

Centre of Excellence in Safety for Older People

CESOP

Safety | Compassion | Dignity

CESOP International Conference 2023

Safety of Older People and Wellbeing of Healthcare Staff

Tuesday 23rd May 2023

Dunkenhalgh Hotel, Blackburn and Virtual



Organised By:

H HEALTHCARE CONFERENCES UK

Centre for Remediation Support and Training
CRST
Mentoring | Induction | Professionalism



Supporting Organisations:



CONFERENCE OUTLINE

Welcome to the annual conference of the Centre of Excellence in Safety of Older People. This year's event will focus on the safety of older people's care and ensuring the wellbeing of healthcare staff.

Why you should attend

The conference will enable you to:

- You will have an opportunity to listen to and network with a diverse range of national and international leaders, other health policy makers and health and social care professionals, and exchange information and ideas in relation to improving the safety of older people's care, regulation and improving the wellbeing of the healthcare workforce.
- Update your knowledge around the topic areas, thereby helping you to reflect upon your practise and consider any changes and improvements.
- Listen to presentations and have an opportunity to interact with key leaders including on embedding dignity, compassion and respect.
- Help you to explore, identify and reflect.
- Have an opportunity to present and share posters/presentations including by trainees and support and encourage those who are presenting.
- Supports CPD professional development and acts as revalidation evidence. This course provides 5 Hrs training for CPD subject to peer group approval for revalidation purposes

WELCOME MESSAGE

Professor Iqbal Singh

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)



We are delighted to welcome you to this international conference on improving safety in Older People and maintaining the wellbeing of the healthcare workforce. As a result of advances in medicine, improvements in healthcare, healthier lifestyles and diet we are now living in a society where people are living longer. Demographic projections show that more than 4% of the population will be aged over 85, and greater than 20% will be over the age of 65 by the year 2033. It is imperative that we find ways to provide safe and efficient health and social care for older people in a compassionate and innovative way. We still have a huge ongoing challenge in relation to preventing avoidable harm and thereby achieving a culture of safety and zero harm. The incidents and episodes around avoidable harm can have devastating consequences for patients, service users and families and the staff involved in the care.

COVID-19 has been a generational challenge. Doctors and health professionals have risen to the challenge but as the NHS tries to reset and recover, the stress and strains are beginning to show. Huge numbers of doctors have reported suffering from depression, anxiety, stress and burnout, with 38% reporting that this has become worse since the pandemic. It is of paramount importance that we are able to address the health and wellbeing of the health and social care workforce. CRST continues to support doctors in difficulty and we are grateful to all stakeholders and faculty for their support and contributions.

The conference aims to bring international expertise and thinking on these issues together in one place. The speakers are national and international experts in the field of global health, medicine for older people, patient safety, regulation, support and wellbeing, and as such this day marks an important and unique occasion to share and reflect on best practice in these areas.

Thank you for joining us, and I wish you a productive and fulfilling conference experience.

PROGRAMME

09.00 *Registration and refreshments*

09.30 Welcome and context (session chairs)

Professor Iqbal Singh CBE

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)

Professor George E Holmes DL

President and Vice Chancellor, University of Bolton

09.45 Compassion, inclusion and belonging: why culture matters for doctors and patients alike

Charlie Massey

Chief Executive

General Medical Council

- Why supportive working environments matter for first-class patient care
- What our data tell us about doctors' workplace experiences
- The changing medical workforce and the support they need to thrive

10.00 Supporting doctors – leading from the front

Dame Clare Gerada

President

Royal College of General Practitioners

10.15 Workforce planning

Sir David Behan

Former Chair, Health Education England

Non Executive Director, NHS England

Workforce has never been a higher priority for our health and social care system – a high-quality, skilled, compassionate, educated health workforce now and for the future must continue to be a key focus. NHS England is focused on creating a future workforce that is valued and empowered – both more and different needs to be our workforce goal. In his speech, Sir David will outline how integrating service, financial and workforce planning will enable a more strategic approach on national policy decisions, delivering an NHS fit for the 21st century. An NHS which meets population health needs and delivers high quality services fit for the future, to meet the demands of an ageing population with multiple conditions and the public expectation for more personalised, responsive care.

10.30 *Panel Discussion facilitated by Professor Iqbal Singh CBE and Professor George E Holmes DL*

10.55 *Refreshments and posters/exhibition viewing*

11.15 Session chair

Dr Arturo Vilches-Moraga *Consultant Geriatrician and Physician, Salford Royal NHS Foundation Trust*

11.15 Frailty and diabetes: opportunities for an optimal management

Leocadio Rodriguez Manas

Head of the Department of Geriatrics

University Hospital of Getafe, Madrid

- Older people with Diabetes are at a high risk for adverse iatrogenic outcomes, mainly those who are not robust
- The consequences of such adverse outcomes include falls, syncope, Dementia among others
- Taking into account that the glycemic targets are not so tight in older people frail or with functional impairments, deprescription and the simplification of hypoglycemic strategies are of the utmost relevance

11.30 Session chair

Professor Iqbal Singh CBE

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)

11.30 Leading older people care in Lancashire

Kevin McGee OBE

Chief Executive

Lancashire Teaching Hospitals NHS Foundation Trust

PROGRAMME

11.45 Session chair: Empathy and Compassion in healthcare

Professor Robert Campbell Centre of Excellence Safety of Older People (CESOP)

11.45 Empathy as a blockbuster drug

Professor Jeremy Howick

Professor of Empathic Healthcare and Director of the Stoneygate Centre for Empathic Healthcare, University of Leicester

- Randomised trials show that empathy works, while both the Francis and Ockenden reports state that lack of empathy causes harm
- The extent to which patients report their practitioners to be empathic varies widely
- Medical student empathy declines throughout medical school
- A new movement, spearheaded by the Stoneygate Centre for Empathic Healthcare, is reversing medical student empathy decline and creating a culture of empathy within the NHS

12.05 Compassion in healthcare

Stephanie Singh

*Founder Member, Centre of Excellence Safety of Older People (CESOP)
Chair, North West Region
Advisory Committee on Clinical Impact Awards (ACCIA)*

12.15 Session chair

Professor Gurpreet Singh MBE *Consultant Urologist, Ramsay Health Care*

12.15 Global health perspective

Professor Ged Byrne MBE

*Director of Global Health
Health Education England*

- Consider whether health partnerships are the key to reducing avoidable harm
- Look at some examples that NHSE/ HEE has been involved in in terms of improving health systems globally where there are learning points for the NHS
- Discuss how safety is intimately related to climate change, global health security, decolonialisation and diversity and inclusion

12.35 Session chairs

Professor Gurpreet Singh MBE *Consultant Urologist, Ramsay Health Care* and **Professor Iqbal Singh CBE** *Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)*

12.35 Molecular Imaging for the Elderly

Professor Jamshed Bomanji

*Clinical Lead and Head of Department Institute of Nuclear Medicine
University College London*

This talk will focus on the role of molecular imaging with special attention to Alzheimer's and Parkinson's disease and how imaging contributes to the care of elderly. Clinicians may use a positive PET scan to modify and delay cognitive decline using new approved medications (e.g., Lecanemab and Aducanamab). The role of PET/CT imaging in cancer and cardiovascular disease, will also have a brief presence in this talk along with mention of osteoporosis.

12.50 Lunch, posters/exhibition viewing

13.45 Session chairs

Professor Iqbal Singh CBE

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)

and **Professor Sanjay Arya** *Medical Director and Consultant Cardiologist, Wrightington, Wigan & Leigh Teaching Hospitals NHS Foundation Trust*

13.45 Stroke in British South Asians, Research data and improvements

Professor Pankaj Sharma

*Professor of Neurology; Director, Institute of Cardiovascular Research
Royal Holloway, University of London
Consultant Neurologist, Imperial College London*

- British South Asians have high incidence of stroke compared to British white patients
- Incidence of AF is lower but they are less likely to receive appropriate medication
- South Asian suffer stroke younger and have poorer outcomes
- Public Health Policy needs to be reconsidered

14.00 Embedding quality, safety and compassion – older people with diabetes in care homes and communities

Dr Naresh Kanumilli

*Community Diabetes Consultant and Primary Care Research Lead
Clinical Research Network, Greater Manchester*

Dr Harnovdeep Singh Bharaj MBE

Professor in Endocrinology, Royal Bolton Hospital

Professor Iqbal Singh CBE

*Founder & Chair, Centre of Excellence Safety of Older People (CESOP)
and the Centre for Remediation, Support and Training (CRST)*

Professor Ambar Basu

Consultant Endocrinologist & Diabetologist, Bolton Hospital NHS Trust

- Diabetes care in care homes is at best, suboptimal and at worst, poorly organised.
- Management needs to take account of complex illnesses and frailty.
- Management of diabetes in ethnic communities should take account of cultural and religious factors.
- Training and education of care home staff is essential to improving this care.

PROGRAMME

14.15 Presentation of certificates

14.30 Session chair

Professor Iqbal Singh CBE

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)

14.30 Valuing people in health organisations

Baroness Dido Harding

Previously Chair

NHS Improvement (NHSI)

14.50 *Refreshments and posters/exhibition viewing*

15.00 *Conference splits into streams, full stream session details on following page*

Stream A - will be available for those attending onsite and virtually

Stream B - only available for those attending onsite

15.40 *Conference returns back in the main room*

14.25 Session chair

Mr Robert Armstrong *Chair, Belong Care Villages and Founder member, CESOP*

15.45 Who Cares for the Wellbeing of Care Staff

Professor Victoria Rayner OBE

Chief Executive Officer

National Care Forum (NCF)

16.00 Vote of Thanks and Close of Meeting

Professor Iqbal Singh CBE

Founder & Chair, Centre of Excellence Safety of Older People (CESOP) and the Centre for Remediation, Support and Training (CRST)

Professor Zubair Hanslot

Provost, University of Bolton

PROGRAMME - SPLIT STREAMS

Stream A - will be available for those attending onsite and virtually

15.00 Session chairs

Professor Sanjay Arya *Medical Director and Consultant Cardiologist, Wrightington, Wigan & Leigh Teaching Hospitals NHS Foundation Trust* and **Professor Raj Murali MBE** *Consultant Orthopaedic Surgeon Wrightington, Wigan & Leigh Teaching Hospitals NHS Foundation Trust*

15.00 Improving post-operative surgical outcomes

Dr Arturo Vilches-Moraga
Consultant Geriatrician and Physician
Salford Royal NHS Foundation Trust

- Older individuals account for half of all surgical hospital admissions.
- Advanced age and frailty associate poor clinical outcomes.
- Perioperative (POPS) Teams improve patients' experience, length of hospital stay and prognosis.

15.10 Care of older people in an acute hospital trust

Professor Sanjay Arya
Medical Director and Consultant Cardiologist
Wrightington, Wigan & Leigh Teaching Hospitals NHS Foundation Trust

- Dying with dignity in preferred place of death
- Advance care planning and admission avoidance
- Miseries of polypharmacy in the older people

15.20 Can dementia be prevented?

Professor JS Bamrah CBE
Consultant Psychiatrist
and former Chair
British Association of Physicians of Indian Origin (BAPIO)

- Update on current dementia figures
- Discussion on prevention
- Preventive causes

15.30 *Questions and discussions*

15.40 *Conference returns back in the main room*

Stream B - only available for those attending onsite

15.00 Session chairs

Dr Murthy Motupalli MBE *GP, CESOP; Rakesh Sharma* *GP, Oswald Medical Centre;*
Dr Sanjoy Bhattacharya, *Consultant in Emergency Medicine, East Lancashire Hospitals NHS Trust* and **Dr Ramesh Rautray,** *GP Blackburn*

15.00 Optimising care of older people with COPD in hospitals and community

Dr Rizwan Ahmed MBE
Consultant in Respiratory Medicine
Bolton NHS Foundation Trust

15.07 Hearing Loss and Tinnitus in Elderly: Impact on quality of life and mental health

Mr Vikas Malik
ENT Consultant
Bolton NHS Foundation Trust

- In the UK, more than 40% of people over 50 years old have hearing loss, rising to more than 70% of people over the age of 70.
- Elderly people with hearing loss are at a greater risk of developing dementia.
- Hearing loss in elderly can affect cognitive health, result in depression, social isolation, loneliness and depression.

15.14 Improving older people care in A&E settings

Dr Ayaz Abbasi
Consultant A&E Medicine
Wrightington, Wigan and Leigh NHS Foundation Trust

- A long-standing issue common to most emergency departments worldwide is overcrowding, and the UK is no exception.
- Overcrowding can have many adverse consequences, such as increased medical errors, decreased quality of care and poor patient outcomes especially elderly who are waiting for hours for beds.
- This service evaluation aimed to review the number of patients referred to acute specialties and to evaluate the impact of these referrals on the flow of patients in and out of the emergency department and acute medicine.

15.21 Cancer Prevention and Preventing Complications – Messaging in the Indian Context

Majid Ahmed Talikoti
Consultant Oncologist
Rama Medical College, Delhi

15.28 *Questions and discussions*

15.40 *Conference returns back in the main room*

DUNKENHALGH HOTEL, BLACKBURN

The Mercure Blackburn Dunkenhalgh Hotel & Spa is set in 17 acres of glorious parkland. This 4-star hotel is a beautiful restored 700-year-old country manor house. The building retains many of its original features, including turrets, porticos and a vast staircase, which help to make any stay extra memorable. Set amongst the iconic Lancashire countryside with its own extensive landscaped grounds, Dunkenhalgh Hotel is perfect for a relaxing break. The spa offers a full range of professional treatments, an impressive heated indoor pool and modern fitness centre. This hotel boasts luxurious, traditional décor throughout, making it a great location for any wedding reception or special event. The banquet hall can accommodate up to 250 guests who can enjoy use of the hotel's excellent facilities during their visit.

For further details please see their website [here](#)

Venue Address: Dunkenhalgh Hotel, Blackburn Road, Clayton Le Moors Lancashire BB5 5JP

Details on how to book accommodation will be sent in your confirmation email.



WELCOME MESSAGES CONTINUED

Stephanie Singh

*Founder Member, Centre of Excellence Safety of Older People (CESOP)
Chair, North West Region, Advisory Committee on Clinical Impact Awards (ACCIA)*



The last three years has presented us all with numerous overwhelming challenges in terms of providing high quality care for service users amidst the corona virus pandemic, large numbers of healthcare staff becoming ill both from the virus itself and through being persistently over worked amid workforce shortages and the ever increasing backlog of cancelled appointments and treatments. Never before has there been a need for compassion, dignity and respect being embedded both in the care that is given to patients and service users but also to our colleagues and to the wider health and social care family.

It is very difficult when faced with such an unprecedented set of circumstances to divert your attention away from the immediate danger and reflect upon one's practice and focus primarily on the embedding of compassion, dignity and respect although I am sure that these principles are always at the heart of everything we do as a health and social care workforce.

When the workforce is working at a level of capacity not seen before, stress and burnout is inevitable and the ability to have both compassion for oneself, our colleagues and our service users becomes increasingly difficult. The high level of care given to patients and service users both by the health and social care workforce during this time and currently, has been nothing short of extraordinary and we owe them a huge debt of thanks for the many sacrifices that they have and continue to make on a daily basis. These sacrifices come at huge costs to both their physical and mental wellbeing.

We acknowledge the need especially in the 21st century that health and social care provision needs to be holistic in nature and person centred. As newer models of care are introduced and as surgical techniques and medical breakthroughs advance we have to ensure that we do not lose sight of the importance of retaining our humanity when dealing with our patients and service users. By its very nature the provision of both health and social care cannot be delivered in a way that is beneficial to patients, service users and members of the workforce if compassion, dignity and respect does not underpin the care that is given. Support, guidance and mentorship for all members of the workforce is integral in establishing and developing a workforce that is happy, healthy and truly valued by all.

This CESOP, CRST and University of Bolton International Conference brings together a wealth of speakers who are leaders in their respective fields. We all acknowledge that to maintain and ensure patient safety we need to address the health and wellbeing of our health and social care workforce. Both of which are dependent on systems, policies and processes being in place that recognise that high levels of patient safety is only possible if the members of the workforce are healthy in terms of both their mental and physical wellbeing. A happy and supported workforce that is treated with compassion, with dignity and with respect will be in a much better place to be able to deliver person centred care that is truly compassionate in nature and provides a first class service to all who use it and thereby making the patient and service user experience a much more positive one.

WELCOME MESSAGES CONTINUED

Professor George E Holmes – DL

President & Vice Chancellor, University of Bolton

I warmly welcome you all to the CESOP and the Centre for Remediation, Training and Support (CRST) international conference which is sponsored and supported by the University of Bolton.



The conference being held post the covid19 pandemic is a poignant reminder of the large numbers of older people especially the ones with multiple co-morbidities who were sadly more at risk of greater morbidity and mortality.

As the continuous shift in demographics towards an increasing older population, it is important that the care we provide ensures that people not only live longer but are also healthier and happier as well. We need to focus on developing integrated care pathways across the whole patient journey as well as a culture of working together with compassion, dignity and respect.

The need to grow our workforce and significantly increase our medical student numbers is critical, as is the support needed for ensuring the mental health and well-being of our workforce. The university leads and promotes on many of these aspects both through the Centres and more widely. I hope that you will enjoy the day and find both the presentations and discussions useful.

Professor Zubair Hanslot

Provost, University of Bolton

I would like to add my welcome to all those participating in the conference by CESOP. The safety of older people as well as the wellbeing of healthcare staff is of paramount importance. How a society treats its most vulnerable is always the measure of its humanity.



At the University of Bolton, we believe there are tremendous opportunities of helping older people particularly if we look to deploy some of engineering technologies such as technology aided living, smart and connected homes, telemedicine, wearable sensors, AI, 3D printing, informatics and robotics. Engineering technology has the potential to revolutionise the way we provide care for our elderly patients. To this end, at the University we are developing a new strategy in STEM that aligns some of the engineering expertise towards medicine and health and aim to support CESOP.

I hope the conference will spark meaningful conversations and highlight some of the most exciting and promising developments in the care for older people.

Thank you for joining us, and I look forward to the enlightening and productive discussions ahead.

Dr Rakesh Sharma

GP Principal, Oswald Medical Centre

The health and well-being of older individuals is a critical issue for general practitioners, given that they represent a significant proportion of our patient population.

Older adults often have complex healthcare needs, including multiple chronic conditions, polypharmacy, and reduced physical and cognitive function. As such, they are more vulnerable to adverse events such as falls, medication errors, and hospitalizations. Addressing the safety of older people is therefore essential for improving the quality of care we provide as GPs.

By focusing on the safety of older people, we can identify evidence-based strategies for preventing harm and improving outcomes. This includes promoting regular exercise, optimizing medication regimens, and providing education on healthy behaviors such as good nutrition and hydration.

Furthermore, prioritizing the safety of older adults can lead to significant cost savings for the NHS. Preventing falls, reducing medication-related adverse events, and improving functional status can all result in lower healthcare utilization and reduced hospitalizations.

I am looking forward to discussions on the safety of older people at our upcoming conference. By collaborating and sharing best practices, we can work towards providing safer and more effective care for this vulnerable population.

WELCOME MESSAGES CONTINUED

Robert Armstrong

Chair, Belong Care Villages and Founder member, CESOP

The importance of keeping an aging population safe and cared for has more importance with each passing year. I hope you find this Conference will increase your knowledge of the ongoing work in the Clinical and Social Care sectors.



Dame Jane Dacre

Emeritus Professor of Medical Education, University College London

Patient safety and support for our clinical colleagues is vital to the NHS and social care. This international conference provides an opportunity to hear from experts with a wide experience of designing and delivering high quality and safe care for patients and those in receipt of social care.



Professor Sir Norman Williams

MS FRCS FMed Sci FRCP FRCP(Edin) FRCA FDS(Hon) FACS(Hon) FRCSI(Hon) FRCSEd(Hon) DScLeeds(Hon)

Chair, Independent Reconfiguration Panel

Chair, National Consultant Information Programme (NCIP)

Emeritus Professor of Surgery, Barts & the London School of Medicine & Dentistry



Never has there been a more valuable time to hold this meeting concentrating on patient safety particularly related to the elderly and workforce wellbeing. The two of course are intrinsically interlinked. An adequate, contented, and well-trained workforce goes a long way in ensuring the safety of patients. That said there are a myriad of other factors that need to be in place both within the NHS and social care that need to be addressed as well as societal issues. These problems have become even more acute post pandemic. It is imperative that we find solutions for these challenges and a conference such as this helps to point the way. I wish all participants a successful and productive time under the auspices of CESOP who have wealth of experience in this arena.

Dr Sai Ram Pillarisetti

Chairman, Junior Doctors Forum, British International Doctors Association (BIDA) & FY1 Doctor

The importance of delivering the highest quality care for the elderly in our society is crucial and cannot be understated. Under the leadership of Prof Iqbal Singh, CESOP has provided an exceptional platform to promote the importance of safety, dignity and respect in delivering holistic and compassionate care to patients. As junior doctors, we are often the first point of call for supporting and caring for patients on the ward, many of them elderly, and this conference will also serve as a fantastic opportunity to learn how to improve the delivery of care for these patients on an individual and institutional level.



Dr Raghu Ram Pillarisetti OBE

*Founding Director & Consultant Surgeon, KIMS-USHALAKSHMI Centre for Breast Diseases
KIMS Hospitals, Hyderabad, India*

The Centre of Excellence in Safety for Older People is a superb collaboration of global professionals with the single-minded focus of improving the delivery of care for the elderly in the UK and I must express my heartfelt admiration to Prof Iqbal Singh CBE for passionately spearheading its formation. The 2nd International conference will highlight some of the consequential work taking place in this field to further support the elderly both in the community and in secondary care and I look forward to our collaboration benefitting the older population of India as well.

WELCOME MESSAGES CONTINUED

Dr Fiona Noden

Chief Executive, Bolton NHS Foundation Trust

Hello everyone. What an absolute privilege it is to be here with you all to explore such important topics.

We all know that people are living longer lives but what we really want is for those lives to be as comfortable and happy as possible. Supporting older people to remain healthy and independent for as long as they can will require us to think differently, and requires innovation and skill from multiple services and sectors.

I was really pleased to see that much of today's conference will focus on the wellbeing of health and social care staff. The last few years have been particularly challenging and working under extreme pressure has become part of everyday life for our workforce. We have to look after the people who look after our patients and I'm sure there will be some interesting conversations and examples today that we can all learn from.

On a final note, it's not often we get the opportunity to come together in this way so please listen, learn, partake but most of all; enjoy it. I hope you go away full of information, ideas and hope for the future.

Thank you.



Martin Hodgson

Chief Executive, East Lancashire Hospitals Trust

It is no secret that people are living longer than ever before, thanks to the many advances in healthcare, technology and improved living conditions. However, there are still inconsistencies in care and health inequalities which need to be resolved to ensure our older people can live healthier, happier lives.

In recent years, there has been a significant shift towards providing care for older people closer to home. Home-based and community-based care allows older people to maintain their independence, stay connected to their communities, and receive the care they need in a familiar environment.

With the continued growth of the aging population, the trend towards providing care closer to home is likely to continue, emphasising the importance of working together to build a strong infrastructure which will support integrated care provision.

Over the recent years, our dedicated workforces across the health and care sector have been enduring enormous pressure on their working lives and health. Many organisations have prioritised the health and wellbeing of colleagues but there is always more that we can do.

There is no doubt that with Prof Iqbal Singh's continued passion and dedication, together with the collective expertise and knowledge represented at the conference today, we will be able start the conversation to improve and advance the care for the older population. It also presents us with the opportunity to focus on how we can create the necessary environments to better support our colleagues, promote role satisfaction and inspire collaboration.



Shazad Sarwar

Chair, East Lancashire Hospitals Trust

I am delighted to be here with you all today, as we gather to discuss these important topics facing our organisations.

We have an interesting day ahead of us which will enable us to explore the challenges, opportunities, and best practices in both the safety of older people and the wellbeing of healthcare colleagues.

As our population ages, the need for quality care for our older people becomes an ever-increasing priority. It is essential that older people are supported to remain as healthy and independent as possible for as long as possible. If we fail in providing the right level of support for our communities, we will continue to struggle to meet the increasing demand for their care.

This conference will provide a platform for professionals from across the healthcare sector to come together, exchange ideas, and collaborate on strategies for providing better care and support for both the elderly and those colleagues who care for them.



WELCOME MESSAGES CONTINUED

Dr Henrietta Hughes OBE

Patient Safety Commissioner

I am delighted this conference is taking place. The link between patient safety and workforce wellbeing is established, but we need to focus on how we improve both by ensuring that we listen to older patients and act on what they tell us. We need to create psychologically safe organisations in which both patients and healthcare staff feel safe in raising concerns. When we truly listen, we can make improvements in safety.



Healthcare leaders need to have a deep understanding of all the people and communities they serve. Older people may be less likely to be listened to and the consequences can be more serious. There are a host of reasons for this including impaired communication or challenges getting a face-to-face appointment. As well as this, people may have more co-morbidities, take more medications and often suffer from the side-effects of combinations of treatment.

Therefore, it is essential that everyone's views are taken into account when designing and delivering healthcare services. And that means all older people, including those from disadvantaged communities, people with disabilities and those whose first language is not English. It is encouraging to see many leaders addressing this conference. This is an opportunity for healthcare professionals and healthcare leaders to put safety first by listening to patients.

Dr Gary Jevons

BMedSci MBChB MRCP DGM

ST4 Geriatric Medicine Registrar, Chair of TIPS QI (Trainees Improving Patient Safety through Quality Improvement, Chief Registrar East Lancashire Hospitals Trust)



Junior doctors are the "eyes and ears of the NHS" (Francis 2006), however without formal quality improvement training their ability to undertake effective change is limited. Services for older people need to adapt to meet both growing complexity and demand, spanning across both health and social care. By bringing together a multidisciplinary team of international experts within the CESOP conference, today we will allow both a sharing of best practice, and the chance to develop new ideas for change.

Dr Pippa Stewart

Geriatrics Registrar, CESOP Faculty Member

This conference addresses two very important areas in 21st century health care. It is common knowledge that our population is ageing and so it is essential that we strive to provide safe and high quality care for older adults. Alongside this we can all acknowledge the challenges brought by the COVID 19 pandemic. Rates of staff stress and burnout are sky high and the importance of wellbeing in our workforce cannot be underestimated. The CESOP and CRST conference provides a wonderful opportunity allowing us all time to reflect and build upon our current knowledge and understanding in these areas.

Chandra Kanneganti

National President, British International Doctors Association (BIDA)

I am delighted to support 2nd international conference of the CESOP as National President of British International Doctors Association (BIDA). CESOP and CRST, under brilliant leadership of Prof Iqbal Singh is doing an amazing job focusing on safety of older people's care and healthcare staff well-being.



With growing older population which is expected to be greater than 20% over age of 65 soon this is high priority for all of us. CRST with values similar to those of BIDA continues to support doctors through difficulty enabling safe return to practise and these initiatives have the potential to improve the working lives of a generation of doctors.

With great speakers for this event, lively debates and discussions, this conference can come up with number of actions in addressing these issues. I wish the conference organisers very best wishes for success.

ABOUT CESOP

Professor Iqbal Singh CBE, Consultant Physician in medicine for older people, is the founder chair of CESOP leading on raising the profile of the need for safety in the care of older people.

Centre of Excellence in Safety for Older People

CESOP

Safety | Compassion | Dignity

Its objective is to improve safety in hospitals, care homes and the wider community and ensure the values of dignity and respect are always upheld. This is a great opportunity to help build a culture of professionalism which recognises the importance of safety, dignity and compassion in the care of older people, and facilitates a sharing of knowledge, skill and innovation. With the help of eminent colleagues and experts from this region and far beyond we will enhance the learning experience of our workforce and improve the care experience of many older people.

Historically the NHS has recognised the need for patient safety and over the last two decades there have been a number of reviews, reports and initiatives. However despite these concentrated efforts over the last 15-20 years, patient safety is still an immense and ongoing challenge for the NHS with over 1.4 million reported incidences per year, with around 50,000 leading to moderate harm in acute hospitals and with a much less clear picture in primary care and communities and social care settings.

The incidence and episodes around avoidable harm can have devastating consequences for patients, their families, for the staff involved in their care and for other agencies involved. The human cost of some of these episodes is immeasurable. Occurrences such as Mid-Staffs have a huge impact on the morale of caring staff and are a clear sign that it is time for action to be taken and lessons to be learned.

The Commission for Education and Safety in Training in its report recommended that 'all staff should develop the skills to be able to identify potential risks to come up with possible solutions and to be able to implement them' (2016).

In the context of the care of older people, we are living in a society where people are living longer and healthier with improvements in their quality of life and this is clearly a success. Demographic projections show that more than 4% of the population will be aged over 85 and greater than 20% will be over the age of 65 by the year 2033. We need a new approach to address the issues around improving safety in hospitals, in nursing and residential care homes and in the wider community. We still have a huge ongoing challenge around falls and frailty, pressure ulcers and VTE, dementia and mental illness and around nutrition and polypharmacy. There also is the need for providing medical, nursing and social care that is compassionate and caring and treats people with dignity and respect.

The centre aims to make a major contribution leading on training and education of the workforce within the health and social care sector on issues around improving skills and knowledge and equally focusing on embedding a culture of compassion and respect through influencing behaviour and attitudes at individual, team and organisational level and also empowering teams to innovate in developing a culture of learning and professionalism, persistently nurturing continuous improvement.

The Centre has wide support and commitment from health professionals and academics, senior managers, leaders in community and health and social care organisations across the North West and nationally.

The Centre of Excellence Safety of Older People is hosted by the University of Bolton and supported by East Lancashire Teaching Hospitals NHS Trust, Wrightington, Wigan and Leigh NHS Hospitals Trust and many other stakeholders.

Further information is available from the CESOP website: <http://www.cesop.org.uk>

Centre for Remediation, Support and Training (CRST)
Improving Health and Wellbeing – Making the NHS the Best Place to Work.
(A comprehensive approach to mentorship and pastoral care).

Centre for Remediation Support and Training
CRST
Mentoring | Induction | Professionalism

Summary And Overview

There is, at present, no formal mechanism for addressing these concerns and Trusts will request neighbouring Trusts or other centres to provide the retraining and address issues around professionalism. There is, therefore, a total lack and a huge gap in any provision for following up the implementation and delivery of any retraining needs that are identified and ensuring a safe return to clinical practice

A number of organisations in healthcare are able to provide advice and guidance to help manage and resolve concerns that are raised about the practice of individual practitioners. In a significant number of cases, the issues around poor performance relate both to clinical practice and professionalism including team-working, communication, interpersonal skills and leadership.

The number of complaints received by the NHS has increased by 5% in the last year. A survey of BMA members showed that around 17% of doctors with current or recent complaints reported anxiety or depression. Research also found that after a complaint, doctors may adopt a more defensive approach to clinical practice. Many have made the link between complaints and the complaints process and mental illness, such that those who receive a complaint are much more likely to develop anxiety, depression, suicidal thoughts and sadly, completed suicides. Sir Norman Williams, in his review of Gross Negligence Manslaughter report, recognised the impact and intense pressure of such scrutiny due to a complaint or any health concern investigation and stressed the importance of regulators in health care needing to be alert to the impact that these processes have on the registrants.

One in three of the NHS work-force have felt unwell due to work-related stress. The rates of depression among training grade doctors is around 30%. Doctors' psychological distress impacts patient care and the health care system as a whole.

Vulnerability And BME, SAS Sessional And Locum Doctors

The Centre recognises the increased vulnerability of certain groups of doctors, especially those from a BME background, sessional and SAS doctors, locum and locum peripatetic doctors. The Centre is embedding and delivering on the principles of equality, fairness and inclusion in all aspects of its work and delivery.

Remediation

Department of Health survey 2009 - up to 1000 remediation cases could be being dealt with at any one time in England and that around 2800 doctors had been investigated in the previous 12 months, roughly 2% of all doctors working in the NHS in England. Due to the inconsistencies in the process of individual Trusts, doctors in difficulty don't have fair and equitable access to remediation. Providing suitable remediation packages can be challenging, often difficult and very expensive (NHS Confederation 2011). Programmes that provide mentorship and an organised approach to remediation maximise the chances of successful remediation.

Mentorship

The benefits of mentoring doctors have been well recognised (NHS Mentoring Framework 2009, GMC Modernising Medical Careers survey 2011, NHS Guide to Mentoring 2014) and mentorship has been identified as beneficial for doctors internationally and across specialities. A review of the literature suggests that mentoring can enhance both technical and non-technical skills of the mentee and that there are many well documented benefits for all involved including the employing organisation and regulatory bodies such as improved retention rates and work performance as well as improved working relationships. It has also been well used as a tool to encourage equality and reduce discrimination, with schemes targeted at minority groups. The process of mentoring can improve an individual's personal and professional development and motivate and encourage them to develop the skills needed to achieve their goals.

The CESOP and Centre for Remediation scheme will be widely available for all doctor's, whatever their grade, for a period of at least 6-9 months. It will consist of a structured programme that can be tailored to the individual doctors needs allowing them to maximise their potential and achieve their own pre-defined goals. It aims to be accessible at all times and it should be available whenever required, even seen as a top up if needed, at specific times in a doctor's working life.

Delivering Professional Excellence And Support

The Centre for Remediation addresses both clinical and professionalism issues by providing a suite of bespoke interventions for the clinician. These range from:

- Induction
- Mentoring
- Enhanced appraisal and return to work plan
- Review of learning needs and work-readiness
- Well-being assessment
- Leadership and communication
- Team building and supporting teams
- Welcome and induction for health professionals new to the UK
- Guidance and support with entry to Specialist Register
- Overseeing clinical placements in NHS hospitals in the northwest and providing guidance, mentoring and support and training on professionalism and resilience

Mentoring is centred on developing and empowering Mentees to realise and achieve their objectives and aspirations. Remedial action and support and pastoral care will help International Medical Graduates (IMG's) to adjust to their local hospital and communities.

For newly qualified consultants with increasing demands and a changing culture, mentoring is necessary and an effective model to ease the transition from trainee to consultant status helping doctors to adjust to their new roles and avoid stress and anxiety.

The mentoring programme will be available to all doctors and not just those who may be failing or requiring remediation. It is underpinned that a highly empathetic person guides another individual in the development of their own ideas, learning and PDP's focusing on professional development and physical and mental health well-being.

The mentoring provided by the Centre for Remediation is outside a mentee's line management structure and wherever possible be outside the mentees organisation. This allows mentees a safe space to speak freely about their personal and professional challenges, thus maximizing the chances of successful induction and remediation

Training for mentors includes development of communication skills including active listening, questioning, promoting critical reflections and two way feedback with a focus on developing skills to help doctors identify their own personal development plans, aspirations and goals.

The Centre works towards developing a culture of supporting staff, learners and educators and building resilience to contribute to the development of a sustainable work-force able to deliver safe, effective and compassionate patient care.

Induction, Support And Pastoral Care

The healthcare workforce is becoming increasingly international and globalised. The National Health Service has historically relied on doctors who qualified overseas to help deliver and support effective healthcare delivery. Over one third of the doctors on the General Medical Council's (GMC) register are qualified overseas. Despite the huge dependence on overseas doctors there has been an inherent assumption within the NHS and regulatory bodies that doctors qualifying overseas can function as effectively as UK trained doctors without adequate support and induction to help them function effectively and in their transition to the UK workforce. International Medical Graduates (IMGs) are over-represented in referrals to the GMC, are generally over-represented in disciplinary procedures and under-represented in terms of reward and recognition. Migration to a new country poses challenges in relation to adjustments that are general, that are related to work and that are related to interaction. Analysis of these overarching themes identifies practical and logistical problems, and the need to enhance knowledge in specific areas, structural differences, relationships and interpersonal skills. It is important that there is a comprehensive induction and support package that helps ensure that our international recruits integrate successfully into the NHS and their local communities and this must be a key element in making international recruitment work successfully. For international recruitment to be successful and for strong and effective contributions from IMG's it is important that the NHS develops a comprehensive induction and support package and improves the cultural understanding, competence and probity of the workforce. It is also important that overseas doctors not only help in providing a service but receive appropriate training and professional development and pastoral support so that they are learning while earning. Education and training is one of the great strengths of the NHS and the Centre for Remediation will work with other partners to embed these opportunities. It is equally important that health workers need to have a global perspective - and by working and learning together with colleagues from other countries they can improve health in the UK and globally. The induction and support package aims to, and contributes to, develop a workforce with the skills, values and behaviours that is adaptable, flexible and able to respond to future needs and drive innovation and improvement bringing about transformational change. The programme provides a professional, educational and pastoral package, providing mentors, buddies and a support and care package. The programme is tailored to the individual needs of the IMGs for a period of twelve months. The Centre has a faculty and support of many doctors, including eminent clinicians and academics, nurses and senior managers offering this service embedding principles of compassion, dignity and respect and ethical and moral values.

SPEAKER BIOGRAPHIES

Professor Iqbal Singh

Founder & Chair, Centre of Excellence Safety of Older People (CESOP)

Professor Singh continues to be a major contributor to healthcare and medical regulation in the UK. An experienced clinician specialising in care of the elderly, pioneer in ethnic health and diversity, combined with board level GMC and Healthcare Commission (HCC) service he demonstrates a track record in regulatory, inspection, education and patient safety experience. He is a medical leader with great credibility in the wider community, particularly in relation to equality and inclusion matters.



Professor Singh is a member of the Health Honours Committee, which makes recommendation for honours in the New Year and Birthday Honours lists. He was appointed in August 2018 for a period of three years. He is member National Platinum Awards Committee and medical vice chair of Advisory Committee for Clinical Excellence Awards (ACCEA) North West and led the way for stakeholder engagement.

As chair of the Expert Reference Group on Patient Safety at the HCC, Professor Singh led the HCC's strategy on developing criteria to assess safety standards. Working with a team of clinical and lay international experts as members he produced the standards and guidance which formed the basis of the Annual Health Check of the HCC. In addition, he led the development of indicators for assessment of safety and quality in issues around BME health.

As a commissioner at HCC and chair of the Expert Reference Group on Patient Safety, he played a significant role in the development and signing of a charter for safety, which was signed by up to 80 organisations in healthcare and health education. This helped raise the profile of safety in healthcare and helped develop a culture of avoiding harm and reporting of incidents.

As founder and chair of the Centre of Excellence for Safety in Older People's Care, Professor Singh has led on training and education of the workforce within the health and social care sector on issues around improving skills and knowledge and equally focusing on embedding a culture of compassion and respect, through influencing behaviour and attitudes at individual, team and organisational level. Whilst also empowering teams to innovate in developing a culture of learning and professionalism to enable continuous improvement.

As a Commission member of Education & Training for Patient Safety (HEE 2015), Professor Singh ensured the challenges of embedding safety in all aspects of training and education were focused on the whole pathway of care, not only in acute hospital settings, but in the community and various settings of social care, recognising the demographic of the elderly population being cared for in the community.

Professor Singh has made significant contributions in promoting equality, diversity and human rights within the NHS and more widely, nationally and internationally.

Charlie Massey

Chief Executive, General Medical Council

Charlie Massey joined the General Medical Council as Chief Executive and Registrar in November 2016 prior to which he spent 4 years as a Director General at the Department of Health where he had had responsibility for acute care provision, policy and strategy on workforce issues, quality, safety, regulation and professional standards. He has worked in a variety of roles across government and the wider public sector including at the Department for Work and Pensions where he led on policy for State Pensions and other pensioner benefits, and in the Prime Minister's Strategy Unit where he led projects on childcare and drugs.



Dame Clare Gerada

President, Royal College of General Practitioners

Having first trained in psychiatry at the Maudsley Hospital, Dr Clare Gerada followed her father's footsteps and became a general practitioner, working in her practice in South London for more than thirty years.

Over this time, alongside her clinical practice, she has held several national leadership positions including in 2010, Chair of the Royal College of General Practitioners, only the second women in its 55-year history to hold this position. She has led the way in reforming how drug users are managed in general practice and was awarded an MBE for her services to medicine and substance misuse in the 2000 Birthday honours.



Since she has also led the development of a service for doctors and dentists with mental health problems, establishing and leading NHS Practitioner Health since 2008. This has been, not only a world first, but massively impactful, particularly on young doctors and consequently on the patients they look after and the teams in which they work. The service was awarded Outstanding by CQC rating in March 2019. Currently Clare not only still leads NHS Practitioner Health but has, in 2020 established a service for problem gamblers; Chairs the newly formed registered charity, Doctors in Distress, is co-chair of the NHS Assembly.

In 2020 she was made a Dame in the Queen's birthday honours, making her, we believe, the first Maltese woman to receive this honour. In November 2021 she became the President of the RCGP (only the second women to hold both Chair and President of the College in its 70 year history). She is a highly respected NHS professional, whose views are listened to by NHS professionals and patients alike.

SPEAKER BIOGRAPHIES

Sir David Behan

*Former Chair, Health Education England
Non Executive Director, NHS England*

Undertaking voluntary work with single homeless people whilst at school in the mid-1970s provided David with the beginning of the 'golden thread' that has run through his career -the commitment to make a contribution to a more socially just society. Initially this was as a social worker and over a twenty-five-year period he worked in five Local Authorities leading three as Director of Social Services.

He was President of the Association of Directors of Social Services in 2002.

In 2003 he became the first Chief Inspector of the Commission for Social Care Inspection.

In 2006 he became the first Director General for Social Care in the Department of Health in England advising Ministers of both the Labour and Coalition Governments. During this period, he was responsible for a range of policy areas including social care reform and the development of the first dementia strategy for England.

As CEO of the Care Quality Commission from 2012 to 2018, he led a fundamental reform of the way health and care services were regulated.

From 2018 he has held a number of Non-Executive Director and Advisor roles with a number of public and private organisations across the health and social care system which currently include : Cera Care , HC-One limited , the London School of Economics Care Policy Evaluation Centre, and the international Sciana Leadership Programme. Between 2018 to 2023 he has Chaired the Board of Health Education England. He is a Non-Executive Director of NHS England chairing the workforce, Training and Education Committee.



Leocadio Rodriguez Manas

Head of the Department of Geriatrics, University Hospital of Getafe, Madrid

Head of the Geriatrics Service of the Getafe University Hospital (Madrid) and Scientific Director of the Spanish Center for Biomedical Research on Frailty and Healthy Aging (CIBERFES) (Ministries of Health and of Economy and Competitiveness). He coordinates the Toledo Study of Healthy Aging and has led several funded research projects and scientific publications, many of them focused on frailty and functional decline in older people, the mechanisms involved, its operational definition (diagnostics tools) and its management (RCTs). He has participated in the preparation of technical reports on these topics for national (Ministry of Health, Scientific Societies, Research Organizations and Agencies) and international organizations (WHO, PAHO, DG-SANTE, DG-Research, IAGG, Governments of Mexico, Costa Rica and Chile...).



Kevin McGee OBE

Chief Executive, Lancashire Hospitals NHS Trust

Kevin is a qualified accountant with over 35 years' experience working in healthcare, with 23 of those years being at executive level.

Kevin joined Lancashire Teaching Hospitals as the Chief Executive on 1 September 2021. Prior to joining Lancashire Teaching Hospitals, Kevin held a range of roles including Joint Chief Executive of Blackpool Teaching Hospitals NHS FT and East Lancashire Hospitals where the Trusts agreed to work in closer collaboration, the role was from 1 May 2019 to 20th September 2021. He was Chief Executive at both George Eliot Hospital NHS Trust and Heart of Birmingham Primary Care Trust. He has also held a range of Director positions, including Director of Finance and Chief Operating Officer in large acute hospitals, and Director of Commissioning and Performance Management at a Teaching Primary Care Trust.

Kevin sits on the North West Leadership Academy Board and is the CEO lead for provider collaboration across Lancashire and South Cumbria ICS. From the 1st July Kevin has also been a formal partner member of the ICS Board.

Kevin received an Honorary Fellowship from UCLAN to acknowledge the significant contribution made to the development of the University's School of Medicine through the instrumental strategic support he has provided to UCLAN's partnership with ELHT.

Kevin recently received an OBE in recognition of his services to the NHS and for his work during the pandemic.



SPEAKER BIOGRAPHIES

Professor Jeremy Howick

Professor of Empathic Healthcare and Director of the Stoneygate Centre for Empathic Healthcare
University of Leicester



Professor Howick is the inaugural Director of the Stoneygate Centre for Empathic Healthcare and Professor of Empathic Healthcare at the University of Leicester. He also a fellow of Kellogg College, Oxford, where he directs the Oxford Empathy Programme. His mission is to ensure that all healthcare consultations include a dose of empathy and he achieves this by using evidence-based methods to develop and deliver empathy training to practitioners in the U K, US, Canada, and elsewhere. He has published over 150 peer-reviewed publications and three books, including *The Philosophy of Evidence-Based Medicine* (which defined a sub-field within evidence-based medicine) and *Doctor You* (an Amazon #1 bestseller). He has received numerous awards, including from the British Medical Association, the European Society for Person-Centred Care, and the University of Oxford. As an expert he has appeared on the BBC, ITV, and Channel 4 as well as several newspapers including *The Guardian*, *The Times*, *Men's Health*, and the *Daily Mail*. He regularly gives talks to academic and non-academic audiences.

Professor Ged Byrne MBE

Director of Global Health, Health Education England



Professor Ged John Byrne MBE, is a highly-regarded consultant oncological breast surgeon who specialises in cosmetic breast surgery, breast cancer and breast reconstruction alongside gynaecomastia, unblock explantation (breast implant removal surgery) and congenital breast disease. He practises at Spire Manchester Hospital, where he has worked for over 10 years, and his NHS base is the Nightingale Centre and Genesis Breast Cancer Prevention Centre at the University Hospital of South Manchester.

Professor Byrne, who was awarded his MBE for his services to global education, has an esteemed education and career, providing oncological surgery services that are highly sought after. Among his qualifications he has an MD from The University of Manchester. He then went on to develop his public leadership skills in health education while becoming a highly specialised consultant in oncological breast surgery. This is illustrated in the fellowships he has been awarded; which include The Tom Jones Fellowship, and two from the Higher Education Academy.

He is the director of Global Engagement at Health Education England, the founder director of The Academy at University Hospital South Manchester and has been a professor of Medical Education at The University of Manchester since January 1997. He is also committed to helping low-income countries improve their healthcare systems, and is Interim Chair of Kenya UK Health Alliance, Co-chair of Uganda UK Health Alliance and trustee of the Tropical Health Education Trust, spending time every year in sub-Saharan Africa and South West Asia.

Professor Byrne's research has been published in various peer-reviewed journals and he is a member of several professional organisations. These include the British Association of Surgical Oncology (BASO), Association of Surgeons of Great Britain and Ireland (ASGBI) and the Association for the Study of Medical Education (ASME). He is also a member of the Association for Medical Education in Europe (AMEE), the Association of Medical Educators (AoME) and Association of National Teaching Fellows (NFT).

Professor Jamshed Bomanji

Clinical Lead and Head of Department Institute of Nuclear Medicine, University College London



Dr Jamshed Bomanji graduated in 1980. Jamshed did his post-graduation at St Bartholomew's Hospital where he completed his Masters and PhD in Nuclear Medicine in 1987. He was appointed as consultant in nuclear medicine at St Bartholomew's Hospital in 1990 and then moved to the Middlesex Hospital in 1993, which is now part of the UCLH NHS Foundation Trust.

Currently, he is the clinical lead and head of department at the Institute of Nuclear Medicine, which is the largest single site department in UK.

He has contributed and published more than 142 research and clinical papers in peer-reviewed Journals, authored 20 book chapters and is the editor of *Nuclear Medicine in Oncology*. He is assistant editor and advisory editor of various journals in the field of nuclear medicine.

SPEAKER BIOGRAPHIES

Professor Pankaj Sharma

*Professor of Neurology; Director, Institute of Cardiovascular Research, Royal Holloway, University of London
Consultant Neurologist, Imperial College London*

Pankaj Sharma is a British Professor of Clinical Neurology at Royal Holloway College, University of London, and consultant neurologist at Imperial College London. He is director of the Institute of Cardiovascular Research at Royal Holloway, and formerly head of the Imperial College Cerebrovascular Research Unit at Imperial College London. His main interest is in identifying genes for stroke, particularly in those of South Asian heritage.



Baroness Dido Harding

Previously Chair, NHS Improvement (NHSI)

Diana Mary “Dido” Harding, Baroness Harding is the chairwoman of NHS Improvement and former chief executive of the TalkTalk Group. On graduation she joined the management consultancy McKinsey & Company. In February 2017, Harding announced she would stand down after seven years as CEO of TalkTalk in May 2017, to focus more on her public service activities. In October 2017, she was appointed chair of NHS Improvement, which is responsible for overseeing all NHS hospitals, comprising foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. In January 2018, Harding joined the main board of Jockey Club, which runs many of British horseracing’s most popular events, including the Grand National, the Cheltenham Festival and the Derby.

Professor Victoria Rayner OBE

Chief Executive Officer, National Care Forum (NCF)

Professor Vic Rayner OBE is Chief Executive Officer (CEO) of the National Care Forum (NCF) – the leading association of not-for-profit care and support organisations, joining the NCF in 2016. As CEO she is the co-chair of the government Strategic Advisory Forum on the social care workforce, chair of the National Social Care Advisory Group on social care and technology and sits on a range of government and national specialist groups with a focus on the social care workforce, digital transformation, new models of care and regulation. Professor Rayner is a regular national and international speaker, and has extensive knowledge and expertise across a wide range of care, support, housing and social policy agendas.



SPEAKER BIOGRAPHIES

Professor JS Bamrah CBE

Consultant Psychiatrist, and former Chair, British Association of Physicians of Indian Origin (BAPIO)

JS is a senior consultant psychiatrist at Greater Manchester Mental Health FT, he is an Honorary Reader at the University of Manchester, and Visiting Professor at a number of Universities in India. In his long NHS career he has done a variety of research projects including on dementia.



Dr Rizwan Ahmed MBE

*Consultant Physician & Clinical Lead for Respiratory Medicine, Royal Bolton Hospitals NHS Foundation Trust
Honorary Senior Lecturer (Teaching), University of Manchester
Visiting Lecturer, University of Bolton*

Dr Rizwan Ahmed is a Consultant Respiratory and General Medical Physician and Clinical Lead for Respiratory Medicine at the Royal Bolton Hospital NHS Foundation Trust. He qualified in 2003 and completed initial training in the Northwest and Yorkshire regions before returning to Bolton as Consultant in 2012.

His subspecialty interest is Medical Education and Respiratory Infections. He has been a key driver in improving patient safety and standards of care in his department and the Trust. He was awarded an MBE in the Queen's Birthday Honours in 2022 for his services during COVID-19 Pandemic.

He is an active member of Centre of Excellence for Safety in Older People and has been working with partners to improve safety in hospitals, care homes and the wider community and ensure the values of dignity and respect are always upheld.



Mr Vikas Malik

*ENT Consultant, Royal Bolton Hospital; Trust Simulation Lead, Departmental Lead for Clinical Governance, Education, Research & Audits, NoTS Lead (ENT), Health Education North West
Honorary Senior Lecturer, Edge Hill University*

I am ENT consultant in the North West England with more than 25 years of ENT experience. I have special interest in medical education, patient safety and improving quality of patient care. I am the trust lead for simulation at Bolton NHS Foundation Trust and also ENT STC lead for Non Operative Technical Skills (NoTS) for the region.



POSTERS / ABSTRACTS

These poster presentations were selected from the call for abstracts, their posters will be displayed at the event in the catering area as well as virtually on the landing page.

Discussion Surrounding Resuscitation in Older Patients Admitted to Hospital - A Quality Improvement Project

Dr Eleanor Abbott

Senior Clinical Fellow in Ageing & Complex Medicine

Northern Care Alliance NHS Foundation Trust

- Resuscitation of patients in their last year of life is rarely successful
- Taking patients' and relatives' views into account promotes patient-centred care
- Regular discussion among clinicians about resuscitation increases subsequent discussions between clinicians and patients

Long-term clinical outcomes for older people treated in hospital for pneumonia and compliance with British Thoracic Society follow-up CXR recommendation

Dr Buthaina Al Balushi

Foundation Doctor

Northern Care Alliance NHS Foundation Trust

- As per British Thoracic Society guidelines, a follow-up CXR should be arranged for patients over the age of fifty years who are diagnosed with pneumonia.
- The vast majority of older inpatients diagnosed with pneumonia are not referred for follow-up chest x-rays.
- If a clinician opts to not refer a patient for a follow-up chest x-ray, a reason should be clearly documented.

Safe prescribing of hypoglycaemic agents among frail and elderly patients – an evidence based approach

M Banerjee

Consultant Physician: Diabetes & Endocrinology

Bolton Hospital NHS Foundation Trust

- Hypoglycaemia leading to falls can cause serious bony injuries as fracture neck of femur.
- Risk for hypoglycaemia induced falls can be reduced by individualised care including prescribing.
- An evidence based rational prescribing plan for patients with diabetes, when adhered to, helps in improving complications from hypoglycaemia.

Health Care of the Elderly Nurse Drug Round Simulation

Stephanie Hodgson

Senior Medicines Management Technician Acute Frailty

Nottingham University Hospital

- Simulated drug round for nurses newly recruited to the acute frailty specialty
- Improve nurse confidence in drug administration within healthcare of the elderly
- Ensure the nurses feel supported and improve wellbeing and safety for nurses and patients

Community Intensive Home Support Services in the Emergency Department; A pathway to decrease length of time in the Emergency Department and inpatient admissions.

Lisa Kay

Nurse Consultant

East Lancashire Hospital Trust

- Development of an Emergency Department pathway, provided by the community Intensive Home Support Service, to identify, assess, treat and discharge patients who may be cared for by the urgent response community team (IHSS) or other community service.
- Primary outcomes of deflecting hospital admissions and decreasing length of time in department.
- All patients over the age of 18 (excluding asthma and pregnancy related presentations) are eligible for consideration, however key cohorts are care home residents, those with increasing frailty or decline in functional ability.

POSTERS / ABSTRACTS

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Impact of COVID-19 on the Mental Health and Wellbeing of Health Care Workers

Shiraaaz Mizan

Medical Student

University of Central Lancashire

- The COVID-19 pandemic has highlighted the important role that healthcare workers play in society, and it has underscored the need for ongoing support and resources to ensure their health and well-being are looked after.
- We have done a literature search to look at the evidence on how the pandemic has affected the mental health and wellbeing of health care workers.
- Research indicates a significant impact on mental health and wellbeing of healthcare staff during the COVID-19 Pandemic.

An Exploration Enquiry to Determine the Effectiveness of Advanced Practice Physiotherapist Roles in Assessing Patients with Frailty in the Emergency Department

Jasmine Morris

Trainee Advanced Clinical Practitioner, Clinical Specialist Physiotherapist

Great Western Hospital, Great Western Hospitals NHS Foundation Trust

- Utilising the skills of an advanced practice physio to medically and socially assess patients is predicted to reduce assessment times and subsequently improve patient outcomes
- An experimental, comparative study is completed to review assessment times by an ED clinician and then a therapist versus assessment by an advanced practise physiotherapist
- It was found to result in a reduction in assessment time by 132 minutes per patient

Acute Geriatric Units in UK and Spain. Same speciality, different reality?

Luis Daniel Mujica Chumbes

Resident in Geriatric Medicine

Ageing and Complex Medicine, Salford Royal NHS Foundation Trust

- There were no differences on mean age, gender, frailty, cognitive status, mobilisation, incontinence, pressure ulcers and participation of Social Services.
- Nevertheless, we notice more participation of Physiotherapist and Occupational Therapy, and longer Length of stay in UK AGU. We noticed a higher use of antipsychotic drugs in Spain Acute Geriatric Units.
- Inpatient mortality was lower in UK, and we found as predictive factors: mobility impairment, sphincter incontinence, severe frailty, and living in care home, all of them with statistically significant differences.

Resuscitation discussions and Clinical Frailty Scale scoring in older adults admitted to hospital under general surgery

Luis Daniel Mujica Chumbes

Resident in Geriatric Medicine

Ageing and Complex Medicine, Salford Royal NHS Foundation Trust

- Surgery was carried out in 14 Frails (25.9%) and 33 Non Frails (40.7%).
- Higher frailty scores were associated with increased in-hospital mortality.
- Resuscitation discussions were completed in 20 F (36.4%) versus only 4 in NF (4.9%)
- Resuscitation discussions completed in 19 EM (16.8%) and 6 EL (6.7%).

POSTERS / ABSTRACTS

These poster presentations were selected from the call for abstracts, their posters will be displayed at the event in the catering area as well as virtually on the landing page.

Differences in profile and clinical outcomes before and after COVID-19 of older individuals hospitalised in Acute Geriatric Unit

Luis Daniel Mujica Chumbes

Resident in Geriatric Medicine

Ageing and Complex Medicine, Salford Royal NHS Foundation Trust

- In baseline characteristics of the patients, we found higher percentages in post covid group in Dementia, living in care home, sphincter incontinence and pressure ulcers; and no differences in mean age, frailty, independently mobilise and delirium.
- Higher in-hospital mortality before pandemic, and shorter length of stay.
- Predictors of in-hospital mortality: sphincter incontinence, resuscitation status discussion and dependent on others to mobilise.

Differences in Mortality and Readmission Before and After COVID-19 Of Older Individuals Hospitalised in Acute Geriatric Unit

Luis Daniel Mujica Chumbes

Resident in Geriatric Medicine

Ageing and Complex Medicine, Salford Royal NHS Foundation Trust

- Our data showed some changes in post-covid mortality, starting with a little increase in the 6-months follow-up mortality rate and a prevalence of male patients.
- In Pre-Covid period, 62% of deaths in the next 6 months from admission occurred during the first hospitalization, while in the Post-Covid group just 11% of the deaths- were in the first hospitalization.
- Readmission at 6-months follow-up was fewer in post covid period (39%) compared to pre-Covid one (58%)

Quality Improvement: Introducing a weekly MDT board-round to reduce falls and Out of Hour (OOH) interactions and improve the care of residents of Castleford Care Home

Dr Sai Ram Pillarisetti

FY1 Doctor

British International Doctors Association (BIDA) & University Hospitals of North Midlands NHS Trust

- Care home residents are more likely to have complex care needs while often have poor access to healthcare services.
- Concerns were raised about the high number of resident interactions with Out of Hour (OOH) services namely telemedicine, hospital admissions and OOH GP visits. The most common reason for accessing these services were falls in the elderly.
- This QI intervention successfully reduced the number of OOH interactions among residents and ultimately led to better patient safety outcomes, which can be replicated easily nationally.

Usefulness of multiorgan point of care ultrasound (POCUS) in older hospitalised patients reviewed by geriatric teams: a pilot study conducted un different care settings in United Kingdom and Spain

P Reinoso-Párraga

4th Year Resident of Geriatrics

La Paz University Hospital, Madrid, Spain

- Usefulness of Point-of-Care-Ultrasound (POCUS) in Geriatrics. Early diagnosis and treatment are particularly important in the older frail patient, with dementia, delirium and/or functional impairment/immobility
- POCUS is non-invasive, radiation-free, painless, cheap and fast, constituting an excellent screening tool in older patients at different care levels.
- POCUS should avoid transfers and procedures that could be detrimental to geriatric patients and without the delay of conventional methods.

POSTERS / ABSTRACTS

These poster presentations were selected from the call for abstracts, their posters will be displayed at the event in the catering area as well as virtually on the landing page.

Assessment of acute quantitative sonographic changes occurring in muscle mass of rectus femoris muscle in older adults hospitalized in a UK geriatric acute care unit through point of care ultrasound (POCUS): a pilot study.

P Reinoso-Párraga

4th Year Resident of Geriatrics

La Paz University Hospital, Madrid, Spain

- Older People are frequent users of hospital services, with both higher number of ambulatory care visits than their younger counterparts with also a higher chance to be hospitalized. Admissions to acute hospitalization wards have a negative impact in different areas of geriatrics patients.
- One of the key reasons for this decline is the loss of muscle mass in geriatric patients, with a potential negative evolution of basic and instrumental activities of daily living and an increased chance on morbidity and mortality.
- For the evaluation of muscle mass however, a new tool has emerged: ultrasound, which over time has begun to be validated by experts, proposing to be a useful tool to quantify muscles in older adults.

Point of care ultrasound for the evaluation of blood-volume and alveolar-interstitial-syndrome in older-patients. Series of cases

P Reinoso-Párraga

4th Year Resident of Geriatrics

La Paz University Hospital, Madrid, Spain

- Geriatrics diagnoses is complex due to the overlapping of different factors. Point of care ultrasound (POCUS) emerges as an alternative, whose simplicity make it a very attractive tool, being versatile, portable, and inexpensive that provides not only timely bedside information across multiple systems, but also to monitor the response to certain treatments.
- In pathologies such as heart failure (interstitial alveolar syndrome) and blood volume disorders, its contribution can be significant.
- A series of cases that show this utility for Geriatricians.

Point of care ultrasound (POCUS) in the evaluation of an older frail adult: case report.

P Reinoso-Párraga

4th Year Resident of Geriatrics

La Paz University Hospital, Madrid, Spain

- Early diagnosis and treatment are particularly important in the older frail patient. Radiological investigations can prove challenging in patients presenting with delirium and/or functional impairment.
- POCUS provides answers to dichotomous questions and can rule out or confirm clinical suspicions.
- POCUS is non-invasive, well tolerated, versatile and fast; constituting an excellent screening tool in older patients

A Literature Review: Quality of Life of Patients with a Laryngectomy and Tracheoesophageal Puncture (TEP) vs. Electrolarynx

Sam Stringer

Year 5 Medical Student, Manchester University Medical School

University of Manchester

- A laryngectomy has a significant impact on a patient's quality of life. The GOLD standard method of vocal rehabilitation is Tracheoesophageal Puncture (TEP).
- TEP is effective in improving the quality of life (QOL) of laryngectomy patients, however it does come with complications which can impact patients' lives greatly. This literature review was inspired by a patient who experienced such severe complications with TEP that he requested it was removed.
- A literature review comparing the QOL impact of TEP vs. electrolarynx revealed that electrolarynx has many advantages and may provide a similar QOL as TEP. Electrolarynx may be a more suitable vocal rehabilitation method than TEP for certain patients.

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