Phase 1 Future Hospital development site

The Mid Yorkshire Hospitals NHS Trust
Future Hospital Programme
Final Report 2014 – 2017
Development site:
Mid Yorkshire Hospitals NHS Trust
Contents

Introduction ........................................................................................................................................... 2

Aims and objectives .......................................................................................................................... 2
  Aims .................................................................................................................................................. 2
  Objectives ........................................................................................................................................ 3

Project plan ......................................................................................................................................... 3

Impact of the project on patient care including patient experience ............................................. 4
  Patient experience and engagement ............................................................................................... 5

Impact on the workforce and team .................................................................................................... 7

Project progress .................................................................................................................................. 8
  Clinical data outcomes and revealed efficiencies ............................................................................ 8
  Rapid assessment .............................................................................................................................. 8
  Reduced length of stay .................................................................................................................... 9
  The individualised approach .......................................................................................................... 11
  A truly integrated system ................................................................................................................ 12

What are you no longer doing that you were doing previously? ...................................................... 12

Key actions: Progress made against the project plan .................................................................... 12
  Return on investment ..................................................................................................................... 133
  Future plans .................................................................................................................................. 14

What next? ......................................................................................................................................... 144

Summary: What makes the difference? ............................................................................................ 15
Introduction

The landscape of medicine is changing and the provision of acute care over the last decade has also had to evolve to meet changing demands, priorities and local service needs. Mid Yorkshire NHS Trust has three hospitals: Dewsbury and District Hospital, Pinderfields Hospital and Pontefract Hospital. The Trust catchment area lies within the scope of two clinical commissioning groups (CCG): Wakefield CCG and North Kirklees CCG and serves over half a million people.

This report describes the progress made and the current status of the Rapid Elderly Assessment Care Team (REACT) and the Acute Care of the Elderly Assessment Units (ACE) at Mid Yorkshire Hospitals NHS Trust. In 2014, a decision was made to improve our services so local people receive the best quality treatment across Mid Yorkshire’s footprint, by reconfiguring the Trusts’ acute service provision as part of a programme entitled ‘Meeting the Challenge’. This afforded the Trust the opportunity to standardise the provision of acute medicine and make the decision to centralise its acute services at Pinderfields Hospital. During this review, it was evident that older patients, and particularly those patients with frailty markers over the age of 65, did not always get reviewed by consultants from the elderly care service and their needs were not being met on our Acute Assessment Units across the Trust. This led to a decision to improve acute services for older people and those with frailty. This was a dramatic change to the way care was currently delivered and the Trust embarked on a gradual process of change within the main site at Pinderfields Hospital and became focused on the delivery of Future Hospital principles by becoming one of the Future Hospital Programme development sites.

This report highlights the improvements that have been made in using quality improvement methodology to reconfigure services in a stepwise manner. It shows the value of collaborative working and co-production with patients whilst striving to achieve excellent patient experience each and every time (the vision of Mid Yorkshire NHS Trust).

Aims and objectives

The ultimate aim has been to develop a dedicated acute care of the elderly assessment unit/acute frailty unit to improve patient outcomes, experience and integrated working. The service is keen to identify older patients with frailty whose care needs are best served in a non-hospital environment. The team aims to integrate acute assessments and patients’ ongoing care needs with our community partner agencies to facilitate an early supportive discharge for those who do not require an acute hospital bed.

In achieving the ultimate aim of creating an acute frailty unit, it is hoped that the changes made to the provision of care for frail older people will meet the following aims and objectives:

Aims

- Improve clinical specific outcomes.
- Improve the quality of older people’s services and patient experience, especially those who are frail.
- Reduce the number of unscheduled admissions and re-admissions to hospital with specific conditions.
- Reduce hospital length of stay and thus occupied bed days.
- Improve referral and signposting to appropriate services for patients.
- Increase patient choice.
- Reduce inequalities in health across the Mid Yorkshire NHS Trust economy.
- Facilitate research led by nursing teams and other health professionals, and research into best ways of providing service via the Future Hospital Programme of the Royal College of Physicians.
- Facilitate training of future specialist nurses and allied health professionals essential for the care of older patients.
Objectives

- Provide improved care of individual patients, especially those who are frail.
- Provide a high-quality, flexible and responsive service including a comprehensive geriatric assessment for all patients seen by the REACT team.
- Provide a service that is accessible for individuals and their families, ensuring standardisation of care by using an integrated care record that reflects each patient’s clinical and support needs and is used by all members of the multidisciplinary REACT team.
- Have responsibility to ensure each patient’s care is clearly communicated through direct contact with the REACT team and through supporting resources which encourage greater participation in self-care.
- Ensure integrated and patient-centred approach to delivery of services for all elderly patients in conjunction with community and partner services.
- Increase the number of patients seen by REACT by shortening admission periods; facilitate timely and safe discharge for all patients thus improving their patient experience as well as patient flow.
- Increase patient choice and offer care closer to home through ensuring that the elderly care service is culturally sensitive to the different needs of patients across the district as well as acknowledging that the community support structures also vary.
- Involve the patient and their families in their relative’s care to ensure that patient preferences, patient dignity and respect and patient comfort enhance the patient experience.
- Listen carefully to and value patient feedback to help improve patient experience.
- Improve trust, efficiency and clinical effectiveness.
- Use staff engagement to drive the improving quality agenda.
- Offer the best services within the resources available thus raising clinical effectiveness and ensuring sustainability.
- Meet national standards and constantly audit the service to document that the best possible outcomes and patient experience are delivered.

Project plan

The project initially outlined a two-phase approach to the redesign and implementation of the older people’s services at Mid Yorkshire. Phase 1 of our project saw the set-up of a dedicated multidisciplinary and multiagency team - Rapid Elderly Assessment Care Team (REACT) - with responsibility for older person’s assessment, which would work within the Acute Assessment Unit of Pinderfields Hospital. REACT includes medical and nursing professionals, therapists, social workers and external partner agencies such as Age UK Wakefield. The team also works closely with community providers, as illustrated in Figure 1. Over time, as numbers of patients have increased, recruitment to improve the service has been necessary.

Fig.1 Integration of REACT and the Acute Care of the Elderly Assessment Unit with community partners
Initially the plan was for the creation of only one acute assessment unit for older people with a REACT type team based in Dewsbury and District Hospital emergency department or as part of ambulatory care; this has evolved as plans have changed.

The Trust is currently in phase 2 of the project; plans for centralisation of acute services are underway and are scheduled to be complete by September 2017. The elderly services have recently opened an Acute Care of the Elderly (ACE) Assessment Unit at Dewsbury and District Hospital, which incorporates the REACT model of care and a further dedicated unit is opening in September at Pinderfields Hospital. In order to ensure an equitable service, a frailty screening tool has been implemented, which has standardised the definition of those classed as elderly as those aged over 80. This age marker was decided based on the previous definition of an older person at Pinderfields Hospital and was maintained to make the transition to a frailty model smoother and in recognition of consultant vacancies within Acute General Medicine.

During this process of developing and restructuring services for older people, Mid Yorkshire NHS Trust has been mindful of all of the 11 principles of care set out by the Future Hospital Commission.

### Impact of the project on patient care including patient experience

<table>
<thead>
<tr>
<th>Key Objectives</th>
<th>FHP Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved care of individual patients, especially those who are frail, with the opening of dedicated Acute Care of the Elderly Assessment Units at two hospital sites – Dewsbury and Pinderfields</td>
<td>P1, P4, P9, P10</td>
</tr>
<tr>
<td>Undertaking of comprehensive and consistent geriatric assessment of all individuals for their care needs</td>
<td>P1, P4, P9, P10</td>
</tr>
<tr>
<td>Ensuring appropriate integrated support is available for all elderly patients in conjunction with community and partner services</td>
<td>P3, P6, P9</td>
</tr>
<tr>
<td>Increasing the number of elderly patients seen by REACT thus improving their patient experience as well as patient flow</td>
<td>P2, P4, P5</td>
</tr>
<tr>
<td>Working to an integrated care record for each patient which reflects their specific clinical and support needs is collaboratively used by all members of the REACT team to the benefit of each patient</td>
<td>P1, P7, P9, P10</td>
</tr>
<tr>
<td>Ensuring that the Elderly Care service is culturally sensitive to the differences in needs of patients across the district as well as acknowledging that the community support structures also vary</td>
<td>P2, P6, P10</td>
</tr>
<tr>
<td>Having responsibility to ensure that each patient’s care is clearly communicated to both patients and their families through the patient information booklet and other supporting resources which are designed to promote and facilitate good self-care and health promotion</td>
<td>P2, P3, P7, P8, P10</td>
</tr>
<tr>
<td>Involving the patient and families in patient care has ensured patient preferences, patient dignity</td>
<td>P2, P3, P7, P10</td>
</tr>
</tbody>
</table>

1 The acute frailty units are named Acute Care of the Elderly (ACE) assessment units following consultation with staff, and patients who felt the use of the word Frailty within our local population would create the wrong image on many levels.
2 Hull and East Yorkshire NHS Trust, Frailty Screening Tool, 2016.
3 Quality of Care for Older People with Urgent and Emergency Care Needs, 2012.
Patient experience and engagement

Patient involvement continues to be very important at Mid Yorkshire and the team have continued to co-produce service developments with both the local patient and the RCP Patient and Carer Network (PCN) representative. From the outset, the project has had a focus on delivering patient-centred care and it was determined that patient voices should be an integral measure of the success of the project. Below is a table showing the key dates of how the patient voice has evolved.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Mid Yorkshire NHS Trust selected as one of Future Hospital Project development sites.</td>
</tr>
<tr>
<td>June 2014</td>
<td>Initial short patient questionnaire introduced. Patients interviewed by Mid Yorkshire administration staff aiming for 15 patients per month.</td>
</tr>
<tr>
<td>July 2015</td>
<td>RCP PCN link and patient representative appointed - both with direct experience of elderly person’s care needs.</td>
</tr>
<tr>
<td>February 2016</td>
<td>Patient representatives have a major contribution to a patient information booklet which is given to all patients treated by REACT team. New questionnaire based on one from Northumbria Healthcare Trust replaces initial survey.</td>
</tr>
<tr>
<td>April 2016</td>
<td>Patient representative goes onto ward to engage with patients face to face.</td>
</tr>
<tr>
<td>June – Nov 2016</td>
<td>Patient representative temporarily unavailable but in July 2016 new patient representative recruited. Concern that questionnaire is not providing useful feedback to team nor capturing feedback from what happens once patient discharged.</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>Redesign of a new questionnaire introduced with graded responses to be issued with booklet to all patients treated by REACT, and face-to-face interviews guidance drafted to ensure consistency between patient representatives when conducting interviews. Patient representatives aim for minimum of one face-to-face session each per month. Aim to increase numbers of responses beyond 15 per month.</td>
</tr>
<tr>
<td>Jan – June 2017</td>
<td>Positive collaboration with REACT team gives increase in number of patient questionnaire returns from Jan – June 2017 to between 25-30 responses thus enabling more robust analysis and feedback to team. Consistent positive feedback on five key identified areas recording 90% positive responses - see graph (Fig 4) and supporting graphs.</td>
</tr>
<tr>
<td>April 2017</td>
<td>Follow-up telephone calls to patients post discharge are also very positive and ensure any concerns are picked up and dealt with speedily by REACT team and with feedback response to patient. Future patient forums to be initiated.</td>
</tr>
</tbody>
</table>

The team now benefits from the full support of two local patient representatives, together with the RCP PCN representative and in the last six months we have been able to move forward with a much improved and consistent approach to the collection of patient feedback. The representatives have also increased the number of patient questionnaire returns by actively involving the REACT team in their collection and highlighting the benefits of patient involvement and feedback for the team.

As well as the graded response, patient questionnaire and face-to-face interviews, the team have introduced post-discharge follow-up telephone calls to try and reduce the effects of any vulnerability bias. We are very aware that patients may be giving answers that they think the team want to hear, especially given their frailty and thus inherent vulnerability. There is also the fact that the data gather their subjective view rather than their judgements being based on specific criteria for each category. This is something the team is currently working on to try to glean more objective answers.

The team utilises the data collected to feedback positive accolades to staff as well as making them aware of any concerns which have been expressed by patients. These are discussed in the monthly REACT team
meetings that the patient representatives attend. If concerns are raised by patients on the ward or through the telephone follow-up calls then the patient representative immediately contacts the REACT team leader to pass on the details so it can be followed up and dealt with. Then either the team leader or the patient rep will go back to the patient with the findings.

Fig. 4 Patient experience data over time

Values measured:
- Care and Compassion;
- Respect and Dignity;
- Patient involvement in care;
- Patient interaction with REACT staff
- Patient assessment of Quality of care

From Dec 15 all values are over 85% positive and from Feb 16 they are above 90%

Since Jan 17 with increased numbers of patient data responses, the mean values still remain consistently high at mostly over 95%.

Fig. 4a Number of patients interviewed between Jul 15 and June 17

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients interviewed</td>
<td>17</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>14</td>
<td>17</td>
<td>29</td>
<td>26</td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

All the data collected in the past 6 months strongly support the notion that patients are very satisfied with the care they receive. This high level of achievement has been sustained even with the increase in the
overall number of patient questionnaire returns and patient interviews. From Sept 2016, 100% of those interviewed have stated they would recommend the service to their family and friends – a real achievement.

Impact on the workforce and team

At the beginning of this project, staff engagement was suboptimal within the Trust and seen as a factor needing to be addressed. When changes and service developments are occurring, the benefits of working in partnership with team members taking an active role and responsibility are seen as a key component to the ultimate success of any service development. Historically, staff engagement at Mid Yorkshire NHS Trust has been poor, leading to various initiatives being introduced. Mindful of this, the team embraced the need to improve staff engagement when establishing the team and this has led to a higher level of staff engagement within the team than in the Trust.

Fig.5 Maintaining high levels of staff engagement

This has been achieved by:

- **Working in a collaborative, transparent and open way**, has nurtured a solution orientated approach to issues and problems. Successes, challenges and failures are actively shared.
- The daily and now twice daily team meeting has ensured **communication within the team is addressed in a timely manner**. Formal complaints despite the large numbers of patients seen by the team are low (between July-Dec 2016 six formal complaints received; of which two were outside Trust’s remit and only three out of six were related to medical/nursing care.
- **The development of shared competencies** has helped to overcome gaps in staffing and skills shortages leading to high levels of respect and enthusiasm for all the team in their contributions to patient care.
- **An extremely positive work environment** has thus been created. This is demonstrated through the sense of loyalty, commitment and professionalism the REACT staff display to patients, relatives, and other members of the multidisciplinary team. Staff engagement and the positive team atmosphere ensure that patient experience is at the heart of all that the team does.
- The culture of the team is to encourage all members to have **equal clinical importance and responsibility for patient care. The team were highly commended in Celebrating Success Annual Trust awards for Clinical Team of the year in 2016 and 2017**. Active recognition of the team’s success has boosted confidence levels especially in this time of change where the ACE Units are being opened.
- **The creation of a quality improvement culture** has sparked professional development of all team members. 5 **Internal promotions** within the team; staff **gaining new skills** such as data interpretation, quality improvement methodology, clinical skills and presentational skills as team
members give presentations at both National and Local forums; oversubscription for vacancies within the team – 11 for 2 Band 6 posts and 75 for 3 Band 3 posts- together with staff are actively asking to move to work on the Acute Care of the Elderly Assessment Unit following the change in ward configurations as part of the Acute Hospital reconfiguration.

- Recently recruited staff have openly said they have applied for the role as they believe patient experience and engagement of staff is so valued within the team that they were keen to be a part of something special.

**Project progress**

**Clinical data outcomes and revealed efficiencies**

When gauging the success of the project at Mid Yorkshire NHS trust, it is clear that the transformation of services for older people is beneficial to both patients and staff. Data has been consistently collected throughout the lifespan of the project. The main driver for data collection has been continuous monitoring in order to understand the full impact of the REACT and Older Person’s Assessment Unit (OPAU) more recently renamed as the Acute Care of the Elderly Assessment Unit (ACE) following a consultation of staff and patients.

**Rapid assessment**

Over the duration of the project the service has changed from a general admissions unit with no focus on frailty/ periodically no elderly consultant review of care to two ACE Assessment Units with dedicated REACT teams aiming to assess a patient’s individualised holistic care needs and facilitate comprehensive geriatric assessment, communication and co-ordination of discharge planning.

Patients present with a wide range of symptoms and every patient undergoes a comprehensive geriatric assessment depending on their clinical state. This assessment then forms the basis of creating an individualised care plan including plans for discharge. Ensuring patients have an individualised care plan is vital to the success of managing frail patients. This can only truly be achieved through good communication of plans but also as part of the assessment process.

Prior to the introduction of a weekend elderly care consultant, 28.5% of patients over the age of 80 were routinely identified by In-reach for early discharge on the Acute Assessment Unit. This rose to 38% with the introduction of a dedicated geriatrician and then to 53.8% with the initiation of REACT. The graphs below show that Increasing numbers of patients are identified by REACT especially since moving to a 7-day service.
Fig. 11 Increasing numbers of patients are identified by REACT

The levels of readmission for both elderly and REACT patients remain at approximately 5% pre and post the introduction of a 7 day REACT service showing that despite increasing the numbers of those discharged in a timely manner than readmissions have not increased.

Reduced length of stay

With increased experience and development of skills within the team, added to 7-day working, the length of stay for patients deemed appropriate for rapid assessment by REACT has shown a reduction for these patients. The overall length of stay for elderly care patients admitted via the Acute Assessment Units does

Fig. 12 Comparison of Rockwood\textsuperscript{4} scores of those patients admitted and discharged by REACT have shown an increase in levels of frailty

\textsuperscript{4} Rockwood Clinical Frailty Scale: https://www.cgakit.com/fr-1-rockwood-clinical-frailty-scale
not appear to have significantly reduced despite all the interventions and changes in service, although monthly profiling does show a reduction overall year on year, except for the winter months when patient flow is often compromised.

Fig. 13a Overall length of stay for those admitted has decreased over time for those admitted under In-reach or REACT

![Graph showing length of stay](image)

In order to monitor the impact of the service, the LoS of all patients over the age of 80 years has been monitored since April 2015; the data shows that there has been a gradual reduction in length of stay on the AAU in this cohort of patients of 1 day. This equates to the current average length of stay on the AAU for patients over the age of 80 years has been static at around 1.5 days since April 2016. There is also a clear disadvantage for those initially accepted by REACT who are moved due to bed pressures (LOST) in their length of stay. Increasingly, this is becoming recognised and the introduction of SAFER board rounds on care of the elderly wards has resulted in this discrepancy decreasing.

Fig. 14a A reduction in length of stay of those under REACT compared with elderly patients admitted to the Acute Assessment Unit

![Graph showing average length of stay](image)

When taken in the context of the changing community services, in particular the closure of significant numbers of community rehabilitation beds and the loss of interim social service beds alongside the fact that a percentage of elderly patients are now managed by day case ambulatory care pathways, it is not unsurprising that this has put significant pressure and delays on discharge planning from the traditional elderly inpatient beds. REACT are also seeing increasing numbers of those with frailty and have now been able to move to a frailty-based model following assessment of the picture of frailty in the emergency
departments and on the wards. Further evaluation is ongoing as to the increased impact from the move to a frailty model. Preliminary data from the opening weeks of the Acute Care of the Elderly Assessment Unit at Dewsbury show positive results in length of stay for those accepted by REACT. In the first 14 days, despite issues with patient flow, 45.5% of patients admitted to the ACE Assessment Unit have been discharged and these have had an average length of stay of 54.3 hours. Positive feedback has been received from relatives and the opening of the unit has been acknowledged in the Chief Executive’s weekly message demonstrating not only its impact on patients but on staff.

I had a good week last week in terms of visiting services. I had the pleasure of meeting some of the staff working in the newly established Frailty Assessment Unit on Ward 9 at Dewsbury Hospital. The word was running really well which was so impressive considering it had only been open 1 week! A couple of days later I visited the Medical Assessment Unit again at Dewsbury which was already noticing the benefit of the frailty service. A common theme to all the visits was the dedication, commitment and skills of the staff. Thank you.

The individualised approach

Furthermore, consistent patient feedback and patient stories enrich the clinical data, painting a picture of the effectiveness of the patient story as highlighted in Rose's story. The use of case studies allows reflection on good and bad aspects of care but also they have been very helpful in planning changes to services. They also act as a good basis to describe the work of the team to community partners and formed the basis of a visit by our local Member of Parliament to show a true story of where the team has made a difference.

Fig. 15 Rose's story: The sharing of patient stories – good and bad – increases staff engagement and the quality of care the team provides

- Rose lives independently at home but with deteriorating health. She needs support from family and carers twice daily. Rose uses a zimmer frame to steady her walking.
- Rose falls at home and injures her wrist. She cannot get herself up as lies on the floor for many hours until her carers come. Admitted to hospital with confusion, she has memory problems but not dementia. Her wrist is broken and placed in a cast. She is unable to put weight through her arm.
- Rose is assessed by REACT which is a multidisciplinary team which looks at all aspects of Rose's care and discussions are held with Rose and her family to decide what is best. Rose undergoes a series of tests to look at why she might be failing.
- The various options explored include Rose's daughter and son who both work, re-organising their commitments so they can offer their Mum some extra support. The therapists feel that Rose needs more care visits so they involve the team's social worker who organises carers to do more frequent visits. Rose is given painkillers for the pain and started on antibiotics for the chest infection. The REACT team looking after Rose know her best option is to get her out of hospital sooner as they want to avoid pressure ulcers caused by pressure damage, weaker muscles as she is not mobilising, a long hospital stay, and loss of independence and an increased risk of permanent 24-hour care. Rose is assessed by REACT which is a multidisciplinary team which looks at all aspects of Rose's care and discussions are held with Rose and her family to decide what is best. Rose undergoes a series of tests to look at why she might be failing.

- Whilst in hospital Rose got the REACT booklet which tells her who in the REACT team is looking after her and who is her consultant. Rose was also interviewed by one of the Patient representatives about her stay in hospital and this is one of the ways in which we collect patient feedback which the REACT team use to make the service better.
- An action plan for every patient seen by REACT is implemented and learning shared regularly at MDTs to inform future cases and ensure patients are safely and efficiently discharged. Shared learning within the team and an open environment so successes and challenges are discussed regularly.
A truly integrated system

A wide variety of patients benefit from REACT and now from the Acute Care of the Elderly Assessment Unit at Dewsbury and similar expectations are predicted at Pinderfields Hospital. Indeed, the latter has ensured that the Mid Yorkshire NHS Trust is at the forefront of both Frailty strategy / Steering groups at the clinical commissioning group and thus the district wide frailty agenda. The importance of this is demonstrated both in the inclusion of REACT within the written material relating to the Care Home Vanguard but also with its recognition as part of district wide frailty plans and touchpoint diagrams. The ongoing integration of community providers has also led to the development of efficiencies such as the incorporation of a trusted assessor model for equipment so that previously identified delays are minimised.

What are you no longer doing that you were doing previously?

In changing the culture within the Trust from an age-related elderly care service to a needs-based service, a number of changes have had to occur and not all have been successful. These include:

- a) Attempts to cohort patients on the Acute Assessment Unit in defined areas – failure of patient flow and the environment of the Acute Assessment Unit meant that after a trial this was aborted.
- b) Patient questionnaires which had ungraded responses were used initially – these have been superseded by patient questionnaires with a graded response.
- c) Trial of a geriatrician at Pinderfields Hospital within the emergency department was unsuccessful. This was because it led to longer delays in the emergency department as no location for an assessment area could be made due to all the changes occurring in preparation for the acute hospital reconfiguration.

Key actions: Progress made against the project plan

The table below describes progress against key actions required for delivery of the project plan:

<table>
<thead>
<tr>
<th>Action</th>
<th>Actual Delivery Date</th>
<th>Challenges/Barriers</th>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design and set up an integrated service for older people with frailty cared for under Mid Yorkshire NHS Trust which has a holistic approach 7 days a week</td>
<td>September 2015 – service for patients over 80, April 2017 – for those with frailty over 65</td>
<td>Challenge - Change in culture was necessary to move from an age-based model to a frailty model Barriers – Staffing and a reluctance to change</td>
<td>Frailty Strategy Groups in both Wakefield and Kirklees have helped drive the frailty agenda</td>
</tr>
<tr>
<td>Recruit a multidisciplinary team for elderly care, including access to medical, nursing, therapy and social care</td>
<td>September 2015 in Pinderfields Hospital July 2017 in Dewsbury and District Hospital</td>
<td>Financial constraints have led to the development of cross competencies so adequate therapy provision can be maintained. Nursing competencies have also been explored to ensure 7-day cover.</td>
<td>Belief in the team and its improvements have led to plans to expand the service and ensure provision at both sites.</td>
</tr>
<tr>
<td>Facilitate prompt and appropriate care for older and frail people which keeps them in hospital for the minimum required time to enable speedy but safe discharge to home</td>
<td>September 2015 – service for patients over 80, April 2017 – for those with frailty over 65</td>
<td>Challenge – Loss of interim beds and changes in local services following implementation of the Care Act 2015 Barrier – Delays in ordering equipment. This was overcome by team members becoming Trusted Assessors.</td>
<td>Removal of Section 2/5 applications for Wakefield social services Establishment of assessment bed status to ensure priority for rehab beds</td>
</tr>
</tbody>
</table>
## Return on investment

This can be measured both by the impact of change related to the economic benefits but also the benefits to the team, department and hospital. Economic benefits can be calculated taking account of the improvement in length of stay of REACT patients even though the overall length of stay has not improved especially given the increasing numbers seen since moving to a 7-day service.

Another positive impact is the low level of complaints seen by the team. Only six within a 6-month period (0.04% of patients) and the team are aware of at least one complaint where a patient was moved from the REACT service due to patient flow. Overall though, there is a benefit in terms of the values of the Trust which directly affect its culture demonstrating how quality improvement can make an impact and a positive contribution to the Trust’s vision in striving for excellence.

The ultimate aim is to achieve equity for all older frail patients across the Mid Yorkshire Footprint, despite the variety of the provision of external services across two clinical commissioning groups. In August/September it is hoped that the Acute Care of the Elderly Unit (ACE unit) will open at Pinderfields ensuring the ongoing improvements to the care of the elderly services. In building these two units and the REACT

<table>
<thead>
<tr>
<th>Action</th>
<th>Actual Delivery Date</th>
<th>Challenges/Barriers</th>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate on-call rota for geriatricians</td>
<td>April 2015 for Pinderfields except for overnights September 2017 – Full on call for elderly medicine</td>
<td>Challenges – Medical specialties also wanting to establish separate rotas.</td>
<td>Drive from CCGs for direct access to a geriatrician for advice – Geriatrician of the Day role established</td>
</tr>
<tr>
<td>Define the Model for Frailty Assessment at Dewsbury</td>
<td>June 2017</td>
<td>Challenges – Changes in proposed plans in relation to the Acute Hospital Reconfiguration have resulted in changes in the final proposed plan</td>
<td>Drive for a separate Acute Care of the Elderly Assessment Unit at Dewsbury</td>
</tr>
<tr>
<td>Identify a method to flag the frailty score electronically</td>
<td>Ongoing</td>
<td>Barriers – Computer systems within the Trust have meant so far this has been impossible especially since there are other conditions seen as more important such as sepsis and acute kidney injury</td>
<td>Wakefield CCG established a CQUIN to ensure frailty assessment however this did not cover electronic methods for this assessment</td>
</tr>
<tr>
<td>Creation of Acute Frailty Units</td>
<td>July 2017 at Dewsbury and District Hospital September 2017 at Pinderfields Hospital</td>
<td>Barriers – Patient Flow – attempt to cohort patients on the Acute Assessment Unit Challenges – Change in culture and need to establish operational policy</td>
<td>Opportunity due to Acute Hospital Reconfiguration to alter on-call rotas for juniors and therefore out of hours cover</td>
</tr>
<tr>
<td>Data collection</td>
<td>Ongoing</td>
<td>Barriers – Information Governance issues Challenges – Time to collect data and analyse it</td>
<td>Business Intelligence Department have supported analysis on an ad hoc basis</td>
</tr>
</tbody>
</table>
service, the team are ensuring that the services are Trust-wide and by encouraging staff to work on both sites in an integrated way creating one team, which shares in each other’s successes.

Future plans

1. **Lessons learnt from the creation of the Acute Care of the Elderly Unit are being shared to ensure scalability and sustainability.** The opening of the new units is a shift in working patterns and processes and the team plans to continue weekly frailty meetings to promote feedback and maintain staff engagement. The evolution of the spread of REACT to Dewsbury is a testament to the ability to upscale the project and current feedback of this change is promising. Further evaluation will show the benefits of this. The plan is to maintain this over the next 12 months steadily decreasing the frequency of MDT meetings to monthly. Furthermore, we have also held our first Trust-wide frailty afternoon for all staff. The second is planned in the autumn and next year the team will be hosting the 3rd Wakefield Frailty Conference. The Trust is also continuing to work with both Frailty Strategy Groups through the Frailty Champions on the Trust. Three Frailty Champions currently support these developments; a physician, a nurse and a therapist covering both the community and acute sector in their remits.

2. **The translation of the work at Mid Yorkshire to the wider NHS** and its ability to cross two varied clinical commissioning groups with differing community services whilst improving the care and quality of service provision makes it clear that a similar approach is possible in a different economy. Kirklees Clinical Commissioning Group is ethnically more diverse and current modelling of the community using the electronic frailty index indicated a much higher degree of frailty than within the rest of the UK. Within the area there is also a higher degree of social deprivation. Valuable lessons have been learnt about the challenges and benefits of developing a team comprising of fully engaged staff and patient representatives. The commitment of a truly multidisciplinary and integrated team has resulted in high levels of staff and patient satisfaction and the delivery of a genuinely patient-centred service.

What next?

Future development for the team is to offer a quarterly patient forum where past patients/carers can contribute useful feedback and the benefits it brings for this cohort of the population through changes to elderly care. Where and when appropriate it may also be an opportunity to share new ideas and proposals that the team are considering in the realms of caring for frail and elderly people. The establishment of two new ACE units clearly identifies the need to expand the volunteer patient representative’s team and active recruitment is currently underway.

Over the next 12 months following the sustained benefits of co-production with patients, the team are aiming to expand their volunteer numbers and in collaboration with Age UK Wakefield and the Alzheimer’s Society to create an information hub.
Summary: What makes the difference?

In striving for excellence and maintaining the Trust values of caring, improving high quality and respect the team have made a real difference to patient care. This has truly been achieved by:

1. **Creating collaborative teams** can make a real difference to the care of older people especially those with frailty. Open cultures enable problems to be addressed and create change.

2. **Co-production with patients** to ensure true patient-centred care is at the heart of all the team does and drives improvements. Putting patients and their families first is key to this.

3. **Working holistically** is vital to ensure frail older people have access to comprehensive geriatric assessment as we strive to achieve excellent patient experience each and every time.

4. **Ensuring sustainability beyond the Future Hospital programme** and the rolling out of services across the Trust to create two Acute Care of the Elderly assessment units to minimise the inequalities in healthcare provision.

5. **Making Quality Improvement** is integral to support morale, development and staff empowerment as the REACT team strives for excellence. Developing professionally and personally helps to create new leaders and encourages staff engagement in improvement.

6. Being **involved in the Future Hospital Programme** has ensured shared learning within the team, trust and region. This encourages Networking within and beyond the community.

“You should be really proud of yourselves – this is an ace team on your new ACE assessment unit which truly REACTs to the benefit of all patients.” Patient comment, 2017