SCOTTISH PATIENT SAFETY PROGRAMME MENTAL HEALTH

Patient Safety Climate Tool

The Scottish Patient Safety Programme is co-ordinated by Healthcare Improvement Scotland

Patient Safety Climate Tool

The questions have been developed by mental health service users and carers, and the SPSP Mental Health Teams across NHS Boards have supported the implementation and delivery of the Patient Safety Climate Tool (PSCT). The tool is designed to enquire about environmental, relational, medical and personal safety and the layout of the tool is designed in such a way that there is a flow through the questions. This has come about after a number of tests of change and analysis of responses to these tests.

Generating knowledge, cultivating learning among those delivering and in receipt of care, and using knowledge to improve safety are core values of the Scottish Patient Safety Programme (SPSP), and they are values that align with the importance of using this climate tool.
We use the term "tool" to mean a standard set of items given to participants to assess different aspects of a ward or unit's safety climate. There are many issues to consider in order to produce survey data that is trustworthy and useful. This includes the mixture and analysis of qualitative and quantative data. Additional research is planned to refine this tool as a best practice survey instrument.
It is important to note that the tool provides a snapshot at a given point in time and does not take into account and indeed is not required to, where individual patients may be in relation to their recovery. What is key is that unless it is clinically inadvisable, every patient is given the opportunity to participate.

The tool is made up of 20 questions: 18 questions that ask for a score with supporting narrative and two further open questions that ask what safety improvements could be made and what the individual does to keep themselves safe.

In terms of frequency we recommend that the PSCT be completed at least once a year by all wards participating in the SPSP-Mental Health or more often as required. The view of the PSCT steering group is that the tool should not be used at a set point in the clinical process such as admission or discharge; rather it is designed for use with a mixed group of patients at a point in time, as this potentially provides more varied responses.

It is immediate and provides responses based on feelings and issues that are important to the patient while on the ward or unit, not on reflections given some time later.

What is the value of the Patient Safety Climate Tool?

'The patient safety climate tool will give patients the chance to express their feelings and concerns about their safety while on a ward. This information will then allow services to make any improvements needed, resulting in a better patient experience of hospital care.'

Gordon Johnstone, Director of VOX

Enabling patients to share the way they feel about their experiences forms a powerful message that will help staff working in wards and units to:

- Have a greater understanding of the complexity of the patients' experience
- Reflect on practice
- Aim to minimise the possibilities of re-traumatisation
- Develop a service that is more responsive to the experiences of those who receive the service
- Provides concrete real ideas for improvement

The tool has been in existence since 2012 and through pilot sites, tests of change and direct feedback from NHS Boards and facilitators the following has been suggested:

- The climate tool can provide information about patient perceptions, knowledge and attitudes relevant to safety.
- The climate tool can provide information about safety issues in a particular clinical area (Acute, IPCU, Forensic, and Rehabilitation etc), enabling wards and units to tailor and/or develop interventions and improvements.
- Using the climate tool can demonstrate a commitment to listening to patient safety issues and build trust with patients, staff, carers and others.

Why is it facilitated?

It is strongly recommended that completion of the tool is supported by an external facilitator. Within the tool there are a number of potentially challenging questions and statements and facilitation will provide support to the individual in completion of the tool and where appropriate, encourage discussion and record the subsequent narrative. We recognise that this will vary in different areas, but **it is essential that the facilitation is carried out by those who are not directly employed or involved as core members of a ward or unit team.**

The use of an external model of facilitation is considered to be best practice and where possible an advocacy organisation or third sector organisation should be approached to carry out the facilitation role and many NHS Boards have already used this model. If there is any doubt regarding the facilitation please contact the SPSP-MH Coordinating team for advice.

Key points for facilitators:

- There should be 2 facilitators.
- One facilitator should take the role as note taker and the other asking the questions. These roles should be explained to the patient completing the tool at the beginning.
- The tool and an introductory statement as to why the tool is being used should be introduced to the patient with a copy made available throughout.
- When introducing the tool indicate that it's okay to not give responses, if necessary request to end the session early and ask for questions to be reworded for ease of understanding. **If the patient wishes to stop or you feel it is not appropriate to continue then there is no requirement to complete it.**
- Explain the 5 point rating scale rating and where required repeat this.
- Ensure that the brief demographic questions, the information about how long each tool took to complete, and how much assistance was required are completed.
- Feedback has suggested that the current version of the tool should take no longer than 15-20 minutes to complete, often shorter.
- If a patient is taking a long time to compete the tool (more than 25 minutes) the facilitator should seek guidance from the named contact staff member.
- If the patient does not want help (facilitation) to complete the tool, they should be allowed to do so. Please ensure that the completed tool is returned either to the facilitator or sent to the agreed address in the envelope provided.
- The PSCT responses are ***anonymous*** and it is essential to remind patients of this and that all information shared is used for continually improving the safety and quality of care.
- Question number six is not applicable in single sex units/wards.

Key points for the ward/unit:

Feedback has suggested that where preparatory work has been carried out by the ward staff prior to the administration the PSCT, there is a greatly increased qualitative response. Self completed questionnaires tend to be ticked with minimal comment whereas discussing it with a briefed patient enables facilitators and wards/units to get much more from the tool.

- The ward should allocate a designated member of staff to support facilitators and patients through the process.
- This member of staff should act as contact person and introduce the facilitators to the patient and vice versa.
- Ensure that advertisements are displayed in relevant places approximately a week in advance to inform patients and staff that the climate tool is being undertaken, when, where and who to speak to for more information.
- Ensure there is a quiet, private room to for the tool to be completed in.

What happens with the feedback?

The results from all the completed tools should be entered into the PSCT data entry sheet provided. The direct patient feedback should be analysed locally and key themes identified shared and actions for improvements set in place. It is hoped that the feedback from the PSCT will inform some of the discussion in Patient Safety Leadership Walkrounds. Examples of themes from completed PSCT's have included the requirement for more information about medication and possible side effects and positive comments about staff and their ability to deconstruct and help explain and support to interpret difficult situations.

As stated the ownership and use of the information is primarily for the ward/unit and NHS Board. At a national level the SPSP-Mental Health Co-ordinating Team will request twice annually the following information from each Board:

- Number of and type of wards/units completing PSCT
- Total number of PSCT's completed
- Total number of action plans and examples of themes
- Who is supporting the facilitation of the PSCT?
- How is the learning from the climate tools fed back?

The rationale for collecting information is to aid the development of the tool and also to identify key themes and issues where learning and sharing may support and accelerate improvements.

Version control and amendments:

No changes can or will be made to the PSCT without consultation with and agreement from the Service User and Carers organisation representatives who created the tool and the SPSP-Mental Health Leadership and Culture Workstream Development Group. The PSCT was last reviewed in June 2014 and will be reviewed again in January 2015.

Definitions:

- Staff – Staff includes all members of the multi professional team.
- Difficult Event – A difficult event is defined as anything that makes the individual feel unsafe whatever the given situation. Examples of this could be excessive noise through to witnessing or actually being restrained.
- Shared areas – examples of these are dining rooms and communal seating areas.
- Unit/Ward – these are interchangeable and are used to describe the inpatient area.
- Not obviously visible – staff are present, are in the vicinity but not immediately in sight.

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