

## Board of Directors (in Public) Item 2.3\*

**Subject:** Mental Health Services and Managing Delirium  
**Date of Meeting:** Tuesday 26<sup>th</sup> January 2021  
**Prepared by:** Fahmi Faraz, Jacqui Stratton, Fiona Heard, Mark Griffiths and Fiona Altintas  
**Presented by:** Jonathan Develing, Director of Strategic Partnerships  
**Purpose of Report:** To Note

BAF Reference	Impact on BAF
WC1	Supports the delivery of safe services and the reduction of harm.

### 1. Executive Summary

The purpose of this report is to provide an update on the work of the task and finish group established to review the Trusts approach to the management of delirium and psychosis.

### 2. Background

Liverpool Heart & Chest NHS Foundation Trust (the Trust) has a duty of care to ensure the safety of patients in its care and takes all possible steps to do so.

Following a serious untoward incident, in addition to a number of immediate actions undertaken, the Trust established a task finish and group to explore how improvements can be made.

Taking a holistic approach, the group identified four themes for which improvements can be made.

- Staff support and safety
- Patient support and safety
- Multi-disciplinary clinical leadership
- Education and training

The group has also considered best practice from other organisations (Royal Brompton and Harefield,) NICE compliance and the key expectations of the CQC in managing mental health in an acute setting.

### 3. Integrated Approach

The approach of the task and finish group has been to consider mental health with the same due consideration as physical health, ensuring a parity of esteem and a holistic approach to the overall care of patients and their families.

#### 4. Action Plan

The task and finish group has now concluded and developed the following action plan

##### **Staff Support (6 Actions)**

- A staff support framework has been developed.

**Status** - as at December 2020 this is in place.

- Promotion of mental health first aid trainers.

**Status** – as at December 2020 an additional 26 mental health first aiders have now been trained with a trajectory of 65 by the end of February 2021.

- An additional one day per week of psychology support has been identified from within current structures to support staff and well-being.

**Status** – as at December 2020 this is in place.

- An enhanced role of link workers is being developed between CCU and the psychology department. On review this may be rolled out to all ward areas.

- A policy approach to debriefing following incidents has been developed.

**Status** – as at December 2020 this is in place.

- Access to Psychiatric expertise via a service level agreement with Merseycare has been developed. This forms part of a business case for executive review, 15<sup>th</sup> December 2020. (appendix one)

- Access to security staff for additional support in case of violence.

**Status** – as at December 2020 this is in place and further enhanced with all security staff being FIT tested and able to provide cover in all ward areas regardless of covid status.

##### **Patient Support – Clinical (4 Actions)**

- Proposal have been developed, supported by the task and finish group, divisional managers and sponsoring directors to embed an additional 0.6 WTE psychology within the multi-disciplinary group. This will support preventative approaches and quicker patient assessments. This new proposal is presented to executives for review, 15<sup>th</sup> December 2020 (appendix two).

- Establishing sleep patterns are considered vital to reducing delirium.

**Status** - the `Sleep bundle` is in place and actively used by day and night staff.

- A medications review has been undertaken so giving due consideration to the use of medicine, gases and the impact on delirium.

**Status** - this has concluded that regimes are appropriate and that the task and finish can be assured.

- Family support is critical in the management and reduction of risk in delirium. The challenges of the covid pandemic have restricted visiting, hence an approach for the consideration of exceptional cases by the MDT for patients with delirium has been introduced.

### **Patient Support – Environmental (4 Actions)**

- Enhancement of the garden areas immediately adjacent to CCU. Providing an all-weather outdoor sheltered place will help patients re-orientate to their current surroundings and present day and help reduce stress, anxiety and delirium.

**Status** - Architects visited the hospital site in November, draft plans are expected in December 2020 with work expected to commence in January 2021. Funded from charitable donations this will greatly enhance the area and provide access to fresh air and an improved environment.

- Enhancement to Wi-Fi access in POCCU areas. Reorientation of patients to their current surroundings and present day can be helped with access to the internet.

**Status** - As WI-FI coverage in POCCU areas is poor actions have been undertaken that will improve stability and access from December 2020. A longer term solution is also planned as part of the Digital strategy from April next year.

- Orientation and perception are considered to be significant factors in the development of delirium.

**Status** - LED lighting, 'blue sky', has been installed in one side room and is now being installed to other side rooms on rolling basis. LED system have been purchased from charitable funds and are on site. There are currently two rooms with enhanced lighting at the time of this report.

- In order to reduce the risk of self-harm within bathrooms an initial risk assessment has been carried out.

**Status** - remedial actions have been undertaken with the removal of ligature risks.

### **Clinical Leadership**

The task and finish group support visible clinical leadership in promoting awareness and in the management of delirium.

This leadership (Champions) are as follows

- |                                |                  |
|--------------------------------|------------------|
| • Lead Consultant Anaesthetist | Fahmi Faraz      |
| • Lead Senior Nurse            | Jacquie Stratton |
| • Lead Nurse                   | Fiona Heard      |

- Lead Psychologist Mark Griffiths
- Delirium Sub Group Fiona Altintas

In support of this leadership the task and finish group will be developing a dashboard to understand trends in harm that are related to delirium. This will require changes to the EPR system and further engagement with clinical teams to identify data fields. It is anticipated that this work will be completed by February 2021.

## **Education and Training**

The task and finish group has looked at best practice examples, NICE recommendations and CQC publications on managing mental health within an acute setting.

In response the group are sponsoring 4 pieces of work that whilst in development will provide updated approaches in the following areas by January 2020. These include:

- An enhanced care communication policy, currently in draft form (appendix 3) this will be finalised by January 2021.
- The management of self-harm and suicide risk assessment, currently in draft form (appendix 4) this will be finalised by January 2021.
- A refresh of E-Learning modules so as to take account of the approach described above. March 2021. (Please note current uptake of e-learning is 94%).

## **Confirm and Challenge**

The prevalence of mental illness among people with physical health conditions is two to three times higher than in the rest of the population.

Prevalence is particularly high in the hospital setting, where around half of all inpatients suffer from a mental health condition such as depression, dementia or delirium; and where a significant number of patients will present on wards with risk management assessment and management needs (both at ward level and in terms of onward care planning).

The task and finish group has taken the opportunity to review current and best practice, reflect on opportunities for improvement, enhancing care and managing risk.

The group has considered the CQC report 'Assessment of mental health services in acute trusts programme' as a means of undertaking an internal confirm and challenge process in order to demonstrate positive action and service improvement.

The work of the task and finish group can demonstrate consideration for:

- Parity of esteem between physical and mental health care provision across the trust.
- An integrated, holistic care, addressing the mental and physical health needs of all patients. Whilst a new mental health liaison contract is in place with Merseycare NHS foundation Trust, this is not in isolation to the strategic approach being undertaken.
- The quality of governance surrounding the use of the Mental Health Act within the Merseycare NHS Foundation Trust service level agreement. .

- The quality and content of training provided to staff, and how this enables them to meet the mental health needs of all patients in their care more effectively.
- Improved safety and therapeutic care is provided with consideration to the patient's environment.
- Initiatives to enhance the mental health and wellbeing of staff across the organisation.

The trust is also exploring post discharge delirium psychology support for those with long term ventilation needs as part of discharge clinic reviews

## **5. Recommendation**

The Board of Directors are asked to:

- Note the holistic approach taken to the risk management of mental health and delirium.
- Note the agreement to establishment of psychiatric agreement with Merseycare NHS Foundation Trust
- Note the intent to invest in psychology services in support of the critical care MDT, subject to this being assessed alongside other 2021 priorities.
- Note the progress made.