NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 8 December 2025**
Title:	**Quality and Safety – Mental Health**
Responsible Director:	**Caroline Cameron, Director North Ayrshire Health and Social Care Partnership** **Jennifer Wilson, Nurse Director**
Report Author:	**Darren Fullarton, Associate Nurse Director** **Lorna Copeland, Quality Improvement (QI) Lead** **Nina McGinley, Board Excellence in Care (EIC) Clinical Lead**

1. Purpose

This is presented to the Board for:

- Awareness

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 is for information to the NHS Board following detailed discussion at Healthcare Governance Committee. The paper provides an overview of quality and safety activity within NHS Ayrshire & Arran Mental Health Services.

2.2 Background

Following the completion of the previous SPSP Mental Health Collaborative, Quality improvement (QI) work has continued to focus on:

- Implementation of NHSAA Framework for Interventions Guideline
- Reducing physical violence
- Reducing the incidence of restraint, whilst improving this experience for staff and patients.
- Reducing self-harm

A new SPSP MH work stream launched in October 2025 with a focus on safety at points of transition. NHSAA has expressed interest in participating in the programme.

Following the publication of the Core Mental Health Standards in September 2023, a self-assessment was carried out in March 2025 and identified three priority areas for improvement:

- Ensuring we provide person-centred care that reflects service user involvement and choice through co-production.
- Improving use of use patient outcome data and experiences to inform service planning and delivery.
- Work on improving care plan audit activity and using these results to inform service delivery development.

NHSAA participate in Excellence in Care (EiC), a national care assurance programme, with quality-of-care measures inclusive of workforce and pre-registration nursing feedback data reported monthly to Public Health Scotland. The data provides clinical teams with intelligence to support triangulation of data.

2.3   Assessment

Woodland View inpatient data demonstrates normal variation in rates of physical violence and self-harm. Incidence of restraint demonstrated an increase with four data points above the median from August to June 2025, this was not sustained.

The target of stage 1 closed within 85% has not been met on 9 out of the last 12 months. Stage 2 compliance from October 2024 to February 2025 reflects fully resolved cases and shows an average of 78% compliance which sits below the 85% target. A large number of complaints remain open from March 2025 onwards. Therefore, compliance figures for these months are provisional and will be updated in future reports once cases are closed.

There are 25 overdue SAERs from 2022- 2025 and 24 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
A continued focus on ensuring everyone experiences high quality, consistent, safe, effective and person-centred care is supported by a QI approach and complimented by the EiC assurance programme. The Core Mental Health Standards aim to improve mental health services and care by setting out clear expectations for what services will provide, whilst recognising the need for local flexibility.

2.3.2 Workforce
The common staffing method (CSM) framework of the Health and Care (Staffing) (Scotland) Act 2019 sets out the requirement for triangulation of workforce and quality of care data to ensure that staffing is appropriate to support provision of safe high-quality care.

2.3.3 Financial
Reducing patient harm and ensuring everyone in adult mental health settings experiences high quality, consistent, safe, effective and person-centred care will support optimum financial management.

2.3.4 Risk assessment/management
Failure to engage with 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
National and local quality improvement and assurance programmes require ongoing communication, involvement, engagement and consultation with all stakeholders. To date this has included:
- Updates to relevant Clinical Governance/Improvement groups
- Engagement in national and local learning sessions
- Access to ward and site data

2.3.8 **Route to the meeting**
Presented to the Healthcare Governance Committee 3 November 2025

2.4 Recommendation
For awareness. The Board is asked to note the quality and safety activity within NHS Ayrshire and Arran Mental Health Services.

3. List of appendices
The following appendix is included with this report:
Appendix 1- Mental Health Quality and Safety Update

Mental Health Services Quality and Safety Update

1. Introduction

This paper outlines progress within Mental Health (MH) Services in relation to national/ local quality improvement programme, Excellence in Care (EiC), complaints and adverse events. It describes progress and next steps in relation to:

- MH quality improvement work
  - o Implementation of NHSAA Framework for Interventions Guideline
  - o Rates of physical violence
  - o Rates of incidents of restraint
  - o Rates of incidents of self-harm
  - o Core Mental Health Standards
  - o Building Quality Improvement (QI) Capacity and Capability
  - o Quality Improvement and Innovation Group (QI and I)
- Excellence in Care
  - o In-Patient Falls Rate
  - o Food, Fluid and Nutrition
  - o Early Warning Score Accuracy and Frequency
  - o Quality Management Practice Learning Environment (QMPLE)
  - o Workforce
- Complaints Performance
- Adverse Event Activity

2. Mental Health Quality Improvement

Quality improvement (QI) work has a continued focus on:

- Implementation of NHSAA Framework for Interventions Guideline
- Reducing Physical violence
- Reducing the incidence of restraint, whilst improving this experience for staff and patients.
- Reducing self-harm

2.1 Implementation of NHSAA Framework for Interventions Guideline

The framework published June 2025 supports patient activity planning with the aim of reducing violence and aggression and incidents of restraint and seclusion. Since the introduction of the framework, staff evaluation highlights positive change, reporting that it is less restrictive on patients and enables nursing staff to change support required, rather than await medical review. The Quality and Safe Observation group are currently considering measures to support implementation and measure improvement

2.2 Physical Violence

Chart 1 displays the rate of physical violence within Woodland View, with a median of 26.8 per 1000 OBD demonstrating normal variation.
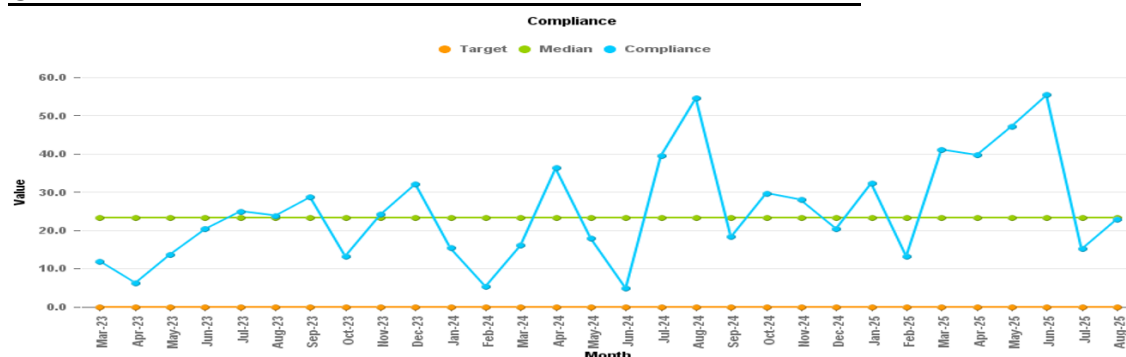
Chart 1 Rate of Physical Violence for Woodland View Site
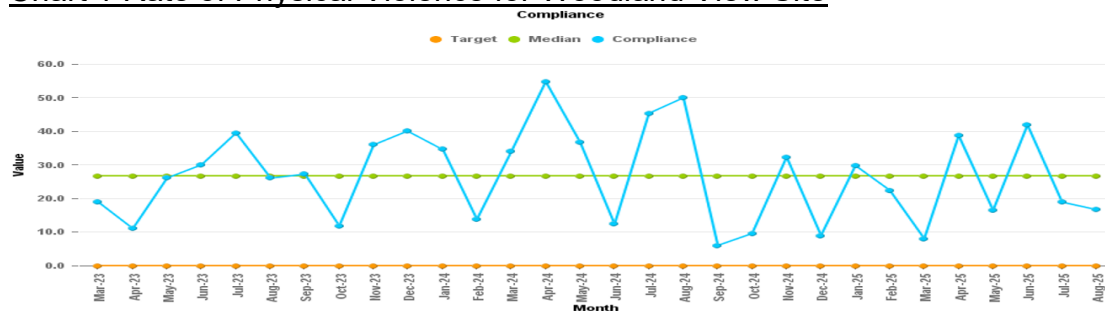
2.3 Restraint

Chart 2 displays the rate of incidence of restraint within Woodland View, with a median rate of 23.4 per 1000 OBD. Four data points were demonstrated above the median from August to June 2025, this increase was not sustained.
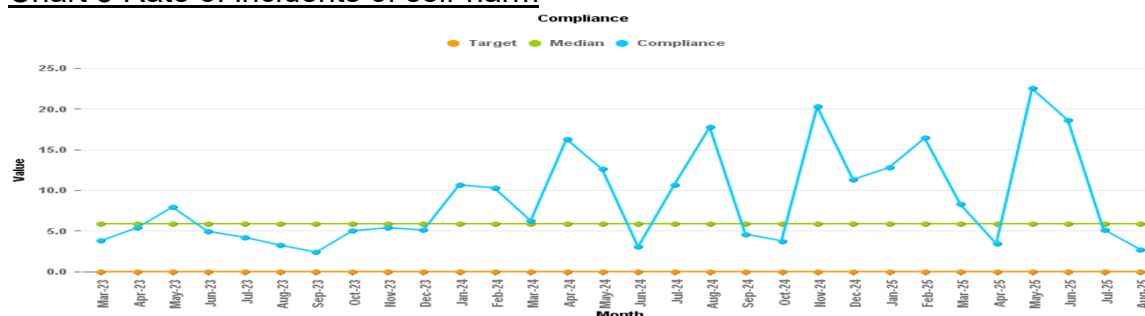
Chart 2 - Rate of incidences of restraint Woodland View Site

2.4 Self-harm

Chart 3 displays the rate of incidents of self-harm within Woodland View, with a median of 5.8 per 1000 OBD.

Chart 3 Rate of incidents of self-harm

2.5 Core Mental Health Standards

The Core Mental Health Standards were published in September 2023 to support individuals, their families and carers to understand what they can expect from mental health services. NHSAA supported by Healthcare Improvement Scotland (HIS) carried out a self-assessment in March 2025 against the standards to identify improvement priorities.

The following priority areas for improvement were identified:

- Ensuring we provide person-centred care that reflects service user involvement and choice through co-production.

- Improving use of use patient outcome data and experiences to inform service planning and delivery.
- Work on improving care plan audit activity and using these results to inform service delivery development.
- Development of record keeping audit tools to ensure a robust data collection system is in place to provide assurance and identify areas for improvement.
- Mental Health Services in North Ayrshire have developed a comprehensive Mental Health Services Framework, which outlines their vision, roles, and responsibilities in ensuring that the voices of people with lived experience and carers are central to shaping services.

3. QI Capacity and Capability

There is continued focus on increasing QI capacity and capability, which includes supporting staff to undertake eLearning modules provided by NHS Education for Scotland (NES), and participation in NHS Ayrshire and Arran Improvement Foundation Skills Programme (AAIFS) and the Scottish Improvement Leadership Programme (SCIL).

Within Mental Health Services:

- 30 staff have completed AAIFS (an additional 3 staff have been allocated a place in October 25 cohort)
- staff have a lead level qualification (SCIL)

3.1 Quality Improvement and Innovation Group (QI and I)

The Quality Improvement and Innovation Group (QI and I) a multidisciplinary group that shares progress and learning from improvement work and provides a mechanism to learn about QI delivered a roadshow to increase staff engagement, especially during periods of clinical pressure ensuring accessibility and encouraging broad staff participation. An evaluation of the roadshow demonstrated:

- 90% of 41 respondents expressed an interest in attending support groups.
- A strong theme from the evaluation was appetite for innovation and meaningful change when supported by leadership and resources
- In response to feedback Conversation Cafes have been developed with multiple QI projects discussed and developed.

4. Excellence in Care

NHSAA participate in Excellence in Care (EiC), the national care assurance programme, with quality-of-care measures reported monthly to Public Health Scotland via the Care Assurance and Improvement Resource (CAIR) dashboard. This is inclusive of workforce, quality of care and pre-registration nursing feedback data and provides clinical teams with data intelligence to support triangulation of data

4.1 Falls

Chart 4 demonstrates a falls rate median for Ailsa Hospital of 13.1 per 1000 OBD. From March 2024, there is an early signal of improvement with 3 points below the median. This early improvement is being driven by a change in patient demographics within one ward which previously demonstrated an increase in falls.

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

NHS Ayrshire & Arran
Ailsa Hospital - Site Level
Inpatient Falls per 1,000 OBD
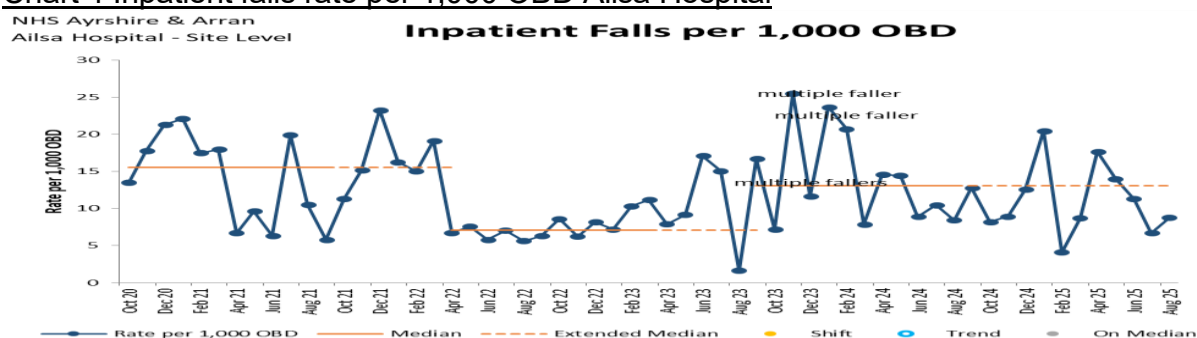
East Ayrshire Community Hospital

Chart 5 demonstrates an increase in falls within Marchburn ward between February and August 2025 with 6 points demonstrated above the median. This is attributed to a small number of patients with significant disease progression contributing to an increase in falls despite interventions and risk assessment.

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

NHS Ayrshire & Arran
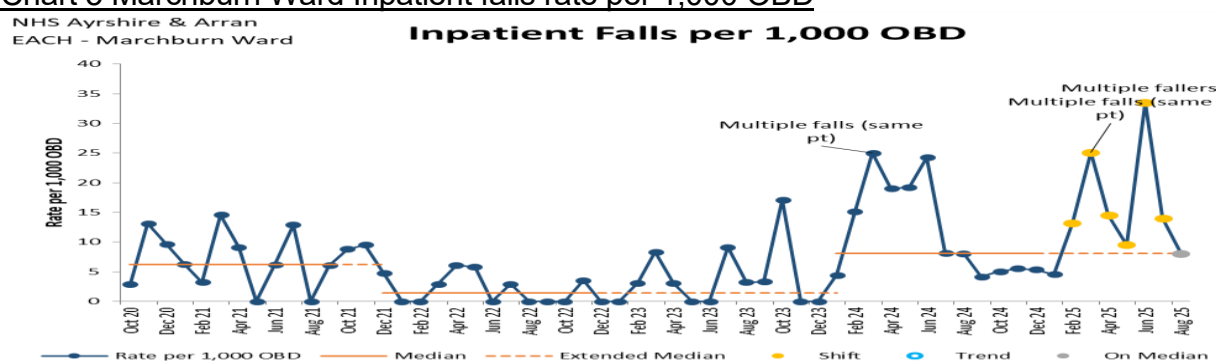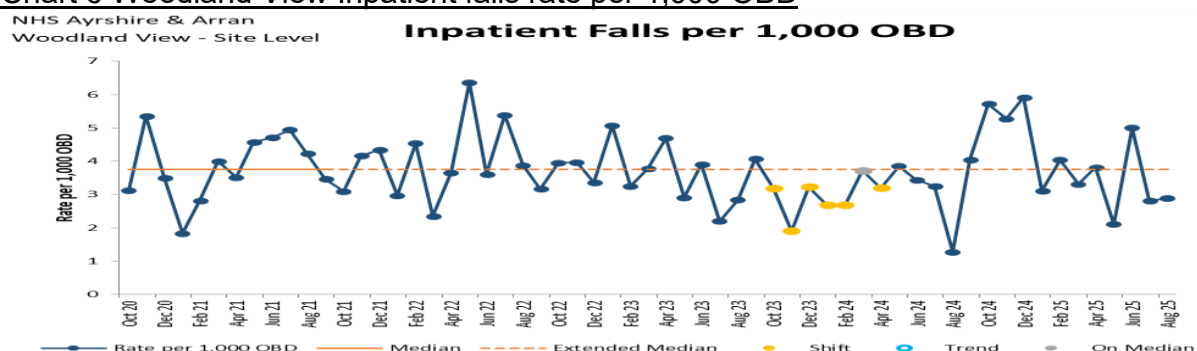EACH - Marchburn Ward
Inpatient Falls per 1,000 OBD

Chart 6 demonstrates a falls median for Woodland View site of 3.8 per 1000 OBD, demonstrating normal variation.

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

NHS Ayrshire & Arran
Woodland View - Site Level
Inpatient Falls per 1,000 OBD

4.2   Falls Improvement work

Falls improvement work has focussed on redesign of the falls process measure to reflect and respond to the unique complexities of mental health inpatient services. Testing of the tool was completed within one ward and discussions are now underway for implement to all inpatient wards. This work followed a review of the Falls NICE Guideline which highlighted areas for improvement in the identification and prevention of risk of falls in the elderly mental health population. A group has been convened to consider the introduction of a falls coordinator role to support education and the reduction of falls across mental health services.

4.3   Food Fluid and Nutrition
Excellence in Care data demonstrates reliable risk assessment and ongoing care planning within Mental Health Services, with all process measures at site level demonstrating over 95% compliance. Since implementation in June 2024, a 100% compliance rate of all elements of MTC role and safe food provision within Mental Health Services has been demonstrated

4.4   National Early Warning Score
The National Early Warning Score (NEWS2) tool provides a standardised score to determine illness severity and supports consistent clinical decision making and early recognition and escalation of deteriorating patients. NEWS2 process measures are audited and collated monthly to support assurance and improvement with a current cross-site median of 91% compliance. It has been recognised that NEW2 score and escalation processes may not be applicable to all MH patient groups.

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 is reported at 97%, highlighting the positive learning environment experienced.

4.6 Workforce
Triangulation of quality of care and workforce data intelligence is a fundamental component of the Health and Care (Staffing) (Scotland) Act 2019 through the common staffing method. Workforce data provides an overview of data relatable to Establishment Variance, Supplementary Staffing (Bank and Agency) and Supplementary Staffing (Overtime) is reported nationally monthly via EiC. Data demonstrates a variable picture of workforce staffing within Mental Health Services:
- Establishment variance across sites between 8-9%
- Supplementary staffing across sites is between 1 –20% with East Ayrshire Community Hospital having an increase to 55% supplementary staffing usage against funded establishment. This may correlate to increase in patient acuity and higher-level supervision

5.   Feedback and Complaints- Mental Health Services (October 2024 – September 2025)
Performance in key areas of complaint handling for all complaint activity across Mental Health Services in the 12-month period from October 2024 until September 2025 is outlined below.

5.1   Complaints Performance and Outcomes
Chart 7 demonstrates variation in the number of concerns and stage 1 complaints received over the last 12 months, with 106 received.
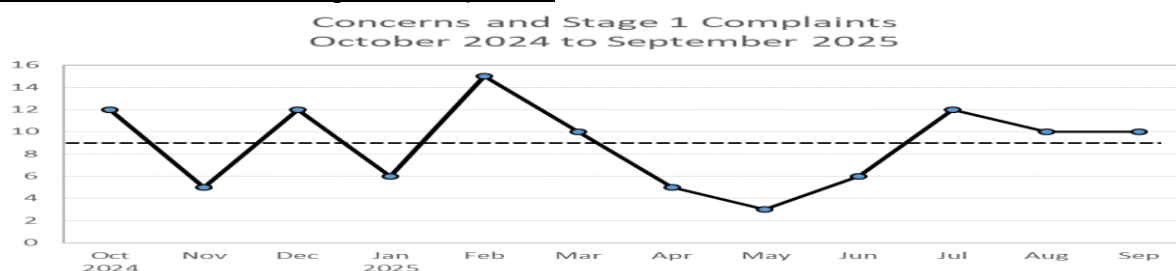
Chart 7: Concerns & Stage 1 Complaints

Chart 8 demonstrates 86 Stage 2 complaints were received in the last 12 months. The highest number of complaints was recorded in July and September.

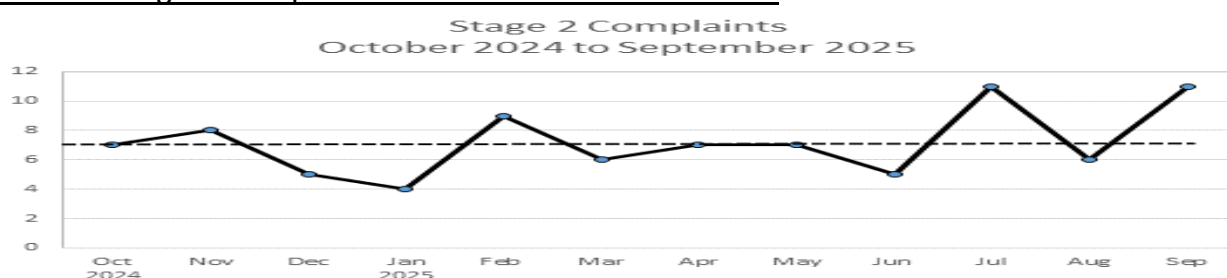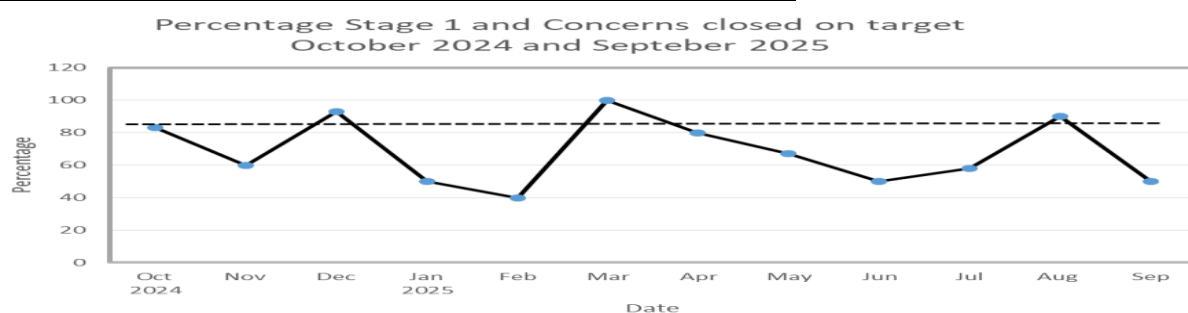Chart 8: Stage 2 Complaints October 2024 – March 2025

Chart 9 demonstrates the percentage of stage 1 closed within 85%. This target has not been met on 9 out of the 12 months reported.

Chart 9: Percentage Stage 1 and Concerns closed on target

Complaint handling performance for Stage 2 complaints is presented in Chart 10. Compliance from Oct 24 to Feb 25 reflects fully resolved cases and shows an average of 78% compliance which sits below the 85% target. A large number of complaints remain open from March 2025 onwards therefore, compliance figures are provisional.

Chart 10: Percentage of Stage 2 Complaints Closed on Target
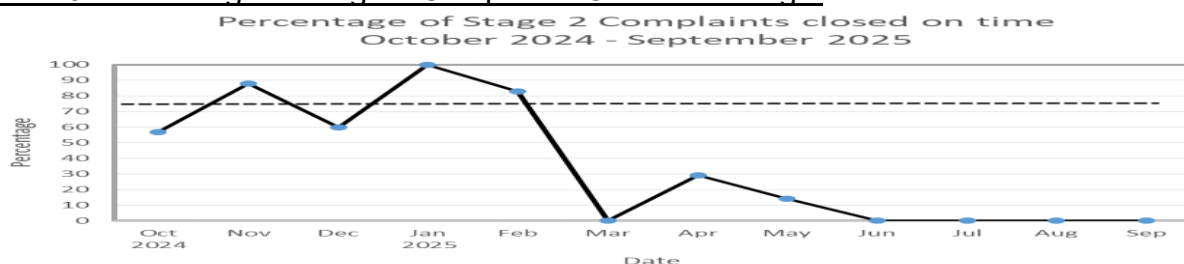
Work is being progressed to ensure sustainable improvement in both Stage 1 and Stage 2 performance. The QI Lead for Patient Experience and the Complaint

Managers are working closely with Service Managers to agree key targets for improvement and how the Complaints Team can support service colleagues to achieve improved complaint handling performance. Further training will be offered to all staff involved in writing complaint to improve quality of responses to minimise delays.

5.2   Complaints Current Activity

The data in Chart 11 was extracted on 29 September 2025 and represents a point in time and is provided as a reference for current activity. When the data was extracted there were 36 Mental Health complaints open beyond 20 working days.

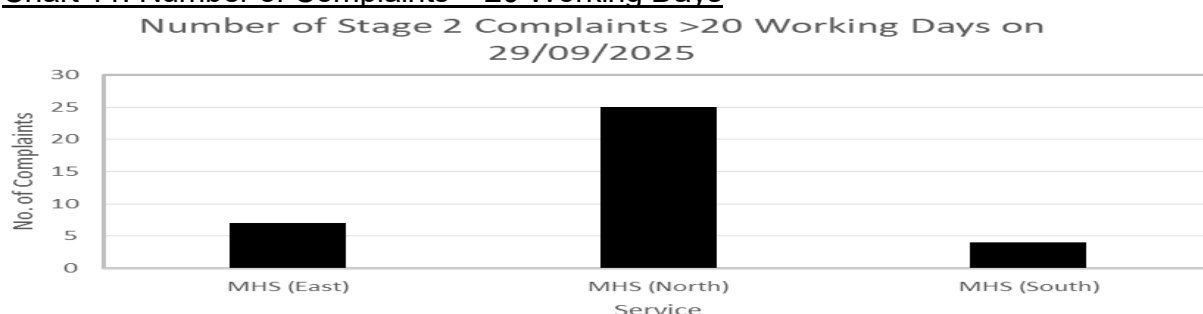Chart 11: Number of Complaints > 20 Working Days

Table 1 describes current actions to progress complaints.

Table 1: Complaints status and actions

Service	20-30 days	30-40 days	Over 40 days	Actions/progress
Mental Health (East)	0	0	7	5 x response in final stages 2 x gathering statements
Mental Health (North)	3	3	19	14 x response in final stages 11 x gathering statements
Mental Health (South)	0	0	4	3 x response in final stages 1 x gathering statements

Service manager are allocated as investigation leads and are responsible for drafting written responses. 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 to help improve the quality of written responses achieved.

5.3   Complaint Outcomes

Table 2 demonstrates the complaint outcomes for all complaints resolved in the last 12 months the number of complaint outcomes that are fully upheld.

Table 2: Complaint Outcomes

Service	Not Upheld	Partially Upheld	Fully Upheld	Still Open
Concern / Stage 1	98	4	4	0
Stage 2	28	9	4	45

5.4 SPSO Referrals and Investigations

There were four SPSO referrals in the last 12 months relating to Mental Health Service complaints. Of these, two did not progress to investigation and two are currently awaiting an SPSO decision. 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

The top three themes identified from complaints between October 2024 and September 2025 were related to clinical treatment, communication, and waiting times. The most frequently reported issue was disagreement with treatment or care plans, accounting for 64 complaints. Table 3 displays the top three themes and most common subthemes

Table 3: Complaint Themes & Sub themes

Clinical Treatment	Total
Disagreement with treatment / care plan	64
Co-ordination of Clinical treatment	30
Poor medical or nursing treatment	11
Problems with medication	9
Waiting Times	
Unacceptable time to wait for the appointment	9
Cancellation of appointment /admission	3
Date for admission cannot be given to patient	3
Communication	
Attitude and Behaviour	28
Communication (written)	6
Communication (oral)	2
Shortage/availability	1

6. Significant Adverse Events

The number of Significant Adverse Events (SAER's) year on year remain stable with 15 commissioned to date for 2025/26. Due to continuing system pressures, there are 25 overdue SAERs on 18.09.25, these were commissioned between 2022- 2025. Table 4 provides an overview of current SAER status.

Table 4: Mental Health Services SAER's 2020-2025 (as at 18.09.25)

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	3	0	0	0	21
22/23	26	1	0	3	1	0	0	21
23/24	26	7	0	2	1	1	0	15
24/25	25	14	7	1	1	0	0	2
25/26	15	3	12	0	0	0	0	0

The number of Local Management Team Reviews (LMTRs) has increased from 9 in 2023/24 to 13 in 2024/2025. Currently 9 have been commissioned in this reporting

year 2025/26. There are 24 overdue LMTR's from 2020- 2025. Table 5 provides an overview of the current LMTR status

Table 5: Mental Health Services LMTR's 2020-2025 (as at 18.09.25)

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	5	0	19
20/21	20	1	0	2	0	17
21/22	19	3	0	1	0	15
22/23	23	7	0	0	0	16
23/24	9	2	0	0	0	7
24/25	13	5	0	0	1	7
25/26	9	6	3	0	0	0

6.1 Adverse Events Key Learning
- 64% of SAERs approved between May and September 2025 provided learning points for services to consider.
- 14% of SAERs approved between May and September 2025 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
  - Joint working across services and referral pathways
  - Record keeping
  - Policy and procedure updates
  - Key worker allocation and continuity of care

6.2 Personalised Risk Management
Following a Significant Adverse Event recommendation, a short-life working group was established to review best practice guidance for the Ayrshire Mental Health Risk Assessment Framework (ARAF) and assess alignment with current standards, particularly around risk formulation. Following this work, NHSAA are involved as a learning partner in national initiatives linked to the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Safer Services Toolkit, with a focus on personalised risk management and family involvement. NHSAA Mental Health Services have developed clear recommendations for service improvement, including enhancements to the ARAF documentation framework.