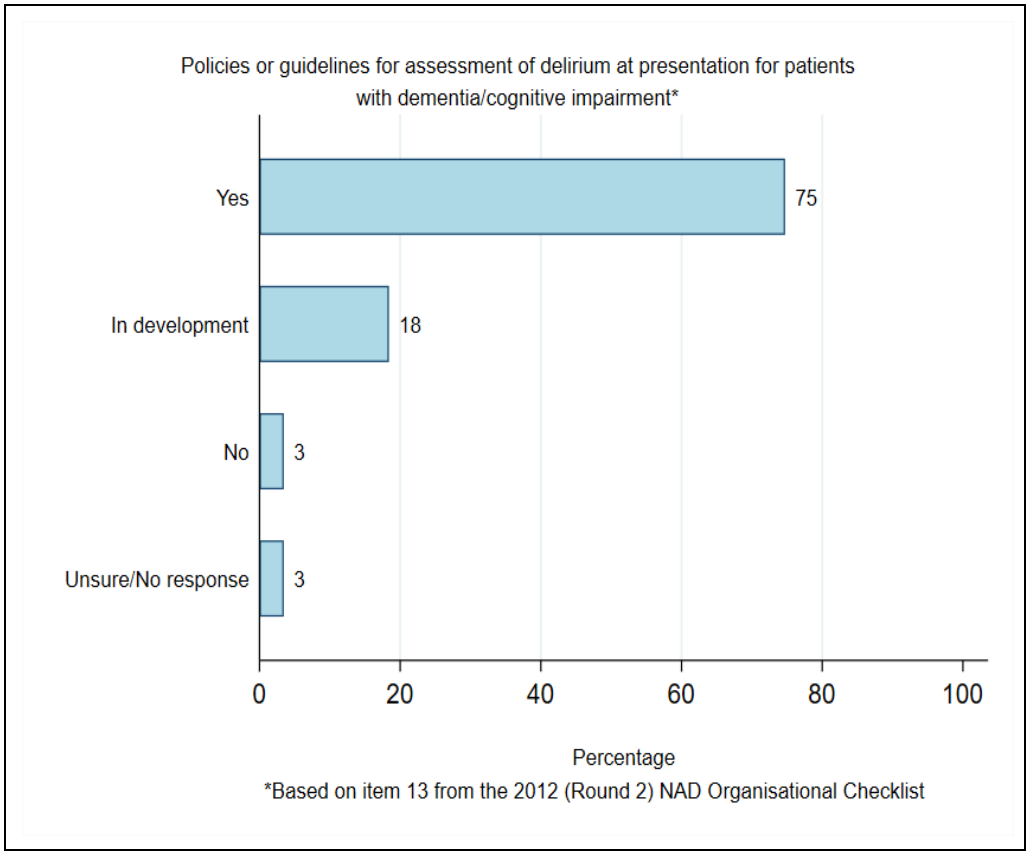
All acute NHS hospitals reported that their multidisciplinary assessment included assessment of mental state by standardised instrument

Figure 5.3: Social & environmental assessment includes financial support assessment



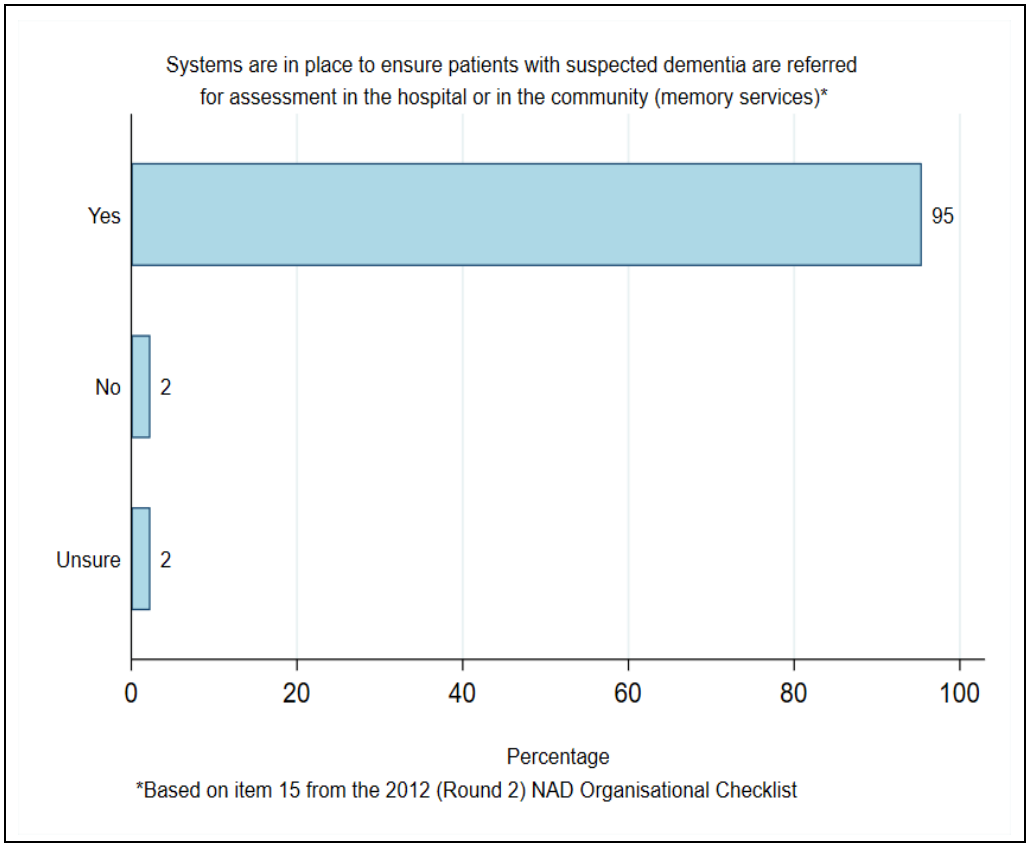
Over two thirds (69%) of acute NHS hospitals reported that their social & environmental assessment included a financial support assessment.

Figure 5.4: Policies or guidelines for assessment of delirium at presentation for patients with dementia/ cognitive impairment



Three quarters (75%) of acute NHS hospitals reported that they had policies/guidelines in place to ensure patients with dementia/cognitive impairment are assessed for delirium at presentation.

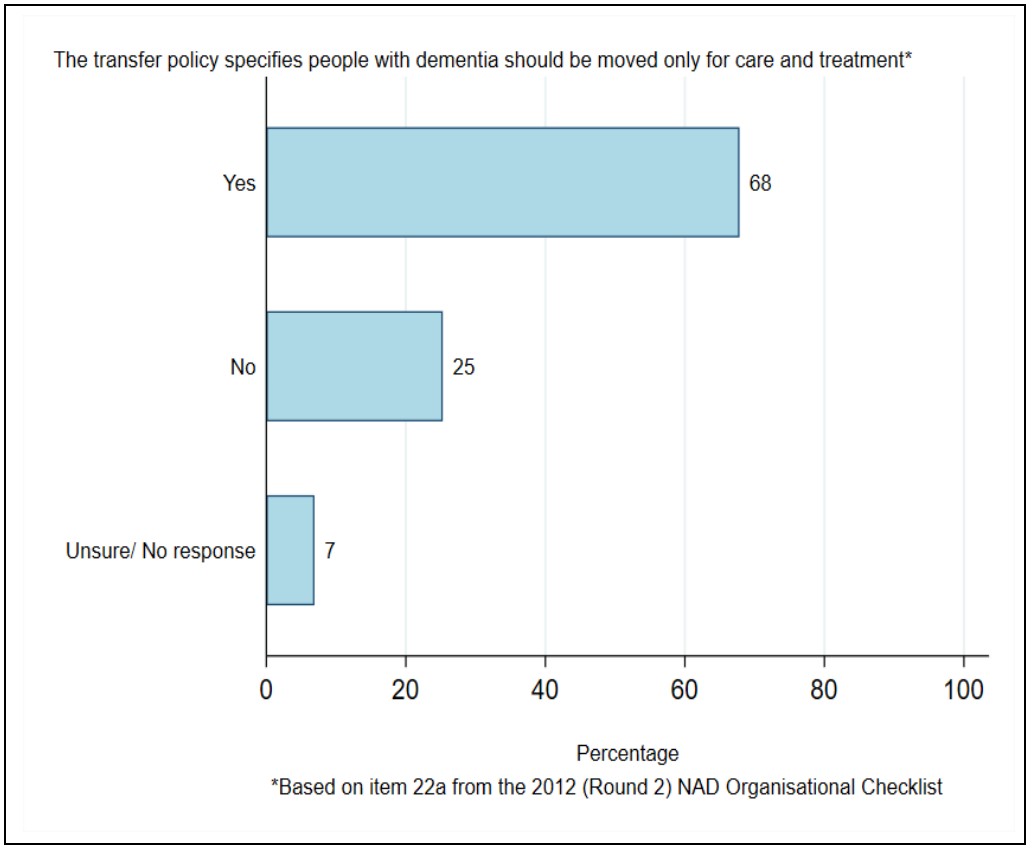
Figure 5.5: Systems are in place to ensure patients with suspected dementia are referred for assessment in hospital or in the community (memory services)



Almost all acute NHS hospitals (95%) reported systems in place to ensure patients with suspected dementia are referred for assessment in the hospital or in the community.

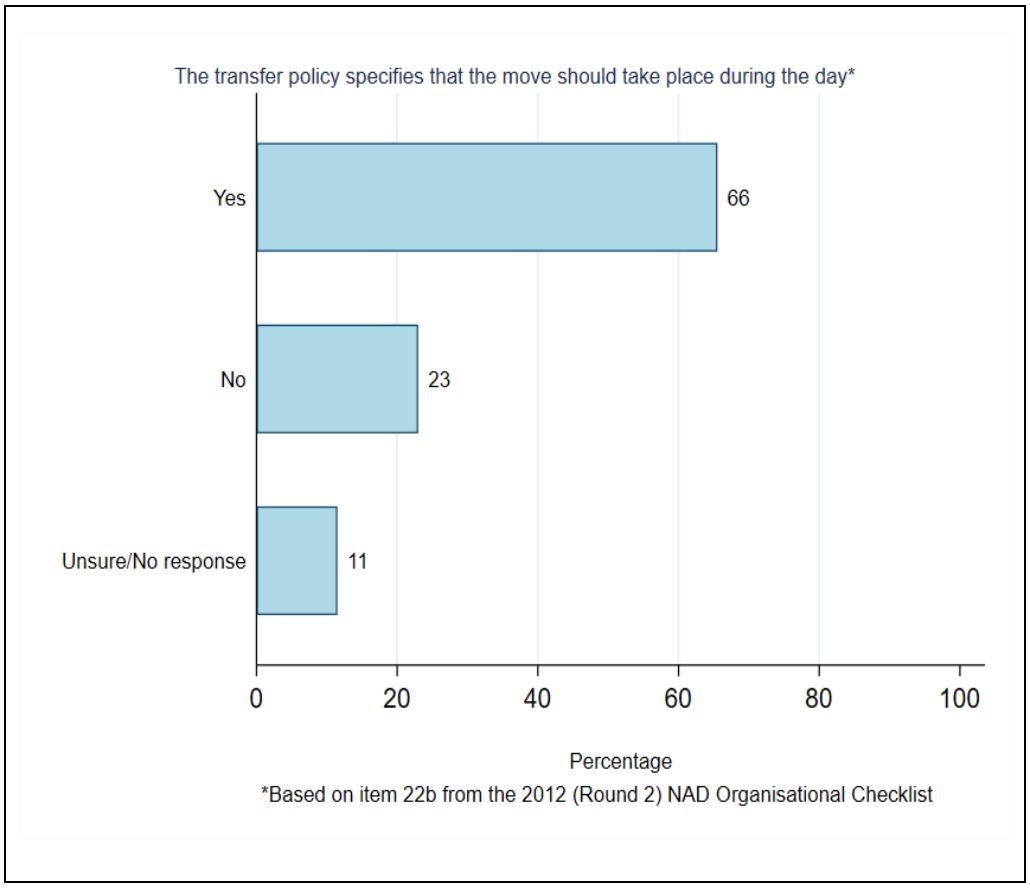
Acute NHS hospital policies and systems

Figure 6.1: Transfer policy specifies people with dementia should be moved only for reasons pertaining to their care and treatment



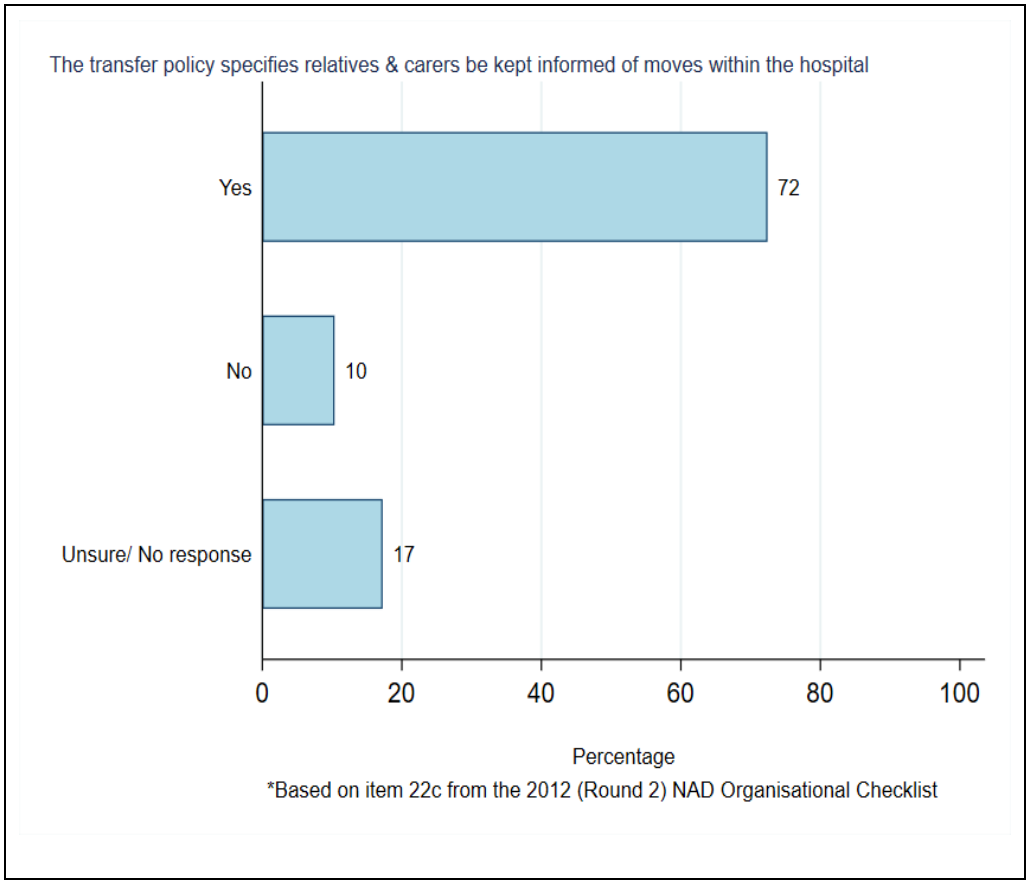
Just over two thirds of acute NHS hospitals (68%) reported that their transfer policy specifies people with dementia should be moved only for reasons pertaining to their care and treatment.

Figure 6.2: Transfer policy specifies that moves should take place during the day



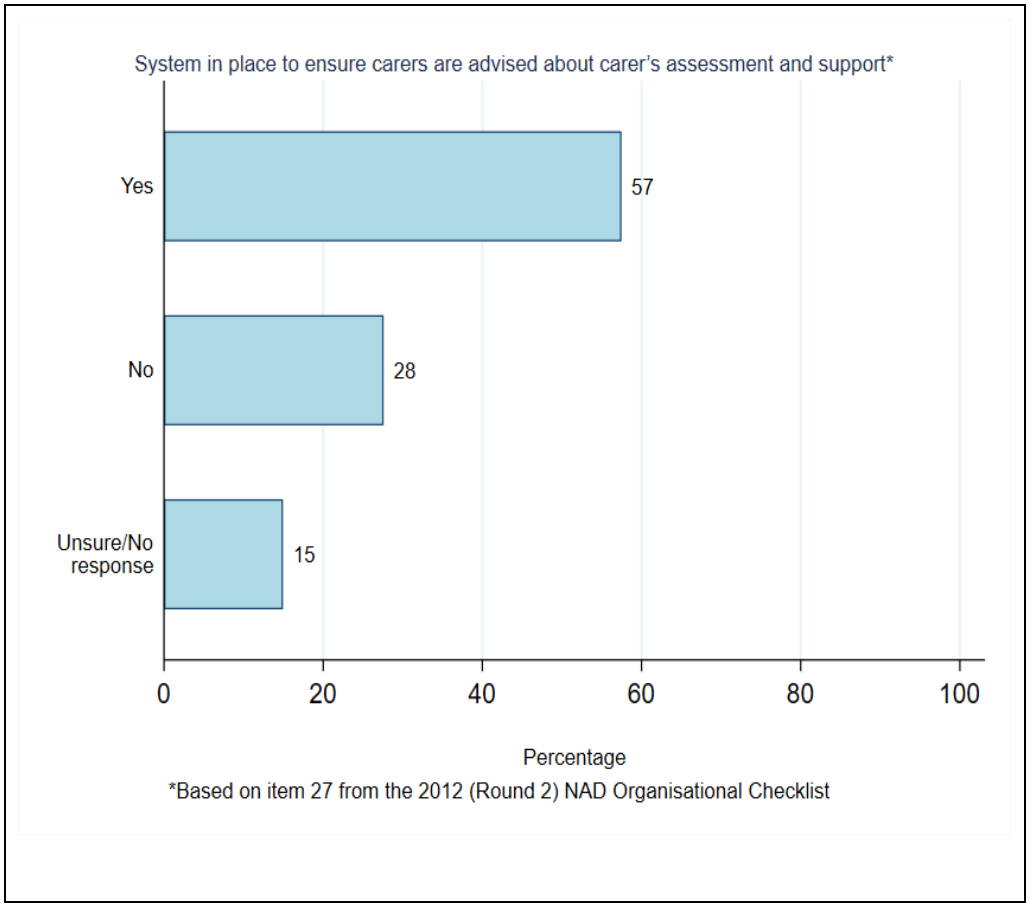
Two thirds of acute NHS hospitals (66%) reported that their transfer policy specifies that moves should take place during the day.

Figure 6.3: Transfer policy specifies that relatives and carers be kept informed of any moves within the hospital



Almost three quarters (72%) of acute NHS hospitals reported that their transfer policy specifies that relatives and carers are kept informed of any moves within the hospital.

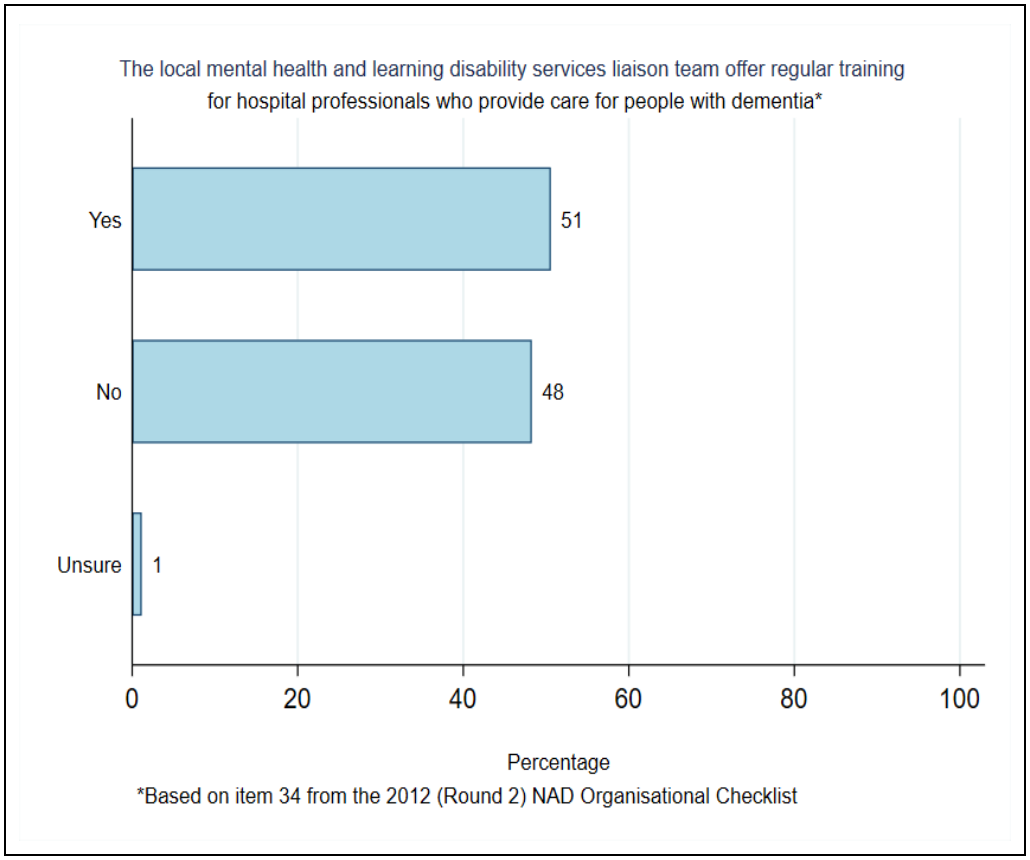
Figure 6.4: Systems in place to ensure that carers are advised about obtaining a carer's assessment and support



Systems were in place to ensure that carers are advised about obtaining a carer's assessment and support by just over a half of acute NHS hospitals (57%).

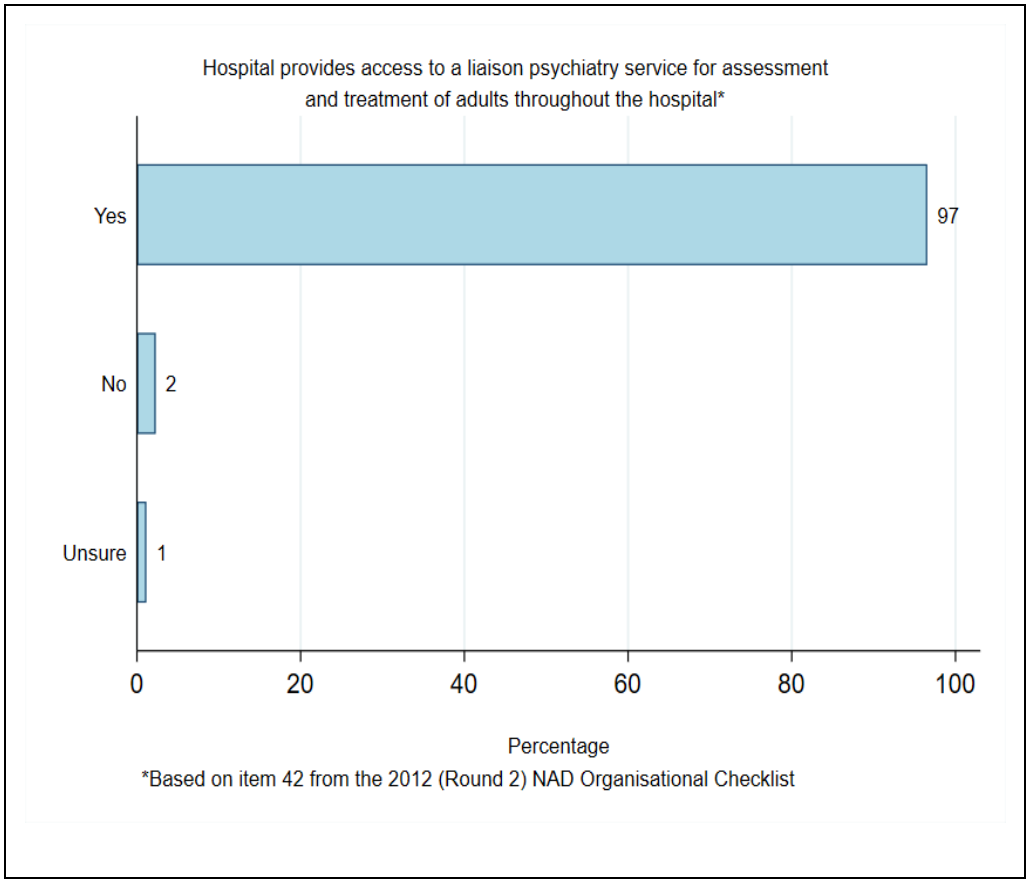
Who provides dementia training?

Figure 7.1: Percentage of acute NHS hospitals where the local mental health and learning disability services liaison team offered regular training for hospital professionals who provide care for people with dementia.



Half of acute NHS hospitals (51%) reported that the local mental health and learning disability services liaison team offered regular training for hospital professionals who provide care for people with dementia.

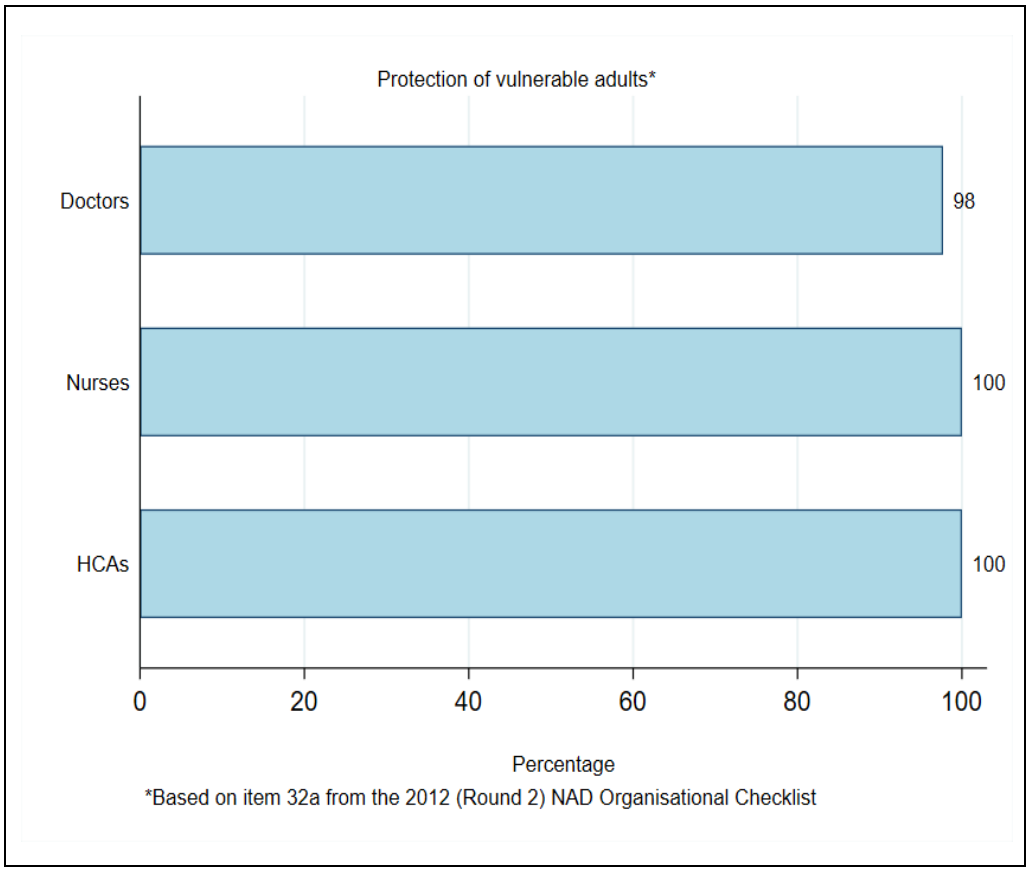
Figure 7.2: Percentage of acute NHS hospitals providing access to a liaison psychiatry service for assessment and treatment of adults throughout the hospital



Almost all acute NHS hospitals (97%) provide access to a liaison psychiatry service for assessment and treatment of adults throughout the hospital.

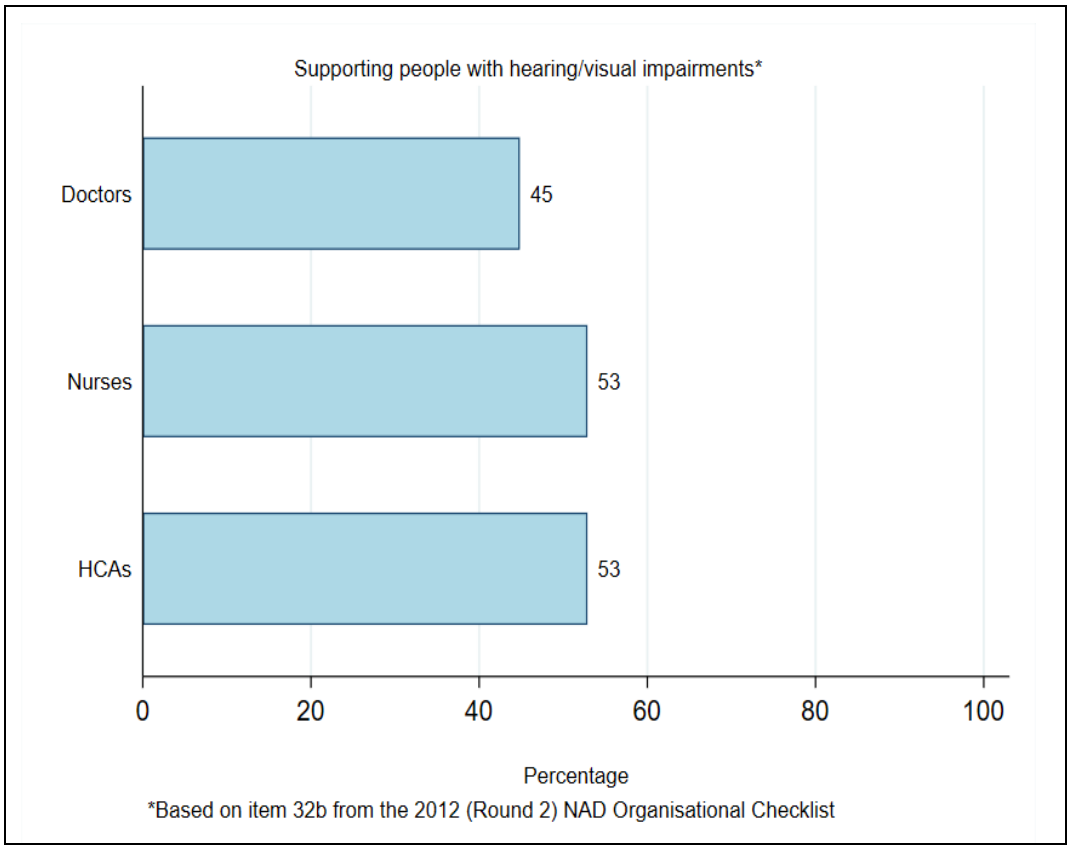
The next section reports the training provided to acute health care staff who are involved in the care of people living with dementia (or suspected dementia). We have provided the percentage of acute NHS hospitals that included each component in their Trust training programme (including in-house training, knowledge sharing sessions, induction, online training, or other scheduled learning event including ward based training provided by a specialist practitioner e.g. dementia champion or liaison nurse) or made this available via external provision in the last 12 months.

Figure 8.1: Percentage of acute NHS hospitals providing in house training or training via external provision in the protection of vulnerable adults in last 12 months for doctors, nurses and health care assistants (HCAs)



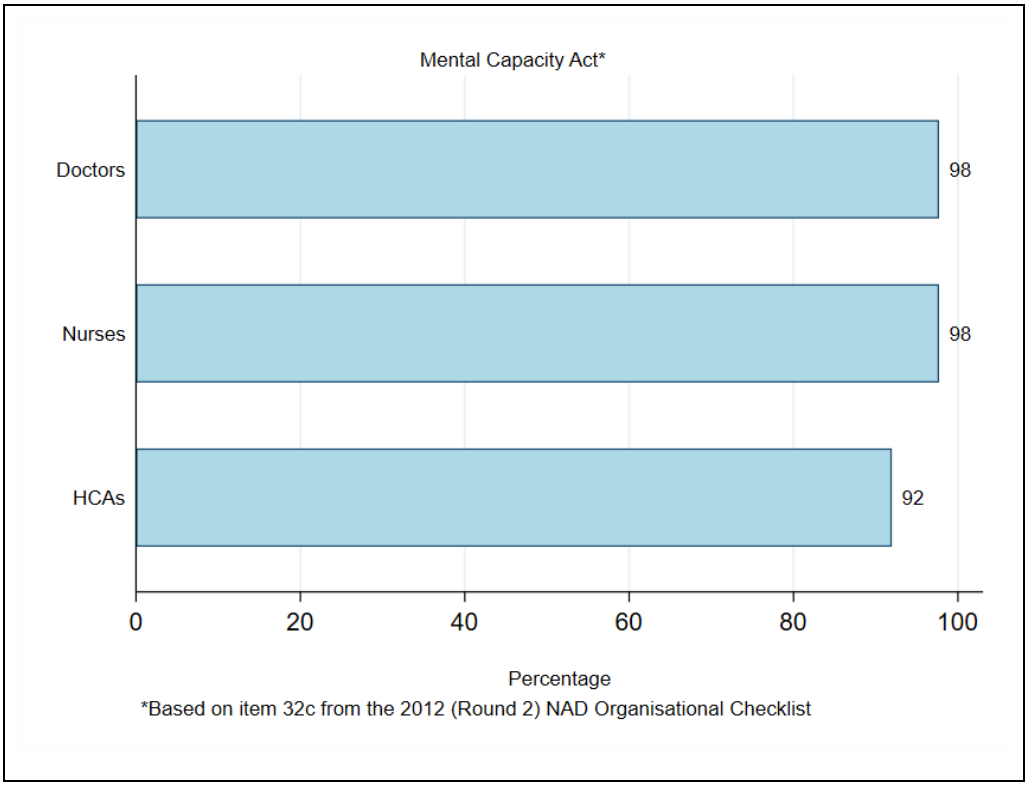
Almost all acute NHS hospitals reported providing in house training or via external provision in the protection of vulnerable adults for doctors (98%) and nurses and health care assistants (100%) in last 12 months.

Figure 8.2: Percentage of acute NHS hospitals providing in house training or training via external provision in the support of people with hearing/ visual impairments for doctors, nurses and health care assistants in the last 12 months



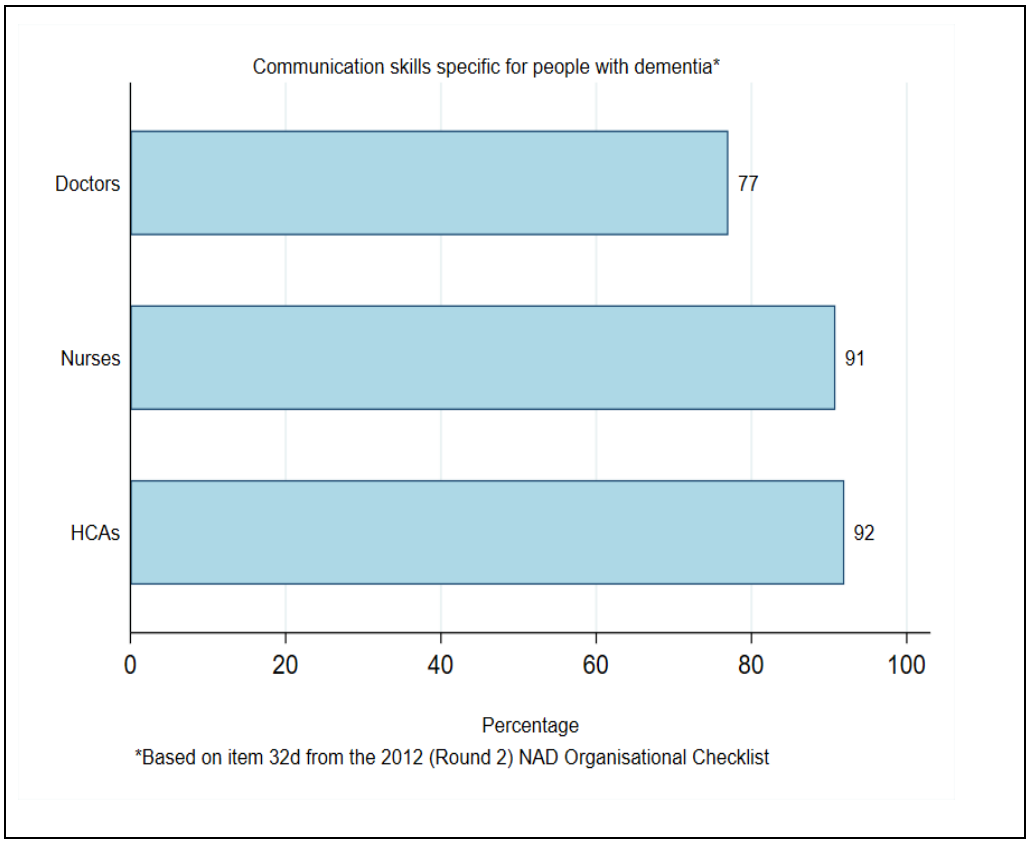
Around a half of all acute NHS hospitals reported providing in house training or via external provision in the support of people with hearing/ visual impairments for doctors (45%) and nurses and health care assistants (53%) in the last 12 months.

Figure 8.3: Percentage of acute NHS hospitals providing in house training or training via external provision in the Mental Capacity Act for doctors, nurses and health care assistants in the last 12 months



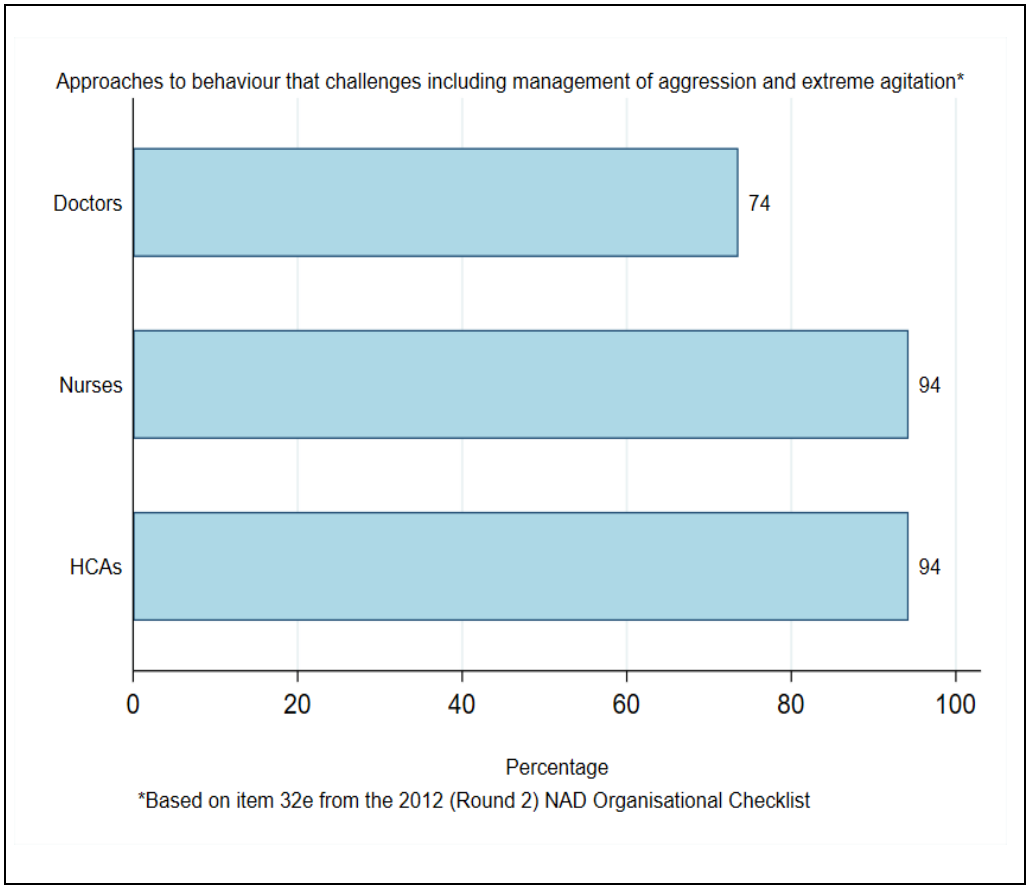
Almost all acute NHS hospitals reported providing in house training or via external provision in the Mental Capacity Act for doctors, nurses (98%) and health care assistants (92%) in the last 12 months.

Figure 8.4: Percentage of acute NHS hospitals providing in house training or training via external provision in communication skills specific for people living with dementia for doctors, nurses and health care assistants in the last 12 months



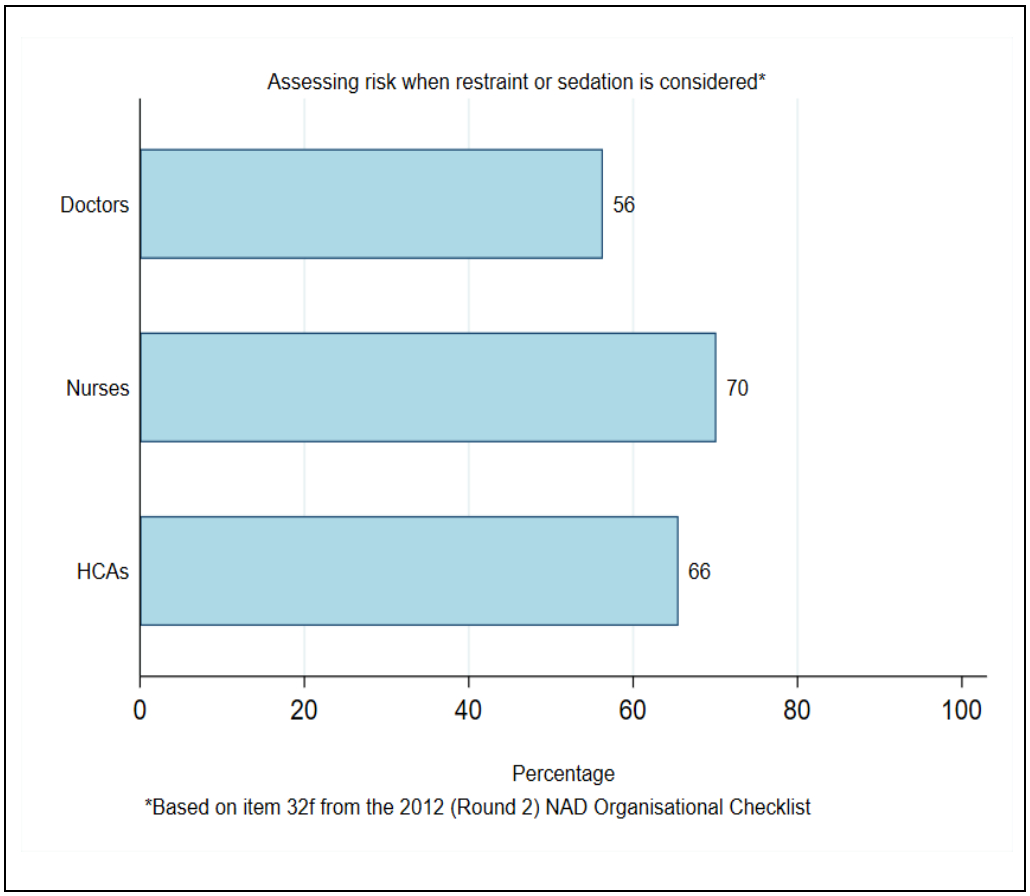
Most acute NHS hospitals reported providing in house training or via external provision in communication skills specific for people living with dementia for doctors (77%), nurses (91%) and health care assistants (92%) in the last 12 months.

Figure 8.5: Percentage of acute NHS hospitals providing in house training or training via external provision in approaches to behaviour that challenges including the management of aggression and extreme agitation for doctors, nurses and health care assistants in the last 12 months



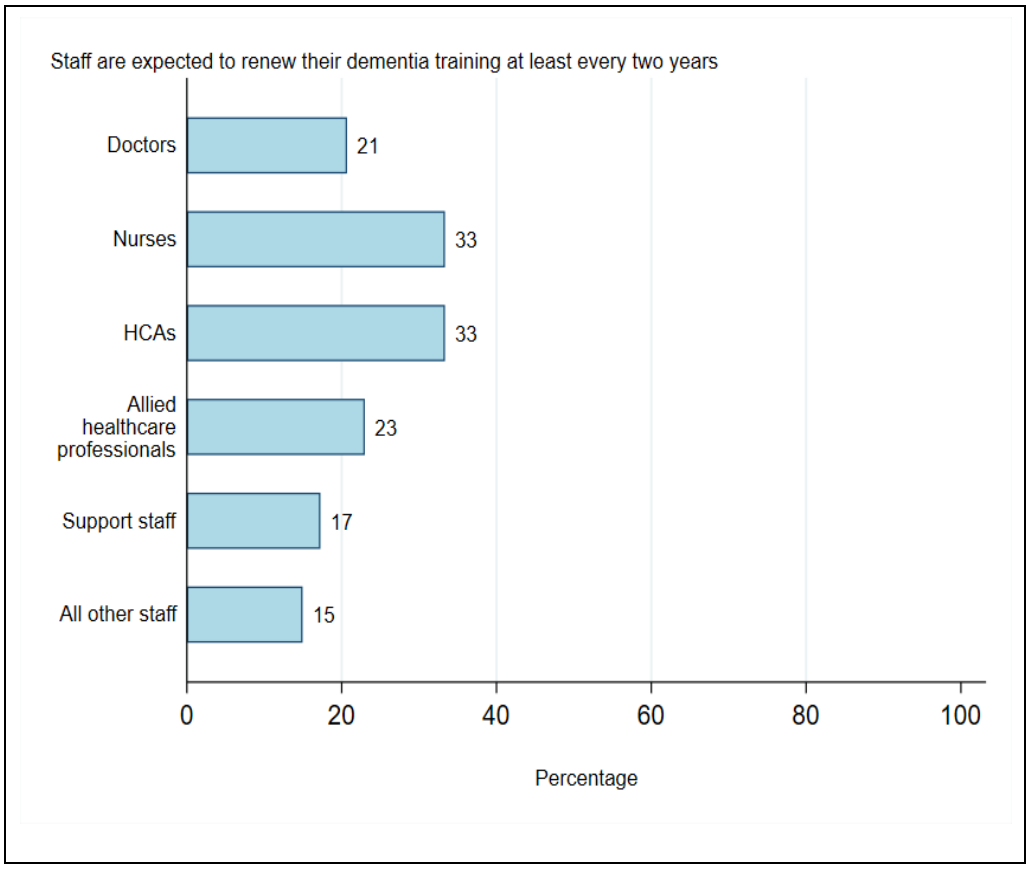
Most acute NHS hospitals reported providing in house training or via external provision in approaches to behaviour that challenges including the management of aggression and extreme agitation for doctors (74%) and nurses and health care assistants (94%) in the last 12 months.

Figure 8.6: Percentage of acute NHS hospitals providing in house training or training via external provision in assessing risk when restraint or sedation is considered for doctors, nurses and health care assistants in the last 12 months



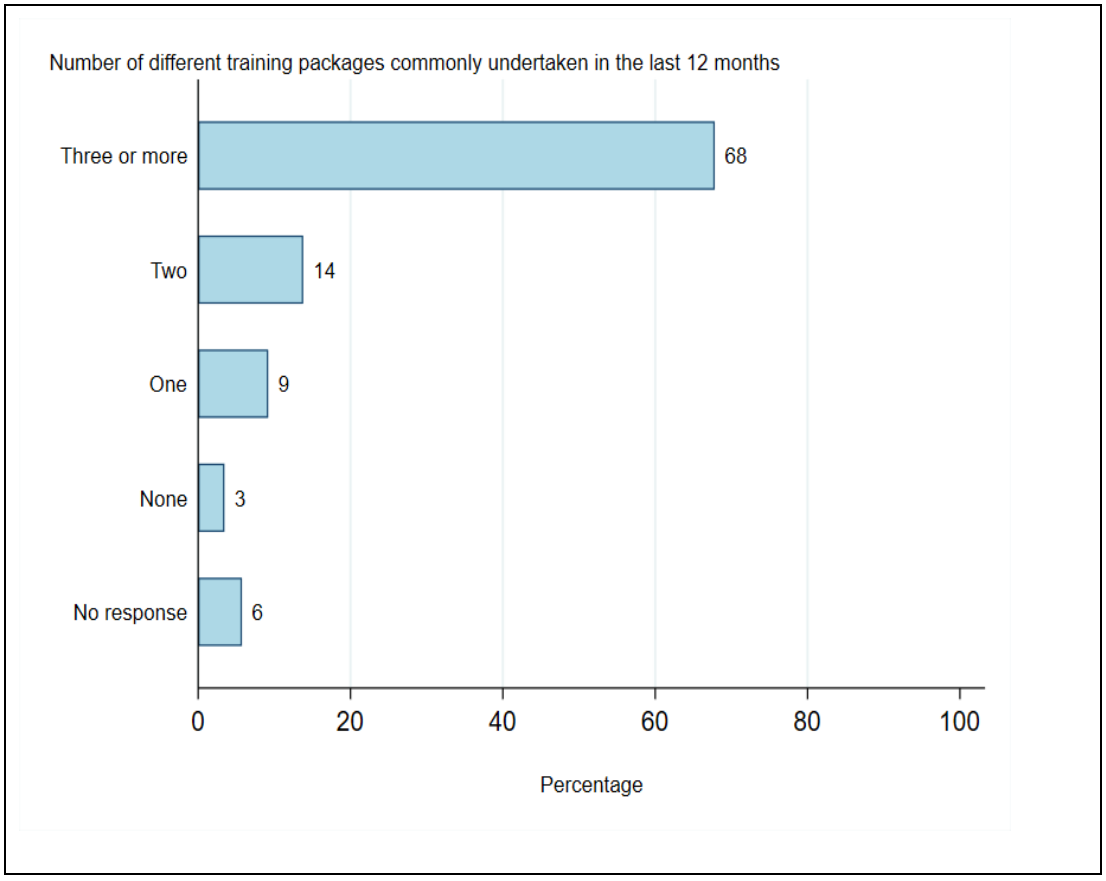
Over half of all acute NHS hospitals reported providing training (in house or via external provision) in assessing risk when restraint or sedation is considered in the last 12 months for doctors (56%), nurses (70%) and health care assistants (66%).

Figure 9: Percentage of acute NHS hospitals where staff were expected to renew their dementia training at least every two years



We asked acute NHS hospitals if staff were expected to renew their dementia training at least every two years. Responses were provided by staff group and a third of hospitals reported that nurses and healthcare assistant were expected to renew dementia training at least every two years. Whereas about a fifth of doctors (21%) and allied healthcare professionals (23%) were expected to renew their dementia training at least every two years. This was lower for support staff (17%) and for all other staff (15%).

Figure 10: Number of different training packages commonly undertaken in acute NHS hospitals in the last 12 months



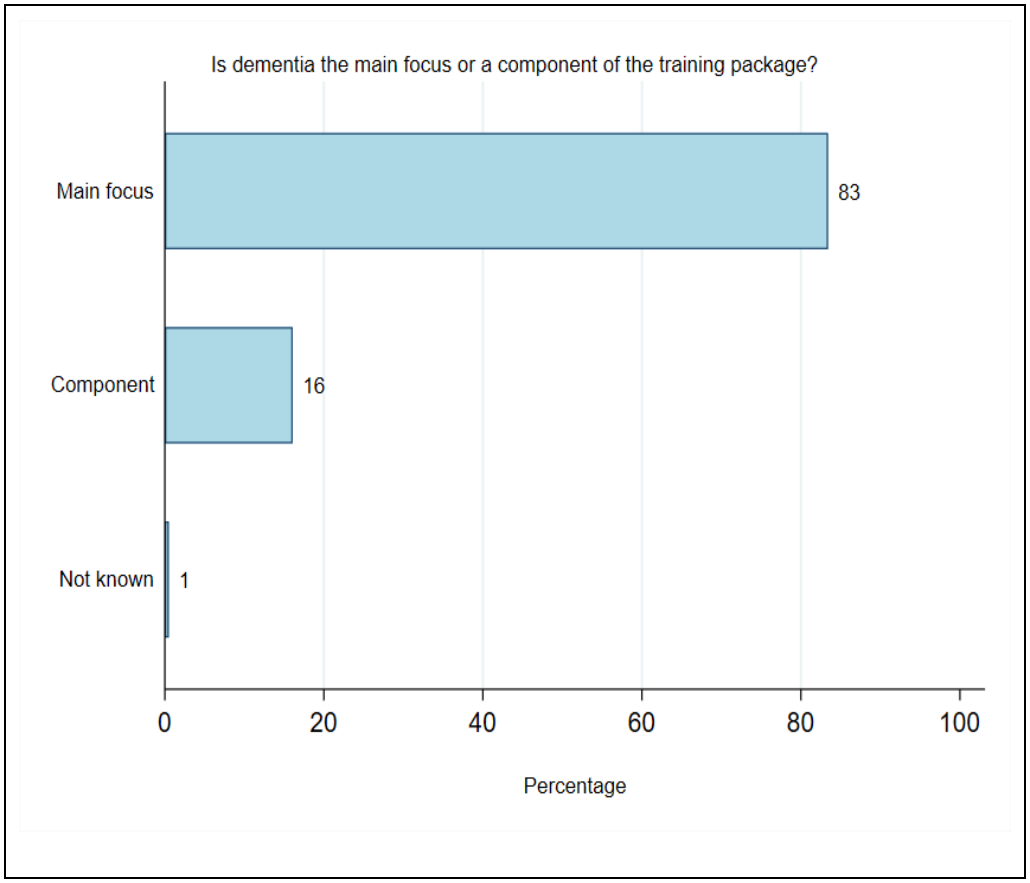
We explored the training provision available in the last 12 months at the time of the questionnaire completion.

For the majority of acute NHS hospitals (68%), at the time of reporting there were three or more different training packages commonly undertaken in the last 12 months.

Characteristics of the most commonly undertaken packages: content, development, assessment, accreditation, mode of delivery, involvement of people with dementia

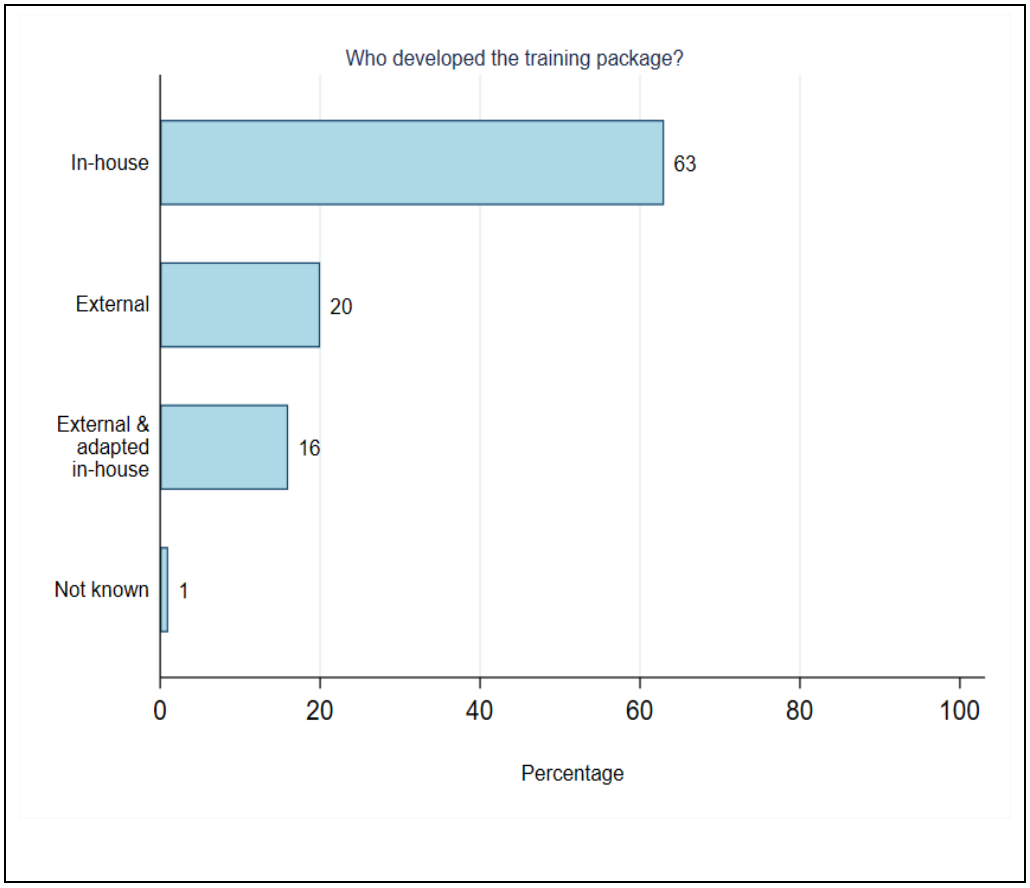
Please note that the data for all the following graphs and the table are based on the first three packages reported by each acute NHS hospital and does not include all the training packages that may have been available to staff. These three packages are usually reported as the most commonly undertaken packages. The figures are based on a total of 200 different dementia training packages across 87 acute NHS hospitals.

Figure 11.1: Is dementia the main focus or a component of the training package?



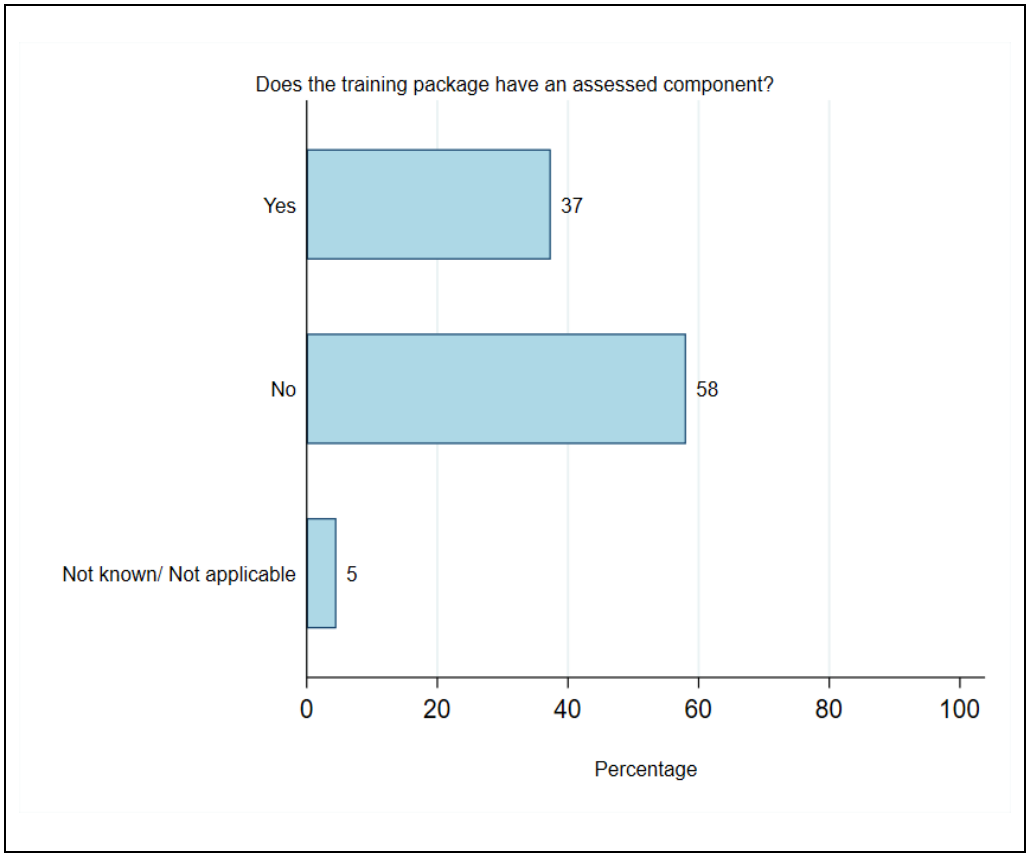
Respondents reported that dementia tended to be the main focus of these training packages (83%) whereas dementia was a component in much fewer training packages (16%).

Figure 11.2: Who developed the training package?



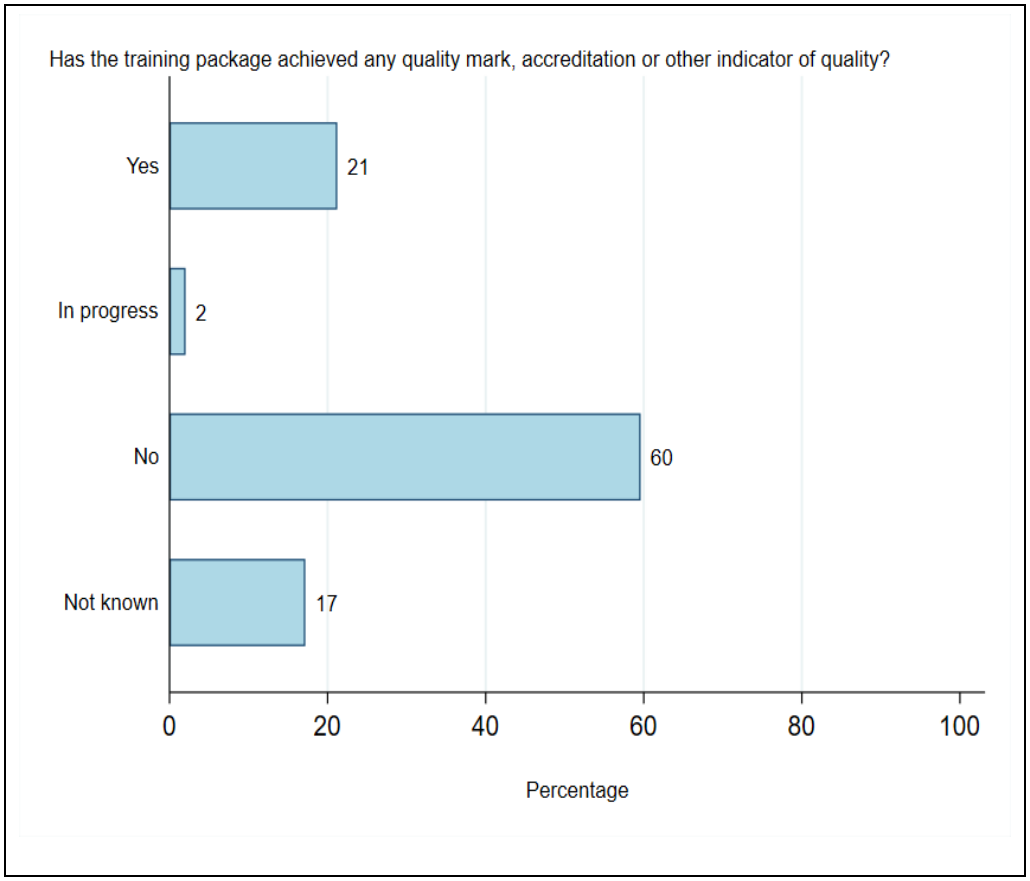
Amongst the most commonly undertaken packages, respondents in almost two thirds (63%) of acute NHS hospitals reported that they were developed in-house. A fifth were developed externally and fewer still (16%) where externally developed and adapted in house.

Figure 11.3: Does the training package have an assessed component?



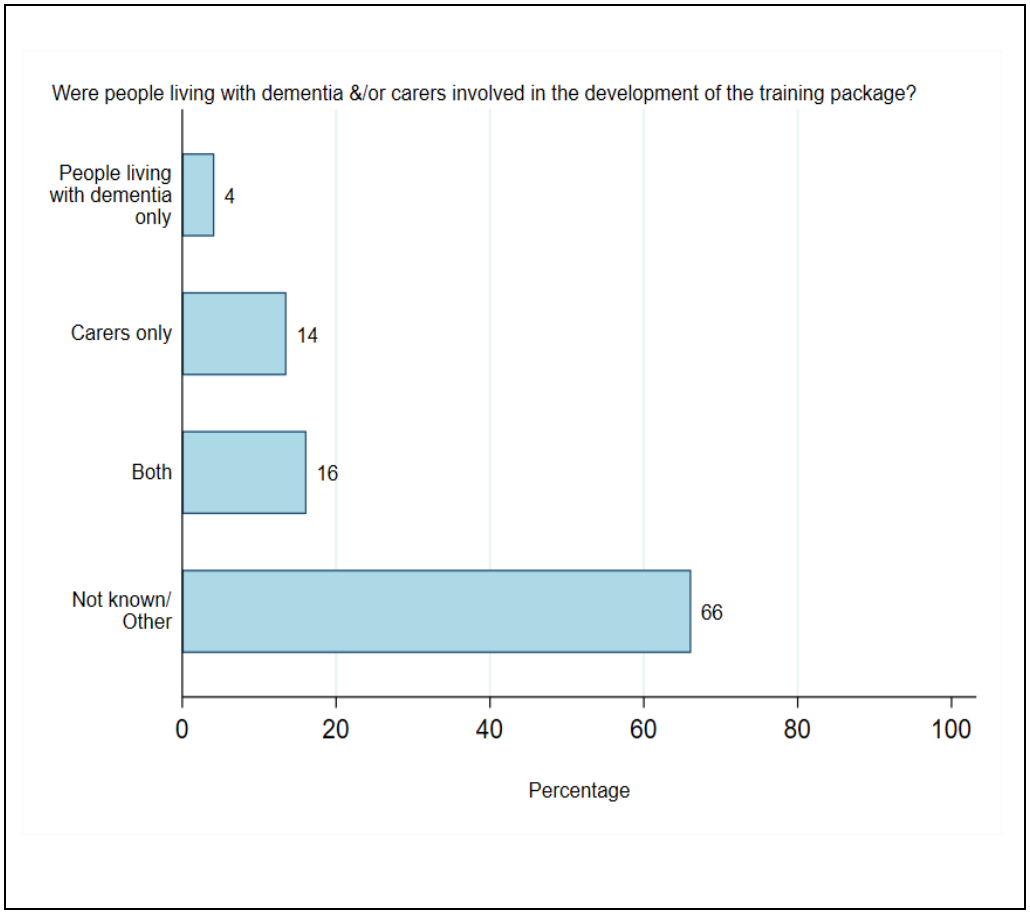
Amongst the most commonly undertaken packages, respondents in acute NHS hospitals reported that over half (58%) were not assessed; just over a third (37%) of training packages had an assessed component.

Figure 11.4: Has the training package achieved any quality mark, accreditation or other indicator of quality?



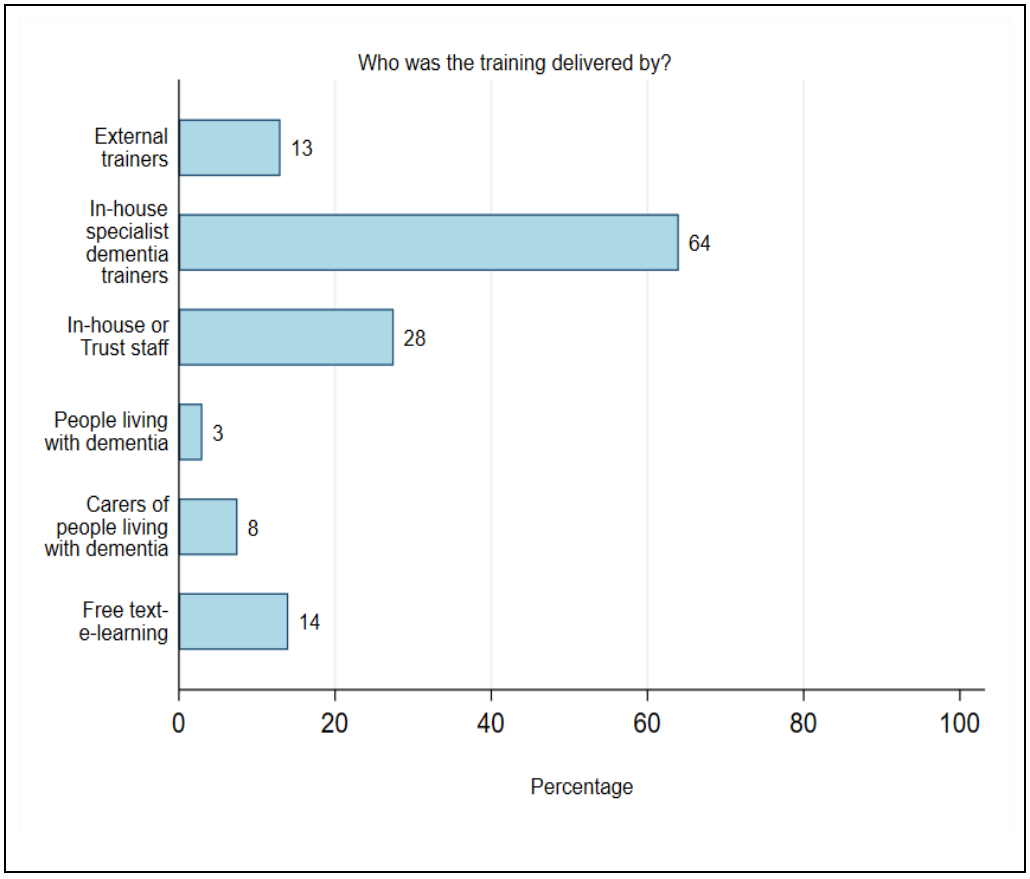
Amongst the most commonly undertaken training packages, respondents in acute NHS hospitals reported that only a fifth (21%) had achieved any quality mark, accreditation or other indicator of quality.

Figure 11.5: Were people living with dementia and/or carers involved in the development of training package?



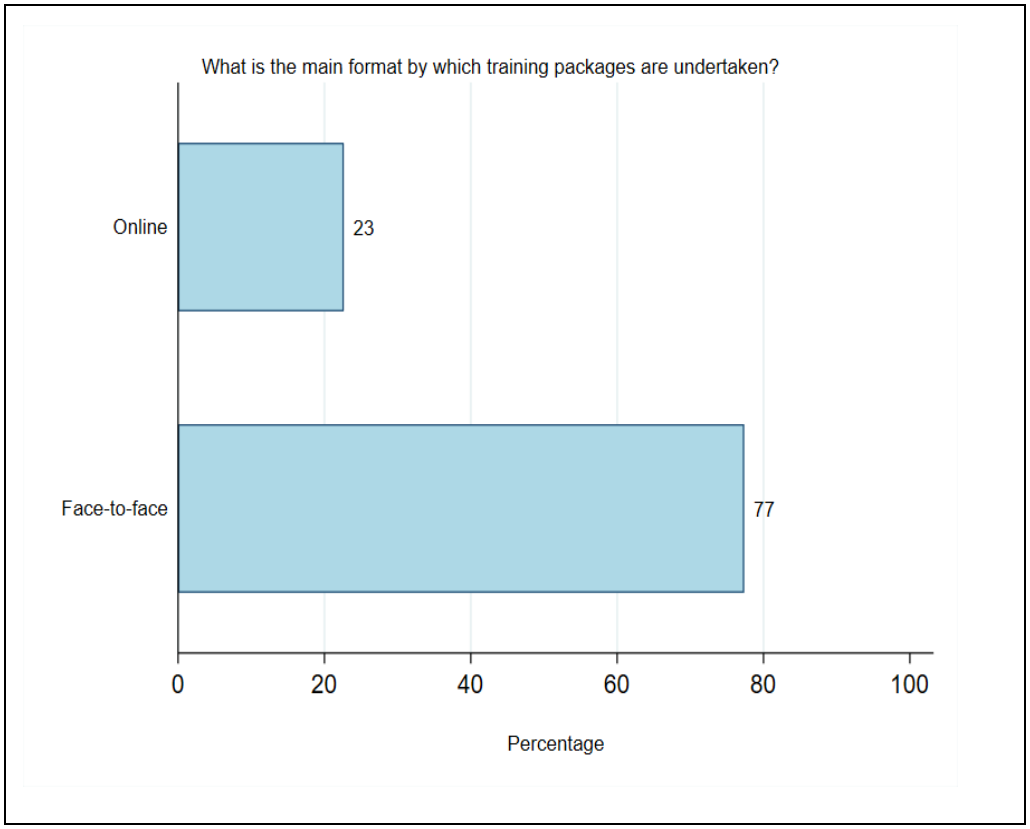
The involvement of people living with dementia and/or carers in the development of training packages was reported in a third of acute NHS hospitals. The involvement of carers in the development of training packages was reported more than the involvement of people living with dementia (30% of acute NHS hospitals compared to 20%).

Figure 11.6: Who delivered the training?



Amongst the most commonly undertaken training packages, respondents in acute NHS hospitals reported that in house specialists (64%) or in house or Trust staff (28%) were most likely to deliver the training. Thirteen per cent of acute NHS hospitals reported that external trainers delivered the training. Fourteen per cent of acute NHS hospitals reported that e-learning delivery was adopted. Fewer acute NHS hospitals involved people living with dementia (3%) or carers of people living with dementia (8%) in the delivery of these training packages.

Figure 11.7: What is the main format of the training packages?*



*Hospitals may have ticked both options for online and face to face if 2 or 3 packages.

Amongst the most commonly undertaken training packages, respondents in acute NHS hospitals reported that these were mostly (77%) face to face format rather than online (23%).

Table 2: Percentage of hospitals that delivered training to staff groups in various aspects of dementia care in at least one of the top 3 reported training packages*

Aspects of dementia care:	Doctors % (n)	Nurses % (n)	Health care assistants % (n)	Allied healthcare Professionals % (n)	Support staff % (n)	All other staff % (n)
Dementia identification, assessment & diagnosis	30 (26/87)	36 (31/87)	37 (32/87)	36 (31/87)	26 (23/97)	23 (20/87)
Person centred dementia care	37 (32/87)	43 (37/87)	43 (37/87)	43 (37/87)	31 (27/87)	29 (25/87)
Communication, interaction and behaviour in dementia care	34 (30/87)	43 (37/87)	43 (37/87)	43 (37/87)	31 (27/87)	26 (23/87)
Health & wellbeing in dementia care	32 (28/87)	40 (35/87)	40 (35/87)	39 (34/87)	30 (26/87)	29 (25/87)
Pharmacological interventions in dementia care	21 (18/87)	28 (24/87)	28 (24/87)	28 (24/87)	20 (17/87)	15 (13/87)
Living well with dementia & promoting independence	33 (29/87)	41 (36/97)	41 (36/87)	41 (36/87)	32 (28/87)	30 (26/87)
Law, ethics & safeguarding in dementia care	28 (24/87)	33 (29/87)	33 (29/87)	33 (29/87)	25 (22/87)	25 (22/87)
Research & evidence based practice in dementia care	20 (17/87)	29 (25/87)	29 (25/87)	29 (25/87)	23 (20/87)	21 (18/87)
Support &,or advice for family carers & relatives of people living with dementia	32 (28/87)	40 (35/87)	40 (35/87)	39 (34/87)	29 (25/87)	28 (24/87)

*Based on the number of hospitals that provided each different aspect of training to a staff group in at least one of the 1-3 reported training packages.

The aspects of dementia care training varied between professional groups. Doctors, support staff and other staff received a reduced content of dementia care training.

Part 2: Reflections

Challenges associated with evaluating and collecting national level survey data on dementia training in acute NHS hospitals

There are a number of limitations that need to be considered when interpreting these findings. Firstly, the survey achieved a 45% response rate. This is a good response for a large scale survey of this kind without a mandatory completion directive as with the National Audit of Dementia. However, this does mean that we do not know if the respondent hospitals are representative of the total acute NHS hospital population. The data reported describes responses collected in 2017 and therefore may vary with the current picture. Some of the data collections pre-date the launch of the Dementia Training Standards Framework and the outputs from the What Works study, both of which have served to provide a renewed focus on dementia education and training.

We observed much variation in the collection of training data in the acute NHS hospitals. One of the main barriers to completing the survey was that some acute NHS hospitals did not collect data at an individual level (i.e. dementia training data of staff at a hospital, as opposed to Trust level). We thank participating hospitals for contributing to the study, and for completing the survey as fully as possible.

Dementia training in acute NHS hospitals and neighbourhoods: What leads to success?

The DEMTRAIN research team have worked with people living with dementia and carers as co-researchers in all phases of this mixed method study. Co-researchers were involved in the design of the large scale, organisational survey, the findings of which are reported here, and the design of interview tools, hospital case study visits, and data analysis and in the development of the attached dementia training infographic model. This material will help to inform NHS hospital dementia leads, trainers, champions, specialist clinicians and senior managers in planning, developing and evaluating educational programmes in hospital settings.

We noted that hospitals and their staff's interaction and integration within the community and neighbourhood is also fundamental to successful delivery of services. There is a symbiotic relationship with the neighbourhood. Hospitals tap into and can engage with broader neighbourhood resources (volunteers, primary and community health and social care, third sector organisations, people living with dementia and carers). Staff themselves may live within the neighbourhood and indeed be current or previous patients and as such there is constant learning and reflecting in and outside the hospital. These relationships and influencers shape the organisation, its services and seat within the community it serves.

Throughout the whole study we found that there was little understanding of the impacts of dementia training in acute NHS hospitals, literature in the area is weak and training initiatives are generally poorly evaluated. We identified five key drivers to successful dementia training and learning in acute NHS hospitals:

a) **Experiential learning and not simply training.** Regardless of which staff group we asked…doctors, nurses, health care assistants, receptionists, and porters, there was an appetite for learning more about dementia. Experiential learning includes:
    i. Learning about dementia on the job/ward (in situ learning)
    ii. Drawing on expertise, experiences and reflections of people living with dementia and their carers
    iii. Drawing on staffs' expertise, experiences and reflections
    iv. Valuing contributions from wider neighbourhood resources, e.g. local dementia organisations or projects.

b) **Engaged and responsive leadership** at all levels is central to training and learning in acute NHS hospitals. Leaders need to engage with the staff, spending time on wards, realising the barriers and challenges that staff face day-to-day, and seeing care delivery in person. In our focus groups, staff noted that those in Trust, Board and higher level leadership roles very rarely came/visited the ward. Many participants felt that this could be a key way to

encourage better understanding of care, and help identify the specific need for dementia training and learning.

c) **Leaders who are advocates for dementia**, as there are often broader issues around care as a whole, not only limited to dementia training and learning, that are connected to resources, staff work load and allocation etc.

d) **Involvement of people living with dementia and carers**, especially through drawing on neighbourhood dementia networks and organisations, at all stages of planning, development and delivery of dementia training.

e) **Sufficient resources** (including time and staff workload). As well as funds for training (including for planning, delivering and evaluating), and resources for involvement of people living with dementia and carers at all stages should be planned.

We have also summarized the **KEY RECOMMENDATIONS** from the study below:

1. Multiple and mixed approaches of **assessing the impact of dementia training** are needed. These methods need to acknowledge the complex contexts in which dementia care and training occurs in acute NHS hospitals.

2. Many staff at many acute NHS hospitals have conflicting priorities, and often work in conditions that include high staff workloads and pressured environments. Therefore, when it comes to developing, delivering and evaluating the impact of dementia training, attention needs to be on **securing funds and resources** (something which is very much connected to our point about leadership). Consideration of staff time involved needs attention to the time needed to train others, the time of those staff who attend a training session, replacement staff for those leaving the ward to attend a training session and the time for staff to use experiential learning opportunities when these present in clinical environments through routine care delivery.

3. Resources for **involvement of people living with dementia and carers** also needs to be planned for all stages. The ways people living with dementia and carers can have substantial involvement in the development of a dementia training programme, right down to its delivery and evaluation need to be considered and incorporated.

4. **Recognise the flow of people throughout the neighbourhood**, with people moving from and returning to home or care homes, from hospital to care homes and vice versa. This movement is relevant during standard operation but has specific significance during pandemic conditions where flow of patient and staff populations are managed and restricted.

5. **Recognising the flow of people throughout the hospital** and the relevance of neighbourhood to understanding its impact on people living with dementia and carers, for example people moving from and returning to home or care homes, from hospital to care homes and vice versa. This movement is relevant during standard operation but has critical significance during pandemic conditions where flow of patient and staff populations are managed and restricted.

6. Staff themselves may live within the neighbourhood and indeed be current or previous patients and as such are **constantly learning and reflecting in and outside the hospital**.

The DEMTRAIN research team have, from all our research to date, developed an infographic model summarizing the programme theory and logic model of the key factors that lead to successful dementia training in acute NHS hospital settings in Appendix 1 (also available on line: https://www.bradford.ac.uk/dementia/research/current-projects/demtrain/LU_logic_theory_v16_web.pdf. We have also developed this as an interactive web-based resource https://www.bradford.ac.uk/dementia/research/current-projects/demtrain/training/. These resources illustrate the complex landscape of dementia training in acute NHS hospitals, through charting the mechanisms, interactions, barriers and facilitators to dementia training in this acute care setting.

We hope you find this report helpful.

Please let us know how you use the information contained in this report as this will help us to evaluate the impact of this research.

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References

Ahmed, F., Morbey, H., Harding, A., Reeves, D., Swarbrick, C., Davies, L., Hann, M., Holland, F., Elvish, R., Leroi, I., Burrow, S., Burns, A., Keady, J. & Reilly, S. (2020) Developing the evidence base for evaluating dementia training in NHS hospitals (DEMTRAIN): a mixed-methods study protocol. *BMJ Open,* 10(1)**,** e030739.

Alzheimer's Society (2020) *Alzheimer's Society's view on demography*. Available at: https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/demography [Accessed 1 July 2020].

Department of Health (2009) *Living well with dementia: A national dementia strategy.* London: Crown.

Department of Health (2015) *Prime Minister's challenge on dementia 2020.* London: Department of Health.

Health, D. O. (2001) *Older People: National Service Framework for Older People.* London: Department of Health.

Health Education England/Department of Health (2018) *Dementia Training Standards Framework.* London: Health Education England/Department of Health.

King's College London, The London School of Economics & Alzheimer's Society (2007) *Dementia UK.* London: Alzheimer's Society.

Prince, M., Knapp, M., Guerchet, M., Mccrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A. & Salimkumar, D. (2014) *Dementia UK: Second Edition.* London: Alzheimer's Society.

Rogers, P. J. (2008) Using programme theory to evaluate complicated and complex aspects of interventions. *Evaluation,* 14(1)**,** 29-48.

Scerri, A., Innes, A. & Scerri, C. (2017) Dementia training programmes for staff working in general hospital settings – a systematic review of the literature. *Aging & Mental Health,* 21(8)**,** 783-796.

Spector, A., Orrell, M. & Goyder, J. (2013) A systematic review of staff training interventions to reduce the behavioural and psychological symptoms of dementia. *Ageing Res Rev,* 12(1)**,** 354-64.

Surr, C. A., Sass, C., Burnley, N., Drury, M., Smith, S. J., Parveen, S., Burden, S. & Oyebode, J. (2020) Components of impactful dementia training for general hospital staff: a collective case study. *Aging & Mental Health,* 24(3)**,** 511-521.

Acknowledgements

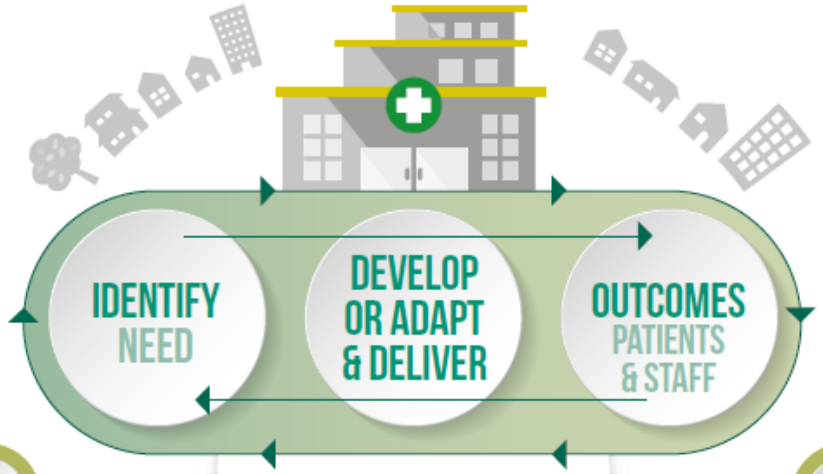
We are grateful for the funding from the Economic and Social Research Council (ESRC) and National Institute for Health Research (NIHR). Work Programme 5, Developing the evidence base for evaluating dementia training in NHS hospitals (DEMTRAIN), forms part of the ESRC/ NIHR Neighbourhoods and Dementia mixed-methods Study (https://sites.manchester.ac.uk/neighbourhoods-and-dementia/) under grant: ES/L001772/1. Our special thanks to Garstang Memory Café, Scottish Dementia Working Group, all of our co-researchers who have helped us. We thank all the participants and all who helped us in the study, the DEMTRAIN Advisory Group and Marie Crane, Research Co-ordinator.

Appendix 1

Dementia training in hospitals and neighbourhoods:

What leads to success?

Developing the Evidence Base for Evaluating Dementia Training in NHS Hospitals (the DEMTRAIN study). This work forms part of the ESRC/NIHR Neighbourhoods and Dementia mixed methods study.



DEMENTIA TRAINING & LEARNING

Leadership
Supportive and responsive leaders who are dementia advocates

Resources
Time and/or resources (incl. equipment and access to external trainers)

Involving people living with dementia & carers
Bringing stories and narratives of people living with dementia to training and learning

Expertise and skills
Staff expertise, capacity and experience

Dementia training, education and learning
Recognising the importance of dementia, training, education and learning

Existing practice & environment
Organisational culture and environment

Evaluating dementia training & learning
Importance of evaluating dementia training and learning including from the perspective of people living with dementia & carers

Policies
Organisational/ national policy

Motivating and encouraging staff or trainees
Confident and motivated staff - incentives, rewards or targets (e.g. CQUIN, Trust targets, etc.), not charging or having unnecessary costs on individual staff and trainees

Experiential learning
Learning about dementia on the job/ward (in situ learning)

Neighbourhoods
Achieving integration & interaction within the communities and neighbourhoods that the hospital relates to

The following organisations support the use of this resource:

Royal College of Nursing

DementiaUK
Helping families face dementia

Lancaster University 2020
VI Resource review date January 2023

For more information see: https://www.bradford.ac.uk/dementia/research/demtrain/ or contact Professor Siobhan Reilly s.reilly@bradford.ac.uk who led this study. The support of the Economic and Social Research Council (ESRC) and National Institute for Health Research (NIHR) is gratefully acknowledged.

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Improving Dementia Care ESRC·NIHR

The University of Manchester

Health Research | Lancaster University

People living with dementia, carers, nurses, doctors, health care assistants, allied health professionals, porters, domestics, security, facilities, managers, chaplains and volunteer staff were involved in the development of this resource.

To cite this resource: **Neighbourhoods and Dementia (2020) Dementia training in hospitals and neighborhoods: What leads to success? version 1, https://www.bradford.ac.uk/dementia/research/demtrain/**
To view the interactive version of this infographic, click this link or visit: **https://www.bradford.ac.uk/dementia/research/demtrain/**

Appendix 2: Dementia training in acute NHS hospitals and neighbourhoods: What leads to success?

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We noted that hospitals and their staff's interaction and integration within the community and neighbourhood is also fundamental to successful delivery of services. There is a symbiotic relationship with the neighbourhood. Hospitals tap into and can engage with broader neighbourhood resources (volunteers, primary and community health and social care, third sector organisations, people living with dementia and carers). Staff themselves may live within the neighbourhood and indeed be current or previous patients and as such there is constant learning and reflecting in and outside the hospital. These relationships and influencers shape the organisation, its services and seat within the community it serves.

Throughout the whole study we found that there was little understanding of the impacts of dementia training in acute NHS hospitals, literature in the area is weak and training initiatives are generally poorly evaluated. We identified five key drivers to successful dementia training and learning in acute NHS hospitals:

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2. We need to acknowledge that in many of the acute NHS hospitals there are staff who have conflicting priorities, and are often working in conditions that include high staff workloads and pressured environments. Therefore, when it comes to developing, delivering and evaluating the impact of dementia training, attention needs to be on **securing funds and resources** (something which is very much connected to our point about leadership). Consideration of staff time involved needs attention - to the time needed to train others, the time of those staff who attend a training session, replacement staff for those leaving the ward to attend a training session and the time for staff to use experiential learning opportunities when these present in clinical environments through routine care delivery.

3. Resources for **involvement of people living with dementia and carers** also needs to be planned for all stages. The ways people living with dementia and carers can have substantial involvement in the development of a dementia training programme, right down to its delivery and evaluation need to be considered and incorporated.

4. **Recognising the flow of people throughout the neighbourhood**, with people moving from and returning to home or care homes, from hospital to care homes and vice versa. This movement is relevant during standard operation but has specific significance during pandemic conditions where flow of patient and staff populations are managed and restricted

5. **Recognising the flow of people throughout the hospital** and the relevance of neighbourhood to understanding its impact on people living with dementia and carers, for example people moving from and returning to home or care homes, from hospital to care homes and vice versa. This movement is relevant during standard

operation but has critical significance during pandemic conditions where flow of patient and staff populations are managed and restricted.

6. Staff themselves may live within the neighbourhood and indeed be current or previous patients and as such are **constantly learning and reflecting in and outside the hospital**.

The DEMTRAIN research team have, from all our research to date, developed an infographic model summarizing the programme theory and logic model of the key factors that lead to successful dementia training in acute NHS hospital settings in Appendix 1 (also available on line: https://www.bradford.ac.uk/dementia/research/current-projects/demtrain/LU_logic_theory_v16_web.pdf. We have also developed this as an interactive web-based resource https://www.bradford.ac.uk/dementia/research/current-projects/demtrain/training/. These resources illustrate the complex landscape of dementia training in acute NHS hospitals, through charting the mechanisms, interactions, barriers and facilitators to dementia training in this acute care setting.