

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 23 May 2022
Title:	Scottish Patient Safety Programme (SPSP) Mental Health Update Report
Responsible Director:	Caroline Cameron, Director and Chief Officer North Ayrshire Health and Social Care Partnership Jennifer Wilson, Nurse Director
Report Author:	Ruth Davie, QI Lead - Partnerships

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper provides an overview of progress in relation to the Scottish Patient Safety Programme (SPSP) for Mental Health (MH) within NHS Ayrshire & Arran (NHSAA). This report follows the update provided in March 2021, focuses on the re-mobilisation of the programme and seeks to provide assurance to members that appropriate actions are in progress.

2.2 Background

NHS Boards reported regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) prior to March 2020 in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP. There has been no further ask from HIS to submit data since this point.

2.3 Assessment

In response to the Covid-19 Pandemic, the national SPSP Mental Health programme activity and reporting was paused and this has remained the case since March 2020. Confirmation is awaited from the national team regarding resubmission of self-assessment activity and data; however, NHSAA have continued to record this information internally during this period as part of a local recovery plan.

- **Mental Health and Improving Observation Practice (IOP) SPSP Programme**

This work has continued where possible; however, some group activities have been reduced due to restrictions when wards were closed, or due to refocussing of priorities in the context of Covid-19. Where work had been paused, much of this has now remobilised and some additional actions have also been undertaken, as detailed in **Appendix 1**.

The next stage of IOP within NHSAA will be to consider how best to implement the transition from our current Safe and Supportive policy on Observation to the IOP principles of Continuous Intervention. A timeline for this is still to be confirmed.

- **SPSP Mental Health Improvement Collaborative**

Self-nominations were requested by HIS in November 2021 for participation in a new national collaborative. The aim is 'Everyone in Adult Mental Health Inpatient ward experiences high quality, safe and person centred care every time.' Support from HIS is limited to fifteen teams and will support creating the conditions for improvement in the teams/wards to: improve observation practice, reduce harm from restraint and seclusion practices. This last element is linked to the previous work undertaken by wards included in the test area for Improving Observation Practice.

Four wards submitted applications,

- Ward 7A (Learning Disability in-patients),
- Ward 8 (Intensive Psychiatric Care Unit),
- Ward 10 and Ward 11 (acute adult in-patients).

All four applications were successful and the collaborative is scheduled to commence on 13 April 2022.

- **Building Quality Improvement Capacity**

Internally Ayrshire and Arran have developed Ayrshire and Arran Improvement Foundation Skills Programme (AAIFS) and to date have delivered 2 cohorts. The third cohort is due to commence in April 2022 and two places on each cohort are allocated to Mental Health Services. Another cohort will be delivered from August 2022. The option of delivering a specific cohort for Mental Health is being explored.

2.3.1 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.

2.3.2 Workforce

Opportunities for learning and improvement will require ongoing engagement from staff across the organisation; e.g. QI Team, Leadership Teams and clinical staff. The QI Advisor within SPSP MH was seconded to a national post in August 2021. A successful candidate for this secondment has yet to be appointed. The QI Lead role transferred from North H&SCP to a role covering all three Health and Social Care partnerships and a priority has been to appoint into vacant posts. Due to ongoing clinical pressures, the redeployment of the QI Lead for Partnerships and other team members it has been at times difficult to provide consistent support to the work.

2.3.3 Financial

It is unclear whether there are any financial impacts during the Covid 19 period due to reduced activity within the SPSP Mental Health Programme. There has been financial underspend due to the Band 7 post being vacant since August 2021.

2.3.4 Risk assessment/management

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 paper is presented to the Board to provide an overview of performance in terms of SPSP Mental Health Activity across the organisation. There was therefore no requirement to undertake any engagement with stakeholders in the development of this report.

2.3.8 Route to the meeting

This paper was presented to the Healthcare Governance Committee on 25 April 2022.

2.4 Recommendation

For awareness. Board members are asked to receive the report and take assurance from the actions in progress.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, Mental Health and Improving Observation Practice – SPSP Update February 2022

Appendix 1

Mental Health and Improving Observation Practice SPSP Programme – Update

1. Improving Observation Practice (IOP):

The IOP working group continue to identify and roll out key learning from each ward area working towards the guidance outlined in the HIS document From Observation to Intervention. The work on developing a local IOP policy has been delayed, waiting for the reformation of the HIS IOP Policy group offering guidance. Much of the IOP work within NHS Ayrshire & Arran has focussed on the softer skills and person centred aspects of IOP - spreading these approaches throughout Adult Acute and into Elderly Mental Health (EMH). While this spread will continue and adapt to other areas, the next stage of IOP within NHS Ayrshire & Arran will be to consider how best to implement the transition from our current Safe and Supportive policy on Observation to the IOP principles of Continuous Intervention.

The Ward-based Therapeutic Groups in Ward 10 continued through the first lockdown and throughout subsequent Covid related pressures. Ward 9 adopted a similar format of group work with a particular focus on walking and early indication from this is positive. The activity of the Floor Nurse and the 2 x daily Communication Clusters continue with appropriate adaptations to reflect social distancing. Subsequent periods of lockdown, Covid restrictions and staff pressures have however, at times resulted in episodes of disruption to these activities.

The Floor Nurse role has proved key in maintaining safe ward visiting practice and is now embedded throughout all wards and is continuing to be monitored to ensure that any improvements can be incorporated into the Standing Operating Procedures.

Ward 11 are currently undertaking a test of change of Occupational Therapy (OT) referral of all patients on Enhanced Observations. This works towards the increased application of therapeutic intervention in place of observation. Ward 10 are planning on developing a PDSA (Plan Do Study Act) cycle exploring how support from Physiotherapy can augment Enhanced Observation and support inpatient physical health.

HIS have widely acknowledged the impact of IOP within NHS Ayrshire & Arran and have utilised our experience as an exemplar of good practice. Unfortunately the plans to film the Therapeutic Groups Case Study within Ward 10 in March 2020 was cancelled due to initial Covid lockdown however an animated version was developed and shown at a national event. However, HIS remain keen to share our experience and to inform good practice nationally and are producing an animated version which will navigate around current restrictions. An animated version of the information was made and circulated.

2. Core SPSP Mental Health Wards:

In a time of unprecedented challenges and pressures for both staff, patients and the wider community amidst a global pandemic the performance of the principle SPSP MH Wards - Woodland View 8-11 against the core SPSP MH datasets has been very positive and a testament to embedded safety culture and best efforts of the clinical teams. It is hoped that with more stability going forward this will allow for further improvements and innovations in Patient Safety in Mental Health.

Woodland View Hospital undertook significant programme of works to address fire damper issues whereby a further number of issues were identified which required further action. The fire stop/door works across mental health were progressed during the past year and this has affected all areas with wards being decanted and moved within the facility whilst work was completed.

Staff worked hard to ensure that the impact of these moves on patient care was minimal however the number of beds available and subsequent bed occupancy numbers fluctuated during this time. This has impacted on the data presentation as all data charts show per 1000 bed days rather than a count of events. This information should be taken into account when considering the data shown below.

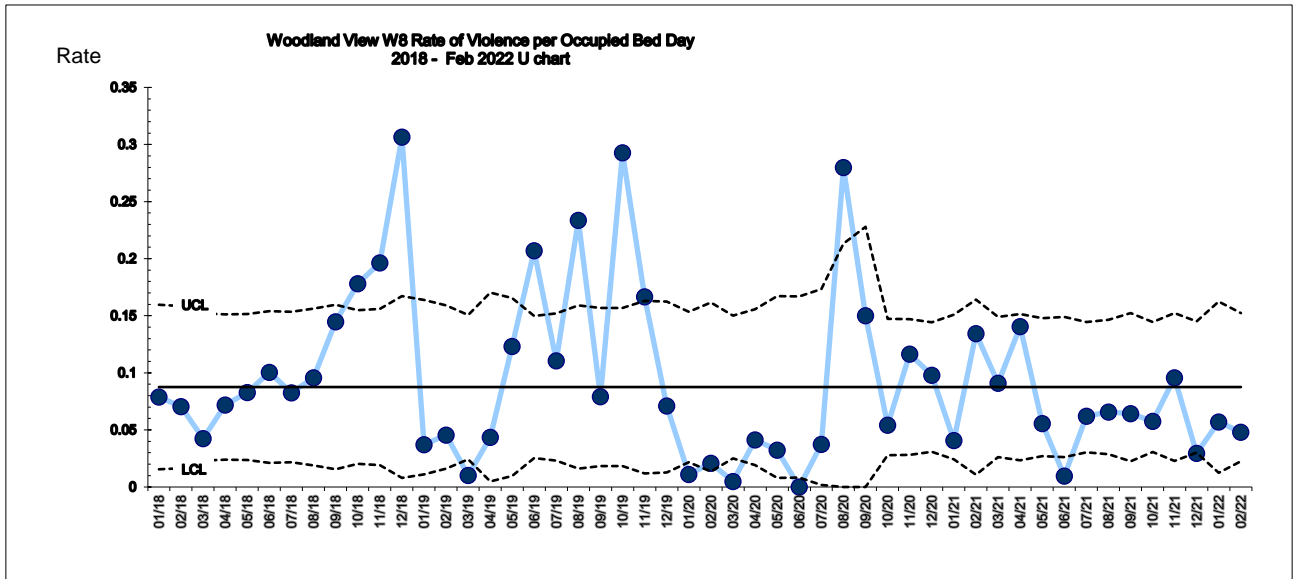
The section below will consider the QI Portal data since 2018 to October 2021 per ward.

2.1 WARD 8 (IPCU)

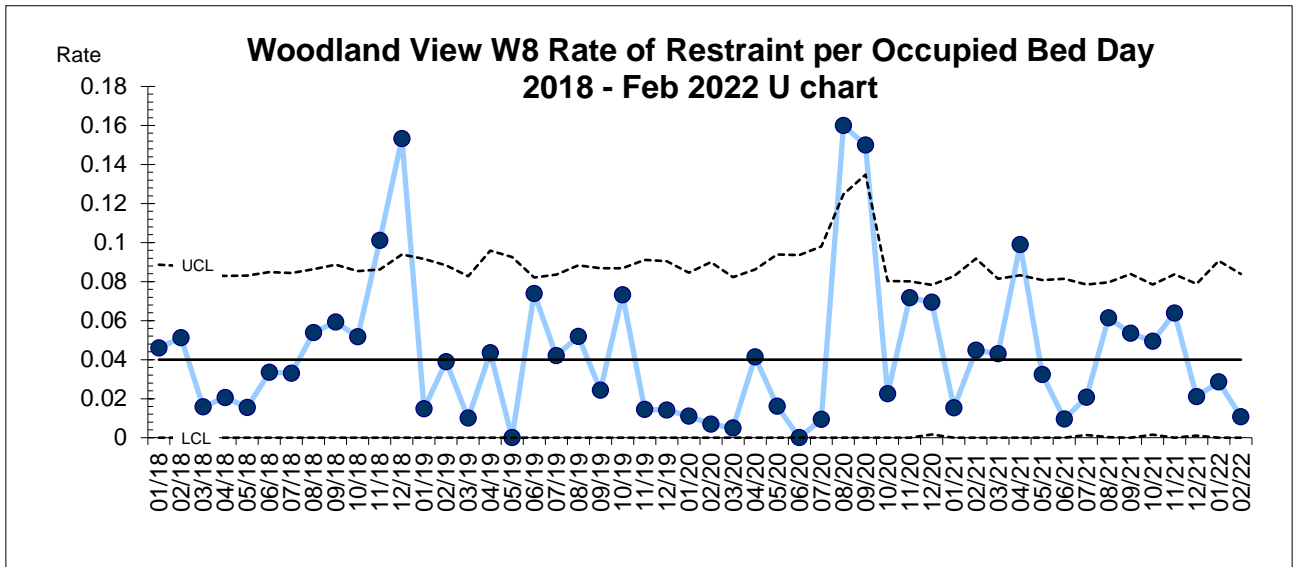
The Intensive Psychiatric Care ward cares for the most distressed and challenging patients within Mental Health Inpatients.

- The data for Violent Incidents shows that only one month in the past 10 months the data has been above the mean line, and in June 2021 below the lower control limit (LCL).
- Restraint levels show that the past three months data are below the mean with the previous 4 months the data points were above the mean however lower than the upper control limit (UCL). The spike in April 2021 relates to a very distressed patient being cared for using a person centred behavioural management approach.
- Self-Harm levels show the last three months have been below the mean line.

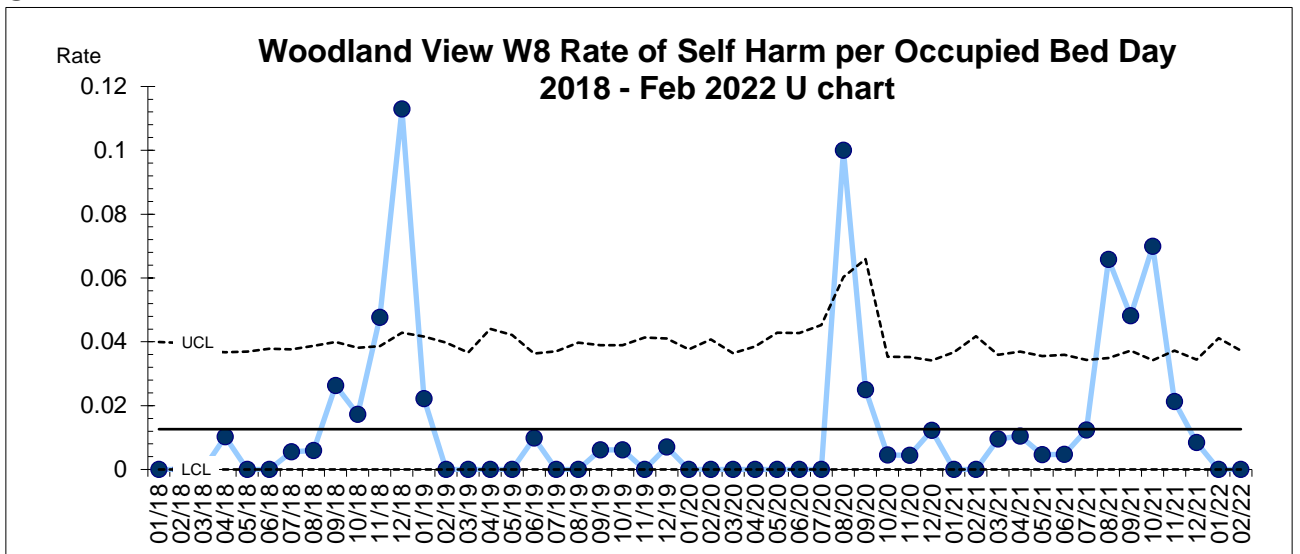
VIOLENCE



RESTRAINT



SELF HARM

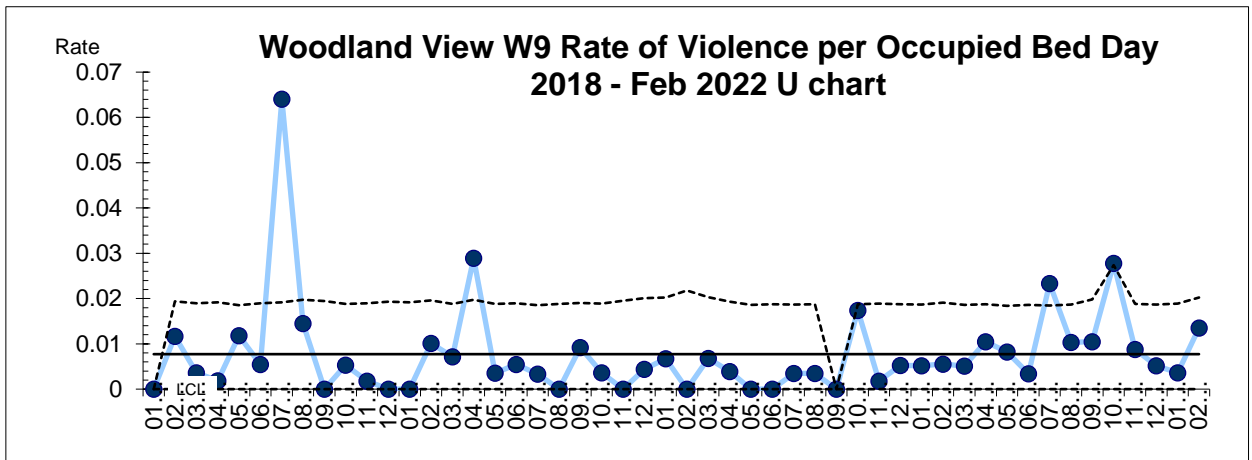


2.2 WARD 9

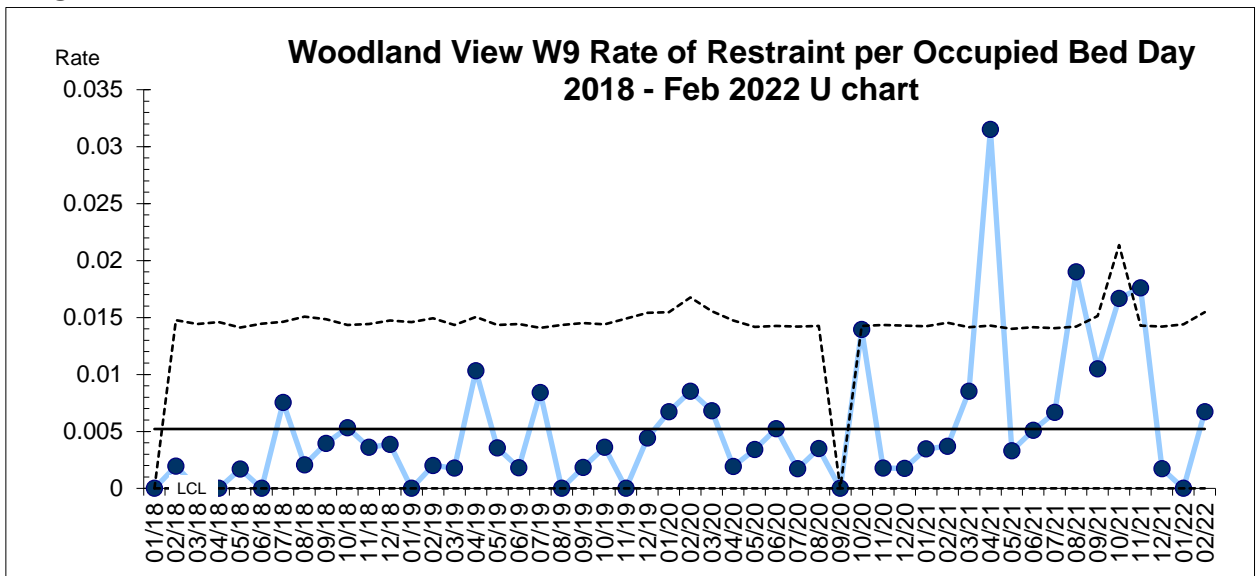
Ward 9 is the Adult Acute Admissions Ward for North Ayrshire.

- Violence shows 6 of last 8 data points above the mean line with only two points below the mean. This related to one individual patient with incidents of distressed behaviour.
- Restraint shows that of the past 8 data points there were only two months were below mean and 6 above within UCL and two further data points above the upper control line in August and November 2021 relating to the same patient as above.
- Self-Harm shows in the past 6 months there were two points below mean and 4 above the mean, one of these were above the UCL.

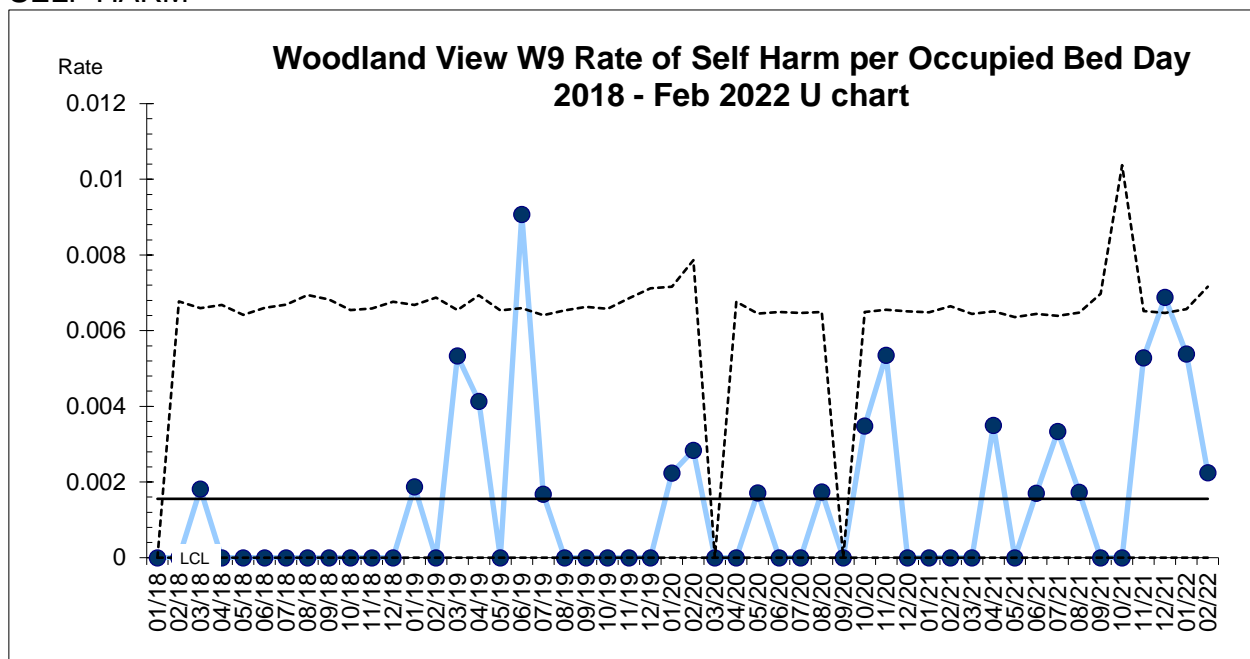
VIOLENCE



RESTRAINT



SELF HARM

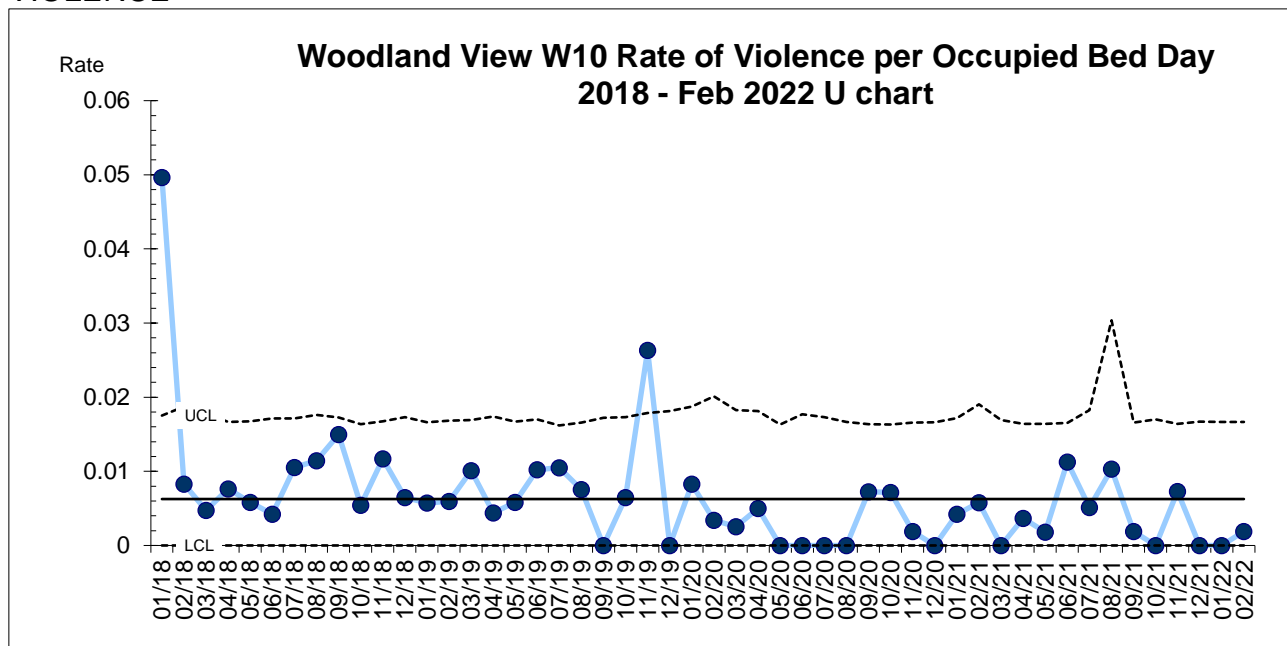


2.3 WARD 10

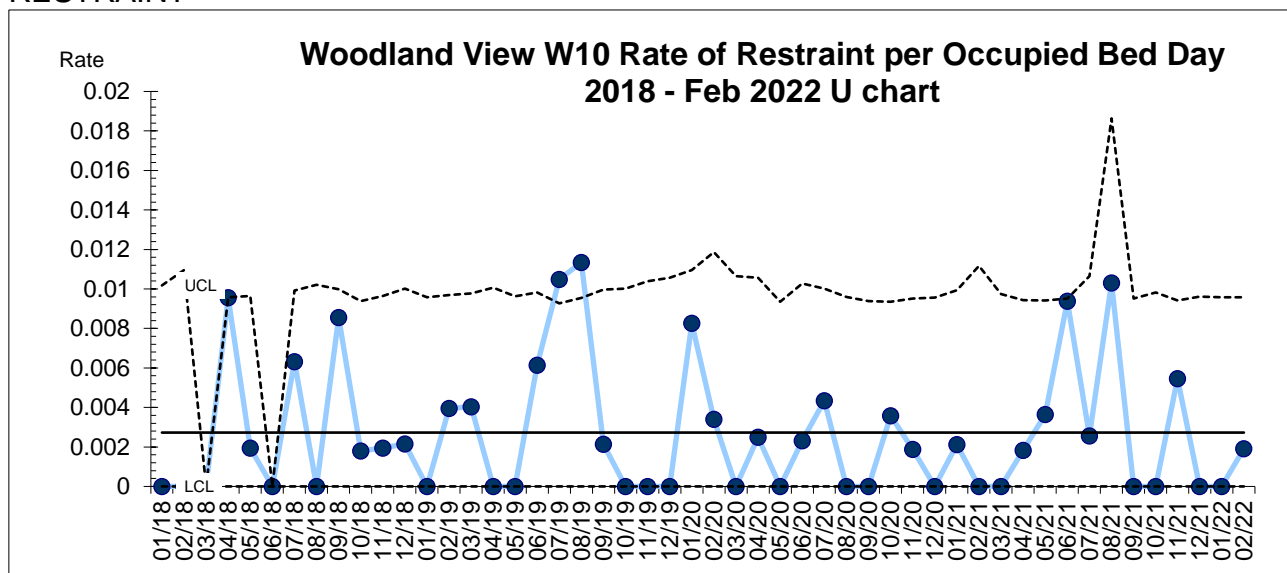
Ward 10 is the Acute Adult Admissions ward for South Ayrshire. Of note, Ward 10 in 27 July 2021 moved into Ward 4 with 10 beds (reduction of 5 beds) and returned to Ward 10 on 26 October 2021.

- Violence data shows 7 of the past 10 monthly data points on or below the mean. Three data points were above the mean however below the UCL
- Restraint 10 data points 6 were on or below mean with 4 above within UCL.
- Data for Self-Harm shows the past 5 points 4 were on the lower control limit with February 2022 above the mean.

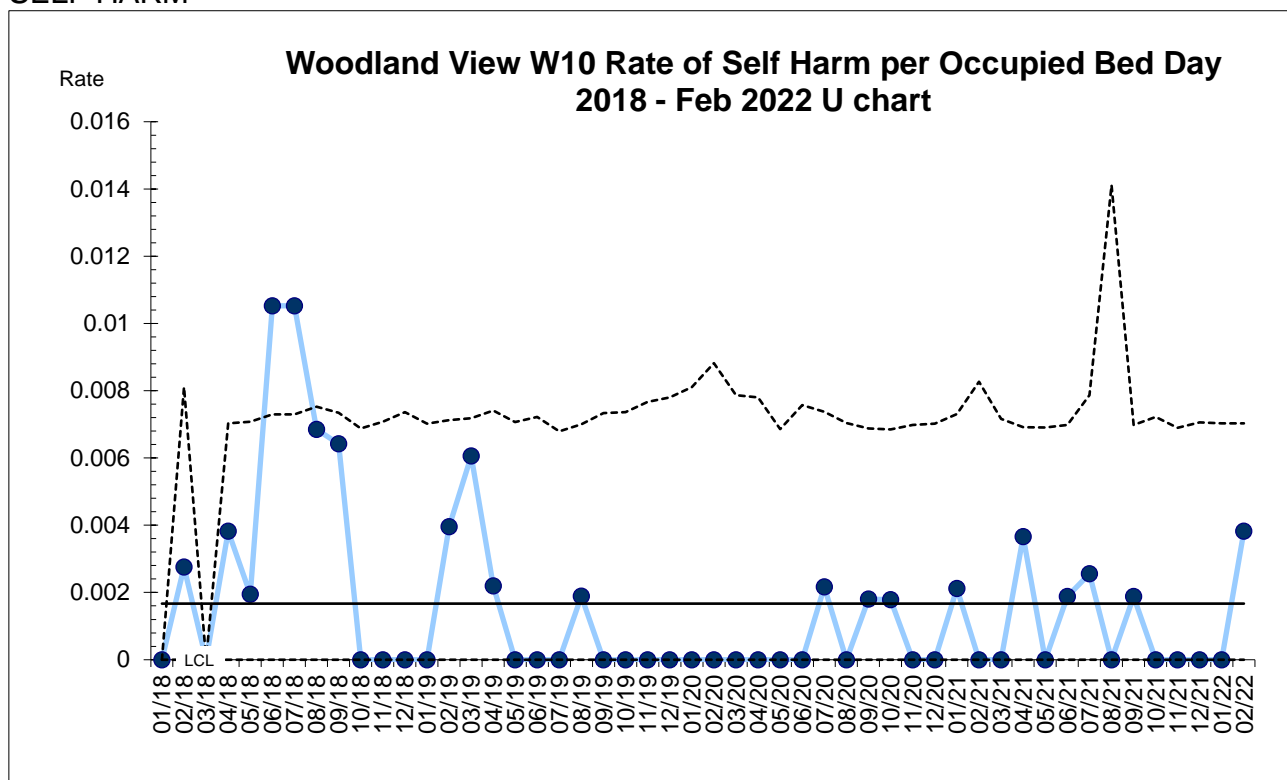
VIOLENCE



RESTRAINT



SELF HARM

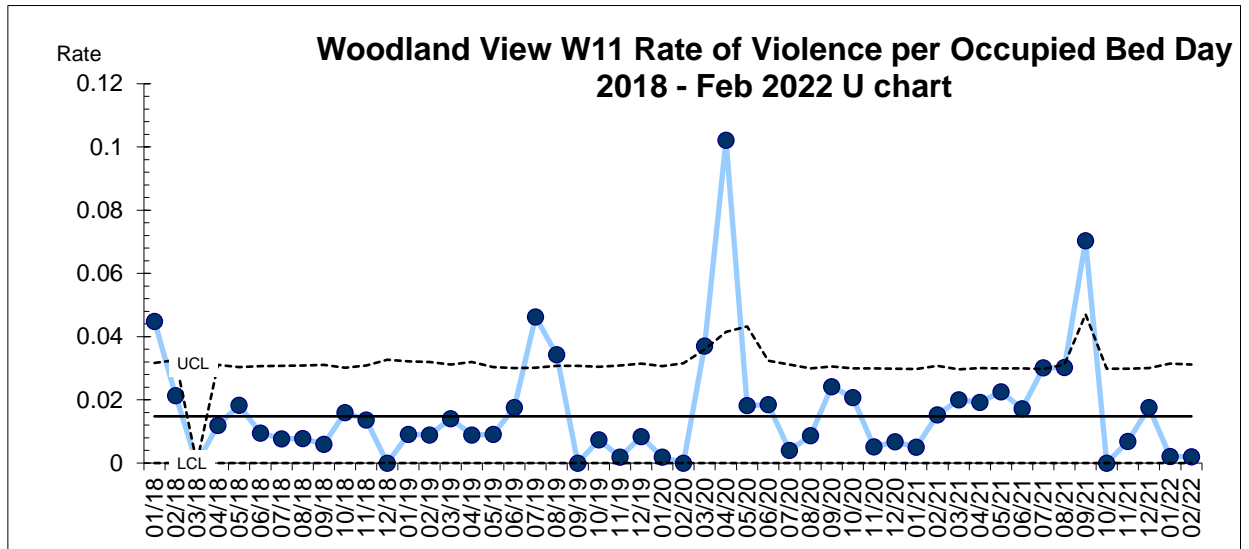


2.4 WARD 11

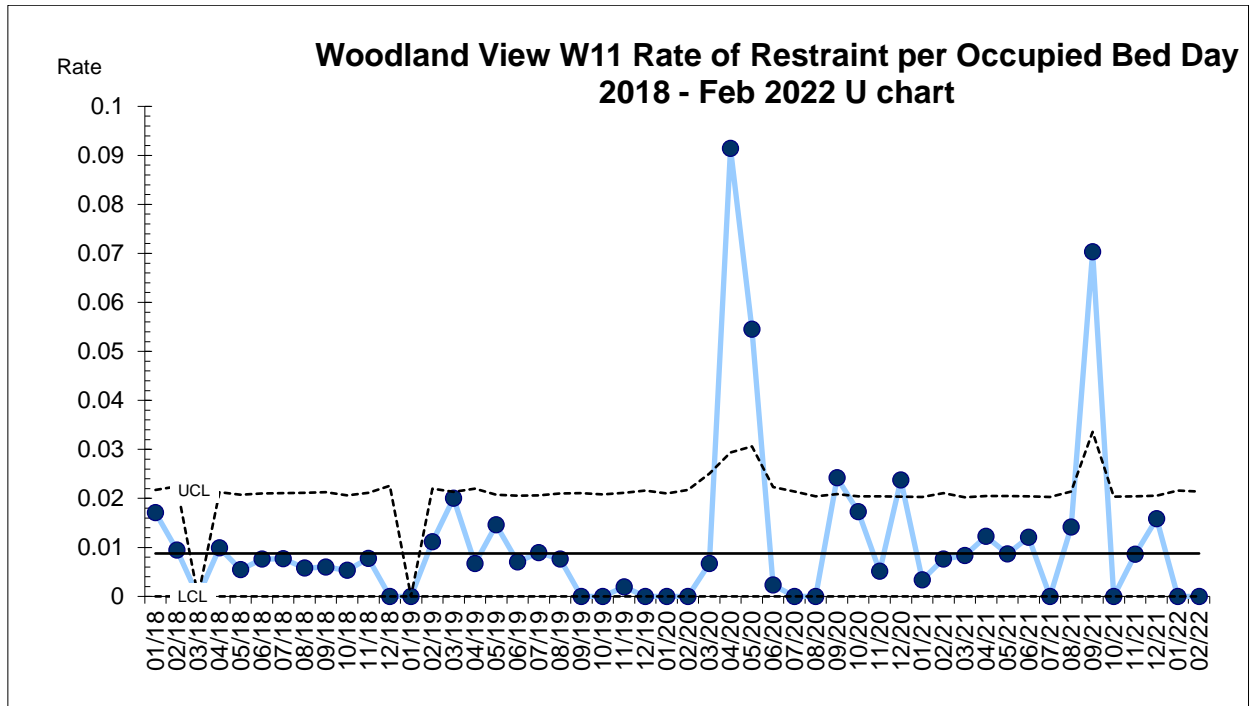
Ward 11 is the Acute Adult Admissions Ward for East Ayrshire. Ward 11 was designated the single receiving ward for all of Ayrshire during March, April and May during the initial Covid-19 lockdown. The reduction in bed days and increase in admission of more acutely unwell patients combine to create the marked spike during this period. A further increased data point in Restraint and in rate of violence in September 2021 was linked to the admission of a patient with a period of significant distress. Again in relation to self-harm over the past 12 months there have been 6 data points below the mean and 6 data points above the mean, and June 2021 shows a point above the UCL.

- Ward 11 decanted into Ward 10 on 27 August 2021 and had 10 beds (a reduction of 5 beds) and returned to Ward 11 on 24 September 2021.
- Within the past 6 months the rates of violence, four months were below the mean and two were above the mean line, one above the UCL.
- The restraint figures show a similar pattern to the rates of violence chart.

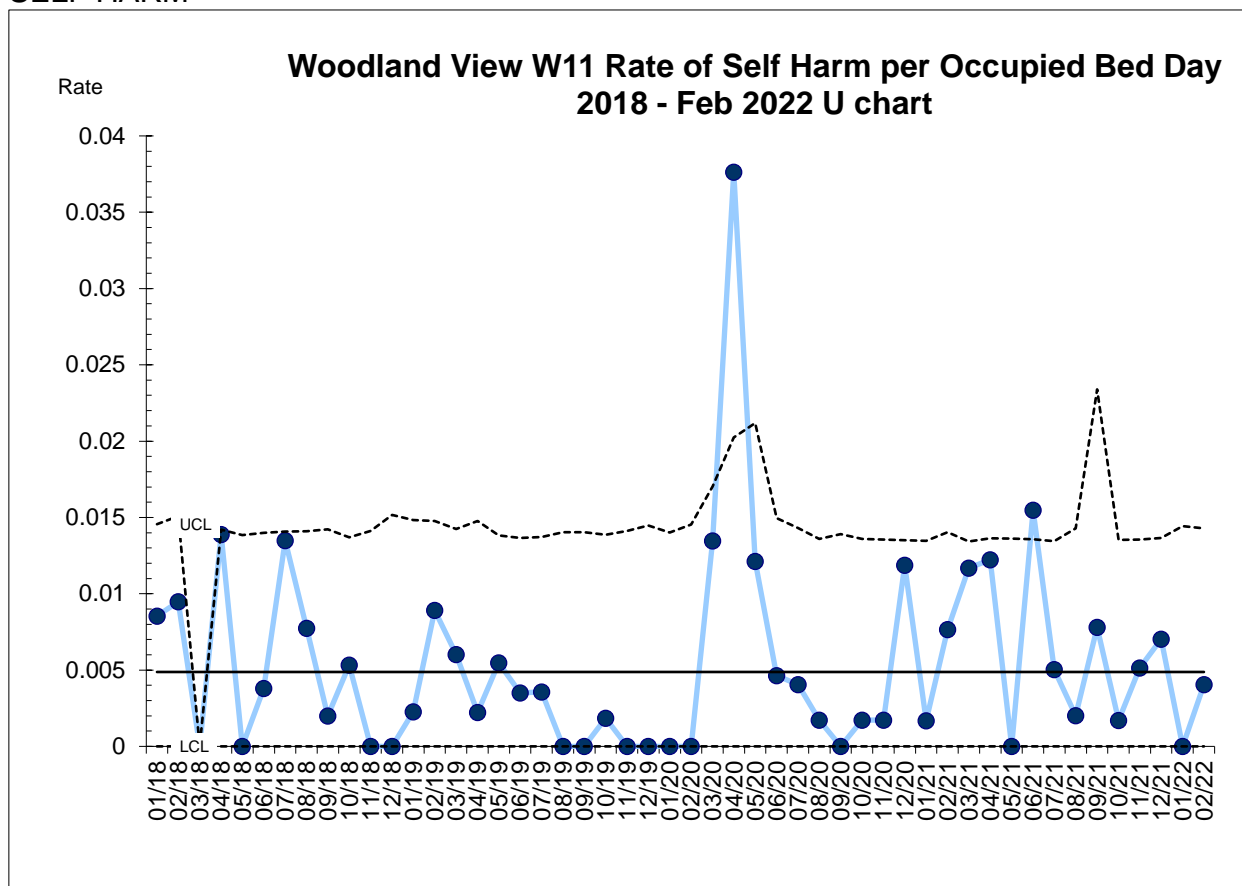
VIOLENCE



RESTRAINT



SELF HARM



2.5 Seclusion:

The development of an NHS Ayrshire & Arran policy in response to Mental Welfare Commission guidance was paused at the beginning of Covid 19 however the working group has since re-formed with pieces of work distributed amongst members.

2.6 Data Measurement:

Previously a considerable amount of work has been undertaken in preparing for the revised HIS measurement plan. We had drawn on multiple local data collection sources and worked with a range of colleagues including; the EIC, Care Partner Team, Business Objects and Datix, along with Senior Managers to avoid duplication of clinician effort in recording the significantly increase data range. However, at a national level, several aspects of the proposed HIS measurement plan raised concerns resulting in the suspension of the implementation pending a period of wider consultation with boards had been undertaken. With the launch of the new Mental Health Improvement Collaborative in April 2022 we are expecting HIS to be able to confirm how this programme will progress.

2.7 Support to HIS Relaunch Nationally:

NHS Ayrshire & Arran have supported National relaunch with participation in Essentials of Safe Care (ESC) - Communication working groups and are now involved as a 'Critical Friend' and focus group member reviewing the ESC toolkit subsequently produced from multiple working groups. In addition the SPSP Mental Health Improvement Advisor has contributed to a series of HIS webinars focussing on programme relaunch.

2.8 Patient & Staff Safety Climate Tool:

A rolling programme of Patient Safety Climate Tool and Staff Safety Climate Tool survey was previously initiated in 2020 and there are plans for retesting clinical areas in the next 3 months. The results from this work will provide a solid qualitative baseline and identifies areas and opportunities for QI work e.g. LD – safety brief project, EMH – staff focus groups, ward communication. The programme will continue throughout all inpatient areas when clinically appropriate. The tool nationally is under review and a consultation period is concluding with the expectation of an updated version which will be utilised once confirmed.

2.9 Falls:

As part of a major programme of work within the 4 EMH wards: Clonbeith, Dunure, in Ailsa and Ward 3 and 4 in Woodland View have undertaken Falls Prevention education and improvement activity. The following is a summary from the latest report in October 2021 and has been showcased at the Boards, Falls Improvement Group.

Falls prevention training was commenced across the 4 wards in April 2021.

Total falls across the 4 EMH wards combined reduced by 20.5% from April 2021 to October 2021 (compared with the preceding 18 months).

Total falls with harm reduced by 47.8% for the same time period (as compared with the previous 18 months).

The falls rate for the 4 EMH in-patient wards combined per 1000 bed day indicated that for 6 out of the 7 months, the falls rate remained below the mean. The spike in the falls rate in July was impacted by 2 new patients in one ward having multiple falls.

2.10 Other Activity:

- Mental Health have secured two places per cohort on the NHS Ayrshire & Arran AAIFS programme with four notes of interest for the next cohort. Although there was a delay in this being delivered due to the current covid restrictions in place cohort 3 will commence in April 2022 and cohort 4 in August 2022. Evaluation and feedback will provide invaluable information for local coaching and support to embed Quality Improvement methodology and increase capacity within Mental Health.
- Adolescent Secure Unit – SPSP Mental Health Improvement Advisor has contacted project leads offering resumption of support for design of Data Measurement plan integration with Clinical and Operational guidelines.
- The Senior Nurse and the QI Lead have been supporting the delivery of a Quality Improvement and Innovation Group which is coaching and mentoring staff who are interested in QI and have been delivering small tests of change within their own areas. A number of staff have presented to the group and received feedback from peers and colleagues. We are anticipating being able to arrange a showcase event and for a number of them to submit posters to the NHS event.