SPSP-Mental Health Safety Principles

Change Package
Change Package

A change package is an evidence based set of changes that are critical to the improvement of an identified process. It describes the future state of a process or system and includes step by step instructions for transformation.

Purpose of the Change Package

A change package may be used as a resource for teams as they plan, design, test and apply the evidence informed practices in their local environments. When used and applied effectively, Quality Improvement (QI) teams can expect to achieve breakthrough improvement, with the ability to spread their learning across the health system as appropriate to aid in system-wide improvement.

There are three distinct parts of a change package:

1. Driver Diagram - illustrates the main drivers in the system
2. Change Ideas - includes evidence informed interventions and practices
3. Measures - lists possible measures that can be used to record progress

How to use this Change Package

Multidisciplinary Team Leads/Clinical Leads are encouraged, with their teams, to review the change package to determine:

- What practices might already be in place in their area and decide if further work is needed.
- The changes the team will undertake, and determine what improvements these changes will lead to.
- What other changes may be required at a later date.
- Any challenges and barriers that may impede change and work with the Management Teams to remove them

Driver Diagram

The driver diagram is included within the change package to provide an overview of key practices and describe the elements that need to be in place to achieve implementation of safety principles in Mental Health care settings. It has been developed by Healthcare Improvement Scotland and SPSP Leads based on:

- best evidence available
- learning from testing and
- key areas that senior leaders and frontline staff could have an impact on

Primary drivers within a driver diagram are high level ideas that, if implemented, will achieve the improvement aim. The best way of implementing primary drivers is to identify a series of actions (secondary drivers) which, when undertaken, will contribute to the primary drivers and in turn the aim.
<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
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<tbody>
<tr>
<td><strong>Aim:</strong></td>
<td></td>
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<tr>
<td><strong>People are and feel safe</strong></td>
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</tbody>
</table>
| Communication   | • Risk Assessment (includes abscoding, missing persons and pass-plans, admission, discharge and follow-up procedures, live risk assessment, training, timings and review with patient involvement)  
• Safety briefing and huddles  
• Daily goal setting  
• Debrief following adverse events/restraint  
• Triangle of Care  
• Rights in Mind Pathway  
• Advance Statements  
• Broset Violence Checklist |
| Leadership and Culture | • Leadership walk-rounds and safety conversations  
• Learning from adverse events  
• Patient safety climate tool (PSCT) and staff safety questionnaire |
| Least Restrictive Practice | • Restraint Monitoring and Training  
• Seclusion Monitoring and Training |
| Physical Health | • Annual health checks  
• National Early Warning Score (NEWS),  
• Interface with primary care services  
• Well person clinics  
• Equally Fit  
• As Required Psychotropic  
• High Risk Medicine  
• Medicines Reconciliation  
• Prescribing and Administration |
| Enablers | • Communications  
• Data & Measurement  
• Education & Training  
• Human Factors  
• Human Rights Based Approach  
• Legislative framework  
• Service User, carer, family and staff engagement  
• Trauma Informed Care Approach  
• Interagency Collaborative Working |
## Change Ideas

A change idea is an action which is expressed as a specific example of how a particular change concept can be applied in practice. They are evidence informed activities that may lead to improvement within a system.

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Change Ideas</th>
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</table>
| Risk Assessment (includes absconding, missing persons and pass-plans, admission, discharge and follow-up procedures, live risk assessment, training, timings and review with patient involvement) | • Standardise safety brief time  
• Safety brief template  
• Hot debrief  
• Leave checklist to be completed before patients go on leave to identify and address any issues  
• Semi structured interview to identify concerns/needs, which informs the care and risk plan, completed within 72 hours of admission  
• Listen to and learn from carers, offer opportunity to meet ward staff  
• Discharge planning in advance of date of discharge, to include community support and GP  
• Follow up arranged in community within 7 days of discharge  
• Discharge pause  
• Patient Reported Experience Measures (PREMs) – patients view of their admission and discharge  
• Live risk assessment information shared during safety briefings, huddles and MDT Meetings  
• Positive risk taking – prevention and de-escalation activities  
• Suicide Risk Assessment Training, de-escalation techniques training for all staff  
• Weekend safety brief  
• ‘Must do with Me’ key areas  
• Patient diary  
• Debrief within 7 days and includes family and wider clinical team  
• Immediate debrief document  
• Learning points following incident/adverse event debrief shared |
| Safety briefing and huddles |  |
| Daily goal setting |  |
| Debrief following adverse events/restraint |  |
| Triangle of Care |  |
| Rights in Mind Pathway |  |
| Advance Statements |  |
| Broset Violence Checklist |  |
### Leadership and Culture
- Leadership walk-rounds and safety conversations
- Learning from adverse events
- Patient safety climate tool (PSCT) and staff safety questionnaire
- Weekly/Monthly walk rounds
- Template to capture issues and actions
- MDT participation on walk rounds, where patients, service users form part of the leadership team include them in the design and implementation of the walk round
- Safety culture discussion cards
- Evaluation of effectiveness of actions implemented following adverse event reviews
- Learning summaries from review reports
- Action plan formulated after the PSCT, and shared with service users, carers, family and staff
- A reflective review of adverse events happens frequently and quickly following their occurrence
- Every serious adverse event review has an action plan
- Engagement with patient, family and carers following serious adverse event

### Least Restrictive Practice
- Restraint Monitoring and Training
- Seclusion Monitoring and Training (Mental Welfare Commission review of Seclusion Guidance (March 2019))
- Template to monitor restraint
- De-escalation techniques
- Therapeutic interventions – activity programmes
- Risk assessment and safety planning with patients – identify triggers for behaviour
- Prevention and Management of Violence and Aggression (PMVA) restraint techniques
- Spontaneous Protection Enabling Accelerated Response (SPEAR) system – with a focus on one or two reaction styles
- National Federation Personal Safety (NFPS) model – work on seven holds and a combination of these to promote the safety of staff and patients
- Patients, carers, families and staff involved in improving restraint/seclusion monitoring
- Review incident reports, highlight learning and areas of good practice
- Use patient stories and experience as a learning tool for staff
- Refresher training
- Seclusion policy and definition
- Template to monitor seclusion
- From Observation to Intervention Framework
<table>
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<tr>
<th>Physical Health</th>
<th>Enablers</th>
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<tbody>
<tr>
<td>• Annual health checks</td>
<td>• Visual display of safety data</td>
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<tr>
<td>• National Early Warning Score (NEWS)</td>
<td>• QI workshops</td>
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<tr>
<td>• Interface with primary care services</td>
<td>• Communication and consistency of staff and patient understanding</td>
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<tr>
<td>• Well person clinics</td>
<td>• of care planning and intervention</td>
</tr>
<tr>
<td>• Equally Fit</td>
<td>• Care and support at critical points – early admission and preparation</td>
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<td>• As Required Psychotropic</td>
<td>• for discharge?</td>
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<td>• High Risk Medicine</td>
<td>• Education, training and agreed competencies, such as distress</td>
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<td>• Medicines Reconciliation</td>
<td>• tolerance, mindfulness and other psychotherapeutic and</td>
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<tr>
<td>• Prescribing and Administration</td>
<td>• interpersonal interventions</td>
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<tr>
<td>• Standardised observation times</td>
<td>• PANEL approach being undertaken</td>
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<tr>
<td>• Physical health screening on admission</td>
<td>• Involving patients, carer, family and staff when planning and</td>
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<tr>
<td>• Information given about physical side effects of medication as part of</td>
<td>• implementing care</td>
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<tr>
<td>• the prescribing process</td>
<td>• Peer workers</td>
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<tr>
<td>• Single Shared Assessments – all assessments routinely include questions</td>
<td>• Implementing legislation and policy from Scottish Government</td>
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<tr>
<td>• about physical and mental health</td>
<td>• Working in conjunction with partner organisations and third sector</td>
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<tr>
<td>• Review psychological and physical effects of medication</td>
<td>• Evidence and values-based practice</td>
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<tr>
<td>• Monitor and review of medication</td>
<td>• Trauma Informed Care – patient collaboration and empowerment;</td>
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<tr>
<td>• Audit care/treatment plans that reflect medication</td>
<td>• recovery orientation; choice and control; promotes strengths and</td>
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<td>• Therapeutic intervention</td>
<td>• flexible rather than rules led; core, familiar staff</td>
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**Enablers**
- Communications
- Data & Measurement
- Education & Training
- Human Factors
- Human Rights Based Approach
- Legislative framework
- Service User, carer, family and staff engagement
- Trauma Informed Care Approach
- Interagency Collaborative Working
- Visual display of safety data
- QI workshops
- Communication and consistency of staff and patient understanding of care planning and intervention
- Care and support at critical points – early admission and preparation for discharge?
- Education, training and agreed competencies, such as distress tolerance, mindfulness and other psychotherapeutic and interpersonal interventions
- PANEL approach being undertaken
- Involving patients, carer, family and staff when planning and implementing care
- Peer workers
- Implementing legislation and policy from Scottish Government
- Working in conjunction with partner organisations and third sector
- Evidence and values-based practice
- Trauma Informed Care – patient collaboration and empowerment; recovery orientation; choice and control; promotes strengths and self-efficacy; flexible rather than rules led; core, familiar staff
**Measures**

Measures are essential to help teams understand systems to identify areas for improvement. They are also used to identify whether changes lead to improvement. The measures contained in the Change Package will assist teams in identifying data which will support their improvement work. It is recommended this data is collected alongside measures of self-harm and violence rates.

<table>
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<th>Communication</th>
<th>Leadership and Culture</th>
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<tr>
<td>% of patients with risk assessment</td>
<td>Number of leadership walk rounds compete</td>
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<td>Number of daily safety briefs</td>
<td>Number of safety issues resolved following leadership walk rounds</td>
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<tr>
<td>Number of safety concerns identified at safety briefs</td>
<td>% of positive responses to staff safety climate tool</td>
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<tr>
<td>Number of service users with live daily goals</td>
<td>% of positive responses to patient safety climate tool</td>
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<th>Physical Health</th>
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<tr>
<td>Rate of restraint</td>
<td>% of patients with complete National Early Warning Score</td>
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<tr>
<td>Rate of seclusion</td>
<td>% of patients with correct frequency of National Early Warning Score</td>
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<tr>
<td>Days between incidents of restraint</td>
<td>% of patients with medicines reconciliation within 24 hours of admission (process) or on discharge</td>
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<tr>
<td>Days between incidents of seclusion</td>
<td>% of patients have an accurate medicines list on the Interim Discharge Letter (IDL)</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>A range of data may be collected to identify enablers</td>
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**Next Steps**

The following questions may be useful to improvement teams when using the change package to inform their work:

- How will you generate commitment for changes?
- What timescales will you work to?
- Which leaders can help?
- What assets and resources do you have?