



“Is Wessex Frailty Fit ?”

Audit into action – output from the Wessex Acute Frailty Audit

9th October 2019

- Background to audit approach
- Audit into action
- Next steps



Background to the Healthy Ageing Programme

- In Wessex, in 2016:
 - 21% of the population were over 65 years old
 - 30% increase predicted by 2030 giving a total of 612,000 over 65-year olds (ONS 2016).
- Healthy Ageing Programme formally launched in April 2017
- Purpose of the team:
 - Add value to the Frailty agenda and activities in Wessex
 - Retain focus on innovation and spread



Key questions to understand whether our local hospitals were frailty fit..

- Do you know how many people, who are living with frailty, are in your hospital today?
- Do you know where these patients are in your hospital?
- Do you know why it is important to know where people living with frailty are located within your hospital?



Is Wessex Frailty Fit? Background to approach

- Following on from the 2017 NIHR Dissemination Centre Comprehensive Care: Older People living with frailty themed review the Wessex Acute Frailty Audit looked at the standard of care provided by local acute hospitals
- Developed by our Acute Expert Group consisting of Consultants, practitioners, occupational therapists, physiotherapists and pharmacists.
- Designed to look at the identification and management of people with frailty on 7 key ward areas
- The purpose of the Wessex Acute Frailty Audit is to benchmark services against evidenced best practice for the identification and management of people living with frailty who are admitted into hospital, with the aim of reducing the unintended variation of care and therefore increasing the quality of care across the region
- The Wessex Acute frailty audit aimed
 - to identify areas of good practice and gaps in frailty identification, personalised assessment, care planning, and hospital wide provision of frailty training
 - to regionally drive up standards of care and improve patient outcomes



Is Wessex Frailty Fit? Collaboration with NHS Benchmarking

- Agreed joint working:
 - All acute hospitals in Wessex to complete both projects
 - Collaboration with NHS Benchmarking to provide a Wessex cut of national return provided organisational context and to demonstrate added value of the Wessex audit
 - NHS Benchmarking commissioned to produce a Wessex report on the findings
 - Combined review of both sets of data at workshop on 26th February 2019 with Wessex Frailty leads, Trust Executives, national leads



Is Wessex Frailty Fit? Caveats

- Audit findings are based in **on?** a snapshot in time and it is acknowledged that Trusts will have progressed since initial audit findings
- Findings based on the auditor and view of staff on the ward completing the audit
- A copy of the evaluation of the audit approach can be found at:

<https://wessexahsn.org.uk/img/projects/21062019%20Evaluation%20Report%20Wessex%20Acute%20Frailty%20Audit%202019%20v2.pdf>



Wessex Acute Frailty Audit

- 100% of acute hospitals completed the Wessex Acute Frailty Audit (9 Acute Hospitals and Lymington Hospital) covering 58 ward areas highlighting variance in delivering frailty services in an acute setting.
- Questions focused on screening and identification of frailty, management and training.
- Workshop held with national leads, Trust Executive leads, Geriatricians and Frailty experts from across Wessex – February 2019
 - reviewed data and resultant themes from both data collections
 - Identification of best practice, gaps and opportunities across the 6 key areas
 - Increased awareness of Healthy Ageing programme and deliverables



Identification and Screening Findings– Wessex Acute Frailty Audit

- Variability in frailty screening tools used, where tools are used, the Clinical Frailty Score (Rockwood) is the preferred tool
- Once a patient is identified as living with frailty the patients living with frailty are generally not 'flagged' in the patient records
- Where frailty information is held, frailty flags are not applied electronically and trusts do not know where the patients with frailty are in the hospitals making it difficult to target the required care.
- Access to primary care eFI / frailty scores (electronic frailty index) is variable across hospital settings



Management and Discharge Findings – Wessex Acute Frailty Audit

- Only 30% of wards always involve the patient/next of kin as standard practice during the discharge process
- Outside of Medicine for Older People wards and some Emergency Departments, Comprehensive Geriatric Assessments are not routinely carried out and rarely involve patient or carers.
- 18% of wards the holistic assessment of a patient is a personalised problem list and frailty care plan developed to reflect the needs of the patient
- Most Trusts and wards do not make reference to a frailty plan in the patients discharge summary.



Workforce and Training Findings – Wessex Acute Frailty audit

- Team followed up with 4 Trusts to obtain further detail to identify whether training is included as part of induction and/or mandatory
- Wards in hospital settings are not accessing frailty teams and some wards do not have trained staff in identifying and managing frailty;
- Where staff are trained, it is not mandated and no records are kept on the number undertaking the training.
- Majority of Trusts have access to a Frailty team but they are made up of different staff groups and vary in size
- Hours of frailty team service provision are variable and lack coverage out of hours



February 2019 Hospital Workshop outputs

- Breakout groups identified areas of opportunities for service improvement pan Wessex, these included:
 - **Identification and screening:**
 - Requirement for consistent screening on admission across all settings
 - Inclusion of Clinical Frailty Score (CFS) in discharge letters with GP and patient
 - Access to community records key to ensure consistent care
 - **Management and Discharge:**
 - Involve patient and carers in decision making and management
 - Electronic accessibility to Comprehensive Geriatric Assessment (CGA) key
 - **Workforce and training:**
 - Frailty awareness and training is everyone's business – Board to Porter
 - Mandatory, tiered training to reflect colleagues needs and competencies required to deliver role



Audit into action – so what happened next?

- 2 Wessex AHSN Healthy Ageing Working groups set up meeting monthly to deliver Wessex wide approach to:
 - Training and awareness
 - Screening and identification
- Representatives from
 - across the Wessex geography
 - across both acute, community and academia
 - Different staff groups – Geriatricians, advanced nurse practitioner, OTs, PTs and paramedics
 - Agreement to trial new resources with colleagues outside of Medicine for Older People to test usefulness
- Best practice literature review
 - Review of national and international literature
 - Review of NHS Scotland resources
 - Development of local case studies



Audit into action: Identification and screening

- Development of a Wessex wide gold standard in screening and identifying frailty within different settings to include guidance on sharing of information.
- To be utilised to support wider implementation and use in other non-acute settings.
- Development of a suite of case studies where screening and identification of frailty work well (identification of issues/ barriers and proposed solutions).
- The mapping of eFI and Rockwood Clinical Frailty Score and other screening tools to mild/moderate/severe categories to be made available for local use.



Audit into action: Training

- Review of Dorset Healthcare's Tier 1 Skills for Health Frailty education material at Bournemouth University with 10 frailty experts
- Agreement by working group to prioritise the development of Tier 1 Skills for Health Frailty materials – board to porter for use within all specialties
- Trial planned for November 2019 at Basingstoke, Hampshire County Council (Social Services) and Southern Health
- Development of an education toolkit to include leaflets, posters and links to best practice
- Agreement to include evaluation framework to both the training approach and increase in frailty knowledge will be progressed with the Healthy Ageing Programme and Bournemouth University.
- Linking in with Frimley ICS and BGS to signpost available resources to our networks



Audit into action: Training

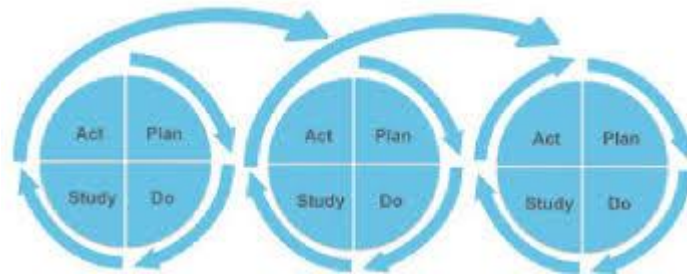
- Planned meeting with STP training leads to agree collaborative approach to rollout education materials
- Local trusts to own and use materials as they wish to ensure sustainability and flexibility



Local QI projects

Case Study: Salisbury District Hospital

- Executive buy in
- 3 PDSA cycles undertaken and 50 CGAs completed on their AMU short stay unit.
- PDSA cycles have identified that the Rockwood frailty screening criteria does not align to local community pathway mappings so will need to be reviewed.
- The geriatric and therapeutic teams have been sharing documentation with each other and have had good feedback from both teams.
- Issues around how this information can be shared wider has been raised and solutions developed.
- Exploring electronic methods
- Learning to be shared with the Wessex AHSN; Acute Expert Group



So.. What does this mean?

- Is Wessex frailty fit?
 - We could be fitter – room for improvement, lots of work still to do, but evidence of good practice that can be shared across Wessex
 - There is greater awareness of the frailty agenda across Wessex – the “frailty” conversation has started
 - Has provided opportunities for collaborative service improvement projects across Wessex and a platform for focused local QI projects



Is Wessex Frailty Fit – What next?

- National interest building....
- Trialling of new Acute frailty audit questions with Health Innovation Network ready in Qtr 1 2020/21.
- Autumn 2020 – Wessex Acute Frailty Audit will be re-run and will include specialist services e.g cardiac, cancer as well as Older Peoples mental health services.
- Continue our collaboration with BGS and national AHSN network to ensure that our learning is shared
- Community Frailty Audit launched on 1st October 2019 at PCN level to compliment the Acute Audit... watch this space!



Contact details

Contact us to join our mailing list for newsletters or to join our community of practice



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<https://wessexahsn.org.uk/programmes/35/healthy-ageing>

#WessexFrailtyFit

