NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Monday 3 October 2022**

Title: **Quality and Safety – Acute Report (Previously SPSP and EIC papers – now combined)**

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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 NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper outlines SPSP progress in alignment with EiC locally and describes to members the current status and plans going forward in relation to core measures including:
- Falls
- Falls with harm
- Cardiac Arrest
- Pressure Ulcers

2.2 Background

The Scottish Patient Safety Programme (SPSP) is a longstanding national initiative that aims to support and improve the safety and reliability of health and social care and reduce harm, whenever care is delivered.

Excellence in Care *(EiC)* is *Scotland's* national approach to assuring and improving nursing and midwifery care.

2.3 **Assessment**

As part of the SPSP Acute Adult Portfolio, all Boards have a requirement to report Falls, Falls with harm, Cardiac Arrest and Pressure Ulcer (PU) data nationally to Healthcare Improvement Scotland (HIS). As part of the (EiC) programme, data for Falls and PU is submitted monthly to Public Health Scotland (PHS) via a data extract from Datix and the Patient Management System. Essentially this has resulted in two programmes of care both of whom have previously requested the submission of the same data from NHS Boards.

A minor discrepancy was previously noted with the median rate of falls and PUs reported locally and nationally compared with the same measures that are reported via the Excellence in Care (EiC) programme. Nationally, discussions between SPSP and EIC are ongoing and we await confirmation of proposed next steps.

2.3.1 **Quality/patient care**
SPSP Acute portfolio is a longstanding national safety initiative that aims to support and improve the safety and reliability of health and social care and reduce harm to patients whenever care is delivered.

EiC aims to deliver consistent and robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice within nursing and midwifery in all hospitals and community services, from accident and emergency to mental health, and care of older people to children's services.

2.3.2 **Workforce**
Locally there is a requirement for staff to report adverse advents such as Falls, Falls with Harm, and Pus locally (via Datix). Additional data such as cardiac arrest is recorded by staff via the Quality Improvement (QI) Portal. Opportunities for learning and improvement will require ongoing collaborative engagement from staff across the organisation; e.g. QI Team, Leadership Teams and clinical staff.

2.3.3 **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 or PU. Despite currently being paused, it is also our intention to integrate, where possible, a Value Management Approach (VMA) to the delivery of SPSP. It has been demonstrated that use of such a model will not only improve the quality and effectiveness of nursing care but will have a positive impact on expenditure as well as patient outcomes.

2.3.4 **Risk assessment/management**
Failure to comply with national improvement programmes may lead to patient harm, complaints, litigation and adverse publicity. The following risks are noted and will be added to the risk register:

- A minor discrepancy with rate of falls and PUs we report compared with the same measures that are reported via the Excellence in Care (EiC) programme is noted.
- Additional COVID outbreaks/increased system pressures will potentially affect our ability to progress SPSP as follows:
    - Deployment of the EiC/QI team affects the team's ability to deliver QI support, resulting in pausing of both programmes and activities.

o Increased pressure within clinical teams due to the re-prioritisation of resources to ensure continued delivery of high quality patient care, resulting in lack of momentum and lack of capacity to support SPSP activity.

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 is an update on the Board's current progress in relation to SPSP and in alignment with EiC, and therefore external engagement/consultation is not required.

2.3.8 Route to the meeting
This has been previously considered by the following groups as part of its development:
- Healthcare Governance Committee 20 September 2022

2.4 Recommendation
For discussion. Board members are asked receive to discuss this report which provides an overview of performance and activity in terms of SPSP (Acute Adult portfolio) in alignment with the EiC programme within NHS Ayrshire & Arran.

3. List of appendices (where required)
The following appendices are included with this report:

- Appendix No 1, Acute Services Quality Update Scottish Patient Safety Programme/Excellence in Care Update Falls, Pressure Ulcers and Cardiac Arrest Aug 22

Appendix 1

Acute Services Quality Update
Scottish Patient Safety Programme/Excellence in Care Update
Falls, Pressure Ulcers and
Cardiac Arrest

1. Introduction

The Scottish Patient Safety Programme (SPSP) is a longstanding national initiative that aims to support and improve the safety and reliability of health and social care and reduce harm, whenever care is delivered. As part of SPSP, all Scottish Health Boards were previously required to report Falls, Falls with Harm (FWH), Pressure Ulcers (PU) and Cardiac Arrest rates to Healthcare Improvement Scotland (HIS) SPSP/Acute Adult Portfolio quarterly. During the COVID 19 pandemic all data reporting was paused, this was recommenced in November 2021 however to date no PU data has been requested and/or submitted.

Commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry, Excellence in Care (EiC) is Scotland's national approach to assuring and improving nursing and midwifery care. As part of the (EiC) programme, data for Falls and PU is submitted monthly to Public Health Scotland (PHS) via a data extract from Datix and the Patient Management System. Unlike the SPSP programme routine EiC submission to PHS has resumed since October 2020.

Two programmes from Healthcare Improvement Scotland (HIS), one for Assurance and one for Improvement has resulted in submission of similar data from NHS Boards to two different programmes within the same organisation. Recently agreement was sought from NHS Ayrshire & Arran Healthcare Governance Committee (HCG) to combine the reporting of EiC and the SPSP Acute Adult Portfolio. This will align both programmes and provide a more relevant, reliable and robust process of reporting.

This paper outlines SPSP progress in alignment with EiC locally and describes to members the current status and plans going forward in relation to core measures including:
- Falls
- Falls with harm
- Cardiac Arrest
- Pressure Ulcers

1.1 Understanding how our system is performing

The Acute Services QI team alongside EiC colleagues 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. Recently, a minor discrepancy was noted with the median rate of falls and PUs we report locally and nationally compared with the same measures that are reported via the EiC programme.

The Acute QI team are responsible for reporting quarterly data to SPSP. This is retrieved from all adult acute in-patient areas and provides collated data and

contributes to a national (Scottish) median rate which NHS boards use to benchmark and to detect signs of deterioration and/or improvement. In comparison EiC data refers to a national reference point (as opposed to median). The reference point takes into consideration *all* adult inpatient wards, mental health and maternity/women and children. To date however only 30% of NHS Boards have submitted their data therefore the data does not provide a robust oversight for all Scottish NHS boards. NHS Ayrshire & Arran (NHSAA) have continued to submit data to both EiC and SPSP.

This has resulted in differing median/reference points for certain measures such as Falls/FWH and PU and understandably caused some confusion around the understanding and interpretation of local data for staff. This discrepancy is not unique to NHSAA and has been reported nationally from other Boards who also submit data to both programmes. Work towards submitting data via a single system is underway nationally and assurance has been given that this problem will be rectified. At a local level both EiC and QI teams have been working collaboratively with Business Intelligence around this issue.

1.2   Data Surveillance

Falls/FWH/PU
Locally there is a requirement for staff to report adverse advents such as Falls, FWH and PUs locally (via Datix). A QI team monthly surveillance programme has been introduced with support from both the PU Improvement Nurse and the Falls Co-ordinator. A locally developed data dashboard which gives an 'at a glance' overview of performance (reportable harms) on both acute site is accessed to enable complete data overview of SPSP reportable harms and identify areas who may require QI support. This identifies areas that have an increase in median rates of falls/FWH 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. Where 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. Areas displaying decreased rates of harms are also be identified to share the success and enable shared learning throughout the organisation. The dashboard is shared monthly with senior nursing staff including Chief Nurses, Interim Deputy Nurse Director and Associate Nurse Director (Acute Services). More recently conversations have taken place with General Managers and CNMs to discuss how this data can be more widely shared.

This approach offers an opportunity to use data for improvement and work collaboratively alongside the Falls Co-ordinator, Tissue Viability (TV) and QI teams to reduce falls, falls with harm and PUs within the clinical areas.

Cardiac Arrest

Locally cardiac arrest audit information is collated and reviewed by Resuscitation Services. The number of true cardiac arrests are recorded via clinical portal and a detailed site report sent to Chief Nurses, Associate Medical Directors and Advanced Nurse Practitioner Clinical Nurse Manager on a monthly basis, with embedded Pareto chart.

The resuscitation team continue to support cardiac arrest simulated mock drills on both acute sites and support learning from adverse events all of which mitigates against risk and helps to identify areas for improvement. Additionally as part of the

SPSP acute adult collaborative a process of inputting Cardiac Arrest data via DATIX is being tested in 4 clinical areas cross-site.

1.3 Clinical Governance Reporting

Considerable progress has been made recently in terms of establishing an infrastructure in which the Acute QI team can report into current NHSAA governance structures. The QI advisors regularly attend site-based Governance meetings to provide an update on current QI work underway within acute clinical areas. Both the EiC and QI lead attends Acute Clinical Governance Group meetings and report by exception.

1.4 Collaborative Working

Chief Nurse Assurance meetings have resumed post COVID via MS Teams for both acute sites. They are scheduled to take place 4-6 weekly for both acute site staff and provide an open platform to share site and National data and offer QI support around the SPSP/EiC agenda. Future agenda's and meeting dates for these meetings have been agreed for the remainder of the year.

Post COVID the QI team have a clear focus on recovery and reconfiguration. Our clear aim moving forward is to empower teams to lead their own QI priorities in line with NHSAA's strategic direction and using our 4 pillar approach. A support framework has been introduced that involves each CNM being allocated a 'named' QI advisor to support both local and national improvement projects within their allocated ward areas. The introduction of this collaborative model should result in a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across both Acute Sites.

1.5 Data Workshops

Following discussions around how to best support clinical staff with their understanding of the QI Portal and reports on Business Objects, training sessions via teams were developed and delivered by the Quality Improvement Co-ordinator for Excellence in Care throughout the month of May. The session objectives were as follows:

- User Access to QI Portal and Business Objects
- Admin functions within QI Portal
- How to access reports on Business Objects
- How to interpret the data on Business Objects
- How to save and print reports from Business Objects

The aim of the workshops was to ensure improved communication, increased ownership of data and shared decision-making with clinical teams. These were well attended and future workshops will be offered should there be the interest/demand for this data support.
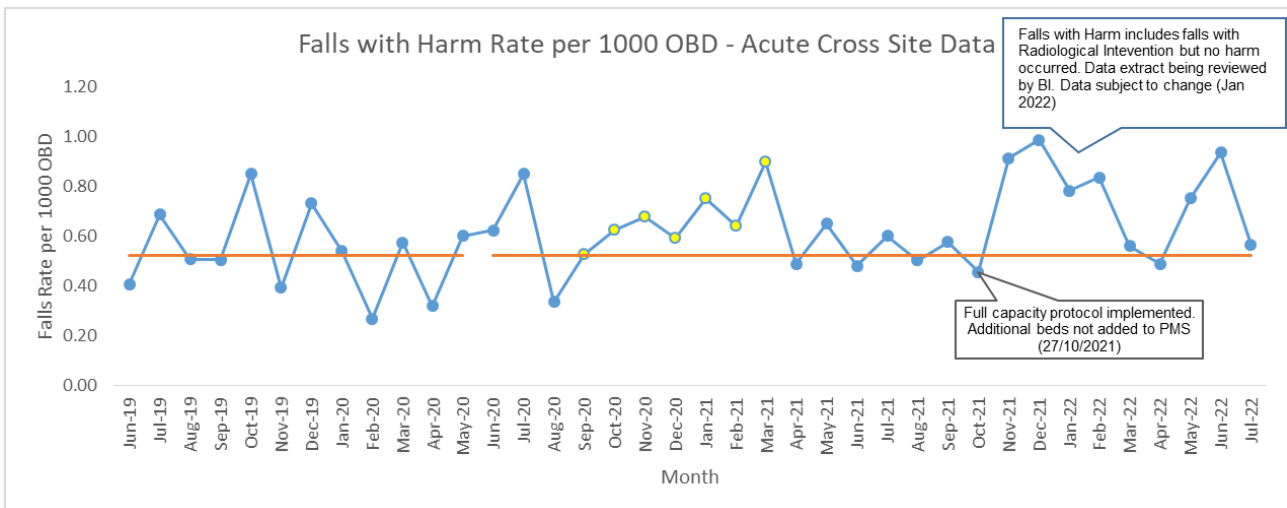
2.   Falls/Falls with Harm

On a monthly basis, the Acute Services QI team review falls data to highlight areas of good practice and identify areas which have a higher and/or increasing rate of falls. The median rate for all falls across NHS Scotland is currently **7.6** per 1000 OBDs. The Scottish level aggregated figures for **falls with harm** are not currently compiled due to variation in the local application of the definition for falls with harm.

2.1   Falls Data Cross-site
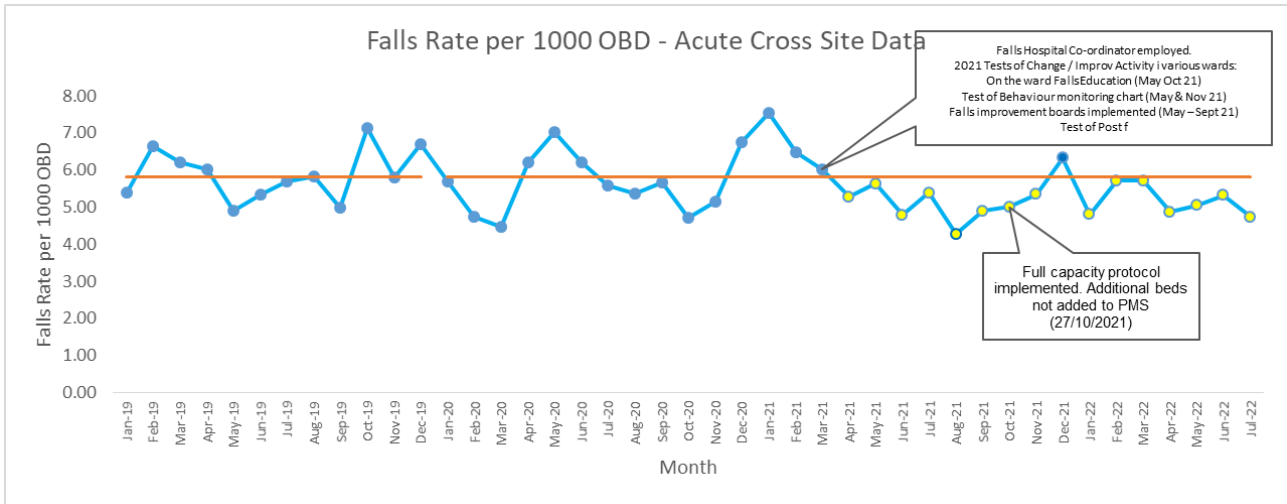
The chart above represents the acute cross-site falls rate which is currently recorded as **5.81** per 1000 OBDs. A reduced shift in the rate of falls is noted and has been maintained for 7 months. This shift is not seen in individual site data below.


The current NHSAA cross-site falls with harm rate is recorded as **0.52** per 1000 OBDs. As previously highlighted there is no Scottish level aggregated figures for falls with harm compiled due to variation in the local application of the definition.
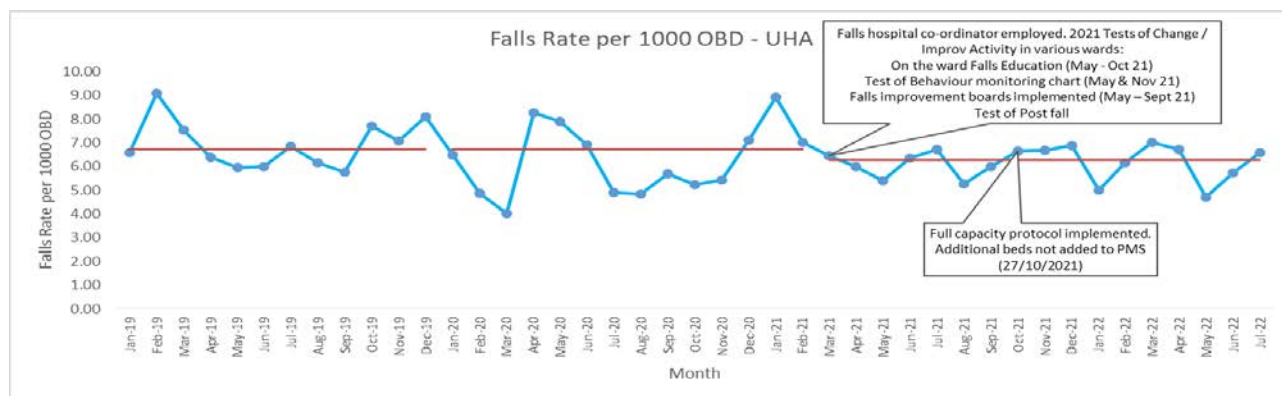
2.2   Falls Data UHC
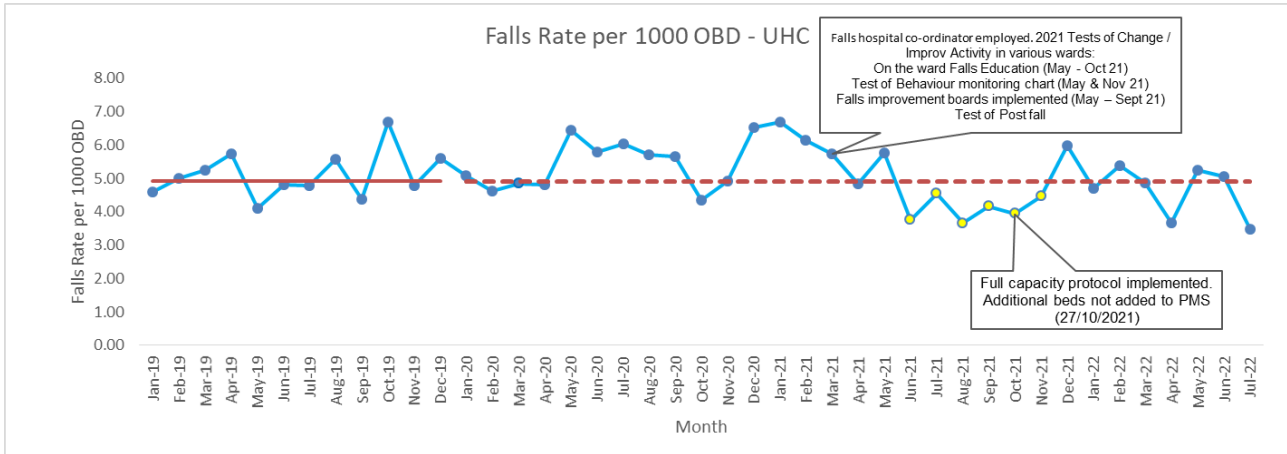
The chart above represents the rate of falls within UHC which is currently **4.91** per 1000 OBDs. A previous shift in data indicating signs of improvement was unfortunately un-sustained meaning the median has been unchanged since 2019. Despite the UHC falls rate being lower than the national median rate for all Scottish hospitals, improvement work continues to try and achieve a sustained 25% reduction in the rate of falls.
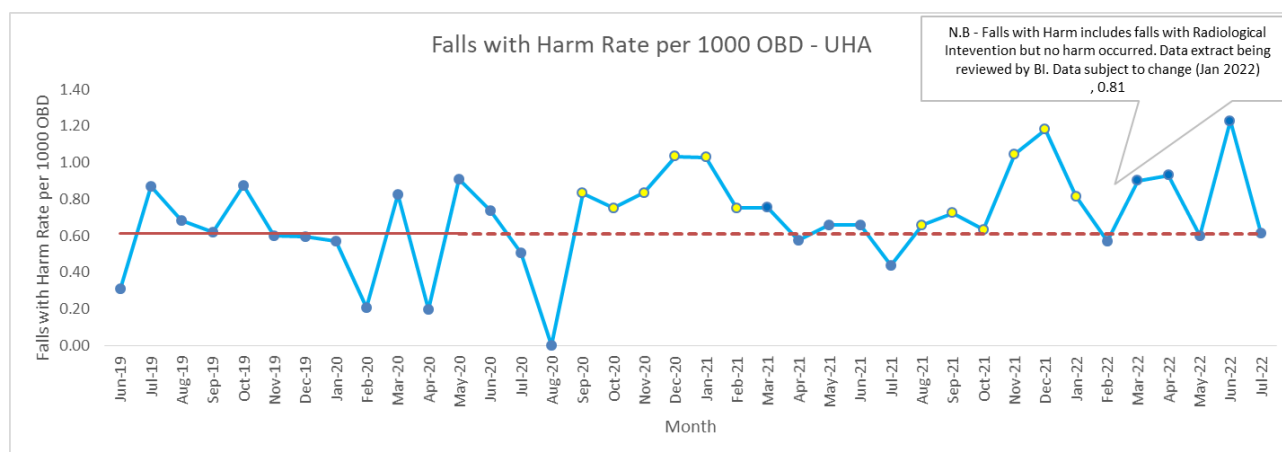
Falls with Harm Data UHC
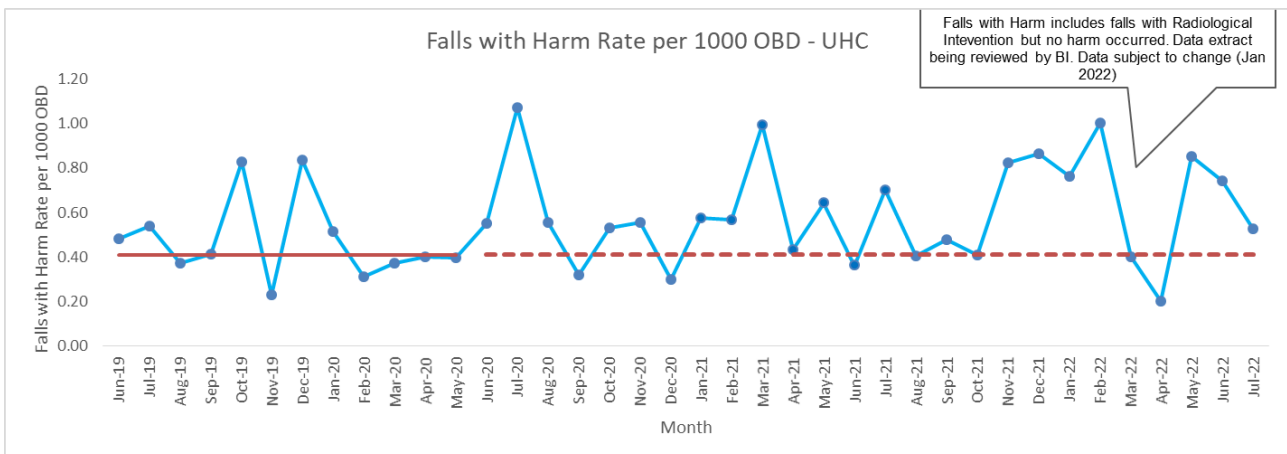
The chart above represents the rate of FWH within UHC. The current rate of falls with harm in is **0.41** per 1000 OBDs.

2.3 Falls Data UHA

The chart above represents the rate of falls within UHA. Sustained improvement in falls data during 2021 has resulted in a reduction in the falls rate from **6.73** to **6.29** per 1000 OBDs.

Falls with Harm Data UHA

The chart above represents the rate of falls with harm within UHA. The current rate of falls with harm in UHA is **0.61** per 1000 OBDs

2.4 Falls Improvement Group

A multi-disciplinary Falls Improvement Group was established in December 2020. This is chaired by the Chief Nurse for Excellence in Care and Professional Development and has representation from both acute hospital sites, community hospitals and Health and Social Care colleagues. The group's objectives are to:

- Be an action focused group
- Be data driven to inform improvement
- Report to Healthcare Governance
- Support ongoing improvement work and provide assurance

Clinical teams and the Falls Co-ordinator (Acute) are invited to provide regular data updates to the group. Due to the large membership of the falls group it was agreed that 'sub-groups' be developed to carry forward the group objectives. These currently include Higher Level Supervision, SPSP Acute Adult Collaborative and Health and Social Care Partnership Groups.

2.5   Falls Co-ordinator (Acute Services)

The Falls co-ordinator (FC) for Acute Services recently celebrated her first year in post. Due to increasing workload temporary funding has been secured to employ an additional Band 6 Falls co-ordinator (0.4 WTE) to support. To date the priorities and work plan the FC team have been progressing have included:

- Education - Link Nurse /Champion programme /General Falls training
- Introduction of referrals via Trakcare
- Falls page development on Athena
- Post falls management (Nursing & Medical)
- Monthly identification of ten wards for falls/Harm (high risk areas)
- Falls Friday support
- SPSP Falls Collaborative
- Falls with Cons 4/5 harm /AERG support
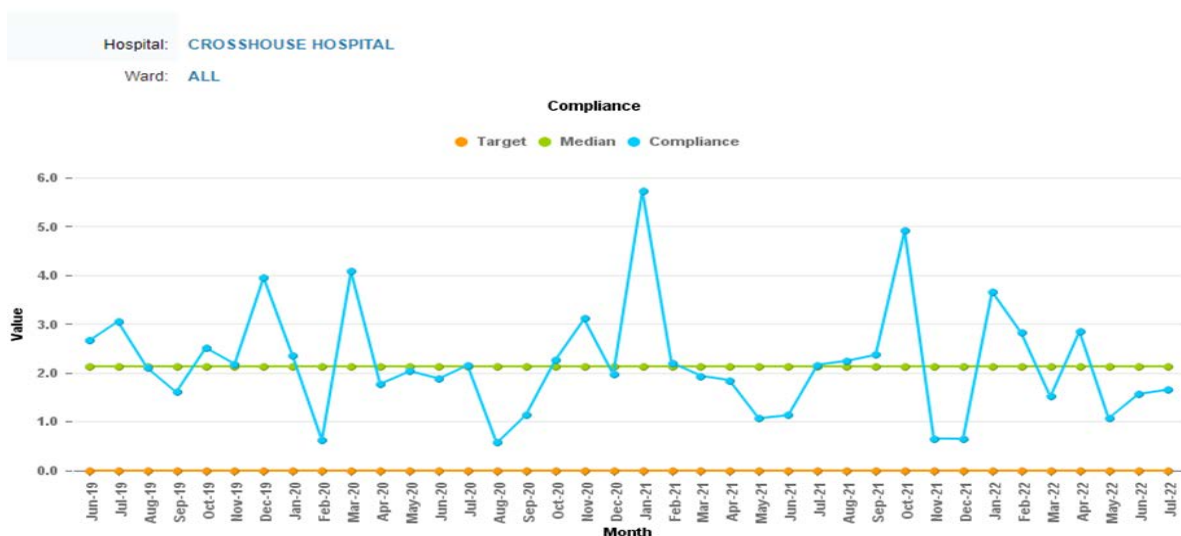- ED Nursing Documentation/risk assessment review

3.   Cardiac Arrest

The recently published baseline median rate for cardiac arrest across NHS Scotland is recorded as 1.4 per 1,000 discharges.

3.1   Cardiac Arrest Data UHC

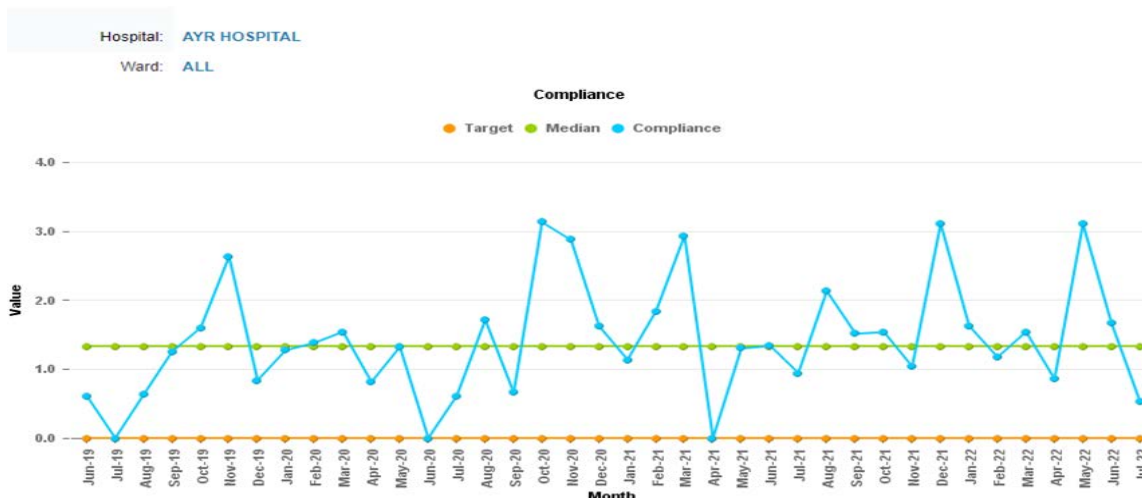The above run chart shows the Cardiac Arrest Rate for UHC. The current median is **2.2** per 1000 discharges.

3.2 Cardiac Arrest Data UHA

NHS Ayrshire & Arran

Monthly Compliance Summary
DPO2 - Cardiac Arrest Rate (per 1,000 discharges) (Outcome)
Audit Date From: 6/1/2019 1 To: 7/31/2022

Hospital: AYR HOSPITAL
Ward: ALL

The above run chart shows the Cardiac Arrest Rate for UHA. The current median is **1.6** per 1000 discharges.

Both acute sites current median is above the national median of 1.4. Resuscitation Services are continuing planned improvement work to target reduction of true cardiac arrest, in addition to the SPSP Acute Adult Collaborative. A programme of education focused on Advanced Practice Nurse team, which supports Treatment Escalation Planning conversation and decision making, is ongoing. Early recognition, identification and escalation of deteriorating patient will be supported by the implementation of NEWS2 across all acute sites by September 2022. Reintroduction of nurse educational sessions are being prioritised, with focus on deteriorating patient assessment and management. Concise case-note review of all true cardiac arrests which occurred during the 2021-2022 timeframe, has been conducted and themes collated to enable targeted focused areas of work.

4. SPSP Falls/Deteriorating Patient Collaborative

In September 2021 the SPSP Acute Adult Collaborative was launched. The programme uses a breakthrough series collaborative approach lasting 2 years and aims to bring together NHS Scotland Boards seeking improvement in the topic area of falls and deteriorating patient.4 clinical areas from across both acute sites have been recruited as part of NHSAA's commitment to the collaborative with a clear focus on reducing in-patient falls and early recognition and timely intervention for deteriorating patients. Several tests of change have been identified from the SPSP change package including:

Falls
- Patient information leaflet
- Staff de-brief

Deteriorating patient
- Roll out of NEWs 2
- Review process for 2222 calls

This breakthrough series approach promotes the use of QI methodology therefore the QI team are working collaboratively with the Falls co-ordinator and Resuscitation team to support clinical staff on their QI journey.
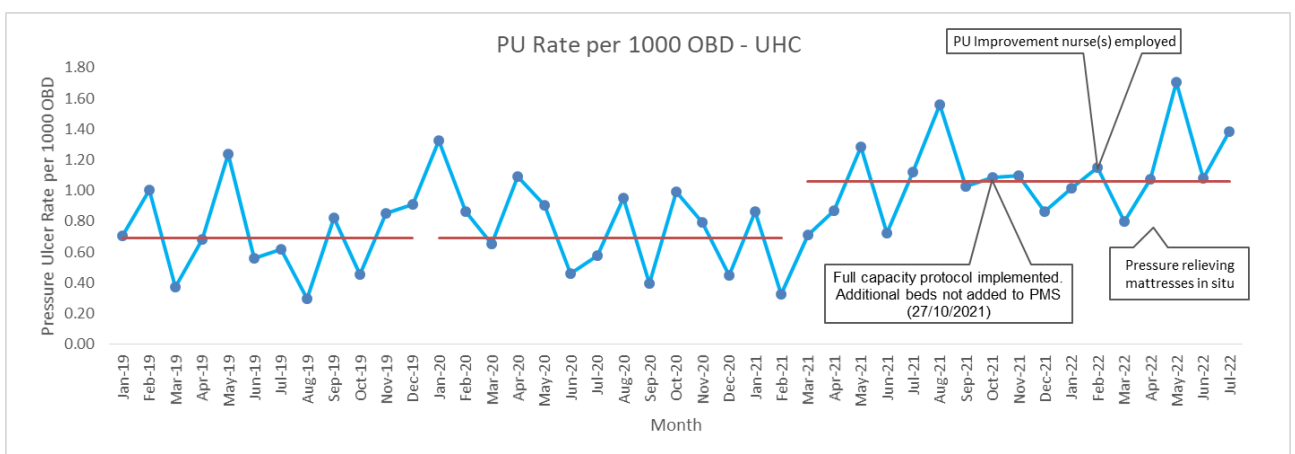
5.   Pressure Ulcers

Reducing the incidence of healthcare acquired PUs remains a key safety priority for health and social care organisations across Scotland. As no Boards are currently submitting PU data to HIS there is no current Scottish median to benchmark against however it may be worth noting the last NHS Scotland PU median recorded in Oct 2019 pre pandemic was 0.42 per 1000 OBDs.

## 5.1   Pressure Ulcer Data - Cross-site
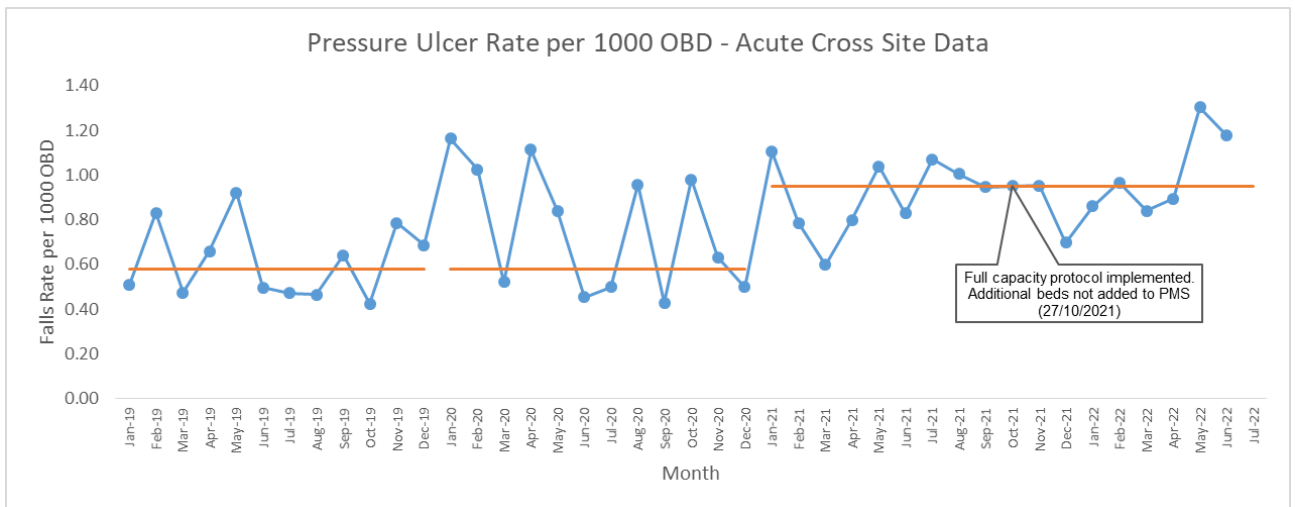
The chart above represents the rate of PUs combined across both acute sites. A sustained increase in PUs rates in Jan 2021 resulted in an increased median recorded as **0.95** per 1000 OBDs.

5.2   Pressure Ulcer Data UHC

The chart above represents the rate of PUs within UHC. A sustained upsurge in PU rates has resulted in an increase in the PU median within UHC site which is now recorded as **1.06** per 1000 OBDs.

5.3 Pressure Ulcer Data UHA
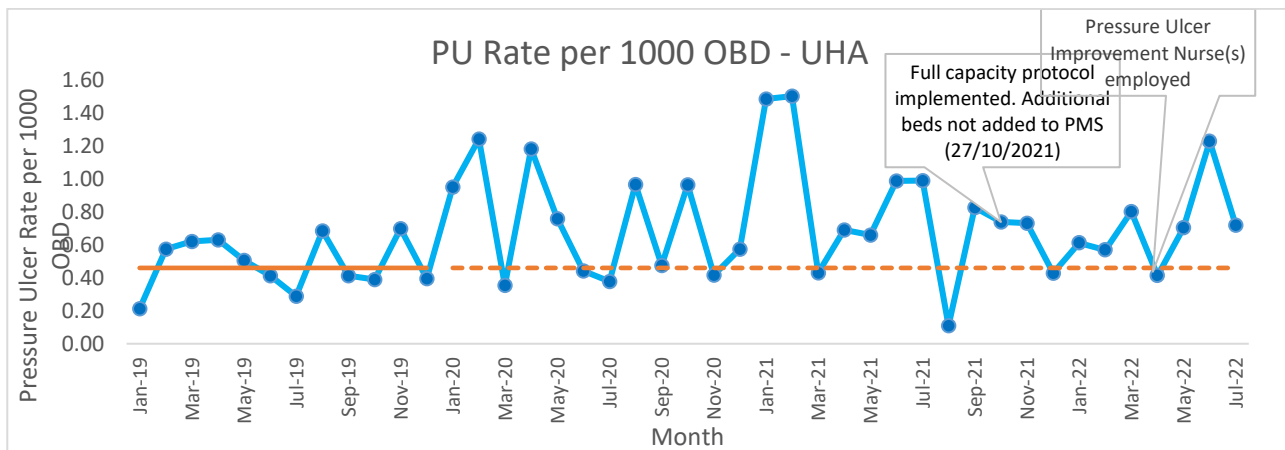
The chart above represents the median rate of PUs within UHA which is currently **0.46** per 1000 OBDs. The data displays random variation with an increased number of recent data points above the median line.

As previously highlighted PU data extraction continues to be submitted for PU rates for the EiC programme however unlike the Acute Adult Portfolio a median is not used, instead a national reference point statistically calculated by PHS is used as a reference on the national dashboard; Care Assurance Improvement Resource (CAIR).

5.4 Pressure Ulcer Improvement Group

In November 2020 a Pressure Ulcer Improvement Group was formed to ensure a collaborative approach to identifying and supporting clinical teams with increased incidence of PU across *all* of NHS Ayrshire and Arran, as with the falls group there is representation from both acute and community hospitals and external partners. The aims of the group are:

- Data driven to inform improvement across acute, community hospitals and district nursing services
- Review PU standards, identify the gaps and look at how we can support
- Identify areas where there are frequent pressure ulcers and carry out improvement work
- Improve cross site working having short, medium and long term actions
- Identifying anything that has been successful in short term
- Observe the number of SAERs across community and acute services

5.5 Pressure Ulcer Improvement Nurse

Funding received from the HIS Continuous Quality Improvement (CQI) allocation recently enabled a 2 seconded post for a PU Improvement Nurse for Acute Services. The following priorities and work plan have been identified by the PU Improvement Nurse who took up post in March 2022:

- Bespoke PU education

- PU Champion programme

- Monitor acute sites, collect data, investigate Grade 3 and above PUs

- Monthly identification of high risk areas/wards (Grade 4/5)
- PU Collaborative (pending)
- AERG support
- ED Nursing Documentation/risk assessment review
- Ensuring accuracy of DATIX information

5.6   Pressure Ulcer Collaborative

Data from both acute sites is suggestive of an increase in reportable PUs, this is further supported by feedback from the Adverse Event Review Group (AERG) who have reported an increase in PU incidence.

A recent proposed action plan to provide a clear focus on driving improvements around prevention of PUs across both acute sites within NHSAA was recently approved by our Nurse Director and Acute Clinical Governance Group. One of the actions within the plan was to develop a local collaborative approach to support the reduction in the number of PUs and achieve a sustained improvement in PU prevention and management. The aims of the collaborative would be:

- To reduce newly acquired PUs across identified sites within acute in-patient wards within NHSAA
- To support using Quality Improvement methodology/approaches Develop and improve knowledge and skills in PU prevention
- To develop a learning community and network locally which will hasten learning and share good practice
- To promote a culture of learning and continuous on-going quality improvement

A steering group has been recruited and provisional plans proposed to launch locally in earlier autumn if essential stakeholder commitment is secured.

6.   Summary

This report provides an overview of performance and activity in terms of SPSP (Acute Adult portfolio) within Acute Services NHSAA which is summarised below:

- The median rate for all falls across NHS Scotland is currently **7.6** per 1000 OBDs.
- A reduced shift in the rate of falls across both sites (**5.81** per 1000 OBDs) is noted and has been maintained for 7 months.
- UHA falls rate is currently **6.29** and in UHC **4.21** per 1000 OBDs.
- Available data suggests there remains a higher median rate of falls in UHA compared to UHC.
- Some clinical areas in both acute hospitals have a higher rate of falls than the site 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.
- Alongside the Falls Co-ordinator and PU Improvement Nurse the QI team will continue to offer guidance and support to clinical areas.

- There is no current Scottish median PU rate to benchmark against
- The current median for PUs for both sites combine is currently **0.95** per 1000 OBDs
- UHA PU rate is **0.46** and UHC median is **1.09** per 1000OBDs
- Available data suggests there remains a higher median rate of PUs in UHC compared to UHA
- Some clinical areas in both acute hospitals have a higher rate of PUs than the site median.
- A PU Improvement Nurse in now in post
- Alongside the TV team the QI team will continue to offer guidance and support to clinical areas.
- The median rate for Cardiac Arrest rates across NHS Scotland is currently **1.4** per 1000 discharges. For UHA this is **1.6** and in UHC **2.2** per 1000 discharges.

7. Recommendation

Board Members are asked to receive and discuss this report which provides an overview of performance and activity in terms of SPSP (Acute Adult portfolio) in alignment with the EiC programme within NHS Ayrshire and Arran.