

CLINICAL GOVERNANCE COMMITTEE



MENTAL HEALTH CLINICAL GOVERNANCE REPORT – JUNE 2016

Aim

To assure the Clinical Governance Committee that appropriate governance systems and processes are in place within the Mental Health Service.

Background

The 'Framework for Measuring and Monitoring Safety' continues to be used to support our governance systems and structures within Mental Health.

The Mental Health Governance meeting is held bi-monthly on the fourth Monday. This report reflects the meeting held on Monday 27th June 2016.

This report also includes appropriate detail from the Mental Health Performance Scorecard and Nursing Dashboard, providing an overview of relevant performance against local and national standards.

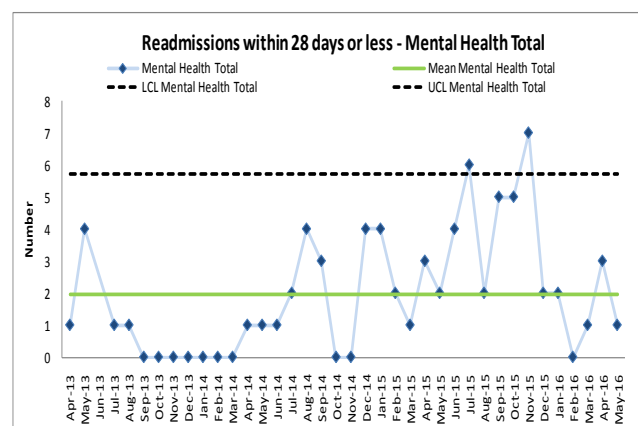
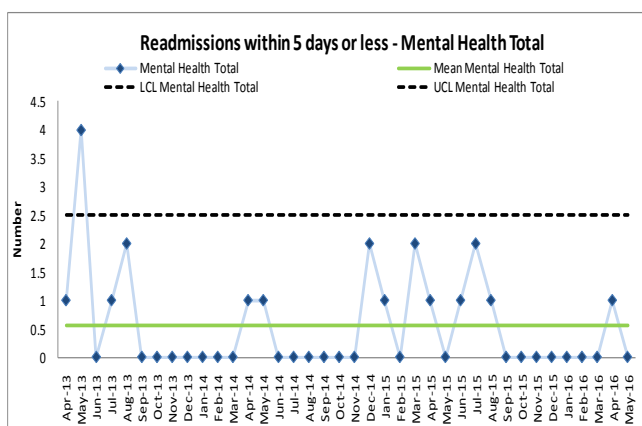
Summary

Past Harm - Has Patient Care been safe in the past?

Readmissions

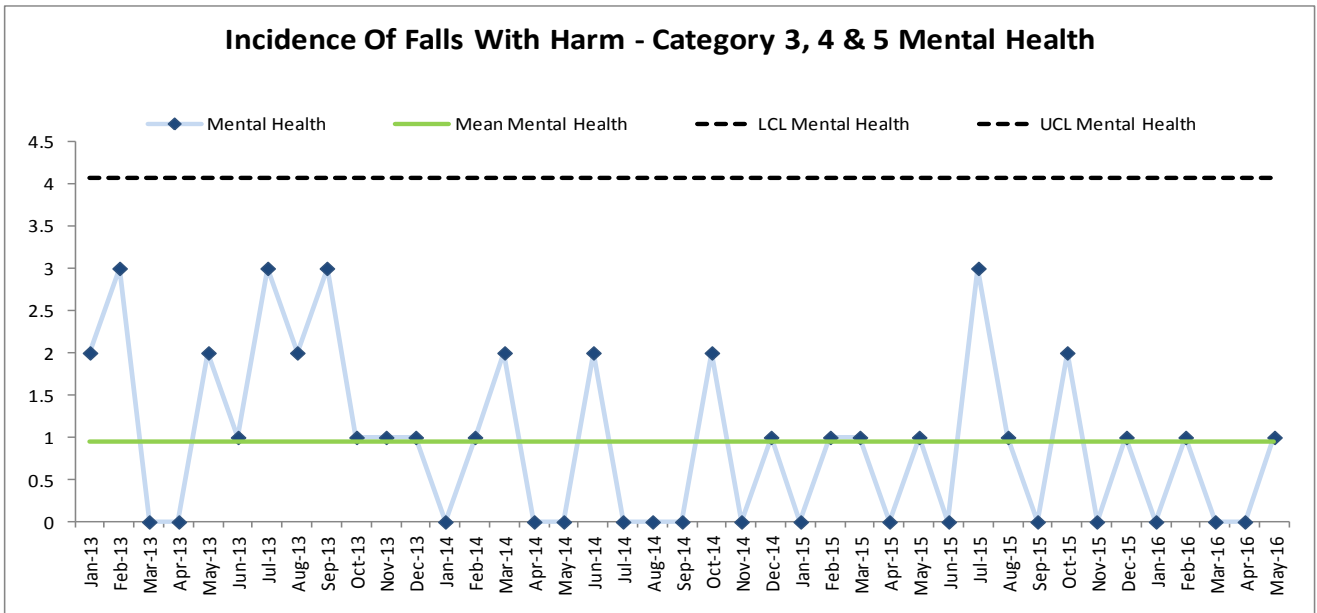
There was one readmission within 5 days of discharge (or less) in Mental Health in April 2016, in Huntlyburn Ward. Appropriate discharge plans were in place for this patient and the readmission was due to the individual patient's mental health needs rather than any failings in process. No follow up actions are required.

Since December 2015 the number of readmissions within 28 days has been low and is investigated on a case by case basis via the performance scorecard in Mental Health Operational and Board meetings. Pre discharge arrangements continue to be a priority in all Mental Health Wards and low numbers of readmissions would suggest these arrangements are being successfully utilised.



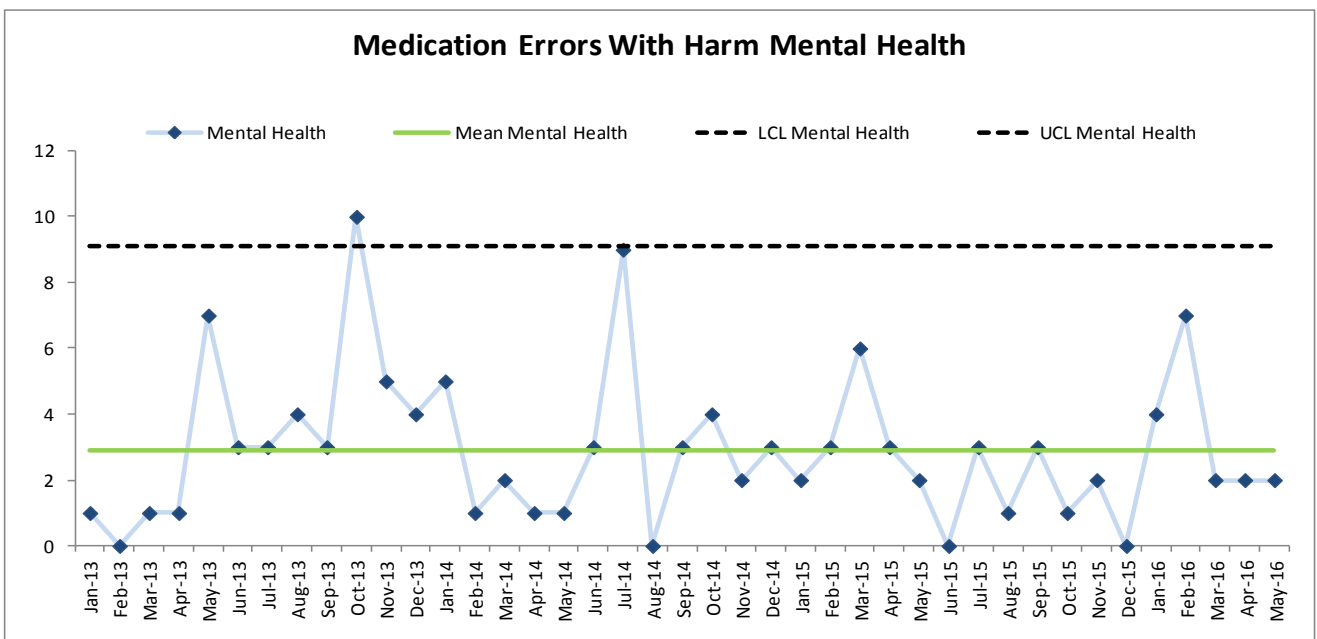
Falls

There are a low number of falls reported in Mental Health settings; 10 incidents over the last 12 months (June 2015 – May 2016 inclusive). Awareness and learning from falls investigation is shared with staff in addition to formal mechanisms, as part of the introduction of a monthly adverse event newsletter. Mental Health falls tend to happen within our older adult wards - all areas work well to prevent and manage falls and continue to explore other strategies to reduce risk and events.



Medication Errors

There were 27 medication errors reported in the last 12 months (June 2015 – May 2016 inclusive). This is highlighted as part of the monthly adverse event newsletter. Huntlyburn ward and East Brig complete a prescription audit weekly; it has been requested that all wards move to doing this. Processes are in place to review all reported medication errors and to ensure action is taken to mitigate future risk.



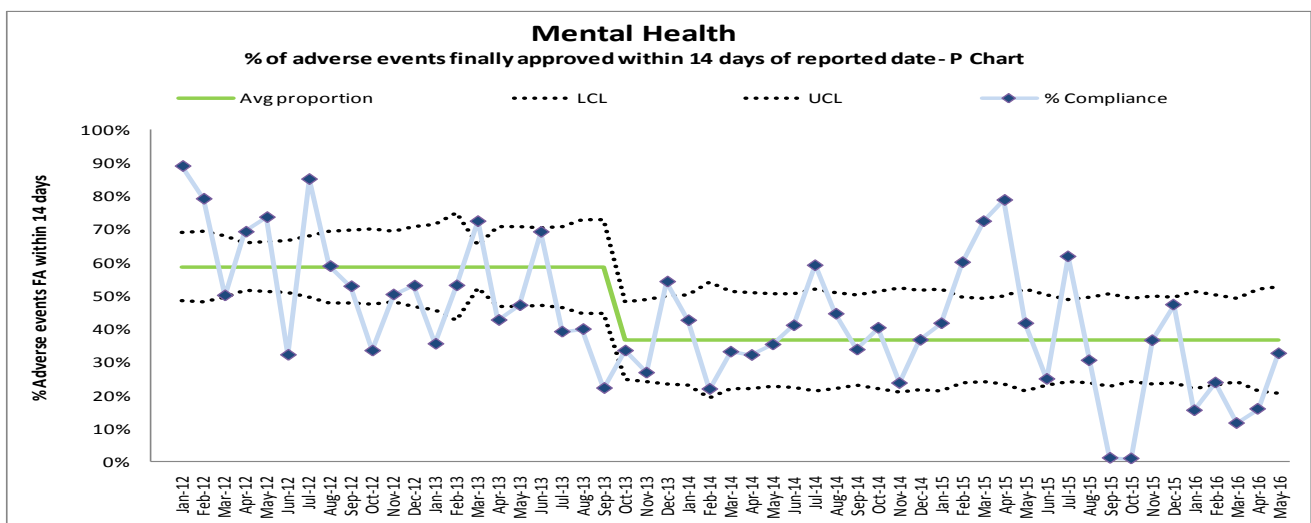
Reliability - Are our Clinical systems and processes reliable?

Adverse Events

Performance in responding to adverse events in a timely manner continues to be a focus for all members of the Mental Health Management Team.

Adverse events will be a standing item for discussion at the Mental Health Operational and Performance Review Meetings from May 2016 onwards to try to address where improvements will be made.

The Operational Manager has developed a Mental Health Adverse Events newsletter which picks up on and investigates key themes or events over time and allows more robust feedback on progress and outcomes of adverse events to staff. This is an improved communications mechanism from previous practice.



Borders Addictions Service Prescribing System

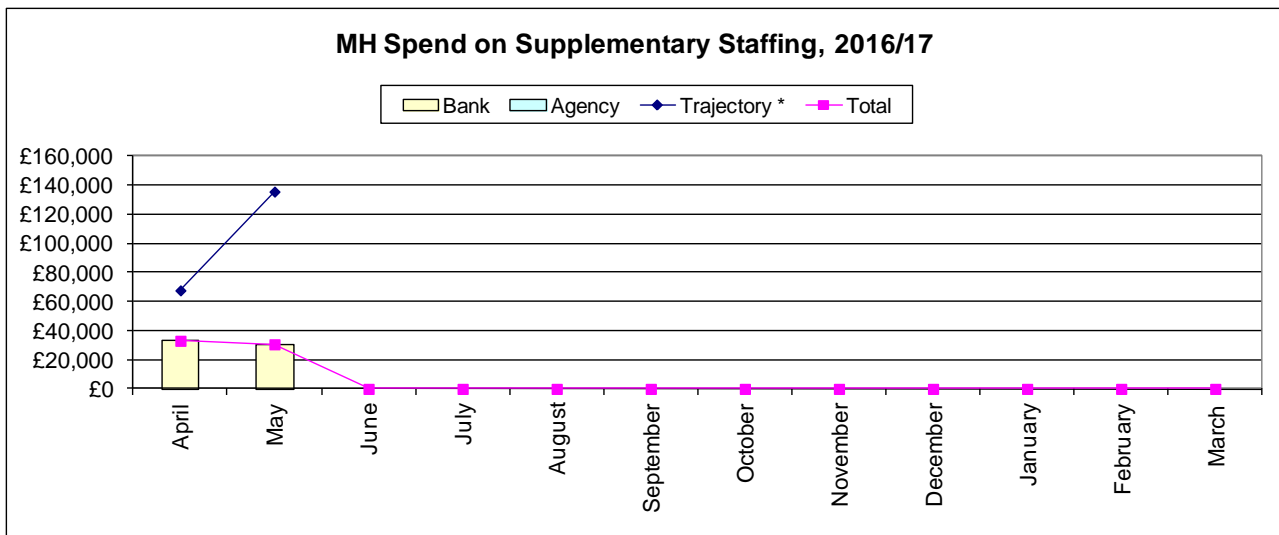
The current prescribing system used in the Borders Addictions Service (BAS), called POPPIE, has been deemed as not fit for use and is currently a very high risk on the Mental Health Risk Register. An options appraisal was undertaken to look at alternative systems and a proposal was drafted. IM&T are currently reviewing the proposal in line with the current IT infrastructure – this has been escalated to Jackie Stephen, Head of IM&T, and it is hoped that a solution will be agreed and moved towards within the coming months.

Sensitivity - Is care safe today?

Supplementary Staffing

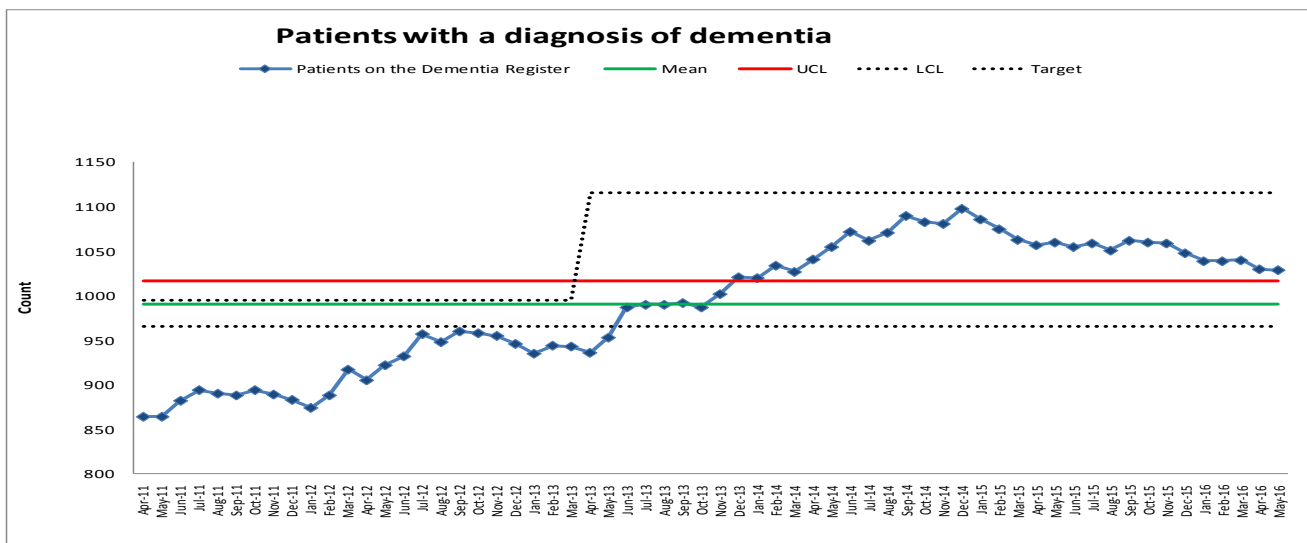
Use of supplementary staffing in Mental Health in May 2016 decreased slightly from April however is still higher than in 2015/16 due to the decant of patients from Melburn Lodge to allow refurbishment works to take place. This resulted in the need for increased staff to enhance supports given the mixture of presentations in one clinical area. The refurbishment was completed on 10th June 2016 and therefore it is anticipated that use of supplementary staffing in Mental Health will decrease in the coming months.

A robust process continues to be followed to ensure supplementary staffing requests are appropriate. There was no use of agency nursing in Mental Health throughout 2015/16 and in 2016/17 to date. The supplementary staffing report is discussed at the Mental Health Board meetings.



Dementia HEAT Standards – Dementia Diagnosis and Post Diagnostic Support

The number of patients diagnosed with dementia continues under target. The target of 1116 patients was nearly met in December 2014 but since then has continued on a downward trend. However, the percentage of patients then offered support within the first 12 months following a diagnosis of dementia was 98% at the end of April 2016 (against a target of 100%) which is an increase compared to previous months.



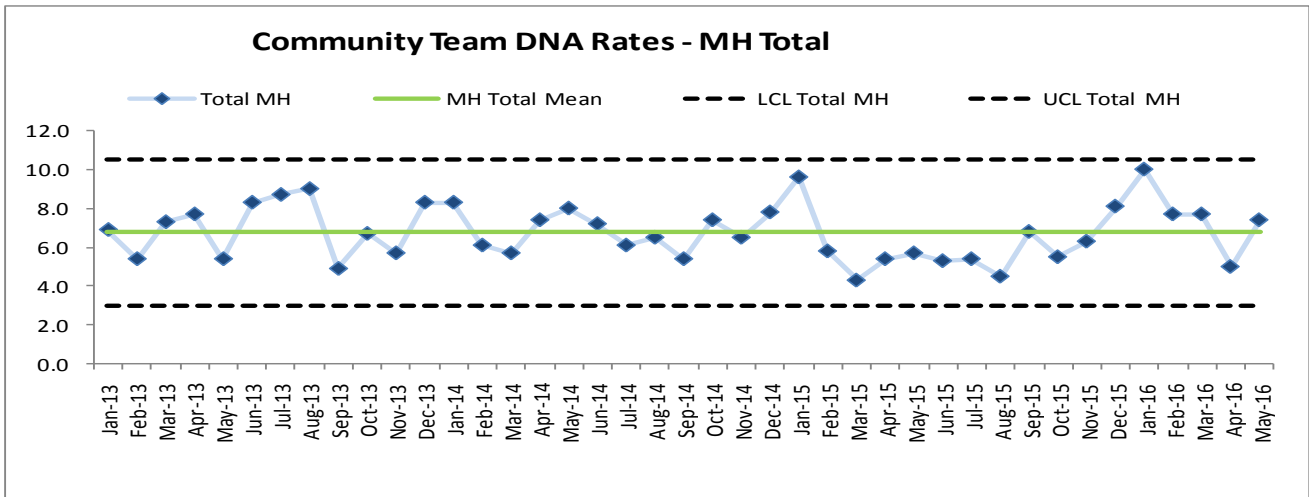
With regards to the Dementia Diagnosis target, it is thought that we are under reporting, therefore the MHOAS Service Manager and Consultant are undertaking a gap analysis with MHOAS and GP's to ensure diagnoses are entered onto the register appropriately. It is anticipated that this will mean the target is reached in the coming months.

With regards to the Post Diagnostic Support target, a pro forma has been developed to check and monitor post diagnostic support offered. In addition, we have introduced an improvement programme in relation to the use of the patient centred document, 'Getting to Know Me'. We will report on the progress and outcomes of the programme in future Governance reports.

These targets are monitored via the performance scorecard at Mental Health Operational and Board meetings.

Community Team DNA Rates

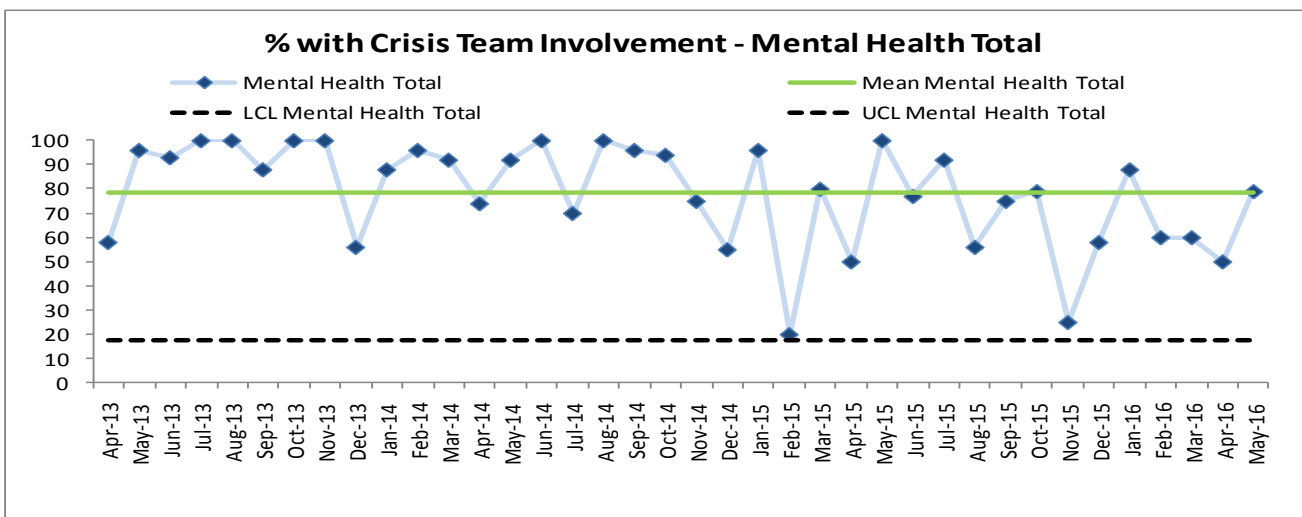
Community Team DNA Rates in Mental Health were under target overall (7.4% against a target of 8%) however the South Team and BAS DNA rates continue above target. BAS use a text reminder system however the complex nature of patients presenting to the service means there is a limited impact that any new initiatives will have on the DNA rate. The South Team are considering how alternative models of allocating appointments could be tested to reduce their DNA rate.



Crisis Team involvement in Mental Health admissions

Crisis Team involvement in admissions increased to 79% in May 2016 from 50% the previous month, however is still significantly lower than the target of 100%. The Service Manager investigates cases where the Crisis Team was not involved in admission on a case by case basis to ensure performance improves.

A list of reasonable exceptions to when crisis team involvement is appropriate will also be drafted and reported through the Mental Health Governance group.



Mental Health Waiting Times - Psychological Therapies

The percentage of patients seen within 18 weeks for a Psychological Therapy continues under the HEAT target of 90%, with performance of 89% in April 2016 and 83% in May 2016.

The following actions have been put in place to improve performance:

- additional clinics have been put in place in the team with the highest number of breaches;
- clinical space available for Psychological Therapies is currently being quantified to try and increase the space available and therefore increase clinical capacity;
- meeting with individual Team Managers and Professional Leads to look at team level data and allocate resource / plan actions accordingly;
- one member of staff having recently commenced training in EMDR.

A Clinical Psychologist is being recruited to using additional funding from the Scottish Government to improve access to Psychological Therapies. This will create extra capacity to tackle the waiting list, which a programme of work is carried out to address the underlying challenges. This funding has been granted over a four year period.

Mental Health Waiting Times - Psychological Therapies

The percentage of patients seen within 18 weeks in CAMHS also continues under the HEAT target of 90% however performance improved to 87.5% in May 2016 (from 79% the previous month) and it is anticipated that the target will be reached by July 2016.

A plan is currently being put in place as to how to best use funding from the Scottish Government to improve access to CAMHS both on a short term basis and to address underlying challenges. Again this funding has been granted over a four year period.

Anticipation and preparedness - Will care be safe in the future?

Scottish Patient Safety Programme (SPSP)

Phase 1 of SPSP, focussing on Adult Mental Health, is coming to completion. Under phase 1, initiatives introduced have been:

- Safer medicines management – as required bundle, error free prescribing audit and medication at transition admission and discharge (formally known as medication reconciliation). Huntlyburn ward was recognized nationally as only nurse led process with significant results benchmarked across Scotland;
- Risk assessment/safety planning – completed risk assessment within 2 hours of admission, risk assessment at discharge and crisis card update, safety brief, pass plans and debrief staff and patient
- Staff/patient safety climate survey and associated action plan; and
- Additional question added to all staffs appraisal/PDP “What are you going to contribute within your role to patient safety in the forthcoming year”

Performance measures are currently being developed for the work streams under phase 2 and target start date of phase 2 is September 2016.

Audit of Alcohol Detox Admissions

The BAS Consultant has started an audit of alcohol detox admissions – including admission criteria and clinical roles in the admission process – from January 2014 to January 2015. This is to ensure appropriate admission for alcohol detox and will make recommendations for future admissions. Results will be fed back to the Mental Health Governance Group and auctioned accordingly.

Mental Welfare Commission Investigation

A report has been released by the MWC regarding an investigation into the care and treatment of “Ms MN”, a person with Asperger’s Syndrome and challenging behaviour who committed suicide shortly after discharge from hospital into a care facility. A quality assurance audit of discharge planning will be undertaken in response to and in line with the recommendations made within the report - a short life working group, Chaired by the Operational Manager, will take this forward.

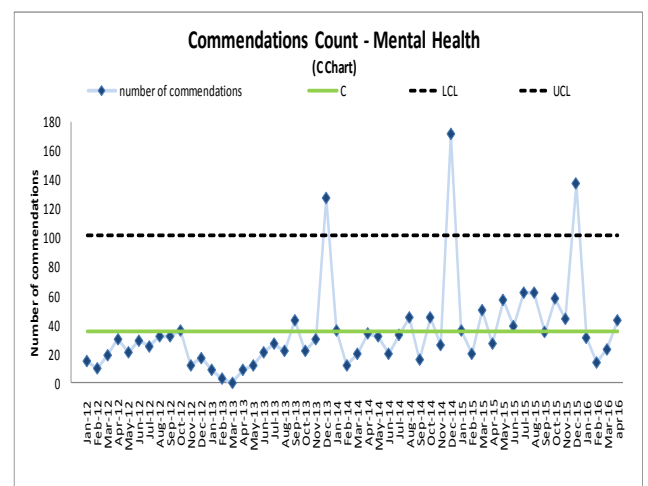
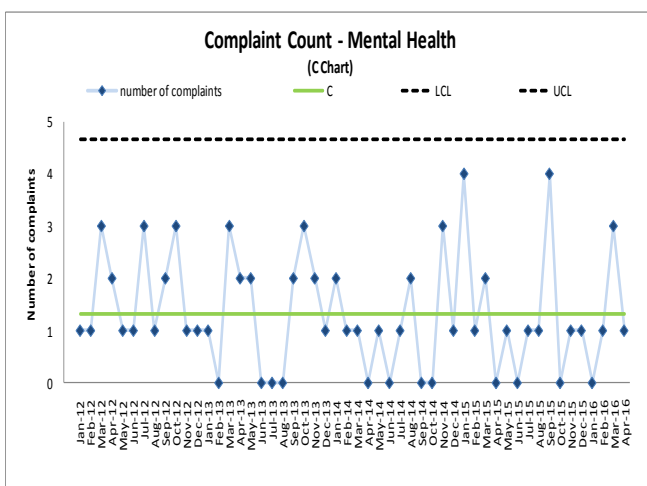
Integration and learning - Are we responding and improving?

Complaints & Commendations

The number of complaints in Mental Health is low, averaging at one per month. There were three complaints received in April 2016 for which the investigations were all commenced within the 3 day target and the response letters were all sent within the 20 day target.

The new complaints handling process was introduced in November 2015, and this new approach continues to be monitored.

There were 43 commendations received in April 2016, 23 of which were received in Huntlyburn Ward. There were 23 commendations received in May 2016.



Recommendation

The Board Clinical Governance Committee is asked to **note** the report and the assurance that robust governance systems are in place across the Mental Health Service.

Policy/Strategy Implications	There are no policy implications for the Clinical Governance Committee
Consultation with Professional Committees	Items have been discussed at the Mental Health Governance group, with updates given to the Mental Health Clinical Board
Risk Assessment	There are no risk assessment implications for the Clinical Governance Committee
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None

Author(s)

Name	Designation
David Thomson	Associate Director of Nursing (Mental Health)