Improving Care for People in Scotland, a Focus on Deterioration: Prevention, Recognition and Response

Mental Health
Chair – Ruth Glassborow
Join the conversation on Twitter, follow #SPSPConf16 and remember to include it in your tweets.

**Free Wi-Fi available**

Wi-Fi network: delegate
Password: haymarket
Improving Care for People in Scotland, a Focus on Deterioration: Prevention, Recognition and Response

Equally Fit – ending health inequalities for people with serious mental illness

Alison Cairns
A Partnership

Ending health inequalities for people with serious mental illness
What do we do?

• We are a membership organisation.
• We run self help groups with trained facilitators throughout Scotland.
• We deliver a course of self management training tailored to bipolar disorder.
• We provide information from our office base – website, library, telephone.
• We make use of social media @BipolarScotland
• We produce high quality, relevant booklets on different aspects of living with bipolar.
• We deliver awareness raising talks and events.
• We hold a popular and topical annual conference.
Supporting People Across Scotland

- 2000 people supported a year
- 250 carers
- People affected by serious mental health problems and mental illness
- Social Support – one to one and group activities – buildings based and outreach
- Emotional and physical wellbeing; skills development; practical help
- Improve quality of life and address loneliness and isolation.
Involving People – Taking a Rights-Based Approach

“Everything we say and everything we do is based on the experience of the people whom we support”
Support in Mind Scotland

“We are a membership organisation and what we do is governed by our members. We are here to provide support to anyone in Scotland affected by bipolar”
Bipolar Scotland

Shared Values
“Supporting people to have a voice and promoting human rights”
Ending the health inequalities experienced by people with serious mental illness to improve physical health, to help people live longer, healthier and happier lives.
“We can’t continue to accept the fact that people with mental health problems die 15 to 20 years earlier than the average in the population. We need to find a way of shaping our services to change that.”
“We need those who have rejected us to reach out and to apologise and to try to do better rather than telling us that it is our own fault and that if we just retrained, took the meds and looked for work, life would be better.”

“Added to that are the painful, non-physical and devastating impacts of living with a chronic mental illness: all the apathy, all the sadness, all the paranoia; that blankness and emptiness and that stultifying lack of energy; and that sad roll call explains everything about why do we not comply, and why do we do nothing much at all and get progressively more unfit and progressively more unhealthy.”
• Develop a Charter for physical health equality
• Identify actions that local people and professionals can take to make this Charter a reality in their area
• Take those actions into local areas

• Change Network of 100 people across Scotland – 75% Lived Experience
• Local Focus Groups
• Wider consultation – lived experience
• 15 Change Champions
Charter of Rights and Actions for Change
Rights

• Right to be as physically well as possible in spite of my mental illness – I should not have to just ‘make do’ or accept poor physical health

• Right to be listened to as an expert in my own health and to be believed when I raise issues and concerns about physical symptoms or changes that are abnormal or unexpected

• Right to be fully involved in decisions about my care and treatment even though I may at times lack full capacity for making decisions

• Right to involve an advocate or relative/carer on my behalf when I am not able to speak for myself, and to have this person involved in decisions about my care and treatment if appropriate

• Right to good timely information and guidance at all stages of treatment including a clear statement of my rights at each stage

• Right to challenge decisions and poor practice without fear or anxiety

• Right of family members/carers to have their own rights and need for support respected and taken into account

• Right to be part of a community that allows me to feel connected to others, seek encouragement, grow in confidence and be in the best possible position to make good decisions about my health
Policy Commitments

- Gathering data – including information about outcomes
- Equal funding for physical and mental healthcare based on needs
- Implementing health audits that track the economic benefits of early diagnosis and intervention
- Requiring high quality annual physical health checks and an audit system to monitor compliance with the standard
- Funding research into pharmaceutical options that reduce the negative impact of physical side effects
- Funding research into lifestyle interventions which improve long-term physical health outcomes
- A dedicated mental health practitioner within every primary health team
- A clear statement and action plan about integrated physical and mental health care in each Health Board
- Protecting and developing open, accessible community resources that encourage peer support, early intervention and keeping people safe
Actions for Change

Strategic
• Policy statements and commitments
• Joined up healthcare
  - information sharing
  - shared assessments
  - joint training
  - protocols that smooth transitions (admission and discharge)

Supporting Individuals
• Lifestyle choices
  - services in familiar places
  - understanding additional barriers
  - peer support; buddying
Supportive Communities

“If we feel a sense of belonging and acceptance, if we are valued and treasured and cared for and can share our experiences and our food and our stories, if there are places we can go and be with our own and if there are places in the wider community where we know we will be welcome rather than having to carve out our own acceptance then of course we can begin to think of ourselves in a new and more positive light. And then the ideals of self-management or recovery and of autonomy can flourish in a healthy way.”
Social Support

Supportive Communities

This Charter asks local health providers to consider developing more supportive local communities:

- Resource existing local community groups to do more rather than provide support ‘in-house’
- Work in partnership with local community groups to deliver things like health check clinics, courses, classes and routine information sessions
- Resource existing services to expand fundamental social support that addresses inequalities at source, including loneliness
GET INVOLVED

Join our Change Network

Lesley Fyfe: Project Administrator
lesleyf@bipolarscotland.org.uk

Alison Cairns: Chief Executive
alisonc@bipolarscotland.org.uk

Frances Simpson: Chief Executive
fsimpson@supportinmindscotland.org.uk
Gillian Davies
Consultant Nurse (Mental Health)
Argyll and Bute HSCP
Triangle of Care Project Plan
STAGES OF GROUP DEVELOPMENT

FORMING

TRANSFORMING

STORMING

NORMING

PERFORMING

ADJOURNING
TO-DOLIST

NOTHING
CHANGE AHEAD
Thank You...

• Gillian Davies
  Consultant Nurse
  Mental Health Services
  Argyll and Bute
  
  • Email: gilliandavies@nhs.net
  
  • Twitter: DaviesGill14
Improving Care for People in Scotland, a Focus on Deterioration: Prevention, Recognition and Response

Mental Health
Andrew Walker
Clozapine & Lithium
A high risk challenge
How best to provide clozapine info to patients?

Options
Manufacturer’s leaflets
Choice and Medication
On line sources
Something else???
Why?

• Because patients and carers tell us they don’t get enough!
Going Beyond Harm
Event report from 31st August 2016
What’s wrong with PILs?
Pro’s & Cons of C&M

• Comprehensive but in a short format
• Independent of big Pharma!

• Too much for some
• Relies on internet access
Do you know what to do if you get flu like symptoms?

Tell your Community Psychiatric, keyworker, psychiatrist or GP if you get a high temperature, sore throat or flu like symptoms.

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

The Scottish Patient Safety Programme is led and supported by Healthcare Improvement Scotland

Follow us on twitter @SPSP_MH
www.scottishpatientsafetyprogramme.scot.nhs.uk
<table>
<thead>
<tr>
<th></th>
<th>Constipation</th>
<th>Blood tests</th>
<th>Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did you know that clozapine can make you constipated?</td>
<td>Do you know why you need regular blood tests?</td>
<td>Did you know that smoking can affect clozapine?</td>
</tr>
<tr>
<td></td>
<td>Tell your Community Psychiatric Nurse, keyworker, psychiatrist or GP if you have problems going to the toilet.</td>
<td>Clozapine can affect how the body makes blood cells, the tests help us spot this.</td>
<td>Tell your Community Psychiatric Nurse, keyworker, psychiatrist or pharmacist if want to stop smoking.</td>
</tr>
</tbody>
</table>
Time for something different, part 2?

Do you know?
Why you need regular blood tests?
Regular Blood Tests

- Clozapine may affect your white blood cells. You need regular blood tests to make sure there are no problems with your blood.
- If you do not have regular blood tests you will not be able to take clozapine.
- If you have a sore throat, fever or flu-like illness always tell your CPN or doctor, so they can check your blood.

6 single topic clozapine cards

• Blood tests
• Constipation
• Taking regularly
• Weight gain/health living
• Hypersalivation
• Smoking
Testing clozapine cards

- 2 CMHTs in GG&C
- 1 card per month
- Follow up facilitated patient survey

- Who fancies testing the handy guide?
Lithium – what’s the problem?
Education
Toxicity
GG&C Lithium Standards

- Pre-treatment work up
- Education
- Monitoring
- Communication
- Follow up
Lithium ward bundle

- Key facts
- Care planning
- MDT checklist
- Staff education
Over the past week, have you experienced any of the following possible side effects and if so, to what extent?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Distressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I have been very thirsty and/or passing urine more frequently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I have woken during the night because I needed to pass urine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I have felt more hungry than usual or have gained weight</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>I have a metallic taste in my mouth</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>My mouth has been dry</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>I have felt like I am going to be sick</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>My ankles have been swollen</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>I have had difficulty remembering things and/or concentrating</td>
<td></td>
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<tr>
<td>9.</td>
<td>I have developed a rash/skin problem or an existing skin problem has got worse</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>I am tired *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>My skin/hair is drier than usual *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I have had problems opening my bowels (constipation) *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>My hands or arms have been shaky *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>My vision has been blurry</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>My speech is slurred</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I have felt very sleepy during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I have vomited and/or had diarrhoea</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18.</td>
<td>My muscles have felt weak and/or my muscles have been twitching</td>
<td></td>
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<tr>
<td>19.</td>
<td>I have been unsteady on my feet</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20.</td>
<td>I feel confused</td>
<td></td>
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</tbody>
</table>
Side effect checklist

• Several PDSA cycles
• Initial single patient testing in Forensic and Older adult mental health wards
• Further testing in one adult and one older adult CMHT
• Will be part of the new standards in GG&C
Improving Care for People in Scotland, A Focus on Deterioration: Prevention, Recognition and Response

Mental Health
Susan Cochrane
DO I REALLY LOOK AS THOUGH I COULD HARM YOU??

SUSAN COCHRANE, SENIOR CHARGE NURSE
IPCU, WISHAW GENERAL HOSPITAL, LANARKSHIRE
God Bless The Nurses
For They Nurture The Sick With Love & Care.
“Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them.”

~ Dalai Lama
SCOTTISH PATIENT SAFETY PROGRAMME
HIGH DOSE ANTIPSYCHOTIC MONITORING

100% IDENTIFICATION

100% MONITORING
Sometimes you face difficulties not because you’re doing something wrong, but because you’re doing something right.

- Joel Osteen
• PHYSICAL RESTRAINT & RT MEDICATION
• RESPIRATORY DEPRESSION
• DYSTONIA
• NEUROLEPTIC MALIGNANT SYNDROME (NMS)
RAPID TRANQUILISATION

TRAINEE DOCTOR

GA ACUTE WARD 1 (23 BEDS) & IPCU

AUDITED AGAINST 7 STANDARDS

AGAINST LANARKSHIRE GUIDANCE

AUG – OCT 2015
MAIN RESULTS

• Compliance with physical health monitoring following administration of RT only 17% V’s Acuphase at 100%
• Prescriptions not clear regarding indications for use e.g. RT or PRN
• Local RT guidelines required review
• Visual monitoring form altered and introduced
MAIN FOCUS OF IMPROVEMENT METHODOLOGY

- Scoping exercise with staff to ascertain practical knowledge & understanding of current RT guidelines
- Compliance with physical monitoring
- Recording form which included aspects of the standards audited
ERGECENT MEDICATION – IM (Anti-psychotics and Benzodiazepines)

| De-escalation prior to use of Emergency IM | Yes | No | State Reason for Administration of Emergency Medication
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Oral Meds offered</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time administered</th>
<th>Initiated by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient Request</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Emergency IM</th>
<th>Proactive</th>
<th>Reactive</th>
<th>DATIX Number</th>
<th>Restraint Required</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

physical Observations undertaken (Please tick where appropriate)

<table>
<thead>
<tr>
<th>IM after IM</th>
<th>Physical Observation</th>
<th>Visual Observation</th>
<th>Combination of Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ent Review 1hr Post IM (Please tick where appropriate)

<table>
<thead>
<tr>
<th></th>
<th>Much Improved</th>
<th>Minimally Improved</th>
<th>No Change</th>
<th>Deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

ments:

careers/Recommendations:

IPCU IM Emergency Medication
### Appendix 6- Lanarkshire Visual Rapid Tranquilisation Monitoring Chart (4)

<table>
<thead>
<tr>
<th>Item</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time RT Administered</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff member completing sheet:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Patient has received 3 doses of RT**

- **Respiratory Rate**
  - <10
  - 10-20
  - >20

- **Breathing**
  - No breathing difficulty
  - Breathing difficulty (swallow, laboured, hyperventilation, apnoea)
  - Cyanosis (blue/purple tuck around lips or finger tips)

- **Circulation**
  - No concerns
  - Pale/White/Clammy face, hands or feet
  - Visual disturbance
  - Lightheaded
  - Syncope episode

- **Temperature**
  - No visual indicators
  - Sweating
  - Flushing
  - Rigors

- **Consciousness**
  - Alert
  - Responds to Voice/ Confused
  - Responds to Pain
  - Unresponsive
AUDIT DATA

- First month (Aug) 50% compliance with completing form against actual incidents of RT administration
- Second month (Sept) 100% compliance
- Third month (Oct) – no incidents
- To date (Nov) – 100% compliance
CHANGES MADE

• Amendments to form
• Staff education on completing
• Lead on review of Lanarkshire’s Rapid Tranquilisation guidelines
• Education on physical health monitoring
• Links with Pamova to review cross over into reducing V&A work
FURTHER CONSIDERATIONS

- PRESCRIPTION SHEET/CARDEX
- TRAINING FOR JUNIOR DOCTORS
- LEARN PRO MODULE
- ADVANCED STATEMENTS
IPCU Network

- Reduction of restraint/patient choices & experiences
- Sharing good practice & Learning
- Lanarkshire/Denmark collaboration
Region Zealand

VISITS FROM COLLEAGUES IN DENMARK
BESØG FRA KOLLEGER I DANMARK

SHARING GOOD PRACTICE AROUND AREAS OF THE SCOTTISH PATIENT SAFETY PROGRAMME
UDVEKSLING AF GOD PRAKSIS OMKRING OMRÅDER AF PROGRAMMET SKOTSKE PATIENTSIKKERHED
AIMS

• To develop a programme of learning and sharing of knowledge

• To support exchange of knowledge virtually and in person

• To use experience in both areas to improve results

GROUPINGS

• Steering Group

• Reducing use of restraint and seclusion collaboration group

• Reducing suicide collaboration group
AT FIRST THEY WILL ASK WHY YOU’RE DOING IT. LATER THEY’LL ASK HOW YOU DID IT.
They say we learn from our mistakes. That's why I'm making as many as possible. I'll soon be a genius!! 😊

Let's eat grandpa.
Let's eat, grandpa.

Correct punctuation can save a person's life.

Thank you!
Improving Care for People in Scotland, a Focus on Deterioration: Prevention, Recognition and Response

Mental Health

Samantha McEwan
Nursing Observation of Acutely Ill Psychiatric Patients in Hospital
A Good Practice Statement

Working Group on Mental Illness

ENGAGING PEOPLE
OBSERVATION OF PEOPLE WITH ACUTE MENTAL HEALTH PROBLEMS:
A Good Practice Statement
IN-PATIENT SUICIDE UNDER OBSERVATION

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

#SPSConf16
Staff and patients described decisions to reduce observation levels as difficult because:

“Patients can become dependent on observations and may find it difficult to take responsibility for their own safety”

“By keeping patients under observation staff can manage their own anxiety”
Sometimes, even if I stand in the middle of the room, no one acknowledges me.
<table>
<thead>
<tr>
<th>Belief / assumption about self harm or suicidal behaviour</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>“She does this all the time – she’ll be ok”</td>
<td>Relative risk of suicide increases x 49-100 compared to general population. Repeat self harm increases suicide risk.</td>
</tr>
<tr>
<td>She wouldn’t talk about it if she was serious</td>
<td>Almost everyone who dies by suicide has tried to talk to somebody. Talking does not indicate lack of intent.</td>
</tr>
<tr>
<td>“It’s all for attention”</td>
<td>Often a very private act. For some it may be communicative, others control or managing distress, others compulsion, psychosis, self punishment., dissociation... No single reason.</td>
</tr>
<tr>
<td>We can’t be nice to her or listen to all her problems or else she’ll do it again</td>
<td>Aversive treatment does not reduce the likelihood of repeat harm. Treating someone badly may increase the risk of further harm and reduce help seeking in future.</td>
</tr>
<tr>
<td>She’s chosen to do this – she knew what was coming</td>
<td></td>
</tr>
<tr>
<td>“You’re too clever / too young / too nice / too old to be doing this”</td>
<td>Self harm is not limited by age/gender/social class/education.</td>
</tr>
</tbody>
</table>

#SPSCON16
Training
Skills
Knowledge
Experience
Myth: BPD is untreatable

Fact: When a person actively engages in a therapy program aimed at regulating emotions, reducing self destructive behaviour, and developing a strong sense of identity their symptoms will be greatly reduced within 2 years and by 5 years individuals often will no longer meet the criteria for BPD.
Relational security

“You don’t say much, but I’m told it’s the therapeutic relationship that counts.”
As a pilot I was useless, but I'm a fantastic stunt flyer!
Proactive
Initiative
Responsibility
Influence
Leadership

Reactive
Influenced by
other people
and circumstances,
no responsibility,
no initiative

Reacting to
a problem
after it
arises

Preventing
problems
before they
arise
### Huntlyburn Care Plan

**Topic**

**Observation**

**Health Professional:**

**Date**

<table>
<thead>
<tr>
<th><strong>Current situation:</strong></th>
<th><strong>Strengths:</strong></th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal:** (Specific, Measurable, Achievable, Realistic, Timely)

**Carer Involvement (How do you wish your carer/family to be involved?)**

---

**Today I will...**

---

<table>
<thead>
<tr>
<th>Filled in by:</th>
<th>Day one, dayshift</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To be filled in before 8 a.m.</td>
<td></td>
</tr>
</tbody>
</table>

- Confused
- Irritable
- Belligerent
- Physically threatening
- Verbally threatening
- Attack/abusing

**SUM:**

**Gender:** Male Female

**Involuntary admission?** Yes No

**Age:** < 20 years, 20-30 years, 31-40 years, 41-50 years, >50 years

**Directions for use:**

Each of the six items is scored numerically for their presence (1) or absence (0) during the observation time preceding the scoring.

For previously unknown patients the items will be scored as present or not.

For well-known patients an increase in the behaviour described by the item is scored as 1, but the patient's usual level of the behaviour while being non-violent is scored as 0.

The total score is the sum in one column.
CULTURE and Language

NOW LEAVING STATUS QUO

"The place that never changes!"

1,000,000
999,999

#SPSCONF16
IMPROVING CARE FOR PEOPLE IN SCOTLAND, A FOCUS ON DETERIORATION: PREVENTION, RECOGNITION AND RESPONSE

Mental Health
Andy Cruickshank

#SPSPCONF16
Learning to Learn Together: Making and sharing our work collaboratively

Andy Cruickshank

Associate Director of Nursing for Quality Improvement
Joy in Work
“Management’s overall aim should be to create a system in which everybody may take joy in his work”
(W. Edwards Deming)

“Every provider should aspire to create an environment in which there is joy at work and that avoids the risk of staff burnout”
(Don Berwick, 2016)
Joy is more than the absence of burnout, just like health is more than the absence of disease.

WHAT MATTERS MOST
Local Context

Incidents reported by Category at East London Foundation Trust

#SPSCONF16
Focus on outcomes, not tasks

Front line staff able to use systematic method

Learning system, where it is ok to fail

Performance is visible for all to see

Focus on continuous improvement
The Sequence of Improvement

- Developing a change
- Testing a change
- Theory and Prediction
- Implementing a change
- Testing a change under a variety of conditions
- Make part of routine operations
- Sustaining improvements and spreading changes to other locations

Data are used throughout the sequence
RUN A MARATHON, THEY SAID

IT'LL BE FUN, THEY SAID
IF TRUMP CAN RUN
SO CAN YOU.
WAYS OF SEEING
JOHN BERGER

Seeing comes before words. The child looks and recognizes before it can speak.
But there is also another sense in which seeing comes before words. It is seeing which establishes our place in the surrounding world; we explain that world with words, but words can never undo the fact that we are surrounded by it. The relation between what we see and what we know is never settled.

The Surrealist painter Magritte commented on this always-present gap between words and seeing in a painting called The Key of Dreams. The way we see things is affected by what we
Is it making a difference?
Acute Wards only

### BASELINE DATA (BEFORE)
Testing begins

### PDSA DATA (AFTER)

- **05/10 Learning Set 6**: Time of Day & General Adult wards go smoke free
- **12/01 Learning Set 8**: Prediction PDSAs + Scale-up prep
- **24/02 Learning Set 9**: Effective Safety Huddle PDSAs
- **24/03 Shift pattern changes
- **24/06 Learning Set 11**
- **10/11 Learning Set 7**: Prediction + Safety Huddle Observation
- **12/08 Learning Set 5**: Safety Huddle outcomes + Safewards
- **17/04 Gender specific wards
- **26/04 Learning Set 10**: Reflecting on why and PDSAs

Number of incidents resulting in physical violence C Chart-(Monthly)

- **63% decrease identified**

Pre-work / engagement

#SPSConf16
Globe Ward was the first ward to start working on reducing violence back in early 2012. The above data shows that the team achieved an 88% reduction in violence in October 2012, which they have maintained since then. They now experience 1 violence incident every 2 months. This means that, whilst there were 41 incidents of physical violence in 2012, in 2015 they experienced only 6.

It should be noted that baseline data shown above for Globe Ward (like for all wards in this report) is drawn from Datix and we know that there was considerable under-reporting of incidents before this project started, so all reductions will be a considerable under-estimate.
Supporting staff, sharing data and celebrating success

Away Day Session 1st April: Discussing impact (data + sharing patient stories), learning together around effective recording in safety huddle diary

SAFETY HUDDLES AND WHAT WORKS????

01 April 2016
Shabana Begum and Adelina Adaman

Do

Every Month!!

- Every month, we will vote for who you think should be the safety huddle champion.
- Reasons: could be anything it’s up to you to decide.
- Why? Because it’s good to a knowledge gain work
- Prediction: this will motivate and encourage those who feel less confident to lead huddles which works to come forward 😘
Improving Care for People in Scotland, A Focus on Deterioration: Prevention, Recognition and Response

Mental Health
Gary Morrison
What is the MWCS?
Key activities

• Visiting
• Monitoring the operation of legislation
• Investigations and inquiries
• Advice and promotion of best practice
• Influencing and challenging service providers
Why am I here?
MWCS and patient safety in mental health.
Advice and promotion of good practice
Safeguarding

• DMPs
• Nominated practitioners S48 and S50 AWIA
Safeguarded treatments

### Table 9.1: Certificate of the designated medical practitioner (T3) 2014-15

<table>
<thead>
<tr>
<th>Treatment type</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECT</td>
<td>171</td>
<td>186</td>
</tr>
<tr>
<td>Medication to reduce sex drive</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Artificial nutrition</td>
<td>54</td>
<td>76</td>
</tr>
<tr>
<td>Medication beyond 2 months</td>
<td>1320</td>
<td>1473</td>
</tr>
<tr>
<td>Total T3 certificates*</td>
<td>1546</td>
<td>1742</td>
</tr>
</tbody>
</table>
Monitoring
Influencing & challenging – we meet...

- Scottish Ministers/Officials
- Health Boards and Local Authorities
- Professional organisations
- Other regulatory organisations
- Independent and voluntary sector providers
- Service user and carer organisations
Investigations
Starved of Care
Ms MN
Ms OP
Visits
Local Visits
Themed Visits
Dignity and Respect
Impact and Importance
“Do not consume if seal is broken!”
I'M SEXY
AND A POET
Physical Health
People with severe mental illness die on average 20 years younger than the rest of the population, largely owing to poor physical health.

Service User Involvement
Results driven improvement
Reduction in the percentage of patients who self harm of up to 75%

Reduction in the rates of restraint of up to 64%

Reduction in the rates of violence of up to 80%

Over 600 facilitated patient safety climate tools completed

Over 3000 staff safety climate questionnaires completed
Control & Restraint
Restraint & Seclusion
Violence, Seclusion and Restraint Reduction
Looking into an unknown future........
P: People are and feel safe,
S: Staff feel and are safe

Be ambitious! Be brave! Be nice!
COMING NEXT

Panel debate – Safety is sorted; it’s time to move on to another dimension of quality

Pentland Suite – Level 3