Scottish Patient Safety Programme

Essentials of Safe Care

Measurement Framework

May 2021

Contents

How to use this Measurement Framework

Measures are essential to help teams to learn if the changes they are making are leading to an improvement. The measures contained in this framework will assist you and your team to measure key changes in the Essentials of Safe Care change package. You may also find the framework useful in informing other measurement systems, for example, SPSP Programme specific measures; Excellence in Care; incident reporting systems and assurance reporting systems.

Once you have completed the readiness for change and prioritisation tool and selected the changes you want make from the change package, this framework will describe the associated measures and provide guidance on how best to collect and display the data.

Please note there is no mandatory national reporting requirement for this measurement framework and is designed for local use within organisations and teams to measure key changes in the Essentials of Safe Care change package.

To learn more about measurement click on the link: The Improvement Journey - Measurement (NHS Education for Scotland)

1.1 Why measure

This measurement framework is intended to be used alongside the Essentials of Safe Care Change Package to measure the impact of key changes that you want to make. Measurement helps you to:

- Recognise the variation that exists within your system and processes.

- Work out whether your changes are making an improvement.

- Help tell your improvement story.

To learn more about measurement click on the link: Introduction to measurement for improvement (NHS Education for Scotland)

1.2 Choosing Measures

This measurement framework contains a selection of measures for assessing and improving safety. This measurement framework complements existing SPSP programme specific measures and can be used alongside other measurement systems, for example Excellence in Care, incident reporting systems and assurance reporting systems.

An improvement project should have a small family of measures that track the progress of the project over time. These should include:

- **Outcome measures**: to tell the team whether the changes it is making are helping to achieve the stated aim. For example, number of falls in your service.

- **Process measures**: to tell the team whether things that have to be done to achieve the desired outcomes are happening reliably. For example, a measure for accessing physical deterioration.

- **Balancing measures**: to check for possible consequences elsewhere in the system. For example, staff experience.

To learn more about measures click on the link: Developing your measures (NHS Education for Scotland)

1.3 How to measure

When planning your data collection you will need to consider:

Collecting your data	Displaying your data
• Who will collect the data? • What data will you collect? • When will you collect the data? • How will you collect/record the data?	• What chart type you will use? • How will you share and use your data?

To learn more about data collection click on the link: Data collection (NHS Education for Scotland)
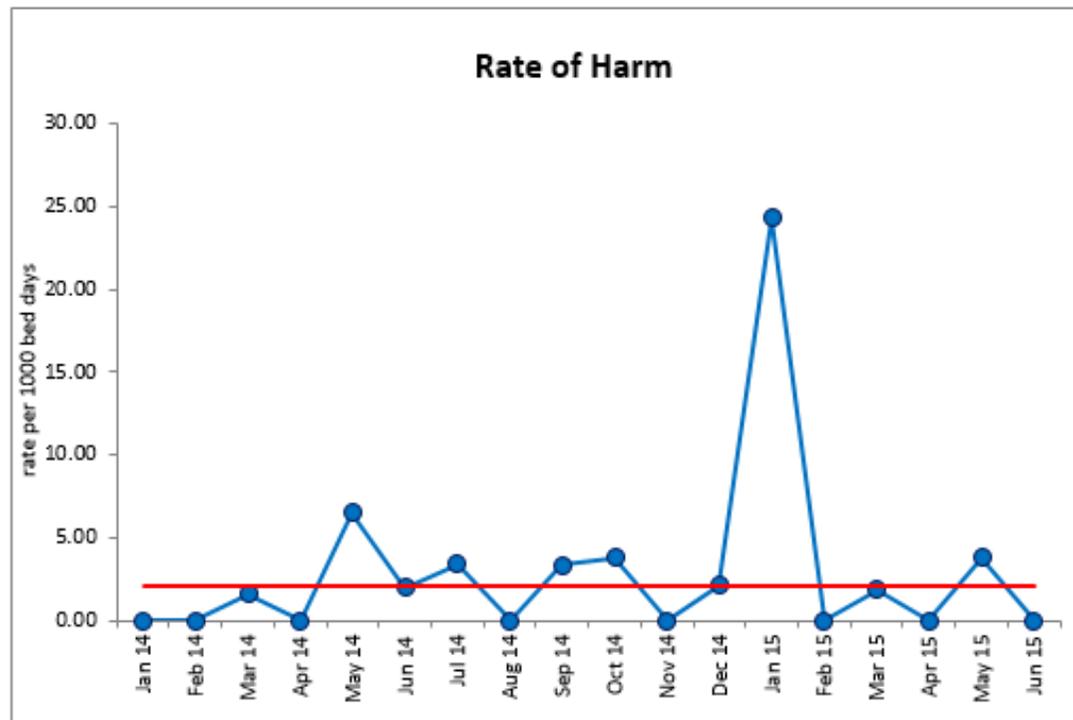
1.4 Sampling

Measuring for improvement relies on small sample sizes, often referred to as 'just enough' data to learn from. When it is not possible to access a larger amount of data, it is suggested you use 'random sample' method to select 5 records per week at random to review, no more than 20 per month.

1.5   Presenting data

Run Charts (see example below) are an excellent way to present your data to help you to understand what is happening in your service. They are used to distinguish between random variation (variation that affects all processes, people and outcomes equally) and non-random variation, which could be due to the changes you have introduced. A toolkit for generating run charts has been included with this framework.

To learn more about presenting your data in a run chart click on the link: Presenting your data (NHS Education for Scotland)

Example of a run chart to display data.

1. Essentials of Safe Care Measures

Readiness for change and identifying opportunities for improvement

- Readiness for change and prioritisation assessment
- Regular case note review to identify opportunities for improvement

Person centred systems and behaviours are embedded and support safety for everyone

- Person-centred care planning documentation
- Routinely gather feedback near real-time

Safe communications within and between teams

- System wide communication methods
- Safety briefs
- Safe communication at transition

Leadership to promote a culture of safety at all levels

- Safety Climate tools (Staff and Patient)
- National health and well-being outcomes 1, 7, 8, 9

Safe consistent clinical processes

- Standard Infection Control Precautions
- Safe Staffing
- Leadership walk rounds

2.1 Readiness for change and identifying opportunities for improvement

Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Readiness for change and prioritisation assessment	• The readiness for change and prioritisation assessment will support you to identify the key changes you will want to make. The tool supports you to understand what might get in the way of making changes and what will support changes in practice. This is the first step in the process of introducing new changes.	• Readiness for change assessment and prioritisation tool.	N/A	N/A
Regular case note review to identify opportunities for improvement	• A regular review of case notes or adverse events helps to identify issues and types of potential and actual harm, and inform future opportunities for improvement. There are many recognised tools to support this activity, for example the Global Trigger Tool. • The **Global Trigger Tool (GTT)** can be used to identify adverse events within your system and identify areas for improvement. Developed by the Institute for Healthcare Improvement, the tool is an easy-to-use tool for measuring the rate of harm over time. **To learn more follow the links:**	Review of electronic record system/case notes/template Number of case notes reviewed each month using locally agreed tool (aim for 20 electronic records/case notes).	Monthly	Pareto Analysis

Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
	• White Paper on Global Trigger Tool (Institute for Healthcare Improvement) • Global Trigger Tool for Primary Care (Healthcare Improvement Scotland)			

2.2   Person centred systems and behaviours are embedded and support safety for everyone

Concept/Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Person-centred care planning documentation Percentage (%) of records with a Person-centred care plan documented	**Person-centred care planning** is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs safely. This can include what matters to you conversations and involving families and carers in the care process. • **Numerator:** The number of records that have a person-centred care plan in place and actioned, as defined by your organisation, each week.	Review of electronic record system/case notes **Sample:** 5 cases per week/No more than 20 per month	Weekly/ Monthly	Run Chart

Concept/Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
	• **Denominator:** The number of records reviewed each week This is also measured through the national **CAIR system**. Please check with your local **Excellence in Care** Lead for more details.			
Routinely gather feedback near real-time	The Care Experience Improvement Model (CEIM) is a simple framework that supports health and social care teams to make improvements that are directly related to feedback in a person-centred way.	Care Experience Conversations	As required	NA

2.3 Safe communications within and between teams

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
System wide communication methods	A **site-wide huddle** is a multidisciplinary briefing, held at a predictable time and place, and focused on safe staffing, operational issues and general safety. Effective **site-wide huddles** involve agreed actions, are informed by visual feedback of data	Observational/ Template	Weekly	Run Chart

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
	and provide the opportunity to celebrate success in reducing harm. A count of any of the following measures: 1. Number of daily huddles each week 2. Number of staffing concerns identified each week 3. Number of operational concerns identified each week 4. Number of general safety concerns identified each week This is also measured through the Care Home Safety Huddle tool.			
Safety briefs (Team)	**Safety briefs** are a short multidisciplinary briefing, held at a predictable time and place, and focused on the people you care for who are most at risk. Effective safety briefs involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm. • **Count:** Number of daily safety briefs each week • **Count:** Number of safety concerns identified each week	Observational/ Safety Brief Template	Weekly	Run Chart

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Safe communication at transition Percentage (%) of key documents completed reliably at transition	Providing effective communication at key stages of the care journey is a vital factor in providing safe care. Measuring the completion of key documents at **key transition points** could result in reducing harm. An example of this type of document is an Immediate Discharge Letter, Patient Transfer Form or Clinic Letter. • **Numerator:** The number of a selected key transition document completed per standard each week • **Denominator:** the number of selected key transition reviewed each week	Review of electronic record system/Case notes **Sample:** 5 per week/ No more than 20 per month	Weekly	Run Chart

2.4 Leadership to promote a culture of safety at all levels

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Safety Climate tools (Staff and Patient)	Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiatives. Using a Safety Climate Survey, teams can gain information about the perceptions of staff about safety in their area or department and management's commitment to safety. General Practice teams can access a dedicated online Safety Climate Survey, developed by NHS Education for Scotland and hosted by Healthcare Improvement Scotland. **To learn more follow the link:** Mental Health Staff Safety Climate Survey (Healthcare Improvement Scotland) Mental Health Patient Safety Climate Survey (Healthcare Improvement Scotland) General Practice Safety Climate Survey (Healthcare Improvement Scotland) Safety Culture Discussion Cards (NHS Education for Scotland)	Safety Climate Form	Bi-annually/ Annually	N/A

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
National health and well-being outcomes 1, 7, 8, 9	Measure your organisation against the National health and well-being outcomes. Outcomes 1, 7, 8 and 9 are relevant to the Essentials of Safe Care: • People are able to look after and improve their own health and wellbeing and live in good health for longer. • People who use health and social care services are safe from harm. • People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. • Resources are used effectively and efficiently in the provision of health and social care services.	Organisation assurance and improvement data	N/A	N/A

2.5   Safe consistent clinical processes

Concept/Measure Name	What/how to measure	Data Source	Frequency of Reporting	Chart Type
Standard Infection Control Precautions (SICPs) Percentage (%) compliance with each SICP in chosen area/ department	**Standard Infection Control Precautions (SICPs)** are processes to protect you and your patients from infections. There are **10 SICPs** which apply to all staff, in all care settings, at all times for all patients, whether infection is known to be present or not. The 10 SICPs are: 1. Patient Placement/Assessment for infection risk 2. Hand Hygiene 3. Respiratory and Cough Hygiene 4. Personal Protective Equipment 5. Safe Management of Care Equipment 6. Safe Management of Care Environment 7. Safe Management of Linen 8. Safe Management of Blood and Body Fluid Spillages 9. Safe Disposal of Waste (including sharps) 10. Occupational Safety: Prevention and Exposure Management (including sharps)	Contact local Infection Prevention and Control teams for local process.	Bi-annually	N/A

Concept/Measure Name	What/how to measure	Data Source	Frequency of Reporting	Chart Type
	To learn more follow the link: [Standard Infection Control Precautions (SICPs) (NHS National Services Scotland)](#) **Measure:** Audit reliable implementation of each of the 10 SICPs bi-annually This is also measured through the national **CAIR system**. Please check with your local **Excellence in Care** Lead for more details.			
Safe staffing	To provide assurance that staffing is appropriate to support high quality care. **MEASURES:** **Supplementary Staffing Use** The percentage of WTE used for supplementary staffing (overtime, excess, bank and agency) by team. • **Numerator:** Total WTE of supplementary staffing used on the ward/team in each month • **Denominator:** Funded establishment WTE	Payroll systems Business support mechanisms	Monthly	N/A

Concept/Measure Name	What/how to measure	Data Source	Frequency of Reporting	Chart Type
	Establishment Variance Variance between funded establishment WTE and average contracted staff in post WTE over the course of the month. • **Numerator:** Funded Establishment WTE – Average contracted in post WTE • **Denominator:** Funded Establishment WTE **Workload Tools** **To learn more follow the link:** Staffing Workload Tools (Healthcare Improvement Scotland) For Nursing and Midwifery the **Excellence in Care** core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality. **To learn more follow the link:** Safe Staffing (Healthcare Improvement Scotland) These data are also measured through the national **CAIR system**. Please check with your local **Excellence in Care** Lead for more details.			

Concept/Measure Name	What/how to measure	Data Source	Frequency of Reporting	Chart Type
Leadership walk rounds	This improvement tool connects senior staff with their point of care staff via a structured conversation which can help build a culture of safety within an organisation. They can also help identify the barriers to caring for people as safely as possible. The conversations should focus on: • Key safety concerns • What we can do together to improve • Teamwork and how do your local teams operate • Communication, and • How leadership can help. The conversations allow organisations to identify and act on areas requiring improvement. They can also be used to educate staff about safety concepts and improvements as well as incident reporting systems. • **Count:** Number of leadership walkrounds conducted each month • **Count:** Number of safety issues opened as a result of leadership walkround, each month • **Count:** Number of closed safety issues identified on a leadership walkround, each month	Data collected locally	Monthly	N/A