NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Tuesday 21 May 2024**

Title: **Quality and Safety - Mental Health Report**

Responsible Director: **Caroline Cameron, Director of North Ayrshire Health and Social Care Partnership (NAHSCP)**

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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 both the Scottish Patient Safety Programme (SPSP) Mental Health programme and Excellence in Care (EiC) progress locally. It describes to members the current status and plans going forward in relation to core measures including:

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

Excellence in Care
- In-Patient Falls Rate
- In-Patient Pressure Ulcer Rate
- Food, Fluid and Nutrition
- Establishment Variance
- Supplementary Staffing
- Predictable Absence
- Quality Management Practice Learning Environment (QMPLE)

2.2 Background

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

In April 2022, NHS Ayrshire & Arran (NHSAA) became part of the Healthcare Improvement Scotland (HIS) Collaborative Improvement Programme which concluded in August 2023 and focussed on the following

- the implementation of the '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) is a national approach 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. EiC programme ensures that all NHS Boards have consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. EiC programme provides assurance of quality of care in accordance to the Health and Care (Staffing) (Scotland) Act 2019, through the application of the EIC Framework and assurance measures scrutiny.

2.3 Assessment

Key Points for Board to consider:

- There is no ability to benchmark the rates of these outcome measures due to a lack of national reporting of data. This has been highlighted to HIS.
- The SPSPMH collaborative has now ceased, therefore, local improvement targets are now being identified.
- 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. This remains an on-going discussion with HIS.
- Reliable and accurate data can be a challenge to extract from Business Objects (BO) due to the input being person dependent within the ward. If there is more than one harm (violence/restrain/self-harm) reported in a Datix this cannot be automatically extracted from BO. Quality Improvement Team are currently in conversation with Risk Management to find a solution to this.
- Due to the HIS Mental Health collaborative ceasing, SPSP workbooks will no longer be populated with data from BO to allow run chart rule application.

Quality Improvement and EIC are currently in discussion with BO to have run chart rules applied to BO data to ensure accuracy of reporting.

- There is an opportunity to widen the scope of this paper beyond SPSPMH and EiC measures to include other areas of improvement activity.
- We will continue to provide assurance on the three key measures however will now provide this as "site" data rather than for each individual ward. The ward data will continue to be reviewed and scrutinised at a local level and we are confident that presenting site data will provide necessary assurance.
- We will continue to report on how we are building the capacity and competency of quality improvement through the delivery of training (learnPro, Ayrshire and Arran Improvement Foundation Skills (AAIFS), Scottish Improvement Leadership (ScIL)) to all levels of staff within Mental Health and Learning Disability.
- We have already begun to identify themes from Significant Adverse Event Reviews and Complaints and incorporate these into thematic groups and prioritise improvement plans to be taken forward. The impact and benefit of these plans will be presented to the Healthcare Governance Committee (HGC) as part of the biannual paper.
- We will spotlight activity to the HGC for improvement plans that have demonstrated an impact on the quality of patient care.

Summary
Whilst there is no requirement to submit data nationally for SPSP as the collaborative has now ended, there continues to be a focus on data and analysis and future reports will be provided using the existing data system, Business Objects. There is a monthly mental health data surveillance meeting to ensure wards experiencing signals in their data in relation to falls, falls with harm, violence and aggression, self-harm and restraint are highlighted and offered support where required.

NHSAA submit EiC assurance data on a monthly basis to Public Health Scotland. Nationally agreed measures are extracted and submitted from Business Objects, DATIX, QMPLE and SSTS. National and local data is hosted and accessible via the Care Assurance and Improvement Resource (CAIR) for assurance and triangulation of data. Locally, data can be further scrutinised via Quality Portal and Business Objects. Scottish Government (SG) EiC objectives for 23/24 include increasing user access to CAIR. NHSAA EiC programme is committed to achieving SG objectives and are working with clinical leaders to support registration and user sessions.

Mental Health EiC progress from previous reporting quarter include revision and testing of a bespoke Mental Health Care Assurance tool, this tool has been devised by the Mental Health Senior Nursing Team to provide assurance of high quality of care and is being tested prior to implementation. Falls Risk Assessment tool and care planning is under review to ensure that clinical teams have reliable processes to identify and mitigate risk of falls. The current risk assessment is not compliant with nationally agreed standards.

However, scoping and data has highlighted that current mental health care planning processes are robust and demonstrate a person-centred approach to assessment and risk assessment. A proposal has been submitted both nationally and locally to undertake research to develop a mental health specific risk assessment tool.

Measure submission percentage for all active measures has increased. However, national reporting of Stress and Distress Behavioural Assessment within SDU clinical areas has been unachievable due to capacity issues within Business Intelligence. Monthly scrutiny of all EiC data compliance is undertaken to ensure concerns are escalated to Senior Charge Nurses and Clinical Nurse Managers.

Quality Improvement (QI) Capacity and Capability
Within Mental Health Services there is a focus on increasing QI capacity and capability through a number of learning opportunities. The TURAS platform provides six 'Introduction to QI' modules that are available for all staff to complete. Unfortunately at this time NES are unable to provide reports below organisational level. As a result of this discussions are ongoing to ascertain if this data can be captured at a local level. This will involve ensuring staff have their TURAS and Learnpro accounts linked or captured manually within the area to represent increased capacity and capability at an introductory level.

To date:
- 24 Mental Health staff have completed the Ayrshire and Arran Improvement Foundation Skills (AAIFS)
- Of those, 4 staff having completed a national qualification Scottish Improvement Leadership (ScIL); however, 2 have moved onto other roles.
- 1 member of staff is currently completing ScIL in alignment with EiC

AAIFS applications have historically been under subscribed, however, Cohort 8, 9 and 10 (2024) have increased as a result of improved awareness through senior nurse platforms. The Mental Health and Learning Disability Celebration events will include staff who have attended AAIFS to present their improvement journey and celebrate that success.

The Quality Improvement and Innovation Group (QI and I) has also witnessed an increased attendance of staff to share their improvement ideas, feedback on tests of change and identify where QI support and education can be offered. The introduction of this collaborative QI team (Partnership and Caring for Ayrshire) and Senior Nurse Model has helped to establish a streamlined, consistent and improved approach to the co-ordination and delivery of QI support across Mental Health Services with a view to achieving the desired increased capacity and capability. The QI and I group are currently looking at whole service projects that can impact the patient journey experience.

From Observation to Intervention
During the SPSPMH Collaborative Ward 10 focused their efforts on translating the 'Improving Observation Practice' national guidance into practice. This concentrated on prevention, early recognition and therapeutic intervention to address increasing concerns regarding patient wellbeing or risk. 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. Currently, inpatient services are undergoing review of the Safe and Supportive Clinical Observation Policy to build on the work from Ward 10 and develop a robust framework for engagement and observation.

Seclusion

During the SPSPMH collaborative Wards 7a and Ward 8 progressed to define, recognise and capture episodes of seclusion before developing change ideas and tests of change aiming to reduce episodes of seclusion. Both teams experienced significant challenges with high acuity, staffing constraints and layers of complexity to embarking on their projects. An updated 'Inpatient Contact Record (V4)' form was developed in collaboration with Digital Services enabling the nursing staff to input relevant data, however, extracting the data for reporting purposes is an extensive process and discussions are ongoing with the teams and Business Intelligence to identify realistic solutions. Seclusion data ceased to be extracted from Business Intelligence at the end of the SPSPMH Collaborative.

Clinical Governance Reporting

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 provide updates from a QI perspective. There are currently discussions to widen the scope of the SPSPMH Steering Group to incorporate other areas of improvement to ensure an overarching quality and safety approach as opposed to be solely focussed on SPSP/EIC. The QI Lead meets with the Associate Nurse Director on a monthly basis and since taking up post in June 2023 has fostered collaborative working relationships with members of the senior team.

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

The QI team has undergone considerable change over recent months. This includes a change of Lead in June 2023. There will also be a band 6, 1.0 WTE vacancy from March onwards, therefore, capacity will potentially be limited. 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 increase AAIFS paces within Mental Health 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 Members on the Board's 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
A version of this paper was previously considered by Healthcare Governance Committee at their meeting on 22 April 2024.

2.3.9 Recommendation

For discussion. Board 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 & Arran