NHS Ayrshire & Arran

Meeting:	**NHS Ayrshire & Arran Board**
Meeting date:	**Monday 5 February 2024**
Title:	**Quality and Safety - Acute Services Update**
Responsible Director:	**Ruth McMurdo, Interim Deputy Nurse Director**
Report Authors:	**Julie Hannah, Interim Associate Nurse Director Quality Improvement & Care Home Teams** **Kirsty Telfer, QI Advisor Acute Services** **Nina McGinley, Board Excellence in Care Clinical Lead** **Gillian Biggans, QI Lead Resuscitation Service**

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 Scottish Patient Safety Programme (SPSP) progress in alignment with Excellence in Care (EiC) locally and describes to members the current status and plans going forward in relation to core measures including:

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

2.2 Background

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.

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 Portfolio, all Boards have a requirement to report Falls, Falls with harm, and Cardiac Arrest data nationally to Healthcare Improvement Scotland (HIS). Additionally, as part of the EiC programme, data for Falls, FFN, Early Warning Score and Pressure Ulcers is submitted monthly to Public Health Scotland (PHS) via a data extract from Datix, Business Objects and the Patient Management System. Essentially this has resulted in two programmes requesting the submission of similar data from NHS Boards, with SPSP focussing on data for improvement and EiC data for assurance. Nationally, there has been progression of testing of co-design of measures and reporting for both programmes, and we await confirmation of proposed next steps.

Locally, EiC are required to submit quarterly updates of programme delivery to Scottish Government. This report includes % compliance of data submission, local governance processes, local EiC activity and alignment to Health and Care Staffing. EiC also report on other measures for Acute Services that include Workforce and Student Experience.

Understanding our system: The Acute QI team report quarterly data to SPSP. This is retrieved from all adult acute in-patient areas, and contributes to a national (Scottish) median rate which NHS Boards use to benchmark and to detect signs of deterioration and/or improvement. Whilst SPSP utilises medians, in comparison, EiC data refers to a national reference point. The reference point takes into consideration all adult inpatient wards, mental health and maternity/women and children. This has resulted in differing median/reference points for certain measures such as Falls/FWH and PU, which at times can lead to some confusion around the understanding and interpretation of local data for staff. Both EiC and QI teams work to support clinical and operational colleagues understanding of this. This discrepancy is not unique to NHS Ayrshire & Arran (NHSAA) and has been reported nationally from other boards who also submit data to both programmes.

Data Surveillance: Led by Interim Deputy Nurse Director, and supported by acute QI and EiC teams, a Quality & Safety Framework (QSF) was developed and implemented on acute sites. The QSF provides a collaborative approach which outlines roles and expectations for all staff members who have a responsibility to contribute to local and national programmes of Quality and Safety work. The QSF was circulated for wide clinical consultation and recently approved at the Quality and Safety Oversight meeting (31 August 2023).

The following structures have been introduced/agreed in the context of QSF:

- **Outcome measure toolkits –** A toolkit hosted on a secure MS Teams platform, displaying nationally reported, harm rates (Falls, FWH, PU and CA rates) has been launched. All relevant clinical and operational staff have access to this.
- **Outcome measure EiC –** All senior staff advised to register for CAIR Dashboard access

- **Quality Improvement Advisor -** An Improvement Advisor has now been aligned to each Divisional Triumvirate
- **Code of Practice for Medicines Governance –** Guidance for staff is documented within the QSF
- **Quality Meetings –** An organisational meeting structure has been developed with clear expectations and responsibilities set out, supported by the monthly Acute QSF meeting with key operational and clinical leads present.
- **Agreement of Acute Services agreed reportable measures –** A clear process and expectations for staff in relation to Process/Outcome measures and action plans agreed.

Data/performance:

Falls (SPSP)

Figure 1.

NHS Ayrshire & Arran
All acute sites

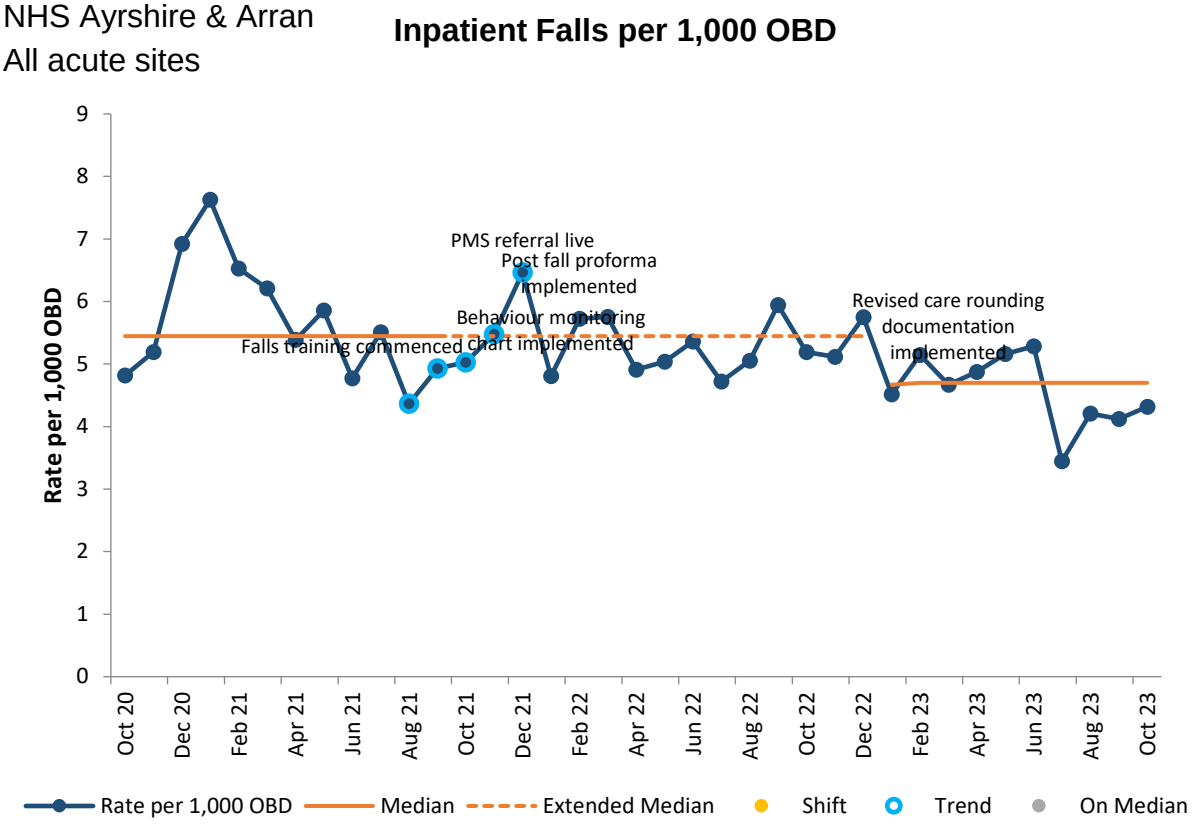


Figure 1. above demonstrates sustained reduction in falls rate per 1000 Occupied Bed Days (OBD) on both acute sites combined from 5.5 to 4.7, which is a reduction of 13.6%. The National Median is currently 7.6 per 1000 OBD.

Figure 2.

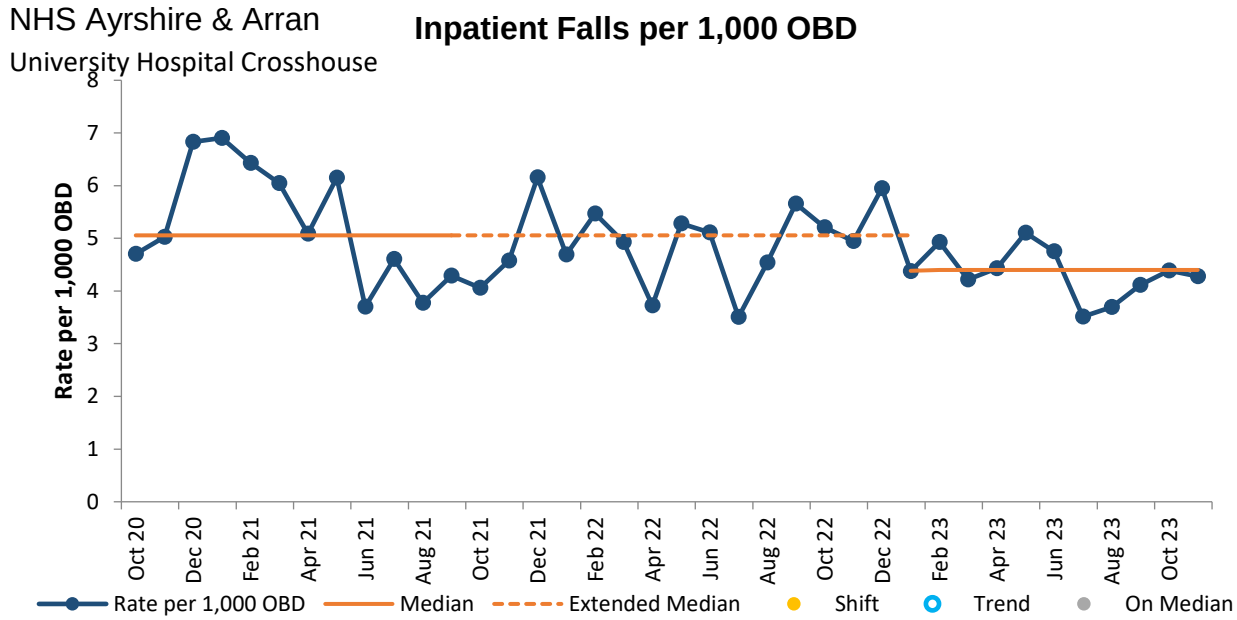


Figure 2. above, demonstrates a sustained reduction in falls rates within UHC site from 5.05 to 4.4, which is a reduction of 12.9%.

Figure 3.

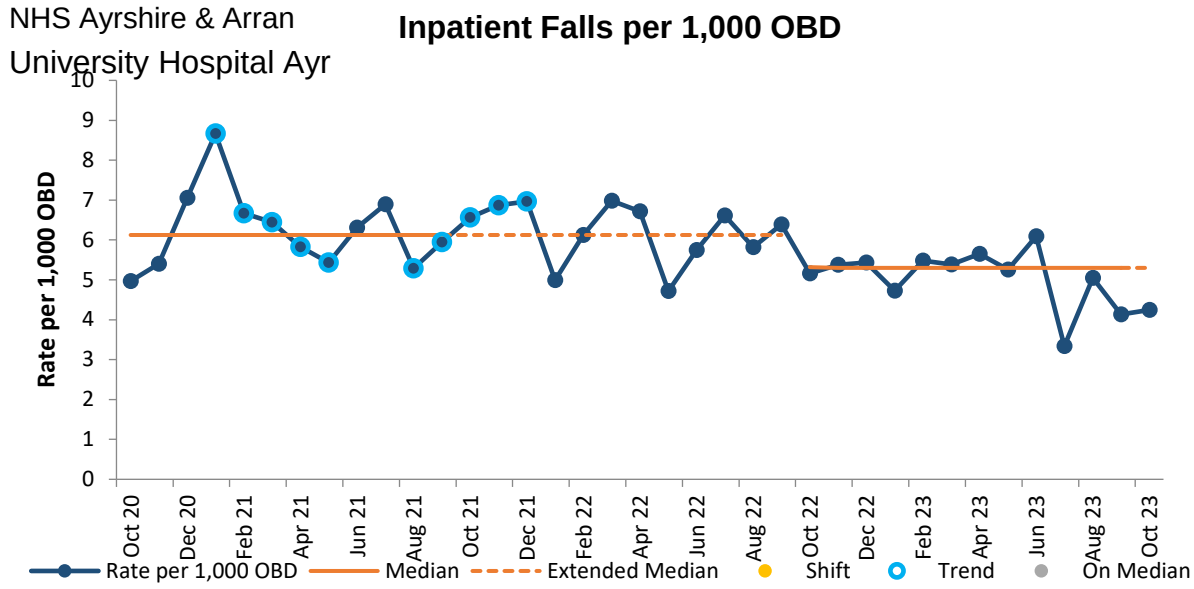


Figure 3. also demonstrates a sustained reduction in falls from 6.1 to 5.3 on the UHA site, which equates to a % reduction of 13.1.

Falls with harm (SPSP)

FWH data represented here is based on the 2014 SPSP FWH definition. Local data extraction was amended November 2023 as it was identified that our data extract query did not fully align with this definition which may have resulted in over reporting (locally and nationally) of adverse events relating to FWH. A new nationally agreed FWH definition has been proposed by HIS following an extensive consultation period. Local publication of FWH data will be paused briefly (from December 2023) while Business Intelligence align data extraction with the 2023 definition.

Figure 4.

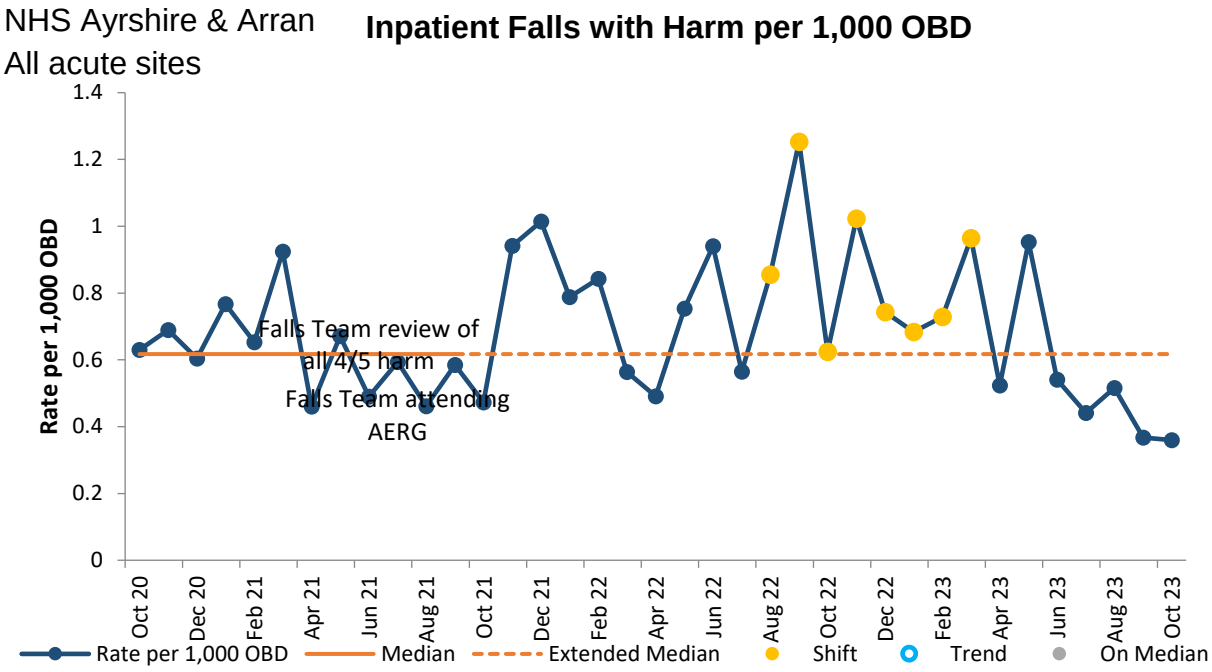
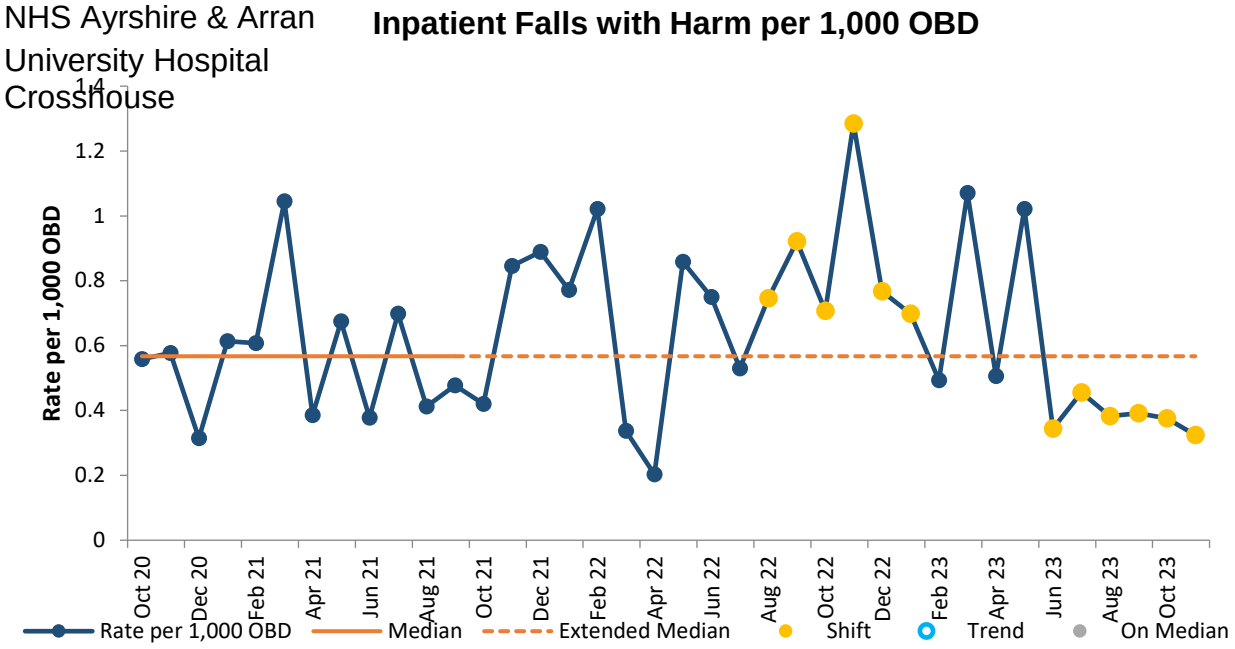


Figure 4, above, indicates random variation in FWH rates across both acute sites combined, however, there are signals/trend of reduced rates over last 5 months.

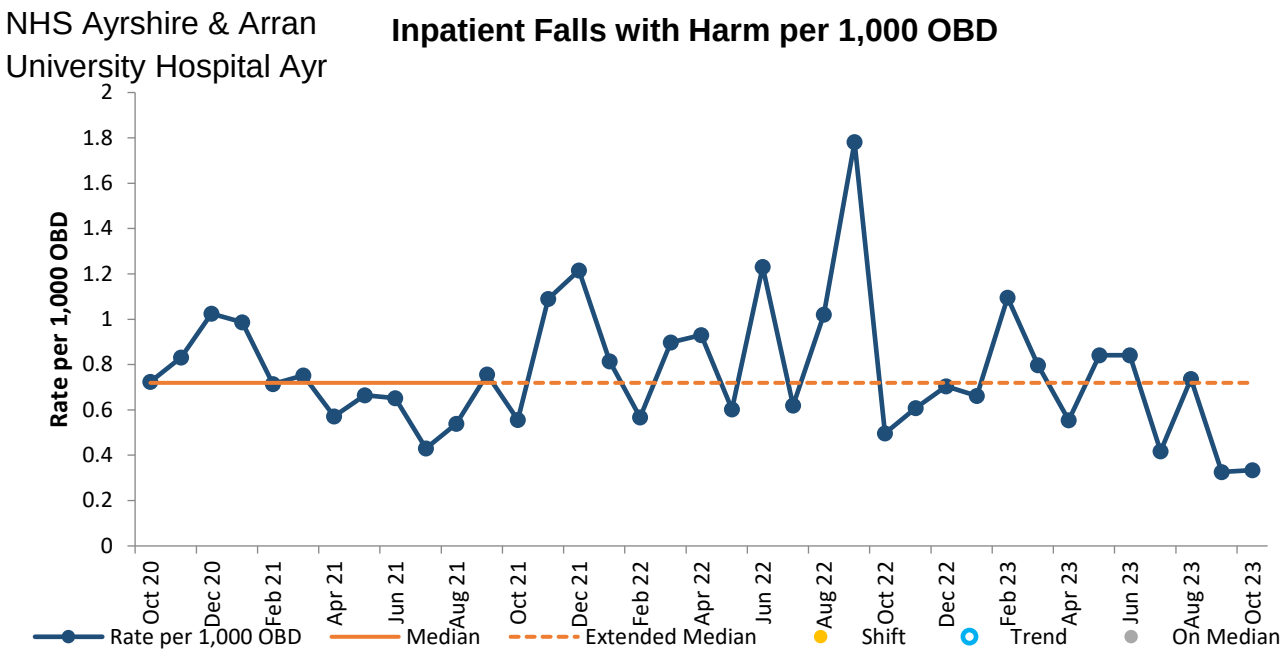
Figure 5.



In figure 5, above, there is a healthy shift with 6 points below the median indicating early signals of reduced rates of FWH at UHC site.

With regards to FWH at UHA, figure 6 below, suggests straightforward random variation only.

Figure 6.



NHSAA are entering into the final phase of the SPSP collaborative for Falls and Deteriorating Patient, and in recognition of the progress being made locally, have been invited to present progress with Falls work at the SPSP Acute Adult Collaborative celebration event in March 2024.

Ongoing progress to date within the Falls programme, in addition to those annotated in Figure 1, as follows:

- Lying/Standing blood pressure education video (implemented)
- Post fall checklist sticker for nursing staff (testing)
- Dedicated support from falls coordinator comprising of audit, discussion of findings and action planning (implemented)
- Falls champion training extended to AHP (implemented)
- Greatix nomination for wards with no falls in one month to celebrate success (implemented)

Deteriorating Patient (SPSP)

Deteriorating patient workstream progress since last reporting:

- Ongoing and improved reliability (>95%) in collation of all true cardiac arrests via Datix, with progress made to extract this directly to enable more reliable and streamlined reporting to HIS.
- NHSAA are now members of the National Cardiac Arrest Audit (NCAA), with the first submission of quarterly data completed and initial report expected within the next 3 months. This will allow for benchmarking nationally and more rigorous exploration of data outside current scope.
- Patient powered safety has been identified as next focus area for SPSP work. This was discussed at the Deteriorating Patient Resuscitation Group (DPRG) in November., The group agreed to explore an initial test site and scope potential.
- Multidisciplinary Team review of true cardiac arrests (testing in one clinical area in UHC – for assurance, all true cardiac arrests are reviewed by the subject matter experts in Resuscitation Service, Advanced Nurse Practitioner and when available, medical trainee). Where review has identified a need, due to suboptimal care/processes prior to cardiac arrest, these events are escalated to AERG.
- 2222 calls indicate a clear theme around lack of DNACPR decision making, with 32% of true cardiac arrests since January categorised by the review team as 'DNACPR decision would have been appropriate'. The Resuscitation Service are working in collaboration with Clinical Development Fellows to identify gaps in education and processes for decision making. In addition, Resuscitation Services are reviewing the current model of training to identify opportunities for additional DNACPR education.
- Mapping of a ward standardised structured response to deterioration has been completed, in collaboration with SPSP, Resuscitation Service and Clinical colleagues.
- Electronic ReSPECT shared decision making document (testing). This is being led by Associate Nursing Director East Ayrshire, supported by multi-professional colleagues Pan Ayrshire, the Resuscitation Service and the Caring for Ayrshire QI Team.

Figure 7.

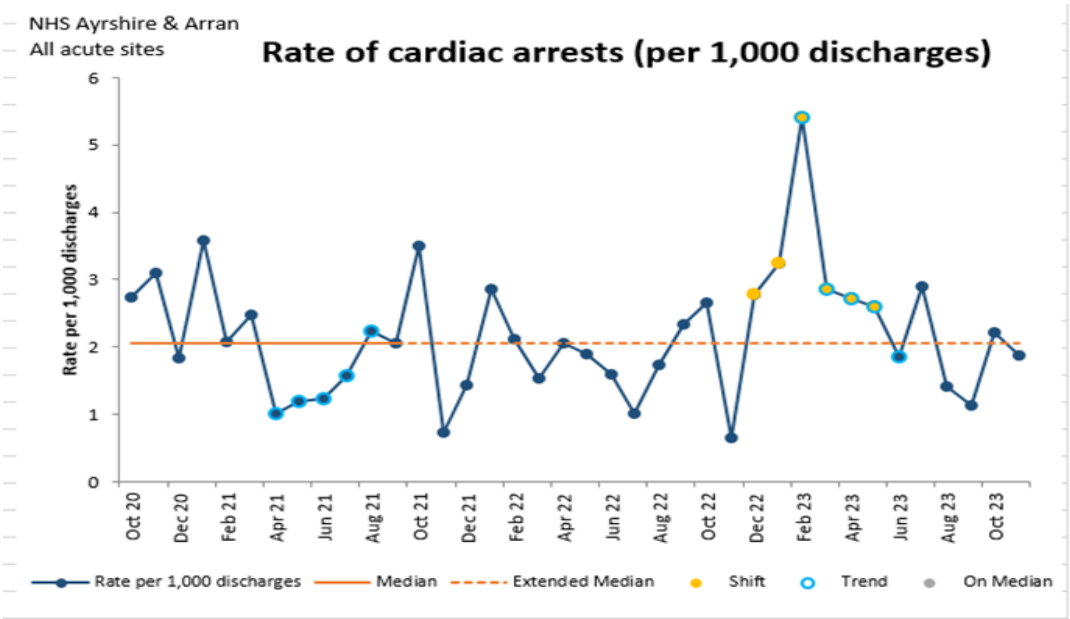
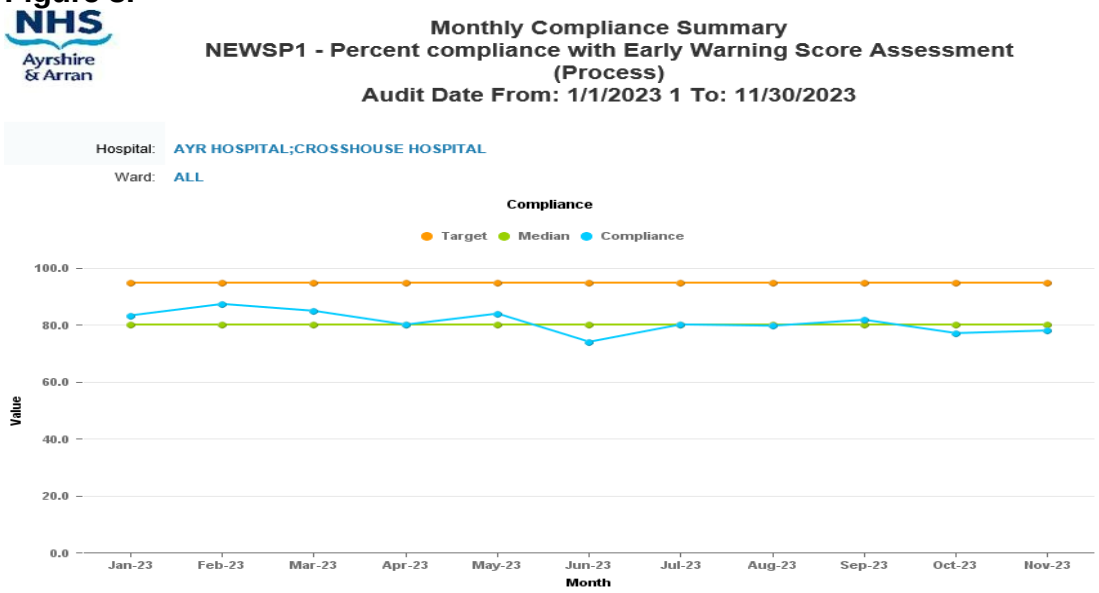


Figure 7. above suggests a downward signal in % rate of true cardiac arrest per 1000 live/dead discharges, post February 2023. However, it should be noted that the national median for true cardiac arrests is currently 1.39 with NHSAA sitting with a higher median of 2.

Figure 8, below, provides data on NEWS2 compliance across both acute sites.

Figure 8.



Pressure Ulcers (NHSAA)

Currently there is no national ask of NHS Boards to submit Acquired Pressure Ulcer (APU) data to SPSP Acute Adult Programme. Hence, there is no national median to benchmark against, albeit noting the last NHS Scotland APU median recorded in October 2019 pre pandemic was 0.42 per 1000 OBDs. The EiC programme have continued to extract and submit to PHS rate of Pressure Ulcers ≥ Grade 2, via the Datix reporting system, using the reference point as opposed to medians, as outlined previously

Given the increased prevalence of APUs in NHSAA, a Steering Group and local Pressure Ulcer Breakthrough Series was established in October 2022 and launched in December 2022. The ambition was to reduce APU by 20% by March 2024. The most recent learning event, which was scheduled for November 2023 was cancelled due to other clinical priorities, and the likelihood is that this local collaborative will be extended until end June 2024.

This programme of work includes 2 test sites (wards) on each acute hospital, with additional wards cohorted from acute and from community hospitals, as indicated and capacity allows. Tests of change/progress are identified below:

- PU champion programme (implemented)
- Revised care rounding nursing documentation (implemented)
- Pressure Ulcer Daily Risk Assessment (testing)
- Emergency Department companion topper acquisition (implemented)
- Training/education updates to include portering staff/equipment librarians (testing)
- Shift leader ‘safety walk’ (testing)
- PU coordinator role (testing)

Figure 9.

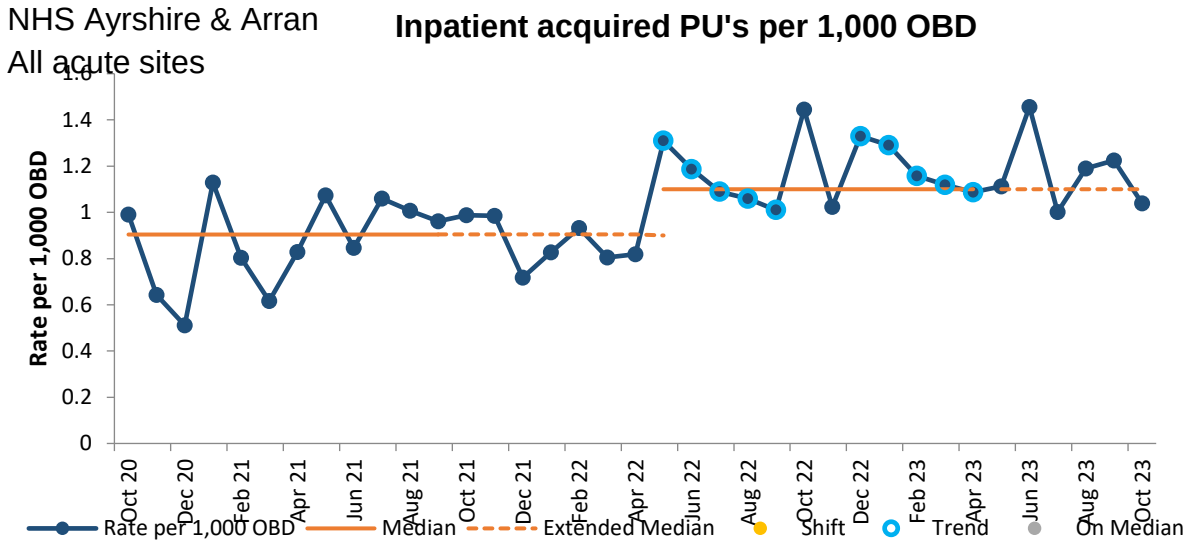


Figure 9. indicates the increased prevalence of APU across both acute sites. Whilst the overall % rate has not shown any improvement, with 2 periods of downward trends, there has been some local improvements in the collaborative test sites. Examples of which are articulated below for specific wards included in PUBSC:

UHA:

- **310 days between APU** (December 2022-November 2023), with one APU arising in November 2023, which was deemed unavoidable on review.
- **102 days between APU** from June to September 2023.

UHC:

- **129 days between APU** from January to June 2023, and a further period of **103 days between APU** from September to December 2023.

Figure 10.

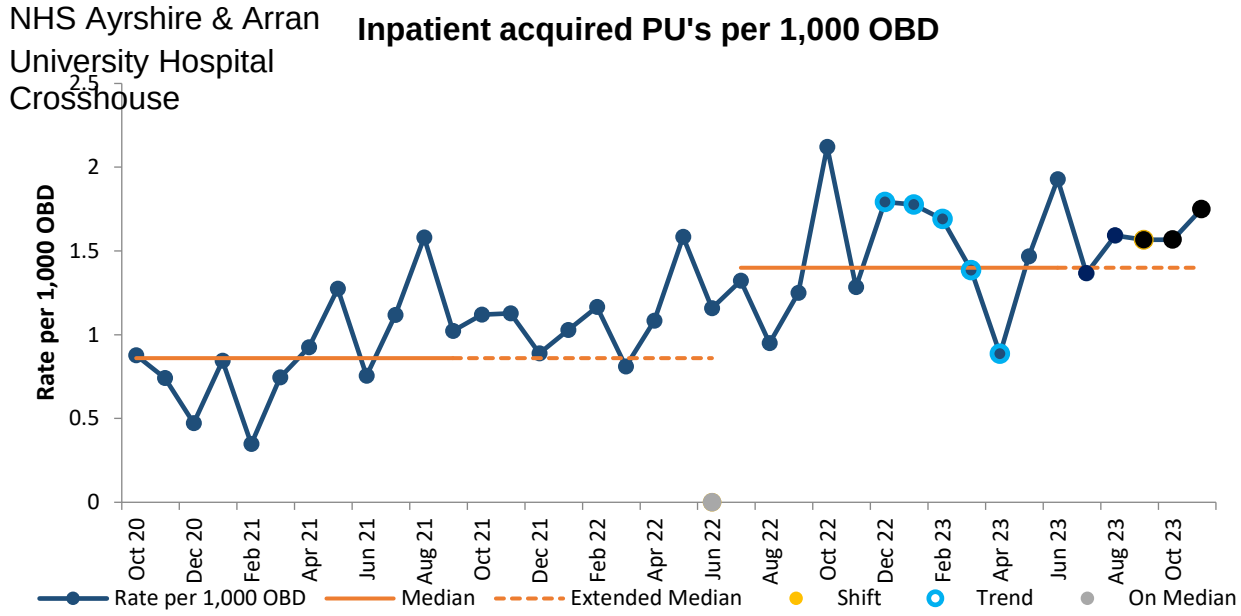


Figure 10, for UHC, indicates random variation with one downward trend. PU BSC and a PU Improvement Group are working collaboratively to support staff/processes to reduce APUs.

Figure 11.

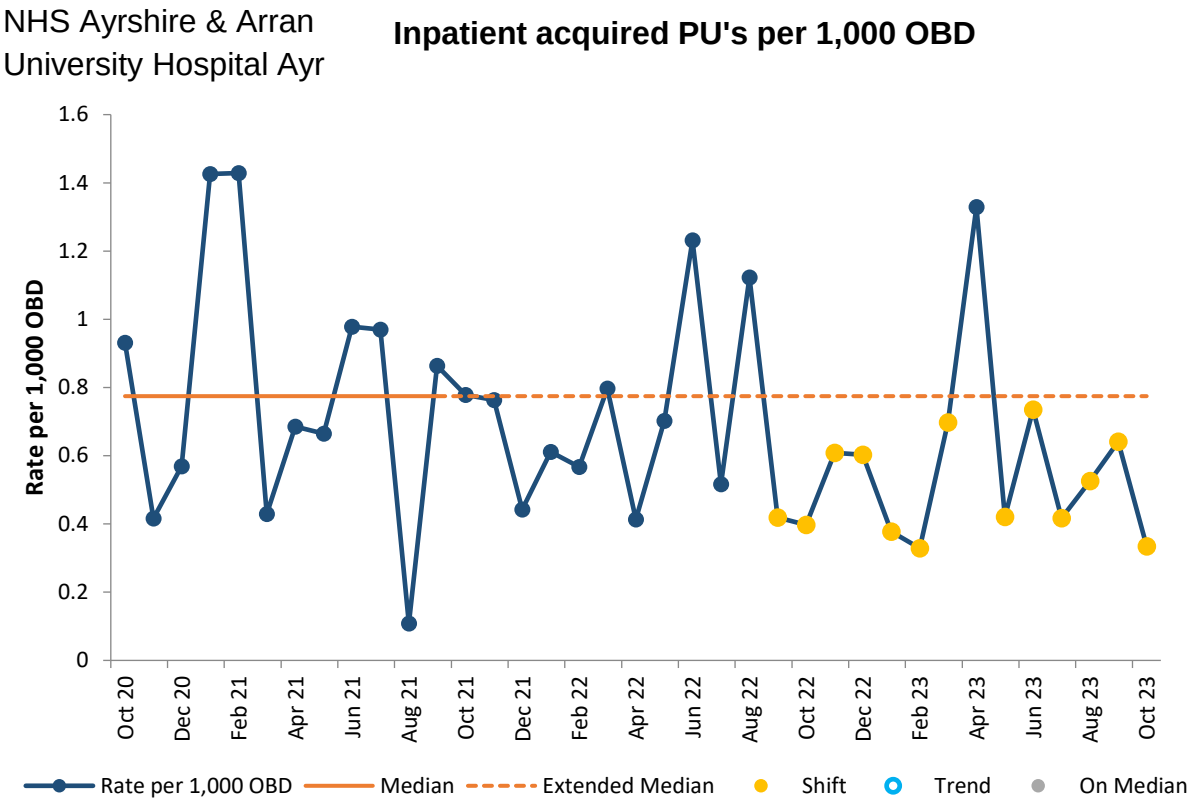
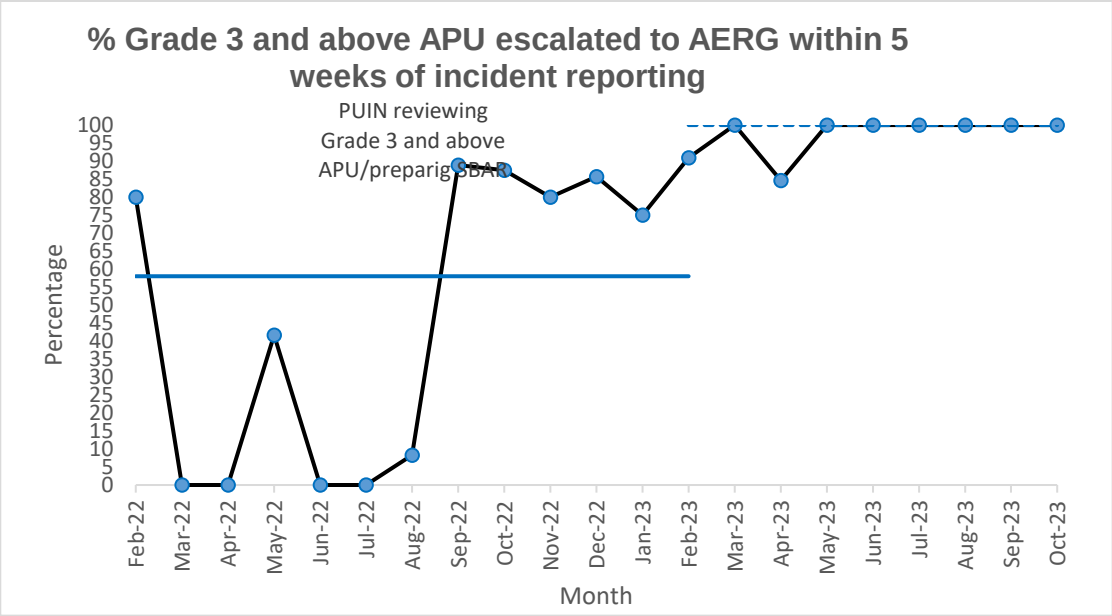


Figure 11. above suggests a signal of reduced PUs on UHA site, with just one astronomical point in April 2023, breaking the potential of a sustained reduction.

The Pressure Ulcer Improvement Nurse (PUIN) has implemented a new review process for all PU grade 3 or above. This has resulted in 100% of grade 3 or above PU being reviewed robustly in collaboration with clinical colleagues, and escalated to AERG within 5 weeks (from Feb 2023) compared to the baseline of only 58% (Feb 2022-Feb 2023)

Figure 12. below highlights improvement in compliance with this 5 week AERG target following addition of PUIN processes, with subsequent impact of releasing time and resource from a clinical perspective, a more robust process/PU tool, adverse event review level decision making, and more timely action plans/learning.

Figure 12.



FFN

Assurance visits have been undertaken to all in-patient areas across acute to ensure that Senior Charge Nurses are aware of the relaunched Mealtime coordinator role that the relevant information is displayed and nursing staff are aware of the role of the Mealtime Coordinator. However, ongoing work is in planning, as the position remains variable in places. Through a short life working group, and the FFN hospital sub group, greater emphasis has been placed on the importance of the role of the Meal time coordinator, with plans progressing through local teams to further minimise associated risk.

Figure 13.

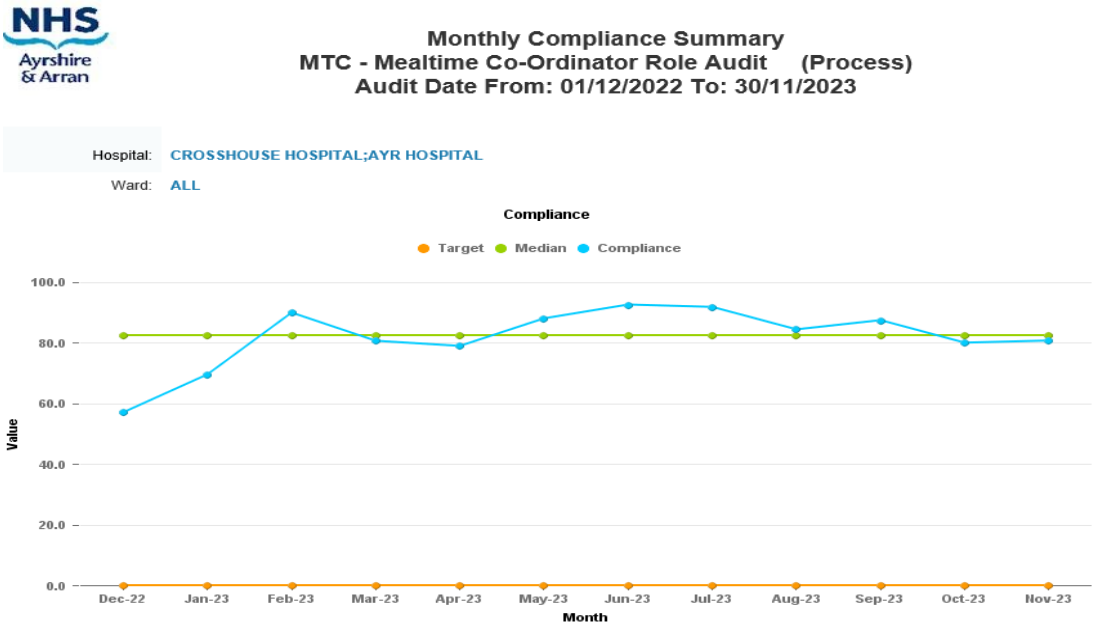
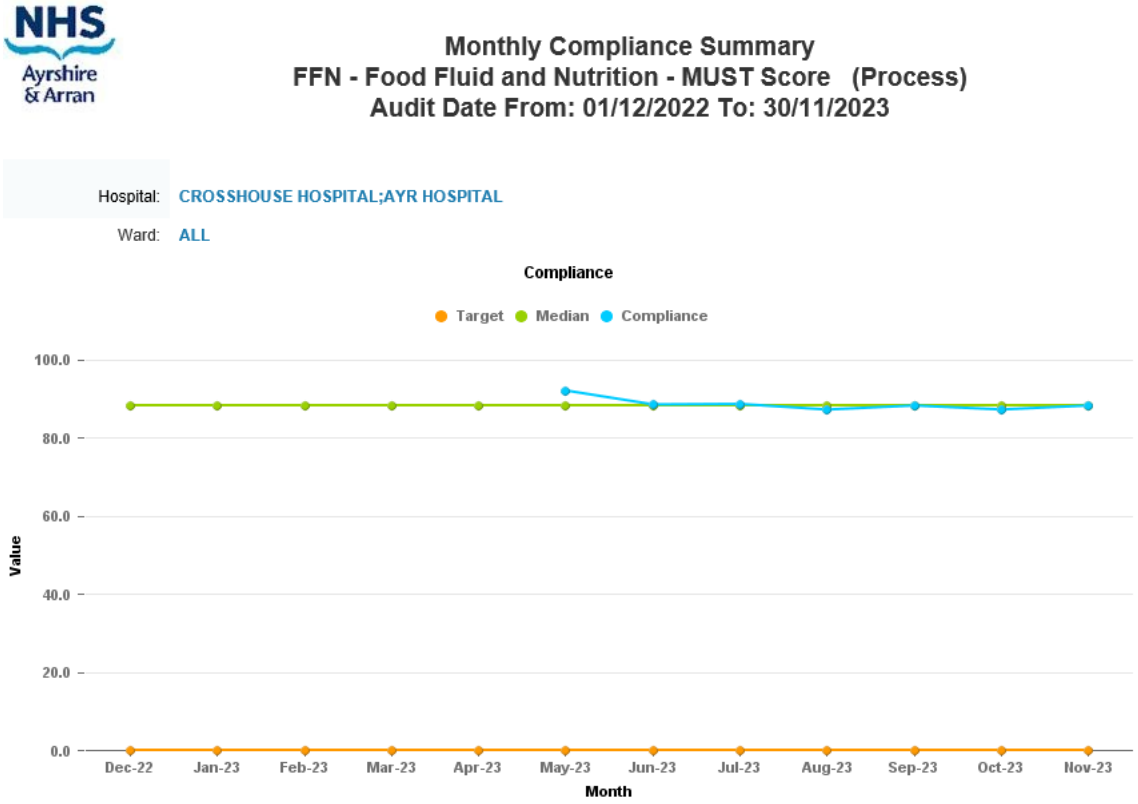


Figure 14.



With regards to FFN process measures, these were revised and re-launched in May 2023, with compliance from then for both acute sites combined, represented here in Figure 14.

There is an ongoing need for training and education around the FFN agenda. This has been recognised as a priority. Funding for an external training company has been secured. There will be variable levels of training modules to meet the Eating, Drinking & Swallowing framework. Funding has been secured for training for a core number of nursing and HCSW staff that will become peer supporters for the clinical area. This module will be accessible via Learn Pro and it is anticipated that this will be part of the role specific Mandatory and Statutory Training requirements for relevant staff groups. This training will be ready for commencing roll out in January 2024, and will be done in collaboration with Senior and Chief Nurses. Furthermore, a Nutritional Education and Competency framework has been developed as an output from a staff survey. This covers all aspects of nutritional care that were identified as areas catering and nursing staff felt were important for developing, enhancing and complimenting their nutritional knowledge.

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 Emergency Department (ED) to mental health, and care of older people to children's services.

2.3.2 Workforce

Locally, clinical staff report adverse advents such as Falls, FWH, PU's and FFN, with Cardiac arrest now reported also via Datix. Process measures have been reviewed, with staff also reporting these in a more relevant and meaningful way, reducing data burden. To support and enable the latter, the QSF sets out a framework which provides clear staff guidance around agreed measures and roles/responsibilities for collecting and reporting data.

2.3.3 Financial

It should be noted that reduced 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 FWH or PU. A small group are being convened to consider and explore local data on falls/FWH from a local perspective in order to define impact on length of stay and cost. Furthermore, a new QI project commissioning form hosted on MS Forms in Excel is being tested. This has been designed to align to Domains of Quality and Realistic Medicine filters, with the intention to enable collation of additional data on impact, time/resource and future QI demand v capacity.

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:

- Data Extraction and submission is reliant on Business Intelligence IT analyst support. Workforce challenges within the BI team have been identified which has impacted in NHSAA's ability to submit all required EiC measures to PHS.

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, NMAHP and Quality Strategy 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 current progress in relation to SPSP Acute activity in alignment with EiC, and therefore external engagement/consultation was not required.

2.3.8 Route to the meeting

This paper was presented to the Healthcare Governance Committee at their meeting on 15 January 2024.

2.4 Recommendation

Board Members are asked to receive and discuss this report which provides an overview of performance and QI activity in support of local and national improvement collaboratives and other measures as outlined in this paper that may impact on quality of care.