



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

## Key points

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

## Background

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

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

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

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

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

boards and one special health board. This briefing presents a national picture of some of the key findings from the inspections. It focuses on the systems, resources and support

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

“During this follow-up inspection, we found no assessment of care needs being carried out for patients with dementia, cognitive impairment or possible delirium. There was also no evidence of personalised care plans in use to detail how the specific needs of individual patients would be met. For example, a patient with a known cognitive impairment had periods of agitation and distress. The patient had also attempted

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

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

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

## Flow of patients through hospital

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

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

Delays to people being discharged from hospital, when they are clinically ready to do so, is an ongoing concern. The vast majority of patients experiencing delayed discharges are over 75 years old. Between July and Sep5(8)(i)11 v5 7(b5(p)).

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

With the number of people aged over 75 in Scotland predicted to rise by 86% between 2012 and 2037<sup>2</sup>, the pressure that this will put across the system is only set to increase. The length of time people live in good health has not increased in line with life expectancy<sup>3</sup>. This means that although people are living longer, they often have multiple and long-term health problems.

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

Source: ISD Scotland Multiple Emergency Admission Analysis September 2014

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

What is worrying is that out of the 10 hospitals where HIS has carried out and published more than one inspection report, four hospitals still had a considerable number of areas that needed to improve.

In addition, there does not appear to be

However, what is also obvious from these inspection reports, and from other reports such as the Mental Welfare Commission Scotland report into the long-term NHS care of patients with dementia<sup>8</sup>, is that there are still significant concerns around the care of older people in many of our hospitals.

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

Improvement takes time, resources and support. Why, when there is so much attention on the inspections of older people's care has HIS's improvement programme for the care of older people only been guaranteed funding until March 2016? We acknowledge the recent announcement<sup>9</sup> of £2.5 million to HIS for a wide range of activities, but this makes no specific reference to improvement work for older people in hospital.

## Different standards of care across settings

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

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

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

- The National Care Standards set out the standards of care that people can expect to receive in various social care settings, as well as care provided by independent healthcare providers.
- The Care Inspectorate uses these National Care Standards to inspect the quality of care for older people in settings such as care homes in settings s-23

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

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

“Staff told us that wards are continually short staffed. Several wards inspected had less staff on duty than their agreed level. Some wards regularly had two or

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

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

## Recommendations

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

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



## RCN Scotland's commitment to older people's care

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

[http://www.rcn.org.uk/  
development/practice/older\\_people](http://www.rcn.org.uk/development/practice/older_people)

- RCN Scotland will support members to speak up when they

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