Nottinghamshire Healthcare NHS Foundation Trust

Mental Health Inpatient Safety

Briefing for Nottingham City Health and Adult Social Care Scrutiny Committee – 23 January 2025

1. Introduction

1.1 This briefing provides an update on the progress on Mental Health inpatient safety at Nottinghamshire Healthcare Foundation Trust following issues identified through the recent CQC inspections where the Trust was rated inadequate.

2. Background

2.1 At the meeting of the Nottingham Health and Adult Social Care Scrutiny Committee in September 2024, we agreed that we would return to provide more detail on areas of improvement. Today, we are presenting on the specific work we have been doing to improve the safety of our Adult and Older Adults Mental Health Inpatient Services.

2.2 In October 2023, NHFT received two inadequate CQC reports for Adult and Older Adult Inpatient Services, which provided areas that the Trust must take and should take to improve.

2.3 An Oversight and Assurance Group, formerly Rapid Improvement Board (RIB), is in place for Adult Acute Wards and Mental Health Services for Older People. This group oversees the progress against the improvement plan for this area. The Group is chaired by the Executive Director of Nursing, AHPs and Quality, and the membership of the Group include Care Group and Corporate leaders and managers with responsibility for quality and performance.

2.4 A review of the improvement plan has taken place using a "yesterday, today, tomorrow" model which is supporting leads to acknowledge and celebrate progress as well as focusing on outstanding areas for improvement looking at the following areas:

- Safety
- Patient Involvement and Patient Experience
- Staffing
- Leadership
- Clinical Practice Standards
- Governance
- Environments

3. Updates

3.1 Safety

We have now fully implemented the Patient Safety Response Framework (PSIRF) across the organisation, which is the NHS' approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

It represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system with a focus on compassionate engagement and involvement of those affected by patient safety incidents, application of a range of system-based approaches to learning, considered and proportionate responses with a supportive oversight focused on strengthening response system functioning and improvement.

We have invested in a full patient safety team which includes patient safety partners, increasing the team by 11 staff, with senior leads aligned to each Care Group to support learning and embedding a safety culture.

We have trained over 600 people in PSIRF and have a clear policy and patient safety strategy with learning and governance structures to support. We now have a much greater focus on understanding and learning which has resulted in extensive improvements with actions owned at ward level and driven by after action reviews, learning forums and learning events. The Family liaison service complement this team and ensure we support all families involved in incidents whilst enabling them to be part of the whole review and learning process.

In terms of Adult Inpatient improvements we have:

- Safety huddles implemented, safety cross and DASA now in place to complete safety bundle approach.

- Timeliness of incident review sign off addressed with over 85 % completed within appropriate timeframe.

- Positive behaviour support pilot in place, with marked improvement seen in use of restrictive interventions.

- Human rights training now in place.

- Patient led safety huddles project implemented on our PICU.

3.2 Mental Health Care of Older Adult Inpatients

For our Older Adult inpatients we have the following in place:

- Improved understanding of Physical health, nutrition and falls.

- Introduction of daily safety huddles with clear oversight of food /fluid charts, falls, incidents, safety concerns.

- Daily auditing with clear escalation process.

- Opening of two wards at Blossomwood Kingfisher and Robin one providing dementia care and the other for those with a functional illness. The removal of dormitories has dramatically improved the dignity and privacy of people using

those services and directly responds to concerns raised by the CQC. Feedback from those using the services and their families has been very positive. This development has additional outside space, with a garden which can be used for family visits, groups and will have a sensory space.

- Improved culture; internal culture review completed, RCN workforce standards leads in place, clear parameters and standards of care expected.

- Strengthened quality and safety governance with greater transparency and more responsive approach to feedback and safety challenges.

Next steps for Older Peoples Service:

- Continue to build a safety culture and implement Safety 2.

- Strengthening participation and coproduction working in partnership with people who use our services and their families.

- Consider single sex older persons wards as part of service improvement.

- Strengthen our community offer and wrap around service to care homes with pathway review and redesign.

- Embed strengthened quality and safety governance.

3.3 Culture of Care Programme

- The Culture of Care program is focused upon improving the patients experience of in Adult Inpatient Services against 12 nationally agreed standards. It is organised around four wards; Elm, Fir, Redwood 2 and Rowan 2 which are being supported through the 2-year programme to implement a series (circa 20) locally generated change ideas. The culture of care standards are detailed here [NHS England » Culture of care standards for mental health inpatient services]. In addition, the standards are aligned to 3 key domains – trauma-informed, autism-informed and culturally competent care – the aim here is to support the ambition for equality focused inpatient care.

- The programme provides a senior Quality Improvement coach and progress is measured through a series of metrics which includes the use of Restrictive Interventions, Patient experience through survey accessed via QR codes displayed on the wards and validated staff survey which explores the characteristics of burnout.

- Culture of Care Quality Improvement work has now commenced with the project teams in place on the four wards - Elm, Fir, Rowan 2 and Redwood 2. The project teams are meeting with the QI Coach from RCoP with scheduled meetings in place. A dedicated lead Hannah Rush has commenced her role to support the Project Leads with training, surveys/measures/change actions etc. We are recruiting a Participation Lead to support patients and carers involvement in the programme. Through the IE&V team we've secured 4/5 people with recent inpatient experience to assist with the projects.

- Examples of changes:

  o Redwood 2 ward entrance, activities to support closure of Elm ward seclusion room.

- Fir ward agreed that they would be introducing Pamper Thursdays which will include bringing a hairdresser on-site.

- Elm as mentioned – we have closed two seclusion rooms, the programme has provided help with activities to support the closure of seclusion.

- Rowan 2 - will focus upon ward rounds and family and carer involvement and communication with carers.

- Redwood - as mentioned, decoration of entrance area and implemented staff noticeboard with a brief summary of staff's interests.

3.4 Physical Health

- We have appointed an Associate Director for Physical health to lead on the physical health agenda across the Trust with an absolute focus on inpatients services.

- Working alongside her are Alice Kilby, a Consultant Lead for Falls, and Sara McKenzie, a Consultant Lead for hydration and nutrition.

- This has enabled us to work alongside colleagues on inpatient wards providing bespoke training, action learning sets, clinical forums and working proactively to significantly improve all areas of Physical health.

3.5 Patient Involvement and Patient Experience

We know that participation, engagement and carers support is critical to improvement patient safety and have the following in place:

- Increased feedback mechanism with over 54 feedback surveys completed each month and used for you said we did.

- 174 patient provided face to face feedback with introduction of feedback volunteer roles.

- Community meetings and mutual help meetings now in place.

- Carer listening events and drop ins in place.

- Lead for carer support for both inpatient units.

- Development of carers corner and carers strategy.

- 100% increase in triangle of care assessments and feedback received.

- SMS feedback facility introduced.

3.6 Staffing and Leadership

- We have carried out nursing establishment reviews using the MHOST (Mental Health Optimal Staffing Tool) tool to ensure we have safer staffing but equally ensuring we have people with the right skills and experiences to deliver the care required.

- We are standardising the level of nursing 'headroom' across the Trust to 23% so that all nursing colleagues have capacity for non-clinical work such as mandatory training and professional development. This means we can cover annual leave and sickness absence with less use of costly agency cover or excessive overtime.

- Clinical leadership is being strengthened across the Trust with each Care Group having a triumvirate model in place consisting of a Care Group Director, a Director of Nursing and an Associate Medical Director.

- Five new Care Group Nurse Director roles are now in place with a new Associate Director of Nursing for Inpatient Services also appointed.

- There is an improved visibility of the Senior Leadership Team, and a Ward Manager Development Programme has been implemented.

3.7 Quality Improvement

We have recognised the importance of having Quality Improvement (QI) within our inpatient services and have put the following in place:

- QI project focusing on improving therapeutic activities.
- Observation collaborative which has seen an improvement in observations and patients experience.
- QI project focused on leave management.
- A range of quality summits to understand and continuously improve.

3.8 Safe Now Dashboard

- The SafeNow concept was developed in response to the Section 48 recommendations and is a new process of rapid turnaround weekly reviews of our key safety indicators, to make sure we can identify any safety issues and understand any patterns across our wards and services in a timely way

- To support this a web based electronic dashboard has been developed which covers safety metrics for our Adult Mental Health and Older Peoples Mental Health Services including our inpatient wards, our main community services and our Crisis Services.

- Each week, all metrics are reviewed in detail, often at individual patient level, to understand the data. Clinical leads come together in this weekly meeting to explain the data and actions are then taken to address any issues which are reported to our Executive Team.

- The meeting is chaired by the Deputy Director of Nursing giving senior oversight to the process.

The following areas have improved significantly since the introduction of SafeNow:

NEWS2 Escalation Policy:

- The National Early Warning Score (NEWS) 2 determines the degree of illness of a patient and prompts critical care intervention.
- The data shows a significant improvement in compliance with NEWS2 escalation policy with very few true exceptions.
- 'Hot Spot' wards have received responsive clinical educator training sessions delivered on ward, prompts shared with staff, good feedback and individual discussions with staff involved by the ward manager.

- All cases are reviewed on daily check for potential harm, immediate safety measures and understanding of the nature of clinical presentation.

1.11 Compliance with NEWS2 escalation policy, All teams (weekly)
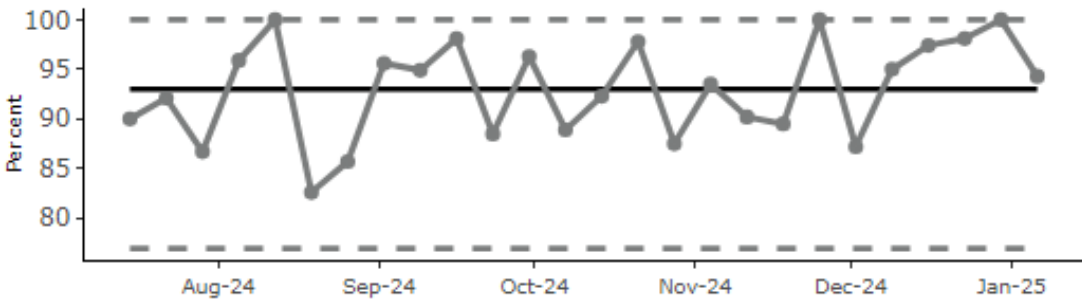
Restrictive Practice

- The data shows that our use of seclusion has reduced since the introduction of SafeNow.
- CCTV reviews continue of all incidents to understand the situation.
- Routine training now gives greater emphasis on other forms of restraint with prone restraint de-emphasised in the syllabus.
- Bespoke support is in place to review acuity and interventions. Transformation in Restrictive Practice teams which will further support the presence of leadership in this area to take effect by the end of the year.

1.17 Episodes of seclusion (note: week lag), All teams (weekly)
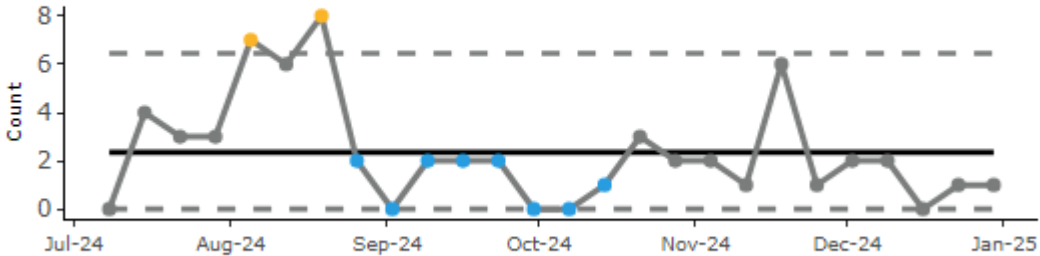
72 Hour Follow Up

- This national standard measures the proportion of patients who are followed up by community teams within 3 days of their discharge. Evidence states this is a period of risk for patients and a contact from services can reduce this risk.
- We are consistently above the 60% target with significant improvement in data quality.
- The SafeNow process reviews all discharges not seen within target to understand the rationale and ensure patients are safe. We review the patient level data to ensure patients that have not been seen

2.1 Compliance with 72 Hour follow up standard, All teams (weekly)
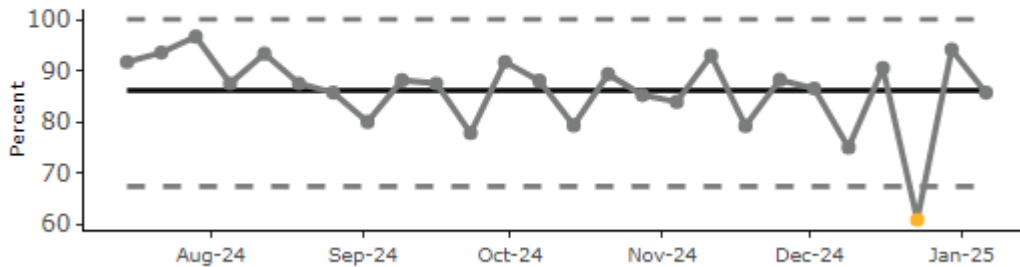
Risks Assessments

- We are consistently at 98% for inpatient risk assessment compliance.
- We have built on this great performance by now reviewing the timeliness of risk assessment to ensure patients have a risk assessment within 24 hours and in recent weeks have introduced a new metric to reflect this. We are currently at 60% but are working towards improving this at speed.

1.15 Patient risk assessments up to date (%), All teams (weekly)
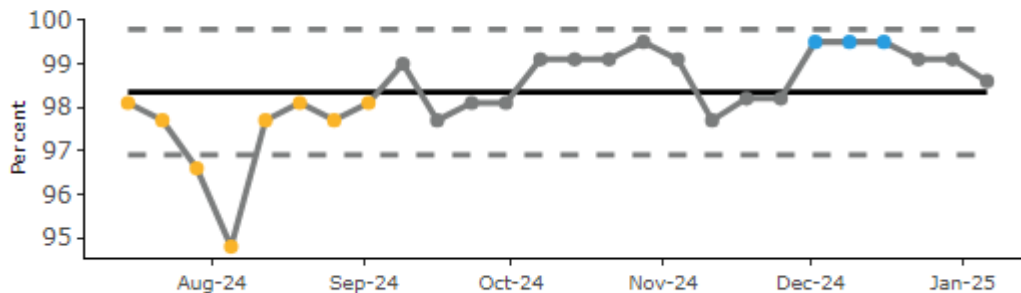
The content of our SafeNow dashboard is dynamic and constantly evolving. We are working on the several new metrics, including ensuring patients have Care Plans in place and that these are of a high quality.

4 **Next Steps**

- We will continue with the improvement programme, embedding and sustaining improvements.

- We will review pathways and model of care delivery with specific focus on our female care provision.

- There will be a focus on providing intervention-based care and using a psychologically informed approach to care.

- We will fully implement safe wards on all our inpatient wards.

- We will develop a participation/co-production structure.

- We will ensure all wards can provide all adaptations with interventions for Autistic people.