Integration Joint Board
16 August 2018

Subject:	**Health and Social Care Clinical and Care Governance Group Update (covering period March – June 2018)**
Purpose:	To provide an update to the IJB in relation to activity and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnership's Clinical and Care Governance Group (CCGG).
Recommendation:	The IJB is asked to note the report.

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CCGG	Clinical Care Governance Group
CPC	Child Protection Committee
MAPPA	Multi-Agency Public Protection Arrangements
SNH	Senior Nurse Group
AERG	Adverse Events Review Group
SAER	Significant Adverse Event Review

1.	**EXECUTIVE SUMMARY**
1.1	Working within the approved Health and Social Care Clinical and Care Governance Framework , we continue to provide robust arrangements for governance of Partnership Services in order to deliver statutory, policy and professional requirements; and also the achievement of Partnership quality ambitions. This paper provides an update and overview of governance activity for the period March 2018-June 2018 for consideration by the IJB. The paper also reflects specific issues that have been tabled via the CCGG, provides information regarding levels of activity in relation to incident reporting and includes the first service spotlight report from Mental Health Services as intimated in the previous position paper presented to IJB in March 2018.
2.	**BACKGROUND**
2.1	As previously acknowledged by the IJB, the Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.

3.	**PROPOSALS**
	We advised in our previous paper that a new structure and focus to Clinical and Care Governance would be tested and developed. We have now taken action on this and have conducted a series of tests in adopting the new structure and focussed framework. A new proposed agenda has been developed to include the following: 1. **Public Protection Update:** • Adult Support and Protection • Child Protection • MAPPA 2. **Adverse Events** (including themes identified from local, Directorate and Serious adverse events review (SAER). 3. **Complaints/Member Enquiries, Compliance & Compliments** • Learning Notes • Practice Bulletin 4. **Inspection Reports/Action Plans/SPSO** 5. **Workforce** • Policy • Training & Development (include MAST & identified training) • Planning/safe staffing 6. **Consultations and safety action notices**; local and national 7. **Guideline/Policy Register** (to ensure none are out of date) 8. **Risk Register** 9. **Minutes** • Mental Health Care Governance • Acute Governance Groups (x2) • Public Health Governance Group/Health Improvement Governance Group • Records Management minutes • Social Work Governance Group • Community Care Governance Group minutes • Any other's that may be relevant for example AHP governance 10. **Professional Updates** • Chief Social Work Officer • Clinical Director • Lead Nurse • Lead AHP 11. **Spotlight Report: Mental Health, Learning Disabilities, Community Hospitals, District Nursing and Primary Care – One area every 2 months on rotation.** It is acknowledged that to date we are not yet receiving all minutes from the identified Governance Groups. The delay is due to ongoing discussion as to what is meaningful and proportionate for the intended purpose of reporting to the CCGG. It is the consensus of the Group in keeping with the NAHSCP IJB Governance structures that Chairs of the individual Groups will provide a summary to the CCGG on a 2 monthly basis to provide overarching assurance and offer the opportunity for escalation when appropriate to the CCGG.

	As previously identified, it is recognised that the environment of health and social care continues to evolve with integration often at the heart of developments. With this there has been many changing roles, both newly developed and transitional and with this new personnel. In addition, the focus of commitment and energy has been on providing high quality, safe and effective services in a period of increasing demand on capacity against the backdrop of financial pressures. It is more crucial than ever that we confirm our commitment to governance, review our current activity and performance and ensure there is a meaningful culture of governance through our organisations. To support this we are scheduling a refresh of governance awareness and training for all levels of staff within the partnership focussing on common understanding, process and outcomes/impact. The CCGG also propose to host two learning events for key stakeholders mid-2018 to ensure governance has the profile required to contribute to safety and public assurance. This work has commenced with Child and Family Services having participated in the first learning session in May 2018.
3.2	**Overview of activity and update**
3.2.1	**Public Protection**
	Adult Support and Protection Brenda Walker, Senior Officer Adult Support and Protection, provided verbal feedback from the Joint Adult Support and Protection Inspection conducted earlier this year, the first of its kind in Scotland. Overarching comment is that the inspectors found ASP to be well promoted with evidence of strong leadership, good processes in place and good governance structures. Documentation was positively remarked on and that training activity was evident and complimented acknowledging the partnership working across Local Authority, Police, Health and key stakeholders. The full report will be tabled at CCGG when available.
	Child Protection As a result of recent events a newly formed Young Person's Suicide Prevention Group, a short life working group which reports into the CPC. Membership includes Lead Professionals including Director, Council staff, NHS, A&A staff, Partnership staff, Police Scotland, Public Health etc. has been created. The Group has established a Strategic Oversight and Operational subgroup to ensure activity to improve response, share learning and consider how we better contribute to prevention. This structured group will look at establishing specific multi-agency governance arrangements for partnership working, focus on reducing the number of suicides of young people within North Ayrshire and monitoring risk factors including instances of suicide and attempted suicide. A detailed discussion took place regarding potential concerns/trends and how effective response mechanisms for emerging risk factors can be developed. The group agreed that by introducing health surveillance, this will play an important key in early response and intervention. David Thomson, Associate Nursing Director/Lead Nurse will take lead in establishing the mechanism, data set requirements and development of process as directed by the Young Person's Suicide Prevention Strategic Group. Work has

| | | commenced in identifying potential indicators taken from the findings of a literature search in relation to multiple sequential suicides involving information from Education, Police and Health environments.

Proposed information sets have been sent to the appropriate organisations for review and meetings with the appropriate system handlers have been arranged to discuss the mechanism and practicalities of reporting to a single site that will enable correlated analysis of information and monitoring of potential trends and early indicators that would require early intervention or activity. |
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| | | MAPPA
David Thomson now has responsibility for MAPPA as NHS Board Lead on behalf of Hazel Borland, Nurse Director. Confidentiality of MAPPA clients is paramount; some breaches have been reported through the Strategic Oversight Group (SOG) which has been addressed via the relevant organisations and with the individuals involved. A steering group representing NHS Ayrshire and Arran and all three HSCPs will be established by July 2018 with multi-disciplinary team and agency involvement. An issue with the quality of minute taking has been raised and this will be addressed via the MAPPA office. |
| 3.2.2 | **Adverse Events** | |
| | | The Adverse Event Review Group – Pan Ayrshire, has been well established for several years and provides governance in relation to incidents where harm or potential harm has occurred considering if services has contributed to the event in any way and to identify if any learning can be taken from any given scenario. A deficit in reporting was recognised from a wider North Ayrshire Partnership perspective with areas such as District Nursing, Community Hospitals and Social Care lacking the platform for regular reporting and review. To address this we have now established a North Ayrshire AERG for incident review following the model of the Mental Health AERG. |
| | | AERG activity

SBARs received Jan-June – 119 for Mental Health – 21 North Partnership AERG
Datix incidents recorded – 1073 from all three partnerships – 120 NASHCP

Area of concern raised - 15 Medications errors within MH – 8 from wider NASHCP
5 Adverse event reviews commissioned
1 clinical record review commissioned

Drug Deaths reported- 37(all 3 Partnerships)
SAER - 10 Commissioned

Completed SAER and learning points highlighted:

SAER 00021
DT provided feedback on a Significant Adverse Event Review (SAER) concluded recently for which he was the lead reviewer.

The key findings were noted and the following learning points highlighted;
• Consideration of Adult Support & Protection (ASP) referrals should be recorded within clinical records and appropriate documentation sets. |

	• Minor issues around documentation were identified for example, details of relatives not being fully completed, these issues having now been addressed via reflective practice and learning discussions. • A random audit of patient records was carried out (no. 30) to evaluate ASP referral and considerations. Discussion ensued around ensuring staff are able to evidence the decision making around such considerations, raising concerns and making referrals to ASP unit.
	Diabetic Care
	An SBAR was tabled describing a recent issue around diabetic care between acute and community nursing taken through the North AERG, Detailed background and situation discussed at CCGG. It is noted that following the incident the Procurator Fiscal provided recommendations which resulted in an action plan being established. Appropriate learning and improved practice has been supported through a series of improvement activities and learning approaches.
3.2.3	**Complaints/Member Enquiries, Compliance & Compliments**
	A discussion and opinion was sought from the group on how this information should be presented going forward. Group agreed that a summary detailing the number of complaints, numbers open or closed, and numbers taken to ombudsman etc would be sufficient. Thelma Bowers, Mental Health Senior Manager, is currently working with the NHS complaints team to try and streamline processes etc. A report is currently being devised for PSMT covering this issue and will be tabled via CCGG in due course.
3.2.4	**Consultations / Safety Action Notices**
	Draft Strategic Plan 2018-21noted. Consultation closed at midnight on Friday 16th February 2018. Safe & Effective Staffing in Health & Social Care Discussion Paper 'Discussion document to support further engagement on Safe and Effective Staffing in Health and Social Care' was available for comment in February 2018. Comments are feedback was provided and formulated a Pan Ayrshire response submitted by General Manager Liz Moore, NHS Ayrshire and Arran. Safety Action Notices Assurance is required by this group that these have been actioned timeously. The Partnership currently have historic notices outstanding regarding assurance of dissemination and action. The CCGG are pursuing assurance that appropriate actions from all services are up to date. General Data Protection Regulation (GDPR) Mark Fleming, eHealth Nurse Consultant and Neil McLaughlin, Team Manager Carefirst, to be invited to come along and discuss the new Data Protection Act at our next meeting. Discussion and agreement to be sought if Mark and Neil should be regular members of the group.
3.2.5	**Inspection Reports / Action Plans / SPSO / MWC**

	MWC Visits to Woodland View 2018 William Lauder, General Manager ACH, submitted an update paper on unannounced visits to Wards 9, 10 and 11 at Woodland View as well as an announced visit to Ward 8 Woodland View. The contents of William's update were noted. Very positive feedback was received for both visits with record keeping and care plans being referred to as gold standard. The commission also noted the excellent care environment provided by Woodland View and commented on the informed, compassionate and person centred care being provided by staff. MWC Investigation into the Care and Treatment of QR Dr John Taylor provided a briefing paper to the Healthcare Governance Committee regarding recommendations made with a MWC report. It was noted that the recommendations and our proposed actions have been logged with the Healthcare Governance Committee and the action plan will be reviewed by this group in 6 months. Discussion to take place at PSMT for services to agree the administration of action plans.	
3.2.6	**Polices/Guidelines Register**	
	It was recognised that a lot of policies/guidelines are out of sync/date which are highlighted when incidents occur. The CCGG now require updates from the Clinical Documentation Steering Group (Mental Health Services and nursing/clinical) when developments and reviews take place. Mareena McLaughlin (Child Protection) to be asked to attend a future meeting and present on the child protection policy in context of current legislation.	
3.2.7	**Risk Register(s) / DATIX Activity**	
	Risk Management Snapshot Q3 Snapshot paper was tabled and comments invited. Group agreed the information contained within the report was useful for noting. Information on any specific Risk Management Activity can be requested from the Risk Management Team - Katie.Bryant@aapct.scot.nhs.uk Risk Manager. It is recognised that Health and Social Care have different reporting systems. There has been discussion on how we develop a more concise, ideally single mechanism for reporting and review. There has been exploratory discussion looking at the potential for all partners to use Datix however at the recent Health, Safety & Wellbeing Assurance Group and there was not much appetite for social services staff to join Datix. There are also elements of accountability that will need to be considered with regards to ultimate responsibilities lying with the Chief Executives. Hugh Currie and Julie Davis to be invited to attend a future meeting to discuss ways forward. HEPMA on Ailsa Site It is noted that despite funding a 100% roll out of HEPMA this has not been fully implemented and the wards that remain on the Ailsa site have not been included. A report to the April meeting highlighted recent medication errors including issues with	

	HEPMA. As a consequence, concerted improvement work is being undertaken with support by Lead Pharmacist.
3.2.8	**Workforce**
	Training & Development Workforce management discussed at length in which it was recognised that other disciplines do not have the 22.5% overhead, calculated additional staffing to establishment to counter act planned leave, sickness/absence, study leave etc, It was agreed that this would be further discussed at the Pan Ayrshire Workforce Group. Planning / Safe Staffing • William Lauder, Senior Manager Inpatient (Mental Health) and Forensic Services is looking at training for staff in regards to physical intervention as uptake is not even across wards. • The workforce tool is being run through Elderly Mental Health Inpatient Services. Outcomes were discussed at the Workforce Group 9th February 2018. The tool has not yet been run for community or other disciplines. An update should be sought from Craig Stewart, Associate Nurse Director East H&SCP, regarding the District Nursing report. It is acknowledged that not all areas of nursing and AHP teams have established workload and workforce tools. Also concern raised that there is a lack of a workforce tool for Social Workers and that skill mix requires to be reviewed. Workforce Tool The group discussed the application and accuracy of a School Nursing Workload and Workforce Tool. Agreed that something has to be done in taking this forward. Acknowledged this is a national issue and will be fed back via the Senior Executive Directors Group (SEND).
3.2.9	**Professional Updates**
	Clinical Director A brief update on the GP contract was provided noting this will be a pan Ayrshire approach. A GP Programme Board has been created which is chaired by Eddie Fraser, Director of East Ayrshire Health and Social Care Partnership. Lead Nurse The next phase of the Mental Health Services Strategy is currently being pulled together with dates for six public consultations. Information has been collated from the last round of consultations and extracted into the five themes in line with the National Strategy themes. Senior Nurses have been asked to look at supervision and care planning and work is now under way to establish improved practice and structures. Lead AHP Community Occupational Therapy Waiting Times • An SBAR was tabled detailing the risks identified during an ongoing waiting times review. The contents of the SBAR were noted and it was agreed that an updated report should be brought back to the April meeting to show

	improvement, if improvement not evident then this group will support this issue being added to the risk register.
	It is noted that this group should support the screening of the waiting list and also take this forward when redesigning services.
	North Ayrshire Allied Health Professions Highlight Report for January 2018 was tabled and the contents noted.
3.2.10	**Terms of Reference**
	Updated Terms of Reference (ToR) were submitted to the group for approval. Comments/amendments were sought and the ToR has now been ratified.
3.2.11	**HAI Report ACH**
	The HAI report detailing the unannounced inspection within Ayrshire Central Hospital on 14 – 15 February 2018 was submitted. Overall, very positive feedback was received with highly complementary feedback on the cleanliness of Ward 1 and the Environment within Wards 1 and 2.
	The group referred to the requirements and recommendations included within the report and an action plan established as of April 2018 on the back of the requirements and recommendations received from Health Care Improvement. Completed action was tabled and supported by CCGG.
3.2.12	**Pharmacy Errors**
	Due to the numerous pharmacy errors, the ARG asked Pete Gilfedder (Senior Nurse) to collate inpatient pharmacy related incidents which have contributed to medication errors for the last year. Improvement work is now underway.
3.2.13	**Crisis Response Team**
	DR provided an update on the Proposed Community based Adult Health Crisis Response Team. The purpose of this new team would be to offer targeted assessment, intervention and support in community settings and provide safe, viable alternatives to emergency admissions to acute hospitals.
	A meeting was held on 4th April 2018 to discuss how this model will be developed. The proposed group have agreed to reconvene in four weeks to look at a range of data profiles and review an analysis. From the meeting in early May, the group will review this analysis and have a better understanding on the future of the model. A further meeting will be held in June 2018 to tease out findings and allow the group to develop a proposal paper on the future model and the occurring costs.
3.2.14	**GP Provision in Primary Care**
	Dr Paul Kerr highlighted to the group that there are current risks within areas of the North Ayrshire Primary Care Infrastructure. Dr Kerr will provide feedback to the next CCGG meeting reflecting any remedial action taken and any issues regarding forward contingencies required.

3.2.15	**Duty of Candour**	
	Group discussion re importance of evidencing Duty of Candour. All agreed that we need to continue raising awareness and completing training course.	
	Acknowledged that Andrew Moore, Assistant Director of Nursing will attend the Health and Community Care's Extended Managers meeting and the SNG to discuss Duty of Candour.	
	Agreed it would be beneficial to for Andrew to attend a future Clinical Care Governance Meeting and Extended PSMT.	
3.3	**Anticipated Outcomes**	
	It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against risk .	
3.4	**Measuring Impact**	
	Impacts are reflected in the individual outcomes of improvement work and sustained high quality of service delivery and patient experience.	
4.	**IMPLICATIONS**	

Financial:	No
Human Resources:	No
Legal:	Yes
Equality:	Activity is in line with equality requirements and good practice.
Children and Young People	Positive impacts of work being conducted noted
Environmental & Sustainability:	N/A
Key Priorities:	In keeping with all aspects of the wider delivery plan.
Risk Implications:	Governance contributes to risk management and risk mitigation activities.
Community Benefits:	N/A

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**
5.1	Not applicable
6.	**CONCLUSION**
6.1	IJB is asked to consider and note the progress outlined in this, the second full update to the Board

For more information please contact David Thomson, Associate Nurse Director / Lead Nurse on 01294 317806 or email david.thomson3@aapct.scot.nhs.uk Click here to enter text.Click here to enter text.

Spotlight Report – Partnership Performance Governance

Spotlight Report: Mental Health, Learning Disabilities & Addiction services

Meeting: 9th May 2018

Learning Disability Services

Health inequalities: A wide range of activity is underway across Learning Disability Services. As part of the exploration of roles and responsibilities within the North integrated Learning Disability Team, Health Improvement colleagues will be working with team members to pilot a new locally developed resource, enabling teams to assess the support they deliver in relation to the health inequalities agenda. The session will take place on the 23rd of May, and it is hoped that it will generate insights and actions for the team, as well as allowing them to feedback to health improvement about their experience of working with the tool.

The experience of people with a learning disability within acute settings: Discussion at the Learning Disability Clinical and Care Governance Group has repeatedly highlighted the need for further action in relation to the experience of people with a learning disability within acute settings. While significant good practice exists (facilitated in many instances by the Learning Disability Acute/Primary Care Liaison Nurses), scope for development remains. In order to progress this, the Governance group is seeking support for the re-establishment of the Vulnerable Patients Group. Historically, this was a group which addressed hospital experiences for a range of vulnerable groups, including people with a learning disability and dementia. The Learning Disability Governance group has contacted a range of services (including CAMHS, Addictions, the Dementia Nurse Consultant, and the Complex Needs Nurse Co-ordinator) outlining the argument for re-establishing the group, with responses to date all being supportive.

The Learning Disability Clinical and Care Governance Group is also currently taking the opportunity to explore its existing role and structure. The opinions of existing members are being sought via an online survey, exploring issues such as the scope for reviewing membership, the extent to which the group properly reflects an integrated service landscape, and the practicalities of being involved with it. Results of the survey will be used to inform the group's nature and activity as relevant, going forward

Respite services: The review of respite provision is complete. During the process we held information events for carers and service user to engage with them regarding the changes, 1 service user and 32 carers attended. 2 key things changed as a result of this process. **1.** The maximum number of nights was reduced from 56, to 42. This change brought North Ayrshire into line with general provision across Scotland. It was also intended to create opportunities for more people to benefit from respite access. **2.** A new process of assessment was put in place. This was done to make sure that people's needs (those of the person receiving respite, and those caring for them) were fairly considered in the same way. We built this assessment around an established tool, used in Carmarthenshire. The feedback from the carers asked that the service communicate with them regarding changes and developments; a newsletter has been sent out to all families detailing the change process and the outcome.

Keep safe initiative: We have started planning for the Partnership to implement the 'Keep Safe' initiative. The Keep Safe initiative works with a network of businesses such as partnership buildings, shops, libraries and cafes who have agreed to make their premises a 'Keep Safe' place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. The plan is to work in partnership with 'I Am Me' a Scottish charity and Police Scotland to train partnership staff who will then train the staff working in the identified establishments.

Quality Network for Inpatient Learning Disability Services Standards: Arrol Park Assessment and Treatment (A&T) unit have benchmarked against the Quality Network for Inpatient Learning Disability Services Standards. The standards cover six domains: Admission and assessment, Care planning and treatment, Safety, discharge, capacity and consent, Patient and carer experience, Environment and facilities and Leadership, workforce and governance.

The standards engage staff and service users in a comprehensive process of review, through which good practice and high quality care are recognised. The action plan has priorities identified and these are an agenda item at the A&T operational group.

Overnight support review: Rolling programme of Canary installations and reviews has commenced (11 per 4 weekly period) and is scheduled to continue till July 2018. 28 s/u's have been reviewed to date (Canary + meeting). 3 service users commenced phased reduction of sleepover (one per week) on 05/04/18. Responder service now in place creating saving of £130.71 per night.

Psychology Services

Janet Davies as the new Pan Ayrshire professional lead for Psychology services was appointed in January 2018 and is leading the implementation plan against the recommendations of the service review undertaken in 2016/17. A recruitment programme for the appointment of an Adult service and Children's services leads is currently underway which will be instrumental to the further development of Psychology services, delivery of national targets and improving access to Psychological services. The service continues to work towards achieving improved access to services and reduction in waiting times with significant work still to do to achieve improved outcomes over the next year. (See waiting times report appendix 1).

Addiction Services:

Health checks/ward 5: The importance of ensuring that physical health checks are undertaken at our Addictions Multi-Disciplinary Team clinics in ward 5 Woodland View has meant that timeous support has been put in place for a number of clients. In the last 3 months, 5 individuals have been assessed and then supported to attend A&E and the Combined Assessment Unit due to potentially life threatening conditions including sepsis, blood clots which could have led to death had they not been identified at the MDT clinics.
Psychology developments: Laura Mitchell, Principal Clinical Psychologist, has joined our Addiction Services. Laura will be invaluable in supporting staff in the delivery of psychological interventions whilst also carrying a caseload supporting a small number of service users with complex needs.

Performance: The service is continuing to demonstrate high levels of performance and is meeting all national and local standards and targets e.g. access to treatment waiting time targets, delivery of Alcohol Brief Interventions, and roll out of Naloxone delivery. The

service continued to perform well despite a sustained period of adverse weather conditions during which a comprehensive service was provided.

 New ways of working/integration: The integrated service has continued to develop joined up, agile and streamlined ways of working to improve service delivery and access to services. This continues to be challenging in relation to the need to utilise two client electronic records (CareFirst and CarePartner). Some NAC employed staff have been able to access CareFirst whilst away from their team base and NAC premises via their mobile phone linked to the laptop (staff have been extremely positive regarding this development in spending more face to face time with clients, seeing more clients, reduction of travel etc). NHS employed staff have not been permitted to undertake this pilot illustrating the ongoing differences to staff within the Partnership depending on which host organisation they are employed by.

Lack of uncertainty about funding has created difficulties for staff and clients about longer term support and care planning needs – due to Alcohol and Drug Partnerships (ADPs) either providing no clarity of funding from 1st April 2018 or only committing 6 month funding. It is difficult to plan longer term recovery support, when the staff member does not know if they will have an extension to their contract from 1st April or longer than 6 months

Community Mental Health Services

Service improvements & Developments:

Wellbeing and Recovery College pilot started in March. There are 12 courses being held across each of the localities between March and June. These cover a range of subjects, including Living Life to the Full, Wellness Recovery Action Planning, Write to Recovery, Peer to Peer training and Stress Less! Some of the courses are already over-subscribed and attendance levels have been high for the courses that have started. Further courses are planned for autumn 2018.

Student wellbeing liaison: Maureen watt, Minister for Mental Health visited the Ayrshire College. Paul Hough [(Student Wellbeing Liaison Officer) (Ayrshire College)] did exceptionally well in conveying his role and all of the fantastic work he has done. The Minister advised that Ayrshire is her "go to place" when looking for best practice in the field of mental health services and how Ayrshire lead the way in so many areas across Scotland.

The Crisis team/police triage pathway funded by SG Mental Health innovation funding has been extended until the end of June 2018. A business case has been developed and shared with the Strategic Planning Operation Group (SPOG) to enable identification of permanent funding for this development which has improved access to mental health services.

Primary Care Mental Health: A significant amount of work has been undertaken in Primary Care Mental Health to address waiting times within existing capacity. Implementation of a waiting list initiative has successfully reduced waiting times and most interventions are now meeting the referral to treatment targets. Group Therapy is now embedded and early indications show that this is having a positive impact on service delivery.

MHO service: There continues to be challenges in capacity of the MHO service. While a full time MHO has been recruited to build capacity, this has been offset by MHOs leaving the service or being absent. Challenges with staffing are exacerbated by a steady increase in the number of AWI applications. The service continues to train as many new MHOs as possible as a longer term strategy to enable the local authority to meet statutory responsibilities.

Waiting times continue to be an issue in both Social Work aspect of the service and within some interventions within PCMHT. We continue to monitor these areas and strive to look at ways to reduce the waiting times.

Woodland View/In-patient services

Workforce development: The inpatient service was consistently operating pre-launch of Woodland View in excess of 33.5WTE nursing staff identified to be required by the national nursing work force tool and as per the actual additional staff used within the period pre-2016. NHS Ayrshire and Arran benchmarked below the Scottish average in terms of inpatient beds and staffing, suggesting that opportunities for further efficiency may be limited. Since the move to Woodland View a deficit of 16.46 WTE was identified as anticipated by a business case developed in 2015/16 identifying a remaining workforce shortfall to meet service activity. NB this included the additional requirement for Ward 5 detoxification function.

A business case was submitted in January 2017 to the NHS Scrutiny Panel describing ongoing service pressures at Woodland View and associated services within mental health that required recurring investment to maximise the benefit of this new facility – the requested additional investment was for

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Liaison/Mental Health Advanced Nurse Practitioners	£407,132
Adult Acute Inpatient and Ward 5 Addiction Services	£523,912
Low Secure Consultant sessions and admin support (includes £266,000 historic shortfall)	£362,400
Total	£1,293,444

After updated submission to the NHS Scrutiny Panel in February 2017, £800,000 new additional funding was agreed to meet the described service need.

Benefits which have been demonstrated since this funding gap has been met are as follows:

Benefits
- Reduced stress across workforce in having required resource to meet demand. Improved staff morale as services financed appropriately

  Sickness absence rate

Total Sick Leave %
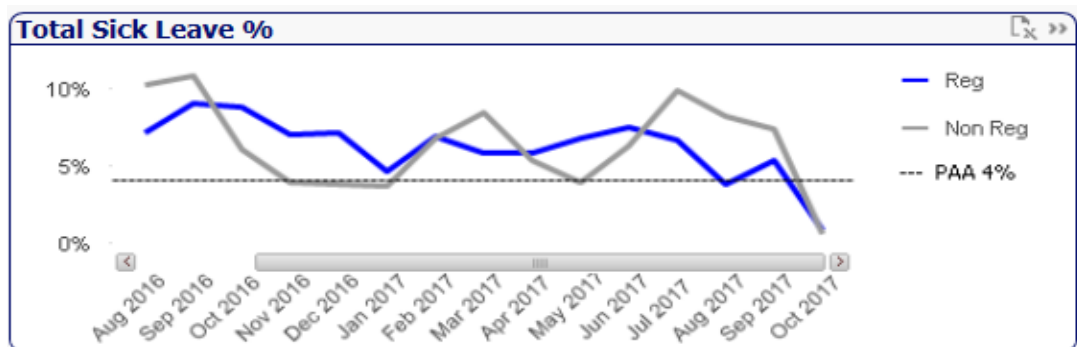
The chart above shows sickness absence rates for Wards 8, 9, 10, 11 Woodland View, improvement in sickness absence, particularly amongst unregistered staff since the additional staff took up post in June 2017

- Reduce the average length of stay and increased ability to provide a safe environment without resorting to enhanced observations
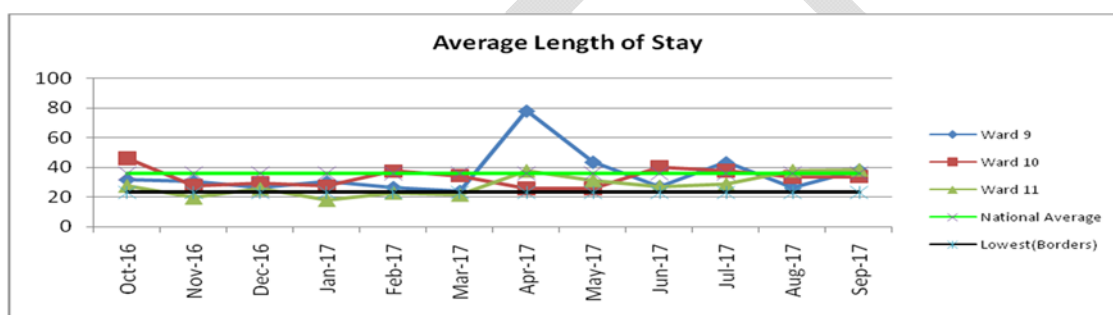
The chart above shows sustained average length of stay below national average, Increasingly moving towards being amongst lowest in Scotland

Total hours enhanced observations
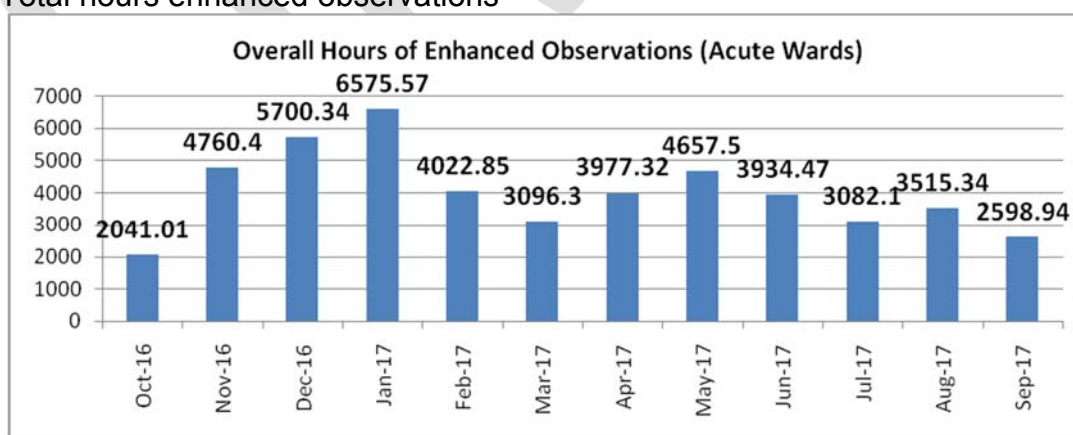
Total hours enhanced observations across Ward 8, 9, 10, 11 are shown in the chart above, sustained reduction can be seen – notably there has been two individuals with physical conditions who for the last few months have required 1:1 support accounting for approximately 1,440 hours per month, both of whom are awaiting community placement.

In addition this additional staffing resource has allowed for capacity within the team in Ward 10 to be a pilot site for the SPSP improving Observations programme to test new ways of working to inform practice across the country.

Release time to care by freeing up senior nursing staff to be engaged in direct patient care tasks and be clinical leaders rather than merely securing   sufficient staffing numbers to meet demand.

It is difficult to quantify the benefit this has had but as can be seen from the charts already provided, there are more staff at work (reduced sickness absence & increased numbers of staff) and less enhanced observations. This, in addition to new Employee Online bank system, has reduced time spent in ensuring adequate staffing levels.

- Reduced likelihood of adverse incident due to increased number of competent staff, familiar with area.

  The graph below shows comparison for category 1 incidents (severe consequence) from the DATIX reporting system from 2015/16 compared to 2016/17.

  Reduced likelihood of adverse incident

Category 1 Report Comparisons
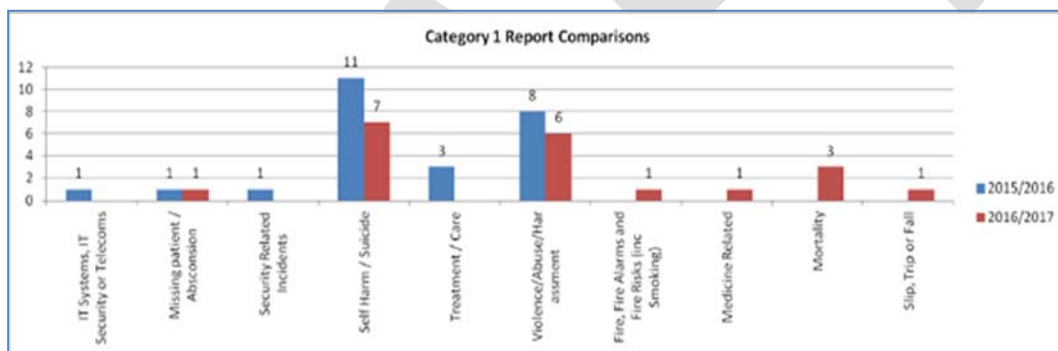
Of particular note is the reduction in self harm/suicide incidents and violence abuse incidents since services have moved to Woodland View.

Scottish Patient Safety Programme
The SPSP-MH has been well established in NHS Ayrshire & Arran for many years with a range of successful projects running in acute In-patient wards. The SPSP-MH Improvement Advisor vacancy has now been filled following a 6 month vacancy. Gordon Hay started in post on 9/4/18 and is currently completing a period of induction. Gordon comes with a broad range of clinical, professional development and educational experience having worked extensively with NHS A&A Mental Health Services and NHS Education for Scotland. With the renewed resource of a dedicated SPSP-MH Improvement Advisor incorporating Improving Observation Practice Lead responsibilities the visibility, profile of SPSP-MH will be revitalised and expanded. In consultation with AND and QI Lead the SPSP-MH IA will produce a paper describing planned developments, programme roll out, target impacts and outcomes by the end of May.

SPSP-MH Steering Group
The SPSP-MH steering group was re-established on 18/4/18 chaired by Associate Nurse Director David Thomson with representation from Senior Nurses, Operational Management, Medical Director and the QI Team including SPSP-MH IA. The Group will meet quarterly and provide strategic oversight and governance to the SPSP-MH

programme across NHS Ayrshire & Arran. Key priorities in the forthcoming year will include revitalising the SPSP-MH locally, identifying future opportunities for improvement work, the cascading of good practice from pilot wards to other areas and Phase 3 roll out to Community, CAMHS and EMH and other clinical areas.

MWC visits: There have been a number of announced and unannounced Mental Welfare Commission review visits across inpatient services. There has been very positive feedback across all. The physical environment at Woodland View has particularly been recognised in terms of its design and positive impact for patient care. (See appendix 2 for full report).

Woodland View welcomed Dr Philippa Whitford MP in November 2017, who was very complimentary of the facilities and welcomed the investment in our local area. Promoting attendance remains a focus for activity and to this end a pan Ayrshire and cross service summit was held in September 2017 to discuss common issues and generated a number of potential solutions/improvements. Within inpatient services there has been a general improvement in sickness absence rates.

National Secure Adolescent Inpatient Service (NSAIS): Significant development work continued with regards to the planning of the new National Secure Adolescent Inpatient Service (NSAIS) with senior managers and clinicians being involved in design workshops and visiting other existing provisions locally and in England to help inform the service design.

Community Rehabilitation: Work continues to the new Warrix Avenue facility as part of the Tarryholme Drive development, which will function as a step down model from inpatient rehabilitation services.

Forensic services: Low secure: Ward 6 has been recognised nationally as an area of progressive and innovative practice in their approach to low secure services through their clinical care model and use of zonal observations that balances the need for security and safety with least restrictive practices in avoiding the use of enhanced observations.

Appendix 1

March Position -
Access to Psychologic