



Royal College
of Nursing
Scotland

**Amber warning:
RCN briefing on care of older
people in hospitals in Scotland**

FRONTLINE

FIRST

Protecting services
Improving care

Key points

- Pressures on our health and social care system are compromising fundamental standards of care for our older people in hospital
- Despite national improvement work, NHS boards are struggling to make improvements and are not learning enough from each other or between hospitals within the same health board
- We need sustainable services if we are to deliver safe, effective and person-centred care to older people in all settings

Background

In June 2011, the Cabinet Secretary for Health and Wellbeing announced a new programme of inspections of how older people are cared for in NHS hospitals across Scotland. Healthcare Improvement Scotland (HIS) began carrying out these inspections in February 2012. The inspections aim to:

- reassure the public that hospitals provide a high standard of care for older people;
- encourage improvement where needed; and
- help share good practice.

Inspectors assess how hospitals are performing, for example, looking at whether people are treated with compassion, dignity and respect. They also speak to patients and staff and ask patients to complete questionnaires.

Alongside inspections, HIS also co-ordinates various national improvement work, in collaboration with NHS boards. All of this is being carried out at a time when there are increasing pressures on our health and social care system. Scotland has a growing population of older people, who are living longer, often with multiple, complex health conditions. When older people are coming in to hospital for treatment, they are often acutely unwell.

The Royal College of Nursing (RCN) Scotland has analysed 35 inspection reports of older people's care, from when the inspections started in February 2012 until October 2014. The inspections span all 14 territorial health

boards and one special health board. This briefing presents a national picture of some of the key findings from the inspections. It focuses on the systems, resources and support needed to ensure that every older person receives safe, effective and person-centred care and sets out key asks for the future.

Quality of care for older people

Inspections often found examples of warm, caring and meaningful interactions between staff and patients. The majority of patients, who completed questionnaires as part of the inspection process, say the quality of care they receive is good.

However it is clear from the inspection reports that fundamental standards of care are not being met for older people in many hospitals. How can there be safe, effective and person-centred care when:

- Almost all – 31 out of 35 (89%) – of inspections found hospitals did not appropriately screen and assess older people for cognitive impairment
- Most – 29 out of 35 (83%) – inspections found hospitals needed to get better at having personalised care plans in place for patients with cognitive impairments
- Three quarters of hospitals inspected needed to improve how they screened and assessed older people for under nutrition – 27 out of 35 (77%) – and how they developed and implemented personalised nutrition care plans – 26 out of 35 (74%)

- Over half of inspections identified improvements needed in the assessment of pressure ulcers – 19 out of 35 (54%) – and in developing personalised care plans for managing and preventing pressure ulcers – 18 out of 35 (51%)
- Half of inspections – 18 out of 35 (51%) – found hospitals needed to improve the way they implemented adults with incapacity legislation

“During this follow-up inspection, we found no assessment of care needs being carried out for patients with dementia, cognitive impairment or possible delirium. There was also no evidence of personalised care plans in use to detail how the specific needs of individual patients would be met. For example, a patient with a known cognitive impairment had periods of agitation and distress. The patient had also attempted to leave the ward. No plan was in place to guide staff on how to assist and reassure this patient and what actions should be taken should the patient leave the ward.”

Healthcare Improvement Scotland

“We found no care plans in place for food, fluid and nutrition. In one ward, a patient was identified as having swallowing problems. There was no care plan to reflect how the nutritional needs of this patient would be met. For example, if a texture modified diet would be used or if the patient would be referred to a speech and language therapist.”

Healthcare Improvement Scotland

Flow of patients through hospital

Inspections frequently identified issues around patient flow, including delayed discharge and boarding. Boarding is when a patient’s care and treatment are delivered in hospital areas that are not designed to meet their care needs. This is often because of pressures on beds, and means a patient may

be moved to a ward that does not relate to the condition they are being treated for.

If hospitals do not have the staff, beds and resources needed to manage the flow of patients coming through their doors, it is hard for them to provide the best care for their patients. Critically, the management of patient flow can put the safety, care and dignity of patients at risk. It can also be a barrier to getting people out of hospital and back to their own home or into a homely setting as soon as possible.

- Two thirds of hospitals inspected (23 out of 35, 66%) across 11 Health Boards (Ayrshire & Arran, Borders, Fife, Grampian, Greater Glasgow & Clyde, Highland, Lanarkshire, Lothian, Orkney, Shetland and Tayside) were identified as needing to improve some aspect of patient flow, boarding or discharge procedures
- Five hospitals across five Health Boards (Ayrshire & Arran, Fife, Grampian, Lothian, Shetland and Tayside) needed to ensure that the management of patient flow does not compromise patient safety, care and dignity
- Just under half of all inspections (15 out of 35, 43%) identified aspects of boarding as a specific area for improvement
- Discharge planning has increasingly been identified in inspections as an area for improvement. In 2012-13, no inspections had discharge planning identified as a specific area for improvement; in 2013-14 over half of inspections (7 out of 11) identified this as an area for improvement; so far in 2014-15 nearly two-thirds of inspections (5 out of 8) have identified discharge planning as an area for improvement

“During the inspection, several hospital staff expressed concerns about capacity and patient flow within the hospital. We were told that several wards were consistently running over their identified capacity...Issues surrounding patient flow and capacity compromised patient dignity, care and safety.”

Healthcare Improvement Scotland

“There did not appear to be an effective system to prevent patients being boarded in the hospital... We were told 162 patients were boarded within the last month... We were also told, and given evidence which showed, that patients are moved between other hospitals ... because of bed availability, rather than patient need.”

Healthcare Improvement Scotland

The findings from the inspections of older people’s care reflect the pressures that we know the health and social care system in Scotland is facing. The Auditor General has been clear that “NHS boards and their partners need to understand blockages in the way that patients move around the health and social care system and which lead to patients not being able to get care where and when they need it. They need to use this information to better match patient demand with available staff, hospital beds, community services and other resources.”¹

With the number of people aged over 75 in Scotland predicted to rise by 86% between 2012 and 2037², the pressure that this will put across the system is only set to increase. The length of time people live in good health has not increased in line with life expectancy³. This means that although people are living longer, they often have multiple and long-term health problems.

As people grow older they are more likely to require healthcare interventions, be admitted to hospital and have a longer length of stay. Emergency admissions for people aged over 75 have increased by over 5% since 2010/11 (to 148,937 in 2013/14). And last year, 11,680 patients over 75 years old were admitted to

hospital three or more times, an increase of over 1,000 people (nearly 10%) compared to 2010/11 (though there has been a slight fall in emergency admissions and readmissions since 2012/13).⁴ (See Table 1, page 5).

Delays to people being discharged from hospital, when they are clinically ready to do so, is an ongoing concern. The vast majority of patients experiencing delayed discharges are over 75 years old. Between July and September 2014 there were 111,210 bed days occupied by delayed discharge patients aged over 75 years, compared to 93,063 between July - September 2013⁵ (an increase of nearly 20%). (See Table 2, page 5). ISD’s October 2014 census found that the principle reasons for there being a delay to discharging patients were because patients were:

- Awaiting an available place in a care home
- Waiting to go home
- Awaiting community care assessment

The Scottish Government’s Reshaping Care for Older People Programme aims to support older people to be cared for at home and in the community rather than in hospital. However it is deeply concerning that Audit Scotland found, three years into the 10 year programme, that “There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice.”⁶

Learning and improvement

As part of the inspection process, all NHS boards agree an action plan with HIS on improvements needed. For some hospitals, where the inspection identifies particular concerns, HIS returns to carry out a further, follow-up inspection a few months later.

¹Audit Scotland (2014) NHS in Scotland 2013/14 http://www.audit-scotland.gov.uk/docs/health/2014/nr_141030_nhs_finances.pdf

²National Records of Scotland (2014) Annual Report of the Registrar General of Births, Deaths and Marriages for Scotland 2013 159th Edition <http://www.gro-scotland.gov.uk/files2/stats/annual-review-2013/rgar-2013.pdf>

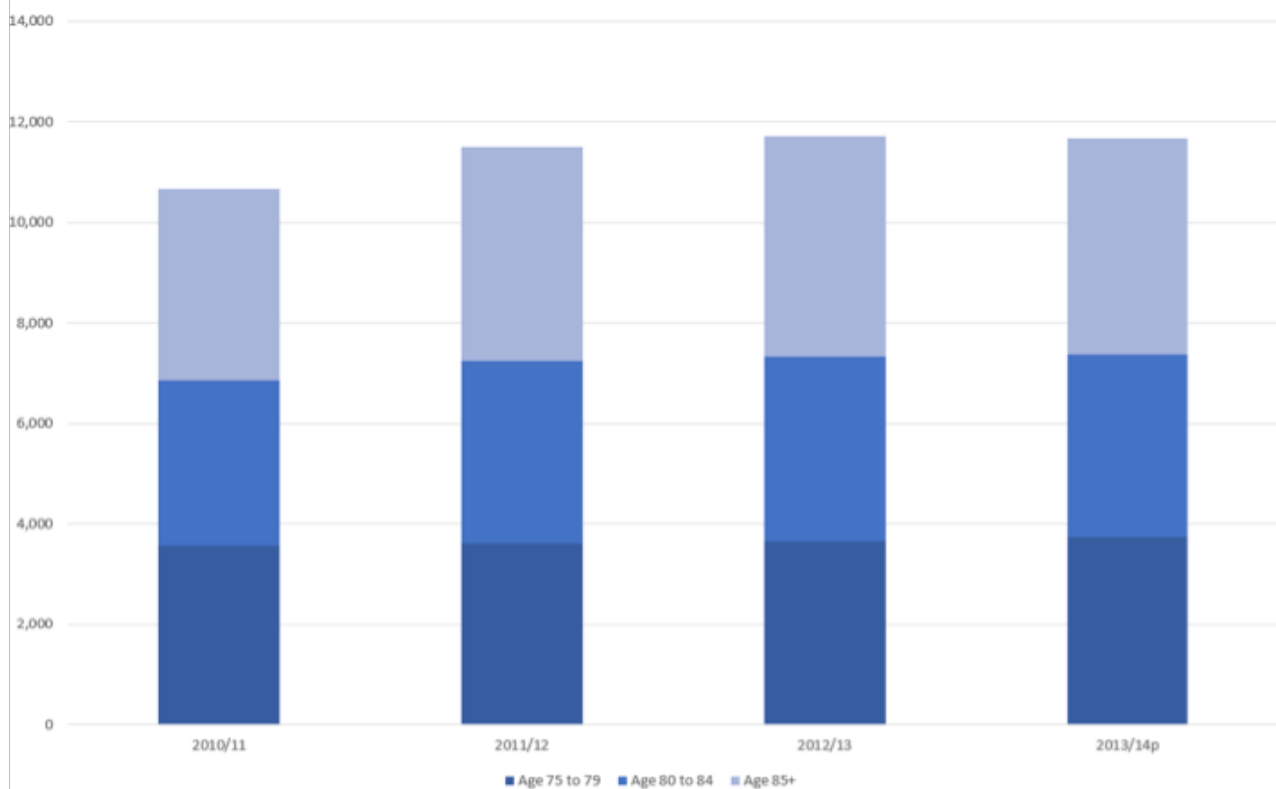
³Office for National Statistics, (2010). Health Expectancies in the United Kingdom, 2000–02 to 2008–10,

⁴ISD Scotland (2014) Inpatient and Day Case Activity <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

⁵Audit Scotland (2014) NHS in Scotland 2013/14 http://www.audit-scotland.gov.uk/docs/health/2014/nr_141030_nhs_finances.pdf

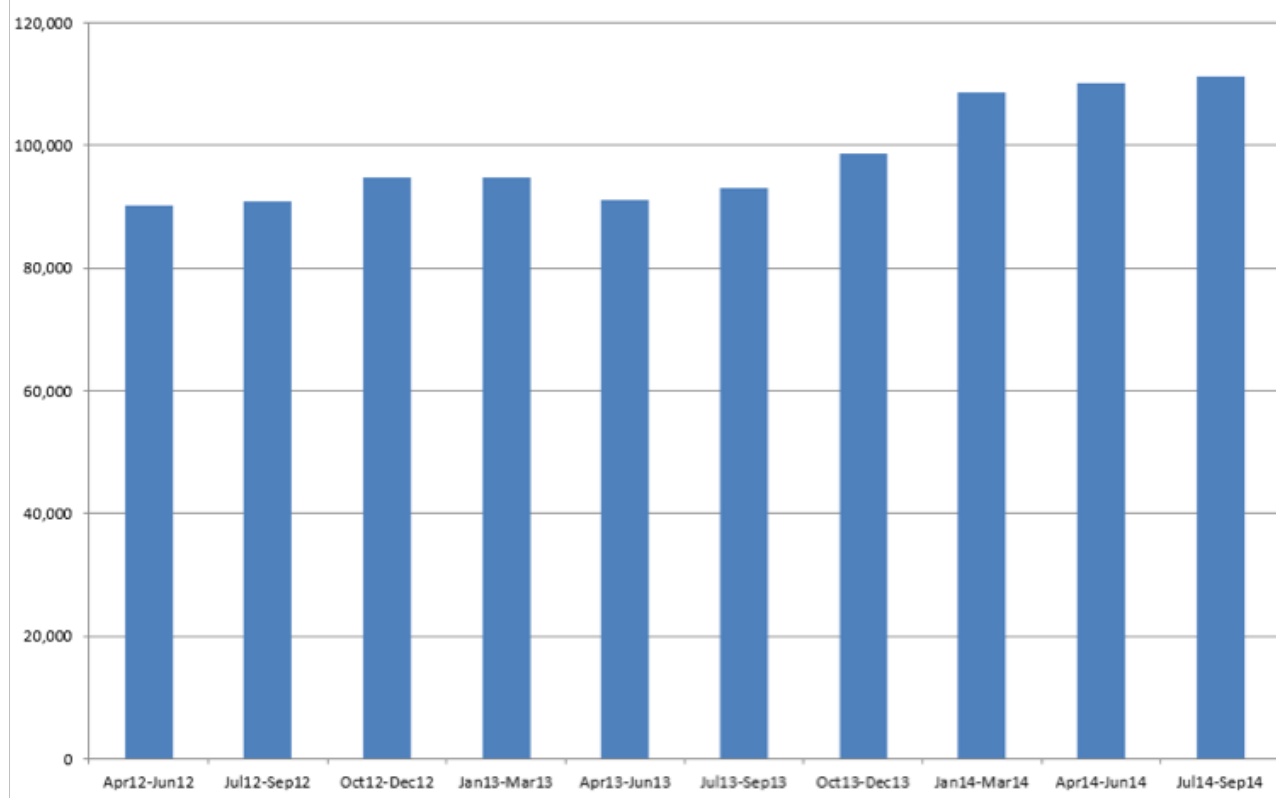
⁶Audit Scotland (2014) Reshaping Care for Older People http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf

Table 1 - Number of Patients Aged 75+ with 3 or more admissions by Financial Year



Source: ISD Scotland Multiple Emergency Admission Analysis September 2014

Table 2 - Bed Days Occupied by Delayed Discharge Patients Aged 75+



Source: ISD Scotland Bed Days Occupied by Delayed Discharge Patients December 2014

What is worrying is that out of the five hospitals where HIS has carried out and published more than one inspection report, four hospitals still had a considerable number of areas that needed to improve.

In addition, there does not appear to be learning and improvement across different hospitals in the same NHS Board area. A poor inspection in one hospital may be followed a few months later by a poor inspection in another hospital in that Board where the same issues are revealed. Some NHS boards are evidently struggling to share learning and make the improvements needed.

Healthcare Improvement Scotland inspected one hospital in May 2012 and identified 17 areas where the care of older people needed to be improved. In October 2013 it inspected another hospital in the same Board and found 15 areas for improvement. In February 2014, a further hospital in that Board was given 16 areas for improvement and then a few months later, in April 2014, Healthcare Improvement Scotland identified 19 areas that needed to improve at another hospital in the same area. The same issues were identified across these hospitals. While there has been improvement within individual hospitals there has not been wider learning and improvement across the Board as a whole.

Support for improvement

HIS is explicit that “simply criticising the standards of care is not enough to make sure that change happens⁷”. In addition to the Scottish Patient Safety Programme, which supports Boards to improve care in areas such as preventing and managing falls and pressure ulcers, HIS has a specific work stream on

Improving Care for Older People in Acute Care. It works with hospitals teams across Scotland to identify, spread and connect good practice in two key areas:

- Co-ordination of care – identifying frailty and improving access to comprehensive geriatric assessment
- Cognitive impairment – identification and early management of delirium

“Our interest in frailty is part of the NHS board’s overall delivering better care programme to improve the quality, safety and effectiveness of patient care and patient experience. We were asked to become a test site for frailty as a result of Healthcare Improvement Scotland’s national initiative on improving the identification, assessment and treatment of frailty and delirium...Our findings in the test phase at the surgical services test site showed an increase in frailty screening from 30% to 90.9%, a significant improvement.”⁷

It is clear that there are examples of good practice in older people’s care across Scotland. HIS identifies areas of strength during inspections and highlights improvement activities across NHS boards:

“Exemplar wards are focusing on the overall reduction of falls. Teams have taken part in an environmental walkround to risk assess areas for risk to their patients. As a result, care bundles have been created aligning to the Scottish Patient Safety Indicator. They have also recognised that, in their ward areas, very high percentages of their client group are at high risk for falls. Therefore, all patients are risk assessed on arrival.”⁷

⁷Healthcare Improvement Scotland (2014) Driving Improvement in Healthcare: Our Strategy 2014-2020 http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/our_strategy_2014-2020.aspx

However, what is also obvious from these inspection reports, and from other reports such as the Mental Welfare Commission Scotland report into the long-term NHS care of patients with dementia⁸, is that there are still significant concerns around the care of older people in many of our hospitals.

Improvement and scrutiny need to go hand in hand to drive up quality care. HIS has recently reviewed its inspection process for the care of older people in hospitals and has improved the way NHS boards carry out self-assessments of how they care for older people, independently of the inspection process. HIS has also started visiting NHS boards to give staff an opportunity to go through their self-assessment and discuss strengths and areas for improvement with the inspection team, to help inform future inspections.

Improvement takes time, resources and support. Why, when there is so much attention on the inspections of older people's care has HIS's improvement programme for the care of older people only been guaranteed funding until March 2016? We acknowledge the recent announcement⁹ of £2.5 million to HIS for a wide range of activities, but this makes no specific reference to improvement work for older people in hospital.

Different standards of care across settings

People need to be assured that they will receive the same quality care no matter where that care is delivered or who it is delivered by.

Currently there are different standards of care for older people in NHS hospitals, independent hospitals and other settings, such as care homes:

- Healthcare Improvement Scotland inspects NHS hospitals against the Older People in Acute Care Standards (it is currently in the process of revising these standards).

- The National Care Standards set out the standards of care that people can expect to receive in various social care settings, as well as care provided by independent healthcare providers.
- The Care Inspectorate uses these National Care Standards to inspect the quality of care for older people in settings such as care homes.

The Scottish Government is currently proposing to revise the National Care Standards so that core standards of care apply across all health and social care settings, including NHS hospitals. This could help ensure people receive the same quality care across all settings. However there needs to be clarity over how these standards will fit alongside all the other existing standards and scrutiny processes, to avoid confusion and duplication of effort. There also needs to be a commitment that services and staff will be resourced and supported to implement them.

Wider pressures and sustainability

With the NHS in Scotland facing significant pressures at the same time as having to make major changes to services to meet future needs, it is not surprising that staff caring for patients are also feeling the pressure. Out of the nurses responding to the NHS Scotland Staff Survey 2014¹⁰:

- only 38% felt that they could meet all the conflicting demands on their time at work
- only 25% agreed that there were enough staff to allow them to do their job properly

These findings echoed those in the RCN's own 2013 Employment Survey for Scotland¹¹ where:

- 64% of respondents based in NHS hospitals said they were too busy to provide the level of care they would like
- 54% worked more hours than their

⁸Mental Welfare Commission (2014) Dignity and respect: dementia continuing care visits http://www.mwscot.org.uk/media/191892/dignity_and_respect_-_final_approved.pdf

⁹<http://news.scotland.gov.uk/News/Fall-in-hospital-mortality-rates-15ff.aspx>

¹⁰NHS Scotland (2014) NHS Scotland Staff Survey 2014 National Report <http://www.gov.scot/Resource/0046/00466448.pdf>

¹¹RCN (2013) RCN Employment survey 2013 for Scotland http://www.rcn.org.uk/__data/assets/pdf_file/0003/551343/Scotland_survey_2013_final.pdf

contracted hours on every shift or several shifts a week, to meet demand

- 81% said they had increased workloads compared to 12 months previously

“Staff told us that wards are continually short staffed. Several wards inspected had less staff on duty than their agreed level. Some wards regularly had two or three staff less than they should have. We were told that it is very difficult to get staff to fill the gaps in staffing levels for each shift when needed. Due to a lack of staff, ward staff were under pressure and being asked to deliver care in extremely difficult circumstances. To maintain a safe service, staff regularly work more than their contracted hours. When on duty, they are unable to leave the ward for breaks.”

Healthcare Improvement Scotland

The RCN, along with a number of other professional bodies, have raised significant

concerns about the sustainability of the NHS in the face of service demands and tightened budgets. The Scottish Government has recently announced new major streams of work around delayed discharge, out of hours care and unscheduled care. This sits alongside an existing task force looking at seven day services and sustainability, and work piloting improved models of patient flow.

However, while we share the Scottish Government’s ambition to make the NHS safe, effective and patient-centred, this piecemeal approach is not going to ensure the NHS is sustainable for the future. We have an ageing population of people living with a range of complex conditions. It is impossible to use virtually the same amount of money to provide the same level of quality care to more and more people – particularly the growing population of frail elderly people.

Recommendations

To address the issues raised in this briefing will require action at all levels.

Key asks

- The Scottish Government must commit long-term funding to Healthcare Improvement Scotland for national improvement programmes for the care of older people
- The Scottish Government and Healthcare Improvement Scotland must support Health Boards to build capacity and capability locally to drive improvements
- All NHS boards must implement a nationally-agreed quality assurance system for nursing care, which explicitly takes into account the issues identified in the inspections of older people's care
- All NHS boards must ensure their staff have ongoing access to training and CPD on care of older people
- The Scottish Government, Healthcare Improvement Scotland and the Care Inspectorate must provide clarity about how the revised National Care Standards will align with and not duplicate existing standards, such as the care of older people in hospital standards, and how services and staff will be resourced and supported to implement them
- The Scottish Government must use its refresh of the 2020 vision to lead an honest debate on the future of the NHS, including the difficult decisions that need to be made to provide safe, effective and person-centred care and a sustainable service in both the acute and community settings

RCN Scotland's commitment to older people's care

- RCN Scotland will provide professional resources and guidance to support the delivery of safe, effective and person-centred care for older people

http://www.rcn.org.uk/development/practice/older_people

- RCN Scotland will support members to speak up when they see instances of poor care
- RCN Scotland will continue to raise concerns with Scottish Government and health boards, where patterns of poor care are emerging within boards
- RCN Scotland will work together with all other agencies, health boards and Scottish Government both professionally and as a trade union to improve care for older people

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff. RCN Scotland promotes patient and nursing interests, helps shape national health policies and supports nursing education and practice. RCN Scotland has around 39,000 members.



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