



THE STATE HOSPITALS BOARD FOR SCOTLAND
CLINICAL GOVERNANCE COMMITTEE

Agenda Reference: Item 4

Date of Meeting: 26th July 2023

Report prepared by: Josie Clark, Professional Nurse Advisor

Title of Report: Annual Patient Safety Report

Review Period: July 2022 – June 2023

Preface

The Scottish Patient Safety Programme (SPSP) is a national quality improvement programme that aims to improve the safety and reliability of care whilst also reducing instances of harm. Since the launch of SPSP in 2008, the programme has expanded to support improvements in safety across a wide range of care settings including Acute and Primary Care, Mental Health, Maternity, Neonatal, Paediatric services and medicines safety.

The SPSP has three core components:

- SPSPS Programmes of work
- SPSP Essentials of Safe Care
- SPSP Learning Systems

Programmes of Work

The four main SPSP programmes of work are Acute Adult; Primary Care; Maternity and Children; Medicines; and Mental Health. Within The State Hospital (TSH) our key priority is to work alongside colleagues from Health Improvement Scotland/SPSP to support the key deliverables pertaining to the mental health strand of the programme, which have a particular focus on:

- creating the conditions for improvement within teams
- 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

Essential of Safe Care

The Essentials of Safe Care is a practical package of evidence-based guidance and support that enables Scotland's health and social care system to deliver safe care. It forms the building blocks for each of the SPSP programme of work. Essential drivers of safe care include person-centeredness; safe communications; leadership and culture; and safe clinical care and processes.

Shared Learning Systems

The Scottish Patient Safety Programme Learning System aims to accelerate the sharing of learning and improvement work across all care services and underpins all SPSP activities. Through collaborative working, sharing good practice and signposting to training resources, the SPSP programme aims to encourage continuous learning at all levels, in every care setting.

1. TSH Patient Safety Group

1.1 Group Remit

The State Hospital Patient Safety Group work collectively to ensure that every patient being cared for within the hospital experiences high quality, safe and person centred care at all times, with a particular focus on improving observation practice and reducing all harms associated with restraint and seclusion.

1.2 Group Aims and Objectives

- To integrate the Scottish Patient Safety Programme areas of work, where applicable, into daily practice at TSH
- To reduce variation in clinical practice by using evidence based decision making processes
- To develop innovative approaches to data collection and utilisation to support the delivery of high quality patient care, and minimise the risk of harm.
- To reduce errors in practice through reviewing data and making subsequent evidence-based decisions thereafter.
- To create and promote learning environments that have a focus on continuous improvement.
- To empower staff to develop sustainable solutions to improve patient safety.
- To create environments where reflecting and learning from events is the “norm”
- To understand the impact of service delivery for those with lived experiences in the context of patient safety.

1.3 Group Membership and Meeting Schedule

Membership of The State Hospital Patient Safety group includes:

- Director of Nursing and Allied Health Professions (SPSP- MH Executive Lead) (Chair)
- Professional Nurse Advisor (Co-Chair)
- Head of Clinical Quality
- Consultant Forensic Psychiatrist
- Person Centred Improvement Lead
- Senior Charge Nurse x 2
- Head of Pharmacy
- Senior Nurse for Infection Control
- PMVA Senior Advisor
- Head of Risk and Resilience
- Risk Management Facilitator
- Specialist Occupational Therapist

Over the last 12 months the group has undergone changes to its core membership; most notably the appointment of a new Chair (Director of Nursing and Operations and SPSP Executive Level Sponsor) and Co-Chair (Professional Nurse Advisor), and the departure of the SPSP project manager. In recognition of these changes, members have taken the opportunity to revise the group's Terms of Reference (ToR), standing business agenda, and monitoring and governance processes reporting processes to ensure appropriate monitoring governance and reporting processes are in place, continued alignment with the various strands of the national SPSP programmes of work. The group continue to meet on a bi-monthly basis.

2. Summary of Core Activity for the Last 12 months

The key priorities identified for 2022/2023 were:

- 2.1 Renew local suite of patient safety indicators and begin reporting at every meeting.
- 2.2 Continue to focus on quality and safety through visits to clinical areas and engagement with Hospital fora.
- 2.3 Review the essentials of safe care priorities and incorporate next areas of priority into annual work plan for 2023.
- 2.4 Implement 'Improving Observation Practice' framework (i.e. new Clinical Care policy and evaluate outcomes).
- 2.5 Use locally tailored Patient Safety Climate Tool to elicit and act on feedback from patients.

2.1 Renew suite of local patient safety key performance indicators (KPI's)

Members of the group have been working with both Clinical Quality and the Risk Department to review the patient safety indicators currently monitored across various forums within the hospital and consider which of these are essential KPIs for monitoring by the Patient Safety group. Over recent months there has also been iterative changes made to the reporting templates submitted to the group to allow the presentation of data in a more visual format along with a reduction in excessive narrative. Going forward flash reports will detail both point in time and longitudinal data to allow monitoring for trends.

2.2 Continue to focus on quality and safety through visits to clinical areas

Following the departure of the SPSP Project Manager, Quality and Safety visits were temporarily paused. This allowed a discrete piece of work to be undertaken to review the purpose, function and format of the visits in addition to the breadth of information collected. In the interim, the Professional Nurse Advisors has engaged with colleagues from partner Health Boards and colleagues at Health Improvement Scotland (HIS) regarding opportunities to create a "Once for Scotland" approach to Quality and Safety/Care Assurance visits. This approach would allow TSH to submit assurance data to the national Excellence in Care programme and benchmark our assurance approaches against other Boards.

2.3 Review Essentials of Safe Priorities

Prior to the pandemic, members of the Patient Safety Group worked alongside colleagues from other Health Boards and colleagues at HIS to identify a small set of universal drivers that were essential to all safe patient care. These drivers were 1) person-centeredness; 2) safe communications; 3) leadership and culture; and 4) safe clinical care and processes.

As part of the collaborative, TSH developed four local Driver Diagrams change ideas pertinent to four agreed drivers of safe care. These change ideas were incorporated into the 2022/2023 workplan and formed the basis of a number of improvement projects, such as working to improve both staff and patient debrief processes. Over the coming months a further piece of work will be carried out to establish which changes are still outstanding and which ideas can be discharged to other forums within the organisation (e.g. ideas such as more effective rostering and staff development can now be monitored under the Workforce Governance structure).

2.4 Implement ‘Improving Observation Practice’ (IOP) framework and evaluate outcomes

Over the last six-months, there has been a concerted effort to progress work on the development of the new Clinical Care policy and to progress this towards implementation. In June 2022, a multidisciplinary short-life working group was set-up to allow input into final drafts of the proposed policy and to support awareness raising of upcoming changes in practice. On 23rd December 2022, the policy was released with a consultation period set at four weeks in recognition of the Festive Period. Anecdotal feedback indicated an appetite to move away from the current processes of managing increased clinical and/or risk needs (i.e “Levels”) towards a more person-centred, multidisciplinary, approach. However some concerns about the utility of the IOP framework and a reduction from three levels of observation/risk management to two (i.e. General Care or Continuous intervention) in this type of environment were also noted. Over August and September 2023, a number of “walk-through” exercises have been scheduled with representatives from the four different clinical areas to test the policy out and progress towards implementation at the end of the year. The new policy will undergo ongoing monitoring with revision periods set at both six and twelve months.

2.5 Use local Patient Safety Climate Tool to elicit and act on feedback from patients

The national Patient Safety Climate Tool was adapted for The State Hospital, with the agreement of the SPSP national team and the content approved by the hospital’s Patient Safety Group in the Autumn 2022. The Safety Climate Tool is one of a variety of measures used to help better understand patients’ experiences relating specifically to safety, as an aspect of their care.

Completion of the “Safely Recovering” questionnaire took place between 10th February 2023 and 9th March 2023, with the support of the Person Centred improvement team. The questionnaire consisted of 25 questions that covered the following themes: Safety; Communication and Raising Concerns; Care and Treatment: Access to Activity; Access to Staff; and Infection Control. Completion rate was 60% (n=64). In addition to the aforementioned areas, patients were also provided with the opportunity to highlight any additional issues they believed would support the hospital feeling like a safer environment for them to live in. Themes to arise from this question included: rotating ward closures, having access to (additional) medication, having regular ward staff to speak to rather than staff from different wards, having staff to listen to problems, having more access to activities; and access to exercise to improve physical and mental health.

The results of the patient safety questionnaire were discussed at Patient Safety group on 8th August 2023 and actions to address each of the concerns discharged accordingly. The group will receive updates at the agreed time intervals, and onward reporting to the Clinical Governance group at 6-monthly intervals.

3. Comparison with 2020/21 Planned QA/QI Activity

Table 1: Comparison with 2020/21 Planned QA/QI Activity

Description of work stream	Update	Status
Continue to focus on quality and safety through visits to clinical areas and engagement with hospital fora.	Quality and Safety visits were paused in January 2023 due to the departure of the SPSP project manager.	Ongoing

	<p>Visits remain on hold whilst work to review the purpose and function of the visits is underway.</p> <p>Nationally, discussions are underway regarding a “Once for Scotland” approach to care assurance visits and the Professional Nurse Advisor continues to represent TSH in these discussions.</p>	
<p>Review the essentials of safe care priorities and incorporate the next areas of priority into the annual work plan for 2023.</p>	<p>As detailed above.</p> <p>Work to review the diagrams has now concluded and any outstanding change ideas are either monitored through the Patient safety group or have been discharged to the most appropriate forum.</p>	<p>Complete</p>

4. Performance Against Key Performance Indicators (KPIs)

As highlighted in last year’s annual report, all data submissions to Health Improvement Scotland (HIS) pertaining to national KPIs were paused during COVID-19. Post pandemic, engagement with the Scottish Patient Safety Programme (SPSP) re-started however indications suggest that submission of safety data will cease permanently. Instead, there will be a focus on supporting Boards with quality improvement projects pertaining to patient safety.

Following stepdown of the Operating Model Monitoring Group (OMMG) in 2022, responsibility for the monitoring of a small set of patient safety indicators was discharged to the Activity Oversight Group (AOG). These indicators include: numbers of incidents; complaints; staff shortages; level 3 observations; additional staff required for level 3 observations; seclusions; use of SRKs; and increased Dynamic Assessment of Situational Aggression (DASA) scores. As identified in Section 2.1, work is underway to review the various patient safety indicators currently reported across other forums within the hospital and determine which of these are essential local KPIs for monitoring through the Patient Safety group. In the meantime, auditing of policy compliance continues to be undertaken by the Clinical Quality Department (as outlined in Section 5).

5. Quality Assurance Activity

In addition to the patient safety indicators monitored across various forums, colleagues within the Clinical Quality Department continue to audit compliance against a number of policies pertaining to safe patient care, including those detailed in the table below:

Policy	Implementation Date	Review Date	Audit Cycle	Points for Noting
Forensic Psychiatric Observation (PMVA 2)	29/11/18	31/06/23	Quarterly	Current policy remains fit for purpose. However will be superseded by the new Clinical Care Policy
Mechanical Restraint (PMVA 3)	02/10/20	02/10/23	Case-by-Case Basis	No audits of Mechanical Restraint Policy at the moment due to ongoing work with monitoring forms to embed these on RiO. In the interim Clinical Quality department monitor for compliance to the policy each time it is enacted.
Physical Intervention (PMVA 5)	29/07/21	29/07/24	Quarterly	Audits paused in October 2022 for Clinical model moves. Audits now re-started with first report due September 2023.
Seclusion (PMVA 6)	01/07/17	31/06/23	Annual Case Studies (due to very low numbers of seclusion per year)	Current policy remains fit for purpose. Revised Seclusion policy to be implemented in conjunction with Clinical Care policy. Revised policy will include Level 2 seclusion, as per MWC Seclusion: Good Practice guidelines. Auditing of current policy had been in hold however re-commenced July 2023.
Use of PMVA Personal Protective Equipment (PMVA 7)	21/02/23	21/02/26	TBC	Policy enacted in February 2023 and to date there have been no incidents requiring the deployment of Level 3 trained PPE staff.
Policy for the use of Strong Clothing/ Bedding (PMVA 8)	22/01/21	21/01/24	TBC	

Audit Activity

5.2.1 Forensic Psychiatric Observation (PMVA 2)

Auditing of the Forensic Psychiatric Observation policy was initially paused during the pandemic and continued on hold pending the introduction of the new Clinical Care Policy. However, as detailed above, patient safety data continued to be monitored through the OMMG. Due to the ongoing delay of implementing the new clinical Care policy (as detailed in Section 2.4) audits of the current observation policy have now re-recommended, with the first review period being June and July 2023.

In the interim, a request was made of the Clinical Quality Department to retrospectively measure compliance against the Observation policy for the time period April 2021-March 2022. Key findings are noted below:

Areas of strength:

For patients placed on Level 2 Observations:

- Observation Plans were completed in 100% (n=74) of the records reviewed
- Of the seventy-four records reviewed, 71 (95.9%) also had a corresponding nursing progress note in place.

For patients placed on Level 3 Observations

- Observation Plans were completed in 100% (n=17) of the records reviewed
- Of the 17 records reviewed, 15 (88.2%) corresponding Nursing progress note in place.

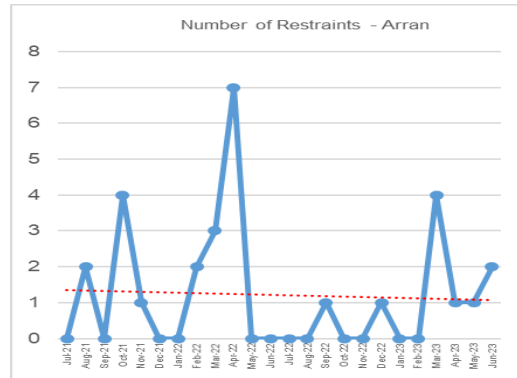
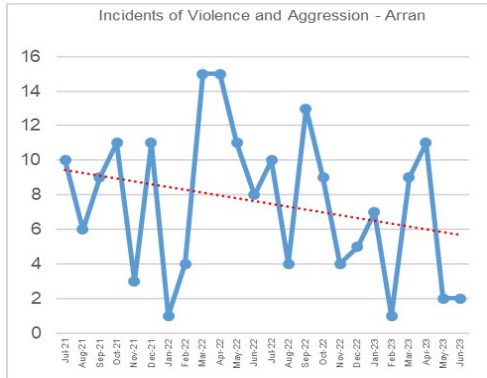
Areas requiring improvement

- Nursing staff must document whether the patient has given permission for a relative/named person to be informed about them being placed on increased levels of observation
- If permission is granted then there must be documented evidence to demonstrate that contact has been made with that relative/named person
- Observation reviews must be documented within the appropriate note type on RiO
- RMO's must interview patients on every occasion, prior to levels being decreased
- Evidence of daily review discussions, for the first seven days, must be documented within the relevant note type on RiO for patients who are placed on level 3 observations.
- At least two "in person" reviews must take place by the RMO for patients who are placed on level 3 observations

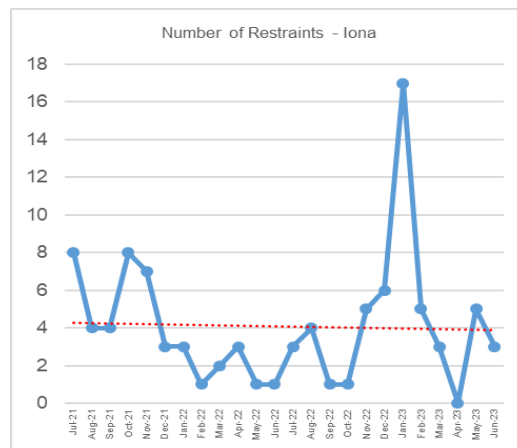
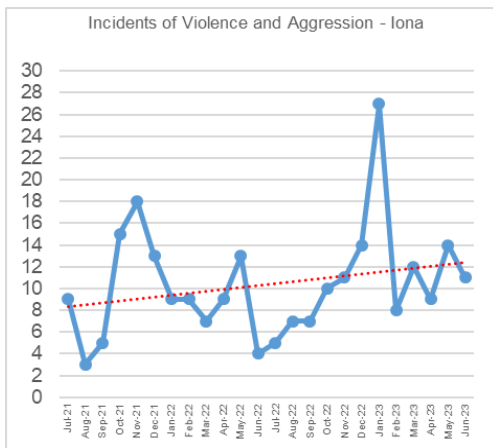
5.2.2 Physical Intervention (PMVA 5)

The charts below detail the incidences of violence and aggression across each of the four hubs within the hospital, from July 2021 to June 2023. Alongside each of these charts is further data that outlines the number of restraints that have taken place in each of the hubs withing the same time period.

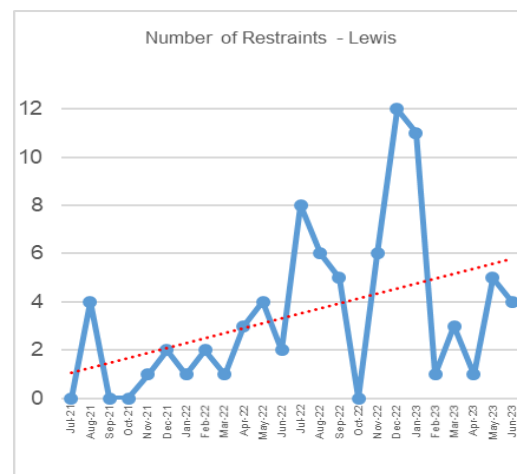
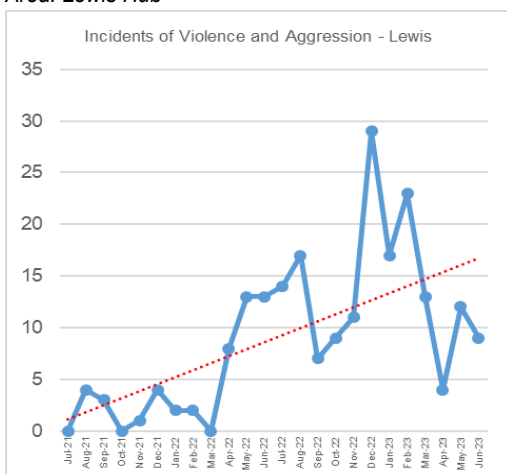
Area: Arran Hub



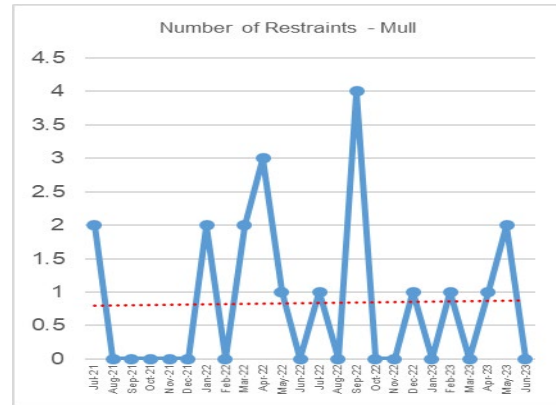
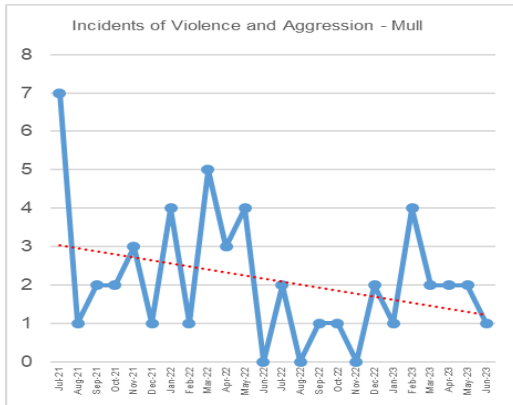
Area: Iona Hub



Area: Lewis Hub



Area: Mull



Points of note:

- Incidents of violence and aggression appear to have declined, since Jan 2021, in both Arran and Mull hubs.
- Conversely, incidents of violence and aggression appear to have risen in both Iona and Lewis hubs. This may be due to the patient population within Iona hub and the boarding of one Intellectual Disability patient within Lewis hub.
- Within Arran hub there has been a small decline in the number of restraints that have taken place since Jan 2021.
- Conversely, within Mull hub there appears to have been a very gradual increase in the number of restraints that have taken place since Jan 2021.
- Whilst the number of incidents of violence and aggressions have increased in Iona hub there is no correlation with an increase in restraints.
- Most notable, within Lewis hub there appears to be a correlation between an increase in incidents of violence and aggression and an increase in the number of restraints.

Monitoring compliance with the Physical Intervention Policy (PMVA 5)

The PMVA Post Physical Intervention audit was temporarily paused in October 2022 pending patient moves for the revised clinical model. Detailed below are the results for the last audit which was conducted for the time period September-October 2022.

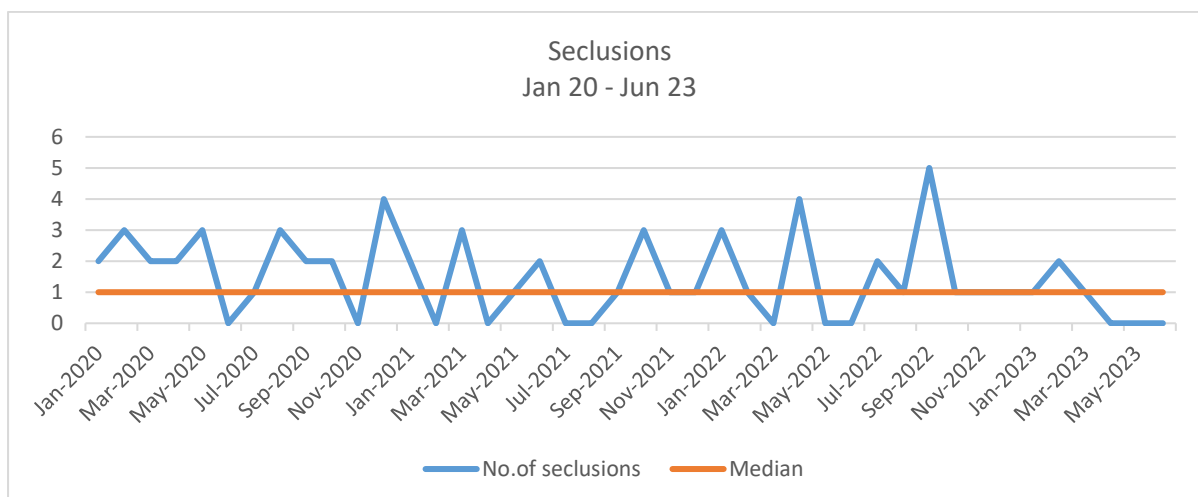
Areas of Good Practice:

- Post Physical Intervention Assessments (PPIA) were completed in 12 out of the 13 records reviewed (92%)
- Of the 13 PPIA forms completed, 11 of those had also been closed off in RiO
- From the 11 occasions where a PRN was administered post intervention, nine of those were detailed on the relevant forms within RiO.

Areas for improvement:

- National Early Warning Scores (NEWS) forms must be completed and uploaded to RiO on every occasion, post physical intervention.
- Incident times recorded on PPIA forms must correspond with incident times logged on Datix (this only matched on 7 out of the 13 records reviewed).

5.2.3 Seclusion (PMVA 6)



Points of Note:

- Seven patients have been secluded over the reporting period June 2022-July 2023
- One patient has been secluded on 4 separate occasions (totalling seven days)
- One patient has been secluded on 3 separate occasions (totalling 1.8 days)
- Two patients have each been secluded on 2 separate occasions (totalling 22.4 days and 7.2 days respectively)
- The remaining three patients have been secluded on one occasion (totalling 9.1 days; 1.9 days; and 1.2 days respectively)
- Due to very low numbers seclusion is monitored on a case study basis
- Seclusion of restricted patients is now reported to Scottish Government by the clinical Quality Department

5.2.4 Self-Harm

Incident Category	Annual			Quarterly			
	2020/21	2021/22	2022/23	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Self-harming behaviour	97	67	90	23	21	15	31

Points of note:

- Incidents of 'Self-Harming Behaviour' doubled from 15 to 31 in the last quarter of 2022/2-23.
- These 31 incidents distributed across seven different patients however, two patients made up the majority (20 occurred from one patient and five from another patient - both with a known self-harm risk profile).
- The remaining six incidents were from different patients.
- Types of self-harm include punching walls/objects, kicking walls/objects, scratching, using objects (plastic cup, CD) to inflict scratches, hitting head off wall, biting and slapping self and inserting objects inside body (for example pen lids into urethra or ear) – no severe injuries were recorded.

6. Quality Improvement Activity

Over the last year the hospital has embarked on a national collaborative with SPSP colleagues and colleagues from other Health Boards to support the development and successful implementation of the new Clinical Care policy. The collaborative has provided TSH staff with the opportunity to engage with colleagues from other mental health services, both in terms of sharing successes but also in sharing lessons learned from attempts to implement the framework in other areas.

A further two quality improvement projects have been undertaken, looking at debrief and the nursing handover process. Unfortunately, the progress of both projects have been hampered by staffing shortages, however both projects are now fully remobilised and will continue to report to the Patient Safety Group.

In addition to the above, the Professional Nurse Advisor continues to liaise with HIS to explore opportunities for strengthening the cohesion between the Excellence in Care and SPSP programmes of work, both of which sit within Health Improvement Scotland.

7. Stakeholder Experience

As detailed in section 2.5 (above) work on administering the patient experience survey has now concluded. Over 2023/2024 the Patient Safety group will ensure that this survey is repeated and thereafter administered on an annual basis, with any actions from the findings discharged to the most appropriate forum.

8. Planned Quality Assurance/Quality Improvement for the Next Year

Key priorities for 2023/2024 include:

- Implement new Clinical Care Policy and evaluate outcomes.
- Members of the Patient Safety Group to engage with and contribute to various pieces of improvement work that are underway to reduce the use of daytime confinement.
- Review and scrutinise data by clinical service area (as opposed to current reporting by hub), following stand-up of the new service structure.
- Repeat patient safety survey, and continue on an annual basis thereafter.
- Introduce staff safety survey and repeat yearly thereafter.
- Review and refine flash reports to ensure fitness for purpose
- Ensure regular reporting of monitoring of medicines management
- Focus on promoting psychologically safe environments that encourage and support learning and reporting of events and/or adverse incidents
- Progress discussions on “Once for Scotland” approach to Quality and Safety visits. In the interim, review local approach to this to include broader aspects of safety data (e.g. infection control).

9. Next Review Date

The next review date will be July 2024.