

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 30 January 2023</b>
<b>Title:</b>	<b>Quality and Safety Report - Mental Health</b>
<b>Responsible Director:</b>	<b>Caroline Cameron, Director – North Ayrshire Health and Social Care Partnership</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

This paper outlines Scottish Patient Safety Programme (SPSP) Mental Health Collaborative and Excellence in Care (EiC) progress locally and describes to members the current status and plans going forward in relation to core measures including:

Mental Health Collaborative

- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm

EiC

- Falls rate
- Falls with harm
- Pressure ulcers

## 2.2 Background

The Scottish Patient Safety Programme – Mental Health (SPSP MH) is a national initiative launched in 2008 that aims to support and improve the safety and reliability of health and social care and reduce harm, whenever care is delivered.

In November 2021 Healthcare Improvement Scotland (HIS) invited boards to express interest in a Collaborative Programme which is the next step to 'From Observation to Intervention' national guidance. This collaborative took priority over previous SPSP MH Programme and between April 2022 and April 2023 will be the main focus of HIS during this time.

The SPSP Mental Health Collaborative focus supporting NHS Boards on:

- Creating the conditions for improvement within your team
- 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

Excellence in Care (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 A&E to mental health, and care of older people to children's services.

## 2.3 Assessment

As part of the new SPSP Mental Health Collaborative, participating Boards have a requirement to record data relating to: Restraint, Seclusion, Violence, and Self Harm. Specifically;

- Person Centred Care Plans,
- Continuous Interventions and Clinical Pauses,
- Planned Therapeutic Interventions,
- Completed Debriefs following Restraint,
- Rate of as Required Medication,
- Length of Stay,
- Length of incident of restraint,
- Length of time in seclusion

HIS have provided a data measure workbook which will allow all Boards to consistently record and report on the above measures. The work booklets provide operational definitions and guidance on what and how to record. Locally we have begun work with our existing data collection processes to ensure that this is streamlined and accessible. Currently we are recording rate of restraint, rate of episodes of violence and rate of self-harm. We anticipate by March 2023 that we will be recording all the above measures in the work booklet.

A number of the change ideas from the change packages provided by HIS have already been introduced and embedded in ward areas as part of the readiness for improvement tool.

EiC measures are collected on the QI portal for all mental health wards and a monthly report is reviewed by QI Facilitators. Any exceptions are discussed along with ward based “Champions” and Senior Charge Nurses. Any improvement work identified is reported and approved within the service clinical governance framework.

- **Creating Conditions for Improvement in the Team**

The Collaborative provided a Readiness for Change Assessment and Prioritisation Tool which each of the wards completed to identify strengths and gaps in four areas:

- Assessing organisational readiness
- Assessing team readiness
- Understanding Current practice
- Prioritising Areas for Improvement

Within Mental Health Services there is a focus on increasing QI capacity through a number of learning opportunities. The 6 Introduction to QI modules on TURAS are available for all staff to complete, unfortunately at this time NES are unable to provide reports below organisational level and therefore we are unable to identify how many staff within specific services have completed these modules. 28 Mental Health staff have completed Improvement Science Fundamental Course or Ayrshire and Arran Improvement Foundation Skills (AAIFS) and 4 staff having completed a national qualification Scottish Improvement Leadership (ScIL).

A specific aim for increasing these figures over the next year is being drafted within the SPSP MH Steering Group.

The QI team have a clear focus on empowering teams to lead their own QI priorities in line with NHSAA’s strategic direction and using our 4 pillar approach. The Quality Improvement and Innovation Group is a forum led by the Senior Nurse Mental Health where staff are invited to attend the share their improvement ideas, feedback on tests of change and where QI support and education can be offered. A number of people engaged in this forum have presented their own improvement journeys at the Mental Health Nursing Celebration Events over the last year.

Going forward we aim to use these Mental Health and Learning Disability Celebration events to include staff who have attended the Ayrshire and Arran Improvement Foundation Skills (AAIFS) to present their improvement journey. The introduction of this collaborative model will help to establish a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across Mental Health Services.

- **From Observation to Intervention**

Ward 10 was a pilot ward for the writing of the national guidance ‘Improving Observation Practice’ in 2018 which underpins the workstream ‘From Observation to Intervention’ a proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care.

This revised guidance reflects a shift in mind-set based on emerging good practice within mental health in-patient culture and practice which utilises a proactive approach to care, treatment and safety based on prevention, early recognition and early response strategies to address potential or actual patient deterioration of

health, wellbeing or risk. This approach applies proactively to all patients in the ward.

This guidance moves away from centralising the use of observation status to determine and describe the nature and extent of care, treatment and safety planning and associated intervention and interaction an individual requires. Instead care, treatment and safety planning is guided by the identified specific clinical needs of the individual.

- **Seclusion**

Healthcare Improvement Scotland have facilitated conversations with NHS Boards to explore the operational definition of seclusion within Mental Health. The Mental Welfare Commission Good Practice Guide for the Use of Seclusion (2019) is the basis for our local application.

It is expected that each clinical setting will devise their own operational definition of seclusion and will develop a guideline pathway which supports observation and seclusion practice as a continuum.

Within Ward 8 there have been a number of QI Facilitated group sessions to identify a working guideline based on the teams/service understanding of their own environment and working arrangements.

- **Collaborative Working**

The QI Lead meets with the Associate Nurse Director on a monthly basis. The QI Lead attends the Senior Nurse Meeting for Mental Health and this provides an open platform to share data and offer QI support around the SPSP/EiC agenda. Future agendas and meeting dates for these meetings have been agreed for the remainder of the year.

- **Clinical Governance Reporting**

Considerable progress has been made recently in terms of establishing an infrastructure in which the QI Partnership team can report into current NHS Ayrshire & Arran governance structures. The QI Lead is Deputy Chair of the SPSP Mental Health Steering group and regularly attends the Mental Health Clinical Governance and Development Group as well as partnership governance groups to lead on and provide updates on current QI work within mental health.

### **2.3.1 Quality/patient care**

The aim of the SPSP Mental Health Collaborative is to reduce the level of harm experienced by people using healthcare services.

Excellence in Care is a national approach which aims to ensure people have confidence that they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland.

Commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations, Excellence in Care seeks to improve, integrate and coordinate the way quality care services are delivered.

### **2.3.2 Workforce**

Mental Health are supported with QI activity by the QI Partnership Team. Currently there are two vacancies within the team. The Quality Improvement Advisor post is currently vacant. Recruitment for this post is a priority and is currently being progressed. There is also a vacant Improvement Facilitator post and this will be out to advert by end of the year.

### **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 committee on the Board's current progress in relation to SPSP Mental Health activity 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. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Healthcare Governance Committee, 9 January 2023

## **2.4 Recommendation**

Board Members are asked to 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 & Arran.

- **Discussion** – Examine and consider the implications of a matter.

### **3. List of appendices**

The following appendices are included with this report:

- Appendix No 1, Charts and Data Measures for Wards 7A, 8, 10 and 11.

## **Appendix 1 - Charts and Data Measures for Wards 7A, 8, 10 and 11**

### **Ward 7a**

Ward 7a is an admission ward for adults with a Learning Disability in Woodland View and opened in March 2022 with some patients having moved from Arrol Park, Ayr. The original bed occupancy was 10 beds however due to staff pressures and rate of violence on the ward the bed numbers were reduced to 7 in November. This reduction in bed numbers has shown a reduction in violence and aggression incidents and reduced staffing pressures.

Within the SPSP MH Collaborative they have been focussing on the responses to the safety climate questionnaires to inform next improvement activities. A profile of the needs of patients being admitted and cared for in the ward demonstrates that these patients require ongoing accommodation or package of care rather than assessment and treatment. Incidents of violence and aggression have been associated with the level of frustration in the patient group and a disruption to active discharge planning.

Improvement activity which has been introduced on the ward includes:

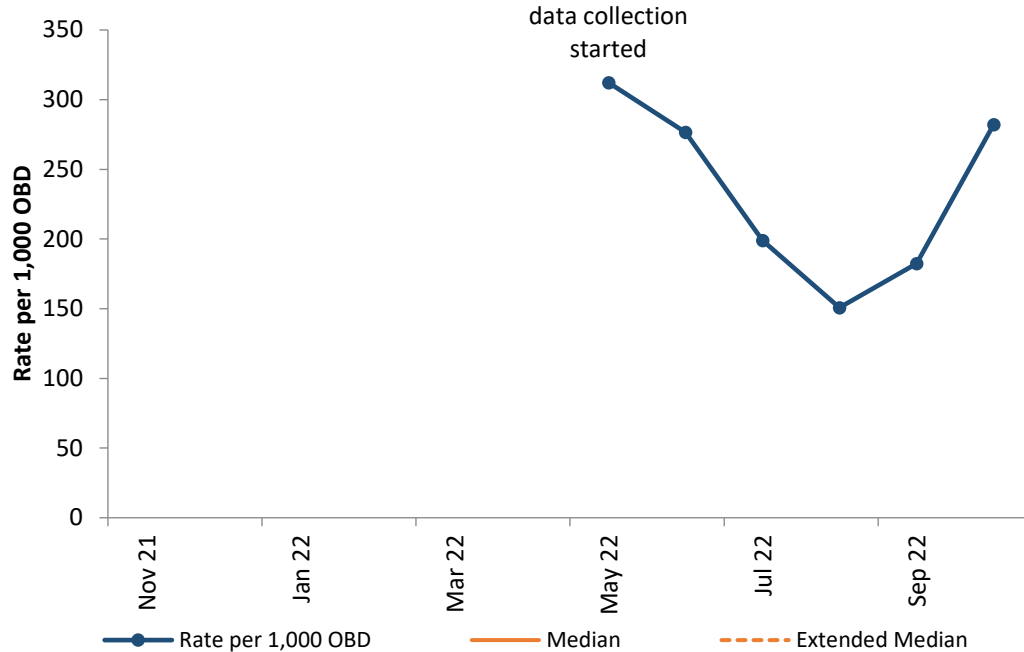
- different coloured lanyards for staff trained in control and restraint,
- testing of new care plan documentation and
- individual person centred care plans.

Ward 7a have been recording measures on clinical portal since April 2022. As the HIS SPSP MH Data Workbook requires 12 data points to create a median it will be April 2023 before this is included on the charts.

Ward 7a have not collected data on Enhanced Observation Hours however going forward this will be recorded and reported on monthly.

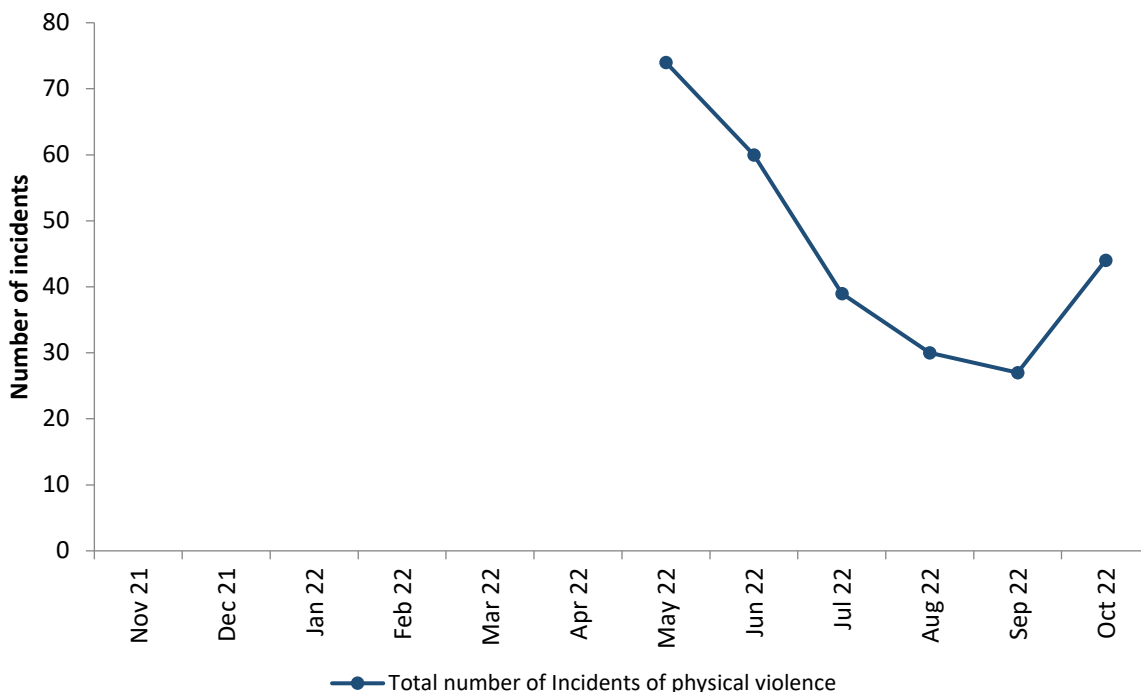
The following run charts have been produced from the HIS Workbook and are populated by information gathered from the QI Portal and Business Intelligence.

### Rate of incidents of physical violence per 1,000 OBD



Rate of Physical Violence (per 1000 occupied bed days (OBD)) data has been unable to identify a baseline median as 12 data points are required to calculate this. The chart demonstrates a changing month to month picture however it is too early to apply any data measure rules to establish any significant change.

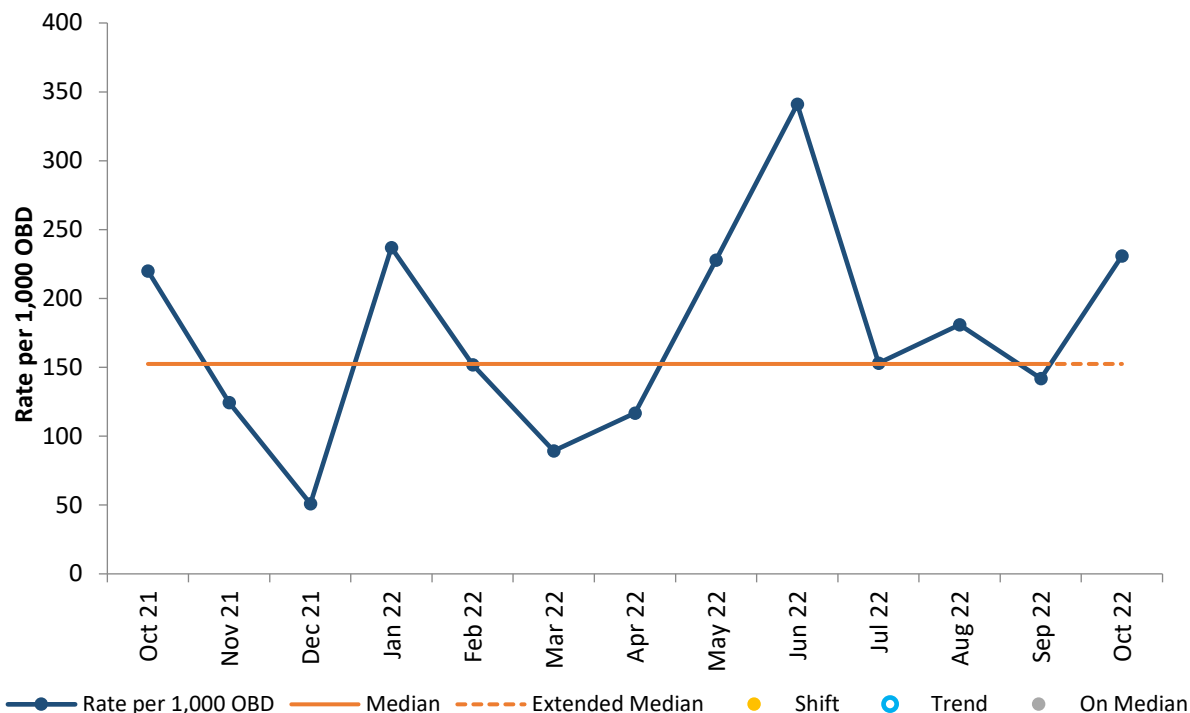
### Count of incidents of physical violence



Physical Violence count data does not identify a median. The chart demonstrates a changing month to month picture however it is too early to apply any data measure rules to establish any significant change.

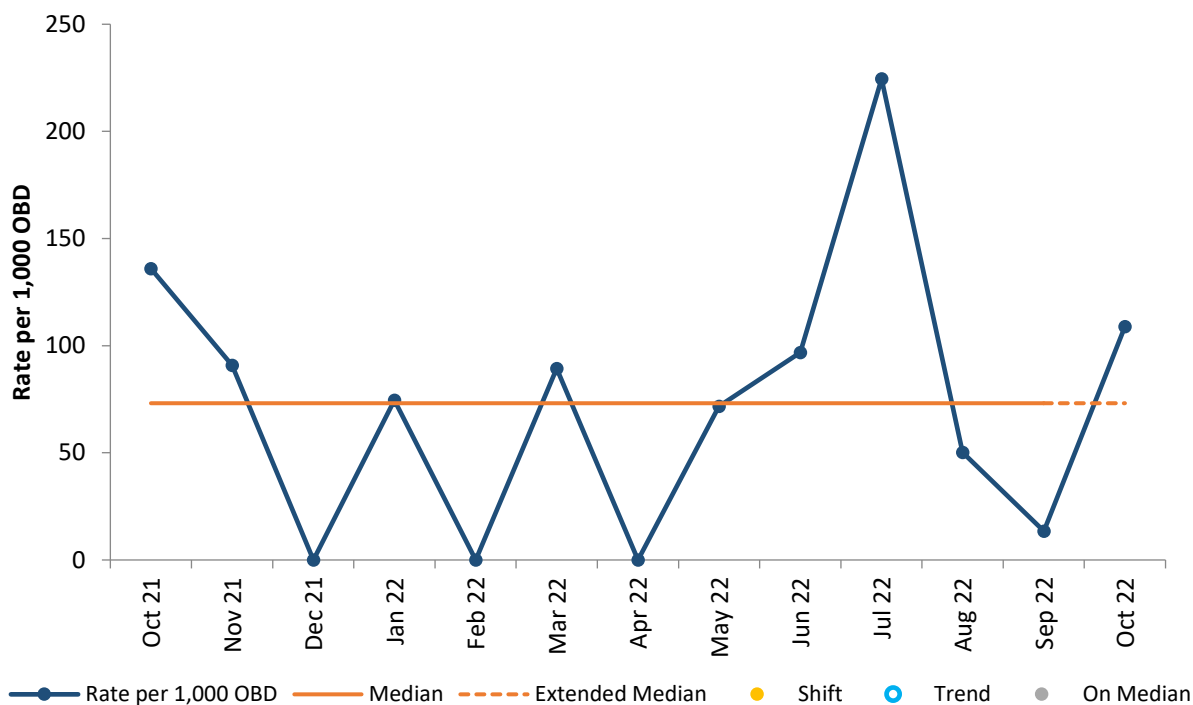


### Rate of incidents of restraint per 1,000 OBD

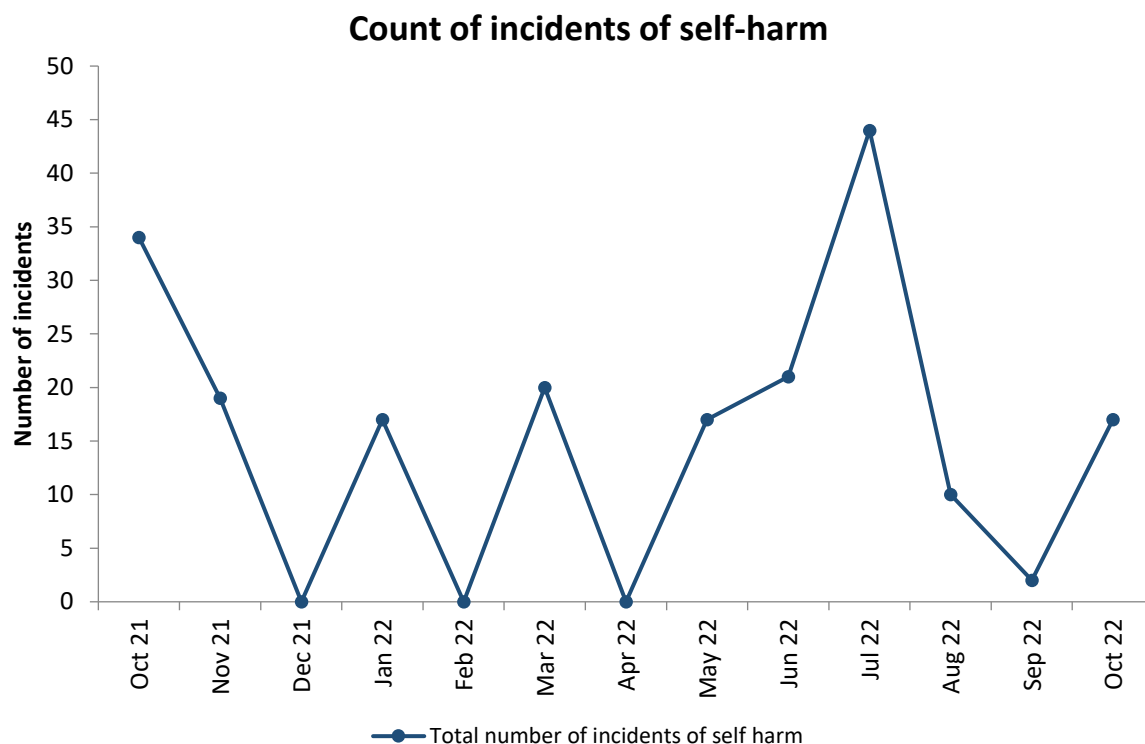


Rate of Restraint (per 1000 OBD) has a median of 152.4 and in September 2022 the data is below this median. Increase in incidents in restraint in May and June 2022 were related to individual patients with complex and challenging needs and individual person centred care plans were in place to support them.

### Rate of incidents of self-harm per 1,000 OBD



Rate of Self Harm (per 1000 OBD) data shows a median of 73.1. Increase in incidents in self-harm in July 2022 were related to individual patients with complex and challenging needs.



Count of Self Harm data doesn't provide median as this is a "count". Increase in incidents in self-harm in July were related to individual patients with complex and challenging needs.

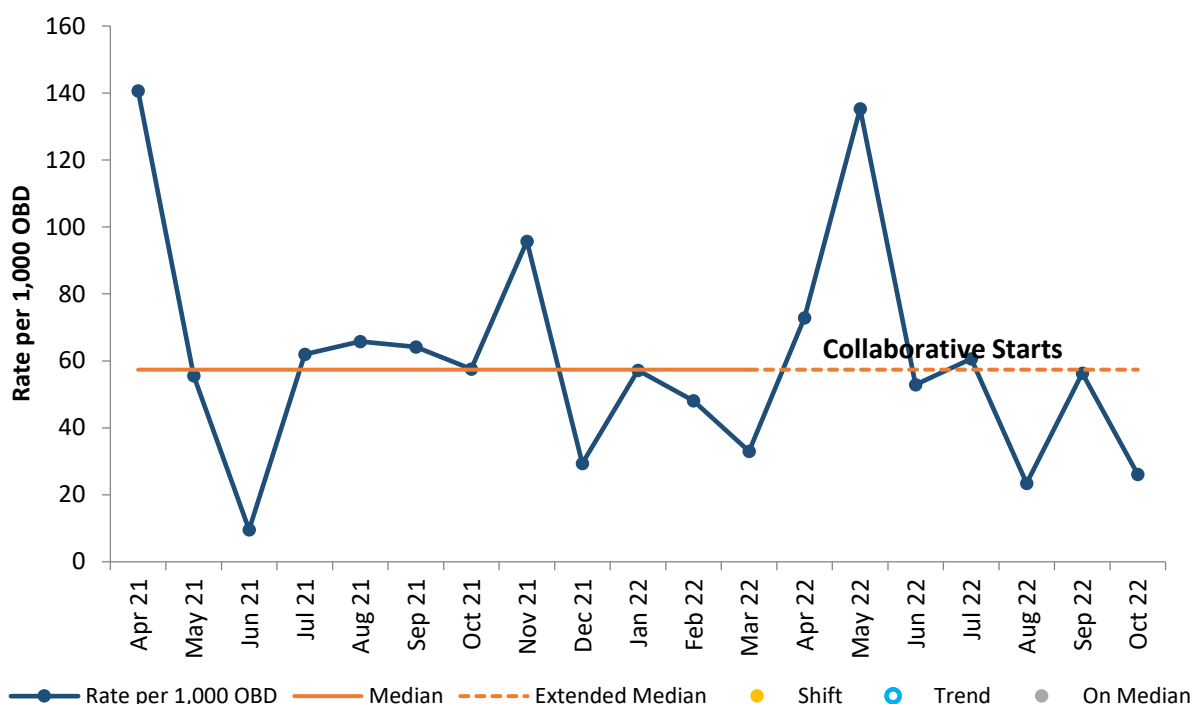
#### **Ward 7a EiC Data measures show:**

- Zero falls count since June 2022 – previous fall in May 2022
- Last Fall with Harm was last reported in April 2022
- Early Warning Score Assessment since August 2022 100% compliance

#### **Ward 8**

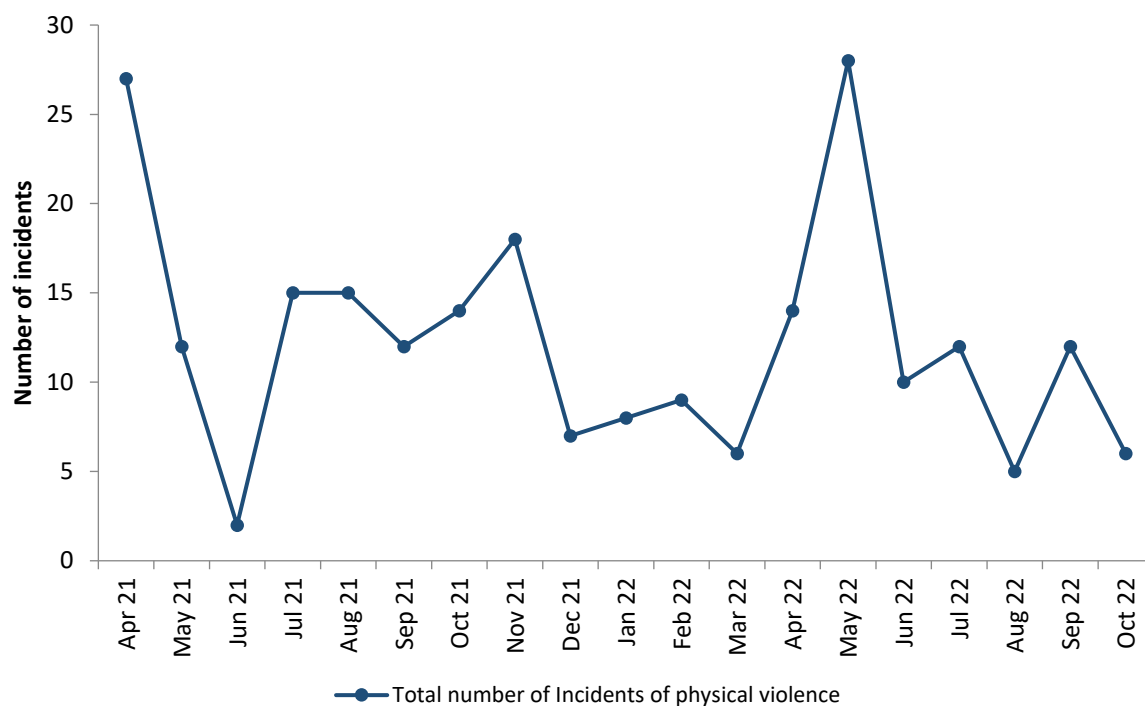
Ward 8 is the Intensive Psychiatric Care Unit which has a bed occupancy of 8 beds. The ward have been focusing on reducing harm relating to seclusion and have spent time understanding the current system on the ward, how the operational definition of seclusion from HIS has been used to develop a local guidance on seclusion. An escalation plan is being developed and engagement within the team has been led by the Senior Charge Nurse on the ward with support from the QI team. The data for the ward is indicating that the median for restraint is below the median for violence and aggression.

## Rate of incidents of physical violence per 1,000 OBD



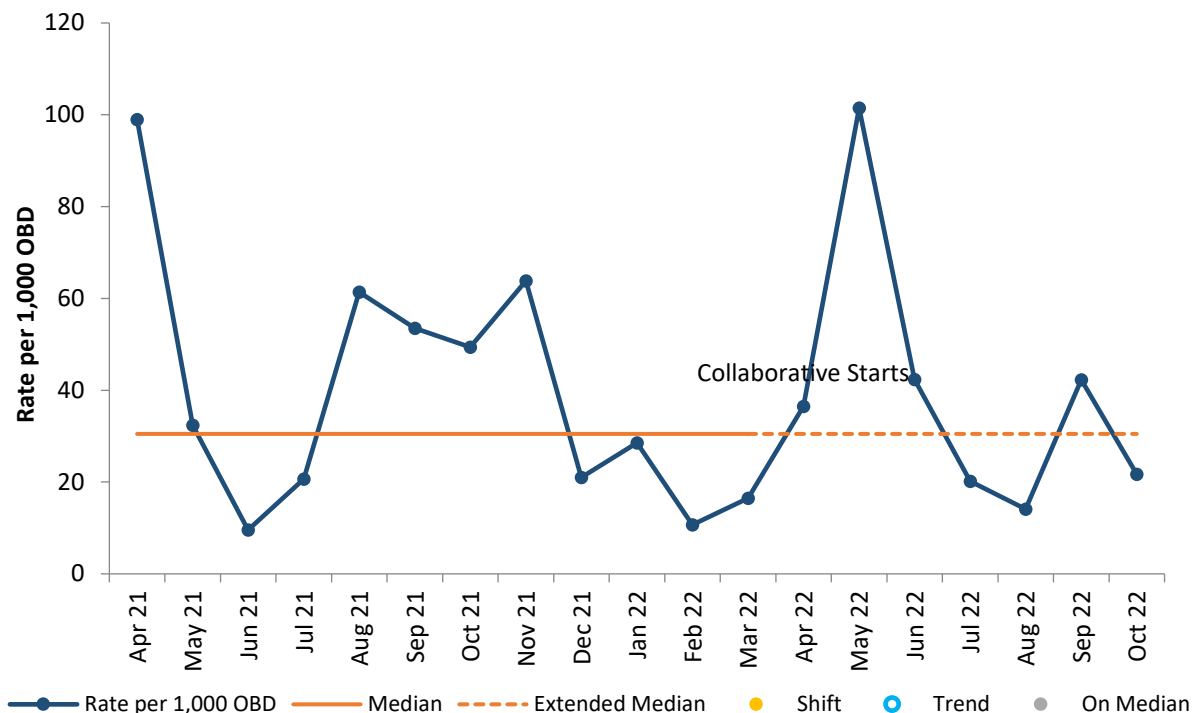
Physical violence rate – median calculated as 57.4. The increased rate of incidents of physical violence in April and May 2022 were related to individual patients who presented as acutely unwell during this time. As they responded to medical treatment and engaged in therapeutic interventions these patients became less challenging.

## Count of incidents of physical violence



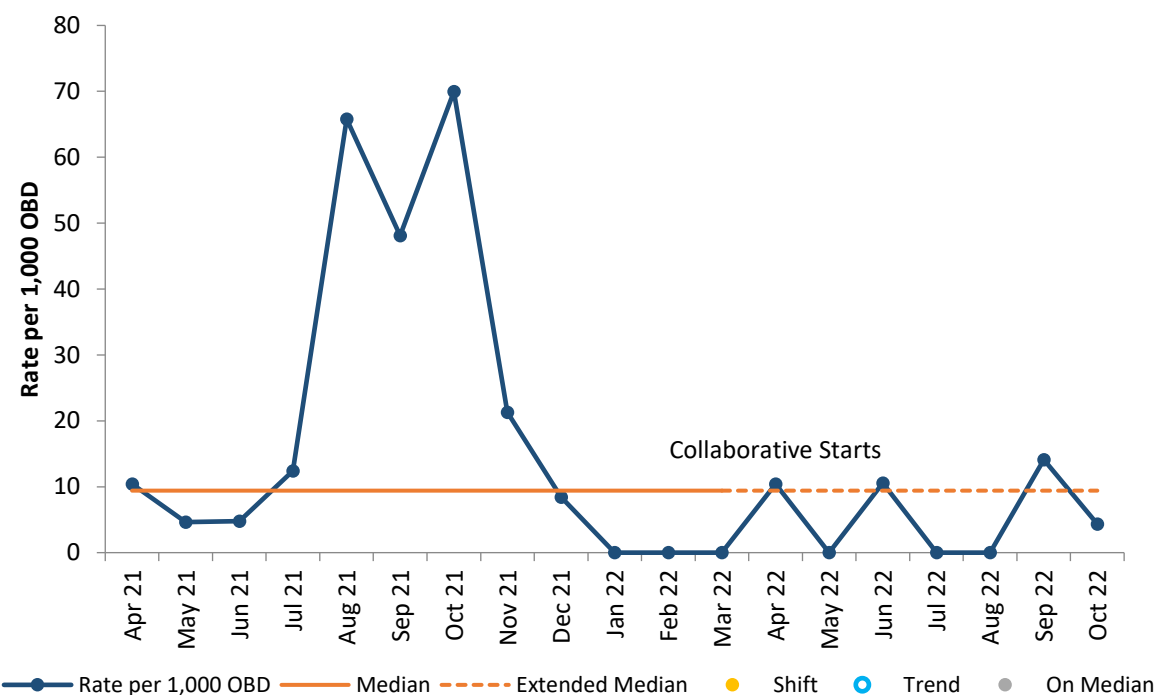
The count of incidents of physical violence on the ward is low and shows the impact of the staff being able to de-escalate situations, creating person centred care plans and therapeutic interventions

### Rate of incidents of restraint per 1,000 OBD

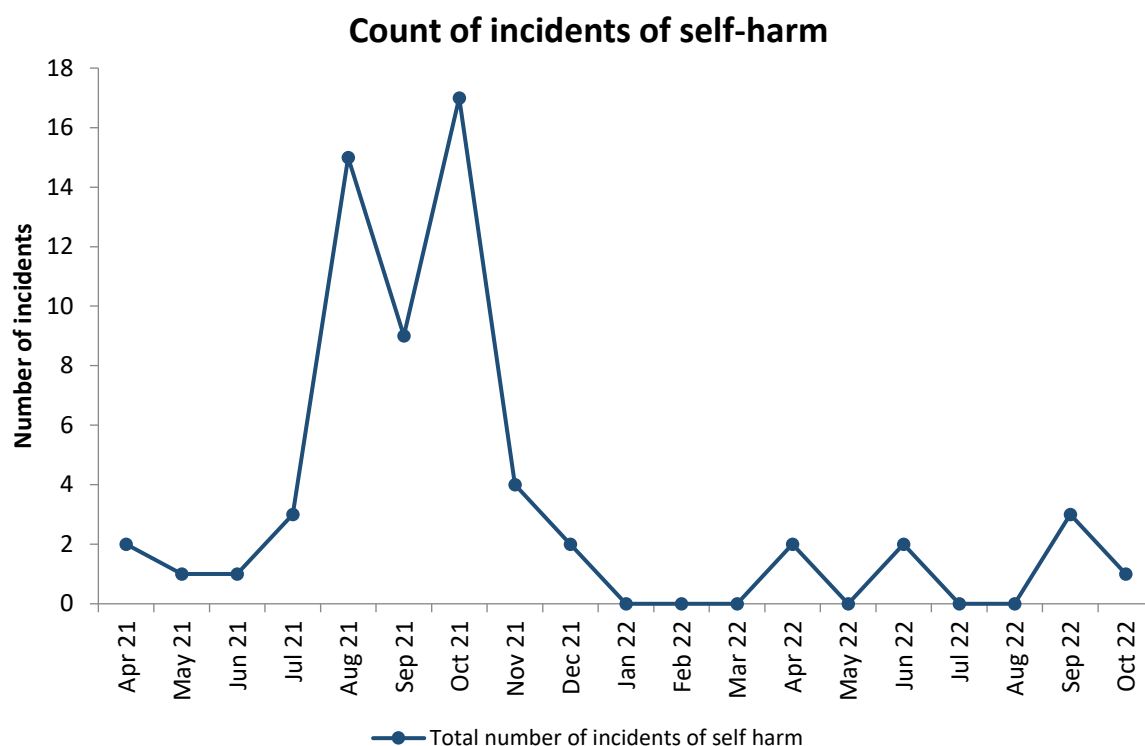


Rate of Incidents of restraint – median calculated as 30.5. At times a restraint is the most appropriate intervention that staff can use when a patient becomes acutely distressed so the occurrence of a restraint is not a negative indicator on practice. What this information does not show is the number of incidents of restraint which have been avoided by staff engaging in de-escalation techniques, earlier intervention, and the application of person centred care plans.

### Rate of incidents of self-harm per 1,000 OBD



Rate of incidents of self harm – median calculated as 9.4. Again this data shows a reduced rate of self harm on the ward.



This data shows the count of incidents of self harm are low and have been consistently since November 2021.

The ward has recorded **Enhanced Observation Hours** as follows:

April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
1877.55	1304.2	1650.45	1287.15	1987.45	1752.3	2547.5	1738.1	2214.15

Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22
1214.30	2022	1484.5	1818.55	1924.3	2199.2	1866.5	2229.4	2365.1

These hours range from 1214.3 in January 2022 to 2547.5 in October 2021.

### Ward 8 EiC Data Measures show:

- Falls count has ranged between 0 and 2. Last fall was in September 2022 and was with Harm
- Early Warning Score Assessment has improved to 100% in October 2022

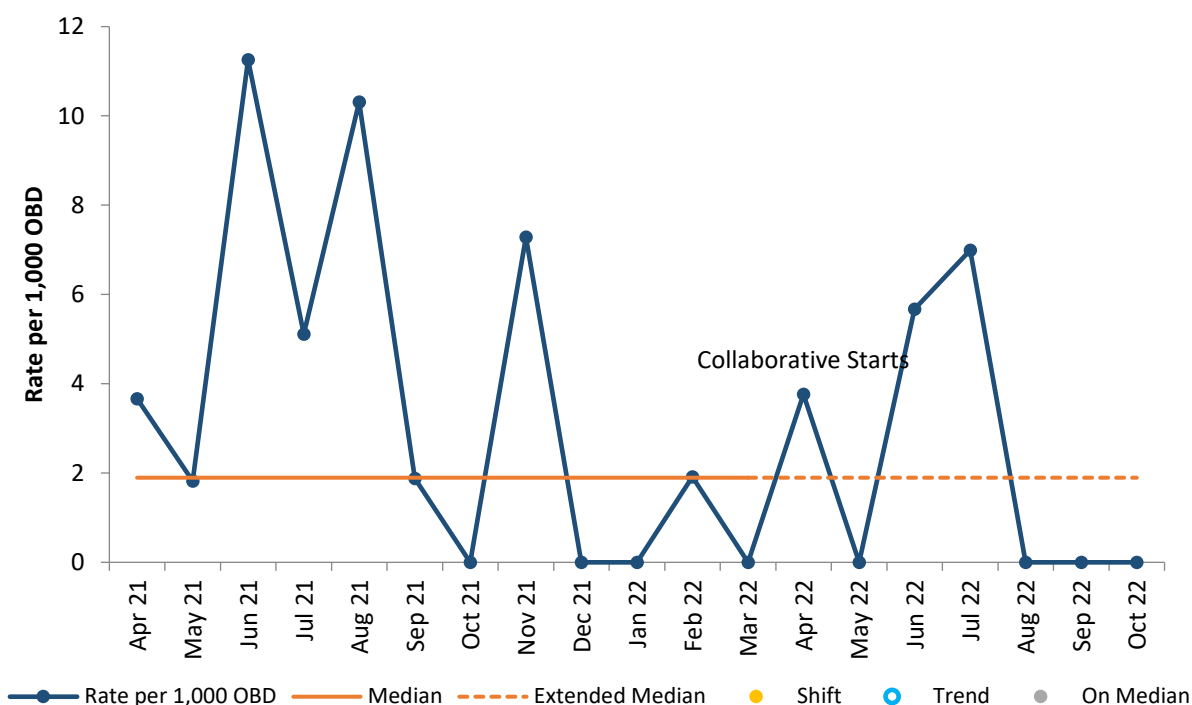
### Ward 10

Ward 10 is an adult acute admission ward with a bed compliment of 20 beds. Having previously been the Improving Observation pilot ward there have introduced and embedded a number of elements which have shown a sustained improvement in rates and incidents in violence, self-harm and restraint on the ward. These specifically include the activity planning for individual patients. Going forward the ward are focusing on the aspects of trauma

informed practice and education which supports this. The Senior Nurse is leading on this component with support offered from QI. There are also pathways which are being tested with an identified consultant and recording of data measures in the PDSA cycles. A patient contact record is also being tested across all wards to ensure that operational definitions are consistent and recording is robust.

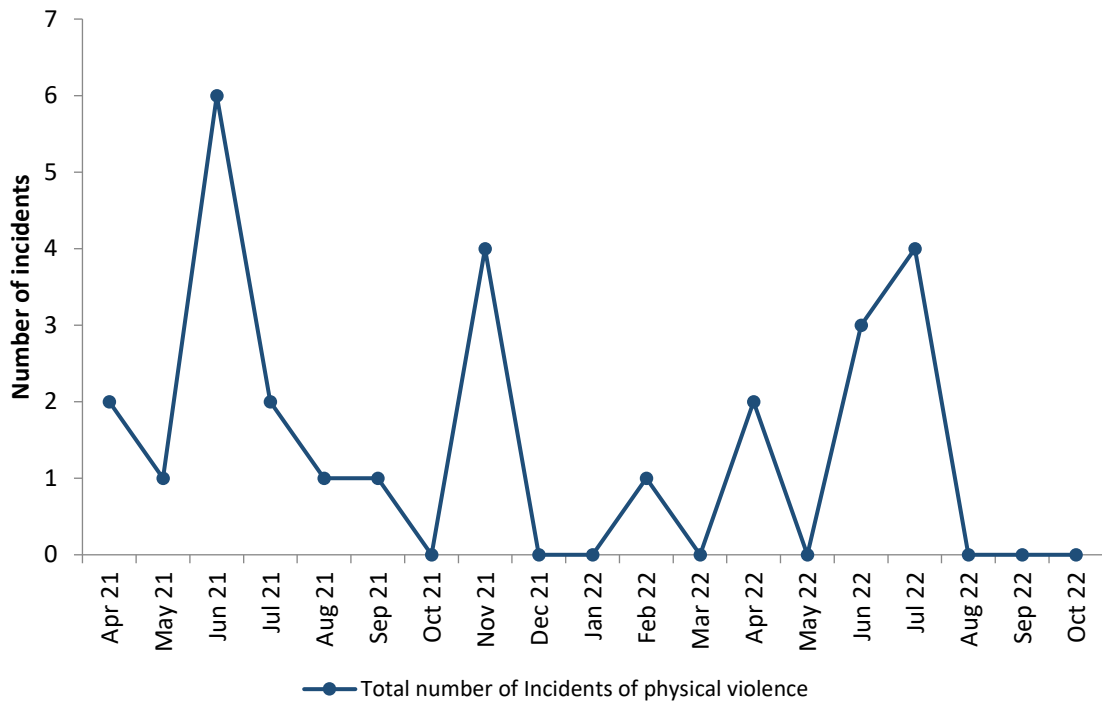
An existing Deputy Charge Nurse has been promoted to the Senior Charge Nurse with two new Deputy Charge Nurses having been appointed. The Mental Welfare Commission visited in May 2022 and provided positive feedback relating to the activities and group work introduced to the ward and the recommendation that a programme of therapeutic interventions for individuals was the next stage. The SCN is applying this to the improvement activities on the ward.

### Rate of incidents of physical violence per 1,000 OBD



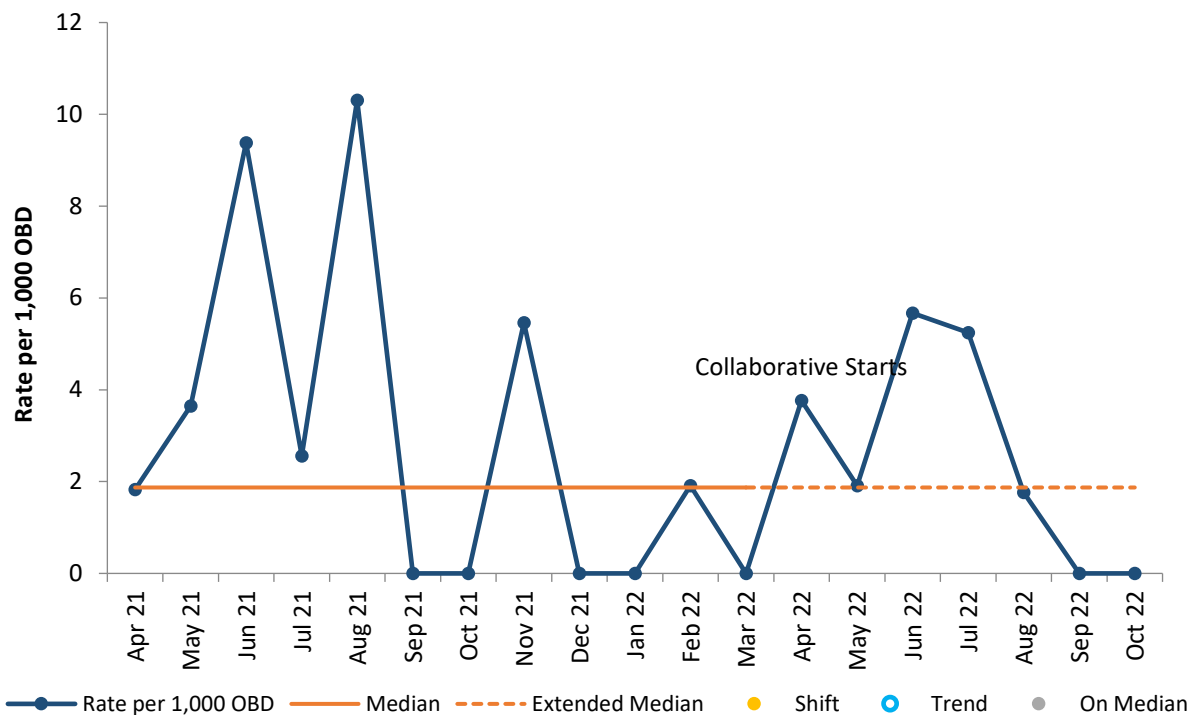
Physical Violence rate – median calculates at 1.9. This data shows a low rate of incidents of physical violence and can be attributed to the introduction and sustainable application of therapeutic interventions and daily goal setting by patients.

### Count of incidents of physical violence



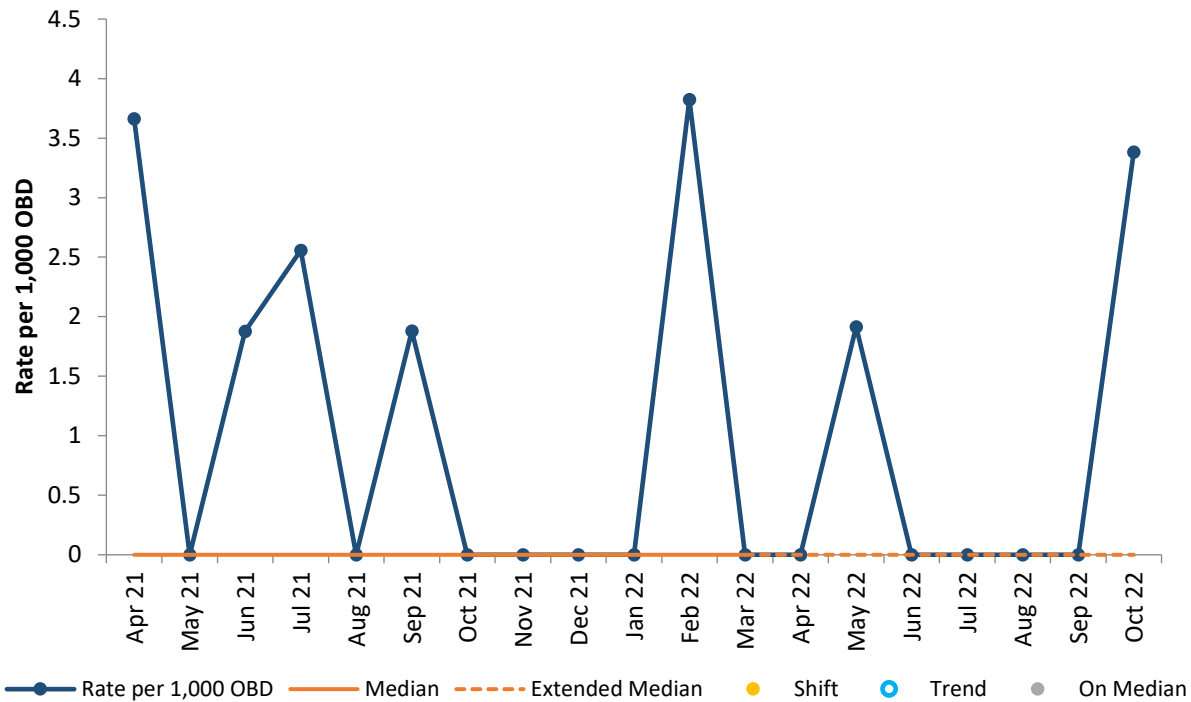
The actual number of incidents of physical violence is particularly low.

### Rate of incidents of restraint per 1,000 OBD



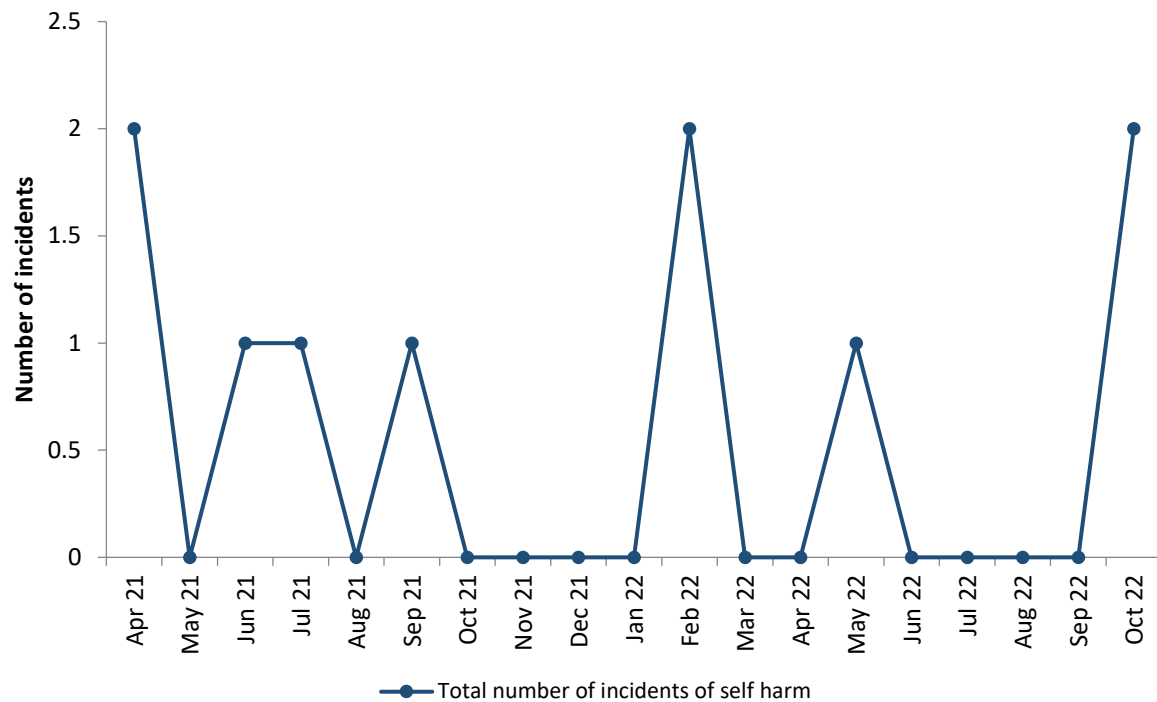
Rate of incidents of restraint – median calculated as 1.9. The data shows a low rate of incidents of restraint on ward 10 with the last two data points being at 0. Again this can be attributed to the introduction and sustained programme of therapeutic group work on the ward.

### Rate of incidents of self-harm per 1,000 OBD



Rate of incidents of self harm are low and the median is calculated at 0.02 however rounded to 0.0 on the SPSP MH Workbook. Incidents of Self Harm in October is related to an individual patient who was acutely unwell however this remains a low number and rate.

### Count of incidents of self-harm



The count of incidents of self-harm are particularly low reflecting the effective therapeutic interventions being offered and identified in the person centred care plans.



**Ward 10 EiC Data Measures show:**

- The last Fall in the ward was in August 2022 and the last Fall with Harm was in July 2022
- Mental Health Care Plans audit are consistently achieving 100% compliance
- Early Warning Score Assessment is achieving 100% compliance

The ward has recorded **Enhanced Observation Hours** as follows:

April 21	May 21	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
743.25	467	876.2	369.55	261.3	92.45		83.45	254

Jan 22	Feb 22	Mar 22	April 22	May 22	Jun 22	July 22	Aug 22	Sept 22
96.3	500.15	317.4	19	391.15	824.35	785.15	194	135.55

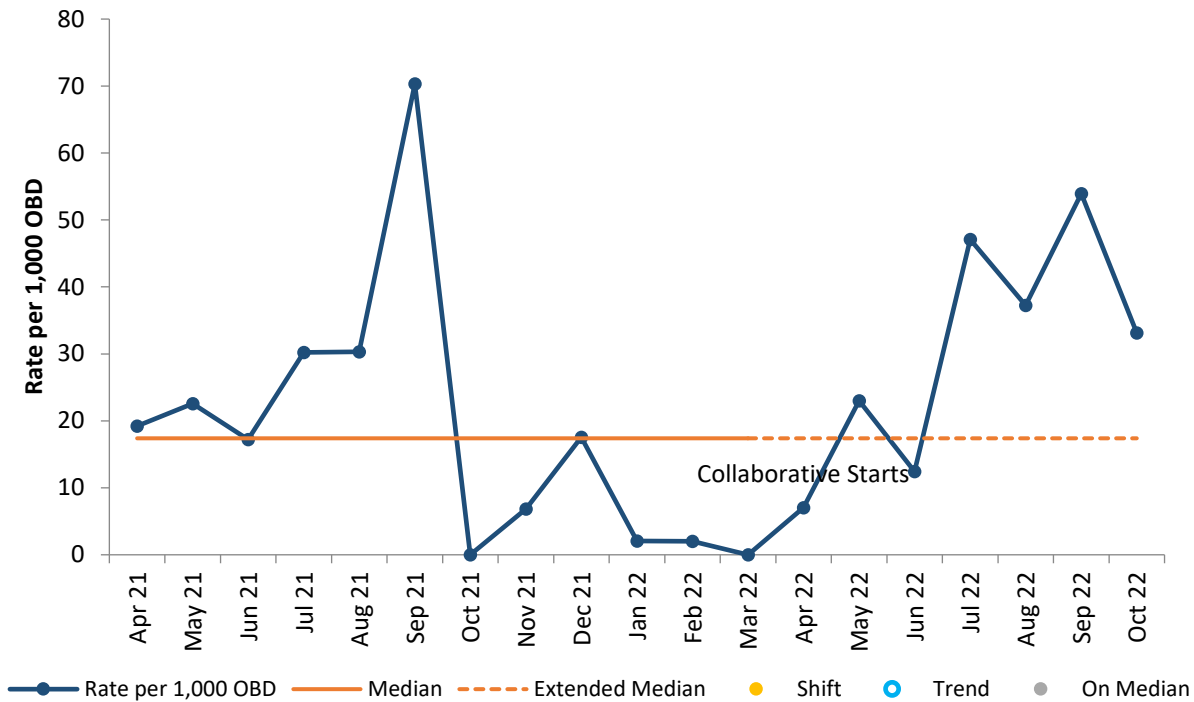
These hours range from 19 in April 2022 to 876.2 in June 2021.

**Ward 11**

Ward 11 is an adult acute admission ward with a bed compliment of 20 beds. High acuity levels on the ward and staffing resource have meant that protected time to engage in the programme has been difficult. A different approach from the QI Team is to allocate regular time during the week is being tested going forward. The Senior Charge Nurse continues to engage and be enthusiastic and the newly appointed Deputy Charge Nurse is beginning to be more involved in the programme on the ward and developing knowledge and skills relating to QI.

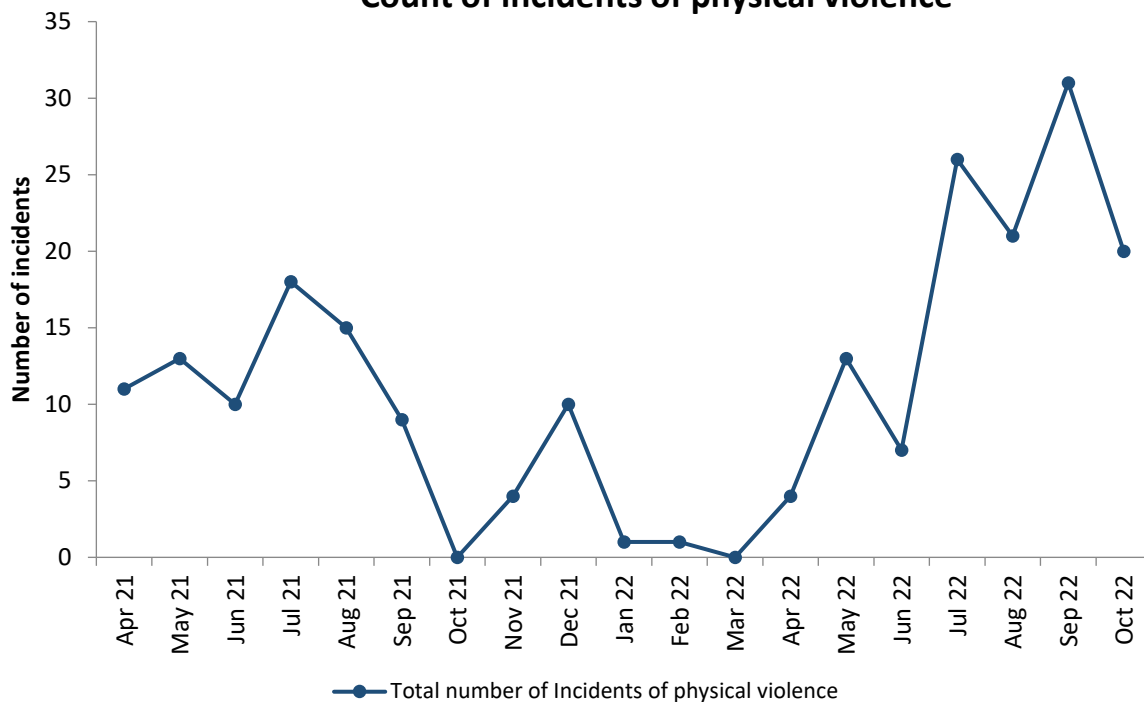
The data is showing an increase in all aspects, increased rate of enhanced observation, rate of violence and restraint. This reflects the challenges in the ward due to the needs of the patient group. The ability to deliver planned activity had decreased during this period too. One particular patient accounted for the majority of violent incidents and restraint numbers however has since moved to a ward more suited to their care needs following a robust multi-disciplinary planning meeting.

## Rate of incidents of physical violence per 1,000 OBD

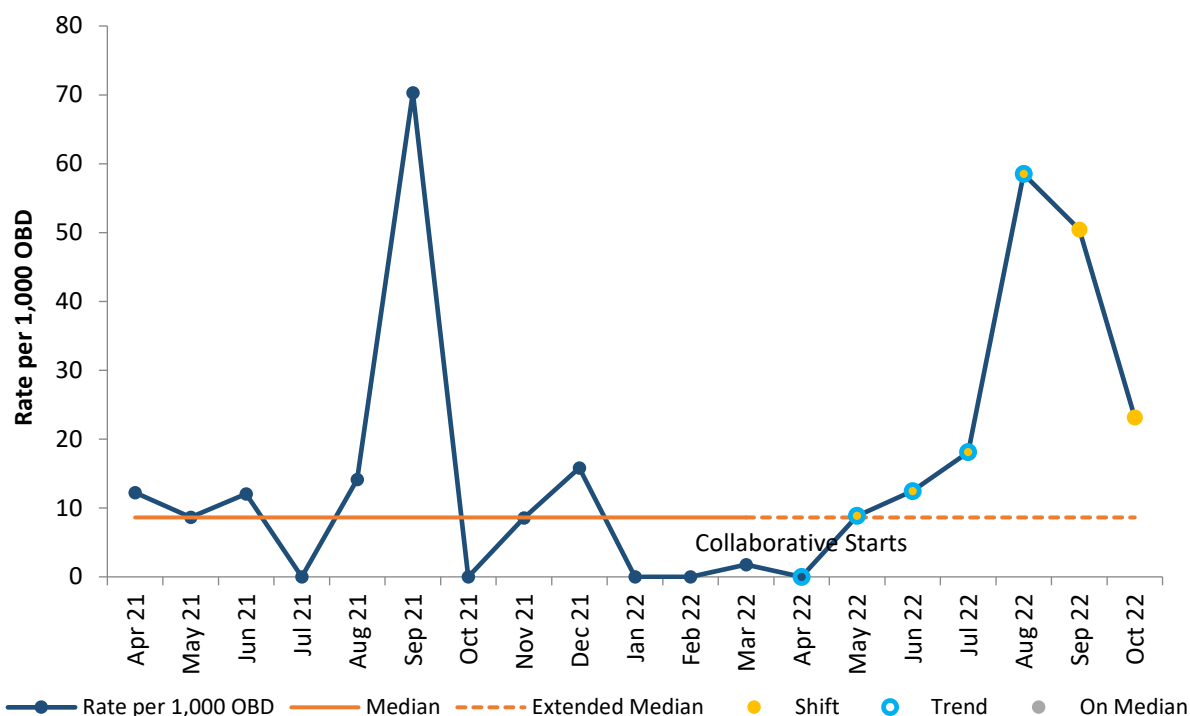


Physical Violence Rate – median calculated at 17.4. The increased rate recorded in July to September related to an individual patient who presented with complex needs and challenging behaviour. This increase also correlates with the increase in enhanced observation hours.

## Count of incidents of physical violence

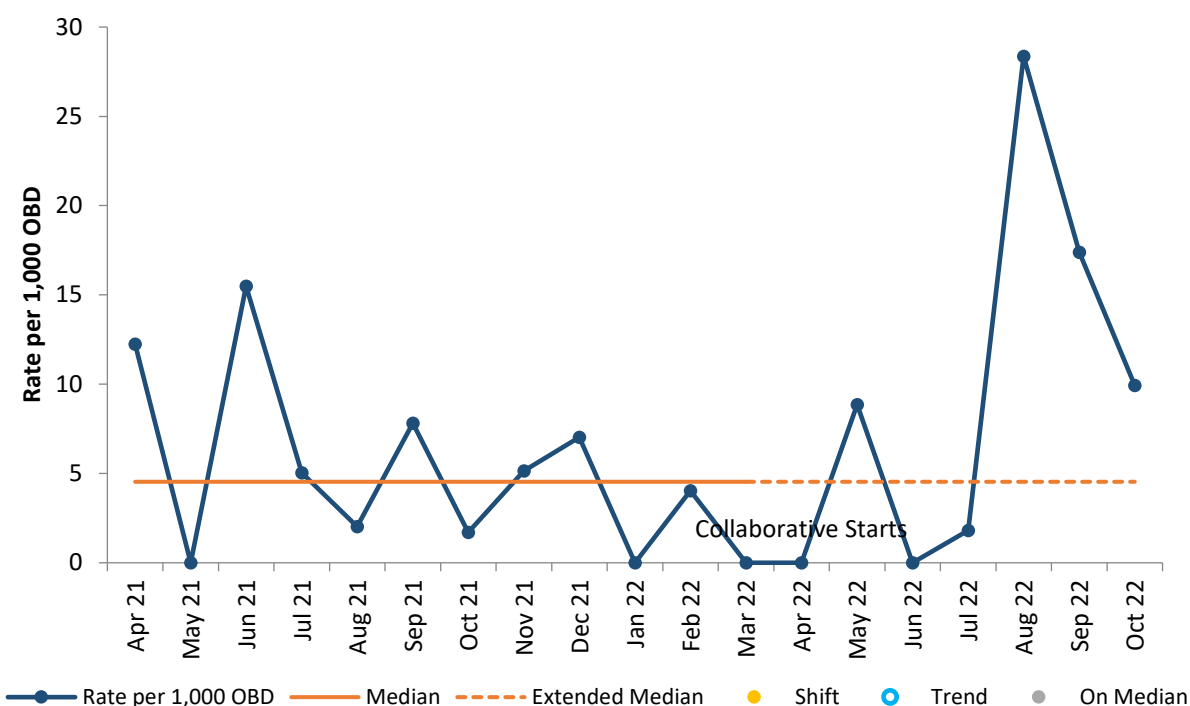


### Rate of incidents of restraint per 1,000 OBD

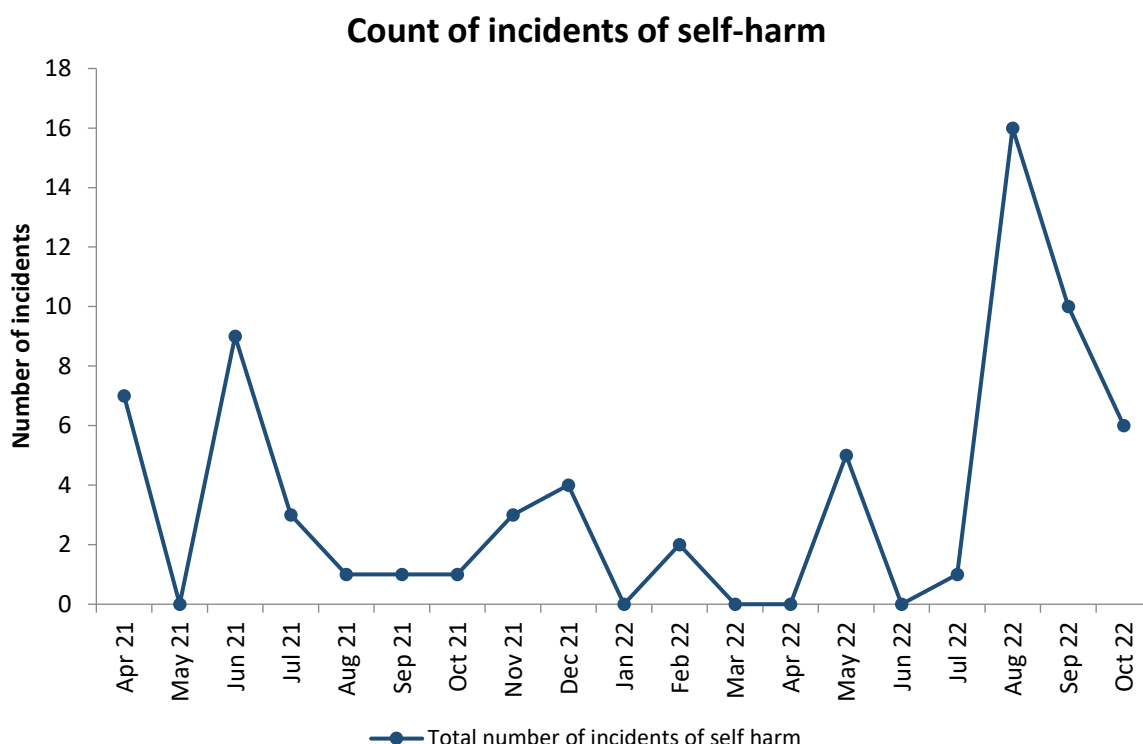


The rate of incidents of Restraint in Ward 11 showed an upward trend between April 2022 and August 2022 however September and October data shows the start of a downward shift. The patient who presented as acutely unwell and presented majority of the incidents of restraint in August and September 2022 was transferred to another ward where their needs were better met.

### Rate of incidents of self-harm per 1,000 OBD



The Rate of Incidents of Self Harm – the median is calculated at 4.5. Data in August and September shows an increase in incidents of self harm and are related to one patient who had been admitted into 11 having had previous admissions to ward 7a.



The count of incidents of self harm mirror the rate and again the increase in August and September 2022 are specific to an individual being cared for in the ward.

#### Ward 11 EiC Data Measures:

- Mental Health Care Plan audit is consistently above 96% compliance
- Early Warning Score Assessment was meeting 100% compliance however in September dipped to 85% and in October dipped to 60% compliance.

The ward has recorded **Enhanced Observation Hours** as follows:

April 21	May 21	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
1555	1154	992.25	1595.05	2175.55	1855.2	1356.3	626.25	877.3

Jan 22	Feb 22	Mar 22	April 22	May 22	Jun 22	July 22	Aug 22	Sept 22
37	488	700	205.35	1372	1453.4	1311.1	1397.1	938.1

These hours range from 37 in January 2022 and 2175.55 in July 2021.