

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 5 October 2020</b>
<b>Title:</b>	<b>Scottish Patient Safety Programme (SPSP) Overview Report</b>
<b>Responsible Director:</b>	<b>Professor Hazel Borland, Nurse Director</b>
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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 ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

Due to reprioritisation of resources in the context of the Covid-19 pandemic, SPSP work in some areas required to be paused. However, it has been possible to continue some activity, with measures in place throughout.

This paper provides an overview of progress in relation to core Scottish Patient Safety Programme (SPSP) measures within the three programmes of Acute Services, Mental Health Services and Women and Children's Services. This paper seeks to provide assurance to Board members that actions are underway to assess the state of readiness of teams and restart activity when it is possible to do so, with normal reporting resuming going forward.

A revised reporting schedule for all SPSP activity for 2020/21 is presented to members at **Appendix 1**.

## 2.2 Background

NHS Boards report regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP.

## 2.3 Assessment

In response to the COVID-19 Pandemic, the national SPSP programme activity and reporting was paused. Confirmation is awaited from the national team regarding resubmission of self-assessment activity. During this time, various elements of the SPSP programme locally have continued to report and teams are forging ahead with local SPSP recovery plans.

### 2.3.1 Acute Services SPSP Programme

In response to the COVID 19 Pandemic in March 2020 the Quality Improvement (QI) team were redeployed to various areas of the organisation to support clinical teams. The majority of the team have now returned to support the SPSP and wider QI agenda.

The requirement to report adverse events such as falls, falls with harm and Pressure Ulcers (PUs) locally has remained in place. Current performance is outlined below:

- 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 **5.4** per 1000 OBDs which is *below* the national rate. This is a reduction of 0.1 per 1000 OBDs since last reported in February 2020.
- University Hospital Ayr (UHA) median rate of falls is **6.9** per 1000 OBDs which is *higher* than the national rate. This is an increase of 0.1 per 1000 OBDs since last reported in February 2020.
- The Scottish median rate for all PUs (Grade 2-4) is currently **0.44** per 1000 OBDs.
- UHC median rate of PU (Grade 2-4) is **0.60** per 1000 (OBDs). This remains at the same level since last reported in February 2020.
- UHA median rate of PU (Grade 2-4) is **0.48** per 1000 (OBDs), which is a reduction of 0.02 per 1000 OBDs since last reported in February 2020.
- Both UHC and UHA have a *higher* median rate of PUs than the national rate.

Post COVID 19 the QI team have a clear focus on recovery and reconfiguration. The clear aim towards March 2021 is to empower teams to lead their own Quality Improvement priorities in line with NHS Ayrshire & Arran's strategic direction and using our 4 pillar approach. The recovery plan focuses on three distinct phases; Recovery – a time to heal, Reset – a time to think differently and Re-launch – a time to work differently.

In preparation for reintroducing the SPSP and indeed our QI agenda, Clinicians were asked to consider the following questions:

1. What have clinical teams been doing differently (during COVID 19) that you want take forward?
2. What has been stopped that should be re-started?
3. Has anything been stopped that you *don't* think should be re-started?

This is with a view to understanding the landscape and ascertaining if clinical teams are in a state of readiness to re-embark on their improvement journey.

### **2.3.2 Mental Health and Improving Observation Practice SPSP Programme**

The SPSP Mental Health and Improving Observation Programme continues to be implemented and driven within Mental Health Services across NHS Ayrshire & Arran. The next Steering Group is scheduled for early October and a progress update will be presented which outlines the next 6-12 months of activity within the programme. A key focus will be on the new Data Measures from HIS however it is unclear at this time when a final version of this will be launched.

Improving Observation Practice:

- The established working group has now recommenced having been cancelled during the Pandemic and any work resulting from this group had therefore been delayed.
- The Ward-based Therapeutic Groups in Wards 10 and 11 are now well established with Ward 9 adopting a similar format of group work, and early indication is positive. The activity of the Floor Nurse and the 2 x daily Communication Clusters continue with appropriate adaptations to reflect social distancing. The Floor Nurse role has proven key in maintaining safe ward visiting practice.

Mental Health:

- Prior to Covid-19, HIS were undertaking a review of the data measures for the programme. Until this can be concluded, Ayrshire and Arran continue to record data in the previous format and Ward 9 are considering retrospective data to assist in planning improvement activity. A considerable amount of work was undertaken in preparation for the revised HIS measurement plan and multiple local data collection sources were considered.
- The safety pods in the Forensic Ward (Ward 6 and 7B) have been introduced and have reduced the number of times restraints have been used. Clear policy for the use of these is in place and evaluation and feedback from the patient group is key to modifying and improving the patient experience.
- All improvement activity continues to be delivered with continued support, advice and guidance from the Improvement Advisor. The work focuses on all service areas including: CMHT (community mental health teams), PCMHT (Primary Care mental health teams), CAMHS (child and adolescent mental health services), In-patient wards, covering the whole of Ayrshire.
- A further aspect of the Quality Improvement supporting this programme is to increase the capacity of the workforce in their understanding of improvement methodologies and how to apply this within their work area. The Improvement Advisor and the Senior Nurse (Community Mental Health) are using the Qi SIFT learning tools to modify and introduce this to the staff involved in supporting the programme.

Data Measurement:

- Meanwhile the Ward 9 test of Care Partner V3 Clinical Activity record has continued, Care Partner operating software updates and facility for local coding of additional fields is in place and should allow for seamless roll out of V4 Clinical Activity record when agreed by SPSP Mental Health Steering Group in response

to HIS guidelines. Data from Wards 8-11 indicate continuing low levels of violence and self-harm throughout this period. As Ward 11 became the designated adult admission ward for all geographical areas of Ayrshire and Arran from the end of March, April and part of May there was some increased levels of violence and self-harm during this period. Despite the unprecedented challenge of the Covid-19 pandemic these wards appear to have sustained their positive performance in minimising risk from Violence and Self Harm.

### **2.3.3 Women and Children's portfolio of SPSP programmes**

SPSP measures in Neonatal, Paediatric and Maternity programmes have continued throughout the pandemic period.

Neonatal SPSP measures continue as follows:

- Rate of central line blood stream infection and compliance with Central line bundles. Data indicates sustained improvement
- Rate of necrotising enterocolitis. Data indicates sustained improvement
- Compliance with the Preterm perinatal wellbeing package to reduce mortality rate (in collaboration with Maternity programme). Data remains variable. Maternity MCQIC (Maternity & Children Quality Improvement Collaborative) meetings which were previously attended were beneficial in sharing data, best practice and highlighting areas for improvement in terms of the measures of the Preterm Perinatal Package. These meetings restarted in July 2020.
- Rate of recorded temperature within one hour of admission. Data is meeting our aim.
- Rate of hypothermic infants and compliance with warm bundles. There has been a positive shift with the increase in compliance of the warm bundles. These were first tested back in October last year then fully implemented in December following the 'Normothermia November Roadshow'. The individual elements of the bundle that are being measured are still slightly variable but on the whole going in the same direction as the overall compliance. More importantly, the effects of the increased compliance has seen a decrease in the number of cold babies being admitted to the Neonatal Unit (NNU), this being one of our aims. There is evidence which shows consistency in a relatively high number of these infants being admitted to the NNU despite the implementation of our transitional care unit.

Paediatric Measures continue as follows:

- Sepsis bundle compliance including use of high flow oxygen, consideration of inotropes, IV/IO access and bloods, consideration of fluid bolus, IV antibiotics given and involvement of senior clinicians.
- Escalation of PEWS scoring
- Central Venous Catheter related blood stream infections
- Unplanned admissions to PICU
- Watchers bundle

Maternity Measures continue as follows:

- Rate of stillbirth. Sustained improvement and meeting our aim in terms of number of stillbirths and days between.
- CTG (Fetal Heart rate monitoring) package. Hourly fresh eyes is embedded in practice. MCQIC continued this measure with exclusion reporting.

- Rate of postpartum haemorrhages (PPH). Sustained improvement until Dec 2019 in terms of number of PPH and days between. Work began to investigate possible causes for deterioration before being suspended due to Covid-19. Measure for percentage of women with stage 2 and/or stage 3 PPH who received tranexamic acid was implemented in April 2019. Agreement was made with MCQIC to adapt data collection to equal to or more than 1500ml to improve quality of data collection. Prior to COVID 19 compliance rate was 100%.

#### **2.3.4 Quality/patient care**

SPSP 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.

#### **2.3.5 Workforce**

Opportunities for learning and improvement will require ongoing engagement from staff across the organisation; e.g. QI Team, Leadership Teams and clinical staff. Much of our QI workforce were deployed to clinical posts to support the COVID 19 response and have now returned to their substantive roles.

#### **2.3.6 Financial**

It should be noted that reduced performance in relation to SPSP measures may have a financial impact, for example potential increased extended length of stay due to experiencing a fall with harm.

#### **2.3.7 Risk assessment/management**

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

#### **2.3.8 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.

#### **2.3.9 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.

### **2.3.10 Communication, involvement, engagement and consultation**

This is an overview report of SPSP activity within NHS Ayrshire & Arran and does not require engagement or consultation.

### **2.3.11 Route to the meeting**

A version of this paper was presented to Healthcare Governance Committee on Monday 14 September 2020.

## **2.4 Recommendation**

Board members are asked to receive and discuss this report which provides an overview of performance in terms of SPSP activity across the organisation.

Board members are asked to note the reduced activity in the context of Covid-19 and plans to re-start this paused activity.

Board members are asked to note the proposed reporting schedule for the six SPSP programmes at **Appendix 1**.

## **3. List of appendices**

- Appendix 1, Revised SPSP reporting schedule

**Revised SPSP Reporting Schedule 2020/21**

	HCGC	Board	HCGC	Board	HCGC	Board	HCGC	Board
	14 Sep 20	5 Oct 20	2 Nov 20	30 Nov 20	11 Jan 21	1 Feb 21	1 Mar 21	29 Mar 21
<b>SPSP Programme Report</b>	Acute, MH and Women and Children's overview report	Acute, MH and Women and Children's overview report	Primary Care	Primary Care	Maternity	Maternity	Mental Health	Mental Health

**Dates to be confirmed: (paper planning subject to change)**

	HCGC	Board	HCGC	Board	HCGC	Board	HCGC	Board
	May 21	May 21	Jun 21	Jun 21	Aug 21	Aug 21	Sep 21	Oct 21
<b>SPSP Programme Report</b>	Paediatrics	Paediatrics	Acute	Annual Accounts	N/A	Acute	Neonatal	Neonatal

**SPSP Reporting Pattern: (commencing Nov 21 HCGC)**

	MCQUIC		MCQUIC		MCQUIC		MCQUIC	
Primary Care	Maternity	Mental Health	Paeds	Acute	Neonatal	Primary Care	Maternity	Mental Health