Scottish Patient Safety Programme Mental Health

Change Package

Improvement Hub

Enabling health and
social care improvement

Introduction

Welcome to the SPSP mental health change package

The aim of the SPSP mental health change package is to provide you with evidence-based guidance to support the delivery of improvement in adult inpatient settings. A change package consists of a number of high-level outcomes supported by activities that when implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why have we developed this change package?

This change package is for services providing inpatient care to adults. It will support teams to use quality improvement methods and improve human rights, trauma informed care and reductions in restraint and seclusion practices.

What is included in this change package?

- Driver diagram
- Change ideas
- Guides, tools and signposts to examples of good practice
- Information on the evidence base. The change package is also supported by an evidence summary.
- Guidance to support measurement

Programme aim

Programme aim

The aim of the SPSP mental health improvement collaborative is:

Everyone in adult mental health inpatient wards experiences high quality, safe and person centred care every time

Setting a project aim

All quality improvement projects should have an aim that is **S**pecific, **T**ime bound, **A**ligned to the NHS board's objectives and **N**umeric (STAN). We suggested you develop an aim for your improvement work aligned to the primary drivers in this change package. For example:

25% reduction in restraint in inpatient ward X by March 2023

Driver Diagram

Aim	Primary Drivers	Secondary Drivers
Everyone in adult mental health inpatient wards experiences high quality, safe and person centred care every time	**'From Observation to Intervention'** guidance into practice	Infrastructure to support human rights based, trauma informed contemporary practice
		Person-centred care planning*
		Continuous interventions are delivered by core, familiar and skilled staff
	Reduce and improve the **safety** of **restraint** practices	Early detection, prevention and intervention with patients at risk of deterioration or harm
		Use preventative, early and therapeutic intervention approaches that are trauma informed
		Use of safe communication processes*
	Reduce and improve the **safety** of **seclusion** practices	Accurate, Relevant and up-to-date policy and education
		The Design and utilisation of environment to promote safety
Essentials of Safe Care*		

Change Ideas – ‘From Observation to Intervention’ guidance into practice

infrastructure to support human rights based, trauma informed contemporary practice	Person-centred care planning*	Continuous interventions are delivered by core, familiar and skilled staff	Early detection, prevention and intervention with patients at risk deterioration or harm
Develop and implement local approaches to care aligned to ‘From Observation to Intervention’ guidance	MWC Good Practice Guide for care planning to inform practice	Diarised interventions to ensure and maximise patient contact	Use of specific assessment tools and/or interventions to target specific areas of need or harm
Increase staff capacity and capability to provide new models of care	Care and treatment plans evidence family and carer involvement or contribution	Introduce staff led group activities	A system is in place to identify patients at risk for deterioration e.g. Traffic light system, early warning score.
Awareness sessions for patients and carers to increase knowledge of new approaches to care	Collaborative (daily) goal setting	Trauma informed care training	A process in place for physical health reviews
Identify roles and responsibilities within MDT to provide new models of care	Improving the use of Clinical Pause and MDT to review Continuous Interventions	Creative approaches to clinical supervision e.g. action learning sets, peer supervision and reflective practice.	The role of ‘floor nurse’ to communicate any clinical deterioration

Essentials of Safe Care*

Evidence and examples –
‘From Observation to Intervention’ guidance into practice

Why is it important?

To support and challenge all mental health care practitioners to move away from the traditional practice of enhanced observation and work instead towards a framework of proactive, responsive, personalised care and treatment which puts the patient firmly at its centre.

Evidence, examples of practice and education

Healthcare Improvement Scotland: From Observation to Intervention – Guidance

Mental Welfare Commission: Person Centred Care Plans -Good Practice Guide

Mental Welfare Commission: Human Rights in Mental Health Services - Good Practice Guide

NHS Education for Scotland: National Trauma Training Programme

Tools

Mental Welfare Commission: Rights in Mind - Booklet

What Matters to You? - Tools and Resources

Healthcare Improvement Scotland: Improving Observation Practice - Case Studies

Change Ideas – **Reduce and Improve** the safety of **restraint** practices

Use preventative, early and therapeutic intervention approaches that are trauma informed	Communication process* Before, during and after use of restraint	Accurate, relevant and up-to-date policy and education	The Design and utilisation of environment to promote safety
Aligned person centred clinical needs assessment, risk assessment and safety planning	Safety briefs and Huddles*	'From Observation to Intervention' – Strand 5 – Least Restrictive Practice	Heat maps of episodes of restraint
De-escalation techniques: Staff are trained and use	Debrief following incidents of restraint	Local Restraint Reduction policy in place and monitored	InSitu Simulation of safety events
Using evidence based, structured approaches to reducing risk e.g. BVT checklist	Improve communication between staff, families and carers	Local training is informed by incident reviews and local context	Review the suitability of ward environment
Regular review of PRN medication for patients at risk of deterioration	Follow up with witnesses of restraint	There is evidence staff have complete relevant training/E-learning	Improve use of outdoor space

Essentials of Safe Care*

Evidence and examples –
Reduce and Improve the safety of **restraint** practices

Why is it important?

Restrictive practice, including restraint, seclusion and 'informal seclusion', can increase stigma, isolation and the risk of harm; it can adversely affect patients with a trauma background and it reduces the potential to 'share risk' between mental health practitioners and patients by reducing the opportunity to build trust and work collaboratively on safety planning that supports a patient's autonomy and development of coping strategies.

Evidence, examples of practice and education

Equality Human Rights: Human Rights Framework Restraint

National Institute of Clinical Excellence (NICE): Violence and Aggression Short term Management in Mental Health Health and Community Settings - Guidance

Tools

Healthcare Improvement Scotland: Essentials of Safe Care - Safety Briefing and Huddles

Restraint Reduction Network: Restrictive Practices Review Tool

Restraint Reduction Network: Reducing Restrictive Practices Checklist

RCPSYCH: Reducing Restrictive Practice - Ideas for Changing Practice

The Bröset Violence Checklist

Change Ideas – **Reduce and Improve** the safety of **seclusion** practices

Use preventative, early and therapeutic intervention approaches that are trauma informed	Communication process: Before, during and after use of or seclusion	Accurate, relevant and up-to-date policy and education	The Design and utilisation of environment to promote safety
Aligned person centred clinical needs assessment, risk assessment and safety planning	MDT Reviews of Patients in Seclusion	'From Observation to Intervention' – Strand 5 – Least Restrictive Practice	Regular review of seclusion and sensory room
De-escalation techniques: Staff are trained and use	Debrief following incidents of seclusion	MWC Good Practice Guide for Seclusion inform local practice	InSitu Simulation of safety events
Using evidence based, structured approaches to reducing risk	Improve communication between staff, families and carers	Local seclusion policy in place and monitored	Review the suitability of ward environment
Knowing patient preferences for managing stress and distress	Follow up with witnesses of seclusion	Staff complete relevant training/E-learning	Improve use of outdoor space

Evidence and examples –
Reduce and Improve the safety of **seclusion** practices

Why is it important?

Restrictive practice, including restraint, seclusion and 'informal seclusion', can increase stigma, isolation and the risk of harm; it can adversely affect patients with a trauma background and it reduces the potential to 'share risk' between mental health practitioners and patients by reducing the opportunity to build trust and work collaboratively on safety planning that supports a patient's autonomy and development of coping strategies.

Evidence, examples of practice and education

Mental Welfare Commission: Use of Seclusion - Good Practice Guide

Tools

Healthcare Improvement Scotland: Essentials of Safe Care - Safety Briefing and Huddles

Restraint Reduction Network: Restrictive Practices Review Tool

Restraint Reduction Network: Reducing Restrictive Practices Checklist

RCPSYCH: Reducing Restrictive Practice - Ideas for Changing Practice

The Bröset Violence Checklist

Measurement

Measures are essential to help teams to learn if the changes they are making are leading to an improvement. 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 restraints 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 patients with a person centred care plan in place
- **Balancing measures:** to check for possible consequences elsewhere in the system. For example, staff experience.

More detailed guidance and the full list of suggested measures can be found in the measurement framework.