

# Learning from the Wessex AHSN 2021 Acute Frailty Audit

May 2022





# The Wessex AHSN Healthy Ageing Programme audit journey

## 2018 Wessex Acute Frailty Audit

Frailty e-learning

Frailty screening best practice standards

## 2019 Wessex Community Frailty Audit

MDT Toolkit (including Wessex AHSN insight report into integrated care)

Urgent Community Frailty (UCR) Toolkit

Comprehensive Geriatric Assessment (CGA) Toolkit

## 2<sup>nd</sup> Wessex Acute Frailty Audit completed September – November 2021

Emergent themes

- **Integrating frailty virtual wards into frailty services**
- Understanding **new models of care delivery for older people**
- **Sharing** of information/assessments, exploring **barriers and digital solutions**

## Planned 2022 Anticipatory Care Audit across Wessex ICS

Identifying areas for support and improvement building on **2022 NIHR End of Life Care** recommendations

## Planned integrated 2023+ frailty audit

### Vision 2022+

Developing processes, developing a skilled workforce, minimising inequalities, building relationships to support digital transformation within frailty focused services e.g. sharing of information, i-CGA





## Background to the audit

Following on from the success of the [2018 Wessex Acute Frailty Audit \(WAFA\)](#), the Wessex AHSN Healthy Ageing programme was committed to re-run an updated audit in 2020, to review progress against the National Institute for Health Care Research (NIHR) Comprehensive Care – Older people with frailty in hospital which identified gaps in frailty identification, personalised assessment and care planning, and hospital wide provision of frailty training. The 2018 audit:

- Used benchmarking to identify local variation and to compare with nationally aggregated findings to facilitate service improvement.
- Identified two service improvement projects within and across the local geography
  - [Frailty screening](#)
  - [Frailty awareness and education](#)

With the onset of the Covid-19 the planned 2020 was put on hold, but was successfully re-run in September – October 2021 to:

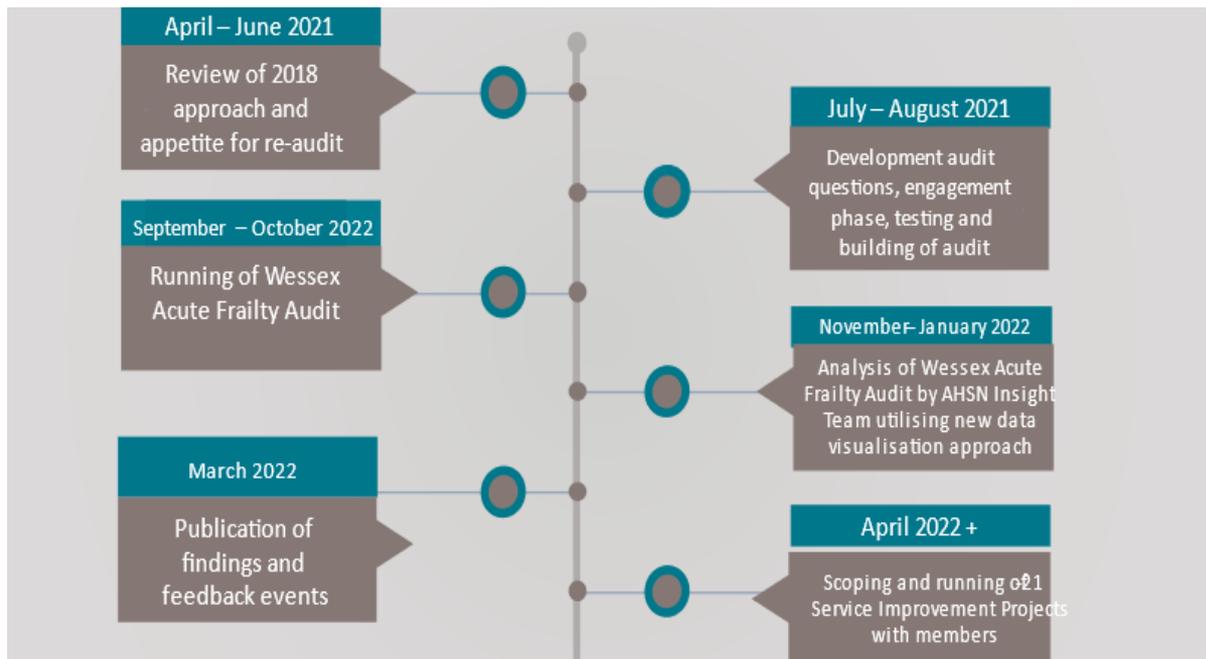
- Understand changes to frailty services resulting from Covid-19
- Review progress of frailty screening and frailty education (from 2018 audit)
- Baseline Wessex wide position of completion of Comprehensive Geriatric Assessments (CGA) ready for the launch of [Wessex AHSN CGA](#) recommendations and implementation toolkit
- Further develop our relationship with the NHS Benchmarking Network by commissioning a Wessex level cut of the 2021 Managing Frailty in Acute Setting benchmarking data





# The 2021 Wessex Acute Frailty Audit journey

## 2021-2022 Wessex Acute Frailty Audit timeline





# The solutions

## Wessex AHSN Acute Frailty Audit 2021 - Specialty level

Following on from the publication of the National Institute for Health Research (NIHR) Compendious Care: Older people living with frailty themed review in 2017, at the standard of care that is provided for a person living with frailty in our local acute services.

The project was run by the Wessex Academic Health Science Network (AHSN) & acute trusts covering 7 hospital sites and a community hospital. It has a regional understanding of care provision.

The Healthy Ageing Programme has been committed to re-running the Wessex audit in 2021 to review progress against the health recommendations. The impact Covid-19 has had on frailty services. The audit takes around 20 minutes.

The audit is split into two parts:  
**Executive engagement** - organisational overview of frailty service provision  
**Organisational audit** - key frailty questions relating to frailty screening, identification, assessment and care planning to describe in more detail the impact of emerging opportunities to support individuals living with frailty in an acute or community setting rather than from an individual perspective.

## Wessex Acute Frailty Audit - Executive engagement

Following on from the publication of the National Institute for Health Research (NIHR) Compendious Care: Older people living with frailty themed review in 2017, at the standard of care that is provided for a person living with frailty in our local acute hospitals.

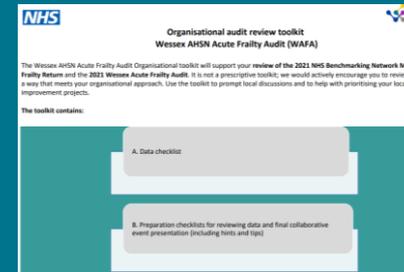
The project was run by the Wessex Academic Health Science Network (AHSN) in collaboration with 7 acute trusts covering 7 hospital sites and a community hospital. It has a regional understanding of care provision.

The Healthy Ageing Programme has been committed to re-running the Wessex Acute Frailty Audit and had planned to re-audit acute trusts in 2020 to review progress against the health recommendations. However with the onset of the Covid-19 the was not on track. It has been agreed to now re-run the audit in 2021 to understand the impact Covid has had on frailty services.

The audit is split into two parts:  
**Executive engagement** - organisational overview of frailty service provision and the impact of the pandemic



## Wessex wide and organisational analysis



## An organisational checklist to help organisations identify service improvement priorities

**Prioritising the frailty agenda in Wessex**

The Wessex AHSN will be delivering a series of feedback events throughout March, providing an opportunity for Wessex organisations to interpret and analyse their 2021 Wessex Acute Frailty Audit (WAFSA) data alongside the NHS Benchmarking Network Managing Frailty project. The workshops will give you key skills and resources to continue to push forward with the frailty agenda.

## Feedback sessions, NHS Benchmarking Network data drop ins, organisational sessions and priority setting

**2022 Wessex Acute Frailty Audit themes**

Following on from the series on virtual, organisational events during March 2022, the Healthy Ageing Programme has reviewed the feedback from the sessions and identified a number of themes that could be explored across Wessex to improve the health and wellbeing of individuals living with frailty. Using the options below, please identify the themes where you feel there would be value in developing a Wessex wide offer.





## What did we deliver?



Development and delivery of a comprehensive Wessex wide acute frailty audit utilising MS Forms



100 % audit uptake across 7 hospitals, covering 9 sites and one community hospital



Development and publication of an [organisational toolkit](#)



Collaboration with NHS Benchmarking Network; commissioning of a Wessex cut of the Managing Frailty in Acute Settings 2021 data



Production and publication of audit analysis documentation for each organisation and at Wessex level



4 collaborative events, with good engagement/retention from both clinicians and executive teams

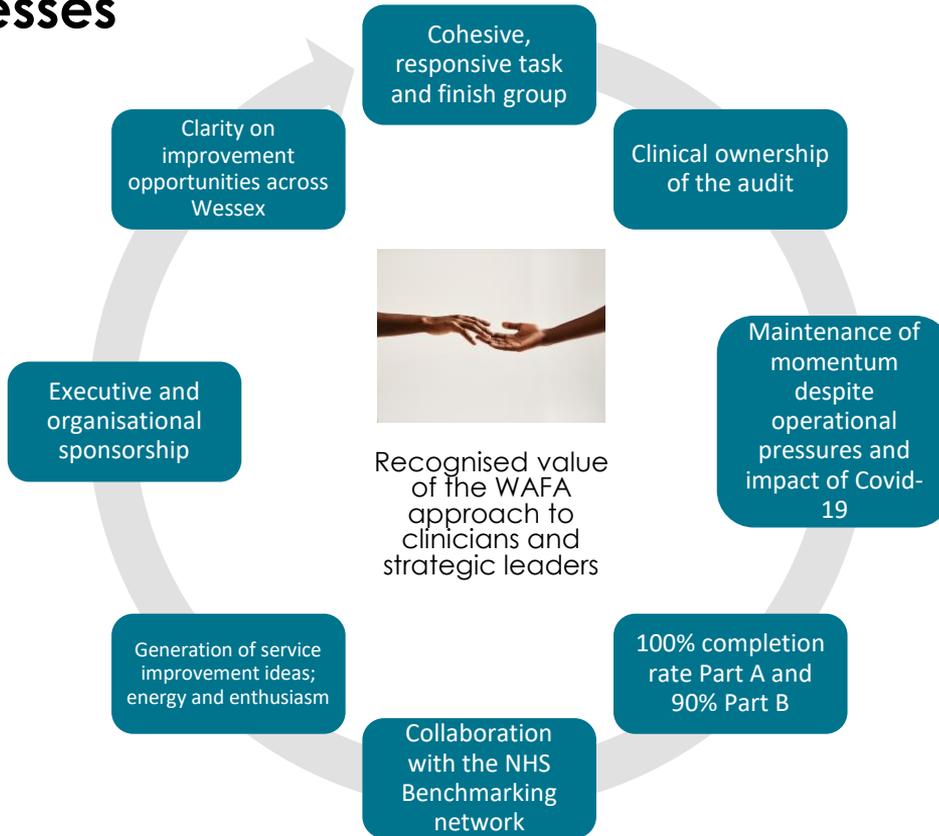


Identification of twenty-four local service improvement projects across Wessex, four common themes, two pan Wessex Service Improvement Projects





# Successes





# Caveats and challenges

## 2021 Wessex Acute Frailty Audit: Data caveats



Snapshot in time



Impact of Covid-19



Streamlining of 2018  
Wafa questions  
effected comparability



Not all specialties  
responded



Subjective review of  
internal processes



Triangulate with  
other data sources

Broader clinical buy-in was difficult to achieve which impacted on the ability of organisations to complete the audit at specialty level. This was due to mix of operational and clinical challenges within organisations at the time the audit was run.

Not all trusts were able to complete a full submission of the NHS Benchmarking Managing Frailty data making a full triangulation of data challenging.

Logic within the audit tool resulted in some questions not being answered, this was addressed as part of the data validation exercise and resolved by following up missing data with organisational contributors prior to publication and circulation.

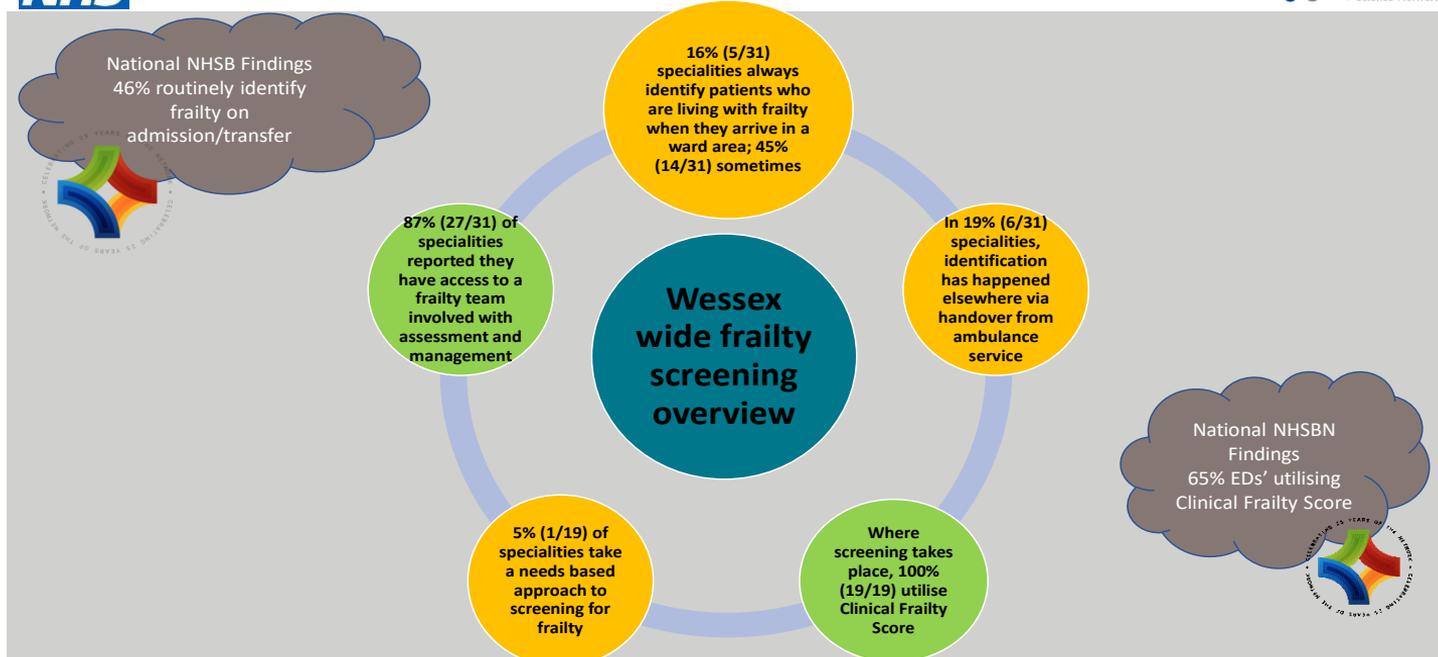




# Findings – uptake of screening across Wessex



## Uptake of frailty screening across Wessex



Results here are grouped to give a Wessex-wide view, and comments have not been attributed to individuals or trusts and are expressed as a % (n=31 audits). Colours represent green for progress, orange some progress and red, further focus and improvement required.

Source: <https://wessexahsn.org.uk/img/projects/3rd%20March%202022%20-%202021%20Wessex%20Acute%20Frailty%20Audit%20Data%20Feedback%20Data-1646751280.pptx>

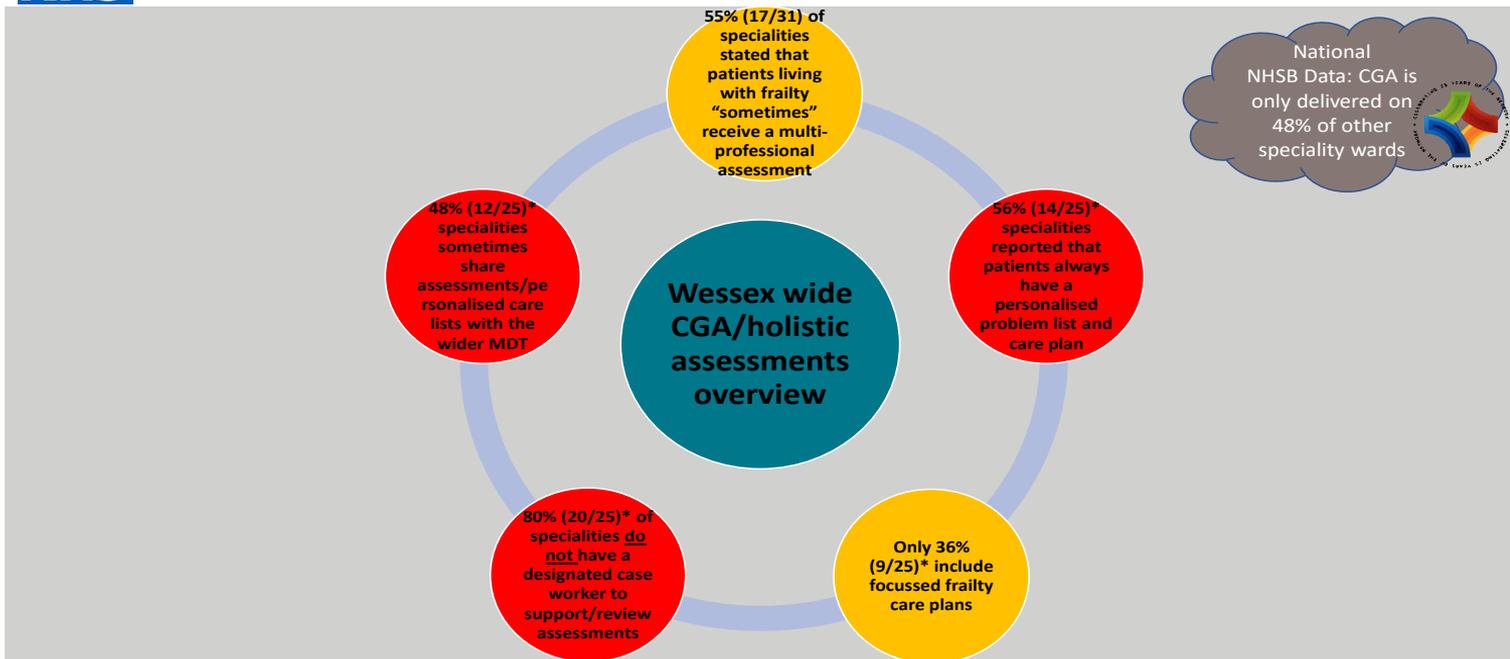




# Findings – Comprehensive Geriatric Assessments



## CGA/holistic assessment overview



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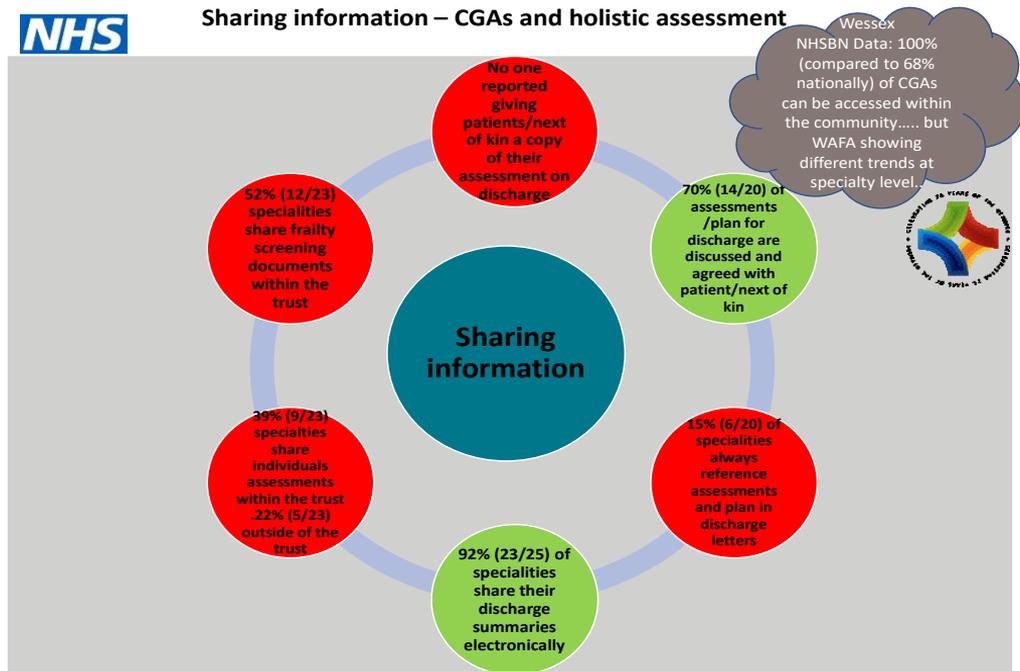




# Findings – Sharing of information



## Sharing information – CGAs and holistic assessment



Wessex  
NHSBN Data: 100% (compared to 68% nationally) of CGAs can be accessed within the community..... but WAFA showing different trends at specialty level.



## How are CGA/holistic assessment documents shared electronically with

### Primary care?



- Email
- Uploaded to CHIE
- Electronic discharge summary



### Community?

- “Don’t know”
- Scanned on to SystemOne
- Emailed
- Face to face/handover



### Care homes?

- “Don’t know”
- Scanned on to SystemOne
- Emailed
- Face to face/handover

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# Summary of findings for 2021 Wessex Acute Frailty Audit

- Regaining of momentum to embed service improvements pre Covid-19 needed
- Learning from these service improvement projects can be utilised to develop services further
- Key area of focus is in the **sharing of information** across **all** settings, including **care homes**
  - to support local health and care systems in “tackling” the Covid 19 backlog
  - to improve the health and wellbeing of individuals with frailty, by having to tell their story once
  - to understand opportunities and barriers in **digital access** for both **staff and patients**
  - to understand acceptability for **innovation** and **digital innovation** for both staff and patients
  - to consider innovative approaches to Including patients, families and carers in discussions and decision making
  - to explore opportunities for:
    - raising wider awareness of national frameworks, **digitalisation** and sharing of **remote monitoring agendas**
    - sharing emergent best practice in **sharing of data/information** across Wessex
- Improvement in screening and education across Wessex, but also opportunities to embed approaches further and to support organisations getting back to 2018 position and to regain momentum
  - What is the **role of digitalisation** in capturing screening information?
- Good access to frailty teams, but further opportunities to consider inclusion of the wider MDT, how can wider innovations support this? How do frailty virtual wards play into this?
- However, evidence of variation of practices/processes within organisations still evident, more work to do in embedding and implementing change. What is still needed?





## Lessons learnt from our approach

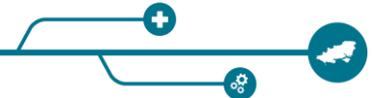
Adapting our audit feedback sessions, by using a personalised approach to identify an Audit champion within each Trust, who then created an audit work group within their individual organisations worked well and enabled wider engagement

An organisational toolkit was designed to support audit leads to engage with others. This personalised approach of engagement with each Trust has been time consuming, however the rewards have been consistent engagement in the March 2022 audit events from all 7 Acute Trusts and engagement in longer term service improvement plans.

The events have provided an opportunity for partners and stakeholders to virtually connect and share best practice and to recognise the importance of face to face networking.

Identification of the need to move from an acute focus to an integrated frailty audit approach (scope to be defined).

Excel was used to analyse and present the data, which was appropriate in this case as it required limited interactivity. Should something more visually interactive be required in future, we would use a more powerful tool.





## Expected impacts of the audit



Improved awareness of integrated frailty service provision across settings within Wessex



Improved identification and management of patients living with frailty across all acute settings



Improved quality of care provided for individuals living with frailty in health and social care settings



Individuals living at home, healthier for longer, independently



Identification and delivery of service improvement projects to benefit individuals living with frailty





## Next steps, sustainability and scaling

- Promotion via the National AHSN Healthy Ageing network and through local Wessex AHSN social media channels and newsletters
- Celebrate as part of the work of the Wessex AHSN Healthy Ageing team in annual review 2021/ 2022
- Presentation at the National Benchmarking Managing Frailty Event Autumn 2022
- Approach shared with the London Clinical Frailty Network for wider spread and adoption
- Planned 2022 Wessex Anticipatory Care Audit
- Planned 2023 Wessex Integrated Frailty Service Audit
- Contact [healthyageing@wessexahsn.net](mailto:healthyageing@wessexahsn.net) to find out more about running the audit within your AHSN locality





## Where did the AHSN add value?

- We recognise older people living with frailty have a greater likelihood of disability, hospitalisation, care home admission and mortality than patients who are not identified as frail. Our service improvement projects put individuals, their families and carers at the **heart** of the work we develop
- Our work helps individuals live longer better and providing best practice approaches to frailty services in providing co-ordinated and integrated care
- Initial assumption was that as a programme we would be looking at reviewing Comprehensive Geriatric Assessment usage and supporting exploration of sharing of information within and between organisations, we demonstrated our active listening approach in focusing in on the areas of need
- Clear signal from Healthy Ageing clinical working group that we needed to build a firm foundation for future transformation e.g frailty education and awareness
- Rapid review of data and themes, with follow up with each organisation and ability to test ideas
- Ability to flex to needs to deliver feedback events
- Our work is helping to:
  - shape the local frailty agenda, by raising the awareness of frailty and its impact
  - highlight that **age is a health inequality**





## Contributors

The Healthy Ageing Programme would like to acknowledge the support, drive and enthusiasm by the core working group in developing this innovative audit

A further thank you is extended to the other members of the sub-group and the in supporting the audit and to the data collectors in each Trust.

