

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 3 February 2020

Title: Scottish Patient Safety Programme: Acute Adult Programme – Falls and Pressure Ulcers

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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper reports progress and activity in relation to core Scottish Patient Safety Programme (SPSP) measures including:

- Falls, falls with harm
- Pressure Ulcer (PU) prevention

The paper provides information for Board member discussion and gives assurance on the focused effort to understand and reduce falls rate in areas reported and assurance in regard to work being done with regard to PU to identify areas for improvement and support effective improvement planning.

2.2 Background

NHS Boards report monthly falls, falls with harm and PU rates to Healthcare Improvement Scotland (HIS). It enables NHS boards and the national programme team to understand overall progress in relation to the aims of the SPSP.

2.3 Assessment

- The Scottish median rate of falls is currently **6.63** per 1000 Occupied Bed Days (OBDs).
- University Hospital Crosshouse (UHC) median rate of falls is **5.5** per 1000 OBDs which is *below* the national rate.
- University Hospital Crosshouse (UHA) median rate of falls is **6.8** per 1000 OBDs which is *higher* than the national rate.
- The Scottish median rate for all PUs (Grade 2-4) is currently **0.40** per 1000 OBDs.
- UHC median rate of PU (Grade 2-4) is **0.60** per 1000 (OBDs).
- UHA median rate of PU (Grade 2-4) is **0.50** per 1000 (OBDs).
- Both UHC and UHA have a *higher* median rate of PUs than the national rate.
- Datix has now been implemented as the data platform of choice with falls, falls with harm and PUs reported in real time. This has reduced duplication of workload and the data collection burden for both nursing and clinical staff.
- A Standard Operating Procedure (SOP) to activate Quality Improvement (QI) support within clinical areas who have a high rate of falls is awaiting approval.

A Pressure Ulcer Improvement Group was formed in January 2020 as a matter of priority, with membership including Tissue Viability team (TV), Clinical Leads and the Acute QI team to identify areas for improvement and support effective improvement planning.

2.3.1 Quality/patient care

This data is collected for improvement purposes, primarily to support local teams/NHS boards in making improvements to patient safety and the quality of patient care.

2.3.2 Workforce

Opportunities for learning and improvement will require ongoing engagement from staff across the organisation; e.g. QI Team, Leadership Teams and clinical staff.

2.3.3 Financial

No financial impacts at this time. It should be noted that experiencing a fall with harm or acquiring a pressure ulcer can result in an extended length of stay and increased interventions.

2.3.4 Risk assessment/management

This data has been presented to both acute hospital governance groups.

Failure to comply with national improvement programmes may lead to patient harm, complaints, litigation and adverse publicity.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because the policies for this improvement work are derived from a national standard. Implementation of this work impacts positively on all patients and service users regardless of inequalities or protected characteristic.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Governance and accountability

- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
 - Protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

2.3.7 Communication, involvement, engagement and consultation

This data has been presented to both acute hospital governance committees. Clinical areas work collaboratively with the Falls Co-ordinator, TV and QI teams to reduce falls, falls with harm and PUs within the clinical areas.

2.3.8 Route to the meeting

Information within this report has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Healthcare Governance Committee, 6 January 2020.

2.4 Recommendation

For awareness and discussion. Members are asked to be aware of and discuss this update on the SPSP acute adult programme in relation to falls, falls with harm and PU prevention across both UHC and UHA. To be assured of measures being taken to understand and identify areas for improvement and support for effective improvement planning.

3. List of appendices

Appendix 1 – Report on SPSP: Acute Adult Programme – Falls and Pressure Ulcers

Appendix 1 - SPSP: Acute Adult Programme – Falls and Pressure Ulcers report

1. Introduction

As highlighted in previous papers, NHS Boards across NHSScotland report monthly falls, falls with harm and Pressure Ulcer (PU) rates to Healthcare Improvement Scotland (HIS). This data is collected for improvement purposes, primarily to support local teams/NHS boards in making improvements to patient safety. Furthermore it enables NHS boards and the national programme team to understand overall progress in relation to the aims of the SPSP. This includes helping to identify where improvements have been made and sustained and where there might be useful transferable learning to share across the wider system.

It is important to note that this is self-reported data from NHS boards, there is no requirement for the data to undergo a national validation exercise. Data sets are also subject to change as boards work to improve their processes for reporting, data validation and alignment with national definitions.

1.1 Understanding how our system is performing

Over the last year the Acute Services Quality Improvement (QI) team have been working to improve our understanding of how falls, falls with harm and PUs are being reported and how data is available to support learning and improvement. Previous analysis demonstrated an issue of missing data in the QI Portal which led at times, to inaccurate and misleading analysis of data. Furthermore, at times data was collated and submitted using both the QI Portal and Datix which resulted in duplication and increased data collection for clinical staff. The outcome measures for the above mentioned harms are now reported as they occur using Datix alone. This has been an important step to improve accuracy, analysis and interpretation for learning and has also reduced the data burden for nurses.

Recently, a minor discrepancy was noted with the median rate of falls and PUs we report locally compared with that reported on the HIS National dashboard. We have been working collaboratively with staff from HIS data team around this issue and have assurance that this will be rectified by the HIS advisory group when they next meet early 2020.

1.1.2 Data Surveillance

A QI team monthly surveillance programme has been introduced with support from both the Tissue Viability Team (TV) and the Falls Co-ordinator. This identifies areas that have an increase in falls/falls with harm and/or PUs. Clinical data over the last 2 years from both Acute Hospital in-patient areas is reviewed using improvement methodology and run-chart rules applied. If the data demonstrates an increasing rate, clinical teams are contacted and offered an opportunity to discuss data, identify improvements and a supported QI action plan is implemented. This offers an opportunity to work collaboratively alongside the Falls Co-ordinator, TV and QI teams to reduce falls, falls with harm and PUs within the clinical areas.

Areas displaying decreased rates of harms shall also be identified to share the success and enable shared learning throughout the organisation.

1.1.3 Clinical Governance Reporting

Considerable progress has been made in terms of establishing an infrastructure in which the Acute QI team can report into current NHS Ayrshire & Arran (NHS A&A) Governance structures. Following discussions with both Acute Associate Medical Directors, a reporting template has been agreed which includes an update on agreed QI/SPSP priorities including local data which is tabled by the QI team for discussion at local site Clinical Governance meetings. Similarly, a report is now prepared and presented by the Acute QI team lead at Acute Clinical Governance. Improving communication and involvement of the QI team into clinical governance appears to have been a positive and welcome process to date. Additionally, it has provided an opportunity not only to monitor and report SPSP performance in clinical areas but to foster, support and promote the QI agenda.

1.1.4 Collaborative Working

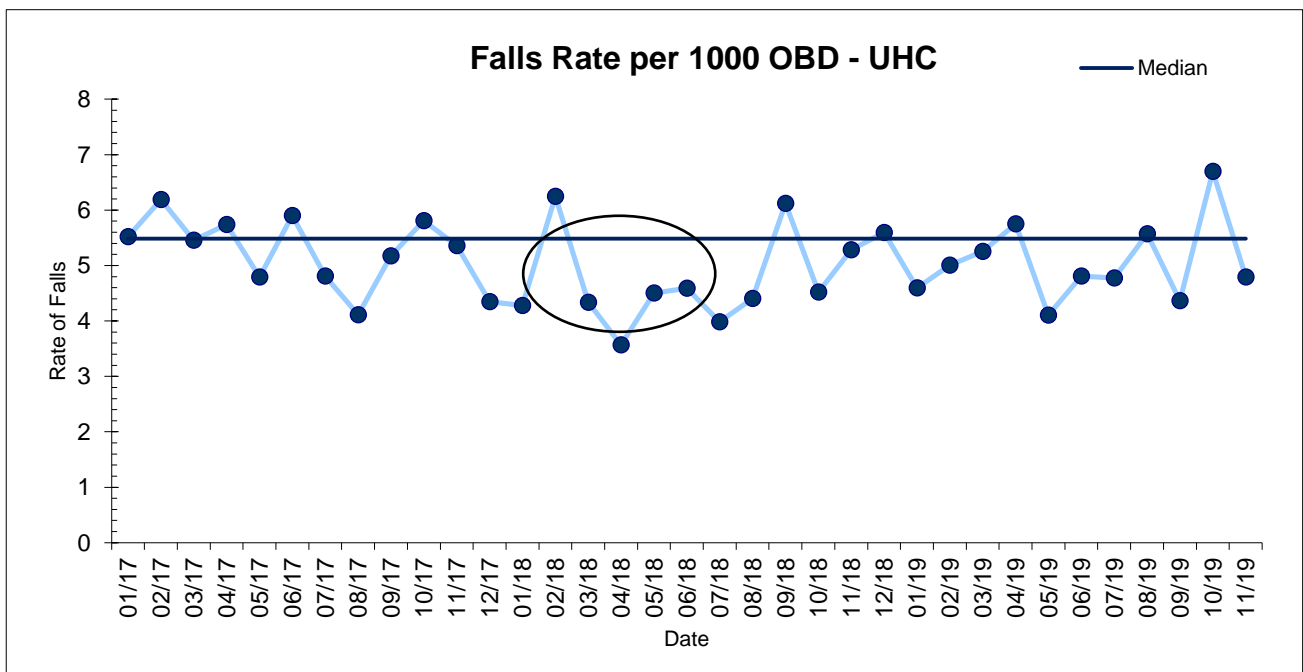
To ensure effective collaboration and improved delivery of care the Assistant Director of Quality Improvement and the Associate Nurse Director for Acute Services have been working closely to develop and enable inter-professional practice within the QI team. Improved communication and shared decision-making has ensured a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across both Acute Sites.

2.0 Falls/Falls with Harm

The SPSP aims are to reduce falls by 25% and to reduce falls with harm by 20%. On a monthly basis, the Acute Services QI Team analyse falls data to highlight areas of good practice and areas which have a higher rate of falls. Communication is ongoing with clinical teams to support improvement efforts.

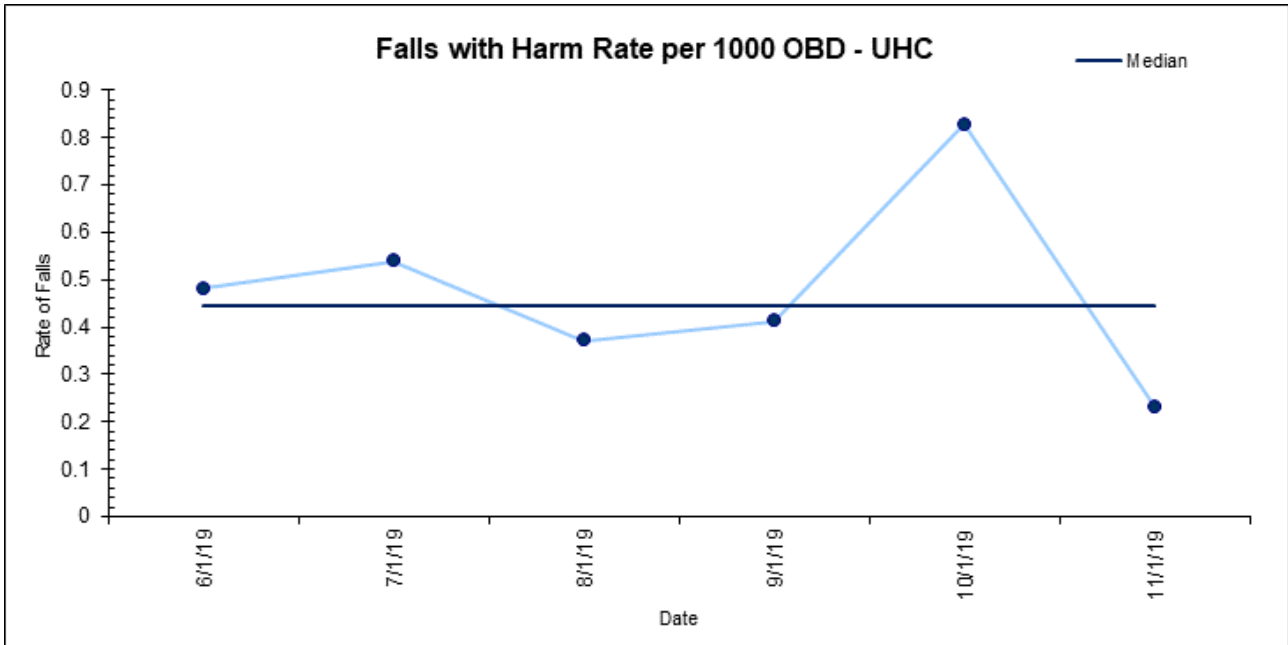
The median rate for all falls across NHS Scotland is currently **6.63** per 1000 OBDs.

2.1 Falls Data UHC



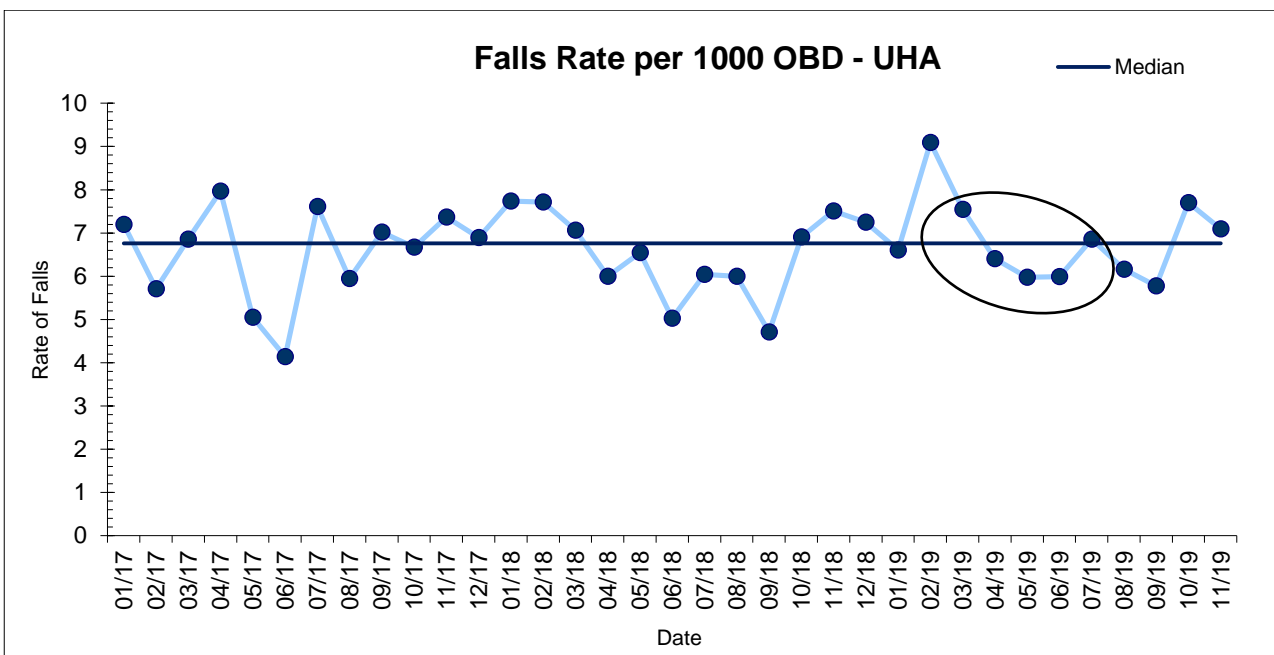
The chart above represents the rate of falls within UHC which is currently **5.5** per 1000 OBDs. A previous shift in data indicating signs of improvement was unfortunately unsustainable meaning the median has been unchanged since 2017. Despite the UHC falls rate being lower than the national median rate for all Scottish hospitals, more work is required to achieve a sustained 25% reduction in the rate of falls.

2.1.1 Falls with Harm Data UHC



The chart above represents the rate of falls with harm within UHC. Previously it was not possible to report falls with harm data via Datix. Over the last year we have been working collaboratively with staff in the Business Objects and Health and Safety teams to test Datix as a reliable platform. Reliable reporting from Datix began in June 2019 therefore, there are only six data points data presently available meaning we do not yet have a reliable baseline.

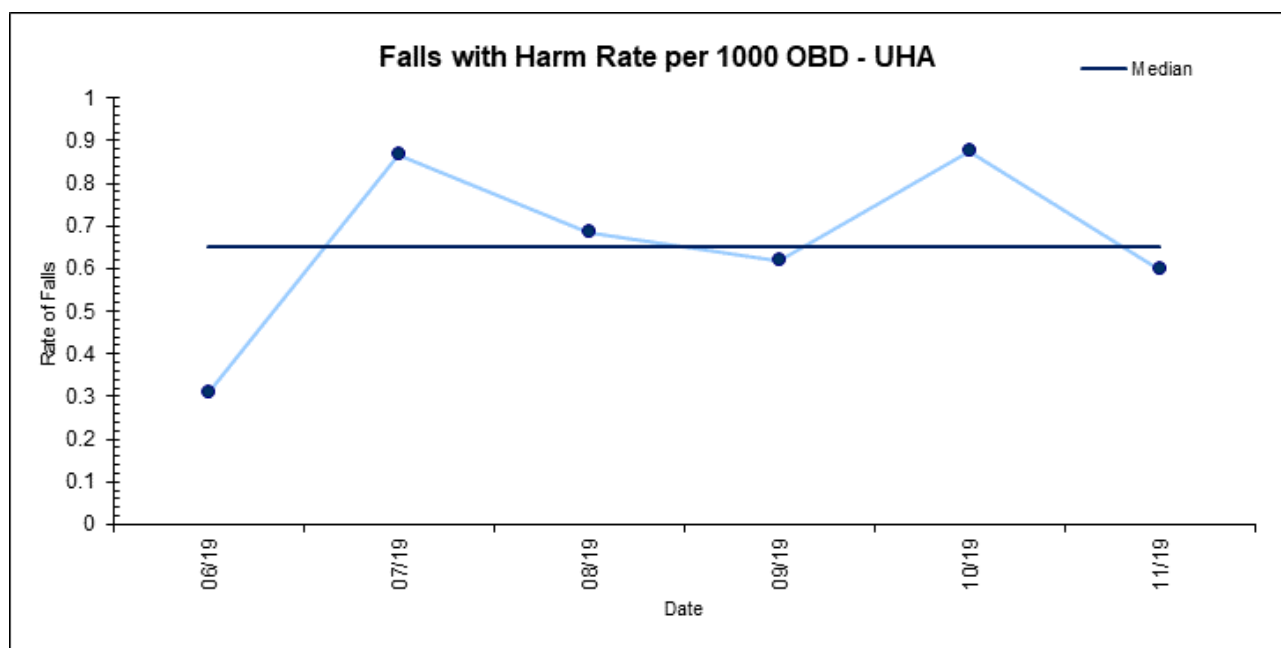
2.2 Falls Data UHA



The chart above represents the rate of falls within UHA which is currently **6.8** per 1000 OBDs, this is higher than the national median rate for all Scottish hospitals. As with UHC the data previously signalled early signs of improvement, unfortunately this has not been sustained. It is perhaps worth noting that some of the medical wards in UHA are still reporting median rates of falls significantly higher than both the hospital/Scottish median. **There is therefore a requirement for focussed effort for clinical teams to understand and reduce the falls rate in the medical wards in UHA.**

Across both acute sites more work is required to achieve a sustained 25% reduction in the rate of falls.

2.2.1 Falls with Harm Data UHA



The chart above represents the rate of falls with harm within UHA. As with UHC, reporting from Datix only began in June 2019 meaning we do not yet have a reliable baseline as only 6 data points are available to date.

By the end of the next quarter we will be able to provide judgement about our current level of performance and have an improvement trajectory in place.

2.3 SOP Activation of Improvement Support for inpatient falls and falls with harm

As part of the SPSP, there is a requirement to have in place robust and effective systems to accurately and regularly monitor and report data. In-patient clinical areas within NHS A&A are required to report monthly outcome measures for falls via Datix but there is presently no locally agreed process in place to activate improvement support to those wards where data suggests high median rates of falls.

Therefore, the Acute QI team have been working alongside the Falls Co-ordinator to develop a SOP that will support all clinical staff within NHS A&A to monitor and record the rate of falls and falls with harm and activate improvement support where required. This will enable clinical staff to work collaboratively with both the QI team and Falls Co-ordinator to identify

improvements and measure the outcome of any falls prevention/ reduction work within their clinical area.

The SOP is currently in draft format and will be tabled for approval at both UHC/UHA Clinical Governance Groups.

2.4 Falls Co-ordinator Activity

- Falls education continues through a monthly “Fundamentals of Care” study day. This has been proven to be well attended by trained staff and is now available for Health Care Assistants. The Falls Co-ordinator has also been able to deliver short ward based sessions at the request of individual clinical areas.
- The Nursing Rapid Review tool (post fall review bundle) is currently being tested in three clinical areas at both acute hospital sites. This is being carried out to allow staff an opportunity to comment and evaluate on its use before the tool will be implemented across the organisation as part of post fall practice.
- An immediate review after a fall proforma has been developed and tested in both UHC and UHA. This has been tabled at both Acute Clinical Governance Groups and is awaiting comments.
- A SOP has been developed by the QI Teams and the Falls Co-ordinator for activation of process measures and QI support to areas that have a higher rate of falls. It is hoped that this will standardise and focus improvement work and support. This currently awaits ratification.
- An Athena page has been developed for staff to access guidelines, information and resources with regards to falls.
- The Falls Co-ordinator is currently working with the learning and development team to amend a currently available Learnpro module.
- The Falls Co-ordinator is working with individual clinical areas that have identified a need for more focused falls improvement support.

3.0 Prevention of PUs

Reducing the incidence of healthcare acquired PUs remains a key safety priority for health and social care organisations across Scotland.

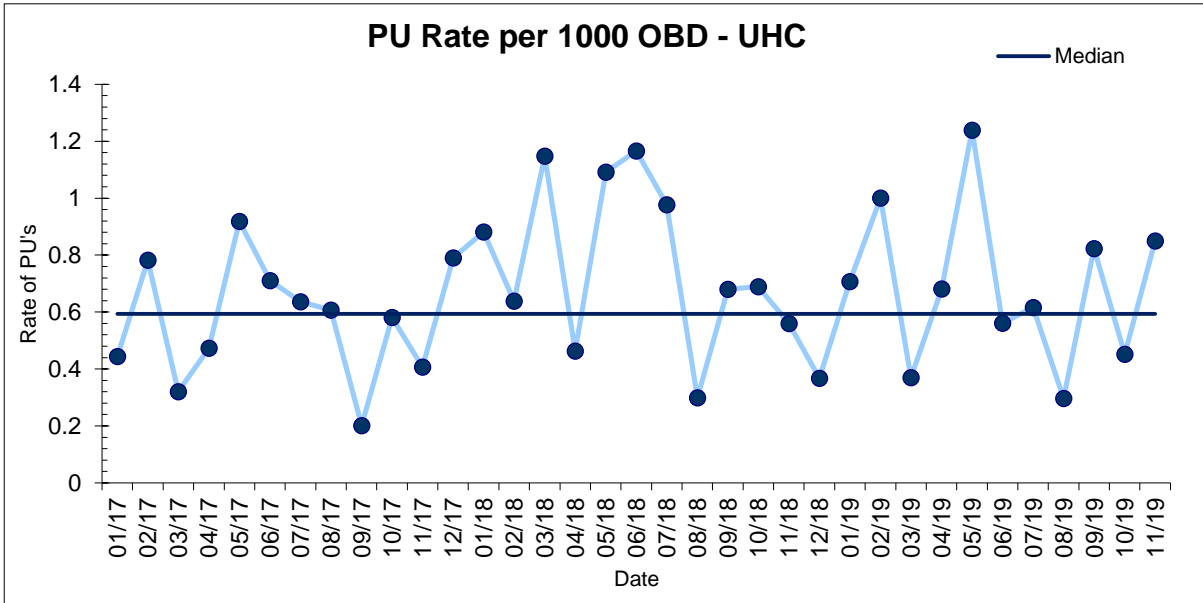
The SPSP aims are to:

- Reduce the rate of all newly developed PUs of Category 2 or above
- Reduce all new PUs acquired after admission/transfer in a healthcare setting where expert assessment and clinical history does not ascertain damage started prior to admission

Locally within NHS A&A we have had an aim to reduce the number of PUs by 25% and increase the number of days between grade 2-4 acquired PUs. On a monthly basis, the Acute Services QI Team analyse PU data to highlight areas of good practice and identify areas which have a high rates. Communication is ongoing with clinical teams to support improvement efforts.

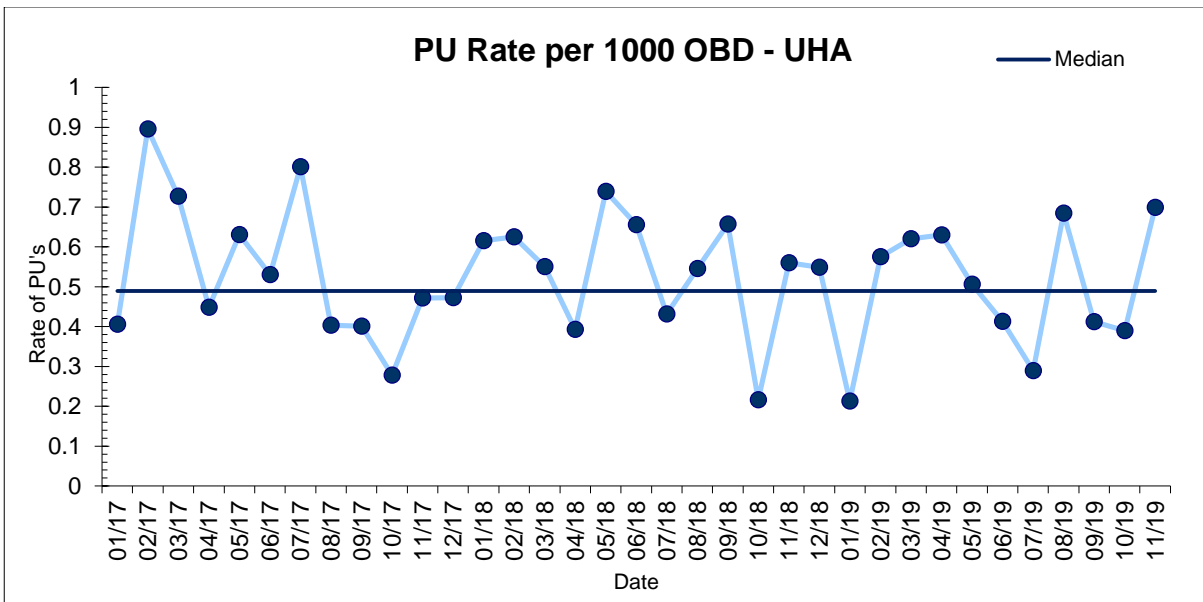
The median rate for PUs across NHS Scotland is currently **0.40** per 1000 OBDs

3.1 Pressure Ulcer Data UHC



The chart above represents the rate of PUs within UHC which is currently **0.6** per 1000 OBDs. The data demonstrates random variation with no signals of deterioration or improvement as yet within UHC. This is why the median has been unchanged since 2017. The UHC PU rate is higher than the national median rate for all Scottish hospitals suggesting more work is required to increase the days between grade 2-4 acquired PUs and achieve a sustained 25% reduction.

3.2 Pressure Ulcer Data UHA



The chart above represents the median rate of PUs within UHA which is currently **0.5** per 1000 OBDs. The data displays random variation with no signals of deterioration or improvement.

As with UHC, the UHA PU rate is higher than the national median rate for all Scottish hospitals suggesting more work is required to increase the days between grade 2-4 acquired PUs and achieve a sustained 25% reduction.

It is clear from the data that more work is required across both acute sites to achieve a sustained improvement in PU prevention and increase the days between grade 2-4 acquired PUs. To support this aim a Pressure Ulcer Improvement Group has been formed in January 2020 with membership including Tissue Viability team, Clinical Leads and the Acute QI team. This group will identify areas for improvement and support effective improvement planning.

3.3 TV Team Activity

Education

The TV team continue to improve knowledge of staff in relation to pressure ulcer prevention and management. The following activity has guided and supported training needs:

- Continuing Fundamentals Training, as well as ad hoc / bespoke training across Ayrshire & Arran as requested (current requests from: orthopaedics, clinical assessment unit, Ayrshire Hospice).
- Training for non-registered nursing staff to improve knowledge around managing skin, skin inspection and identifying difference between moisture and pressure damage.
- Training provided for Student Nurses to form basis of knowledge around pressure ulcer prevention and management. Sessions organised in University for year 1 and on hospital sites for year 2 and 3.
- New Vimeo (Foot for Thought) now available on the TV pages of Athena. A Vimeo on completing the SSKIN bundle will be available by January 2020.
- Nursing staff to complete the Learnpro module "Prevention and Management of PUs" which is now be included in MAST.
- Pocket cards and posters developed for staff to assist in accurate documentation of skin damage.
- Induction podcast for new members of staff.

Monitoring and reporting

- Monthly monitoring and screening of Datix to ensure accurate recording of PUs.
- Collect monthly reports of pressure ulcer incidence and monitor areas with high incidence.
- Continue joint working with QI to provide support to clinical areas as needed.
- Audit use of Safety Cross and SSKIN Bundle.

Investigation

- Confirmation or clarification grading of Grade 3, 4 Suspected Deep Tissue Injury or ungradeable PUs ensuring these are photographed by medical photography to aid in investigation.
- Support Senior Charge Nurses and deputies with pressure ulcer investigations to ensure robust analysis of event.
- Feedback findings including any learning points from event for dissemination to staff.
- Aid in identifying training and learning needs and support these where necessary.
- Participate in OPIH inspections and feedback.

4.0 Summary

- Available data suggests a higher median rate of falls per 1000 bed days in UHA compared to UHC.
- Some clinical areas in both acute hospitals have a higher rate of falls than the hospital median.
- Within both acute sites we require more data on falls with harm before making any judgements about our current level of performance and to inform any improvement opportunities.
- There is a requirement for focused effort to understand and reduce the falls rate in these areas.
- Falls data is reported to UHA, UHC and Acute Clinical Governance Groups.
- Alongside the Falls Co-ordinator the QI team will continue to offer guidance and support to clinical areas.
- Available data suggests both UHC and UHA have a higher median rate of PU (Grade 2-4) than Scottish median rate.
- Some clinical areas in both acute hospitals have a higher rate of PUs than the hospital median.
- A Pressure Ulcer Improvement Group has been formed in January 2020 as a priority with membership including Tissue Viability team, Clinical Leads and the Acute QI team to identify areas for improvement and support effective improvement planning.
- PU data is reported to UHA, UHC and Acute Clinical Governance Groups.
- Alongside the TV team the QI team will continue to offer guidance and support to clinical areas.