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LOTHIAN NHS BOARD

Board Meeting
22 March 2006

Director of Public Health & Health Policy

FINAL REPORT OF THE EXTERNAL REFERENCE GROUP FOR OLDER PEOPLE (THE JARVIE REPORT)

1 Purpose

- 1.1 The purpose of this report is to present to the Board on the Final Report of the External Reference Group for Older People (the Jarvie Report) and the actions that are already underway to address the recommendations contained in the Jarvie Report.

2 Recommendations

The Board is asked to:

- 2.1 Receive the recommendations in the Jarvie Report;
- 2.2 Consider the actions already underway to address these recommendations; and
- 2.3 Identify other issues that need to be addressed in meeting the recommendations of the Jarvie Report .

3 Background

- 3.1 During April 2005, the Lothian NHS Board became increasingly aware of a number of cases where the health care provided for older people had not been of a sufficiently high standard. As a result, NHS Lothian established the External Reference Group for Older People's Services (ERG), chaired by Anne Jarvie CBE, former Chief Nursing Officer for Scotland, with an membership that had expertise in relation to the health and social care of older people and lay people with experience of older peoples services.
 - 3.2.1 The ERG was asked to act as a "critical friend" in helping to understand whether there were common themes that needed to be addressed and – as a consequence – help with NHS Lothian's review of the Joint Older People's Strategy and the ongoing service redesign programmes.
 - 3.2.2 The findings that have emerged from the work of the ERG in relation to NHS Lothian are set out in the report under five broad headings. These are:

- The need to promote dignity and respect for older people receiving care;
- The need to address a number of corporate issues to promote effective care:
 - harmonising strategies and initiatives;
 - reducing the negative impact (s) of organisational change;
 - promoting risk management and quality assurance systems;
 - protection of vulnerable adults; and
 - improving staff attitudes;
- Promoting effective strategic leadership and amongst clinical and managerial staff;
- Ensuring high quality care and practice development in relation to:
 - models and pathways of care;
 - use of healthcare facilities;
 - feeding and nutrition; and
 - practice development and training;
- Improving communication in relation to:
 - complaint handling and customer care;
 - multidisciplinary team communication and documentation; and
 - sharing of lessons learned.

3.4 For each of these themes, the report highlights areas of good practice that were found in Lothian and those factors where the ERG considered that reflection is required.

3.5 In section 6 of the Jarvie Report 15 specific recommendations for action are made.

4 ERG recommendations and actions

4.1 The second attached report sets out in tabular form the 15 recommendations made by the ERG and details the actions already underway. In part these reflect the immediate work undertaken taken as part action plan put in place after the cases came to light.

4.3 Additional actions reflecting the strategic changes which have accompanied the response to the Scottish Public Sector Ombudsman report on NHS Lothian cases, the development of the Better Acute Care for Older People programme and the preparatory work for the Older People's Strategy Review are also included.

4.4 The final column in the table sets out the actions that are to be put in place.

4.5 On the basis of this report, a specific action plan will be developed which consolidates existing work with the remaining actions to be addressed. This plan will set out specific responsibilities for each action point and appropriate timescales for completion. A feature of this Jarvie Report action plan will be the need to ensure an effective linkage between the strategic and operational actions required.

5 Resource implications

- 5.1 The main resource implications arising from these recommendations will need to be considered within the context of the implementation of the *Improving Care, Investing in Change* programme and of the Older People's Strategy Review.

Anne Jarvie

Chair, External Reference Group for Older People's Service

Phil Mackie

Senior Specialist in Public Health/

Secretary, External Reference Group for Older People's Services

7 March 2006

List of Appendices

The following appendices are attached:

- 1) The Final Report of the External Reference Group for Older People's Services (The Jarvie Report).
- 2) Final Report of the External Reference Group for Older People's Services: Recommendations. NHS Lothian Actions Underway or for Consideration

BOARD DRAFT – EMBARGOED UNTIL 11am 16th March 2006

NHS Lothian

**The External Reference Group for Older
People's Services**

Final Report

March 2006

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Preface

When I was invited by Brian Cavanagh and James Barbour, the Chairman and Chief Executive of NHS Lothian, to chair the External Reference Group for Older People's Services (ERG) in the NHS Lothian system, I was aware of the seriousness of the events that had led to the proposed formation of the ERG. However, it was also very apparent that there was a clear commitment being given by them, on behalf of NHS Lothian, to learn from those events and put in place actions that could help improve the quality of care where needed and provide guidance on how to strengthen the culture of care for older people.

In what has been a very intensive few months, I have been privileged to see at first hand how those people who work for and with the NHS in Lothian are genuinely committed to providing a high quality of care for older people. Even against the background of a modern, busy NHS service, NHS Lothian staff have found the time to welcome me and my fellow members of the ERG as we have visited and asked questions in our roles as "critical friends". In presenting this report to NHS Lothian, I wish to pay tribute to the staff who are clearly dedicated to meeting the Board's ambitious vision of "Improving health for all".

This report outlines the methods of working adopted by the ERG and it considers what the ERG found when visiting and reflecting on the care of older people in services provided by NHS Lothian. It covers the areas of best practice found and some areas where there is room for improvement. Some of these areas are already recognised and the ERG has found clear evidence of changes being implemented across the system in Lothian. Indeed, one of our challenges has been to keep pace with this.

At the heart of the reported dissatisfaction by patients, their relatives and friends was the lack of respect offered by services and the impact this has on their personal dignity. Caring for older people means more than simply treating their illness or providing rehabilitation. It means recognising that their needs are likely to be broader than the immediate reason for treatment and seeking to meet these needs in an environment that maintains their dignity and respects them as individuals.

Whilst the focus of the work of the ERG has been on NHS Lothian, it has also highlighted areas where the whole of NHS Scotland needs to reflect carefully on how its services respond to the health, social care and social justice policies which have been established by the Scottish Executive on behalf of the Scottish Ministers. These too are noted.

Finally, the ERG has provided – within the limited time available – some areas of best practice which it considers may be helpful for NHS Lothian to explore more fully in maintaining high quality health care for older people in Lothian.

On a personal note, I feel it important to acknowledge the very hard work and effort put into the ERG by its members. Without them, their knowledge and insights, this report would not have been possible.

Anne Jarvie, CBE
Chair, External Reference Group for Older People

Executive summary

Background

(Chapter 1)

- During early 2005, the Lothian NHS Board became increasingly aware of a number of cases where the health care provided for older people had been of an unacceptable quality. As a result, NHS Lothian established an External Reference Group for Older People's Services (ERG), chaired by Anne Jarvie CBE, former Chief Nursing Officer for Scotland, with a membership that had expertise in the health and social care of older people as well as lay people with experience of older people's services.
- The ERG was asked to act as a "critical friend" in helping to understand whether there were common themes that needed to be addressed and – as a consequence – help with NHS Lothian's review of their Joint Older People's Strategy and the ongoing service redesign programmes.

Method of working

(Chapter 2)

- The ERG established a method of working which focussed on three specific tasks. These were:
 - (i) meeting with key informants and stakeholders;
 - (ii) undertaking site visits in NHS Lothian and other venues; and
 - (iii) reviewing NHS Lothian specific and external documentation.
- When the ERG started their work, NHS Lothian had already started to address many of the immediate issues raised by the complaints in relation to the quality of care, on the orthopaedic wards at the Royal Infirmary of Edinburgh and an incident at Liberton Hospital. In relation to these issues the ERG has been impressed with the very positive and sensitive way in which NHS Lothian has responded.
- Because the specific issues that caused the ERG to be formed are already being addressed, the findings outlined in this report are designed to be more general observations that apply to all health care services providing care for older people. Where actions from the specific areas are pertinent, they are commented upon; however, the specific learning which has occurred does need to be applied across the NHS Lothian system. In this way, the whole NHS system can reflect on both specific actions and general findings and consider how best to respond to them in a thoughtful, measured way.

Emerging findings – older people's care in Lothian

(Chapter 3)

- The findings that have emerged from the work of the ERG in relation to Lothian are considered in the following under five broad headings. These are:

Dignity and respect; (Page 17)

Corporate issues: (Page 17)

- harmonising strategies and initiatives;
- impact of organisational change;
- risk management and quality assurance systems;
- protection of vulnerable adults; and
- staff attitudes.

Leadership: (Page 22)

- strategic;
- clinical; and
- managerial.

Quality of care and practice development: (Page 25)

- models and pathways of care;
- use of healthcare facilities;
- feeding and nutrition; and
- practice development and training.

Communication: (Page 30)

- complaint handling and customer care;
- multidisciplinary team communication and documentation; and
- sharing of lessons learned.

- For each of these themes, the report highlights areas of good practice that were found in Lothian and those factors where the ERG considers that reflection is required. Where appropriate, specific recommendations for action are made.

Emerging findings – older people’s care in Scotland (Chapter 4)

- The work of the ERG also highlighted a number of areas that it considers to be relevant to the care of older people across Scotland. Especially as the issues raised for NHS Lothian – and the recommendations made – have resonances for other parts of Scotland. The more general emerging findings for Scotland can be grouped into four key areas.
 1. The values of care for older people – “*Delivering for Health*” emphasises that as an area of policy it reiterates the traditional values of care that underpin the NHS. These must include promoting dignity and respect for older people.
 2. Leadership and responsibility – Leadership should be embedded in a personal practice of care that does not presume that someone else is doing something about problems or care failures.
 3. The approach to care – There is a balance to be struck between the technical aspects of care and the personal and holistic care that promotes dignity and respect. This is especially true of older people where it is possible to treat their illness, without achieving a caring experience.

4. Communication – Without clear, effective communication between staff, patients, their families and relatives, achieving high quality health care is difficult. NHS systems in Scotland need to consider how best to approach the business of communicating – and documenting agreed care – between staff and to patients and families.
5. Professional preparation – Initial and ongoing training of professional staff needs to equip them to care for older people as a matter of course.

Strengthening services that care for older people

(Chapter 5)

- The ERG was asked to identify solutions that could bring demonstrable improvement to any problem areas identified. The broad agenda for older people that has been taken on by NHS Lothian highlights the need for careful consideration of the whole system that provides care, the outcomes for older people such a system should seek to achieve, and the principles of service which should underpin the system.

1 Background

During April 2005, the Lothian NHS Board became increasingly aware of a number of cases where the health care provided for older people had been of an unacceptable quality.

The exact events associated with these cases do not require rehearsal in this report. However, an initial consideration of the events raised a number of potentially common themes that needed further exploration. As a result, NHS Lothian established the External Reference Group for Older People's Services (ERG), chaired by Anne Jarvie CBE, former Chief Nursing Officer for Scotland.

The ERG started its work during July 2005.

1.1 Terms of Reference for the ERG

The ERG was established to advise NHS Lothian in matters relating to the care of older people.

In this role it was asked to act as a "critical friend" in helping to understand whether there were common themes that needed to be addressed and – as a consequence – help with the proposed review of the Joint Older People's Strategy and the ongoing Musculoskeletal Services Redesign Project.

Specifically it was asked to:

- review and analyse internal and external documents relating to older people's health care in Lothian;
- test out emerging findings by visiting services and key informants across the patient pathway;
- make explicit comparison of current and proposed models of care with best practice;
- help to prioritise local recommendations for action; and
- identify solutions that could bring demonstrable improvement to any problem areas identified.

In undertaking this work, the ERG was asked to pay particular attention to the framework for care outlined in the Scottish Executive guidance *Better Outcomes for Older People*.¹

This guidance identified six key themes that are considered central to effective care:

- 1) Assessment of need:
 - the approach(es) used to assess and address health and wellbeing needs systematically and equitably;
 - the maintenance of autonomy, dignity and respect for individuals;
 - levels of patient participation in the type of treatment individuals receive and how day-to-day care is delivered; and
 - levels of user involvement in the design of services.

- 2) Standards and quality of care:
 - standards of nutrition and hydration;
 - standards of continence promotion; and
 - meeting special or multiple needs.
- 3) Application and delivery of best practice:
 - how far day-to-day care reflects best evidence and practice;
 - how far day-to-day care is based on agreed care pathways; and
 - staff access to, and uptake of, training, professional and personal development.
- 4) Communication, multi-professional and multi-agency working:
 - arrangements for carer support and involvement;
 - standards of record keeping;
 - knowledge and communication of the journey of care to the individual, their carer/family (within the context of respect for confidentiality), and staff; and
 - quality of communication at clinical team, ward and organisational level.
- 5) Developing integrated care and partnership:
 - staff knowledge of individual journeys of care within and between organisations; and
 - application and delivery of multidisciplinary care planning.
- 6) Monitoring and evaluation of care:
 - how potential risks to quality of care are identified, reported and addressed;
 - organisational effectiveness and leadership at individual team, ward, site and directorate level;
 - how far accountability lines and organisational arrangements enable staff to deliver high quality care;
 - how education and training are supported and best practice and agreed principles implemented;
 - how well staff are supported in efforts to improve quality and redesign services.

The ERG was asked to report to Lothian NHS Board through the Board's Service Redesign Committee. At the same time, the ERG was also asked to keep the Board's Clinical Governance Committee informed of emerging issues.

Finally, the ERG was asked to support NHS Lothian by providing input into the work of the Joint Older People's Strategy Review Board and the Musculoskeletal Services Redesign Project.

1.2 Membership of the ERG

The membership of the ERG was selected to provide an effective mix of professionals and carers from both the health and social care domains.

The members of the ERG were:

Anne Jarvie CBE (Chair)	Formerly, Chief Nursing Officer for Scotland.
Dr. Peter Murdoch	Consultant Physician in Geriatric Medicine, Falkirk and Stirling Royal Infirmarys.
Prof. Bob Hudson	Visiting Professor of Partnership Studies, University of Durham.
Prof. Debbie Tolson	Professor of Gerontological Nursing, Glasgow Caledonian University.
Dr. Steve Illife	Co-Director, Centre for Ageing Population Studies, University College London and General Practitioner in North West London.
Prof. Marion McMurdo	Professor of Ageing and Health, University of Dundee & Hon. Consultant in Medicine for the Elderly, NHS Tayside.
Marion Miller	Carer.
Irene Garden	Service User/Carer.

The last two ERG members were drawn from those individuals who stated interest in continued participation in service redesign following the consultation on *Improving Care, Investing in Change* and in relation to NHS Lothian services for older people. Phil Mackie, Senior Specialist in Public Health, acted as Secretary to the group.

Biographical notes on ERG members are contained within appendix 1.

1.3 Key milestones for the ERG

When the ERG was established, a specific set of progress milestones were agreed. These are described in the table below. This report provides the first, main output from the work of the ERG.

Table 1: Key Milestones for the ERG

Key Milestone	Expected Date
Initial review <ul style="list-style-type: none"> o Briefings and familiarisation with issues o Initial discussion with Strategy Review Board 	June to August 2005 (Completed)
Agree focus and priorities <ul style="list-style-type: none"> o Agree priorities for detailed consideration with the NHS Lothian Service Redesign committee chair and NHS Lothian's partners and stakeholders 	September 2005 (Completed)
Review of emerging findings <ul style="list-style-type: none"> o Discussion with the relevant strategic review board(s) 	November 2005 (Completed)
Final Report <ul style="list-style-type: none"> o Summary of findings o Priority areas for action to be considered by NHS Lothian 	December 2005 (This report)
Ongoing work to provide <ul style="list-style-type: none"> o Support to strategic developments in NHS Lothian o Advice to Lothian NHS Board through the Service Redesign Committee on future direction and priorities 	January 2006 onwards

1.4 The values and principles underpinning the ERG

Before it undertook any work, the ERG agreed that it needed to ensure that it was following an appropriate set of values and principles to underpin everything that it was doing.

In developing these values and principles the ERG had due regard to the work of NHS Quality Improvement Scotland and the Commission for Healthcare, Audit and Inspection in England and Wales in relation to their approaches to assessing and quality-assuring healthcare services, clinical governance and risk management arrangements.

1.4.1 The Principles

The ERG was guided by three main principles in carrying out its work:

1. to focus on patients, service users, their carers and the wider public and on their rights in accessing good quality healthcare to improve health and reduce health inequalities;
2. to work in partnership with those charged with planning, implementing and providing such services, to make experience of oversight and scrutiny a supportive one; and
3. to be independent and fair in its advice, open and consultative about how that advice is created and accountable for its actions.

1.4.2 The Values

The ERG agreed to deliver its remit by working in a way that was:

- independent – by reaching its own conclusions and advising in the light of what it found;
- open and transparent – by explaining its advice using language and formats that would be easy to understand;
- sensitive and professional – by recognising that needs, beliefs and opinions should be respected and encouraged;
- partnership-focused – by recognising that the promotion of partnerships, at all levels and across organisations, is needed to improve the quality of care and avoid duplication;
- evidence-based – by ensuring that advice offered was based on the best evidence available;
- quality-driven – by focusing on creating sustainable approaches that allow for effective monitoring and evaluating; and
- proactive and reactive – by responding or leading as necessary to achieve its remit.

At the same time the ERG recognised that there was a need to handle information that was sensitive. As such it sought to maintain:

- confidentiality – both in the statutory domain and in relation to material made available to support its work;
- reputations – both in relation to individuals and organisations about which it was informed in the course of its work; and
- rights and responsibilities – both in relation to the duties and powers vested in statutory agencies and the functions and purposes of independent or voluntary organisations.

2 Method of Working

The ERG established a method of working which focussed on three specific tasks. These were:

- (i) meeting with key informants and stakeholders;
- (ii) undertaking site visits in NHS Lothian and other venues; and
- (iii) reviewing NHS Lothian specific and external documentation.

In this section of the report, each is considered in turn.

2.1 Meetings with key informants

Anne Jarvie and other members of the ERG have met with a number of key informants to discuss issues relating to older people's care in the Lothian area. These included members of the Executive Management Team for NHS Lothian, Directors of Nursing, Clinical Directors, strategic and operational senior managers and medical, nursing and therapy staff responsible for the delivery of care.

In addition, meetings with a few of the families who had been directly affected by the quality of care offered was undertaken. These meetings sought to learn from the specific experiences to highlight the broader quality of care issues.

It should be noted that any group of key informants can only inform on areas where they have direct experience. The ERG acknowledges this. It is also acknowledged that these discussions took place against a background of both significant external interest in the care provided by older people's services and the organisational changes which are underway in the NHS Lothian system.

The ERG is extremely grateful to those individuals who made themselves available for discussions, very often at short notice.

2.2 Site visits

Site visits were undertaken by members of the ERG. Generally speaking, at least two members of the ERG visited the sites and discussed matters relevant to the care of older people in Lothian with operational management and professional/care staff on the ground.

The sites visited were:

- Royal Infirmary of Edinburgh:
 - Orthopaedic wards 108 and 109;
 - Accident and Emergency, the Combined Assessment Unit and the Toxicology Unit;
 - Medicine of the Elderly department; and
 - Discharge ward 203 (formerly ward 104).

- St John’s Hospital at Howden:
 - Medicine of the Elderly department; and
 - Orthopaedic ward 14.
- Liberton Hospital:
 - Medicine of the Elderly department and wards; and
 - The Falls Clinic.
- Lothian Primary Care Organisation:
 - Leith Community Treatment Centre;
 - Ellen’s Glen House (Continuing Health Care);
 - Geriatric Orthopaedic Rehabilitation Unit, Astley Ainslie Hospital (staff from); and
 - Roodlands Hospital, East Lothian CHP and Medicine of the Elderly department.

North Edinburgh CHP Service Redesign Workshop.

- NHS Grampian:
 - Grampian Joint Future Co-ordinating Group;
 - Aberdeen Royal Infirmary: Medicine of the Elderly department;
 - Aberdeen Royal Infirmary: Discharge management unit; and
 - Woodend Hospital.
- Greenwich Integrated Falls Service (English National Service Framework for Older People “beacon site”).

The ERG found that at each site both professional and managerial staff were happy to make themselves available to meet with members of the ERG and to share their thoughts and relevant reports and supporting materials. Given that this was often against a background of organisational change and ongoing review, the fact that they did so with an openness and genuine desire to learn from the “critical friendship” offered by the visitors, should be noted as a clear marker of a mature healthcare system.

2.3 Documentation review

Finally, members of the ERG have reviewed a large number of NHS Lothian documentation and external documentation pertinent to the six key themes associated with *Better Outcomes for Older People*¹. The ERG are extremely grateful to the many staff who have sourced and – where necessary – drafted summaries of material for their benefit.

Key documentation has included:

- NHS Lothian policies and strategies in relation to older people’s services;
- NHS Quality Improvement Scotland (and its precursor organisations) documentation relating to quality standards and their assessment in Lothian;
- Quality standards and service assessments from across the UK; and
- Good practice documentation from the UK and beyond.

In total, some 180 documents have been sourced and reviewed by the ERG team. A full list of these documents is provided in appendix two.

2.4 Focus of the report's findings

The values and principles adopted by the ERG in undertaking this work highlights the importance of balancing the need for transparency whilst upholding patient confidentiality and respect for professional reputation.

The ERG are also aware that NHS Lothian has already started to address many of the immediate issues raised by both the complaints in relation to the quality of care on the orthopaedic wards at the Royal Infirmary of Edinburgh and relating to an incident at Liberton Hospital. In the case of the former, the ERG had access to the reports on the improvement in care at the orthopaedic wards at the RIE resulting from action put in place by senior management. The work of the Incident Management Team dealing with Liberton Hospital is ongoing; however, contacts have been maintained between the chair of the ERG and the lead Director from NHS Lothian.

For both, the ERG has been impressed with the very positive and sensitive way in which NHS Lothian has responded.

Because the **specific** issues that caused the ERG to be formed are already being addressed, the findings outlined in this report are designed to be more **general** observations that apply to all health care services that provide care for older people. Where actions from the specific areas are pertinent, they are commented upon; however, the specific learning, which has occurred, does need to be applied across the NHS Lothian system. In this way, the whole NHS system can reflect on both specific actions and general findings and consider how best to respond to them in a thoughtful, measured way.

3 Emerging findings – older people’s care in Lothian

In presenting the findings that have emerged from the work of the ERG in relation to Lothian, it has proved helpful to structure them in a way that is slightly different from the outcomes set out in *Better Outcomes for Older People*¹. In this section of the report, the findings are set out in the following manner:

- Dignity and respect
- Corporate issues:
 - harmonising strategies and initiatives;
 - impact of organisational change;
 - risk management and quality assurance systems;
 - protection of vulnerable adults; and
 - staff attitudes.
- Leadership:
 - strategic;
 - clinical; and
 - managerial.
- Quality of care and practice development:
 - models and pathways of care;
 - use of healthcare facilities;
 - feeding and nutrition; and
 - practice development and training.
- Communication:
 - complaint handling and customer care;
 - multidisciplinary team communication and documentation; and
 - sharing of lessons learned.

For each of these themes, the report highlights areas of good practice that were found in Lothian and those factors where the ERG considers that reflection is required. Where appropriate, specific recommendations for action by NHS Lothian are also included.

The structure used can be mapped onto the *Better Outcomes for Older People* strands with the exception of the outcome relating to assessment of needs. This is because the ERG found clear evidence that systematic approaches to needs assessment and to patient and user involvement in the design of services has been in line with best practice in Scotland. This was particularly noted by the Scottish Executive Health Department in relation to the processes of involvement to support the pan-Lothian Review for older people, the *Improving Care, Investing in Change* consultation and for the development of successive Lothian Local Health Plans.

Two outcomes – those of the level of patient participation in the day-to-day management of care and of maintaining autonomy, dignity and respect – are so key that the ERG consider

them to be the most critical outcomes that characterise the approach to care for older people that should permeate the whole of NHS Lothian and Scotland as a whole. The ERG recognises that these are areas central to NHS Lothian and that they must underpin everything that it does.

3.1 Dignity and Respect

Delivering services that maintain the autonomy, dignity and respect of older people is something that should never be taken for granted. The way in which services promoted autonomy, protected the individual's dignity and was respectful of their needs and wishes was at the heart of many of the quality failures highlighted by families. This was echoed in almost all of the complaints that were reviewed by the ERG and reported on by the Scottish Ombudsman in their recent report to the Scottish Parliament². In reality, similar comments were contained within reports on NHS Lothian Trusts published by the Scottish Hospital Advisory Service.

The ERG consistently found that services were fully aware of the issues relating to the technical aspects of care quality and sought to promote and maintain high quality at the "high-tech" end of the scale. However, this was sometimes at the expense of the "low-tech" caring that many older people, as well as their relatives and friends, say are central to the holistic care of the individual. As one relative commented: *"During the whole time my mother was in hospital I never once saw anyone hold her hand."* The degree of distress caused by the lack of personal care – whether real or perceived – was also a major feature of these complaints. Ensuring that an older person is supported in their personal care needs: washing, shaving, having their hair done or make-up applied are all aspects of personal wellbeing which reinforces their dignity and provides a link to the everyday "niceties" that many older people feel are central to their independence.

NHS Lothian is clearly committed to providing person-centred care. Ensuring that there is a workforce that is competent and committed to providing the highest quality of technical care is essential for such an approach. The ERG found many examples of NHS Lothian promoting and achieving such technical quality. However, care that prioritises the technical aspects of treatment to the detriment of personal care, reflecting the needs and wishes of an older person, can make the commitment to person-centred care hollow.

Recommendation 1:

- a. NHS Lothian should review how its commitment to person-centred care is being implemented to ensure that there is a better balance between the technical aspects of treatment and the overall caring experience of the older person.**

3.2 Corporate Issues

3.2.1 Harmonising strategies and initiatives

It is to NHS Lothian's credit that it has an ambitious programme of service redesign and strategy review. As one of the leaders in Scotland in developing healthcare systems, NHS

Lothian already has many of the elements in place – or planned – to provide a model of care which fulfils the vision set out in *Delivering for Health*.³

"Our vision for the NHS is to reapply its founding principles with vigour to meet the needs of the people of Scotland. Delivering for Health means a fundamental shift in how we work, tackling the causes of ill-health and providing care which is quicker, more personal and closer to home."

(Delivering for Health, 2005³)

The ERG found that there is an extensive range of strategies and initiatives being undertaken by NHS Lothian that have a bearing – directly or indirectly – on the care of older people. Those with a direct bearing include:

- *Improving Care, Investing in Change (ICIC)* – Better Acute Care in Lothian;
- *ICIC* – NHS review of services for older people;
- *ICIC* – the musculoskeletal modernisation (redesign) project;
- *ICIC* – development of business cases for a new Haddington Hospital and a Midlothian Community Hospital;
- *ICIC* – development of the business case for the reprovision of the Royal Edinburgh Hospital; and
- the review of the Joint Strategy for Older People.

Those which have an indirect effect include:

- the roll-out of the Joint Future arrangements for older people's service;
- the development of Community Health Partnerships and the new Primary Care Modernisation Plan (including a long-term conditions management strand);
- an emerging managed clinical network for palliative care services; and
- joint strategies/action plans for dementia care and other mental health problems in old age.

All this is being undertaken against the background of creating a single NHS system within Lothian.

There is evidence that harmonisation of strategies and initiatives is important. For example, the recovery action plan for orthopaedics makes clear the need to link its own work to that of the musculoskeletal project, the *ICIC* Older People's services review and a review of orthopaedic trauma theatre utilisation and capacity.

Whilst the overall strategic work was being undertaken by a large number of people – indeed the ERG had clear evidence of how extensive the involvement of NHS staff was in the development of these strategies and initiatives – what was also apparent was that ensuring effective *linkage* between each of these strategies and initiatives was being managed by a relatively small number of staff who were already heavily involved in the development of the strategies and initiatives.

However, the ERG found through its review of existing, local strategic documentation and meetings with key informants that, whilst the overall approach in each initiative or strand was wholly in line with national policy, specific documents that set out the (often) complex inter-relationships and dependencies between the strategies, initiatives and ongoing work was not readily available to NHS Lothian staff.

As a result, were key staff to become unavailable, or become too stretched, this could jeopardise the effective bringing together of each individual strand of strategic development into an effective, coherent whole.

Ensuring that the ambitious service redesign and strategy development programme is supported by ongoing review and modification of the Board's Clinical Governance arrangements is also essential.

Recommendation 2:

- a. The ERG recommends that support be given to strategic and development staff to ensure that strategies and initiatives that are inter-related and mutually dependent in relation to the care of older people are effectively brought together.**
- b. The Project Board for the review of the Joint Strategy for Older People's Services should include this as part of its remit.**
- c. The Board should ensure that its Clinical Governance arrangements are reviewed and amended to take account of changes to services arising from redesign projects or strategic developments.**

3.2.2 Impact of organisational change

NHS Lothian – along with the rest of NHSScotland – is subject to major reorganisation. In line with Scottish Executive policy, the creation of a single NHS system within Lothian, incorporating the creation of an acute hospital operating division and the new Community Health Partnerships (CHPs), is progressing well.

The ERG were particularly interested to note that providing improved, seamless care for older people was one of the key areas for both the Edinburgh and West Lothian Health and Social Care Partnership arrangements. These developments were felt to provide real opportunities for change and innovation. It was also clear that for those CHPs where binary arrangements remain in place, there is a genuine commitment to showing that partnership working can be as effective in a binary system as in a unitary system.

Within the NHS Lothian's University Hospitals Division (UHD), 'single system working' has highlighted a number of opportunities for innovation; for example, the work on effective management of people whose discharges are delayed. Consolidation of services and better integration have the potential for delivering real benefits in line with the vision of care set out in *Delivering for Health*². This is clearly reflected in the commitment by NHS Lothian to delivering the *Improving Care, Investing in Change*⁴ programme.

Ensuring effective management and clinical leadership for older people's services during such a period of organisational change could be an issue. In some cases, discussion with key informants and stakeholders identified concerns that the move to new arrangements could adversely affect service efficiency and therefore jeopardise clinical oversight of care.

In this regard the introduction of 'chief nurse' roles at directorate level and Clinical Nurse Managers (or what was termed "Modern Matrons" in England) at sub-directorate levels will be important. Work to assess the added value and impact of these roles – as well as monitor the impact of the increased size and scope of the new clinical directorates within the acute hospitals division – to improve the clinical oversight of care for older people, will be needed.

For the new structures, some Clinical Directors felt that an effective voice for older people's services would be lost within the new configurations. Some staff also felt that the sheer scale of the configurations may affect the capacity to provide effective oversight of clinical quality. These should be monitored.

It will be essential against this background of organisational and service change to fully implement the specific changes proposed to address the quality failures identified in the orthopaedic wards at the RIE and at Liberton Hospital and ensure staff are supported to understand and own the necessary change. Indeed, across the NHS Lothian system, there is a need to support the process of change management so that NHS Lothian staff can continue to provide high quality care against a background of change in a positive and accepting manner. Such change management should also ensure that NHS Lothian staff themselves feel valued and supported through the process of change.

Recommendation 3:

- a. Formal support for change management processes should be put in place. These should encompass both support to minimise any negative impacts on the quality of care and promote good staff morale and acceptance of necessary change.**
- b. The impact of organisational change on the capacity of front-line NHS Lothian staff to maintain effective clinical governance and ensure appropriate oversight of care should be monitored and potential risk managed.**
- c. The impact of the clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager roles should be made explicit and subject to evaluation.**

3.2.3 Risk management and quality assurance systems

Having effective clinical governance arrangements to manage risk and quality assure systems are central to any healthcare system. These will take many forms – ranging from formal systems put in place to deal with external inspection of quality standard (e.g. NHS QIS assessment processes) to internal arrangements for identifying and managing clinical risks.

In relation to the external programmes of quality assurance, notably the NHS QIS programmes, NHS Lothian has well-developed systems for self-assessment and ensuring that it responds appropriately where those standards could be improved.

In the case of the recovery action plan for orthopaedic care at the Royal Infirmary, a specific action was to ensure implementation of agreed actions. However, the document review did show that in some cases, the response to areas of improvement were contingent upon developments such as capital programmes and/or organisational changes which are only now being put into place or still at the planning stages. Some mechanism for reviewing the ongoing progress towards meeting standards and a capacity to put in – where required – interim measures to ensure standards are being met would be helpful.

With regard to the internal structures, an area of good practice noted was the Lothian Primary Care Organisation specific internal checks on the quality of care being undertaken. The Chief Operating Officer (as part of his own practice of working regular shifts as a nursing auxiliary) and Divisional Director of Nursing, with one of the non-executive Directors, personally undertake such quality checks. As a minor point, it was noted that these checks only occur for daytime services and do not cover overnight or weekend services. This potential gap has been recognised and is being addressed.

Plans to ensure regular but unannounced visits to wards in the Royal Infirmary by nursing and senior management staff are already being implemented. The proposal that this be extended to include members of the Patient and Public Partnership Forum is particularly helpful. The outcome of these visits will be fed into the various directorate management teams and the relevant clinical governance arrangements.

The ERG did find that whilst UHD ward staff were aware of situations where care had perhaps not been as good as it could have been, the risk management and quality assurance mechanisms did not record that there had been significant problems before the specific complaints were made and the quality failures highlighted. It was not possible to determine whether this represents a failure of internal communications or a lack of robustness in the system. The role of the Clinical Nurse Manager in developing and maintaining local risk management and quality assurance should be made explicit.

The recovery action plan for orthopaedic care identifies a need to ensure that the ward/departmental risk registers give due recognition to the appropriate clinical and personal care management of patients, particularly older patients, and that identified risks are acted upon. The ERG considers this to be a clear example of best practice.

Recommendation 4:

- a. The role of clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager in relation to the clinical governance arrangements should be made explicit and subject to audit.**
- b. Robust mechanisms for improving clinical governance through risk management and quality assurance arrangements at ward, directorate and senior management levels should be in place.**
- c. The role of ward/departmental risk registers in helping to improve the quality of care should be evaluated and – if successful – rolled out across the NHS Lothian system.**

3.2.4 Protection of Vulnerable Adults

The NHS has a major role in relation to protecting vulnerable older people. The work that NHS Lothian has undertaken with its partners in developing specific mechanisms for formally establishing a Protection of Vulnerable Adults Committee and associated structures is clearly an area of best practice.

Ensuring that all parts of the NHS Lothian system are fully engaged with these developments and are able to effectively discharge their responsibilities is a challenge that they share with other NHSScotland systems.

Specific actions arising from the Liberton incident are being dealt with in NHS Lothian's Incident Management Team's report. However, it is important the findings from this report are responded to positively and in full. Ensuring that the NHS Lothian system can care for older people in a way that allows the smooth operation of its protection of vulnerable adults arrangements is essential. Lessons learned in relation to child protection systems – where the need for clear lines of communication, supervision and support for staff – will be highly pertinent in establishing these arrangements.

Recommendation 5:

- a. The findings of the Liberton Hospital Incident Management Team should be responded to positively and in full.**

3.2.5 Staff attitudes

The ERG found evidence of very positive attitudes and a commitment to care from many of the professional and managerial staff. There was also clear evidence of a willingness to learn and improve care. However, this must be balanced against a perception by some staff that they were overburdened and that the prevalent working culture in NHS Lothian was not one which empowered or enabled them to make changes or highlight areas of concern.

There are two issues that need specific comment.

Firstly, the ERG felt that there were occasions where medical and surgical staff seemed to be distancing themselves from the failures in the quality of care that had given rise to the specific complaints. In some cases they failed to recognise that such quality failures were core to the multidisciplinary team and not limited to the nursing or therapy staff.

Secondly, some managerial and professional staff felt that they were not helped by the constant pressure from the media and its negative view of events, as well as the need to rehearse the circumstances of any untoward incident when an investigation or review was needed. Such pressure could make it difficult for staff to “learn lessons” and “move on”. It is understandable that, in such circumstances, staff will start to provide mutual support and develop a sense of shared pain. It would be unfortunate were such feelings to become a barrier to thorough review or investigation.

Recommendation 6:

- a. In managing any future reviews or investigations there must be clarity on striking an appropriate balance between sensitivity towards supporting staff and patients and investigative thoroughness.**
- b. NHS Lothian should ensure that their initiatives such as “The Lothian Way” seek to promote a positive working environment and facilitate a change in the working ethos that empowers and enables staff to reach their full potential and thereby improves overall quality of care.**

3.3 Leadership

3.3.1 Strategic

Establishing the strategic vision is essential and NHS Lothian has a clear vision of how its services need to be modernised and operate. In achieving the vision for services, it should be mindful of the need for the vision to ensure there is strategic leadership that ensures that the values and principles of care – and especially caring for older people – are upheld.

In reviewing the work being undertaken to evaluate the National Service Framework for Older People in England, the ERG noted the importance of Older People’s Champions operating at Board level within NHS units and Councils⁵. These champions have the responsibility of ensuring that the best interests of older people are put at the heart of what health and social care services are trying to achieve. The ERG are also very aware of the step-change in the

quality of care that occurred following the introduction of Commissioners for Children's Services across UK health and social care systems. Such an approach may be of benefit within the context of older people's services.

The ERG considers that NHS Lothian could usefully explore the role of a Commissioner for Older People's Services on a Lothian-wide basis. Such a role – within the context of the Community Health Partnership and divisional structures – could provide leadership and strategic overview of services which care for older people.

Recommendation 7:

a. Consideration should be given to the appointment of a Champion for Older People, at least on a short-term basis. This role would provide leadership and an overview for older people within the Board, its CHPs and its divisional structures.

3.3.2 Clinical

Effective, clinical leadership is essential to the maintenance of the highest standards of care for older people. This has been emphasised not only through the ERG's discussions with key informants, but also through the review of documentation.

The ERG has found evidence within the parts of the NHS Lothian system it visited that consultants may not be clear about their responsibilities for the clinical care of older people in their wards, when this falls outside their specialist care. For example, historically, this has been an issue for the orthopaedic wards at both the Royal Infirmary of Edinburgh and St John's Hospital in Livingston. The lack of clarity about whether the provision of clinical care was the responsibility of the orthopaedic surgeons or the medicine of the elderly physician was clearly an issue in relation to patients who have not required surgery.

The ERG noted that arrangements are in place to provide consultant and staff grade geriatric input to the orthopaedic wards and this, within the context of the Musculoskeletal Review and redesign, will be helpful in clarifying where clinical responsibilities lie.

However, the ERG considers that this is a wider learning point for the NHS Lothian system. Clarity about which named consultant has the clinical responsibility for an individual patient must be ensured. There must be a review of the roles and resources required to provide specialist advice and support for the care of older people where the named consultant is not a consultant in the care of elderly.

Ensuring that there is effective clinical leadership within nursing and therapy staff was also highlighted. The role of the Clinical Managers and Charge Nurses in providing effective leadership to ward-based staff is essential and the national impetus to re-establish or re-instate more traditional role(s) recognises this. In this context, reinforcing that Charge Nurses are responsible for providing local clinical and managerial leadership should be explored fully and a clear statement of the balance between the two roles set out and agreed. This should be informed by the work initiated by the Chief Nursing Officer for Scotland on the role of the Charge Nurse.

However, clinical leaders can quickly become less effective if they are not given ongoing support and encouragement to be effective clinical leaders for their teams. There was evidence of Charge Nurses being distracted from their roles as proactive leaders and key communicators with patients, relatives and staff. This also presumes that all areas of acute

care in NHS Lothian have access to an appropriate nursing skill-mix that can be supported to care for older people, especially those who have multiple problems.

In NHS Grampian a clinical nurse specialist for older people has been appointed to support practice development and support for nursing and therapy staff across the Aberdeen Royal Infirmary. This post has been subject to a formal evaluation that has shown it to be of benefit to staff across the hospital in supporting the care of older people. This type of role is one that could be explored within Lothian.

Finally, the ERG considers that it would be helpful to ensure that all redesign programmes consider the needs of older people as a specific issue in assessing the quality of the redesigned service. This needs to consider both the approach to care and the location in which care is delivered.

Recommendation 8:

- a. There must be clarity about clinical responsibility for individual patients across the NHS Lothian system. These arrangements must be transparent and amenable to audit.**
- b. There must be clarity concerning the provision of readily accessible specialist medicine of the elderly advice and support for those providing acute care of older people across the NHS Lothian system. These arrangements must be transparent and amenable to audit.**
- c. Charge Nurses should be supported in discharging their responsibility to provide local clinical and managerial leadership. The Director of Nursing for NHS Lothian should set out a clear statement on these role(s) in the light of the national review now underway.**
- d. Consideration should be given to how best to support Charge Nurses in such role(s). One model for this that could be explored is the Nurse Consultant, Clinical Nurse Specialist or Practice Development Nurse to support nursing and therapy staff in caring for older people developed by NHS Grampian.**

3.3.3 Managerial

Effective clinical leadership needs to be matched by effective managerial leadership and continuity.

As noted above, the degree of organisational change associated with the establishment of single-system working is very high across the NHS Lothian system. That this has impacted on management continuity is something that has been recognised by key informants to the ERG. Many also noted that this is a transitional state. However, care will need to be taken to ensure that management leadership – especially in the context of ongoing organisational change – is supported and maintained.

Where the new managerial structures have been put in place, or where existing weaknesses highlighted by the complaints are already being addressed, the impact of management leadership is already paying dividends.

This was notable in relation to the care of the elderly wards at Liberton Hospital. Ensuring this is the experience across the NHS Lothian system will be important; especially for those services where professional staff, their local management and the Directorate or Community Health Partnership management are reorganising simultaneously.

As noted above, formal support for change management should be explored (Recommendation 3).

3.4 Quality of care and practice development

3.4.1 Models and pathways of care

As noted above, central to any model of care should be the principle of maintaining dignity and respect for an older person when in care.

Within NHS Lothian's University Hospitals Division, the Better Acute Care in Lothian programme and the existing work on developing effective pathways of care is to be commended. This work has obviously helped clarify the specific routes into, through and out of acute care.

The ERG found that in relation to the specific areas of concern, the recovery action plan for orthopaedic services had already recommended reviews of local pathways and practices. These mean that:

- care of acutely unwell patients on the orthopaedic wards will be provided separately from that of rehabilitation patients;
- it is easier to clearly identify new ward admissions within the orthopaedic wards; and
- discharge arrangements are becoming nurse-led as a matter of routine.

There is a need to explore how to create resilience in pathways of care. For example, ensuring that once a pathway has – for whatever reason – been interrupted, it is possible to respond appropriately to avoid individuals becoming “lost” within the healthcare system.

Some key informants discussed the concept of the “hospital at night”. There seems to be a separation between daytime care and night-time services. This clearly had an effect at the Liberton Hospital where different service cultures seemed to have developed in the recent past. Whilst it is obvious that having the correct staff skill-mix is essential to delivering care within and across pathways, the issue of what happens to patients where the pathway includes overnight care should be considered. Avoiding such different service cultures will be a challenge to the whole of the NHS in Scotland.

Finally the work on improving discharge and transport links was noted. This is a general issue, though it requires specific attention when the person being discharged is an older person. In NHS Grampian, getting this part of the pathway right has resulted in a specific discharge management team to be established.

Outside of the acute environment, ensuring that the approach to providing patient-centred care pathways is broadened to care which cuts across health and social care and across care sector interfaces will be essential. This extension of the approach – which needs to be at the heart of the work of the Community Health Partnerships – should reflect the truly complementary way in which acute and community care provide mutual support within a whole system. As a single example of this, the ERG were impressed with the way in which Ellen's Glen House has become a vital part of the overall care provision for some of the most frail, older people in the City of Edinburgh area.

There is also a clear need to ensure the development of preventative care – especially in relation to frailty, fall-related fracture prevention – to match the acute care developments which are in place. Again, Lothian is in a very strong position to develop on these fronts rapidly. In this regard, the ERG noted the work in developing the Long-Term Conditions Management strand of the Primary Care Modernisation Strategy. The development work undertaken in west Lothian, where assistive technology, supported by integrated community health, social and housing services, has played an important role in the maintenance of the individual and the prevention of unnecessary hospital admissions is also to be encouraged

Specifically, in relation to preventing the need for orthopaedic admission, the ERG was impressed with the development of the Lothian Falls Pathway and the links to local Falls Clinics, especially the clinic visited at the Liberton Hospital. However, these existing strands of work need to be drawn into a more formal strategic approach to falls prevention that can be rolled-out across the CHPs within Lothian.

Overall, the ERG noted that the development of the concept of Intermediate Care that provide a range of enabling, rehabilitative and treatment services in community settings to promote faster recovery from illness, support preventative care and foster greater independence, could be more formally explored by NHS Lothian. This approach, which is being advocated by the Scottish Executive's Joint Improvement Team for health and social care, has been adopted very positively by NHS Grampian with a great deal of enthusiasm and some early success.

Recommendation 9:

- a. Consideration should be given to how best to create more resilience in pathways of care for older people to avoid them becoming “lost” or “delayed”.**
- b. Consideration should be given to how best ensure that the correct staff skill-mix is available to deliver overnight care.**
- c. Discharge and transport mechanisms that are appropriate to the care of older people should be further developed.**
- d. Community Health Partnerships should explore how best to extend the person-centred pathway approach beyond the acute setting to reflect the truly complementary way in acute and community care.**
- e. NHS Lothian should develop a formal strategic integrated approach to fall-related fracture prevention to ensure a consistent approach.**
- f. NHS Lothian should consider developing a more formal approach to NHS Lothian should consider developing a more formal approach to Intermediate Care within its CHPs. This approach should seek to provide a range of enabling, rehabilitative and treatment services that promote faster recovery from illness, support preventative care and foster greater independence amongst older people.**

3.4.2 Use of healthcare facilities

Making effective use of healthcare facilities is clearly key to the system(s) of working set out in *Improving care, investing in change*. The ERG – as part of its visit programme – was able to visit the Royal Infirmary, the Leith Community Treatment Centre, Roodlands Hospital and Ellen's Glen House.

With such excellent, state-of-the-art facilities available to it and more planned at Haddington and in Midlothian, the NHS Lothian systems should take every opportunity to maximise their

use. As part of the visit programme, the ERG felt that there were three specific areas where this could be considered more closely.

Firstly, the use of orthopaedic operating theatres in the Royal Infirmary. Given that there can be up to a 70 hour wait for theatre availability within the current utilisation model, consideration should be given to how to make more effective use of theatres. One suggestion that was discussed with the ERG was the establishment of an intermediate class of use between elective and emergency use. In this area, the ERG is aware that a formal orthopaedic theatre capacity and utilisation review is underway.

Secondly, the current use of A&E and the Combined Assessment Unit – including the use of the “discharge” ward 203 (formerly 104) – should be reconsidered. At the simplest level, ensuring that basic standards of care are appropriately maintained is essential. For example, ensuring that patients passing through these systems have a named carer would seem to be a helpful way of promoting continuity of basic care. More broadly, ensuring that these parts of the system are fully integrated into RIE capacity should be a priority, as should broadening the existing cover from care of the elderly physicians.

Finally, extending the use of community facilities to reduce the need for using Royal Infirmary facilities should be explored. Where facilities are available – for example the Leith Community Treatment Centre – these should be fully utilised. This should include the exploitation of diagnostic and communication technologies to reduce the need for additional hospital visits. Similarly, Community Health Partnerships should develop other consultant-led, community-based resources, operating within a more structured approach to intermediate care. The model of care which is being followed in NHS Grampian and the East Lothian CHP, where the resources provided by the local geriatrician service and the Roodlands Hospital provide both the means to meet the local needs close to home and still remain part of the integrated care of older people services within the RIE, should be explored further.

Recommendation 10:

- a. NHS Lothian should review the operation of the A&E, CAU and ward 203. This review must consider how to support effective provision of basic care for patients.**
- b. NHS Lothian systems should take every opportunity to maximise their use of their modern, state-of-the-art facilities.**
- c. Community Health Partnerships should explore the development of consultant-led local community health resources (e.g. local treatment centres, community hospitals etc.) within a more structured approach to intermediate care offered closer to home.**

3.4.3 Feeding and nutrition

Caring for the nutritional and fluid needs of people in hospitals is a basic element of holistic care. This is extremely important for older people, who may be nutritionally compromised even before admission to hospital.

The work of NHS Lothian in preparing for the NHS QIS visits in relation to their fluid, food and nutritional care standards⁶ was evident, both as part of the document review and during the visits.

Whilst the actual supply of food is outsourced to a private supplier, the ERG noted that there was a need to consider how best to provide additional support to older people receiving the food that was made available for them in a sensible and timely way. In part this relates to local flexibility to support feeding. However, it may also mean that consideration is given to providing the means to locally reheat/regenerate food where required.

In part, this is already in hand as part of the recovery action plan for orthopaedics where formal dietician input to meet patient need and demand is being put in place. Dietician input is also being used to develop supporting training to assist nursing staff and clinical support workers to assess patients' nutritional needs. A regular, reliable ward trolley service to provide drinks is also being established.

The recently appointed ward housekeepers should help to support effective nutritional care.

Recommendation 11:

- a. Whilst NHS Lothian should participate fully in the ongoing NHS QIS assessment exercise, an action plan based on the findings from the required self-assessments should be actioned as early as possible.**
- b. Systems for providing effective nutritional care should be a priority across all NHS services that provide food and fluids. These must be transparent and amenable to audit.**

3.4.4 Practice development and training

Establishing and maintaining quality of care relies on having a professional and managerial staff that is fit for purpose. In this context practice development and training is essential. Comment was made about the negative attitudes amongst health care staff, notably student nurses who believed that it was more important to learn the technical aspects of care whilst leaving the provision of general aspects of care to others. This is an issue for both NHS Lothian and Scottish Universities as the importance of learning on the job, alongside a competent role model, should not be underestimated.

In response to the specific areas of concern, the NHS Lothian's University Hospitals Division were quickly able to identify and put in place training support for staff in relation to the care of older people. This is commendable and should become a feature of training for all staff, perhaps as part of induction.

Clearly any NHS Board must take a strategic view with regard to the many and varied calls for staff training which now accompanies every new initiative. Prioritisation of training needs against the available budget will also need to be taken into account. However, ensuring that training deemed to be mandatory is provided for and taken up by staff is a given.

Where appropriate extra support may be needed to allow staff to make full use of training that has been made available through the provision of staff cover etc. Once learning is acquired and put into practice, there is a need for reflection to help consolidate the knowledge and skills into everyday practice. The ERG noted that a ready availability of clinical supervision to support such reflection was not evident. It is important that professional staff have an opportunity to reflect on their learning and practice in a safe and supportive environment, which in itself becomes a learning opportunity.

These comments echo those of the Incident Management Team in relation to the Liberton Hospital Incident. The issue of training provision and uptake needs to be addressed as a matter of urgency.

The ERG found that whilst training which focussed on the acquisition of knowledge was available, training which supported practice development was less well developed. This may be a consequence of the approach to information gathering by the ERG or it may reflect an educational culture that gives priority to academic study. However, it does mean that staff may have difficulty in developing or maintaining their practice skills.

The NHS Lothian Knowledge and Skills Framework may be a useful vehicle to support such practice development. However, it may be that a formal practice development strategy needs to be developed.

Recommendation 12:

- a. Action to ensure the delivery and uptake of mandatory training is required as a matter of urgency.**
- b. The values underpinning the care of older people should be integral to all nurse and therapy education programmes. Where this has not been incorporated into pre-registration training, continuous professional development mechanisms should be used to allow in-service training where required.**
- c. NHS Lothian should work with the local universities to ensure appropriate initial, local preparation of doctors, student nurses and other healthcare professionals.**
- d. NHS Lothian should develop a practice development strategy to inform the NHS Lothian Knowledge and Skills Framework. Once developed, this should be actioned.**

3.5 Communication

3.5.1 Complaint handling and customer care

Providing effective care can often go beyond holistic, person-centred care. Developing and maintaining good relationships with those who are close to the person being cared for are also important. Customer care – as many sectors have found – is an essential part of their everyday work. Healthcare is no different.

With regard to complaints handling, the experience of the NHS in England – especially following the introduction of *An organisation with a memory*⁷ – is something that NHS Lothian could consider more closely in helping to make complaints a learning experience.

Within the healthcare sector, good relationship management does have a major effect on improving the overall experience of care. It can also have a major impact on reducing the incidence of “difficult” relationships and complaints. The ERG was pleased to see that work was already in hand – based on programmes developed by the Homerton Hospital – to support staff to deal with people’s complaints in a more constructive and positive manner.

The specific actions put in place by UHD to improve relationship care are welcome and should have an impact.

These actions are:

- ensuring that mechanisms exist to allow ward-based staff to communicate concerns over patient care within the NHS Lothian System. These will be supported by an NHS Lothian Freedom of Speech Policy;
- ensuring that arrangements exist at ward level to give patients and relatives clear guidance/contact points for feedback. This will include enhancing the role of the Charge Nurse in communicating proactively with relatives and supporting staff in improving relationship care; and
- ensuring that the content of verbal and written complaints are audited at senior level within UHD. Establishing the system that Charge Nurses should use to deal with verbal complaints and if this cannot resolve issues raised, to be clear on whom to inform (for example, the relevant Operations Manager).

Recommendation 13:

- a. NHS Lothian should continue to develop mechanisms that make efficient use of the substance of complaints and complaint handling as part of its learning process.**
- b. The experiences of UHD in developing a more structured approach to customer/relationship care should be reviewed. Key learning should be shared and implemented across the NHS Lothian system.**

3.5.2 Multidisciplinary team communication and documentation

Communication is at the heart of effective care, especially within and across multidisciplinary and multi-agency teams. Without sound communication, based on clear documentation, the care offered can become disjointed and, in some cases, dangerous. In some countries, specific standards for the clinical handover and its documentation are being developed.⁸

The Incident Management Team for the Liberton Hospital incident has noted the need to improve documentation and record keeping. The ERG has noted a similar finding. As part of the site visit and documentation reviews, an experienced registered nurse took the opportunity to review the case notes of patients who were under active care at the time of the visit. As a general standard, it was agreed that this individual would assess the degree to which they could have taken over the nursing care of that individual, within the wider care plan that had been established.

It was clear that in some facilities visited – Ellen’s Glen being a particularly shining example – it was clearly possible to understand the nursing care required and the overall management of the individual being followed. This was not true in other parts of the NHS Lothian system.

More generally it was noted that – as yet – there is no single record system in place for older people in Lothian’s hospitals and other healthcare facilities. Whilst this may reflect the consequences of the previous, fragmented NHS systems within Lothian, the opportunity now afforded by single system NHS working and the developments around single shared assessment and e-records across NHS Scotland mean that such deficiencies can be meaningfully addressed. The development of IT solutions will only go so far. There is an urgent need for NHS Lothian to consider the issue of documentation and communication more closely **before** computerisation occurs.

This should include consideration of core NHS Lothian documentation from which service specific documentation is derived.

As a minimum, NHS Lothian should give consideration to developing auditable rules/guidance for record keeping. These should cover:

- the general content of the record;
- what needs to be communicated between professional staff and when it should be communicated;
- what *must* be recorded and what *should* be recorded;
- minimum recording standards for shared care within and across care teams; and
- minimum recording standards for communication with patients, relatives and significant others.

In this regard, the work undertaken by NHS Forth Valley and NHS Highland in relation to their communication sheet systems could be locally amended and implemented. This approach would also allow for an opportunity to involve older people in the day-to-day management of their care and to properly capture and record their wishes and those of their relatives, carers and friends within the communication record.

Recommendation 14:

- NHS Lothian should audit its approach to, and standards for, record keeping in relation to patient care records.**
- For older people's services, it should develop auditable rules/guidance for record keeping.**
- Mechanisms should be introduced to properly capture and record the views of patients and carers.**

3.5.3 Sharing of lessons learned.

During this work the ERG has become acutely aware that many of the issues being highlighted are not unique to NHS Lothian. Indeed, many are highly likely to be relevant in other parts of NHSScotland. These issues are considered more formally in the next section of this report.

However, NHS Lothian should consider how best to create mechanisms to support NHS Scotland to explore the issues raised by the work of the ERG. This will be especially timely as NHS Boards move towards implementation of *Delivering for Health* and the remodelling of NHS services in Scotland.

Recommendation 15:

- NHS Lothian should seek opportunities to share the findings from the work of the ERG to support NHSScotland.**

4 Emerging findings – older people’s care in NHSScotland

The work of the External Reference Group for Older People’s Services in Lothian has highlighted a number of areas that it considers to be relevant to the care of older people across Scotland.

At the most basic level, the 15 recommendations contained within the foregoing section of the report should be considered carefully by other NHS systems within Scotland. Given that the membership of the ERG has been drawn from across Scotland, the issues that have resonances for other parts of Scotland beyond Lothian were clearly heard.

The more general emerging findings for Scotland can be grouped into four key areas. These are outlined below.

4.1 The values of care for older people

Delivering for Health emphasises that as an area of policy it reiterates the traditional values of care that underpin the NHS. These must include promoting dignity and respect for older people.

However, against the background of ongoing service redesign, implementation and delivery within the context of organisational change that seeks to create single systems working on at local, regional and national levels, it is important to ensure that NHSScotland does not presume that the values and principles have remained unaffected.

What constitutes the values of care underpinning older people’s services is considered in the next section. As a minimum, the maintenance of autonomy, dignity and respect must be an overarching value which underpins all that NHSScotland does in care for older people

4.2 Leadership and responsibility

Leadership, in its many forms is a central concept within NHSScotland. Without leadership, maintaining and developing high quality, effective service becomes an almost impossible task due to an absence of change agents and innovators.

However, with leadership comes responsibility. Leadership should be embedded in a personal practice of care that does not presume that someone else is doing something about problems or care failures.

4.3 The approach to care

There is a balance to be struck between the technical aspects of the care and the personal and holistic care which promotes dignity and respect. This is especially true of older people where it is possible to treat their illness, without achieving a caring experience.

The experiences of members of the ERG suggest that this may sometimes be the case in relation to the care for older people in the Accident and Emergency department, non-specialist wards and at weekends and overnight.

Achieving an effective balance between the standards of care to promote technical excellence and the values that are supportive of the holistic care of the person, as an individual, must be actively supported across NHS systems in Scotland.

Finally, it is essential that the implementation of *Delivering for Health* does not create perverse incentives that disadvantage older people and adversely affect their care. The need to provide care closer to home and to reduce unnecessary hospital admissions should create a situation where an older person is provided with appropriate, timely access to effective care to meet their needs in the correct setting, depending on local circumstances.

4.4 Communication

Even without reference to the experiences of NHS Lothian, the work of the Scottish Public Sector Ombudsman's Office, that of the NHSScotland Central Legal Office and the evidence of the many letters which arrive daily from the Members of the Scottish Parliament to NHS Boards and within the Scottish Executive, show that communication failure between professional staff, patients, and their families, relatives and friends are a major concern to people across Scotland.

Without clear, effective communication, achieving high quality health care is difficult. Even if it is achieved, lack of effective communication between healthcare staff, patients and their families and carers can mean that the experience of care is less than satisfactory.

The NHS systems in Scotland need to consider how best to approach the business of communicating – and documenting agreed care – between staff and to patients and families.

4.5 Professional preparation of staff who will care for older people

The work of the ERG has highlighted a widespread need for healthcare professionals to be appropriately prepared – to have the skills, competence and confidence – to care for older people. Clearly for staff already working in NHSScotland, the need for training will be identified. However the ERG considers that this issue goes beyond simply addressing the current training needs of those staff that are expected to care for older people, whether in a generalist or specialist setting.

Consideration could be given to the role of initial education and training of all health care professionals in relation to the care of older people. This would need to be supported by access to appropriate continuing professional development to ensure that the skills and knowledge could be updated regularly. Such preparation would need to be designed to support holistic approaches to the physical, cognitive and emotional care of older people for those working in more specialist areas, advanced training to help create appropriate expertise and allow leadership potential to be developed. Finally, there is a general need to consider how to provide staff with opportunities for the skills and knowledge acquired to be developed into the effective practice of health care for older people.

5 Strengthening services that care for older people

5.1 Introduction

As part of its remit, the ERG was asked to identify solutions that could bring demonstrable improvement to any problem areas identified. In the earlier sections of this report, the ERG identified a range of specific recommendations that NHS Lothian should consider to improve and strengthen existing services which care for older people.

However, the broad agenda for older people that has been taken on by NHS Lothian highlights the need for a more careful consideration of the whole system that provides care and the outcomes for older people that such a system should seek to achieve. The purpose of this section of the report is to identify the factors that should underpin service development for older people across the NHS Lothian system. In this respect it offers a framework against which the service developments can be assessed for their appropriateness in promoting dignity and respect for older people whilst they are receiving the care they need.

5.2 Establishing appropriate outcomes for services for older people

In the broadest sense, the word “outcomes” refers to the contribution of public services to the welfare of the older person, rather than the expenditure [inputs] and services [outputs] that allow services to function. Services developed on a sound understanding of what people believe, want or need are more likely to deliver intended outcomes effectively. The starting point for an outcome based model of care therefore is the identification, in association with service users and carers, of the outcomes that service support should achieve.

In *Better Outcomes for Older People*¹, four “national outcomes” for older people are identified:

- supporting more people at home;
- reducing inappropriate admissions to hospital, reducing time spent inappropriately in hospital and enabling supported and faster transfers from hospital;
- an improved quality of care through faster access to services and better quality services;
- better involvement of, and support for, carers.

However, these can be seen to be service-based, rather than focussing on the types of outcomes that older people, their relatives or friends might consider.

The Scottish situation in respect of outcomes for children is somewhat more advanced. The 2005 consultation paper, *Getting It Right for Every Child*⁹ states that the ambition for the children of Scotland is that they should be ambitious for themselves and be confident individuals, effective contributors, successful learners and responsible citizens.

To achieve this vision, it is said children need to be:

- **safe** protected from abuse, neglect and harm by others at home, at school and in the community;

- **nurtured**: live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience;
- **healthy**: enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices;
- **achieving**: access to positive learning environments and opportunities to develop skills, confidence and self-esteem to the fullest potential;
- **active**: opportunities and encouragement to participate in play and recreation, including sport;
- **respected and responsible**: involved in decisions that affect them, have their voices heard and encouraged to play an active and responsible role in their communities;
- **included**: access to high quality services when required, and assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

In England and Wales, value-based practice outcomes for older people have also been developed. Notable in this regard has been the work of the Sheffield group who developed a research based framework for practice improvement in acute hospitals.¹⁰ This work is now feeding directly into wider practice approaches being developed in England¹¹ and in Wales.¹² This work highlights that effective care for older people can be considered in terms of establishing a sense of wellbeing for older people and those caring for them. Effective care will foster:

- a sense of **security**;
- a sense of **significance**;
- a sense of **belonging**;
- a sense of **purpose**;
- a sense of **continuity**; and
- a sense of **achievement**.

The achievement of such a sense of wellbeing rests on four key principles for good practice:

1. **valuing fundamental practice** – giving priority to the essential care needs of older people such as help with personal hygiene, nutrition, going to the toilet, involving senior staff in direct care delivery;
2. **fostering stability while embracing challenge** – creating a stable ward team and a working environment in which innovation is valued and promoted;
3. **establishing clear and equitable therapeutic goals** – ensuring that older people have the same access to services as younger people, that clear treatment goals are set in consultation with older people and their relatives, carers and friends that these are regularly reviewed; and
4. **commitment to an explicit and shared set of values** – developing an agreed philosophy of care which clearly identifies the standards of care and support expected for both patients and staff.

There may be other outcomes that could also be explored. However, the ERG considers that NHS Lothian – in consultation with older people and their families and those who care for them – needs to identify the outcomes that might be said to constitute good health and wellbeing and maintain autonomy, dignity and respect. These probably need to be more along the lines of the English or Welsh approaches to the outcome of care for older people or the Scottish *Getting It Right for Every Child* consultation paper, than those of *Better Outcomes for Older People*.

5.3 Establishing principles for services that care for older people

How the outcomes are framed should have implications for the principles upon which models of service delivery need to be based. The ERG considers, in the light of its document review, that the following should be amongst the key principles that underpin any services that care for older people.

Establishing such key principles for care will have an impact on the care of all people – of whatever age – within the NHS Lothian system. We all too often consider the issue of ageism in relation to older people's care as being focussed on what is **not** happening for the older person. Creating a new values base for the care of older people must filter back across the age groups to avoid creating a new form of ageist inequality.

5.3.1 A whole person model of service: improving health for all

There is widespread agreement that improving health and wellbeing for vulnerable adults means tackling social exclusion on a broad front, from low incomes and poor housing to the promotion of good health and participation in society.

At a minimum this implies developing an approach that encompasses two dimensions of care:

- services that prevent or offset the need for more costly and intensive services; and
- strategies that promote quality of life and engagement with the community.

This should be a principle that underpins the work of the Community Health Partnerships. However, it should be noted that the traditional partnership between the NHS and social care could be seen to form a relatively small part of the service interfaces and partnerships required by this principle.

5.3.2 A whole system model for service: access and delivery

All stakeholders are agreed that joint working is an essential part of any future vision. The challenge is to refine this approach in order to meet the requirements of the socially inclusive model outlined above. The evidence base argues that this can only be delivered via a 'whole system' approach, rather than specific, *ad hoc* partnerships. It is usually acknowledged that this is a model of working that is not yet well developed.

The evidence also suggests that older people who use services are currently confused about what is available, who provides services, and are anxious to see what public sector agencies refer to as "better joined-up working". Two principles should inform this: firstly, the creation of multiple, legitimate routes into a broad range of services from a variety of sectors that reflect the diversity of the older person's circumstances and expectations; and secondly, the provision of information that will allow older people, their families and those who care for them to access such services in a joined up way.

All of this requires joint working arrangements that go further – and are more robust – than have been achieved so far. It is clear that whilst the health and social care system exists, there is still no common agreement as to what constitutes the system. Statements that identify the specific pathways of care through parts of the system are common, but those that describe the whole system are less so. As a result, the ERG felt it helpful to produce a single

statement of what constituted - for their own use – the whole system. This is shown in Appendix 3.

5.3.3 A comprehensive model for service: prevention, treatment and rehabilitation

Services need to be comprehensive rather than partial. Current service development of redesign tend to be focussed on the short-term issues which are seen as problems or areas of pressure. The evidence suggests that this is a flawed approach. To effect sustainable change the starting point for a comprehensive approach is the realisation that immediate challenges, such as reducing hospital admissions, average lengths of stay, attendance at A&E and use of GP services, are best addressed within a whole system model. Any proposed change should also include what are now described as intermediate care services that provide interim or early intervention and maintenance rehabilitation. Where this has not occurred, or where there are competing demands for the resources, it is usually the preventive or rehabilitation services that tend to be disadvantaged.

The use of targeting to focus resources on those individuals or groups most at risk has been advocated. However, the epidemiology of health and social care needs of older people often presenting with multiple needs in primary and secondary care settings, linked to the demographic changes predicted, makes it difficult to sustain a highly targeted strategy.

The ERG considers that NHS Lothian should build on its existing, ambitious programme of strategic development to ensure that there is a comprehensive perspective on service delivery. The emphasis should be on providing an effective balance between prevention, treatment and rehabilitation, recognising the high value placed upon maintaining autonomy and dignity and the impact that relatively small amounts of assistance can have on people's capacity to carry on independently.

In this area, the ERG considers that NHS Lothian should reflect on its approach to developing and implementing effective intermediate care services as an essential component of the whole system, rather than as a simple add-on to existing hospital services.

5.3.4 A personalised model of service: partners in care and management

Moving away from a 'one size fits all' approach towards more personalised services has wide support across all stakeholders and is reflected in discussions with service users. The evidence suggests that whilst older people's circumstances are not stable and can often change rapidly, health and social care services may have difficulty responding to these changing circumstances and the necessary reassessment and renegotiation of care packages. As a consequence, some feel that they have had no choice but to manage their own condition, and only want more support at difficult times, which can exacerbate the situation. Improvements in quality of life are arguably more likely where the balance of power is tilted in favour of the service user rather than the service provider. In the case of long-term conditions, for example, this involves greater recognition that the service users themselves are the 'experts' about their condition, about managing their lives, and about what makes for good quality services. However, while the role of 'expert user/patient' has been widely welcomed south of the Border, it needs to be recognised that this still needs to be backed up by appropriate professional advice, treatment and care.

This service principle may well be given effect through direct payments, but it is important to also explore other models such as advocacy and brokerage. Using the new opportunities provided by greater integration between CHPs and Local Authority social and community

services, the ERG considers that NHS Lothian could actively explore how to make personalised service more central to the care process.

5.3.5 A reciprocal model of service: giving and receiving

In reinforcing the traditional values of the NHS, the Scottish Executive are also seeking to reinforce the reciprocal nature of the relationship between the NHS and the public it serves. This is one of the core reasons why the NHS remains so socially and politically important.

Some older people see the receipt of help in later life as part of this reciprocal “contract” with the welfare state. They and their relatives and friends feel that they have contributed all their lives to the NHS and now should be ‘receiving’ the care they need. This has been a common theme in almost all the complaints relating to the care of older people reviewed by the ERG.

In the wider context, others are keen to emphasise the current and potential contributions of adult social care users. For example, it has been pointed out that older people make particular social contributions in areas such as volunteering; caring for grandchildren, relatives and neighbours; and in citizenship and community roles such as local community representatives and organisers of community groups. Promoting social inclusion involves recognising and supporting people in these various roles. A relatively small amount of support may enable individuals to make disproportionately large social contributions to their families, local communities and wider social networks.

Overall, if NHS Lothian is to be successful in its programme of service redesign for older people, then it should seek to actively foster the reciprocal nature to its relationship with the population it serves.

5.3.6 An updating model for service: proactive and reflective

Successful achievement of services that encompass these principles will be reliant on establishing a whole system that genuinely values innovation, is capable of learning new skills and knowledge and promotes transformational learning to support effective practice development.

Within the system, the staff who provide service for older people need to be responsive to the learning opportunities that are made available for them. The system must have a strategic commitment to supporting individual and team transformational learning on a disciplinary and multidisciplinary basis. Appropriate investment in, and support for, individual continuing professional development reflects part of this culture. However, ensuring there is the opportunity to reflect on learning gained and to put it into practice is essential to achieve sustainable practice improvement that is supportive of the care being provided.

Such approaches are at the heart of creating appropriate professional identities for all who care for older people and creating respect for the health care professional. As such, the culture helps promote recruitment and encourages staff retention.

At the level of the whole system, there is also a need to learn. The opportunities that are afforded by learning from those who are recipients of care should not be undervalued; nor should the learning that must accompany constructive criticism from older people, their families and those who care for them. Empowering people to make effective use of feedback and complaints processes is a key component of this form of learning.⁷

5.4 Next Steps

Developing more fully explicit outcomes and principles for services that care for older people is essential. The reflections of the ERG described above should form the basis of what could be a new values set for NHS Lothian in its provision of care. Much work is still needed, but as the ERG considers that the review of the Joint Older People's Strategy should provide the opportunity to:

- provide a clear statement that delineates – at least for NHS Lothian and its partners – the scope of the “whole system” for older people in Lothian;
- establish an outcomes base for the revised strategy and identify the principles that underpin the new strategy and the whole system to which it relates;
- create appropriate “benchmarks” for the whole system in operation. This should clearly identify the outcomes, indicators and targets for both the services provided by the whole system and those who are cared for by it; and
- develop the mechanisms by which the desired outcomes are translated into processes and services that can be resourced for inclusion in the relevant local delivery plans.

The ERG recognises that this is a challenging agenda. However, the ERG believes that NHS Lothian has the capacity – and the genuine willingness – to meet these challenges for the older people it serves.

6 Summary of recommendations

Recommendation 1:

- a. NHS Lothian should review how its commitment to person-centred care is being implemented to ensure that there is a better balance between the technical aspects of treatment and the overall caring experience of the older person.

Recommendation 2:

- a. The ERG recommends that support be given to strategic and development staff to ensure that strategies and initiatives that are inter-related and mutually dependent in relation to the care of older people are effectively brought together.
- b. The ERG recommends that support be given to strategic and development staff who are responsible for ensuring that strategies and initiatives are inter-related and mutually dependent in relation to the care of older people.
- c. The Project Board for the review of the Joint Strategy for Older People's Services should include this as part of its remit.
- d. The Board should ensure that its Clinical Governance arrangements are reviewed and amended to take account of changes to services arising from redesign projects or strategic developments.

Recommendation 3:

- a. Formal support for change management processes should be put in place. These should encompass both support to minimise any negative impacts on the quality of care and promote good staff morale and acceptance of necessary change.
- b. The impact of organisational change on the capacity of front-line NHS Lothian staff to maintain effective clinical governance and ensure appropriate oversight of care should be monitored and potential risk managed.
- c. The impact of the clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager roles should be made explicit and subject to evaluation.

Recommendation 4:

- a. The role of clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager in relation to the clinical governance arrangements should be made explicit and subject to audit.
- b. Robust mechanisms for improving clinical governance through risk management and quality assurance arrangements at ward, directorate and senior management levels should be in place.
- c. The role of ward/departmental risk registers in helping to improve the quality of care should be evaluated and – if successful – rolled out across the NHS Lothian system.

Recommendation 5:

- a. The findings of the Liberton Hospital Incident Management Team should be responded to positively and in full.

Recommendation 6:

- a. In managing any future reviews or investigations there must be clarity on striking an appropriate balance between sensitivity towards supporting staff and patients and investigative thoroughness.
- b. NHS Lothian should ensure that their initiatives such as “The Lothian Way” seek to promote a positive working environment and facilitate a change in the working ethos that empowers and enables staff to reach their full potential, thereby improving overall quality of care.

Recommendation 7:

- a. Consideration should be given to the appointment of a Champion for Older People, at least on a short-term basis. This role would provide leadership and overview for older people within the Board, its CHPs and its divisional structures.

Recommendation 8:

- a. There must be clarity about clinical responsibility for individual patients across the NHS Lothian system. These arrangements must be transparent and amenable to audit.
- b. There must be clarity concerning the provision of readily accessible specialist medicine of the elderly advice and support for those providing acute care of older people across the NHS Lothian system. These arrangements must be transparent and amenable to audit.
- c. Charge Nurses should be supported in discharging their responsibility to provide local clinical and managerial leadership. The Director of Nursing for NHS Lothian should set out a clear statement on these role(s) in light of the national review now underway.
- d. Consideration should be given to how best support Charge Nurses in such role(s). One model for this that could be explored is that of the Nurse Consultant, Clinical Nurse Specialist or Practice Development Nurse supporting nursing and therapy staff in caring for older people, as developed by NHS Grampian.

Recommendation 9:

- a. Consideration should be given to how best to create more resilience in pathways of care for older people to avoid them becoming “lost” or “delayed”.
- b. Consideration should be given on how best to ensure that the correct staff skill-mix is available to deliver overnight care.
- c. Discharge and transport mechanisms that are appropriate to the care of older people should be further developed.
- d. Community Health Partnerships should explore how best to extend the person-centred pathway approach beyond the acute setting to reflect the truly complementary way in acute and community care.
- e. NHS Lothian should develop a formal strategic and integrated approach to fall-related fracture prevention to ensure a consistent approach.
- f. NHS Lothian should consider developing a more formal approach to Intermediate Care within its CHPs. This approach should seek to provide a range of enabling, rehabilitative and treatment services that promote faster recovery from illness, support preventative care and foster greater independence amongst older people.

Recommendation 10:

- a. NHS Lothian should review the operation of A&E, CAU and ward 203. This review must consider how to support effective provision of basic care for patients.
- b. NHS Lothian systems should take every opportunity to maximise use of their modern, state-of-the-art facilities.

- c. Community Health Partnerships should explore the development of consultant-led local community health resources (e.g. local treatment centres, community hospitals etc.) within a more structured approach to intermediate care offered closer to home.

Recommendation 11:

- a. Whilst NHS Lothian should participate fully in the ongoing NHS QIS assessment exercise, an action plan based on the findings from the required self-assessments should be actioned as early as possible.
- b. Systems for providing effective nutritional care should be a priority across all NHS services that provide food and fluids. These must be transparent and amenable to audit.

Recommendation 12:

- a. Action to ensure the delivery and uptake of mandatory training is required as a matter of urgency.
- b. The values underpinning the care of older people should be integral to all nurse and therapy education programmes. Where this has not been incorporated into pre-registration training, continuous professional development mechanisms should be used to allow in-service training where required.
- c. NHS Lothian should work with the local universities to ensure appropriate initial, local preparation of doctors, student nurses and other healthcare professionals.
- d. NHS Lothian should develop a practice development strategy to inform the NHS Lothian Knowledge and Skills Framework. Once developed, this should be actioned.

Recommendation 13:

- a. NHS Lothian should continue to develop mechanisms that make efficient use of the substance of complaints and complaint handling as part of its learning process.
- b. The experiences of UHD in developing a more structured approach to customer/relationship care should be reviewed. Key learning should be shared and implemented across the NHS Lothian system.

Recommendation 14:

- a. NHS Lothian should audit its approach to, and standards for, record keeping in relation to patient care records.
- b. For older people's services, it should develop auditable rules/guidance for record keeping.
- c. Mechanisms should be introduced to properly capture and record the views of patients and carers.

Recommendation 15:

- a. NHS Lothian should seek opportunities to share the findings from the work of the ERG to support NHSScotland.

References

- 1 Scottish Executive (2005). Better Outcomes for Older People: Framework for Joint Services. Edinburgh, Scottish Executive. Accessible at: <http://www.scotland.gov.uk/Publications/2005/05/13101338/13397>
- 2 Scottish Public Services Ombudsman (2005) Reports laid at Scottish Parliament SPCO/2005/09. Accessible at: http://www.scottishombudsman.org.uk/cases_reports/reports/?case_report_id=53
- 3 Scottish Executive (2005). Delivering for Health. Edinburgh, Scottish Executive. Accessible at: <http://www.scotland.gov.uk/Publications/2005/11/02102635/26356>
- 4 NHS Lothian (2005). Improving care, investing in change. Available at: <http://www.nhslothian.scot.nhs.uk/icic/index.html>
- 5 Department of Health (2003). The Role of Older People's Champions. Available at: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4073604&chk=2fBLxJ
- 6 NHS Quality Improvement Scotland (2003). Fluid, Food and Nutritional Care Standards. Available at: http://www.nhshealthquality.org/nhsqis/qis_display_findings.jsp?pContentID=1015&p_applic=CCC&p_service=Content.show&
- 7 Department of Health (2000). An organisation with a memory. Available at: http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAmpGBrowsableDocument/fs/en?CONTENT_ID=4098184&chk=u1l0ex
- 8 Australian Council for Safety and Quality in Health Care (2005). Passing the Baton of care – the patient relay. Available at <http://www.safetyandquality.org/clinicalhndovrshop.pdf>
- 9 Scottish Executive (2005). Getting in right for every child. Available at: <http://www.scotland.gov.uk/library5/education/greccr-00.asp>
- 10 Davies S, Nolan M, Brown J, & Wilson F (1999). Dignity on the ward, excellence in care: Good practice in acute hospital care of older people. London, Help the Aged/Orders of St John Trust & University of Sheffield.
- 11 Standing Nursing and Midwifery Advisory Committee (2001) Practice Guidance: Principles, standards and indicators. A resource tool. London, Department of Health. Available at: <http://www.dh.gov.uk/assetRoot/04/07/75/75/04077575.pdf>
- 12 Welsh Assembly Government (2003). Fundamentals of care: user guide. Cardiff, Welsh Assembly Government. Available at: <http://www.wales.gov.uk/subihealth/content/booklet-e.pdf>

Appendix 1

Membership of the ERG

Anne Jarvie (Chair)

Anne Jarvie is the former Chief Nursing Officer (CNO) at the Scottish Executive (formerly the Scottish Office) Health Department, a post she held from February 1992 to 2004. For three years prior to taking up this appointment she held the post of Deputy Chief Nursing Officer at the Scottish Office, and various managerial and clinical posts before that.

As CNO she advised ministers in all matters relating to nursing, midwifery and health visiting in Scotland, and was responsible for purchasing pre-registration nursing and midwifery education from the Higher Education Sector in Scotland.

Miss Jarvie trained as a RGN (Registered General Nurse) in Glasgow Royal Infirmary and as a RM (Registered Midwife) in Cresswell Maternity Hospital, Dumfries.

She led the development of a *Framework for Maternity Services in Scotland* and supported the Expert Group on Acute Maternity Services (EGAMS). In the course of this work, the training needs of midwives working in midwife-delivered care units were identified. Appropriate programmes to meet these needs were subsequently developed giving midwives the opportunity to access them. The role of the midwife in 'normality' has been re-established and accepted by the multidisciplinary team. She led the development of the Strategy for Nursing and Midwifery in Scotland, *Caring for Scotland*; and the review of the contribution made by nurses and midwives to the public's health, *Nursing for Health*, both launched in March 2001. She led the development of *Choices and Challenges: The Strategy for Research and Development in Nursing and Midwifery in Scotland* (2002).

Irene Garden

Service User/Carer representative.

Bob Hudson

Bob Hudson is Visiting Professor of Partnership Studies at the University of Durham. Prior to this he was Principal Research Fellow at the Nuffield Institute for Health, University of Leeds, and Senior Lecturer in Social Policy at New College Durham. His principal area of interest is partnerships and integrated working, and he has explored this in a wide variety of contexts. He has written widely in the academic and professional press on these issues, as well as undertaking a range of national and local evaluations of policies and projects. In Scotland he has recently agreed to join the Joint Improvement Team Action Group.

Steve Iliffe

Steve is co-director (with Professor Ann Bowling) of the Centre for Ageing Population Studies and a senior General Practitioner in a flagship teaching and research practice in North West London.

His current and recent research projects include: development of innovative primary care for older people using a community oriented primary care methodology; a randomised controlled trial of the effects of Benzodiazopine withdrawal on cognitive function in older people; a comparative study of different approaches to collaboration between primary care and social work; an investigation of barriers to recognition of and response to dementia in the community; an RCT of educational interventions for dementia recognition in primary care; an RCT of health risk appraisal in older people; and the development and testing of a brief instrument for identifying unmet need in older people in general practice.

As part of this stream of work he sits on the editorial board of Ageing and Mental Health Journal of Dementia Care, and Geriatric Medicine. Dr Iliffe was involved in the development of the NSF for Older People, and currently works on the Department of Health Workforce task group for mental health in later life, and on the NICE guidelines group for falls prevention.

He is on the medical advisory panels of the Alzheimer's Society and Alzheimer's Disease International.

Marion Miller

Marion Miller has been a carer since 1981. She gave up work in 1990 to look after her mother who had Alzheimer's Disease. In 1993 she also became carer for her father who had had a stroke. Previously he had cared for his wife. She now cares for an aunt who has dementia.

Marion has been involved with a support group run by Midlothian Voluntary Action (MVA), a committee member of Carer's Action Midlothian and is a member of the Midlothian Council's Client Led Officer's Group (CLOG) for older people.

She was an active member of the Better Acute Care in Lothian working group.

Marion McMurdo

Marion McMurdo is Professor of Ageing and Health at the University of Dundee and a Consultant in Medicine of the Elderly. She has previous experience in Clinical Pharmacology. Her research interests are exercise in old age, nutrition and the prevention of falls.

Professor McMurdo has served on the research committees of the Chief Scientist's Office since 1991, formerly as Vice-Chairman of the Disability and Continuing Health Care Committee, and latterly as a member of the Biomedical and Therapeutics Committee. She is an appointed member of the Scottish Health and Physical Activity Council.

She was founding Chair of the Falls & Bone Health Section of the British Geriatric Society and is a member of the Scientific Advisory Group of the National Osteoporosis Society. She is current Chair of BGS (Scotland) and a member of the UK Academic and Scientific Committee of the BGS.

Peter Murdoch

Peter Murdoch is consultant geriatrician working across the Falkirk Royal and the Stirling Royal Infirmarys. He is currently Associate Medical Director and Chair of the Clinical Advisory Group for the Forth Valley New Acute Hospital as well as a non-executive member of Forth Valley Health Board.

He has served on National Executive of the British Geriatrics Society and as Chair of the Scottish Branch of the BGS.

He has worked with various working groups in setting quality standards for older people's health care under the auspices of the Scottish Hospital Advisory Service, the Clinical Standards Board for Scotland and NHS Quality Improvement Scotland.

Debbie Tolson

Debbie Tolson is Associate Dean Research and Knowledge Transfer at Glasgow Caledonian University, where she is Professor of Gerontological Nursing. In addition she Directs the interdisciplinary Caledonian Centre for Gerontological Practice. External to the University she is an advisor to NHSQIS on the care of older people and assists in the organisation of the British Society of Gerontology: Scotland.

Her research interests include involvement methodologies and practice development as reflected in the major Gerontological Nursing Practice Development Project (see: www.geronurse.com) Other research interests include age-related hearing disability, smoking cessation with older people and managed clinical networks.

Phil Mackie (Secretary)

Phil Mackie is Senior Specialist in Public Health at Lothian NHS Board. His remit covers strategic aspects of complex care including care of older people, adult and old age mental health, palliative care, physical disability/rehabilitation and multiple morbidity. He has a specific interest in falls prevention and community care based approaches.

He is the Lothian NHS Board's advisor on matters pertaining to parts IV and V of the Adults with Incapacity (Scotland) Act. He also has special interest in health services quality and evaluation.

Beyond NHS Lothian, he is Deputy Convenor for the UK Faculty of Public Health's Scottish Affairs Committee and is the Faculty's Risk Management Advisor. He is Co-Editor in Chief of the journal *Public Health*.

Appendix 2

Documentation reviewed by the ERG

NHS Lothian Documentation

Title	Source
A guide to undertaking 'Care with Pride' Activity	From Director of Nursing, PCO
Achieving Better Services for Patients	UHD
Achieving Better Services for Patients Strategy 2001-2003	UHD
Action Notes of Medical and Associated Services Divisional Nurse Education Implementation Group Meeting, 25th November 2002	UHD
Action Plan for 2003 Revision of Structure	UHD
Action Plan to Address the Issues Raised in the Recent Patient Complaints	UHD
Acute Medicine of the Elderly Infection Control Surveillance - <i>Are the number of patients with urinary catheters influenced by a bladder ultrasound programme?</i>	AH, Surveillance Nurse & LK, Clinical Nurse Specialist Infection Control
Added Value of a Geriatrician - A key ingredient of acute take	Not given
Admission Check List, Elen Glen House, Care of Older People Services	Astley Ainslee and Associated Hospital, NHS Lothian
Admissions 01/02	Roodlands Hospital
Advancing Roles Project - Career Development Framework	UHD
Annual Best Practice Conference ' Celebrating Success, Recognising Achievement in Nursing and Midwifery'	NHS Lothian
Attached Ortho Action Plans, plus suggested further actions	Director of Nursing, UHD
Audit on assessment, screening and care planning	UHD
Augmented Care & Rehabilitation at Home Service	Bob Hudson, Durham Univ
Best Practice Statement - May 2005. Working with Dependent Older People to Achieve Good Oral Health	NHS Lothian
Best Procurement Initiative (BPI) for Clinical Supplies	Clinical Supplies Steering Group
Chief Executive Forum - Specialist Nurse Review	UHD
Chief Nurse/ Chief Midwife	UHD
Clinical Governance SubCommittee, Complaints/ Litigation and Incident Reporting	Director of Nursing, UHD
Clinical Leaders Scoping Session	UHD
Clinical Nurse Manager	UHD
Clinical Skills Report and TNA 2004-2005 Service Learning Plan - Medical Services	UHD
Clinical Support Worker SVQ Care Level 2 (Qual)	UHD
Clinical Support Worker SVQ Care Level2 (Qual)	UHD
Clinical Support Worker SVQ Care Level3 (Qual)	UHD
Clinical Support Worker Trainee	UHD
Clinical Support Worker Trainee Grade G	UHD
Collaboration Agreement between Napier University and Lothian University Hospitals Division re Level 3 Modules	UHD
Communicating with Confidence, the corporate communications strategy for the Lothian University Hospitals NHS Trust	NHS Lothian
Day Hospitals in Lothian: Current Provision and Scope 2005	NHS Lothian
Development of Clinical Support Workers at Lothian University NHS Trust	Director of Nursing, UHD
Development of the Clinical Support Worker Programme, EMT	Director of Nursing, UHD
Dietetic Assistant Project Post - Liberton Hospital	NHS Lothian
Dietetic Assistant Project Post - Liberton Hospital,	NHS Lothian
Divisional Clinical Governance Committee Extraordinaru Meeting Held on thurs 19 May 2005	UHD
Draft proposed Shared Governance Structure for 2003	UHD
Educational opportunities for Non-Registered Staff	NHS Lothian

Elderly Rehabilitation Services - Patient Satisfaction Survey	CNM Elderly and Rehab Services & HOS (Elderly)
Evaluation of Current Training Activity (Directorate of Nursing)	UHD
Faculty if Health and Life Sciences re Programme & Module Approval Committee	UHD
Falls and Fractures Prevention in Lothian	NC, Consultant Geriatrician
Fatal Accident Enquiry - James Mauchland. Report for Chief Executive's Forum	UHD
Fatal Accident Enquiry - James Mauchland. Update Report for Risk Management Committee following meeting 1st September 2004	UHD
Finding Opportunities to Reduce Delayed Discharge within NHS Lothian Through Working as a Single Health Service System	NHS Lothian
Foundations in Orthopaedic Nursing at RIE	UHD
Funding Proposal for Pre-HNC Healthcare Training	Jewel & Esk Valley Collection
Further information re CWP	MOE - CG Nutrition Group
Guidelines for Best Clinical Practice (content list)	UHD
Improving Care, Investigating in Change Roodlands Medical Unit Response	Roodlands Hospital
Intermediate Care	Roodlands Hospital
Internal Quality Assessment Visits - Clinical Governance Meeting 25th October	From Director of Nursing, PCO
Leading an Empowered Organisation (LEO), Programme Evaluation	UHD
Leading an Empowered Organisation, Progress Report	UHD
Learning from the Experience - NHS Lothian	NHS Lothian
Liberton Establishments - Update Briefing Paper. Medicine of the Elderly Directorate.	UHD
Lothian NHS Board - Finance and Performance Review Committee Meeting	From COO, UHD
Lothian NHS Board - Finance and Performance Review Committee Meeting	From COO, UHD
Lothian NHS Board - Finance and Performance Review Committee Meeting	From COO, PCO
Lothian Primary Care Trust - Complaints Sub-Committee	NHS Lothian
LUHT Risk Management Strategy 2003-2006	UHD
Management and Leadership Development for all Staff Engaged in Leading Services in NHS Lothian	NHS Lothian
Management Standards and Charge Nurse Toolkit	NHS Lothian
Medical and Associated Services Professional Nursing Forum, 15 June 2004	UHD
Medical and Associated Services Professional Nursing Forum, 4 August 2004	UHD
Medical Care of Acute Trauma Patients	Clinical Director, MOE UHD
Medicine and Associated Services Division Management Team	UHD
Medicine of the Elderly - Current progress and recent achievements	MP, Clinical Skills Facilitator
Medicine of the Elderly G Grade Induction Programme - Identification of Learning Needs	UHD
Medicine of the Elderly Directorate, SHAS Visit May 2001 - Central Edinburgh & South Lothian Services for Older People, Action Plan - draft III	UHD
Minutes of Meeting of the Complaints Sub-committee held on Mon 25 October 2005	NHS Lothian PCO Complaints Sub-Committee
NHS Lothian Board Development Plan	Directorate of Nursing
NHS Lothian Learning Plan 2005-2007	NHS Lothian
Non-Registered Nurse Development Programme	NHS Lothian
Notes from meeting of combined Trust Clinical Practice Council and Co-Ordinating Council held on 23 August 2002	UHD
Nurse Led Bladder Ultrasound	UHD
Nurse Manpower Stats (operational) April 2004- March 2005	Director of Nursing, UHD

Nursing and ODP Monthly Statistics Surgery and Associated Services March 2005	Director of Nursing, UHD
Nursing Assistant Career Plan	From Director of Nursing, PCO
Nursing Assistant Induction and orientation Programme	NHS Lothian
Nursing Auxilliary Grade A	UHD
Nursing Budget Pressures - Orthopaedic In-Patient Wards	UHD
Nursing Establishment, Royal Victoria Hospital	Director of Nursing, UHD
Nursing Manpower Projections - RIE and WGH, Directorate of Nursing - Final Projection	NHS Lothian
Nursing Strategy 2002-05	UHD
Nursing Workforce Usage , Standards for Nursing Recruitment and 'temporary' staff employment	NHS Lothian
Nursing Workforce Usage and Standards - Directorate of Nursing, EMT Paper Nov 2000	NHS Lothian
Nursing Workload and Workforce Planning	From Director of Nursing, PCO
Observation of Environment and Fundamental Care	UHD
Older People in Acute Care, Local Report	UHD
Older person's/ Complex Care - Existing Work Strands	BACiL
Orthopaedic Action Plan - Update, Divisional Management Team Meeting 30th June 2005	UHD
Out of Hours Medical Cover for Haddington Hospital	East Lothian Community Health Partnership
PACE Documentation	PM, PACE UHD
Pan Lothian Review of Older People's Services: Report from the model of care sub-group	BACiL
Planning for April 2005	NHS Lothian
Policies and Guidelines	UHD
Position Structure	UHD
Practice Facilitator Team, UHD	UHD
Practice, Research, Development and Education Unit. Review of Professional Development Programmes	UHD
PRDE Information Booklet from UHD's - Practice Research Development and Education Unit. Summer Edition	NHS Lothian
PRDE/ Senior Nurse Forum	Director of Nursing, UHD
Pressure Ulcer Guidelines	UHD
Procedure for Preparing a Duty Roster Revised December 2002	UHD
Professional Nursing Forum Minutes, Tues 19th Nov 2002	UHD
Professional Nursing Forum Minutes, tues 22nd Jan 2002	UHD
Proposal for Medical Student involvement in shared governance activities in LUHNT	Univ of Edinburgh
Proposal to develop SVQ level 3 - Medical Division feedback	UHD
Proposed full shift rota for Roodlands Hospital SHOs to achieve EWTD Compliance	Roodlands Hospital
Proposed Timetable for Mobility Chart Pilot	UHD
Putting People First the Lothian Ways - Values and Culture Programme	From COO, PCO
Quality Assessment Visit: 15th July	NHS Lothian
Remaining Redevelopment of the Royal Edinburgh Hospital	From COO, PCO
Reprovision of Haddington Hospital Services	NHS Lothian Primary Care Organisation
Research and Development Shared Governance Council, 1st July 2003	UHD
Research and Development Shared Governance Council, 30th April 2003	UHD
Response to Alistair Darling MP re Access to healthcare for people with a learning disability	UHD
Review of Lothian Post/ Sub-Acute Services	UHD
Review of Management Structures	NHS Lothian
Roodlands Hospital - Bed Management and Admission Protocols	Roodlands Hospital

Safe and Effective Patient Care in Primary and Secondary Care	Paul Martin, CNO; Aileen Keel Deputy CMO
Senior Nurse Forum - Extraordinary Meeting, 8 October 04	UHD, Surgical Division
Senior Nurse Forum, 21 June 2005	UHD, Surgical Division
Senior nurse/ PRDE Forum, 29th September 2004	UHD
Services for Older People in Stobhill Hospital and Four Hills Nursing Home in Glasgow	Not given
Shared Governance - Realising Potential. Improving the working lives of staff	Shared Governance Co-ordinator
Shared Governance Referral, LUHT	UHD
Shared Governance Report - Clinical Governance Committee, LUHT (and associated documents)	Director of Nursing, UHD
Sharing the Learning from Complaints	NHS Lothian PCO Complaints Sub-Committee
Skills for Clinical Governance Module info - Flyer and Booklet	Senior Nurse-Research, PRDE
Staff Nurse Development - D & E grade fast track programme (level 3 - degree)	UHD
Submission - 8th RCN Joint Education Forum's Conference	MariaP, Clinical Skills Facilitator & LK, Lecturer/ Practitioner
Summary of stroke admission to Roodlands Wards 1a and 1b (male and female acute assessment and rehabilitation wards)	Roodlands Hospital
Surgical and Associated Services Division DCN/DCO & Musculoskeletal Services - Charge Nurse Professional Forum	NHS Lothian
SVQ Level 3 employees within the Medical Division	UHD
Third Annual Best Practice Conference ' Celebrating Success, Recognising Achievement'	UHD
Training Matrix for Clinical Risk Management for UHD	UHD
Update from Maria re MOE Drug Administration	Director of Nursing, UHD
Update on the Development of Clinical Support Workers in LUHT	Director of Nursing, UHD
UPR Audit	Roodlands Hospital
Use of Scottish Exec CPD Funding - projects. 2002, 03, 04	UHD
Validation Agreement between Queen Margaret University College and Lothian Uni Hospitals NHS Trust	UHD
Ward Housekeeper	UHD
Ward Management Standard and Audit Toolkit	UHD
Whole Systems Working and the Older Person's Strategic Review in NHS Lothian: An Ideas Paper	NHS Lothian
Whole Systems Working and the Older Person's Strategic Review in NHS Lothian: An Ideas Paper	Bob Hudson, Durham Univ
Workshop for Single System Working (delivering better care to patients)	NHS Lothian
Wound Management Guidelines	UHD

Other NHSScotland Documentation

Title	Source
A report on the NHS Grampian Admission and Discharge Team based in Aberdeen Royal Infirmary	NHS Grampian
Audit on Assessment, Screening and Care Planning, Standard 2 of NHS QIS Food, Fluid and Nutritional Care, April 2005.	NHS QIS
Clinical Quality Indicators	NHS QIS
Draft Standards for Older People Services	NHS QIS
Elderly Care Development Nurse: Review of Post	NHS Grampian
Essence of Care, Benchmark for Privacy & Dignity	NHS Modernisation Agency
Food, Fluid and Nutritional Care in Hospitals - Standards	NHS QIS
Healthcare Scotland Used by Older People in NHSScotland - report on Consultation on the Draft Standards and Proposed Peer Review Process	NHS QIS

Healthcare Services used by Older People	Scottish Health Advisory Service
Healthcare Services Used by Older People in NHS Scotland	NHS QIS
Healthcare Services Used by Older People in NHS Scotland	NHS QIS
Healthcare Services Used by Older People in NHSScotland: Lothian Report	NHS QIS
Healthcare Services Used by Older People in NHSScotland: National Report	NHS QIS
Improving arrangements for admission avoidance, rehabilitation and discharge response service	NHS Greater Glasgow
Joint Future Operational Management Group, For Services for Older People and People with Ill Health	NHS Grampian
NHS Grampian - Intermediate Care Audit, DRAFT	NHS Grampian
NHS QIS Standards for Older People in Acute Care, Lothian University Hospitals Division & Roodlands Hospital Visit 6th and 7th August 2003	NHS QIS
Nutrition - for physically frail older people	NHS QIS
Older People in Acute Care - Standards	NHS QIS
Review of Older People's Services in East Lothian	Scottish Health Advisory Service
Self-Assessment Community Hospitals	NHS QIS
Services for Older People in Central Edinburgh and South Lothian	Scottish Health Advisory Service
Services for Older People. SHAS - West Lothian Report.	Scottish Health Advisory Service
SHAS - West Lothian Report, Services for Older People	Scottish Health Advisory Service
Stroke Services:Care of the Patient in the Acute Setting	NHS QIS

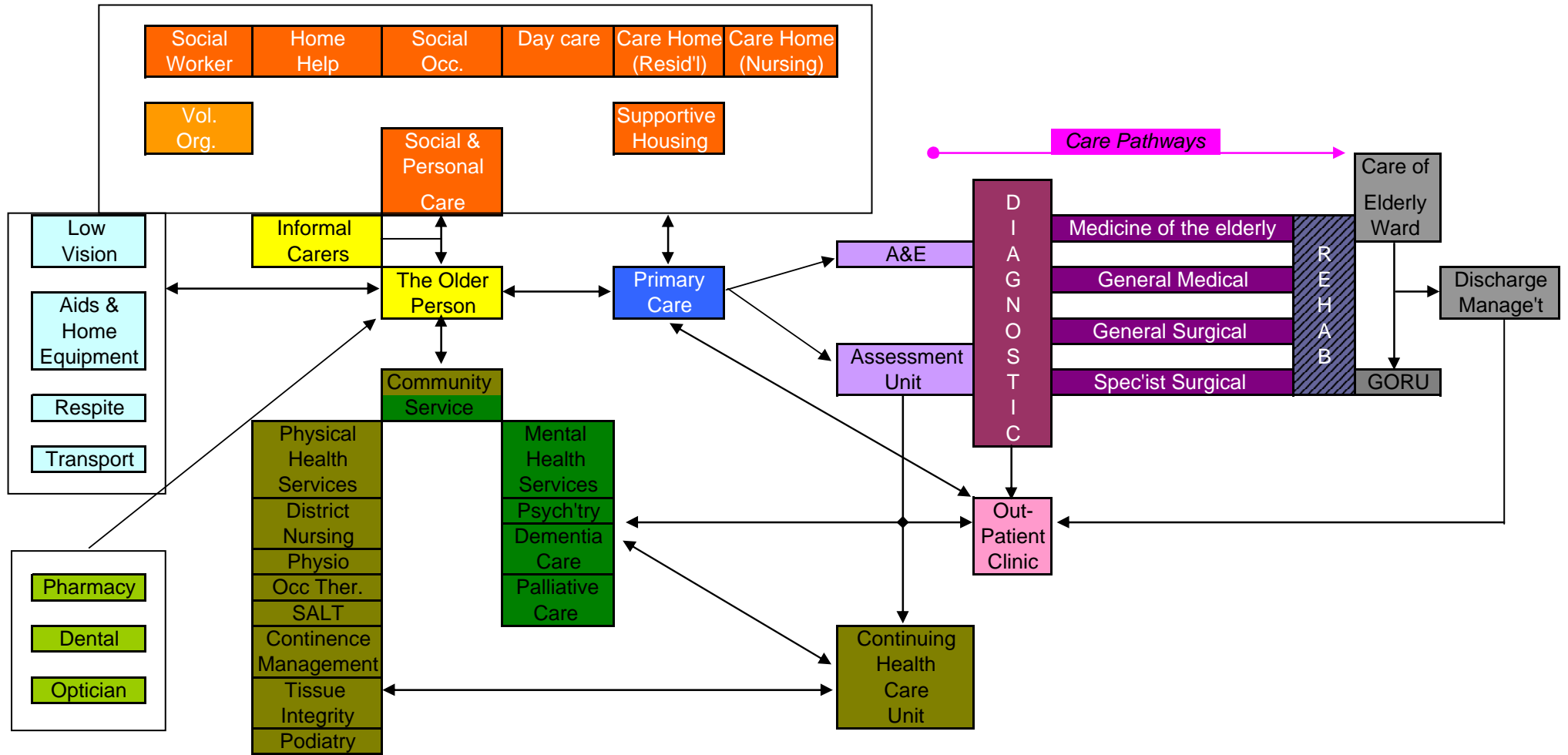
Other Documentation

Title	Source
Adding Life to Years - report of the expert group on Healthcare of Older People	SEHD Expert Group on Healthcare of Older People
An evaluation of Intermediate Care for Older People, Final report - Executive Summary	Institute of Health Sciences and Public Health Research, Uni of Leeds
Better Outcomes for Older People (Parts 1 & 2)	SEHD
Building a Health Service - Fit for the Future (The Kerr Report)	SEHD
Commission for Health Improvement Investigations - Lessons from CHI Investigations 2000-2003	Commission for Health Improvement
Dignity on the Ward - Promoting Excellence in Care. Good Practice in Acute Hospital Care for Older People	Nursing and Midwifery - University of Sheffield
Standing Nursing and Midwifery Advisory Committee (2001) Practice Guidance: Principles, standards and indicators. A resource tool.	Department of Health, London
Fundamentals of care: user guide.	Welsh Assembly Government
Passing the Baton of Care - the patient relay	Australian Council for Safety and Quality in Health Care
Prevention and Management of Hip Fracture in Older People	Scottish Intercollegiate Guidelines Network
Systems to ensure quality and safety, staff etc	Not given
The Alliance for Health and the Future working with ILC-UK, Growing Older in the 21st Century	Age Concern

Appendix 3

System Model Adopted by the ERG

A "Whole System" Model of Older Peoples Service



Final Report of the External Reference Group for Older People's Services: Recommendations

NHS Lothian Actions Underway or for Consideration

Recommendation	Actions Already Underway	Actions for Consideration
Recommendation 1:		
<p>a. NHS Lothian should review how its commitment to person-centred care is being implemented to ensure that there is a better balance between the technical aspects of treatment and the overall caring experience of the older person.</p>	<ul style="list-style-type: none"> The Lothian Way initiative has already begun to emphasise the importance of person-centred care for NHS Lothian staff. In this the role of the ward Charge Nurse is central (see below). 	<ul style="list-style-type: none"> Ensuring that there is an effective balance between the technical aspects of care and the overall experience of care has been recognised. The Older Person's Strategy Review Board will be tasked with this. The Older People's Champion (see below) will have a major role to play in this. In addition, new strategies for nursing and midwifery and for allied health professionals will set out clear statements of the professional contributions to <i>Delivering for Health</i> and the Board's strategies.
Recommendation 2:		
<p>a. The ERG recommends that support be given to strategic and development staff to ensure that strategies and initiatives that are inter-related and mutually dependent in relation to the care of older people are effectively brought together.</p>	<ul style="list-style-type: none"> Reorganisation of the Directorate of Strategic Planning and Modernisation is nearing completion and additional support posts are now being recruited. These changes will provide greater depth for such integration of planning at the strategic level. 	<ul style="list-style-type: none"> There is a need to monitor how well these changes are able to allow integration of strategic planning and modernisation. Where necessary, establishing mechanisms to provide support for more focussed tasks may be beneficial.
<p>b. The ERG recommends that support be given to strategic and development staff who are responsible for ensuring that</p>	<ul style="list-style-type: none"> This is set out in the terms of reference for the Older People's Strategy Review Board. 	

strategies and initiatives are inter-related and mutually dependent in relation to the care of older people.		
b. The Project Board for the review of the Joint Strategy for Older People's Services should include this as part of its remit.	<ul style="list-style-type: none"> This has already been agreed. 	
c. The Board should ensure that its Clinical Governance arrangements are reviewed and amended to take account of changes to services arising from redesign projects or strategic developments	<ul style="list-style-type: none"> Noted. A preliminary discussion has been undertaken by the Lothian NHS Board Clinical Governance Committee. Identification of the clinical governance arrangements associated with specific models of care is a feature of service redesign programmes. 	<ul style="list-style-type: none"> Each service redesign programme or strategic plan should explicitly set out its known risks and set in place a control assurance statement derived from its specific model of care. Local clinical governance arrangements should actively update risk management and controls assurance statements. These should be clearly articulated between local clinical governance arrangements and divisional and board level arrangements
Recommendation 3:		
a. Formal support for change management processes should be put in place. These should encompass both support to minimise any negative impacts on the quality of care and promote staff morale and acceptance of necessary change.	<ul style="list-style-type: none"> The Lothian way provides a vehicle for developing staff to be responsive to change. Preliminary discussions have already been undertaken in relation to providing management and leadership training for nursing and allied health professional staff. These have recognised the crucial role of Chief Nurses, Nursing Sisters, Charge Nurses, District Nurse Managers and Team Leaders. A specific action plan for this training will be developed by June 2006. 	<ul style="list-style-type: none"> It will be essential to put in place systems to ensure this training is a key element in both the updated Older People's Strategy and appropriate service redesign programmes.
b. The impact of organisational change on the capacity of front-line NHS Lothian	<ul style="list-style-type: none"> See above. 	<ul style="list-style-type: none"> Systems to ensure these approaches are developed on a sustainable, pan-

<p>staff to maintain effective clinical governance and ensure appropriate oversight of care should be monitored and potential risk managed.</p>	<ul style="list-style-type: none"> • At the operational level within the Royal Infirmary of Edinburgh (RIE), a number of specific actions which have been put in place in support of this. These include: <ul style="list-style-type: none"> ○ Local assessment of leadership training needs undertaken (see above); ○ Review of staffing levels and skill mix on the trauma and orthopaedic wards completed; ○ Appointment of administrative and housekeeping staff to release nursing staff on trauma and orthopaedic wards to concentrate on patient care; ○ Active vacancy management to reduce the impact of staff vacancies and sickness leave. and ○ Developing recruitment and retention programmes. 	<p>Lothian basis will be a key element in both the updated Older People's Strategy and service redesign programmes.</p>
<p>c. The impact of the clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager roles should be made explicit and subject to evaluation.</p>	<ul style="list-style-type: none"> • Within the RIE trauma and orthopaedic wards, the staff appraisal process has been used to help develop more formal assessment of training and professional development needs for charge nurses. 	<ul style="list-style-type: none"> • Wider use of staff appraisal and supervision arrangements will be explored to allow explicit assessment and evaluation of clinical leadership.
<p>Recommendation 4:</p>		
<p>a. The role of clinical leaders, such as the Clinical Director and lead medical staff, Chief Nurse, Clinical Manager and Clinical Nurse Manager in relation to the clinical governance arrangements should be made explicit and subject to audit.</p>		<ul style="list-style-type: none"> • This requires development. However the strategies for nursing and midwifery and allied health professionals provides an opportunity to make these explicit at the strategic levels and can be operationalised as elements in both the updated Older People's Strategy and appropriate service redesign

		<p>programmes.</p> <ul style="list-style-type: none"> • Use of staff appraisal and supervision arrangements will be explored to allow explicit assessment and evaluation of clinical leadership.
<p>b. Robust mechanisms for improving clinical governance through risk management and quality assurance arrangements at ward, directorate and senior management levels should be in place .</p>	<ul style="list-style-type: none"> • Ward-based, divisional and board level risk registers and controls statements are now being developed. These will be monitored for risk accrual and effective management via agreed controls. 	<ul style="list-style-type: none"> • This will be a key component of the objectives for the Director of Nursing and the senior nursing team. It is proposed that a balanced scorecard of care indicators is developed to allow assessment of ward and clinical team level quality of care and the care environment. These scorecards could then be aggregated for local governance and board level reporting.
<p>c. The role of ward/departmental risk registers in helping to improve the quality of care should be evaluated and – if successful – rolled out across the NHS Lothian system.</p>	<ul style="list-style-type: none"> • Ward-based, departmental, divisional and board level risk registers and controls statements are now being developed. These will be monitored for risk accrual and effective management via agreed controls. 	<ul style="list-style-type: none"> • Consideration should be given to formally evaluating the impact of ward-based risk registers on quality of care.
Recommendation 5		
<p>a. The findings of the Liberton Hospital Incident Management Team should be responded to positively and in full.</p>	<ul style="list-style-type: none"> • The recommendations of the Liberton incident report are awaited by Lothian NHS Board. 	<ul style="list-style-type: none"> • The recommended actions will be implemented and form part of agreed management objectives for the divisional and clinical management teams.
Recommendation 6:		
<p>a. In managing any future reviews or investigations there must be clarity on striking an appropriate balance between sensitivity towards supporting staff and patients and investigative thoroughness.</p>	<ul style="list-style-type: none"> • A review of how critical incidents are managed across NHS Lothian is being developed and will be undertaken. Once is has reported, any recommendations will be implemented. 	
<p>b. NHS Lothian should ensure that initiatives such as “The Lothian Way”</p>	<ul style="list-style-type: none"> • Further development and implementation of “The Lothian Way” is 	<ul style="list-style-type: none"> • In relation to the role of the Charge Nurse, the Director of Nursing for NHS

seek to promote a positive working environment and facilitate a change in the working ethos which empowers and enables staff to reach their full potential and thereby improves overall quality of care.	underway and will incorporate this recommendation.	Lothian be initiating national work in March and will feed relevant learning into NHS Lothian at both strategic and operational levels.
Recommendation 7:		
a. Consideration should be given to the appointment of a Champion for Older People, at least on a short-term basis. This role would provide leadership and overview for older people within the Board, its CHPs and its divisional structures.	<ul style="list-style-type: none"> • Consideration regarding the usefulness of a formal, Older People's Champion role is being explored and the terms of reference for an Older People's Champion developed. 	
Recommendation 8:		
a. There must be clarity about clinical responsibility for individual patients across the NHS Lothian system. This must be transparent and amenable to audit.	<ul style="list-style-type: none"> • Agreed. NHS Lothian as part of its service redesign and clinical governance work seeks such clarity. 	<ul style="list-style-type: none"> • The overall model of care relating to the assessment, admission or redirection of older people across will be reconsidered. • The use of clinical and other appraisal mechanisms to ensure transparency will be considered.
b. There must be clarity concerning the provision of readily accessible specialist medicine of the elderly advice and support for those providing acute care of older people across the NHS Lothian system. This must be transparent and amenable to audit.	<ul style="list-style-type: none"> • Extra specialist advice and support from medicine of the elderly specialists has already been put into place in the RIE orthopaedic wards This include both consultant and junior doctors sessional commitments. . • An external review of how such provision has been made as part of the combined assessment unit was initiated as part of the 39 step plan. A final version of this report is awaited. 	<ul style="list-style-type: none"> • A review of the overall approach to ensuring access to medicine of the elderly advice and support will be undertaken. • The overall model of care relating to the assessment, admission or redirection of older people across will be reconsidered
c. Charge Nurses should be supported in discharging their responsibility to provide local clinical and managerial	<ul style="list-style-type: none"> • Existing support mechanisms have been reinforced to support Charge Nurses. These include the appointment of: 	<ul style="list-style-type: none"> • In relation to the role of the Charge Nurse, the Director of Nursing for NHS Lothian be initiating national work in

<p>leadership. The Director of Nursing for NHS Lothian should set out a clear statement on these role(s) in the light of the national review now underway.</p>	<ul style="list-style-type: none"> ○ Chief nurse and service manager appointments at directorate level; ○ Clinical nurse managers (“Modern Matron’s); ○ Ward Housekeepers appointed in trauma wards for non nursing duties; and ○ Evening Receptionists in the orthopaedic wards to free nurses for patient care. 	<p>March and will feed relevant learning into NHS Lothian at both strategic and operational levels.</p>
<p>d. Consideration should be given to how best to support Charge Nurses in such role(s). One model for this that could be explored is the Nurse Consultant, Clinical Nurse Specialist or Practice Development Nurse to support nursing and therapy staff in caring for older people developed by NHS Grampian.</p>		<ul style="list-style-type: none"> ● These are interesting suggestions and will be further explored as part of the overall response to the national review of the role of Charge Nurses.
<p>Recommendation 9:</p>		
<p>a. Consideration should be given to how best to create more resilience in pathways of care for older people to avoid them becoming “lost” or “delayed”.</p>	<ul style="list-style-type: none"> ● Overall a more active management of patients across the patient journey is being developed. This will allow a more effective partnership between the hospital and the Community Health Partnership to manage the journey. ● The patient care pathway from A&E to Orthopaedics for hip fracture patients is being reviewed as part of the Unscheduled Care Collaborative Group’s work. ● A wider review of the patient journey in orthopaedics was initiated as part of the 39 step plan. This has resulted in: <ul style="list-style-type: none"> ○ Review of the placement of patients in trauma wards – with the creation of 	<ul style="list-style-type: none"> ● At the strategic level, these issues will be considered in relation to the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People’s Strategic Review.

	<p>an “admissions” ward;</p> <ul style="list-style-type: none"> ○ A separation of acutely unwell patients from rehabilitation patients to allow more consistent nursing of needs and ○ More consistent, nurse-led discharge of patients. 	
b. Consideration should be given to how best ensure that the correct staff skill-mix is available to deliver overnight care;		<ul style="list-style-type: none"> ● A review of skill-mix, workload, and dependency across nursing professions will be initiated. This work will be used to support the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People’s Strategic Review.
c. Discharge and transport mechanisms that are appropriate to the care of older people should be further developed.	<ul style="list-style-type: none"> ● The wider review of the patient journey in orthopaedics noted above, as part of the 39 step plan, has resulted in developing a more consistent, nurse-led discharge of patients. ● Patient transport guidelines have been reviewed and a team based approach developed that links the ward Charge Nurse, the Discharge Liaison Nurse and the discharge lounge in co-ordinating transport needs. ● Wider use of volunteer drivers supporting the discharge lounge has been initiated. 	<ul style="list-style-type: none"> ● This will be considered in relation to the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People’s Strategic Review. ● This will also feature as part of the wider work on patient transport which is being started by NHS Lothian.
d. Community Health Partnerships should explore how best to extend the person-centred pathway approach beyond the acute setting to reflect the truly complementary way in acute and community care		<ul style="list-style-type: none"> ● A review of skill-mix, workload, and dependency across nursing professions will be initiated. This work will be used to support the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People’s Strategic Review. ● Additionally, this will also be considered as part of the Primary Care

		Modernisation Strategy
e. NHS Lothian should develop a formal strategic integrated approach to fall-related fracture prevention to ensure a consistent approach.	<ul style="list-style-type: none"> • A new Falls Prevention Strategic Working Group has been established and will feed its findings into the work of the Older People's Strategy Review Board 	
f. NHS Lothian should consider developing a more formal approach to Intermediate Care within its CHPs. This approach should seek to provide a range of enabling, rehabilitative and treatment services that promote faster recovery from illness, support preventative care and foster greater independence amongst older people.		<ul style="list-style-type: none"> • This will be considered in relation to the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People's Strategic Review. • Additionally, this will also be considered as part of the Primary Care Modernisation Strategy
Recommendation 10:		
a. NHS Lothian should review the operation of the A&E, CAU and ward 203. This review must consider how to support effective provision of basic care for patients.	<ul style="list-style-type: none"> • An external review of how such provision has been made as part of the combined assessment unit was initiated as part of the 39 step plan. A final version of this report is awaited. 	
b. NHS Lothian systems should take every opportunity to maximise their use of their modern, state-of-the-art facilities.	<ul style="list-style-type: none"> • A significant level of progress has been made in relation to the use of orthopaedic theatre use. There are now two dedicated orthopaedic trauma theatres running full day lists. This has allowed for the establishment of a dedicated morning list for dealing with fracture neck of femur to allow the national target of surgery with 24 hours to be met. Active management of the daily surgery list has also been introduced. • To support this, a new consultant 	<ul style="list-style-type: none"> • This will be considered in relation to the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People's Strategic Review. • Additionally, this will also be considered as part of the Primary Care Modernisation Strategy

	Orthopaedic Surgeon rota has been established and formally linked to agreed job plans.	
c. Community Health Partnerships should explore the development of consultant-led local community health resources (e.g. local treatment centres, community hospitals etc.) within a more structured approach to intermediate care offered closer to home.	<ul style="list-style-type: none"> All Lothian CHPs are already becoming actively involved in developing their approaches to community and complex care. 	<ul style="list-style-type: none"> This will be considered in relation to the implementation of <i>Improving Care, Investing in Change</i> in Lothian and the Older People's Strategic Review. Additionally, this will also be considered as part of the Primary Care Modernisation Strategy
Recommendation 11:		
a. Whilst NHS Lothian should participate fully in the ongoing NHS QIS assessment exercise, an action plan based on the findings from the required self-assessments should be actioned as early as possible.	<ul style="list-style-type: none"> The Director of Nursing for NHS Lothian is chairing a working group to address this on a pan-Lothian basis. 	
b. Systems for providing effective nutritional care should be a priority across all NHS services that provide food and fluids. These must be transparent and amenable to audit.	<ul style="list-style-type: none"> Additional ward based support for nutritional care has already been put in place as part of the 39 steps action plan. Training in nutritional assessment and review of older patients has been initiated for Clinical Support Workers. 	<ul style="list-style-type: none"> These will be augmented by the action plans developed from the NHS QIS self-assessments.
Recommendation 12:		
a. Action to ensure the delivery and uptake of mandatory training is required as a matter of urgency.	<ul style="list-style-type: none"> Existing mechanisms for the delivery of mandatory training are being updated and reinforced. This has included block booking of agency staff to allow their training needs to be met. 	<ul style="list-style-type: none">
b. The values underpinning the care of older people should be integral to all nurse and therapy education programmes. Where this has not been incorporated into pre-registration training, continuous professional	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> As part of the review of skill-mix, workload, and dependency across nursing professions, NHS Lothian will ensure that value and outcome based training is incorporated into initial and

development mechanisms should be used to allow in-service training where required.		continuing professional training and lifelong learning.
c. NHS Lothian should work with the local universities to ensure appropriate initial, local preparation of student nurses.		<ul style="list-style-type: none"> • Accepted. This will be fed into discussions with NHS Education Scotland and Higher Education Institutes locally. • They will also be fed into the workforce development arrangements at local and regional levels.
d. NHS Lothian should develop a practice development strategy to inform the NHS Lothian Knowledge and Skills Framework. Once developed, this should be actioned.		<ul style="list-style-type: none"> • A review of skill-mix, workload, and dependency across nursing professions will be initiated. • IN the light of the needs identified in this review, NHS Lothian will develop a Practice Development Strategy to inform the local implementation of the knowledge and skills framework.
Recommendation 13:		
a. NHS Lothian should continue to develop mechanisms that make efficient use of the substance of complaints and complaint handling as part of its learning process.	<ul style="list-style-type: none"> • A review of how critical incidents are managed across NHS Lothian is being developed and will be undertaken. Once is has reported, any recommendations will be implemented. • Within UHD: <ul style="list-style-type: none"> ○ Charge Nurses now provide clear contact point for patients and their families for guidance and information. Customer care role emphasised; ○ All verbal and written complaints are audited by each divisional Chief Nurse; and ○ Existing supervision mechanisms have been enhanced to ensure staff concerns over patient care and 	<ul style="list-style-type: none"> • Consideration will be given to developing a formal plan – similar to that set out in the English document <i>An Organisation with a Memory</i> – and linked to appropriate strategic and operational functions.

	quality can be raised.	
b. The experiences of UHD in developing a more structured approach to customer/relationship care should be reviewed. Key learning should be shared and implemented across the NHS Lothian system.	<ul style="list-style-type: none"> • A working group to look further into these areas has been established by the Director of Nursing. This work will feed into the Public Focus and Patient Involvement Strategy. • Existing work on this has already been initiated in UHD: <ul style="list-style-type: none"> ○ In-house training for staff now includes customer care training; and ○ Patient experiences are now formally collected and reviewed after discharge 	
Recommendation 14:		
a. NHS Lothian should audit its approach to, and standards for, record keeping in relation to patient care records.	<ul style="list-style-type: none"> • Following on from the recent Scottish Ombudsman Report, all documentation relating to the current episode of care for an older person is being kept in one record by the bedside. • A mechanism to routinely audit orthopaedic notes against the Nursing and Midwifery Council's standards for record keeping is being developed by UHD. 	<ul style="list-style-type: none"> • A Lothian-wide audit of patient care records for older people will be undertaken. • Older people's care will be a major focus for work developing the integrated patient record in Lothian.
b. For older people's services, it should develop auditable rules/guidance for record keeping.	<ul style="list-style-type: none"> • See above. 	<ul style="list-style-type: none"> • This will be included as an element of the development programme noted above.
c. Mechanisms should be introduced to properly capture and record the views of patients and carers.	<ul style="list-style-type: none"> • A working group to look further into these areas has been established by the Director of Nursing. This work will feed into the Public Focus and Patient Involvement Strategy. • Work has already been put in place on this within UHD: 	<ul style="list-style-type: none"> • Should these mechanisms be shown to be helpful in improving patient care, they will be rolled out across NHS Lothian.

	<ul style="list-style-type: none"> ○ Members of the patient and public partnership network will now review all patient materials and suggest ways for improvement; and ○ Regular, unannounced visits to wards by senior nursing and managerial staff are undertaken. The visiting teams now include members of the patient and public partnership network. 	
Recommendation 15:		
a. NHS Lothian should seek opportunities to share the findings from the work of the ERG to support NHSScotland.	<ul style="list-style-type: none"> ● Initial work on this recommendation has been undertaken with an early discussion with the Scottish Executive Health Department already being arranged. 	