THE STATE HOSPITALS BOARD FOR SCOTLAND

CLINICAL GOVERNANCE COMMITTEE

Date of Meeting:	8 August 2024
Agenda Reference:	Item No: 10
Sponsoring Director:	Director of Nursing and Operations
Author(s):	Associate Nurse Director
Title of Report:	Scottish Patient Safety Programme 12M Report
Purpose of Report:	For Noting

1. SITUATION

This report is intended to provide the Clinical Governance Committee with an update on the work of the Patient Safety Forum between the reporting period July 2023 and June 2024.

2. BACKGROUND

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

3. ASSESSMENT

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

4. RECOMMENDATION

The Committee is invited to note the content of the report.

MONITORING FORM

How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Consistent with current policy and objectives.
Workforce Implications	There are no workforce implications.
Financial Implications	There are no financial implications.
Route to Committee Which groups were involved in contributing to the paper and recommendations.	Patient Safety Group via email correspondence.
Risk Assessment (Outline any significant risks and associated mitigation)	There are no significant risks identified.
Assessment of Impact on Stakeholder Experience	Making the environment safer for all patients will have a positive impact to all stakeholder groups.
Equality Impact Assessment	PMVA policies have all have an EQIA.
Fairer Scotland Duty (The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).	All data is across the full patient population.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ✓ **There are no privacy implications.** ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

Preface

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Programmes of Work

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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

Group Remit

The State Hospital Patient Safety Group work collectively to ensure that every patient being cared for within The State 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. The group

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.

Group Membership and Meeting Schedule

The Patient Safety Group continue to meet on a bi-monthly basis. Core membership includes:

- Director of Nursing and Allied Health Professions (SPSP- MH Executive Lead) (Chair)
- Associate Director of Nursing (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

2. Summary of Core Activity for the Last 12 months

Over the last twelve months the work of the national programme has been stalled due to a combination of factors, including a change in personnel within the programme and workforces shortages across all boards in NHS Scotland. Whilst recognising this, The State Hospital Patient Safety forum has continued to work on the priorities agreed in last years annual report. These priorities were:

- 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 refine flash reports to ensure fitness for purpose
- 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.
- 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).

Implement Clinical Care Policy (Improving Observation Practice framework) and evaluate outcomes

The new Clinical Care policy was successfully implemented in May 2024 and continues to be embedded into practice. The policy is founded on the Improving Observation Practice framework and is underpinned by the ethos of “whole team” approach to recognising and supporting deterioration along with that same “whole team” approach to ensuring patients who do require periods of enhanced care experience this in a supportive, therapeutic, least restrictive, person-centred way. Over the coming months members of the Nursing Practice Development Service will continue to support Multidisciplinary Teams to fully embed the policy into practice. Formal review of the policy will be carried out at both six and twelve months and feedback on staff and patient experience will form part of the first-year review.

Engage with improvement work to support reduction in Daytime Confinement (DTC)

Over the last year members of the Patient Safety Group have continued to support the eradication of Daytime Confinement (DTC) through involvement with various DTC workstreams. A Standard Operating Procedure (SOP) has now been implemented outlining the authorisation process for any use of DTC and as part of ongoing monitoring daily updates are provided to the Associate Director of Nursing and the two Lead Nurses on any DTC use during the previous 24hrs. Weekly updates are also provided to the Chief Executive and both the Medical and Nursing Directors outlining use of DTC across the wards each week. In addition, the hospital continues to proactively engage with the Mental Welfare Commission (MWC) in the monitoring and reporting of DTC too.

Review and refine flash reports to ensure fitness for purpose

The format of all Patient Safety update reports have been revised and data now presented in the new the report format. This allows for reporting both point in time and longitudinal data to aid discussions about any themes that are noted over time.

Review and scrutinise data by clinical service area following stand-up of the new Clinical Service structure

In line with changes to the new Clinical Model flash reports now provide information at ward, service and hub level. This allows better interrogation of data presented and likewise better informs decisions about any quality improvement or assurance measures that are required.

Repeat Patient Safety Survey

Plans to repeat the Patient Safety Survey Patient Survey are underway and will be confirmed at the August Patient Safety Group. It is anticipated that the survey can be run concurrently with the repeat Clinical Model evaluation survey which is due to be administered to with staff at the end of July/early August 2024. Undertaking both surveys within a relative timescale of each other will allow for some comparisons between outcome data, to inform and shape future strategies for promoting a safe working environment and supporting patient and staff wellbeing.

Introduce staff safety survey

As noted above, the Clinical Model staff evaluation which is due to be administered in the coming months includes specific questions pertaining to staff safety. Following the outcome of this survey it will be important to consider options for a single staff survey which can incorporate strands connected to experience of working in The State Hospital. These include wellbeing, safety and opportunities for professional development.

Ensure regular reporting of monitoring of medicines management

This process is now underway and regular medicines management reports are submitted to each patient safety group with six-monthly and annual reports. Medication incidents are monitored under four categories: medicines prescribing; medicines administration medicines supply; and medicines systems (HEPMA) incidents. Over the reporting period April 2023-March 2024 there were 50 recorded medication incidents. This number significantly reduced from the 2022-2023 reporting period of ninety-one incidents. It should also be noted that some of the 50 occurrences were either duplicates, coded incorrectly or did not actually meet the criteria for a medicines incident on review. Learning noted form this is to ensure more scrutiny of DATIX at the review and final approval stages. Three out of the fifty incidents were not ward related and the remaining 47 were as noted: 15 recorded incidents within Arran Hub; 9 incidents within Iona Hub; 19 incidents in Lewis Hub; 4 incidents in Mull Hub. There were no recorded medicines incidents in Arran 3 could indicate under-reporting in that area. Review of the 47 ward DATIX highlighted a range of different incidents but no concerns about a specific hub or ward. In addition to improved scrutiny of DATIX the pharmacy team also introduced a log of prescribing interventions from 1st April 2023 to provide a more accurate account of medical prescribing errors being rectified, usually before the administration stage. These interventions are discussed with medical staff to alert them to the error and / or to agree a clinical management plan.

Promote psychologically safe environments that support learning

Work to promote debriefs remains ongoing. A number of tests of change were carried out on Lewis Hub during 2023 to monitor engagement with the process however due to a relatively small numbers of incidents in this area it was decided to re-focus the work across areas with the most need. Data highlighted these wards are currently Arran 1 and Iona 1 (previously Iona 3). Ongoing work continues to promote debriefing within Iona 1, using a debrief template held within the DATIX recording system. A review of the data showed that there is good evidence of debriefs being carried out in Iona 2 amongst all nursing staff. Further work will be carried out over 2025 to ensure all members of the multidisciplinary team are alert to and included in hot and/or cold debriefs within their area.

Review approach to Quality and Safety visits

Following queries from a number of Health Boards regarding the variation in approaches to Quality and Safety visits, Health Improvement Scotland (HIS) commissioned a short-life working group to develop a “Once for Scotland” guidance framework to support a more standardised approach to Quality and Safety/ Care Assurance visits across Scotland. The Associate Director of Nursing represents The State Hospital at this forum

Over recent months the guidance has been developed and tested in a number of Board areas, including mental health. Next steps for The State Hospital are to re-establish Quality and Safety walkarounds within this environment using the new framework. Outcomes from trialling this framework will be reported to the Patient Safety forum.

3. Quality Assurance/Quality Improvement Activity

Description of work stream	Update	Status
Review format and outputs from current Quality and Safety visits and consider areas for improvement Engage with national SLWG to develop a more standardised approach to Quality and Safety walkarounds.	As detailed above	Ongoing
Implement new Clinical Care policy, incorporating principles of the Improving Observation Practice framework.	As detailed above.	Complete –
Review ward-based handovers to ensure they are fit for purpose, following safety concerns raised by staff working different shift patterns. The review should include any/all documentation used to support handovers	Testing of new handover document conducted on a number of wards before final implementation of agreed template in Feb 2024.	Complete
Review Debrief Process	As detailed above	Ongoing

4. Performance Against Key Performance Indicators (KPIs)

As noted in the 2022/2023 annual report, indications from the Patient Safety programme post pandemic suggested that submissions of national KPIs to Health Improvement Scotland (HIS) would be ceased and the programme would move towards a focus of supporting Boards with Quality Improvement initiatives pertaining to improving patient safety. This remains the case. The Associate Director of Nursing is a member of the Patient Safety Expert Reference Group with discussions underway about the next steps for the programme. Similar to other Health Improvement programmes, expert reference group meetings have experienced interruptions due to pauses in various programmes under the current financial climate.

Locally, the hospital continues to monitor a small set of patient safety indicators through 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. 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
Clinical Care Policy (CP57)	01/05/24	01/12/24	First audit will be conducted in August (3-months post implementation). Further audits at month 6 and 9, then full audit at month 12).	New policy launched 01/05/24. This policy supersedes the Forensic Psychiatric Observation policy. New policy will be reviewed 6 and 12 months post implementation, then three-yearly thereafter.
Mechanical Restraint (PMVA 3)	27/04/2024	27/04/27	Case-by-Case Basis	New policy launched in April 2024.
Physical Intervention (PMVA 5)	29/07/21	29/07/24	Quarterly	Look on Feb's Patient Safety for report
Seclusion (PMVA 6)	01/05/24	01/05/27	Annual Case Studies (due to very low numbers of seclusion per year)	Policy reviewed and updated to incorporate monitoring and reporting of Level 1 and Level 2 Seclusion – as per Mental Welfare Good Practice Guidance.

Policy	Implementation Date	Review Date	Audit Cycle	Points for Noting
Use of PMVA Personal Protective Equipment (PMVA 7)	21/02/23	21/02/26	Case-By-Case Basis	Policy enacted in February 2023 and to date there have been no incidents which have resulted in the deployment of Level 3 staff
Policy for the use of Strong Clothing/ Bedding (PMVA 8)	22/01/21	21/01/24	Case-By-Case Basis	Use of strong clothing/bedding guidance approved by Patient Safety Group in December 2023.

Audit Activity

Forensic Psychiatric Observation (PMVA 2)

Whilst work on the new Clinical Care policy was underway members of the Clinical Quality Department continued to audit adherence to the previous Forensic Psychiatric Observation policy. To aid feedback, and support learning, posters containing salient points from audits were distributed across each of the wards.

Going forward, audits for adherence to the new Clinical Care policy will be implemented with outcomes being discussed at the Patient Safety Group and any learning progressed to the relevant forums. Service Leadership Teams will also be expected to report to Clinical Model Oversight Group on the number of patients within each service who either have Enhanced Care Plans or Patient Safety Plans in place. KPI's have also been developed to monitor the length of time each patient requires to be cared for using an Enhanced Care approach.

5.2.2 Physical Intervention (PMVA 5)

Over the last year two separate audits for compliance with the Physical Intervention policy have been conducted. The time periods reviewed were 1st June 2023 – 31st August 2023 and then 1st November 2023 – 31st January 2024. Findings from each audit were discussed with the Service Leadership Teams and within the Patient Safety Forum.

Areas of Good Practice included:

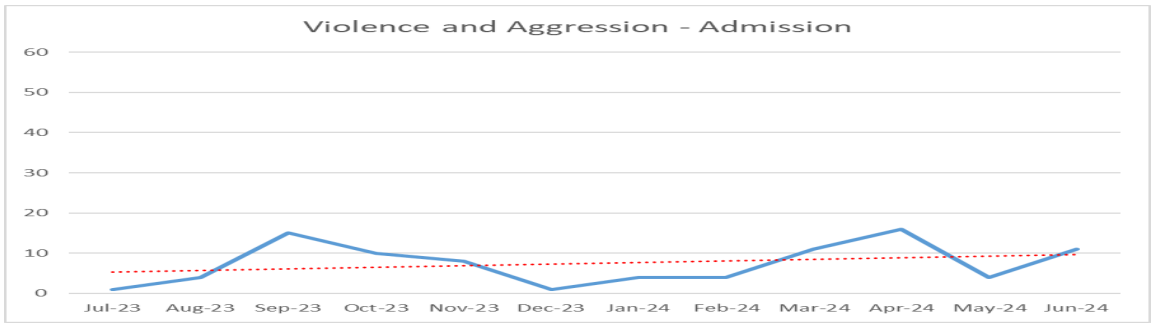
- Following the use of secure holds, Post Physical Intervention Assessment (PPIA) forms were completed by Senior Clinical Cover and recorded on RiO on 90% of occasions.
- Post Physical Intervention are also routinely closed-off on RiO
- On most occasions where a PRN was administered the relevant information was also recorded in the Psychotropic Medication Forms within RiO.

Areas for ongoing improvement Included:

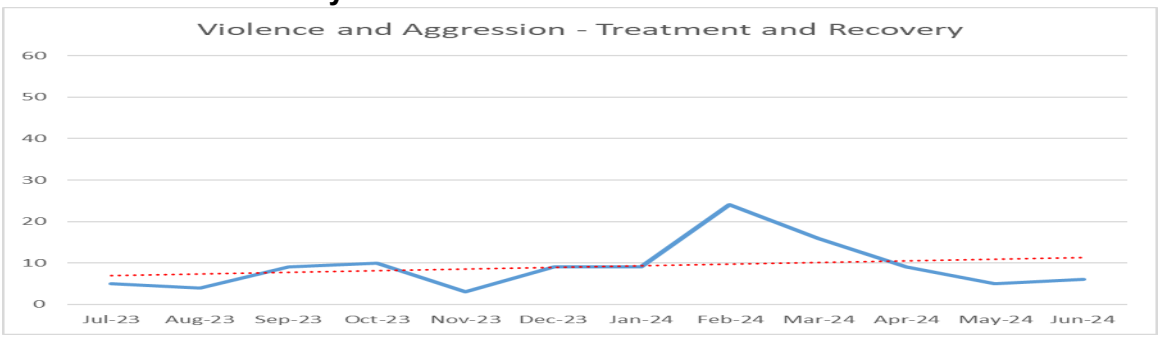
- Completion of NEWS (National Early Warning Scores) post physical intervention
- Consistency in documenting time of incident across all recording forms post physical intervention
- Consistent reporting of any injuries across both the Post Physical Intervention Assessment paperwork and DATIX

The charts below detail the incidences of violence and aggression across each of the four clinical service areas from July 2023 to June 2024.

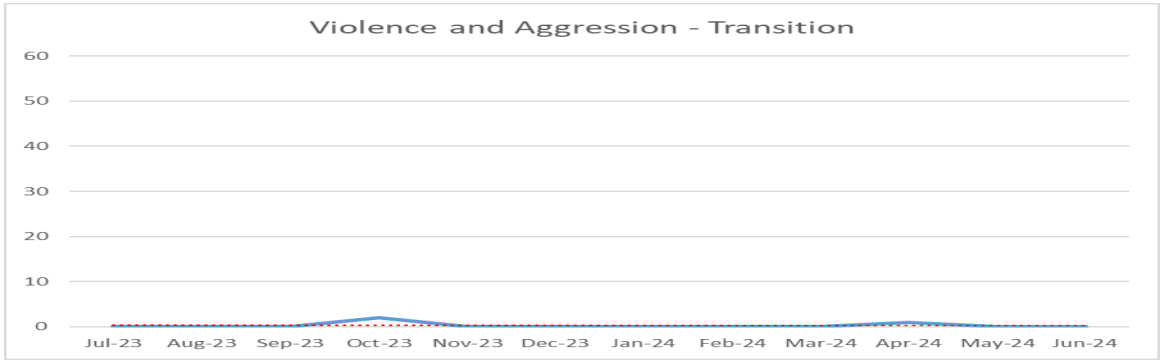
Admissions and Assessment



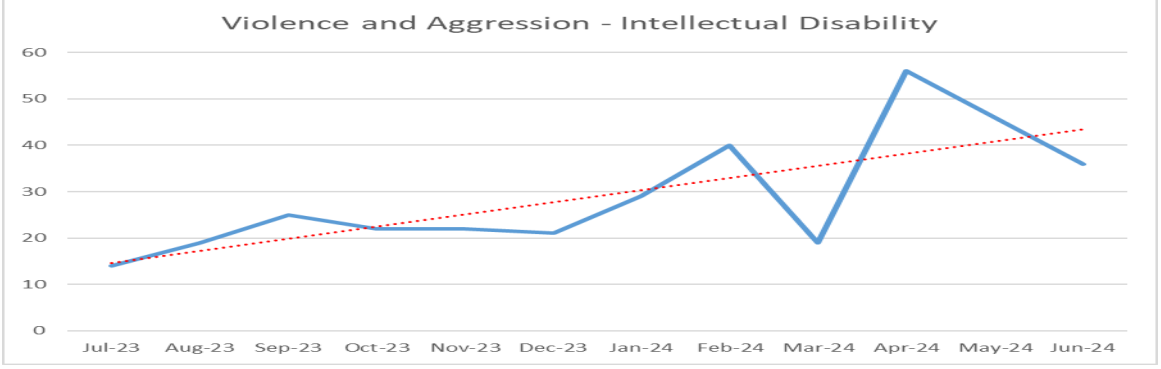
Treatment and Recovery



Transitions



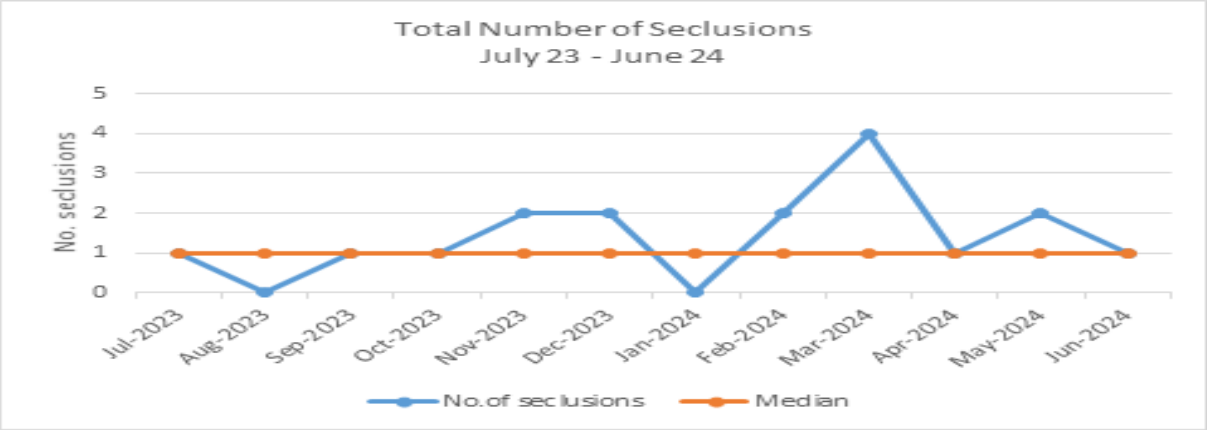
Intellectual Disability



Points of note:

- There have been almost no incidents of violence aggression noted in the Transitions Hub since opening.
- Incidents of Violence and Aggression are highest in the Intellectual Disability Service.

5.2.3 Seclusion (PMVA 6)



Points of Note:

Over the reporting period there have been:

- Seventeen episodes of seclusion across eleven separate patients
- Due to the relatively low numbers the use of seclusion is monitored by the Clinical Quality Department on a case study basis
- Audits are benchmarked against the hospital's Seclusion policy
- Seclusion of restricted patients is reported to Scottish Government by the clinical Quality Department

Self-Harm

Points of note:

- There have been 170 recorded instances of self-harming behaviour between July 2023 and June 2024.
- These events have been recorded across eight patients
- There have been three incidents recorded under the "Attempted Suicide" category and twelve threats of suicide

6. Quality Improvement Activity

Over 2023/2024 members of the Patient Safety Group continued to engage with SPSP colleagues and colleagues from other Health Boards to support the successful implementation of the new Clinical Care policy. The collaborative provided TSH staff with the opportunity to engage with other mental health services, both in terms of sharing successes and in sharing lessons learned from attempts to implement the framework in other areas.

As detailed in Section 3, a number of other improvement projects have been undertaken including improvements to debriefing and the nursing handover process.

7. Stakeholder Experience

Engagement with stakeholders is central to several Patient Safety workstreams. In the coming months the key pieces of work that members will continue to engage with stakeholders on include Patient Debrief; review of the Clinical Care policy and the administration of the second Patient Safety survey. Feedback from the outputs of each of these pieces of work will be fed back to stake holders through the Patient Partnership Forum and via the Person-Centred Improvement team. Any organisational learning or areas that require action will be discharged to the most appropriate forum.

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

Key priorities for 2024/2025 include:

- Evaluate outputs from the new clinical Care policy.
- Continue to engage with the various pieces of improvement work that are underway to manage use of Daytime Confinement.
- Repeat patient safety survey
- Continue to scrutinise data by clinical service area monitoring for any patterns or trends
- Continue with regular reporting of medicines management
- Continue to focus on promoting psychologically safe environments through debrief process
- Continue to engage with the Quality-of-Care SLWG, and in the meantime trial the collaboratively developed Quality of Care documentation within TSH
- Review data reported in both the six month and annual Patient Safety reports and consider ways to report on all relevant patient safety data through these reports.

9. Next Review Date

The next review date will be July 2025.