Scottish Patient Safety Programme

Mental Health

Readiness for Change Assessment & Prioritisation Tool

November 2021

Contents

Introduction

The SPSP mental health change package is a practical package of evidence-based guidance and support that enables Scotland's adult inpatient system to ensure 'Everyone in adult mental health inpatient wards experiences high quality, safe and person centred care every time.'

An important first step for the organisation and participating teams is to assess readiness to implement changes. This document provides a Readiness for Change Assessment tool which will support you to assess how ready your organisation and teams are for change.

Why Assess Readiness for Change?

A readiness assessment will provide the organisation and team with insights into the challenges and opportunities they may face during the change process - it is critical to ensure that groups can be effectively prepared for a change.

The tool will help you to understand strengths and gaps in your organisation and teams to support your change efforts and to ensure success.

The data collected from the assessment will inform the specific change activities your organisation and teams need to consider. The tool will support you to understand any factors in your organisation and teams that could be barriers or enablers for the change. This is the first step in the process of embedding a high impact change for your organisation and teams.

How to use the Readiness Assessment

The tool is split into 4 sections:

Section 1: Assessing Organisational Readiness

Section 2: Assessing Team Readiness

Section 3: Understanding Current Practice

Section 4: Prioritising Areas for Improvement.

Readiness for Change Assessment

Section 1: Assessing Organisational Readiness

This section should be completed by an identified senior leader within the organisation who will provide overall leadership to embedding SPSP mental health into day to day practice.

Answer each question by scoring it as: **0 – No evidence**   **1 – Some evidence**   **2 – Good evidence**

ORGANISATION QUESTIONS	SCORE OF EVIDENCE
The organisation is committed to safe, effective and person centred care and sees the Scottish Patient Safety Programme for Mental (SPSPMH) Health as integral to delivery.	
There is executive commitment to embedding SPSPMH into day to day practice.	
There is an identified senior leader within the organisation who will provide overall leadership to embedding SPSPMH into day to day practice.	
The organisation is committed to providing resources and time to work on SPSPMH.	
The organisation provides teams with access to leaders who can support changes and improvements in practice.	
The organisation provides education, training and support to enable staff to take forward changes in practice.	
The organisation has mechanisms to capture, collate and use data to support improvement.	

Total score (Organisation questions):	
Comments:	

Assessing Organisational Readiness – understanding your score

- Organisations which score less than 7 in this section are recommended to undertake further preparation work before commencing improvement work.
- Organisations which score between 7 and 13 in this section may need to undertake minor preparation before commencing improvement work but are nearly ready.
- Organisations scoring 14 in the organisation assessment are ready to start improvement work and should be mindful of any areas that may require attention.

Note: Organisations scoring 13 or below should be aware that these wider elements of organisational readiness may take some time to be addressed. This means that improvement work can be commenced – however it should run in parallel to the work being undertaken at organisational level.

Additional support may be available to you within your organisation, and you can use the following links to learn more:

Achieving sustainable change (NHS Education for Scotland)

Measuring safety culture (The Health Foundation)

The improvement journey (The Health Foundation)

Section 2: Assessing Team Readiness

This section should be completed by the team lead who will have operational responsibility for embedding the SPSP mental health into day to day practice.

Answer each question by scoring it as: **0 – No evidence**   **1 – Some evidence**   **2 – Good evidence**

TEAM QUESTIONS	SCORE OF EVIDENCE
At least one member of the team has authority on the outcomes, processes, or systems being changed.	
Team members report experience of working well together, for example via one-to-one discussions, supervision conversations or in team meetings.	
The team has effective communication processes in place: this might include the use of structured tools and electronic documentation.	
The team has decision-making processes in place with clarity of roles, responsibilities and routes of escalation.	
The team is aware of the need for continuous improvement in processes, experiences and outcomes to support delivery of SPSPMH.	
The team have skills and experience to make changes and improvements in practice.	
The team is committed to achieving shared goals.	
The team aims are directly aligned with the organisation's key strategic goals.	

Total score (Team questions):	
Comments:	

Assessing Team Readiness – Understanding your team score

The total score listed below should be used to inform your next steps:

- Teams which score less than 8 in the team assessment are recommended to undertake further preparation work before commencing improvement work.
- Teams which score between 8 and 15 in the team assessment may need to focus on particular areas before commencing improvement work but are nearly ready.
- Teams scoring 16 in the team assessment are ready to start improvement work and should be mindful of areas that may require some attention.

Note: Teams scoring 15 or below should be aware that these wider elements of team readiness may take some time to be addressed. This means that improvement work can be commenced – however it should run in parallel to the work being undertaken at team level.

Additional support may be available to you within your organisation, and you can use the following links to learn more:

The improvement journey - creating the conditions (NHS Education for Scotland)

Quality improvement made simple (The Health Foundation)

Using communications approaches to spread improvement (The Health Foundation)

Section 3: Understanding current practice

Once you have completed sections 1 and 2 and established how you will undertake and align any organisational / team readiness development, you are ready to progress with the SPSP MH improvement work.

This section will support you to understand and develop your approach to embedding SPSP mental health into your day to day work by helping you to understand your current practice.

You should review the following drivers against the evidence, examples and training resources on the SPSP mental health web pages to assess what you already have embedded, and any gaps in practice. (Each section contains hyperlinks that will take you directly to the secondary driver web pages.)

- Use the scale to describe how well you have each primary or secondary driver embedded into day to day practice.

- Record any data sources that you can use to provide evidence / assurance.

SPSP mental health: Primary and secondary drivers	DATA SOURCE (EVIDENCE)
Reduce and improve the safety of restraint practices	
Use preventative, early and therapeutic intervention approaches that are trauma informed Not applicable Not embedded Partially embedded Fully embedded	
Use of safe communication processes Not applicable Not embedded Partially embedded Fully embedded	

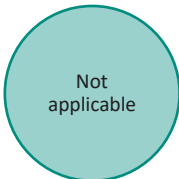| Accurate, Relevant and up-to-date policy and education	Not applicable	Not embedded	Partially embedded	Fully embedded	
The Design and utilisation of environment to promote safety	Not applicable	Not embedded	Partially embedded	Fully embedded	

Reduce and improve the safety of seclusion practices

Use preventative, early and therapeutic intervention approaches that are trauma informed	Not applicable	Not embedded	Partially embedded	Fully embedded	
Use of safe communication processes	Not applicable	Not embedded	Partially embedded	Fully embedded	
Accurate, Relevant and up-to-date policy and education	Not applicable	Not embedded	Partially embedded	Fully embedded	

The Design and utilisation of environment to promote safety	Not applicable	Not embedded	Partially embedded	Fully embedded	
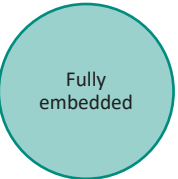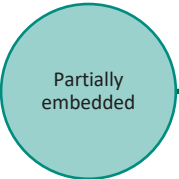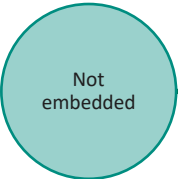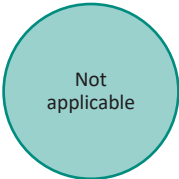
'From Observation to Intervention' guidance into practice

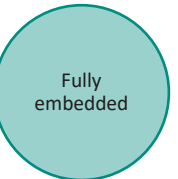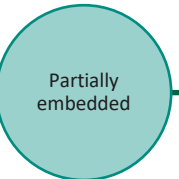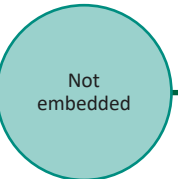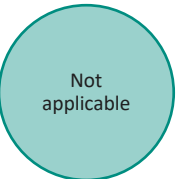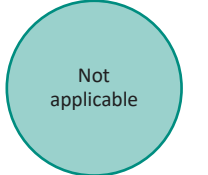| Infrastructure to support human rights based, trauma informed contemporary practice	Not applicable	Not embedded	Partially embedded	Fully embedded	
Person-centred care planning	Not applicable	Not embedded	Partially embedded	Fully embedded	
Continuous interventions are delivered by core, familiar and skilled staff	Not applicable	Not embedded	Partially embedded	Fully embedded	
Early detection, prevention and intervention with patients at risk of deterioration or harm	Not applicable	Not embedded	Partially embedded	Fully embedded	
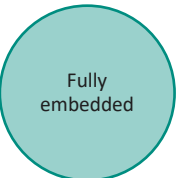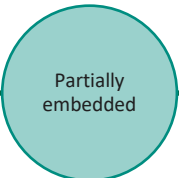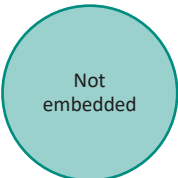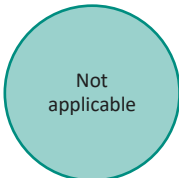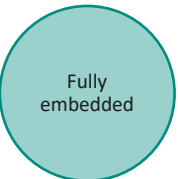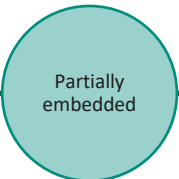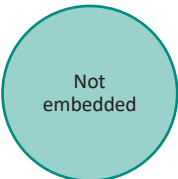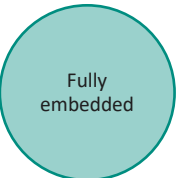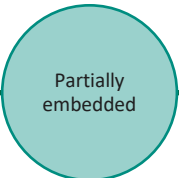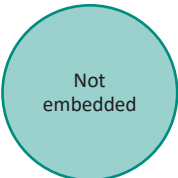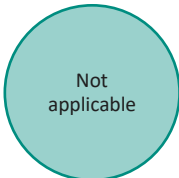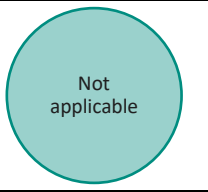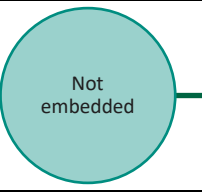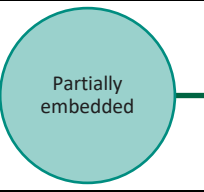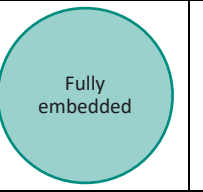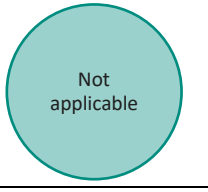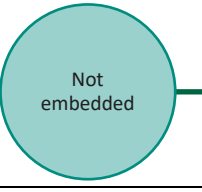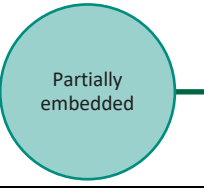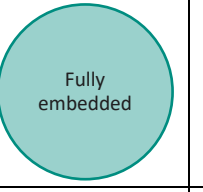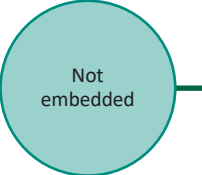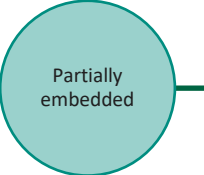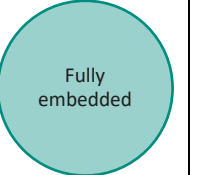
Create the conditions to promote a culture of high quality care at all levels.

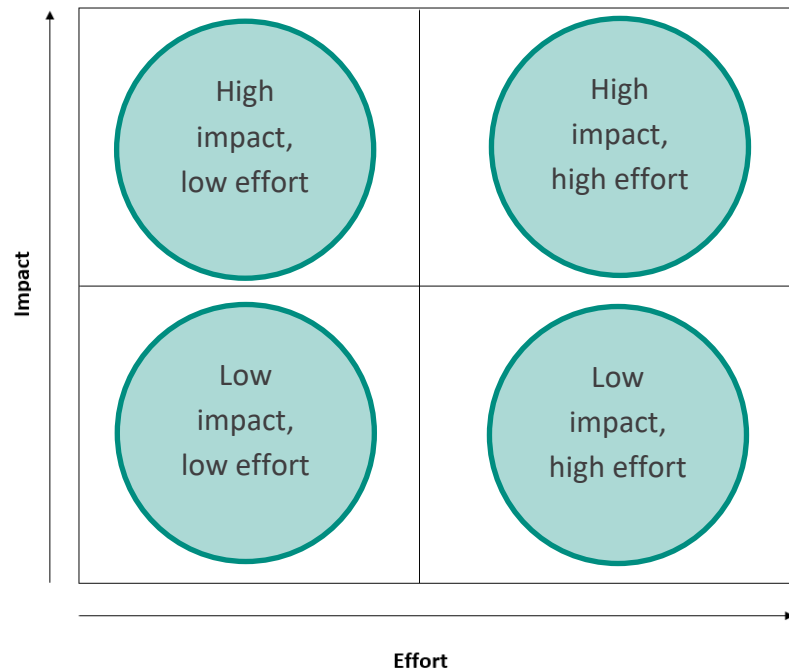| Team commitment to Quality	Not applicable	Not embedded	Partially embedded	Fully embedded	
Systematic processes for Learning	Not applicable	Not embedded	Partially embedded	Fully embedded	
Effective Quality Infrastructures	Not applicable	Not embedded	Partially embedded	Fully embedded	

Comments:

Section 4: Prioritising areas for improvement

Once you have completed section 3 to establish what you already have embedded and any gaps in practice, you are ready to identify your priorities for improvement. This section will support you to understand how to balance effort and impact, either as part of continuous improvement of current practice, or of the introduction of new ways of working.

Using what you have learned in section 3 about your current practice:
- have a discussion with your team and create a list of improvements you would like to make;
- consider the potential impact, and the level of difficulty, of making these improvements;
- arrange them on the matrix below as a guide;
- identify your first area of focus for improvement;
- develop your improvement plan.

High impact, low effort	High impact, high effort
Low impact, low effort	Low impact, high effort

Impact (vertical axis)

Effort (horizontal axis)

Once this process is complete you will see your priorities sitting towards the upper half of the matrix.

Items on the top left are your "quick wins" – lower effort, high impact ideas. As you move across to the right the ideas require more effort.

Don't try to do too much from the top-right of the matrix.

Review the matrix regularly. You should be continuously learning from your testing and this may mean changes to your priorities.

You can download a blank template here.

Healthcare Improvement Scotland
Scottish Patient Safety Programme

Edinburgh Office   Glasgow Office
Gyle Square   Delta House
1 South Gyle Crescent   50 West Nile Street
Edinburgh   Glasgow
EH12 9EB   G1 2NP

0131 623 4300   0141 225 6999

www.healthcareimprovementscotland.org