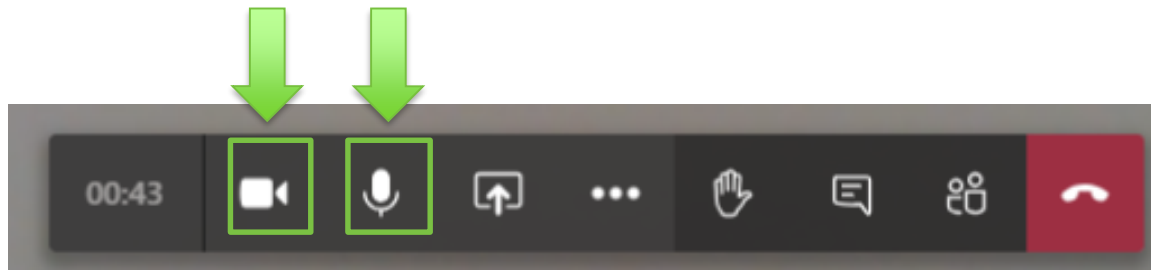


# Improving Observation Practice: From Observation to Intervention

7 December 2020

Improvement Hub  
Enabling health and  
social care improvement

# Meeting participation



During the meeting please have your microphone on mute and video turned off to avoid distraction for you and also to minimise the likelihood of slowing down the technology.

To take part in discussions use the **chat box** or **raise your hand** and wait to be invited to speak, please then:

- unmute your mic
- turn on your video (if you are happy to do so)
- after speaking please re-mute and turn your video off



# Agenda



Today's session will be chaired by Mark Gillespie, National Clinical Lead for IOP

Item	Lead
Aims for the day	Mark Gillespie
Overview of our Learning System	Mark Gillespie
Overview of IOP	Mark Gillespie
NHS Tayside Story	NHS Tayside
Interactive questions	Jonathan O'Reilly
Next Steps and closing	Jonathan O'Reilly

# Today's purpose

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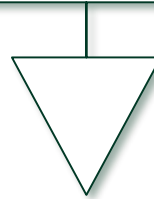
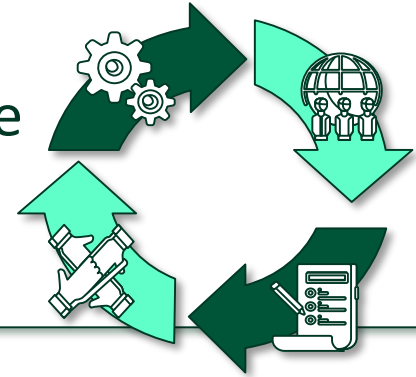


Share NHS Tayside Story

Learn how observation practice has been impacted by Covid-19

# Mental Health Improvement Portfolio Learning System

The Mental Health Improvement Portfolio is underpinned by a **National Learning System** which aims to rapidly capture and share learning to support spread at pace and scale. We do this in a number of ways:



Hosting  
webinars



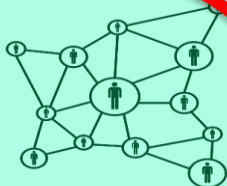
Sharing  
evidence  
summaries



Flexible  
learning  
opportunities



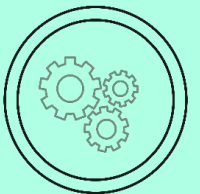
Supporting  
networks



Producing case  
studies



Develop toolkits  
and measurement  
plans



# Overview



## Our driver for change

In 2015, the Scottish Government committed to developing new observation practice guidance for mental health care in response to concerns about the effectiveness of observation policy and practice following incidences of harm and suicide whilst patients on psychiatric inpatient wards in Scotland where on enhanced and general observations.

## The problem

The problems with the traditional approaches to observation practice are summed up by this quote from Graham Morgan at the Mental Welfare Commission.

*“I remember just how lonely I felt, so many times, when I was on enhanced observation and the person assigned to follow me around, or sit beside me to protect me from myself, had nothing to say. Sometimes they just seemed to be uncomfortable to share space with me. There’s something terribly sad about that. When you’re at your most distressed and confused, communication can seem impossible.”*

## What the ihub did

The ihub co-designed and published new guidance in early 2019. This guidance was informed partly by the service redesign efforts of 25 test sites. This case study tells the story of one of those sites, Murray Royal Hospital in NHS Tayside.

# NHS TAYSIDE

IMPROVING OBSERVATION PRACTICE

# Test Site

- IPCU, Carseview Centre
- 10 bedded mixed sex unit
- High levels of Enhanced Observation particularly 2:1
- July 2018



# NHS Tayside Mental Health : Improved Observations Driver Diagram

Prioritise People

Practice Effectively

Preserve Safety

Promote Professionalism & Trust

**Aims:**

**Primary Driver / Impact:**

*What Will be Different as a Result?*

**Secondary Driver:**

*How will this be Measured?*

**Outcomes:**

*What Does Good Look Like?*

**Change Ideas:**

In the IPCU in Carsview by July 2019 we will reduce the number of hours spent on observations by 50% in line with Improving Observational Guidelines.

Improve Patient Centred Care

Increase Therapeutic Engagement

Data Measurement



Staff Training/ Development

Care planning

Improve patient Experience



Staff will be trained in :  
Therapeutic interventions  
Mindfulness  
Trauma informed Care

Each Patient will have individualised Person Centred Care plan along with Observational care plan

Offer a more structured ward routine.

Reduced incidents of restraint  
As required medication  
Violence and aggression  
Length of stay

Clinical Pause

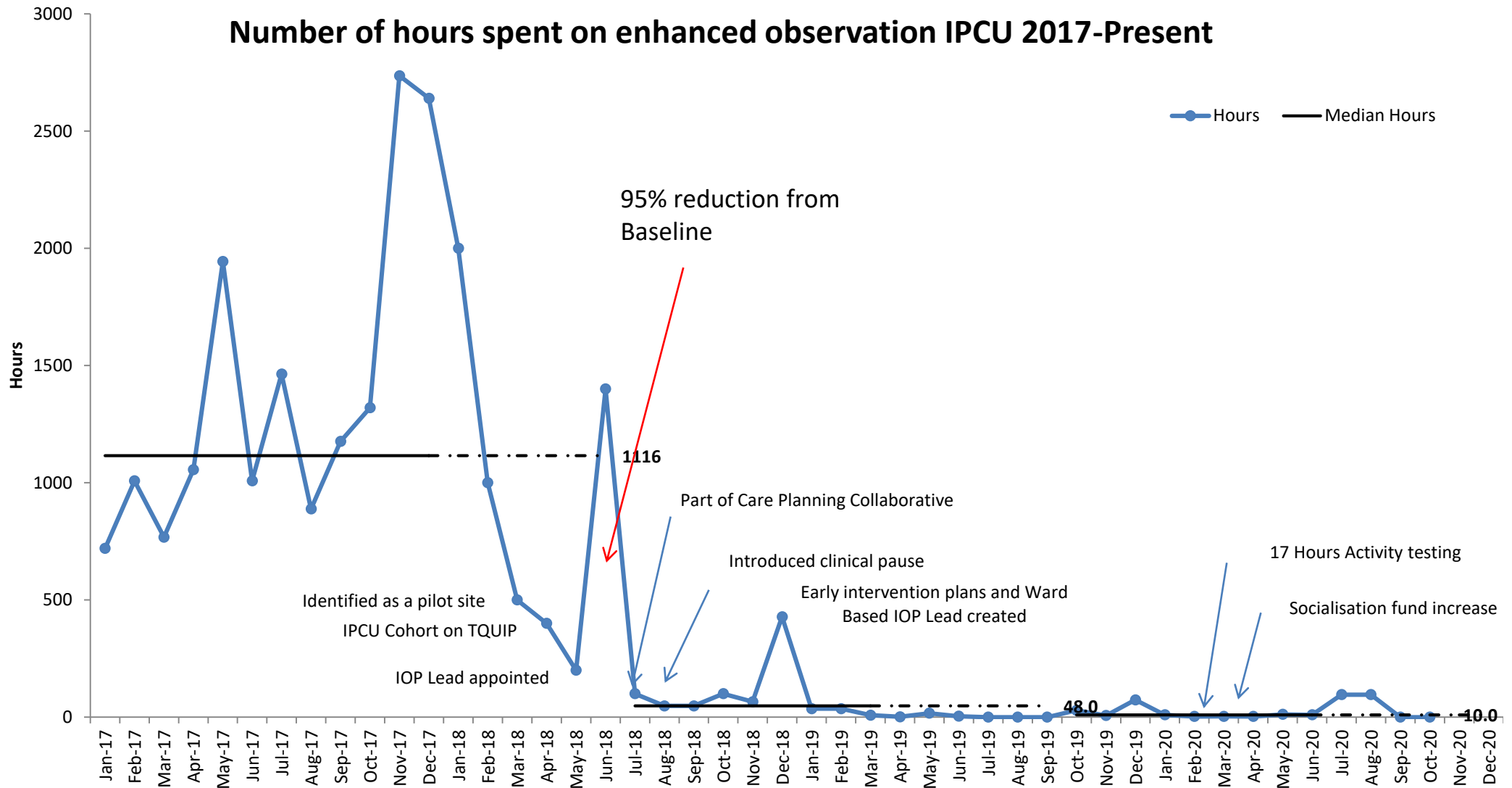
Care planning sessions to be delivered by practice development nurse

Review of admission Criteria / Policy

Traffic light system

Develop a activity timetable offering therapeutic activities

# IPCU Data



# Award Winning!

- Teamwork & Camaraderie
- Connection to Purpose
- Autonomy & Control



# Scale up and spread

- IOP Steering Group developed local protocol
- Scope – All Inpatient Mental Health & Learning Disability wards, including POA & CAMHS
- IOP Leads in each area
- CPD programme to support the implementation



# Staff Training & Development



- CPD Programme aligned to the 9 strands
- To date **1105** hours has been delivered- some of the topics included

Person  
Centred Care  
Planning

Trauma  
Informed Care

Quality  
Improvement

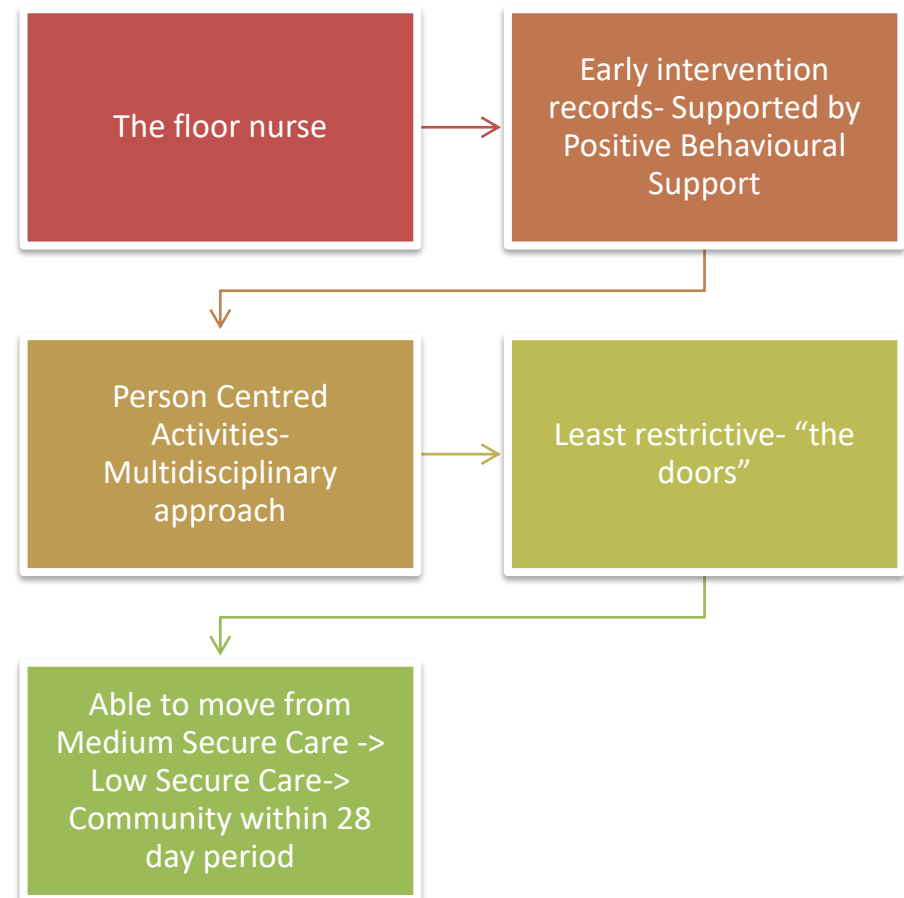
Carers

Least  
Restrictive  
Care

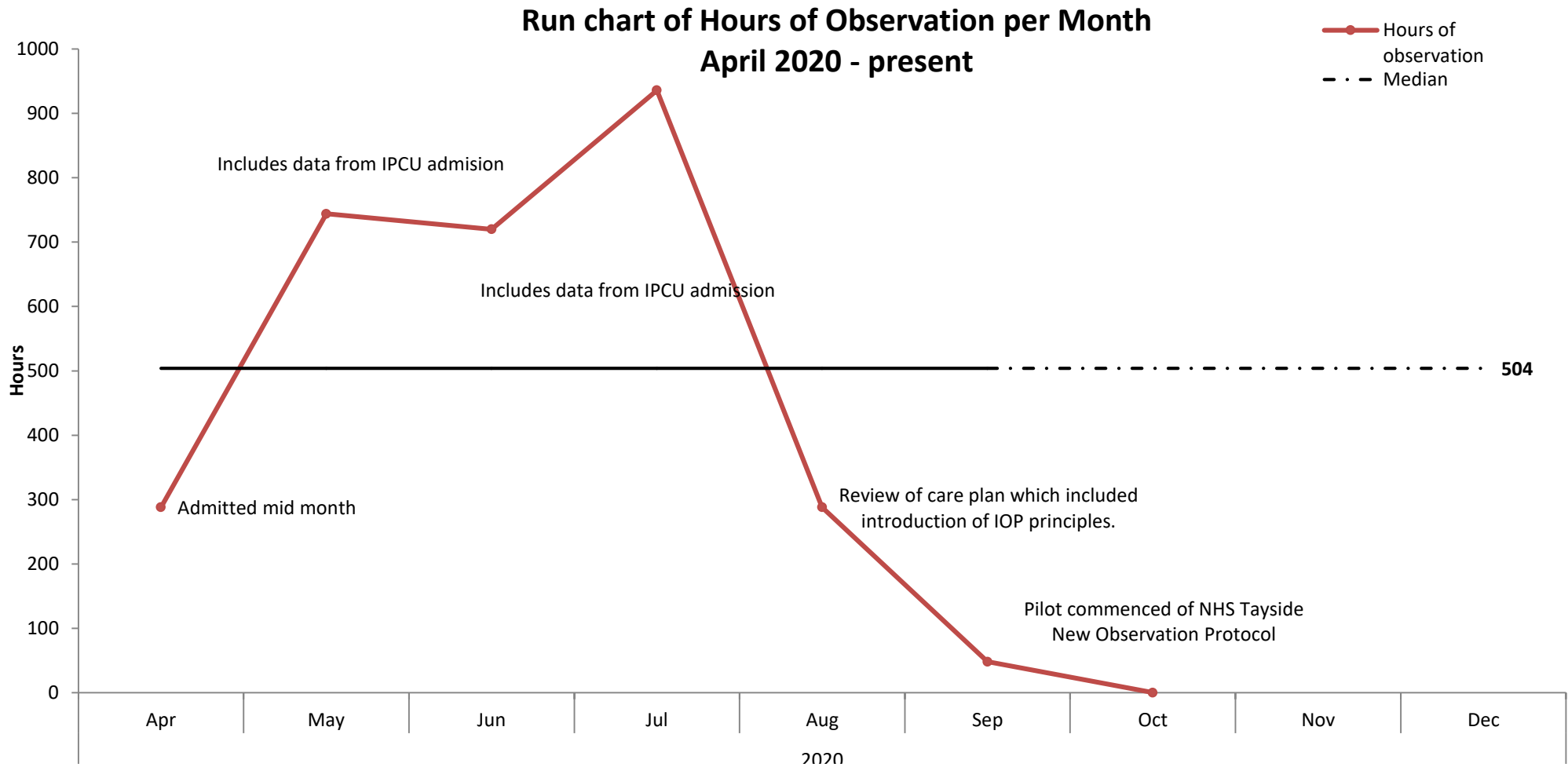
# Rohallion – Patient Story

- Patient B – 35 yr male. Diagnosis of Schizoaffective, with Antisocial and EU PD Traits. Long standing difficulties with communication and learning
- Long history within secure care services from community to Medium secure. History of aggression, assaulting staff and causing damage to environment.
- Spent long periods of time on 2:1 constant observations (December 2018-January 2019 over 1320 hours of constant observation recorded)
- Refused to engage with any thing he considered “a therapy” or “rehab”

# Rohallion Patient Story



# Moredun Ward- Patient Story



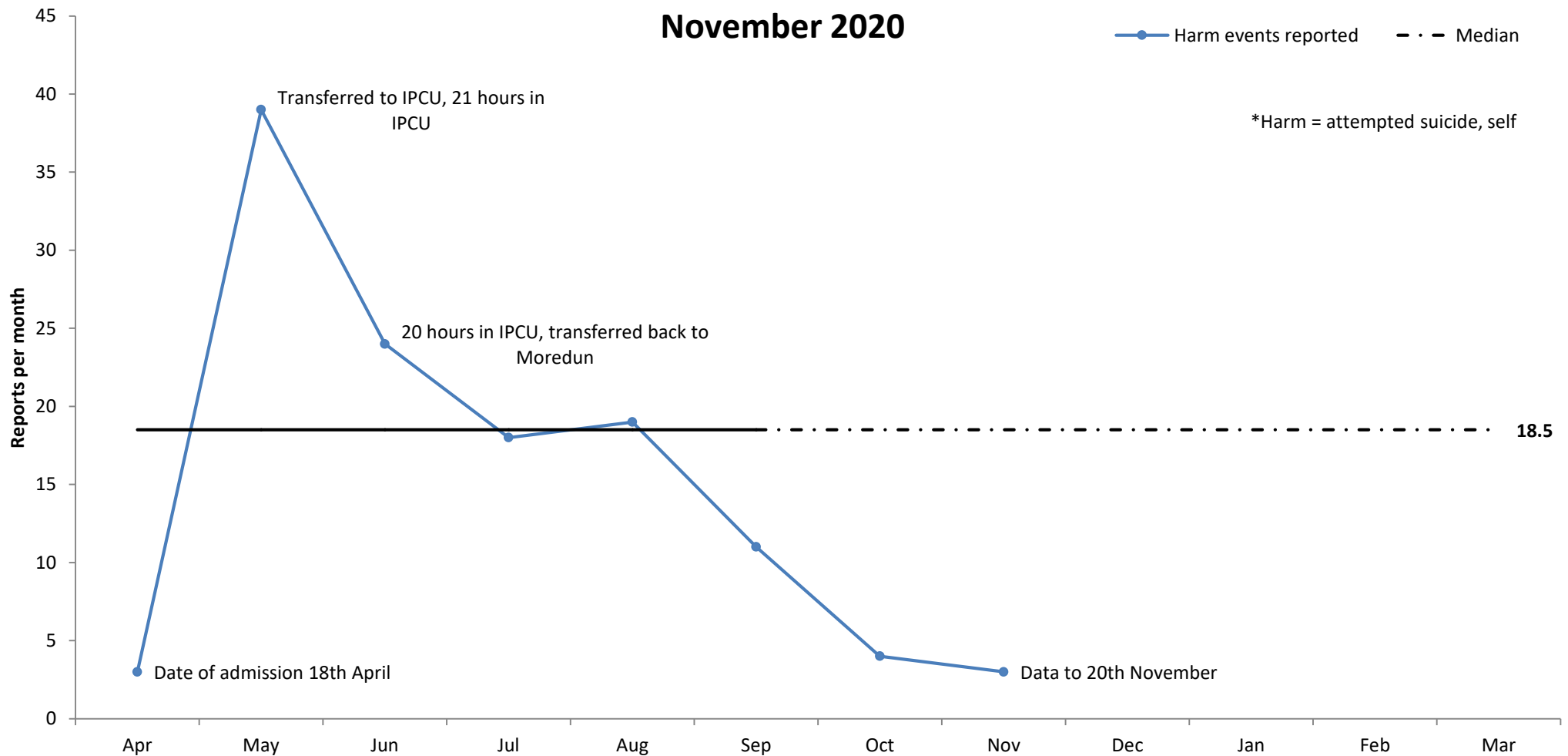


# Moredun Ward- Patient Story



Run chart of Harm\* reported via Datix for Patient X 18<sup>th</sup> April 2020 - 20<sup>th</sup>

November 2020



# Moredun Ward- Patient Story

- Moredun has piloted changes to the Observation Protocol from September 2020
- Staff Assessment Forms completed and signed of by IOP leads
- Cultural changes to managing challenging incidents on the ward with early interventions, structured goal orientated care planning and adopting IOP principles in to day to day ways of working
- Awareness sessions carried out with the clinical team and discussed as an agenda item at the ward Business Meeting in ensuring collaborative approach to the protocol

# Moredun Ward- Staff Feedback

“This way of working is in the best interests of the patients – it is much more least restrictive - Staff Nurse”

“I feel the whole team have involvement at the clinical pause and helps guide us in our decision making” – Nursing Assistant

“This is a more dynamic way of working – the statistics show the positive impact this has on our patients” - Consultant

# Moredun Ward- Staff Feedback

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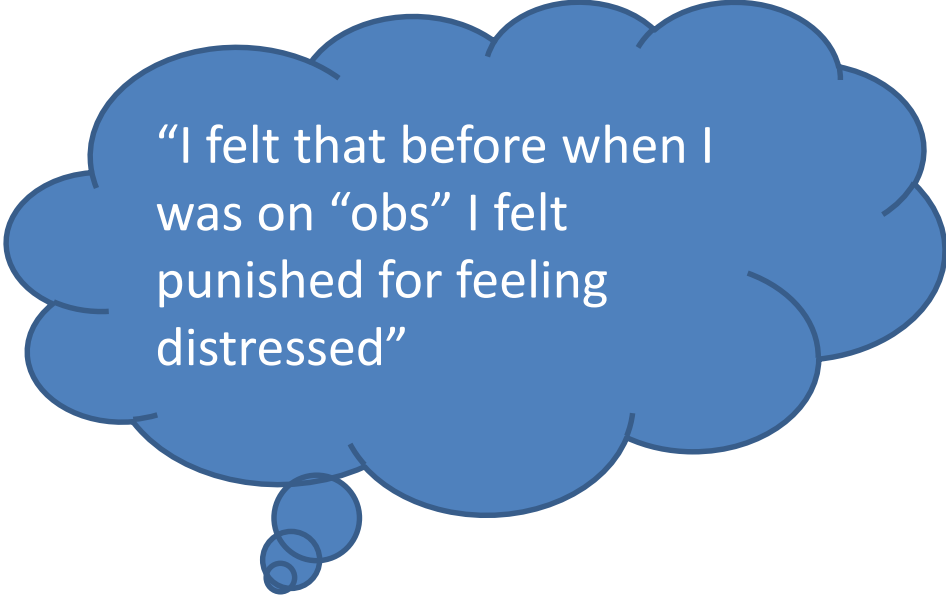


“The role of the floor nurse is important in identifying early warning signs and structuring an intervention in preventing things from escalating” – Nursing Assistant



“In a busy ward environment the floor nurse role is vital in ensuring that early intervention takes place – the traffic light system is a key part in assigning staff to intervene as per the patients care plan in lessening escalating presentations” – Senior Charge Nurse

# Moredun – Patient X Feedback



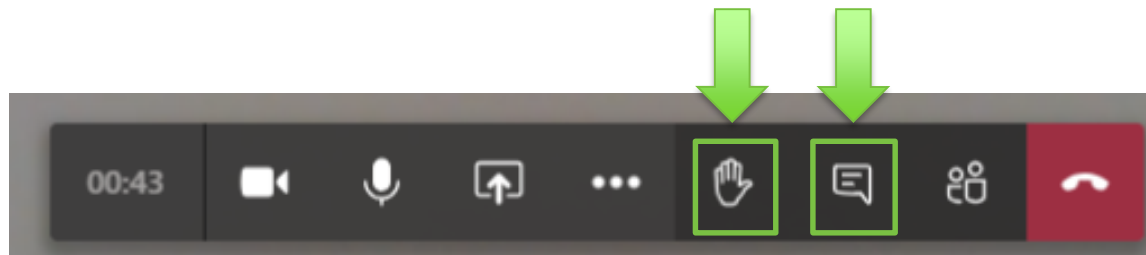
"I felt that before when I was on "obs" I felt punished for feeling distressed"

"I feel that before when I self-harmed and was placed on continuous interventions I was being punished for self-harming and that I had no hope or goals to work towards - having staff sitting outside my room did not help how I was feeling and I felt restricted. I was stuck in my room and unable to interact with anyone which was really crap"

"I now feel that I am able to focus on my goals and the staff now work with me in helping how I am feeling - they don't just give me medication they help me with techniques that support me in helping me relax - I feel that the floor nurse comes in and speaks with me to check how I am doing and staff will be there if I need them - I helped create my care plan with my named nurse and I feel happy all staff know it"

# Time for Questions

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# Jamboard Session

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- Click on the Jamboard link in the chat box
- You'll stay connected to this teams call

# How to Jamboard

The image shows the Google Jamboard interface. At the top left is the 'Learning System Co-design Group' logo. To its right is a page navigation control showing '1/4' with left and right arrows. A callout box points to this control with the text: 'Click here to move between pages'. On the left side is a vertical toolbar with various drawing tools. A callout box points to the 'Post-it note' icon (a document with a plus sign) with the text: 'Click on this icon to create a post it note. Enter text and then click save'. The main canvas has a dark blue background with the title 'Interactive Feedback' in large white text. Below the title is a hand-drawn illustration featuring a central laptop with a person icon on its screen. Surrounding the laptop are various icons and labels: 'Interact' (with a game controller), 'Content' (with a clapperboard), 'Communication' (with a camera), and 'Data' (with a globe and headphones). Other elements include a CD, a smartphone, and a coffee cup.

Learning System Co-design Group

1/4

Click here to move between pages

Interactive Feedback

Click on this icon to create a post it note. Enter text and then click save



# Jamboard Questions for those with access issues

Place your answers in the chat box:

1. Have there been any positive unintended consequences delivering the IOP guidance during Covid-19?
2. Have there been any negative unintended consequences delivering the IOP guidance during Covid-19?
3. What will be your key 'takeaways' from the NHS Tayside webinar today?

# Chatter Fall...

A question  
will appear  
on the  
screen

Add your  
answer into  
the chat box  
BUT do not  
press send

Everyone  
presses  
send at the  
same time

# Question 1

GO!!!!!!

Not so  
good

Very  
good

Question 2

GO!!!!!!

## Question 3



GO!!!!!!

# Next steps

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- Share recording of the session
- Outputs of Jam board
- NHS Tayside Video and Case Study can be found...
- IOP Policy Webinar 26<sup>th</sup> Jan 2021

