NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 2 December 2024**
Title:	**Quality and Safety- Mental Health Report**
Responsible Director:	**Caroline Cameron, Director of North Ayrshire Health and Social Care Partnership (HSCP)**
Report Author:	**Darren Fullarton, Associate Nurse Director, North Ayrshire HSCP** **Lorna Copeland, QI Lead, HSCPs** **Nina McGinley, Board Excellence in Care (EiC) Clinical Lead**

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 both the Scottish Patient Safety Programme (SPSP) Mental Health programme and Excellence in Care (EiC) progress locally and Mental Health improvement work within NHS Ayrshire and Arran (NHSAA). It describes the current status and plans going forward in relation to:

MH Improvement Programme
- Seclusion
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm
- The MH Unscheduled Care Assessment Hub
- Mental Health Unscheduled Care Assessment Hub
- Psychiatric Emergency Plan
- Remote Monitoring Mental Health Pathway

Excellence in Care
- In-Patient Falls Rate
- Food, Fluid and Nutrition
- Stress and Distress
- Quality Management Practice Learning Environment (QMPLE)

2.2 Background

NHS Ayrshire and Arran was part of the Healthcare Improvement Scotland (HIS) Mental Health Collaborative Improvement Programme which concluded in August 2023 and focussed on improving the following within inpatient mental health wards:

- The implementation of 'From Observation to Intervention' national guidance
- Reducing the incidence of restraint, whilst improving this experience for staff and patients
- Reducing episodes of seclusion, whilst improving this experience for staff and patients.
- Since this programme concluded NHS Ayrshire and Arran have continued to develop, and progress established collaborative work.

A temporary pause of national Excellence in Care work was assigned in the time period April 2024 to September 2024. During the national pause period NHS Ayrshire and Arran have continued to deliver and report on all elements of the Excellence in Care Framework to provide local assurance.

NHS Ayrshire and Arran participated in the SPSP Mental Health Programme until September 2023 when this programme entered a period of redesign. This work continues and the measures are reported monthly to clinical areas via Business Intelligence to provide assurance and identify any areas for improvement. In addition to Mental Health Inpatient improvement work, wider system improvements focusing on the MH Unscheduled Care Assessment Hub were also developed.

2.3 Assessment

Summary
- Currently, rates of violence, self-harm and restraint are not reported nationally and as a result makes it difficult to benchmark rates within NHS Ayrshire and Arran.
- There is a need to start to reliably measure positive therapeutic intervention to evidence if this correlates when reduced rates of violence, restraint and self-harm occur and discussions remain ongoing with local teams as how to capture this.
- QI are currently in conversation with Risk to understand how data can be captured more accurately within MH services. Reliable data can be a challenge to extract from Business Objects due to monthly harm data input being person dependant. If there is more than one harm (violence/restrain/self-harm) reported in a Datix this cannot be automatically extracted from Business Objects Management to find a solution to this.
- Healthcare Improvement Scotland (HIS) will launch the next phase of the SPSP MH Programme in October 2024. This will include the delivery of the new Mental Health Standards. Early work has commenced to understand the work required within NHS Ayrshire and Arran.

Seclusion
Healthcare Improvement Scotland (2024) define seclusion as 'the supervised confinement and isolation of a patient or resident, away from other patients or residents, in an area from which the patient or resident is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others.'

Following the end of the SPSP MH collaborative a Seclusion Working Group has been created to develop a local seclusion policy and further develop the processes for reducing and monitoring episodes of seclusion. The QI team have been supporting key stakeholders to map case studies and identify pivotal transition points within the patient journey that could be improved in relation to seclusion. This work also incorporates the "From Observation to Intervention" and "Improving Observation Practice" SPSP work stream activities within adult admissions inpatient ward, which remain embedded in a new model of care within the ward.

Inpatient Learning Disabilities services have developed their own Standard Operational Procedure (SOP) for seclusion which reflects the patient complexities within the specialty. However, it is understood that this SOP is not generalisable or transferrable to other Adult Admissions Inpatient Wards and as a result work is underway to establish bespoke seclusion SOPs for areas utilising seclusion practice. Measuring rates of seclusion and extracting the data for reporting purposes is not streamlined and the Seclusion Working Group, along with Digital Services are exploring realistic solutions. Seclusion data ceased to be extracted from Business Intelligence at the end of the SPSP MH Collaborative.

Quality Improvement (QI) Capacity and Capability
Within Mental Health Services there is a focus on increasing QI capacity and capability through several learning opportunities. This includes Quality Improvement NHS Education for Scotland (NES) Modules, Ayrshire and Arran Improvement Foundation Skills Programme (AAIFS) and the national Scottish Improvement Leadership Programme (SCIL).

To date:
• 30 Staff within Mental Health services have completed the Ayrshire and Arran Improvement Foundation Skills (AAIFS) programme since its inception.
• 2 staff within mental health have a lead level qualification (SCIL).
• The number of MH staff who have completed QI NES modules is difficult to identify as the data is reported organisationally.

Staff undertaking Quality improvement courses are encouraged to present their improvement journey and celebrate success and learning at celebration events which take place twice a year.

The Quality Improvement and Innovation Group (QI and I) has witnessed an increased attendance, with staff joining to share their improvement ideas, feedback on tests of change and identify where QI support and education can be offered. Collaboration between the QI Partnership team and Senior Nurses has encouraged a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across Mental Health Services. The QI and I group are currently looking at whole service projects that can impact the patient journey experience. These include such projects as:

- Introducing access to smart devices in a low secure setting to aid patient recovery
- Taking therapy to the home within Perinatal MH
- Cognitive Stimulation Therapy

MH Falls Process Measure Improvement
Monthly scrutiny of quality of care reportable measures, by the EiC and clinical teams, identified that current falls risk assessment and process measures did not align to the Mental Health client group. A review of Falls NICE Guidelines (Falls in older people: assessing risk and prevention, NICE, 2013) highlighted a gap in the guidelines that supported identification and prevention of risk of falls in the elderly Mental Health client group. The current tool used within Mental Health is based on prediction of risk (Slips, Trips and Falls), evidence is suggestive of falls prevention utilising a multifactorial screening tool. Initial scoping work of other NHS Boards and acknowledgement that both the NICE Guidelines and SPSP Falls Guidelines were under-review, provided an opportunity to undertake improvement work that would support prevention of risk within MH. A programme of work has been supported by the Partnership QI Team, EiC and clinical teams to review the Falls Process Audit (FP1) for acute inpatient services for use within the Elderly MH inpatient wards. The new process will initially be tested within Dunure Ward, Ailsa before extending to other sites. The focussed activity on redesign of FP1 audit has highlighted that development is required around prevention of falls. Identified tests of change include redesign of guidance notes and adaptation or replacement of the current risk assessment to support early prevention of falls.

MH Food Fluid and Nutrition
Food Fluid and Nutritional risk assessment and care planning are core quality indicators demonstrating fundamentals of care delivery. Excellence in Care reportable data is indicative of reliable risk assessment and ongoing care planning within Mental Health. With all process measures at site level demonstrating over 95% compliance. In compliance with Health and Safety Executive recommendations, following a fatal accident within Ayrshire Central Hospital site related to choking, a review of meal-time co-ordinator role and associated process audit was supported by the EiC Lead using a Human Factors design approach. The new audit tool has been implemented across all MH in-patient areas and to the wider organisation. This audit will support clinical areas to identify areas for improvement, whilst providing assurance of the impact of the meal-time co-ordinator role in safer management of in-patient eating and drinking.

Process measure data of MTC02 since implementation in June 2024 is demonstrative of an overall 100% compliance rate. The table below provides a breakdown of information from across all 3 sites.

MH Stress and Distress
One of the fundamental reasons for a person with a diagnosis of dementia being admitted to a Specialist Dementia Unit (SDU) is the presentation of behaviour(s) and/or neuropsychiatric symptoms which cause extreme stress and/or distress. As a result of these presentations, treatment or care provision is not possible, at that time, at home or in another care environment. Identifying the severity and frequency of these behaviours/neuropsychiatric symptoms is critical to tailoring treatment/ interventions in order to provide high quality care. Establishing a baseline level of stress and distress will allow staff to monitor changes in a person's presentation and the effectiveness of interventions. Locally, Stress and Distress assessment tool had been developed by the Dementia Nurse Consultant and activated on Care Partner system. To provide assurance, both locally and nationally, collation of % of people

admitted to a Specialist Dementia Unit who have had a Stress and Distress assessment within 14 days of admission is required. The EiC team are working collaboratively with the Care Partner team to extract data digitally and report to Public Health Scotland (PHS) Care Assurance Improvement Resource (CAIR) Dashboard. This works is reliant on support from Business Intelligence (BI) team who support organisational digital system development. An action plan has been developed with agreed milestones, with an expected submission of Stress and Distress data by end of 2024.

MH Quality Management Practice Learning Environment

NHS Ayrshire and Arran is affiliated with University of West of Scotland and provides practice learning environments (PLE) for Mental Health Pre-Registration Nursing students. On completion of a PLE students are requested to provide feedback that is weighted by section. The four sections and their total possible scores are: Orientation and induction (8). Support and supervision (26). Learning environment (41). Support and belonging (25). Note that the maximum possible scores for each section are not equal, so that the sections with higher possible scores having a higher 'weighting' in the overall QMPLE score than those with lower possible scores. Since the sum of the maximum scores of all sections is 100, the learning environment section makes up 41% of the score whereas the orientation and induction section only make up 8% of the score (for example). NHSAA QMPLE feedback is reported 3 monthly to PHS via a digital extraction to CAIR. % Submission of QMPLE feedback across NHSAA is variable with a baseline rate of 27%. Of the 27% submission of feedback the aggregated % score is between 75-100%. The EIC and Practice Education Facilitator team are leading engagement work to improve % submission and to better understand student experience across the organisation.

It is noted that at time of writing data extraction from CAIR was inhibited by local firewall processes and has been escalated to IT Security.

Mental Health Unscheduled Care Assessment Hub improvement work.

The Mental Health Unscheduled Care Service (MHUCS) are leading on the development of a Mental Health Unscheduled Care Assessment Hub which aims to promote seamless care for patients who have contact with mental health unscheduled care teams. The MHUCS Assessment Hub will be a predominantly nursing led service based at Woodland View Hospital.

An improvement approach was adopted early in the project initiation. The Mental Health Unscheduled Care Hub opened on 5th February 2024 for their 'soft launch' with 3 bed spaces being made available for patient care delivery. The hub was open for a time limited period before closing at interim points to allow for necessary renovations. From 5th February until 4th September 2024 there has been 75 admissions to the Mental Health Unscheduled Care Hub with 72% of assessments resulting in a community led follow up ensuring our citizens are receiving the right care in the right place in line with our Caring for Ayrshire vision. The Mental Health Unscheduled Care Assessment Hub official launch took place on the 13th September 2024 with a wide range of key internal and external stakeholders who attended.

Psychiatric Emergency Plan

Psychiatric emergency planning is not a new concept, locally or nationally. The Nursing and Medical Leads for Mental Health Unscheduled Care Services (MHUCS) held a number of local service bite-size sessions. Enabling a comprehensive review of

pre-existing psychiatric emergency pathways to ensure inclusion of new developments whilst also learning from operational situations.

Psychiatric Emergency Plan (PEP) clearly sets out clear and concise guidance for staff who may be involved in emergency psychiatric situations. Offering a quick reference guidance to aid staff not only across Acute, Health & Social Care Partnerships, but to enable our wider key stakeholders such as Police Scotland, Scottish Ambulance Services, and Primary Care. The Psychiatric Emergency Plan and associated resources can be found on the AthenA Mental Health Services Governance and Development Page. MHUCS and Quality Improvement Advisor for Partnership are also working collaboratively with Library Services, North Health and Social Care Partnership to develop the PEP on Right Decisions Network which will enhance wider accessibility of this framework.

Remote Monitoring Mental Health Pathway
Digital and Health Care Scotland developed a Remote Monitoring Mental Health Pathway in 2023 with phase 1 of the pathway development and deployment focusing on a limited number of patient rated outcome measures (PROM) trialled by 5 participating health boards. Glasgow Antipsychotic Side Effect Screening (GASS) was tested by South Ayrshire Community Mental Health Service and Kidscreen (Child and Parent) tested by NHS AA Children and Adolescent Mental Health Service. Phase 2 of the development and deployment of the Remote Monitoring Mental Health Pathway has included the addition of a number of other PROMS which are not subject to copyright or associated with cost to use. Mental Health Digital Transformation Group have supported the recommendation of further scoping within Mental Health Services of areas for potential spread and scale of the Remote Monitoring Mental Health Pathway.

2.3.1 Quality/patient care
The aim of the SPSP Mental Health Programme is to reduce the level of harm experienced by people using healthcare services through quality improvement. This is complimented by the Excellence in Care assurance programme.

2.3.2 Workforce
From a clinical perspective recruitment continues to be a challenge. Additionally, where more experienced staff have moved to other areas there is a loss of QI experience, however, the increased AAIFS places within MH will hopefully counteract this.

2.3.3 Financial
It should be noted that reduced performance in relation to SPSP measures may have a financial impact.

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 is an update for the board on the current progress in relation to SPSP Mental Health activity in alignment with EiC, and therefore external engagement/consultation is not required.

2.3.8 Route to the meeting

- Presented to Healthcare Governance Committee (HGC) 4 November 2024.

2.4 Recommendation

Members are asked to receive and discuss this report which provides an overview of performance and activity in terms of SPSP (Mental Health Collaborative) and the EiC programme within NHS Ayrshire and Arran