

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 31 March 2025

Title: Quality and Safety - Acute Services

Responsible Director: Vicki Campbell, Director of Acute Services

Report Authors: Stephanie Frearson, Acute Quality Improvement Lead
Nina McGinley, Board Excellence in Care Clinical Lead & Lead for Practice Development
Gillian Biggans, Resuscitation Service Lead
Linda Robertson, QI Lead Nurse Professional Development FFN

1. Purpose

This is presented to the Committee 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 the Scottish Patient Safety Programme (SPSP), Excellence in Care (EiC) and local quality improvement programmes progress within NHS Ayrshire & Arran (NHSAA) Acute Services and describes plans going forward in relation to patient safety measures including:

- Falls
- Falls with harm (FWH)
- Pressure Ulcers (PU)
- Cardiac Arrest
- National Early Warning Score (NEWS)
- Food Fluid and Nutrition (FFN)
- Multi-Drug-Resistant Organism (MDRO)

2.2 Background

NHSAA participated in the SPSP Acute Adult Collaborative a national initiative that aims to support and improve the safety and reliability of health and social care and reduce harm until it ended in June 2024. Building on this work local quality improvement (QI) programmes have been established focusing on areas including reducing falls, acquired pressure ulcers and recognition and response to deteriorating patients.

EiC is a national assurance programme which aims to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland, providing consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice.

2.3 Assessment

As part of the SPSP Acute Adult Collaborative, all health boards are invited to report Falls, Falls with Harm and Cardiac Arrest data to Healthcare Improvement Scotland (HIS). NHSAA have achieved a sustained 13% reduction in all falls across both acute sites between February 2023 and December 2024. Pressure ulcers have increased by 22% across both acute sites. No improvement is noted in cardiac arrest across both sites.

The following data are submitted to Public Health Scotland as part of the EiC Programme; Falls, Pressure Ulcers, Food Fluid and Nutritional Assessment, National Early Warning Score, Workforce and Quality Management Practice Learning Environment (QMPLE). With regards Multi-Drug-Resistant Organism Screening (MDRO) we are currently unable to submit this data nationally, however, we have locally introduced a robust audit scrutiny. In addition, NHSAA report to Scottish Government bi-annually providing an organisational position on implementation and assurance of Excellence in Care.

Within NHSAA clinical staff report adverse events such as Falls, Falls with Harm, Pressure Ulcers, Food, Fluid and Nutrition and Cardiac Arrest via Datix. Monthly reporting and scrutiny of quality-of-care data is reported via Acute Services Quality and Safety (Q&S) meeting for assurance.

Full details of progress of quality improvement work and assurance programmes within the Acute Services are detailed in Appendix 1.

2.3.1 Quality/patient care

The Scottish Patient Safety Programme (currently undergoing a redesign) provides an opportunity for NHSAA to participate in a national improvement programme aimed at reducing harm and enhancing the experience and outcomes for people in acute care. SPSP and local quality improvement programmes provide an opportunity to test and implement improvements to patient care and share learning.

Excellence in Care Programme provides an evidence base which supports objective measurement and provide assurance around the quality of patient care.

Both programmes of work support improvement and celebration of success.

2.3.2 Workforce

Attaining sustainable improvement is only achievable when all staff are fully invested and empowered. There is a requirement for staff to participate in both SPSP/EiC programmes to improve patient experience, care and outcomes. At times system pressures may impact staff ability to engage with these programmes.

2.3.3 Financial

Reduced engagement and performance in relation to SPSP and EiC measures may have a financial impact, for example potential for increased length of stay due to experiencing a fall with harm or pressure ulcer.

2.3.4 Risk assessment/management

Failure to comply with national/local improvement programmes may impact on:

- Patient harm(s)
- Patient/Staff experience and wellbeing
- Complaints
- Litigation and adverse publicity

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed to support either the SPSP or EiC programmes. Participation and implementation of both these programmes of improvement/assurance work impacts positively on all patients and service users regardless of health inequalities.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Governance and accountability
- Compliance with Corporate, NMAHP and Quality Strategy Objectives

2.3.7 Communication, involvement, engagement and consultation

Both SPSP and EiC programmes require ongoing communication, involvement, engagement and consultation with all stakeholders. To date this has included:

- Updates to relevant Governance/Improvement groups
- Engagement in SPSP/EiC learning sessions (local and national)
- Improvement advisor alignment to support triumvirate structure
- Access to local and site data

2.3.8 Route to the meeting

This paper has been tabled at Healthcare Governance Committee on Monday 3 March 2025 prior to presentation to Board.

2.4 Recommendation

Members are asked to receive and discuss this report which provides an overview of performance, assurance and quality improvement activity within Acute Services.

3. List of appendices

The following appendices are included with this report:

Appendix 1 – Acute Services Quality and Safety Update

Appendix 1

Acute Services Quality and Safety Update

1. Introduction

NHS Ayrshire and Arran (NHSAA) participated in the SPSP Acute Adult Collaborative with a focus on reducing Falls, Falls with Harm (FWH), Pressure Ulcers (PU) and Cardiac Arrest rates. Data submission to Healthcare Improvement Scotland (HIS) ceased following the onset of the pandemic in March 2020. This re-commenced in 2021 with outcome data being submitted on a quarterly basis however PU data was no longer requested. The SPSP Acute Adult programme is undergoing redesign however, local improvement programmes continue.

Excellence in Care (EiC) is the national Nursing and Midwifery assurance programme. Quality of Care scrutiny and reporting has a focus on the fundamentals of care and alignment to workforce and measures of quality element of the Common Staffing Method (CSM) Health and Care (Staffing) (Scotland) Act 2019. EiC expanded to include Allied Health Professionals in 2024 this will support a multi-professional approach to quality-of-care outcome and process data reporting and screening.

This paper outlines NHSAA Quality Improvement (QI) progress in alignment with EiC locally and describes the plans going forward in relation to patient safety measures including:

- Falls
- Falls with harm
- Pressure Ulcers
- Cardiac Arrest
- National Early Warning Score
- Food Fluid and Nutrition
- Multi-Drug-Resistant Organism

2. Data Surveillance

The acute QI team undertake data surveillance within both acute hospital sites. Monthly measures detailing site and board level data are available for falls, falls with harm and acquired pressure ulcers.

The creation of Falls coordinator (FC) and Pressure Ulcer Improvement Nurse (PUIN) roles within the QI team has supported further scrutiny and data surveillance. This includes 'heat mapping' which enables monitoring of patterns of incidence, identify areas of high incidence and track monthly and annual 'count' data.

For assurance, the EiC team conduct monthly data scrutiny and identification of low compliance and submission of audit, outcome, and process measures. This is reported to Acute Quality and Safety Oversight Group meeting on a bi-monthly basis. Clinical teams can also access their data via monthly business objects reports and via the national Care Assurance and Improvement Resource (CAIR) dashboard.

3. Falls/Falls with Harm

From September 2021 to March 2024, NHSAA participated in the SPSP Acute Adult Collaborative which had a focus on: Reduction of inpatient falls and falls with harm (FWH).

This work has continued within the acute sites following the conclusion of the SPSP collaborative with a focus on reducing falls. The most recent NHSAA falls data demonstrates a reduction of 13% across acute sites. Key success to this reduction has been the engagement of clinical teams and the Falls Co-ordinators and Quality Improvement team working alongside them to support tests of change.

A new NHSAA Acute Falls Group has been established with improvement work initially focusing on 4 acute wards from both acute sites. This group is being led by the Lead Nurse for Emergency Care and Orthopaedic Trauma and supported by both Falls Co-ordinators and the QI team.

NHSAA and 5 other boards have been invited by HIS to test a national definition of a fall with harm. Testing is due to begin within the coming months.

3.1 Falls Co-ordinators

The Falls Co-ordinators continue to support clinical teams to progress falls improvement and prevention work. Targeted support continues to be offered to “hotspot wards.” Monthly falls awareness sessions across both acute sites are provided and a bedrail LearnPro module is currently under development and due for completion later this year for all staff. Falls champion development sessions are also being planned for later in 2025.

3.2 Falls/Falls with Harm – Acute Sites (All)

The falls and falls with harm rates across both sites are detailed in Chart 1 and Chart 2. Falls across all acute sites have decreased by 13%. The rate of falls with harm demonstrates a reduction from February 2024, the rate of falls with harm is currently 0.15 (per 1000 OBD's).

Chart 1 - All Falls rate for All Acute Sites

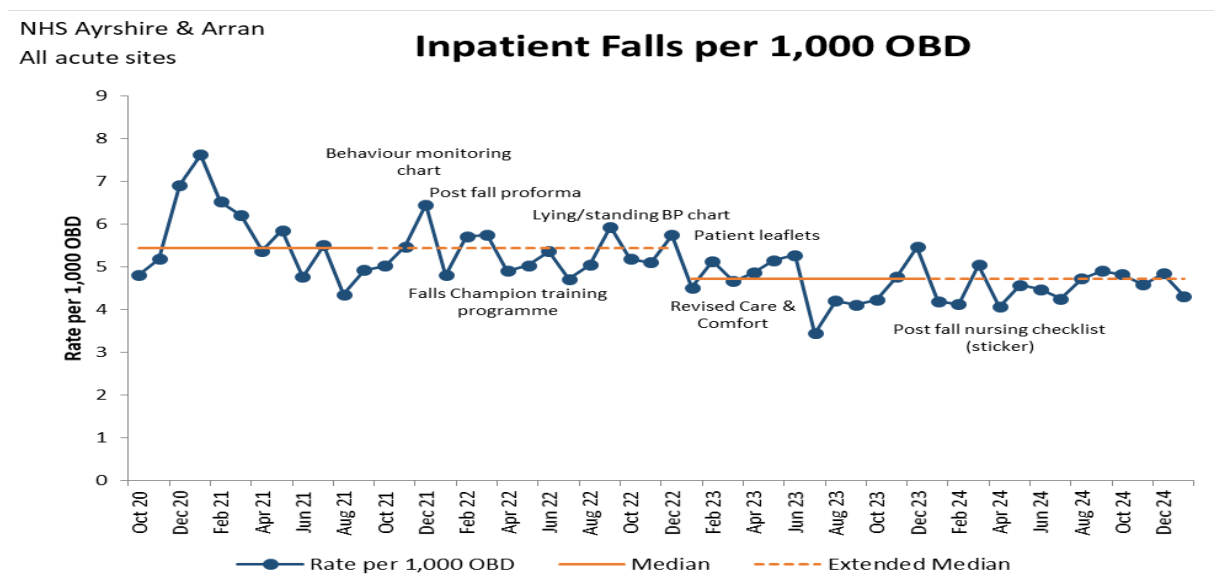
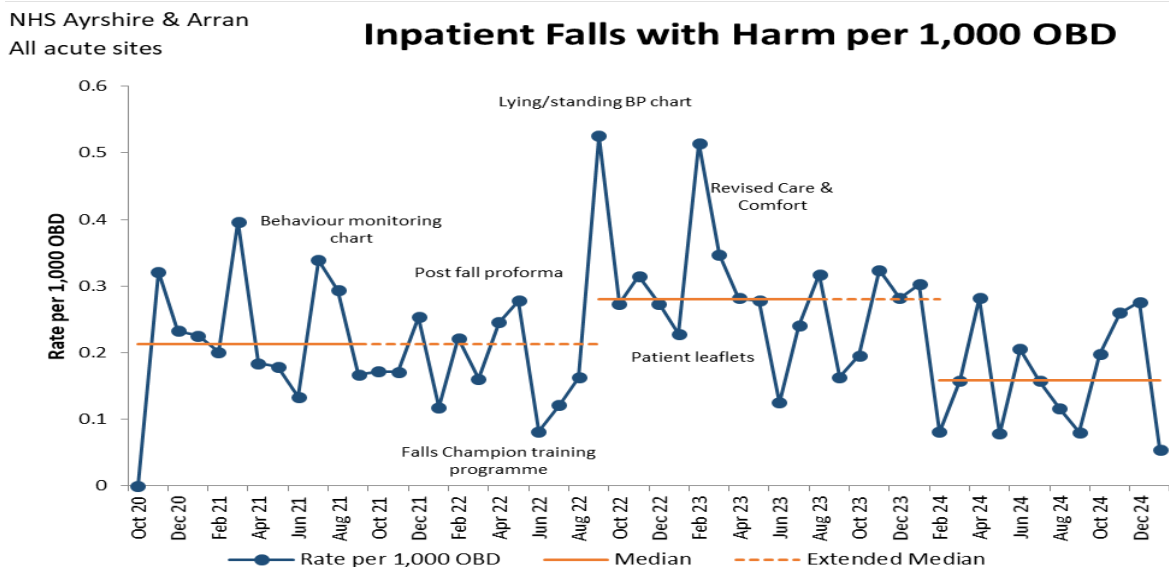


Chart 2 - Falls with harm rate All Acute Sites



4. Pressure Ulcers

NHSAA participated in the SPSP Acute Adult Collaborative until the onset of the pandemic in March 2020 when this national work ceased.

A local PU Collaborative ran from December 2022 till August 2024 with a focus on driving improvements to prevent PU's across both acute sites. There were challenges due to ongoing system pressures resulting in difficulties with staff supporting and engaging in the collaborative, with a total of 8 acute and 3 community wards remaining actively involved. The collaborative concluded with a workshop in August 2024 bringing together colleagues including senior nurses, podiatry, physiotherapy, practice development, tissue viability and quality improvement to share learning from the collaborative and plan next steps. Key actions included:

- Co-design of an improvement plan focused on key areas for improvement:
- Targeted improvement support focused on areas of high incidence.
- Establishment of an Acute Pressure Ulcer Improvement Group to drive improvement

The NHSAA Acute Pressure Ulcer Improvement Group has been established and met January 2025. This group is being led by the Lead Nurse for Medicine and supported by both Pressure Ulcer Improvement Nurses and the QI team.

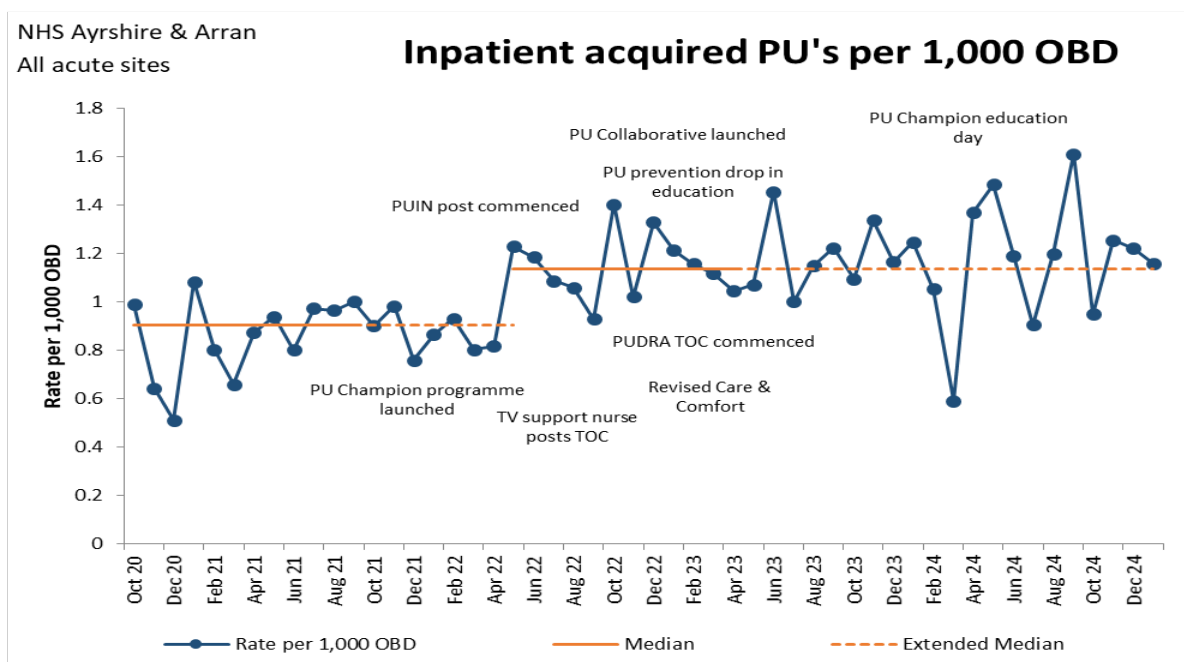
4.1 Pressure Ulcer Improvement Nurse

The Pressure Ulcer Improvement Nurses (PUINs) continue to support clinical teams to progress PU improvement and prevention. To date 90 PU champions have been trained across both acute sites. The PUINs are also supporting the implementation of the new Pressure Ulcer Risk Assessment tool (PUDRA) by providing support sessions and awareness days at both sites and planned visits to wards.

4.2 Pressure Ulcers - Acute Sites (All)

The rate of acquired PUs for all acute sites is detailed in Chart 3. This demonstrates an increase in PU rate of 22%. Areas for improvement that have been tested are annotated on the chart.

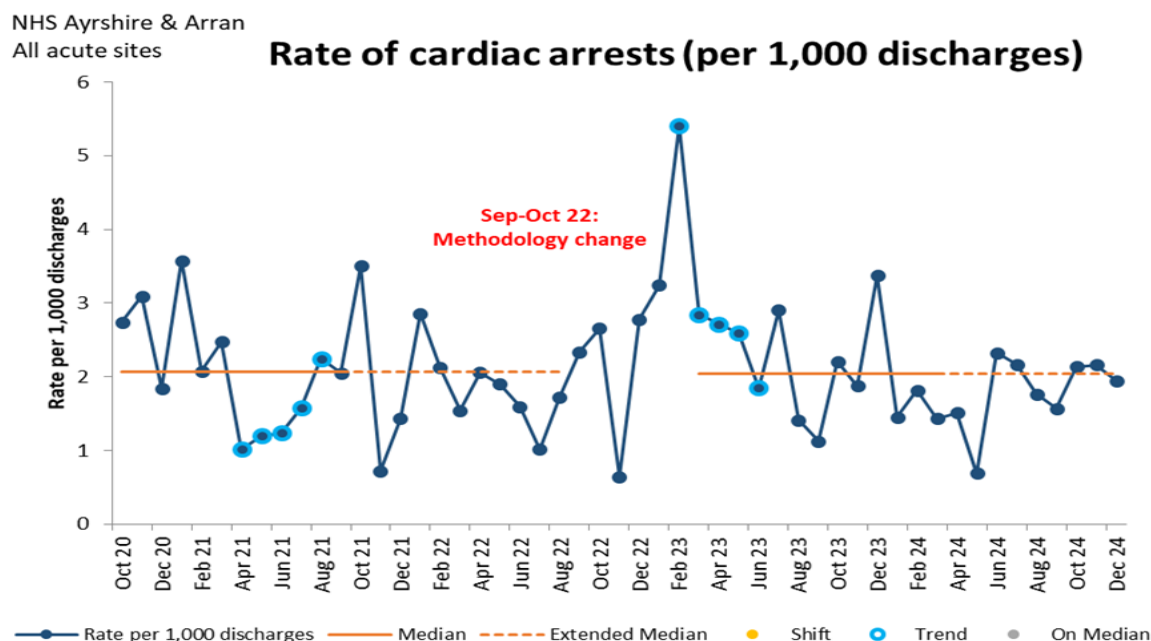
Chart 3 - Rate of acquired pressure ulcers - All Acute Sites



5. Deteriorating Patient

Cardiac arrest rate data shows normal variation outlined in Chart 4, with the median currently 2.0.

Chart 4 - Rate of cardiac arrests all acute sites per 1000 discharges.



5.1 National Cardiac Arrest Audit (NCAA)

National Cardiac Arrest Audit (NCAA) quarterly data for UHA (1st April-30th September 2024) demonstrates a 33.3% survival to discharge rate which is an increase from the previous year national annual report which demonstrated a 3.7% survival to discharge rate. This is a positive finding however it should be noted that this is a small cohort of only six patients.

At UHC the data demonstrates a lower survival to discharge rate of 9.5%.

5.2 Cardiac Arrest Reviews

Resuscitation Services have reviewed 100% of true cardiac arrests for both acute sites and collated themes are displayed in Chart 5 and Chart 6.

Chart 5 - UHC cardiac arrest review outcomes Jan-Dec 2024

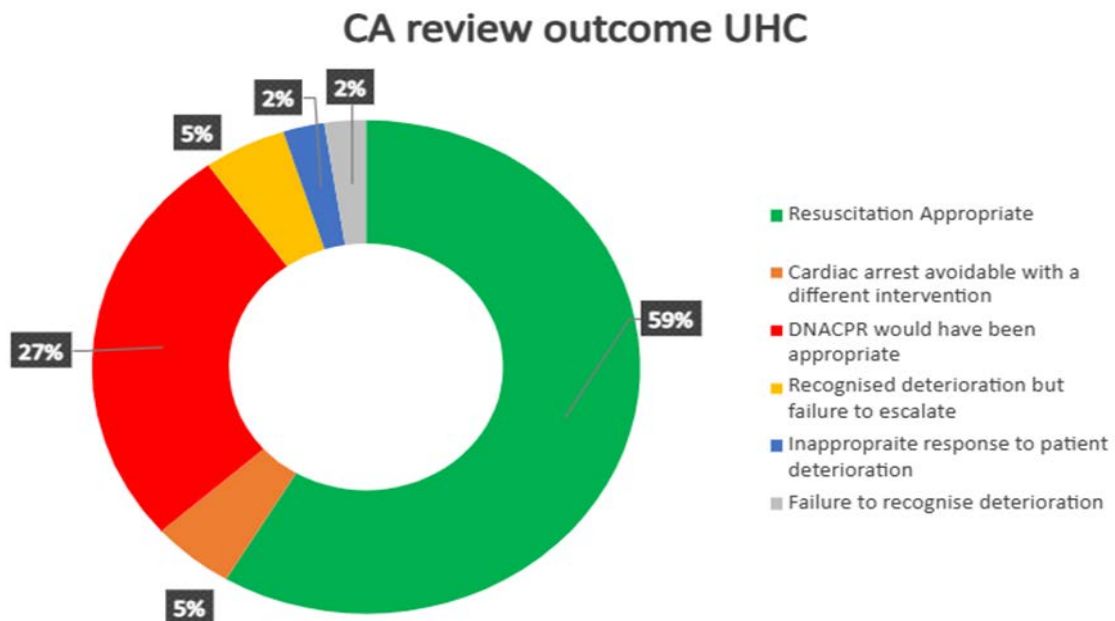
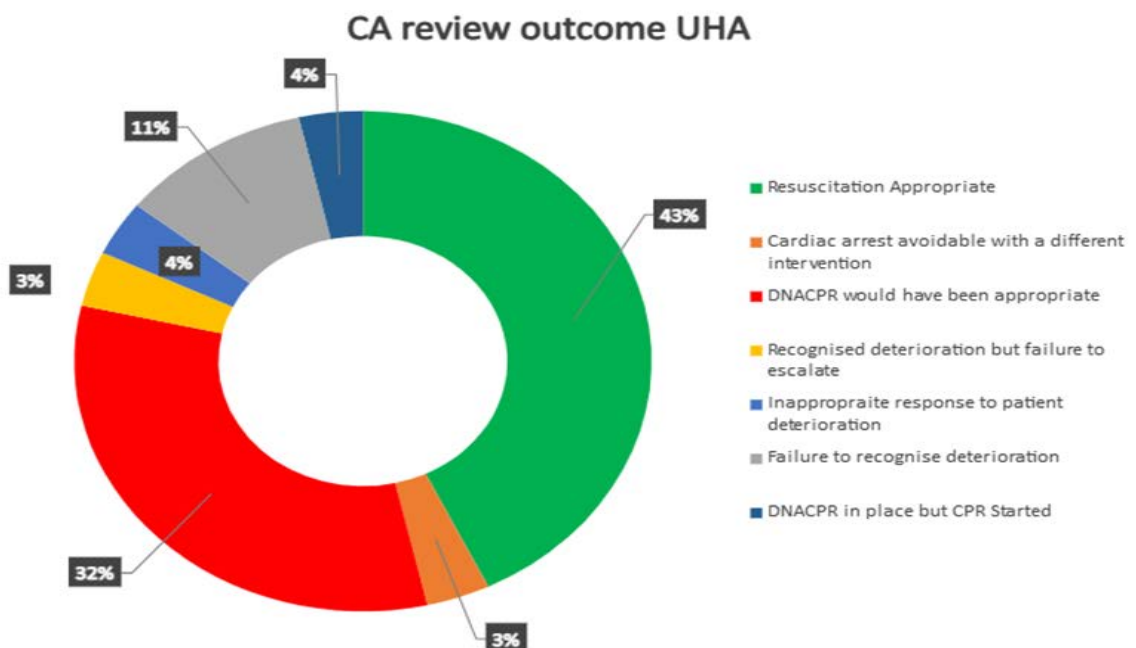


Chart 6 - UHA cardiac arrest review outcomes January-December 2024



Learning identified from cardiac arrest reviews continues to be shared with SCNs from the area where the cardiac arrest occurred and wider with key groups. A process for cardiac arrest review teams to escalate cases for further review to the Adverse Event Review Group (AERG) is established with 26% of all cardiac arrests at UHA and 21% at UHC escalated to AERG for review.

National Early Warning Score (NEWS) Compliance

NEWS compliance for all patients who suffer a cardiac arrest is considered as part of every cardiac arrest review. NEWS2 data demonstrates an 88.1% compliance with frequency of NEWS2.

EiC and Resuscitation Services continue to work towards an agreed margin for frequency of NEWS to support a realistic approach to audit. Resuscitation Services will update resuscitation and deteriorating patient training to include additional education on NEWS and highlight the importance of NEWS compliance in the recognition of the deteriorating patient.

5.3 Deteriorating Patient Update

Key areas of work:

- The Deteriorating Patient and Resuscitation Group has been restructured to form a steering group with the purpose of overseeing the implementation and ongoing development of a deteriorating patient improvement programme within NHSAA, aligned to national and local priorities and a network to provide a platform to share national and local deteriorating patient improvement work.
- Emergency Response Team (ERT) relaunch within both acute sites is complete with an increased number of ERT calls noted on both sites.
- Acute Services Clinical Governance Steering Group have endorsed an improvement collaborative approach to improving Treatment Escalation Planning. Senior medical and nursing leads have been identified to lead this work with the first improvement group planned for mid-February.
- In collaboration with the ReSPECT steering group a simulation-based communication course for doctors, ANPs and nurses involved in having conversations about end of life has been designed and tested. The Conversations around Emergency Care and Treatment (CONnECT) course commenced in February, with the objective of improving staff confidence in having a shared conversation with patients and relatives
- Work is underway with one ward at UHC, to develop and test an escalation sticker to promote concise documentation regarding escalation and response of deteriorating patients. This initiative attempts to ensure concise documentation by providing a template for a brief SBAR when escalating care of a deteriorating patient.
- A trial is underway within CAU and ACCU (UHC) to introduce locked emergency trolleys with tamper-proof tags resulting in standard full trolley checks being required monthly rather than daily. The aim is that daily trolley checks will be reduced from 45 minutes to less than 10 minutes, releasing time to care for patients.

6. Food Fluid and Nutrition (FFN)

FFN standards data is collected monthly from 35 inpatient wards across both acute sites. The Malnutrition Universal Screening Tool (MUST) should be used as a method to screen patients who are at risk of malnutrition, malnourished. Data is discussed at the bi-monthly Acute Quality and Safety Oversight Group meeting to provide assurance and identify areas for improvement.

Data scrutiny and thematic analysis indicated that improvement in accurate MUST Screening is an organisational priority. Adult in-patient services MUST documentation was reviewed as part of wider documentation review project and

identified as a priority for revision. The document is awaiting ratification via Governance routes.

Chart 7 demonstrates compliance with MUST Screening at UHA of 90% and above and 88% or above at UHC is demonstrated in Chart 8.

Chart 7 - UHA Monthly Compliance with MUST July 2024 – Jan 2025

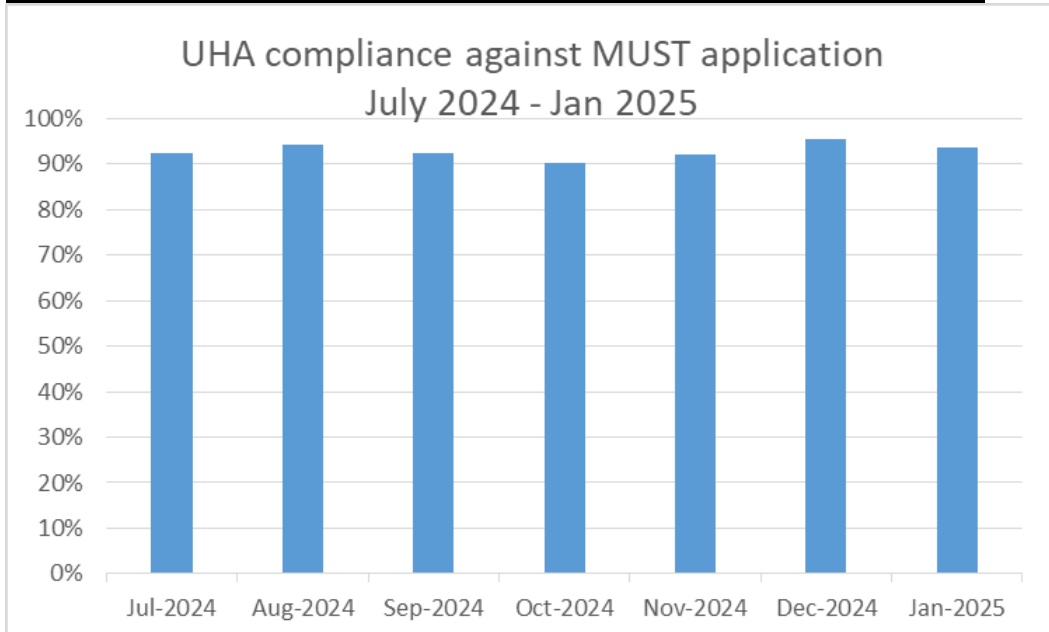
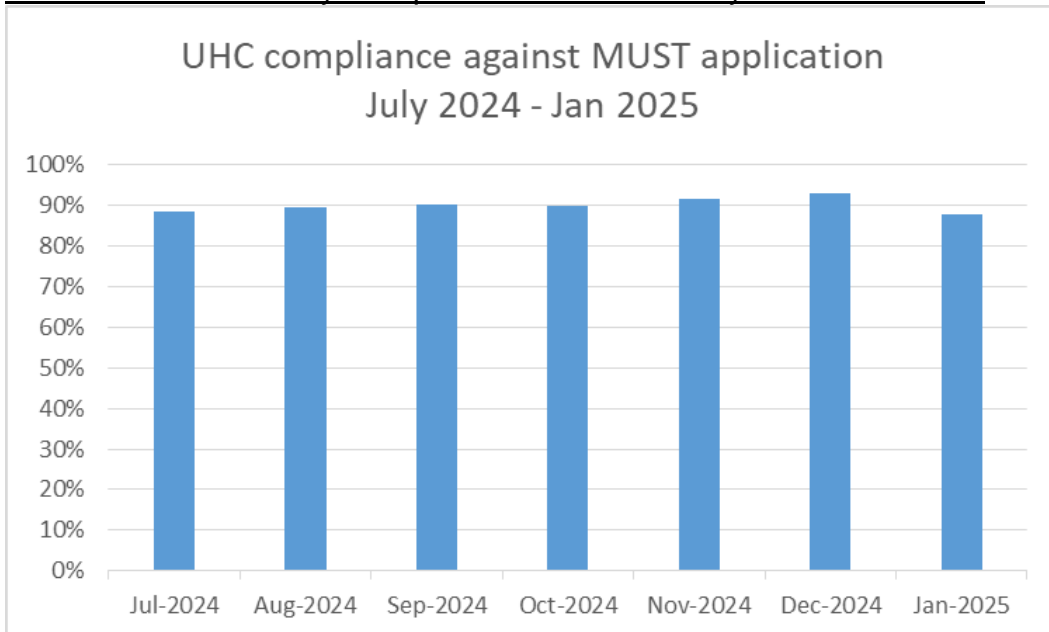


Chart 8 – UHC Monthly Compliance with MUST July 2024 – Jan 2025



6.1 FFN Education

Staff education continues with a focus on MUST and Dysphagia modules available via LearnPro. MUST is a role specific mandatory module which wards report via line managers staff compliance.

Table 1 displays the total numbers of staff within inpatient wards that have completed each of the three Dysphagia module.

Table 1 – Dysphagia module completion until end December 2024

Dysphagia module completion until end December 2024		
	Total numbers of Nursing staff	Grade of staff
Level 1	75%	Registered Nurses and HCSW
Level 2	61%	Registered Nurses and HCSW
Level 3	45%	Registered Nurses

An educational competency framework has been developed for Registered Nurses, Healthcare Support Workers, facilities, and catering staff. Updated information has been developed on roles and responsibilities for all staff on protected mealtime, nutritional roles, and responsibilities for IV Fluids, hydration and nutrition and Mealtime Coordinator role.

Multi-disciplinary nutrition and hydration awareness sessions took place in 2024 across various sites with further sessions planned for March 2025.

7. Quality and Safety Oversight Group

The introduction of a monthly Quality and Safety Oversight Group in 2023 has provided a robust approach to the monitoring and scrutiny of quality and assurance processes, outcome data and service improvement activity. Group membership is inclusive of Acute Services Senior Nursing Leadership, Senior General Managers, Clinical and Care Governance, Excellence in Care and Health and Safety, with bi-monthly outcome data reporting by Resuscitation Services, Infection, Prevention and Control and Food Fluid and Nutrition Leads.

Data scrutiny has supported the identification of areas of excellence and areas for improvement. Most recently a focus on monthly compliance of quality process measures and audit data submission has seen an increase in activity and process compliance percentage within Acute Services.

8. Multi-Drug-Resistant Organism

Admission screening using a clinical risk assessment (CRA) allows for the early identification of patients who are colonised or at increased risk of being colonised with Carbanpenemase producing enterobacteriaceae (CPE) and metilicillin-resistant Staphylococcus aureus (MRSA). CPE is associated with high risk of death and illness. MDRO is a core submission measure for the EiC programme.

EiC measure definition states screening should be carried out within 1 hour of admission. It was identified that the definition did not correlate with national Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland guidance. In association with NHSAA Infection Prevention and Control team a local audit template was devised and implemented in May 2024 for high-risk in-patient clinical areas. A subsequent review of CRA documentation is underway with planned testing due to start in February 2025. National review of MDRO measure is planned to commence in 2025, during the review period NHSAA will not submit data nationally and continue to report and scrutinise compliance locally.

9. Summary

Members are asked to receive and discuss this report which provides an overview of performance, activity, and assurance in terms of SPSP and local improvement programmes in alignment with the EiC programme within Acute Services NHSAA.