NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 2 June 2025**
Title:	**Quality and Safety Report – Mental Health**
Responsible Director:	**Caroline Cameron, Director North Ayrshire Health and Social Care Partnership**
Report Author:	**Darren Fullarton, Associate Nurse Director, North Ayrshire HSCP** **Lorna Copeland, QI Lead- HSCPs and Governance** **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 progress within NHS Ayrshire & Arran (NHSAA) Mental Health (MH) Services in relation to quality improvement activity, complaints and adverse events. It describes the current status and plans going forward in relation to:

- MH Quality Improvement Programme
- Seclusion
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm
- Excellence in Care (EIC)
- In-Patient Falls Rate
- Food, Fluid and Nutrition
- Stress and Distress
- Quality Management Practice Learning Environment (QMPLE)
- Complaints Performance
- Adverse Event Activity

2.2 Background

NHSAA participated in the Scottish Patient Safety Programme Mental Health (SPSP MH) Collaborative, a national initiative that aims to ensure everyone in adult mental health settings experiences high quality, consistent, safe and person centred care until it ended in August 2023. Building on this work local quality improvement (QI) programmes have continued to focus on:

- 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.

NHSAA participate in the Excellence in Care (EiC) Nursing and Midwifery assurance programme and framework, and report quality of care measures monthly to Public Health Scotland via the Care Assurance and Improvement Resource (CAIR) dashboard.

2.3 Assessment

Following completion of the SPSP MH Collaborative, site and ward level data continue to be collected and reviewed to monitor progress and inform focus of quality improvement work. Data from in patient wards at Woodland View is stable for the rate of restraint and rates of physical violence, with a recent increase in the rate of self-harm with 4 points above the median, which is reflective of the acuity of patients within reporting wards.

A revised Mental Health Quality and Safety Group has been established with key stakeholders. This group provides an overarching quality and safety approach and incorporates key areas of quality improvement work across the service.

A recent review of local mental health quality of care measures has been conducted with latent measures being deactivated whilst continuing to provide robust oversight of quality of care.

A review of the Falls Process Audit for acute services for use within the elderly MH inpatient wards has been undertaken. The audit and guidance has undergone redesign to reflect complexities of the patient group and environment. Senior clinical leaders are currently identifying an appropriate ward to start testing.

Healthcare Improvement Scotland (HIS) identified Mental Health as a key area of focus for 2025/2026, with scoping of quality-of-care key priorities in all NHS Scotland Boards. NHSAA are conducting a benchmarking self-assessment against the core national Mental Health Standards, which have been developed to support adult secondary services with the aim of improving quality and safety of mental health services for people in Scotland.

There is work to be progressed to ensure sustainable improvement is achieved in both Stage 1 and Stage 2 complaints handling performance. The QI Lead for Patient Experience and the Complaint Managers are working closely with service Managers

to agree key targets for improvement and how the Complaints Team can support service colleagues to achieve improved complaint handling performance.

Due to continuing system pressures there are 29 overdue SAERs from 2022- 2025 and 23 overdue LMTRs from 2020- 2025.

Full detail of progress in relation to quality improvement, assurance, complaints and adverse events are detailed in Appendix 1.

2.3.1 Quality/patient care

The SPSP Mental Health Programme aims to ensure everyone in adult mental health settings experiences high quality, consistent, safe and person centred care, this is complimented by the Excellence in Care assurance programme.

2.3.2 Workforce

Attaining sustainable improvement is only achievable when all staff are fully invested and empowered**.**

2.3.3 Financial

Reduced performance in relation to SPSP measures may have a financial impact.

2.3.4 Risk assessment/management

Failure to engage 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.

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

SPSP, EiC and local quality improvement and assurance programmes require ongoing communication, involvement, engagement and consultation with all stakeholders.

2.3.8 Route to the meeting

Presented to the HealthCare Governance Committee 28th April, 2025.

2.4 Recommendation

Members are asked to receive and discuss this report which provides an overview in relation to quality improvement activity, complaints and adverse events within Mental Health Services.

3. List of appendices

The following appendix is included with this report:

Appendix 1- Mental Health Quality and Safety Update

Appendix 1

Mental Health Services Quality and Safety Update

Introduction

NHSAA participated in the SPSP Mental Health Collaborative a national initiative that aims to ensure everyone in adult mental health settings experiences high quality, consistent, safe and person centred care until it ended in August 2023. Building on this work local quality improvement (QI) programmes have continued to focus on:

- 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.
  NHSAA participate in the Excellence in Care (EiC) Nursing and Midwifery assurance programme and report quality of care measures monthly to Public Health Scotland via the Care Assurance and Improvement Resource (CAIR) dashboard.

This paper outlines progress within NHSAA Mental Health (MH) Services in relation to quality improvement, as part of the Scottish Patient Safety Programme (SPSP), local quality improvement programmes, complaints and adverse events and Excellence in Care (EiC). It describes the current status and plans going forward in relation to:

- MH Improvement Programme
  - Implementation of the 'From Observation to Intervention' national guidance
  - Seclusion
  - Rates of physical violence
  - Rates of incidents of restraint
  - Rates of incidents of self-harm
- Excellence in Care
  - In-Patient Falls Rate
  - Food, Fluid and Nutrition
  - Stress and Distress
  - Quality Management Practice Learning Environment (QMPLE)
- Complaints Performance
- Adverse Event Activity

2. Mental Health Improvement Programme

2.1 Implementation of the 'From Observation to Intervention' national guidance

A framework for interventions guideline has been developed and will replace the current Safe and Supportive Clinical Observation Guideline from 1st May 2025. This new guideline has a stronger focus on interventions, person centred care and carer involvement. The decision making within this framework will reflect the individuals' current priorities and clinical presentation.

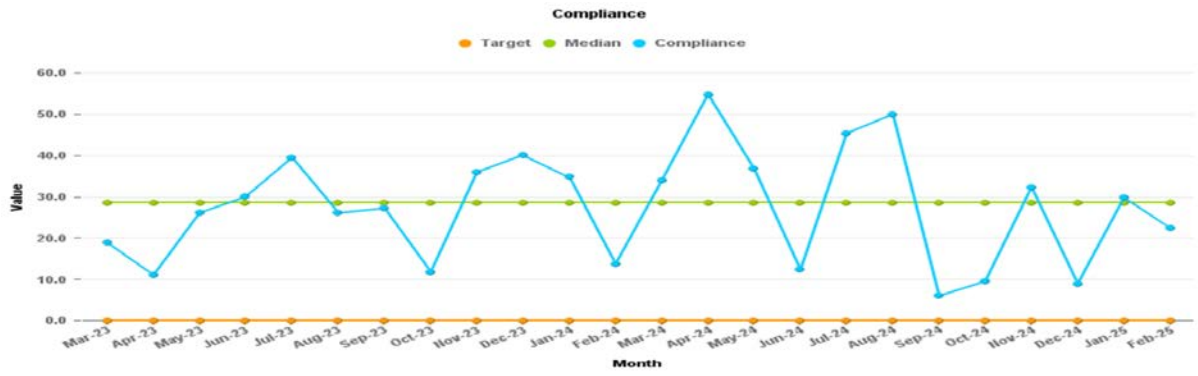
2.2 Seclusion

A Seclusion Working Group was convened to support the development of a guideline for the use of seclusion with mental health and learning disability inpatient Services. This guideline supports the Mental Welfare Commission's Guidance (2019) on the use of seclusion.

2.3 Physical Violence

Chart 1 displays the rate of physical violence, with a median of 28.58 per 1000 OBD. Since September 2024 there have been 4 data points below the median, this improvement has not been sustained.

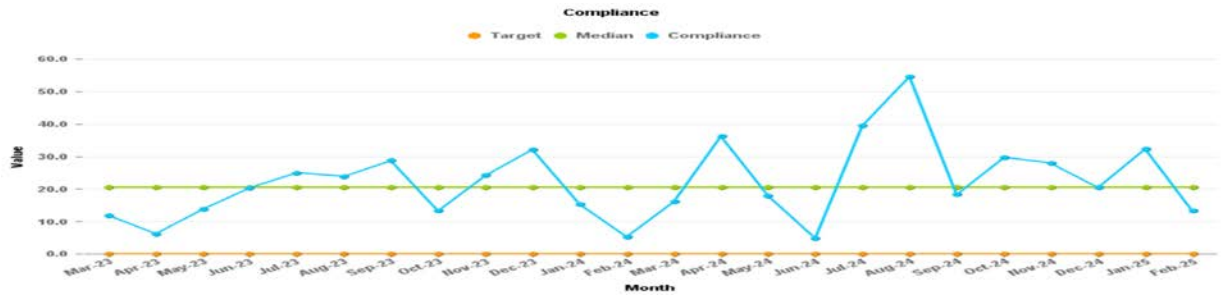
Chart 1 Rate of Physical Violence for Woodland View Site



2.4 Restraint

Chart 2 displays the rate of incidence of restraint, with a median of 20.42 per 1000 OBD.

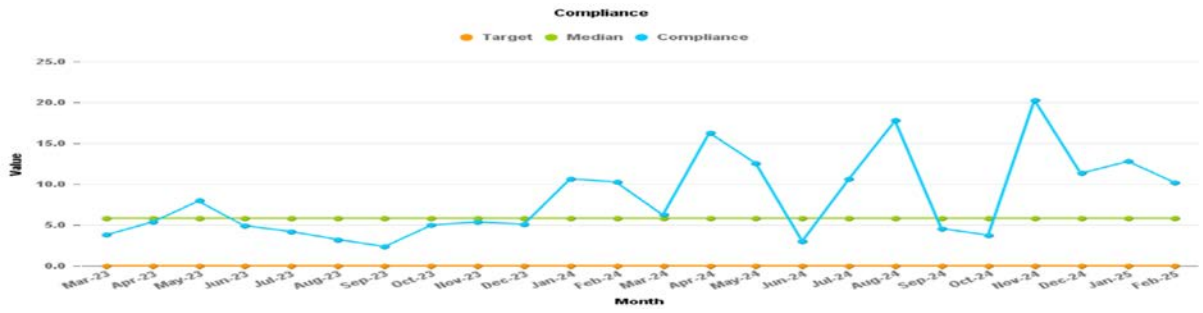
Chart 2 - Rate of Restraint for Woodland View Site



2.5 Self-harm

Chart 3 displays the rate of incidents of self-harm, with a median of 5.82 per 1000 OBD. Data from November 2024 to February 2025 demonstrates 4 data points above the median which is reflective of the acuity of patients within the reporting wards.

Chart 3 Rates of incidents of self-harm



3. QI Capacity and Capability

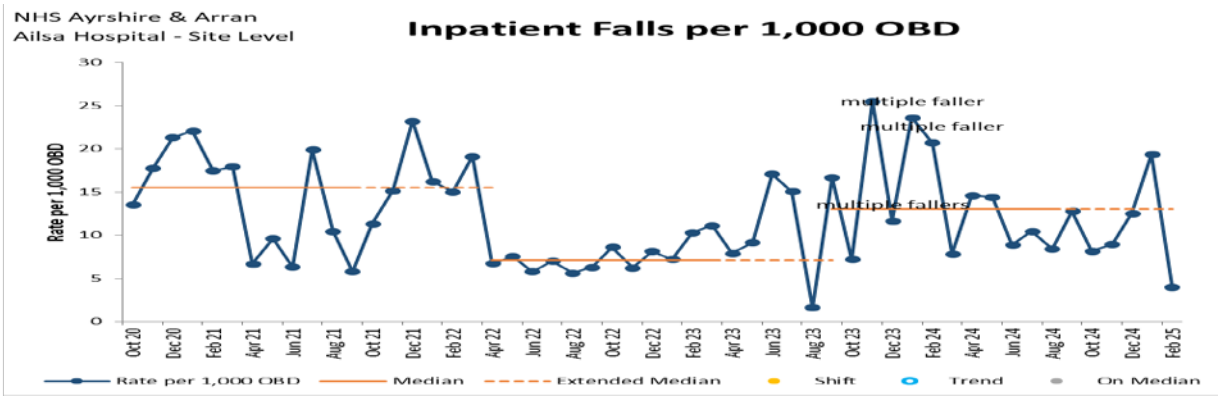
There is a continued focus on increasing QI capacity and capability. This includes supporting staff to undertake eLearning modules provided by NHS Education for Scotland (NES), Ayrshire and Arran Improvement Foundation Skills Programme (AAIFS) and the Scottish Improvement Leadership Programme (SCIL).
Within Mental Health Services:

- 30 staff have completed AAIFS.
- 2 staff have a lead level qualification (SCIL)
- All staff are encouraged to complete NES eLearning modules to support local improvement work.

4. Excellence in Care

4.1 Falls

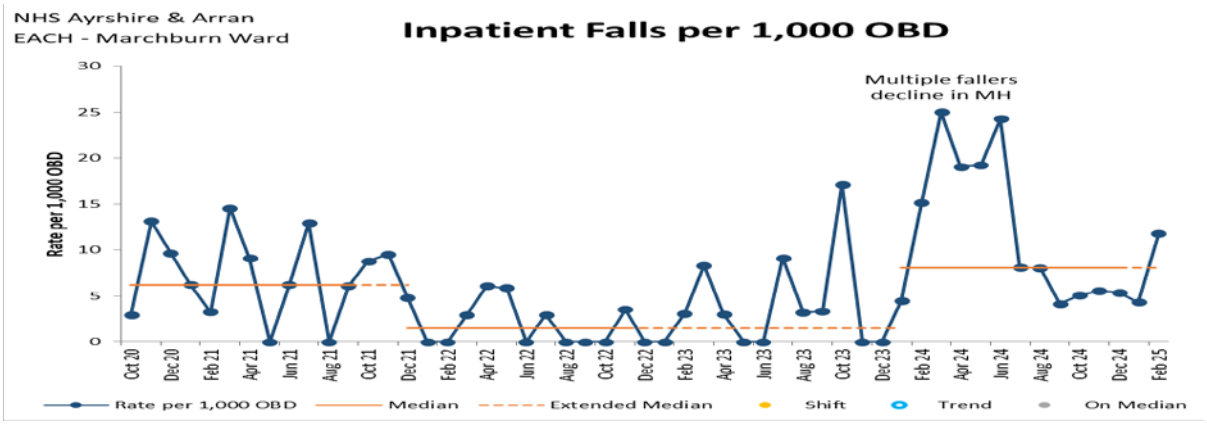
Chart 4 Inpatient falls rate per 1,000 OBD Ailsa Hospital



Between April 2022 and May 2023, a sustained reduction in falls was demonstrated at Ailsa Hospital. Additional support increased the use of patient activity provision and early multifactorial assessment with intervention. From August 2023 to March 2024 there was an increase in the rate of falls at Ailsa Hospital attributed to a patient with acute complex needs and as a result, the site median increased to 14.4 per 1000 OBD. From March 2024 until present there has been an unsustained improvement in Ailsa Hospital.

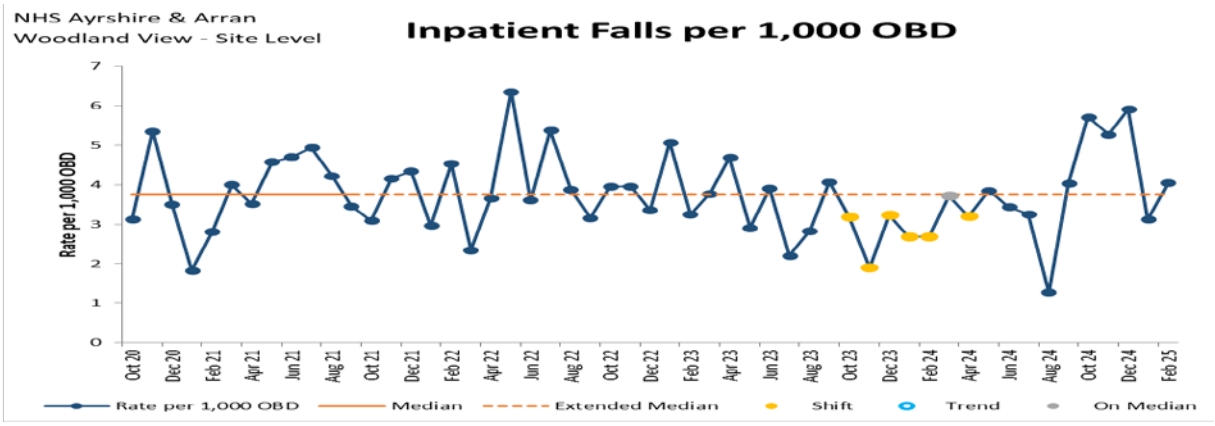
East Ayrshire Community Hospital

Chart 5 Marchburn Ward Inpatient falls rate per 1,000 OBD



Data demonstrates an increase in falls within Marchburn Ward between February and June 2024, with 7 data points above the median. Between July 2024 and January 2025 there were early signs of improvement 5 data points below the median, this has been unsustained.

Chart 6 Woodland View Inpatient falls rate per 1,000 OBD



Woodland View falls site data demonstrates unsustained improvement between September 2023 and April 2024 and is reflective of patient acuity.

4.2 Falls Process Measure Improvement

Monthly scrutiny of quality-of-care reportable measures identified that current falls risk assessment and process measures did not align to the mental health client group. A review of the Falls Process Audit (FP1) for acute inpatient services for use within the elderly MH inpatient wards has been undertaken. The audit and guidance has undergone extensive redesign in collaboration with SCNs to reflect the complexities and needs of the patient group and environment. Senior clinical leaders are currently in discussion with QI to identify an appropriate ward to start testing.

4.3 Food Fluid and Nutrition

Food Fluid and Nutritional risk assessment and care planning are core quality indicators. EiC data demonstrates reliable risk assessment and ongoing care planning within Mental Health, with all process measures at site level demonstrating over 95% compliance. Compliance % of Meal-Time Co-ordinator (MTC) since implementation in June 2024 demonstrates a 100% compliance rate of all elements of MTC role and safe food provision with Mental Health Services.

4.4 Stress and Distress

Establishing a baseline level of stress and distress for patients with dementia admitted to a Specialist Dementia Unit (SDU) will allow staff to monitor changes in a person's presentation and the effectiveness of interventions. A Stress and Distress assessment tool has been developed by the Dementia Nurse Consultant and activated on Care Partner system.

To provide assurance, collation of the percentage 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 with the Care Partner team to extract data digitally and report to Public Health Scotland (PHS) Care Assurance Improvement Resource (CAIR) Dashboard. An action plan had been developed with agreed milestones. The anticipated expected submission date of Stress and Distress data by

end of 2024 has not been met, due to ongoing Digital Services capacity challenges. A review of the agreed action plan with defined timelines has been shared with Digital Services to enable robust national reporting.

4.5 Quality Management Practice Learning Environment

NHSAA 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). Average QMPLE Score for Mental Health Services are reported at 95.7%, highlighting the positive learning environment experienced by pre-registration nursing staff within the directorate.

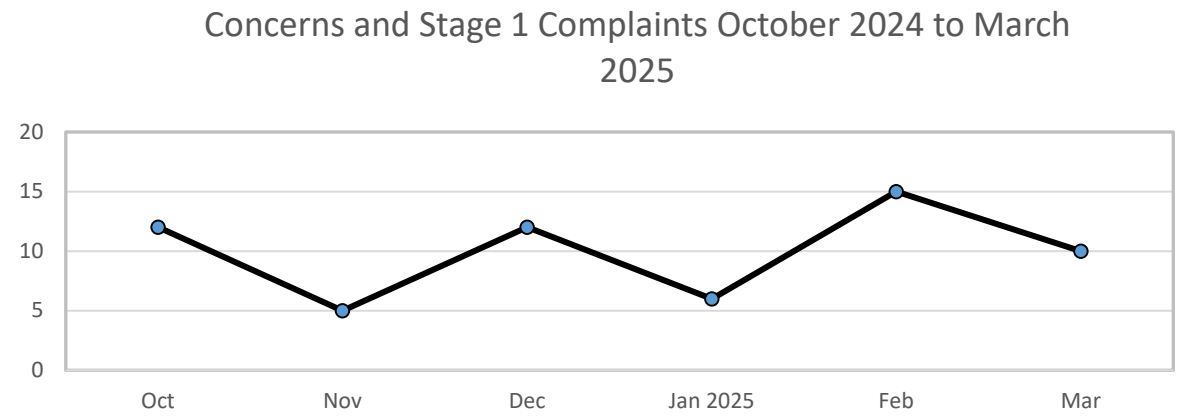
5. Feedback and Complaints- Mental Health Services (Oct 2024 – 25 Mar 2025)

Performance in key areas of complaint handling, highlighting outcomes and providing detail on complaint themes for all complaint activity across Mental Health Services in the 6 month period from October 2024 until March 2025 is outlined below.

5.1 Complaints Performance and Outcomes

Chart 7 demonstrates that the number of concerns and stage 1 complaints have been variable over the last 6 months. 41/60 (68%) of concerns and Stage 1 complaints relate to clinical treatment.

Chart 7: Concerns & Stage 1 Complaints



Stage 2 Complaints

Chart 8 displays Stage 2 complaints received in the last 6 months. Numbers highlight a decrease in the number of stage 2 complaints in March 2025.

Chart 8: Stage 2 Complaints October 2024 – March 2025

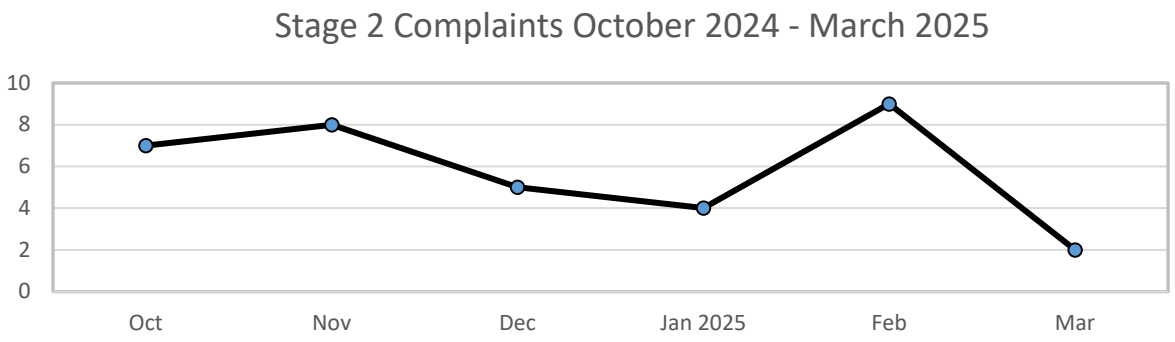
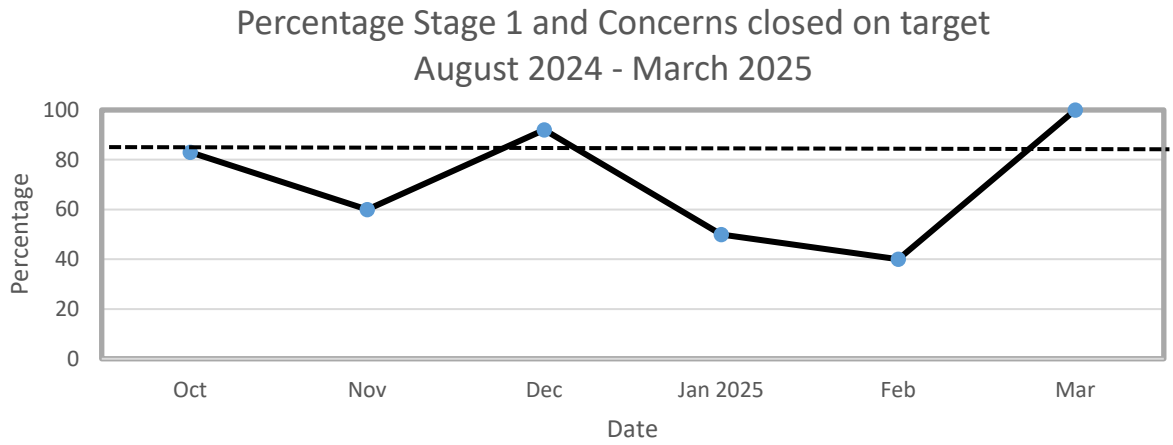


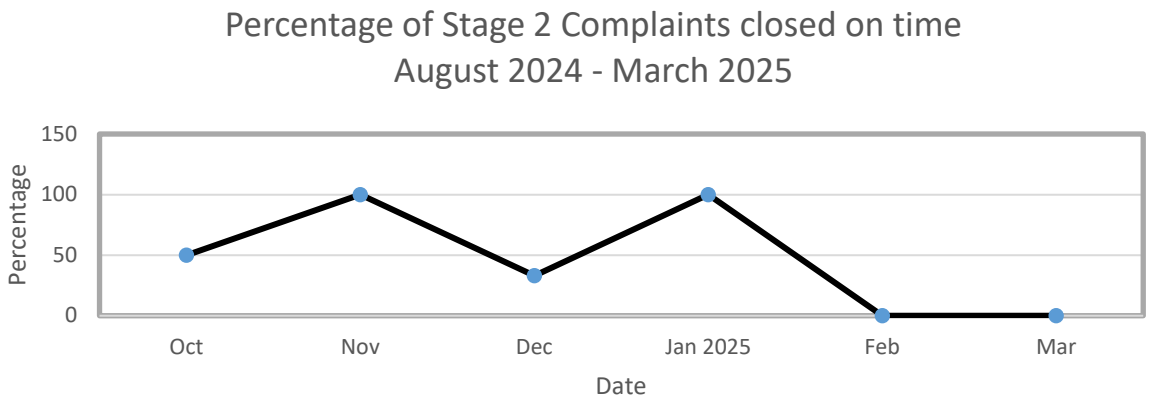
Chart 9 demonstrates that the majority of Mental Health Services stage 1 complaints are below the target of 85% compliance for closing concerns within timescale. Across the organisation Stage 1 performance is sustained above 85%.

Chart 9: Percentage Stage 1 and Concerns closed on target



Complaint handling performance for Stage 2 complaints is presented in Chart 10.

Chart 10: Percentage of Stage 2 Complaints Closed on Target



Boards are currently set a target of 75% compliance for closing stage 2 concerns within timescale. Please note, complaints in February and March remain open hence the 0% performance. Future reports will present two fully closed quarters.

There is work to be progressed to ensure sustainable improvement is achieved in both Stage 1 and Stage 2 performance. The QI Lead for Patient Experience and the Complaint Managers are working closely with service Managers to agree key targets for improvement and how the Complaints Team can support service colleagues.

5.2 Complaints Current Activity

This data represents a point in time and is provided as a reference for current activity. The data in Chart 11 & 12 were extracted on 25 March 2025.

Chart 11 displays the number of out of time complaints on 25 March 2025. There is a total of 20 Mental Health complaints across the Health and Social Care Partnerships (HSCP) which remain open beyond 20 working days.

Chart 11: Number of Complaints > 20 Working Days

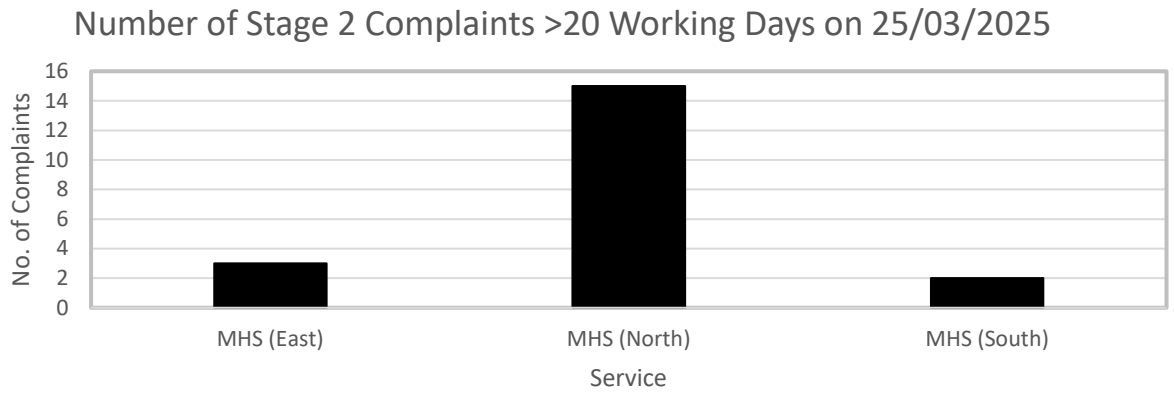


Chart 12 describes current actions to progress complaints

Chart 12: Current Status

Service	20-30 days	30-40 days	Over 40 days	Comments
Mental Health (East)	0	2	1	2 x response in final stages 1 x still gathering statements
Mental Health (North)	2	0	13	14 x response in final stages 1 x still gathering statements
Mental Health (South)	0	0	2	1 x response in final stages 1 x still gathering statements

This aspect of complaint handling is a priority for improvement and the QI Lead is currently reaching out to Senior Managers to discuss all aspects of complaint handling and offer bespoke training sessions on complaint response writing.

5.3 Compliant Outcomes

Chart 13 demonstrates the complaint outcomes for all complaints resolved in the last 6 months the number of complaint outcomes that are fully upheld.

Chart 13: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	45	1	3	11
Stage 2	10	2	0	23

5.4 SPSO Referrals and Investigations

There were two SPSO referrals in the last 6 months relating to Mental Health Services complaints, neither of which progressed to investigation. The SPSO team is being impacted by the rise in complaint activity and are advising they have delays of up to twelve months to review referrals. We may therefore see a rise in future quarters.

5.5 Complaint Themes

Work has been progressed to provide accurate information from complaints. Chart 14 displays the three most themes and subthemes.

Chart 14: Complaint Themes & Sub themes

Clinical Treatment	**Total**
Disagreement with treatment / care plan	29
Co-ordination of Clinical treatment	18
Poor medical or nursing treatment	7
Problems with medication	6
Waiting Times	
Unacceptable time to wait for the appointment	3
Cancellation of appointment /admission	3
Date for admission cannot be given to patient	3
Communication	
Attitude and Behaviour	9
Communication (written)	3
Communication (oral)	1
Shortage/availability	1

Themes across MHS are reflected of the top five themes across all complaints.

6. Significant Adverse Events

For Mental Health Services, the number of Significant Adverse Events (SAER's) year on year remain stable with 25 being commissioned in 2024/2025. Due to continuing system pressures there are 29 overdue SAERs from 2022- 2025. Chart 15 provides an overview of the current SAER status.

Chart 15: Mental Health Services SAER's 2020-2025

No of SAERs Active by Commissioned Date								
Year	**Total No Commissioned**	**Report**		**Action Plan**		**Learning Summary**		**Whole Process Complete**
		Over due	**On Target**	**Over due**	**On Target**	**Over due**	**On Target**	
20/21	25	0	0	4	0	0	0	21
21/22	24	0	0	4	0	0	0	20
22/23	26	1	0	4	1	0	0	20
23/24	26	12	0	3	0	1	1	9
24/25	25	16	7	0	0	0	0	2

The number of Local Management Team Reviews (LMTRs) has increased from 2023/24 (9) to 2024/2025 (13). Due to continuing system pressures there are 23 overdue LMTR's from 2020- 2025 Chart 16 provides an overview of the current LMTR status.

Chart 16: Mental Health Services LMTR's 2020-2025

No of LMTRs Active by Commissioned Date						
Year	**Total No Commissioned**	**Report**		**Action Plan**		**Whole Process Complete**
		Overdue	**On Target**	**Overdue**	**On Target**	
18/19	18	0	0	0	0	18
19/20	24	0	0	4	0	20
20/21	20	1	0	1	0	18
21/22	19	4	0	1	0	14
22/23	23	7	0	0	0	16
23/24	9	2	0	0	0	7
24/25	13	9	1	0	0	3

6.1 Adverse Events Key Learning

- 50% of SAERs provided learning Points for services to consider
- 28% of SAERs provided a recommendation(s) for the service to develop and implement specific action plans
- Themes include:
    - Review/complete Risk Assessments as per guidance
    - Communication with other professionals, family and service users
    - Assertive Outreach for hard to engage patients
    - Consideration of transition between services
    - Clear roles and responsibilities for staff in MDT
    - Post Diagnostic Support
    - Digital Solutions e.g. prescribing
    - Consistent approach to referral vetting
    - Record Keeping

7. Summary

Board members are asked to receive and discuss this report which provides an overview of quality and safety activity within NHSAA Mental Health Services and the work in progress to improve.