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Introduction

- This report represents the findings of the 2014/15 Older People’s Care in Acute Settings project (from the 2015/15 work programme). This was the second iteration of the project.
- The project was available for participation from all members of the NHS Benchmarking Network who offer care for older people in the acute setting. There were 49 participating services from Trusts and Local Health Boards (LHBs) in this iteration of the project. All data in this project is for the 2014/15 financial year.
- This year, to supplement the online toolkit and high level national reports, bespoke dashboard reports have been issued for each participating Trust / LHB.
- Peer group profiling has been included on the charts. The NHS Benchmarking Network has used the Department of Health categories to assign organisations to peer groups.
- Across the pathway, metrics have been collected on service models, activity, workforce, finance and quality and outcomes. This report contains key metrics from the Older People’s Care in Acute Settings project for organisations to view their positions on key metrics at a glance. There are many more metrics available on the online toolkit, accessible through the members’ area of the Network website at www.nhsbenchmarking.nhs.uk
- This report includes 2014/15 outturn data. Your organisation is highlighted on charts where data was supplied by a hashed line outlining the bar. Where your organisation does not appear on a chart, data was not supplied for this metric.
- This report also includes the findings from the service user audit. Organisations were asked to complete 10 questions on 50 consecutive discharges from a care of older people ward during data collection. 28 organisations provided data, and if your organisation was one of these, your service user audit data will be included at the end of this report. The questions were developed with the assistance of the British Geriatrics Society.
- All data included in this report has been validated by the NHS Benchmarking Network team and participating organisations. Outlying data has been removed.
- If you have any questions regarding these reports please contact leigh.jenkins@nhs.net.
Overview data
Spend on older people’s services

Participating Trusts / LHBs range in size, from smaller district general hospitals to large teaching hospitals and Welsh LHBs. Spend on older people’s services as a percentage of overall Trust / LHB turnover ranged from 1% to 7% and the average was 4%. It is important to note that this is just the four elements of the pathway benchmarked, and is not the totality of spend on older people’s care.

Consultant geriatricians employed
The mean number of consultants employed by Trusts / LHBs was 319 WTE, and the mean number of geriatricians employed was 12 WTE. Geriatricians make up 3.6% (mean value) of the consultant workforce.
Overview data

Dedicated care of older people workforce with annual appraisals

The mean percentage of the dedicated care of older people workforce who have annual appraisals is 78%. This figure ranges from 43% to 100%.

Bank spend

Bank spend across the care of older people pathway averages £735,000 per Trust per annum. Trusts with lower bank and agency spends tend to spend more on overtime.

Older People’s Care in Acute Settings
Bespoke dashboard report
Admissions avoidance in A&E

Team availability in A&E

The availability of the appropriate teams in A&E is essential in avoiding unnecessary admissions. Participants were asked whether they had teams in place to assist with admissions avoidance. Where teams are available in A&E, participants were asked for the hours of availability on a weekday and at the weekend, over a 24 hour period. The mean number of hours that the dedicated geriatric team is available during the week is 9 hours. This decreases to 4 hours at weekends.

<table>
<thead>
<tr>
<th>Team</th>
<th>Hours available Mon-Fri (national avg)</th>
<th>Hours available Sat-Sun (national avg)</th>
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<tr>
<td>Therapy team</td>
<td>10.0</td>
<td>7.6</td>
</tr>
<tr>
<td>Social work team</td>
<td>8.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Hospital discharge team</td>
<td>10.0</td>
<td>6.9</td>
</tr>
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Members can view their hours of availability for other teams available in A&E on the members’ area of the website.
These radar charts show the average skill mix of the nursing staff and medical team staff mix in the admissions avoidance teams. The red line shows your own Trust’s skill mix, where data has been supplied.

### Admissions avoidance teams finance

**Pay costs as a percentage of total costs - admission avoidance in A&E**

- **Consultant funded establishment**
- **Other medical * funded establishment**
- **Trainees - FY1 funded establishment**
- **Trainees - FY2 funded establishment**
- **Locums**

Pay costs as a percentage of total costs for the admissions avoidance in A&E teams average 80% of expenditure.
Assessment units

Service model data for assessment units was collected by the different types of units; frailty units, short term assessment units (length of stay <72 hours), and other assessment units (length of stay >72 hours). Participants can view these service model questions on the online toolkit. Activity, workforce and finance data was collected across assessment units, as it was assumed that a large proportion of users of these units will be older people.

Average length of stay on assessment unit

Average length of stay across all assessment unit types in 2014/15 was 25 hours.

Activity data by age split

Activity data across the acute pathway has been collected by age groups, to review the proportion of older people across the acute pathway.

Older people account for 23% of A&E attendances. This increases to 53% of admissions to assessment units. By the time we move across the pathway to admissions to inpatient care from assessment units, those aged 65 and over account for 63% of all admissions. Members can review their age split in the online tool kit on the members' area.
Assessment units
Assessment units workforce

Skill mix (AHPs only) - assessment units

Skill mix (nursing only) - assessment units

These radar charts show the average skill mix of the nursing staff and AHPs working in the assessment units. The red line shows your own Trust’s skill mix.

Assessment units finance

The mean cost per admission to the assessment units was £291.
Care of older people wards

Older people’s beds

The mean number of designated care of older people beds in participating Trusts / LHBs was 103 beds. Many of the quality metrics later on in the report are benchmarked per 100 care of older people beds, to allow for comparisons.

Length of stay for emergency admissions

The average length of stay for emergency admissions (all ages) was 5 days.

The average length of stay for emergency admissions in those aged 85 and over was 10 days.
Care of older people wards

Care of older people ward staffing

These radar charts show the medical team staff mix and average skill mix of the nursing staff and AHPs working on the care of older people wards. The red line shows your own Trust’s/LHB’s skill mix.

Care of older people ward finance

The average cost of an older people bed is £99,683.
**Discharge processes**

**Length of CHC assessment**

The average length of time for a CHC assessment to take place is 10 days. This figure ranges from 2 days up to 28 days.

**Average length of time for a CHC assessment to take place (days)**

![Bar chart showing the average length of time for a CHC assessment](chart.png)

**Delayed transfers of care**

The delayed transfers of care on the care of older people wards account for a mean value of 38% of all delayed transfers of care within organisations.
Discharge process

Supported discharge team workforce

These skill mix charts show the skill mix of the AHP and nursing teams in the supported discharge teams. A richer skill mix is found here than on inpatient wards.

Supported discharge team finance

Pay costs as a percentage of total costs for the supported discharge teams average 82% of expenditure.
There is an extensive quality and outcome section within the online toolkit. All quality metrics are benchmarked per 100 care of older people beds. If you are not present on the following charts, it may be that you did not supply the number of older people beds within the organisation.

**Serious incidents on elderly care wards**

![Graph showing number of serious incidents per 100 beds](image)

The mean number of serious incidents on care of older people wards per 100 beds was 12 in 2014/15.

**Medication errors on elderly care wards**

![Graph showing number of medication errors per 100 beds](image)

The mean number of medication errors on care of older people wards per 100 beds was 62 in 2014/15.

**Occurrences of Clostridium difficile**

![Graph showing number of incidences of C. difficile per 100 beds](image)

The mean number of occurrences of C. difficile on care of older people wards per 100 beds was 11 in 2014/15.
Service user audit

This year a service user audit was added to the Older People in Acute Settings project. Developed in conjunction with the British Geriatrics Society, the aim of adding in a further level of service user benchmarking data was to:

- Complement the organisational level data and to use this data to aid understanding of the key features of high performing services.
- Provide data to enable further correlations and analysis to be undertaken e.g. between length of stay and discharge destination.
- Trusts were asked to select one care of older people ward to carry out the service user audit on.
- 50 consecutive discharges were selected for the service user audit, which ran simultaneously with the main data collection period (August – October 2015).
- 28 participating organisations submitted data for the service user audit, and the audit covers around 1,400 service users of older people wards between August and October 2015.
37% of service users on the care of older people wards were aged 75-84, 26% were aged 85-89, and 23% aged 90 plus. Your Trust / LHB age mix is shown by the green bar. If there are no green bars, you did not take part in the audit.

**ICD-10 code on admission**

Participants were asked to choose the primary ICD-10 code that the service user was admitted with. The British Geriatrics Society worked with the NHS Benchmarking Network to select a number of ICD-10 codes which might be associated with frailty (see page 15). As there is no code for frailty, it was thought that these proxy frailty codes may give an indication of the number of people being admitted with symptoms or conditions associated with frailty.

47% of admissions were given proxy frailty ICD-10 codes.
75% of patients included in the audit were admitted from their own home. 9% came from residential homes, and 9% from nursing homes. 5% were admitted from sheltered housing, and 2% from other. The green lines show the split for your organisation.

**Length of stay profile**

Almost three quarters (74%) of patients stay for less than 21 days. This leaves 26% staying longer than 21 days. We know these long spells account for almost half of all occupied bed days within organisations.
54% of patients included in the audit were discharged back to their own home, compared to the 75% admitted from their own home. 9% went to residential homes, 9% to nursing homes, 4% to sheltered housing and 2% to ‘other.’

Comprehensive Geriatric Assessment
76% of service users had received CGA which was fully documented. Trusts were asked to state where in the pathway CGA was delivered. 2% of patients received CGA on A&E, 48% received CGA on the assessment unit, and 50% received CGA on the inpatient ward. Your results are shown by the green bars on the chart.
Modified Rankin Scale

Participants were asked to provide the Modified Rankin Scale of service users on discharge. This was chosen to measure the degree of disability or dependence in the daily activities of those service users leaving care of older people wards.

The scale runs from 0-6:

- 0 - No symptoms.
- 1 - No significant disability. Able to carry out all usual activities, despite some symptoms.
- 2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities.
- 3 - Moderate disability. Requires some help, but able to walk unassisted.
- 4 - Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted.
- 5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent.
- 6 - Dead.

The blue line on the chart shows the average MRS on discharge across all Trusts. The red line shows your individual mix of MRS on discharge.
Conclusion & next steps

- This bespoke report provides an overview of the key metrics in the Older People’s Care in Acute Settings project.
- Participants also have access to an online toolkit containing many more metrics, and a national overview report.
- The Network Steering Group has agreed to include the project in the 2016/17 work programme for the third iteration of the project.
- The data specification will be reviewed, and finalised before data collection opens in September 2016. If you have any comments on the data specification or about the project in general, please e-mail Debbie.Hibbert@nhs.net.