The following extracts provide either one example of a Board’s readmissions improvement activity or a brief summary of a Board’s current and planned activities in readmissions. Further details are available from their local programme manager or identified lead. The aim of these summaries is to support ‘collaboration’ between Boards by enabling you to identify who else is working on something of interest to you and then make contact to share ideas.

**NHS Ayrshire and Arran**

- A live review of patients admitted/readmitted to acute wards is being rolled out. The review spans the four ‘High Impact Change Areas’ for Readmissions and aims to provide a robust database that will inform Managers and Clinicians about trends and gaps in service infrastructure. PDSAs have commenced in North Ayrshire. The process and specific data items will be refined on the basis of feedback from these tests of change and the review will then be extended to include our four acute wards. By April 2011 we will have established a robust structure and a solid baseline position that will allow us to develop more meaningful information that can be reviewed on an ongoing basis. This process includes ensuring that good practice is implemented with respect to multi-disciplinary reviews, care planning, discharge and follow up arrangements.

- A major CMHT redesign exercise has been supported by the Collaborative and, through applying improvement methodologies and tools a number of service improvements have been identified and tested. For example, one CMHT has been reviewing the priority currently being given to patients referred from acute in-patient ward areas in their preparation for discharge.

Further details are available from anne.gerard@aapct.scot.nhs.uk

- Following some lengthy delays in patients receiving their prescribed medication from central Pharmacy Dept on the day of discharge, a comprehensive review and walkthrough of the entire process has been undertaken, with a number of service improvements identified for joint action.

Further details are available from dale.mclelland@aapct.scot.nhs.uk

**NHS Dumfries and Galloway**

- Review of crisis service In Wigtownshire being carried out.
- Roll out of Crisis Assessment and Treatment Service to Annandale locality being planned for April. Similar roll out to Stewartry later in the year.
- Case study work regarding SPARRA data ongoing.
- Mental Health Improvement Game organised for 18th March.
• Admissions and discharge policy developed and an implementation and evaluation plan to be progressed over next 3 months.
• Further work on risk assessment and management via the “risk champions” network.
• 2 Training sessions have taken place re the Wiseman Workload Measure and a planning meeting to pilot in 5 sites to be agreed at next meeting in March, with start date of 1st April.
• A number of patient satisfaction or feedback surveys are being collated across the region in community and inpatient services as part of the patient experience improvement measures.
• A report has been written following a review led by User and Carer Involvement (requested via the Acute Inpatient Forum) focusing on one acute adult ward. A number of recommendations were made, many of which prompted immediate improvements, and an action plan is ongoing in relation to this report.

Further details are available from linda.mckechnie@nhs.net

NHS Fife
• 8 week pilot of using patient experience measure within two acute, adult, psychiatric wards commenced on 08 March for eight weeks.
• A time limited task and finish group has been developed to oversee and evaluate the PDSA cycles of the patient experience measure and agree a Fife wide patient experience measure for all psychiatric wards.
• CPN service is engaging in DCAQ analysis following process mapping of the service as part of their improvement action plan.
• The team then intend to introduce the Wiseman Workload Measure to inform areas where improvement actions may be required.

Further details are available from elizabethsparling@nhs.net

NHS Forth Valley
• The Forth Valley MH Collaborative is directly involved in the development, piloting and evaluation of a new Model of Care for adult acute MH services. This includes reviewing risk assessment and management, care planning, and improving therapeutic engagement.
• A new Discharge Care Plan has been developed as a key element of the new Model of Care for adult MH acute services. The Discharge Care Plan may be incorporated into the electronic FACE programme.
• The "Fast Track" pathway into adult MH in-patient services is being reviewed.
• The SMR04 data completion process continues to be refined as there are still gaps in understanding.
• Process Mapping of the admission pathway has been fed directly into the development of a Generic ICP.
• A recent workshop resulted in agreement to review the Model of Care for all Community Mental Health Services in anticipation of the impact of changes to Adult and Old Age acute in-patient services.
• The Initial Assessment Form used in Adult MH Admission Services has been modified to bring about a greater emphasis on strengths-based assessment and
self-management.

- A retrospective audit of 50 discharge care plans has been carried out to determine the quality of data completion.
- A major Improvement Exercise is underway to review and improve the current Stirling Community Mental Health Service patient pathway. A full day event was organised for 15th February to begin Process Mapping. A follow-up session will be arranged to complete the exercise and agree longer term improvement actions.
- Work is underway to develop a Patient Experience Measurement Tool based on the “Better Together” electronic template. A multi-agency working group is being formed to take this forward. The task will also be supported by the MHC Regional Team. The plan is to develop a tool that has common “core” questions with service-specific questions appropriate to in-patient and community mental health services. The Readmissions ‘High Impact Change Areas’ identified by the MH Collaborative may be used as themes on which to base the tool(s). Each theme may then be audited separately but on a rolling basis. Discussions are pending on how the output from the surveys will be taken forward and reviewed supported by the Collaborative using improvement methodologies and tools.

Further details are available from graham.mclaren@fupc.scot.nhs.uk

- SPARRA data has been updated and distributed to respective CMHTs for consideration regarding care planning, CPA, etc.
- Data has been produced on people with mental health problems who are repeat attendees at A&E and this has been made available to the Liaison Psychiatry Service and CMHTs.
- Clinical Activity Profiles of adult acute MH services are being developed to inform decision-making regarding changes to the service.

Further details are available from debbie.low@nhs.net

- Staff training in the use and development of Wellness Recovery Action Plans (WRAPs) is underway. The initial focus is on acute in-patient services before roll out to community services.

Further details are available from ivorsmith@nhs.net

**NHS Grampian**

- An adult acute Inpatient ward has conducted a process mapping exercise around discharge planning. A value stream analysis session was scheduled to take place in February in partnership with the regional team. This high impact area of activity will provide rapid improvement opportunities for the spring and encourage further work on admission/inpatient stays.
- Analysis of SPARRA data completed and lists of high risk patients given to each of the CMHTs to identify any gaps in treatment.
- SPC used for analysis of breaches of readmissions target trajectory.
- Further plans to monitor current monthly readmissions figures with an SPC. These figures will be further analysed to identify any trends by wards, consultants or time periods. Consideration is also being given to the Ayrshire and Arran “Readmissions Survey”.
- An OoH seminar was run in February to consider cross sector views on Out of Hours Psychiatric Services and to consolidate enhanced access/place of safety arrangements.
Patient experience measure under development supported by a Service User Reference Panel that has agreed to design a questionnaire format and method of delivery.

Releasing Time to Care initiative soon to be supported by a senior nurse seconded for 4 sessions weekly. Collaborative may have an opportunity to influence the scope of this position. Further details are available from william.cowling@nhs.net

NHS Greater Glasgow and Clyde

Acute Planning and Implementation Group (APIG) structures were established within each area in GG&C over the last year to 18 months. It was agreed that each APIG would develop a work plan which reflected existing local priorities, took account of the work associated with meeting the HEAT re-admission target, joint work with the MH Collaborative for Re-admissions and the Releasing Time to Care programme. It was agreed that this activity would be reported through the Service Redesign Steering Group and the Mental Health Collaborative Steering Group.

Examples of local priorities identified by the GG&C APIGs include:
- Review of Admission process and routes to admission
- Review of Discharge process and planning
- Review of Patient Pathway including interface between services
- Review of therapeutic activities/interventions available
- Equality and diversity issues

Examples of service wide priorities include
- Addictions and Adult Mental Health Service Interface and Patient Pathway
- Service User and Carer Experience
- IM&T - DNA Project
- Review of Planned Work Component of the Crisis Service
- Development of a Collaborative Communication and Information GG&C Intranet page
- Information/data handling protocol (SPARRA etc)

Further details are available from Joan.Blackwood@GGC.scot.nhs.uk or Fiona.McMahon@GGC.scot.nhs.uk

NHS Highland

Improve completeness of SMR04

This was a key action as our completeness level dropped to below 10%, from a previous level of more than 95%.

Discussions with frontline staff identified the reason for the drop in completeness, that is, information regarding patients’ diagnosis on discharge was missing.

SMR04 processes were mapped, and a plan for improving these was identified and agreed between the collaborative staff, frontline staff, and the regional service improvement manager.

Mechanisms for resolving the issues included producing an electronic discharge letter at the point of discharge that included a mandatory field for diagnosis.

Processes to reduce the SMR04 completion backlogs were identified and agreed, and
have proved successful. Further details are available from Caroline.Paterson2@scotland.gsi.gov.uk and morag.bramwell@nhs.net

NHS Lanarkshire

Actions –

• Introduced Releasing Time to Care to 6 adult acute admission wards and 6 older people’s acute admission wards. Through the programme staff are developing and utilising skills in improvement methodologies and adopting the principles of continuous improvement. The programme expectations are set by staff and the Acute Inpatient Forum.

• SPARRA data has been distributed to CMHT staff and a policy has been developed regarding the use of this data which is currently being evaluated. In collaboration with the Strategic LEAN programme we have agreed, and are in the process of implementing high impact changes to reduce readmissions.

Planned –

• Continue with implementation of RTC across mental health wards and continue to promote and develop staff skills in utilising improvement methods and adoption of LEAN principles.

• Complete evaluation of SPARRA use and compile a report of the findings for service managers.

• The MHC has supported a review of Lanarkshire crisis services against the National Standards for Crisis Services. Support will continue to complete the review and implement the actions from the findings. The aim is to achieve a standardised Crisis service across NHS Lanarkshire that meets the needs of service users and reduces the likelihood of readmission to hospital.

Further details are available from Karen.Spiers@lanarkshire.scot.nhs.uk

NHS Lothian

• Roll out of Releasing Time to Care across IPCU and Old Age Psychiatry wards.

• Implementation of generic ICP in one ward using PDSA cycles – roll out planned for 19th April.

• Plan to undertake data analysis around readmissions to inform additional work (supported by regional team).

• A project is underway evaluating the benefit of “Life Care” books in assisting the transition to the Care Home setting

Further details are available from Kerrie.Buhagiar@nhslothian.scot.nhs.uk
NHS Shetland

- SPARRA data being utilised to ‘target’ those service user's at highest risk of readmission. Data being incorporated into care planning and applied to relapse plans.
- Single point of referral and electronic referral pathway in process of being established. Electronic forms prepared and process will be evaluated within 6 months.

Further details are available from david.morgan3@nhs.net Jeff.Shaw@shetland.gov.uk and elai@nhs.net

- Work being undertaken with NHS Grampian re single admitting ward and patient pathway readmission and discharge.

Further details are available from david.morgan3@nhs.net Jeff.Shaw@shetland.gov.uk elai@nhs.net and Kevin.Dawson@nhs.net

NHS Tayside

- Activity in the Readmissions Work Stream is supported by the strategic improvement work streams for Admission and Referrals. These work streams are engaged in identifying the current position and creating a new future pathway to assist in identifying additional improvements required to reduce inappropriate readmissions across the system. (Readmission HEAT target)

Leads: grace.gilling@nhs.net and franceshynd@nhs.net

- SMR00 data is to be collected by all Adult Community Mental Health Teams in Angus. Discussion and agreement regarding implementation being sought from our Partnership organisations.

Lead: elizabeth.goss@nhs.net  Following agreement random audits of case notes to check compliance rate are to be carried out.

- Targeted work is ongoing using SPARRA data to identify where there may be underlying problems and issues and where improvements can be made within wards and community mental health teams.

Lead: lesley.dolan@nhs.net

Further details are available from lesleyannebrown@nhs.net

NHS Western Isles

- Audit of reasons for admission undertaken and audit of discharge planning completed.
- A visioning event was held to ‘improve delivery and outcomes of assessment for admission’ From this visioning day a number of PDSAs are underway including assessing all admissions against Sainsbury risk assessment level 2 in order to identify and introduce admission criteria for acute psychiatry. PDSA around admission documentation to streamline the procedure and reduce duplication

- Mapping event for SMR04 reporting has been held and we are continuing to implement the outcomes.

Further details are available from anne.hutchison2@nhs.net / kbrightwell@nhs.net