

Report To: NHS Greater Glasgow & Clyde Board.

Report By: Dr Margaret McGuire, Board Nurse Director.

Date: 16th June 2016.

Subject: Update on Actions to Improve the Care of Older People.

1. Purpose

1.1 The purpose of this paper is to provide NHS Board members with an update on the specific areas of work taking place to ensure best care for older people in all care environments.

2. Current Position

2.1 An NHSGG&C 'Best Care for Older People Group' is now established and will be accountable to the Board Clinical Governance Forum. The group is chaired by the Board Nurse Director who is the Board Executive Lead for Older People. The purpose of the group is to provide oversight of the care of older people across NHSGG&C. Acute Sectors/Directorates and Partnerships have nominated a member of their Senior Management Team to be the direct Older People's Lead/ Senior Nurse who will actively participate as a member of the group. This lead role within all areas will ensure that the Management Teams are fully engaged in the Older People's agenda and will ensure that multi-disciplinary teams are engaged in the ongoing improvement of services for older people in acute care. The group will meet on a six weekly basis and have clearly defined objectives. In May 2016, NHSGG&C completed the Healthcare Improvement Scotland (HIS) OPAH self-evaluation which has been designed to facilitate NHS Boards to identify strengths and areas for improvement independent of external inspection activity. An improvement action plan has been developed for the 'Best Care for Older People Group' based on the outcomes from the HIS self-evaluation.

3. Care of Patients with Delirium

3.1 Delirium although common in hospitalised older people, particularly those with dementia or cognitive impairment, should be considered a hospital acquired harm and be associated with a variety of adverse outcomes. Delirium represents an acute dysfunction of the brain and often has multiple causes. Optimal management of delirium relies on prompt diagnosis

and comprehensive assessment to ensure delirium is diagnosed and patients are treated appropriately.

3.2 Health Improvement Scotland Care of Older People in Hospital standards (June 2015) recommend that patients at risk of delirium should be assessed. 4AT and TIME is a [validated](#) tool for the rapid assessment and management of delirium and is widely used in routine clinical practice in the UK and internationally. A Short Life Working Group was established in May 2016 to review the processes for the detection, management and prevention of delirium within NHSGG&C. A plan has been developed to rollout 4AT and TIME checklist. The process of change has been cascaded through Chief Nurses/Nurse Director Partnerships.

3.3 From July 2016 all patients at risk of delirium will be screened by nursing staff on admission and at each transition of care using the 4AT. Patients with a positive 4AT score will be referred to medical staff who will complete the TIME checklist to confirm the diagnosis of delirium and document the management plan in medical notes. Patients with a negative 4AT will still have relevant parts of the TIME checklist completed in order to reduce the risk of the patient developing delirium. For all patients nursing staff will ask the Single Question in Delirium (SQiD) daily, using a prompt in the care rounding/active care documentation.

3.4 A training plan has been developed to support the rollout with nursing awareness and information sessions being delivered across all sectors due to be completed by the mid/end of June 2016. A series of site visits will be carried out by senior nurses from NMAHP Directorate week beginning 27th June 2016 to ensure that staff are clear about the process and to answer any questions. The nursing documentation will be reprinted to take account of the new process. A Webex/Podcast of Delirium sessions is under development for medical staff to use locally. A Delirium Patient and Carer HIS Leaflet and 'THINK DELIRIUM' posters have been printed for all clinical areas.

3.5 Ongoing monitoring arrangements will see review of this process as part of SCN/Lead Nurses record and record keeping audits and through corporate unannounced OPAH inspections. It is proposed that all cases of hospital acquired delirium are reported as part of the Performance Review (PRG) and recorded on NHSGGC clinical incident reporting system DATIX.

3.6 The Scottish Delirium Association (SDA) is promoting national Delirium week commencing on Tuesday 14th June and continuing through to Tuesday 21st June finishing with the 'Delivering Quality Delirium Care – working towards 'Care of older people in hospital standards' in the Golden Jubilee Hotel. The purpose of Delirium awareness week is to raise awareness of the condition among all healthcare workers, patients and carers. NHS Greater Glasgow and Clyde will use Delirium Awareness week to continue to promote awareness of delirium and its effects on our patients and their carer's, in order to improve the care we deliver to this vulnerable group of patients.

4. Adults with Incapacity (AWI)

4.1 In 2015, prompted by feedback from OPAH reports and the requirements of the Mental Welfare Commission, NHSGG&C Acute Sector took the opportunity to update and further develop the documentation currently used to record capacity assessment in order to improve compliance with the Adults with Incapacity (Scotland) Act 2000 Legislation. The final version of the NHSGG&C Capacity Documentation was agreed by the Acute Medical Director. It was also found to be appropriate by the Mental Welfare Commission. A formal launch of the AWI guidance and tools took place on 1st June 2016 during the Dementia Awareness week complemented by an AWI WebEx which took place on 3rd June 2016. An ongoing programme is underway to ensure that wards and departments are using the correct documentation, led by NMAHP Directorate with Lead Nurses and Dementia champions. A booklet for medical and nursing staff has been developed to support the training and to accompany the new paperwork.

Staff can access information on AWI through Staffnet:

[http://www.staffnet.ggc.scot.nhs.uk/Acute/Dementia/Pages/AdultsWithIncapacity\(AWI\).aspx](http://www.staffnet.ggc.scot.nhs.uk/Acute/Dementia/Pages/AdultsWithIncapacity(AWI).aspx).

Staff can also access advice on AWI via awi.advice@ggc.scot.nhs.uk.

5. OPAH Corporate Unannounced Inspections

5.1 OPAH Corporate unannounced inspections are scheduled on a six weekly cycle across the Board area. The last OPAH Corporate Unannounced Inspection was carried out at the Royal Alexandra Hospital on 3rd June 2016 using a revised reporting tool based on the updated standards. Overall there was variability within and between the areas inspected. Staff / patient interaction in all areas was evaluated as being good and patient privacy and dignity was respected across all areas. Patients, on the whole, were positive about their care experience. Whilst staff appeared to be knowledgeable about older people's care the training records viewed as part of the inspection process were very often incomplete and did not identify that the full suite of elderly care online LearnPro training modules had been fully undertaken. On the whole, documentation appeared to be well completed and AWI forms in use appeared to be well completed. However, it was identified, that there was variability in meal time co-ordination and a patient centred approach.

6. Improvement Activity in Older People's Care

6.1 Since June 2015 NHS Greater Glasgow and Clyde has been working with Healthcare Improvement Scotland to deliver a quality improvement programme aimed at delivering Best Care for Older People. The programme has developed a local collaborative approach to blend a number of national improvement initiatives including; frailty, recognition and care coordination, delirium prevention, recognition and management, Focus on Dementia, person-centred care and Scottish Patient Safety Indicators (SPSI). This blended programme facilitated a joined up approach to improving care for older people which is mapped to the 16 standards for Care of Older People in Hospitals and the 13 Care Assurance standards as well as other national standards and improvement programmes.

6.2 The wards undertaking the programme focussed on 5 key areas in relation to the care of older people:

- Falls - **CAAS standard 2, OPAH standard 11, SPSI**
- Pressure Area Care - **CAAS standard 1, SPSI**
- Food, Fluid and Nutrition – **CAAS standard 8, FFN Standards**
- Person centred care – **CAAS standard 9, OPAH standard 1**
- Delirium- **CAAS standard 10, OPAH standards 7&8.**

By taking this collaborative approach to quality improvement wards are able to focus on one or two areas of improvement but still are able to demonstrate benefits in other areas, for example, one ward which focussed on improving delirium management by developing a person centred approach to care was able to achieve a 50 % reduction in Falls.

6.3 The wards that have undertaken improvement work have been supported to focus on delivering improvements in patient outcomes. All members of the multidisciplinary team; medical, nursing and Allied Health Professions (AHP) staff, came together to identify local priorities and develop tests of change using the model for improvement. Outcome data was used to identify improvements. Currently 16 wards, including medicine for the elderly, orthopaedics and an acute assessment unit have undertaken this collaborative approach to delivering best care for older people. The learning from this method has been used to assist with the roll out of key priorities for example, delirium. This blended approach to improving care of older people will be further spread across all wards in the acute division using The Care Assurance framework (CAS).

6.4 We actively seek the views of older people and their carers in relation to their care experience to ensure that we are meeting their needs. Universal Feedback is used in all wards at the point of discharge and we are currently testing different ways to increase the number of forms completed. Universal Feedback allows staff to actively listen to the experiences of our patients and their families. In addition, we have also undertaken a focussed piece of work within one of our Medicine for the Elderly Units to illicit the views of older people and their carers. This approach involved members of the Patient Experience and Public Involvement Team visiting the unit in the evening to speak to patients, carers and families. The feedback received was shared with the local team who used the information to make positive changes to their practice and provision. For example, patients and carers within the Stroke Rehabilitation Ward stated that they wanted to be able to take part in meaningful and stimulating activities when in hospital; as a result of this feedback an Activities Coordinator was employed to encourage patients on the ward to engage in a range of activities to enhance their overall experience and promote recovery.

7. Recommendation

7.1 Members of the NHSGG&C Board are asked to consider the contents of this paper and to note that a further update on the implementation of the delirium bundle will be presented at the September 2016 meeting of the Acute Services Committee. Future updates on actions to improve the care of older people will be presented to the Board on a six monthly basis.

Author: Dr M McGuire
Tel No: 0141 201 4407
Date: 16th June 2016

Purpose of Paper:-

The purpose of this paper is to provide NHSGG&C Board members with an update on current developments within the Older People's Care Workstream.

Key Issues to be considered:-

Improvement in the care of older people using a blended collaborative approach which focuses on 5 key areas of care of older people; falls, food fluid and nutrition, pressure area care, cognitive impairment, and person-centred care.

Any Patient Safety /Patient Experience Issues:-

Approving the plans set-out within this paper will improve the level of care for Older People in acute care environments. The scope of this review covers all acute adult inpatient wards across NHS Greater Glasgow and Clyde.

Any Financial Implications from this Paper:-

Any Staffing Implications from this Paper:-

There are no identified staffing implications from this paper.

Any Equality Implications from this Paper:-

There are no identified equality implications from this paper.

Any Health Inequalities Implications from this Paper:-

There are no identified health inequalities implications from this paper.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

Highlight the Corporate Plan priorities to which your paper relates:-

This paper links with a number of corporate objectives. There are significant links to:

- Quality Culture
- Care Assurance Framework
- Shaping Care for Older People

Author – Dr Margaret McGuire

Tel No - 0141 201 4407

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