Meeting participation

During the meeting please have your microphone on mute and video turned off to avoid distraction for you and also to minimise the likelihood of slowing down the technology.

To take part in discussions use the chat box or raise your hand and wait to be invited to speak, please then:
- unmute your mic
- turn on your video (if you are happy to do so)
- after speaking please re-mute and turn your video off
Today’s session will be chaired by Mark Gillespie, National Clinical Lead for IOP

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Today’s purpose

Share NHS Tayside Story

Learn how observation practice has been impacted by Covid-19
The Mental Health Improvement Portfolio is underpinned by a **National Learning System** which aims to rapidly capture and share learning to support spread at pace and scale. We do this in a number of ways:

- Hosting webinars
- Sharing evidence summaries
- Supporting networks
- Producing case studies
- Flexible learning opportunities
- Develop toolkits and measurement plans
Overview

Our driver for change

In 2015, the Scottish Government committed to developing new observation practice guidance for mental health care in response to concerns about the effectiveness of observation policy and practice following incidences of harm and suicide whilst patients on psychiatric inpatient wards in Scotland where on enhanced and general observations.

The problem

The problems with the traditional approaches to observation practice are summed up by this quote from Graham Morgan at the Mental Welfare Commission.

“I remember just how lonely I felt, so many times, when I was on enhanced observation and the person assigned to follow me around, or sit beside me to protect me from myself, had nothing to say. Sometimes they just seemed to be uncomfortable to share space with me. There’s something terribly sad about that. When you’re at your most distressed and confused, communication can seem impossible.”

What the ihub did

The ihub co-designed and published new guidance in early 2019. This guidance was informed partly by the service redesign efforts of 25 test sites. This case study tells the story of one of those sites, Murray Royal Hospital in NHS Tayside.
NHS TAYSIDE

IMPROVING OBSERVATION PRACTICE
Test Site

- IPCU, Carseview Centre
- 10 bedded mixed sex unit
- High levels of Enhanced Observation particularly 2:1
- July 2018
NHS Tayside Mental Health: Improved Observations Driver Diagram

**Aims:**

In the IPCU in Carsview by July 2019 we will reduce the number of hours spent on observations by 50% in line with Improving Observational Guidelines.

**Primary Driver / Impact:**

- Improve Patient Centred Care
- Increase Therapeutic Engagement
- Data Measurement

**Secondary Driver:**

- Staff Training/Development
- Care planning
- Improve patient Experience

**Outcomes:**

- Staff will be trained in:
  - Therapeutic interventions
  - Mindfulness
  - Trauma informed Care
- Each Patient will have individualised Person Centred Care plan along with Observational care plan
- Offer a more structured ward routine.

**Change Ideas:**

- Clinical Pause
- Care planning sessions to be delivered by practice development nurse
- Review of admission Criteria / Policy
- Traffic light system
- Develop a activity timetable offering therapeutic activities

**Outcomes:**

- What Does Good Look Like?
- What Will be Different as a Result?
- How will this beMeasured?
IPCU Data

Identified as a pilot site
IPCU Cohort on TQUIP
IOP Lead appointed
Part of Care Planning Collaborative
Introduced clinical pause
Early intervention plans and Ward Based IOP Lead created
17 Hours Activity testing
Socialisation fund increase

95% reduction from Baseline

Number of hours spent on enhanced observation IPCU 2017-Present

Median Hours

95% reduction from Baseline
Award Winning!

- Teamwork & Camaraderie
- Connection to Purpose
- Autonomy & Control
Scale up and spread

• IOP Steering Group developed local protocol
• Scope – All Inpatient Mental Health & Learning Disability wards, including POA & CAMHS
• IOP Leads in each area
• CPD programme to support the implementation
Staff Training & Development

• CPD Programme aligned to the 9 strands
• To date **1105** hours has been delivered - some of the topics included

- Person Centred Care Planning
- Trauma Informed Care
- Quality Improvement
- Carers
- Least Restrictive Care
Rohallion – Patient Story

- Patient B – 35 yr male. Diagnosis of Schizoaffective, with Antisocial and EU PD Traits. Long standing difficulties with communication and learning
- Long history within secure care services from community to Medium secure. History of aggression, assaulting staff and causing damage to environment.
- Spent long periods of time on 2:1 constant observations (December 2018-January 2019 over 1320 hours of constant observation recorded)
- Refused to engage with any thing he considered “a therapy” or “rehab”
Rohallion Patient Story

The floor nurse

Early intervention records - Supported by Positive Behavioural Support

Person Centred Activities - Multidisciplinary approach

Least restrictive - “the doors”

Able to move from Medium Secure Care -> Low Secure Care -> Community within 28 day period
Moredun Ward - Patient Story

Run chart of Hours of Observation per Month
April 2020 - present

- Admitted mid month
- Includes data from IPCU admission
- Includes data from IPCU admission
- Review of care plan which included introduction of IOP principles.
- Pilot commenced of NHS Tayside New Observation Protocol

Hours

Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec
---|-----|-----|-----|-----|-----|-----|-----|-----
2020

Hours of observation
- Median

504
Moredun Ward- Patient Story

Run chart of Harm* reported via Datix for Patient X 18th April 2020 - 20th November 2020

- Date of admission 18th April
- Transferred to IPCU, 21 hours in IPCU
- 20 hours in IPCU, transferred back to Moredun
- Data to 20th November

*Harm = attempted suicide, self
Moredun Ward-Patient Story

- Moredun has piloted changes to the Observation Protocol from September 2020
- Staff Assessment Forms completed and signed off by IOP leads
- Cultural changes to managing challenging incidents on the ward with early interventions, structured goal orientated care planning and adopting IOP principles in to day to day ways of working
- Awareness sessions carried out with the clinical team and discussed as an agenda item at the ward Business Meeting in ensuring collaborative approach to the protocol
Moredun Ward - Staff Feedback

“This way of working is in the best interests of the patients – it is much more least restrictive” - Staff Nurse

“I feel the whole team have involvement at the clinical pause and helps guide us in our decision making” – Nursing Assistant

“This is a more dynamic way of working – the statistics show the positive impact this has on our patients” - Consultant
“The role of the floor nurse is important in identifying early warning signs and structuring an intervention in preventing things from escalating” – Nursing Assistant

“In a busy ward environment the floor nurse role is vital in ensuring that early intervention takes place – the traffic light system in a key part in assigning staff to intervene as per the patients care plan in lessening escalating presentations” – Senior Charge Nurse
“I felt that before when I was on “obs” I felt punished for feeling distressed”

"I feel that before when I self-harmed and was placed on continuous interventions I was being punished for self-harming and that I had no hope or goals to work towards - having staff sitting outside my room did not help how I was feeling and I felt restricted. I was stuck in my room and unable to interact with anyone which was really crap"

"I now feel that I am able to focus on my goals and the staff now work with me in helping how I am feeling - they don't just give me medication they help me with techniques that support me in helping me relax - I feel that the floor nurse comes in and speaks with me to check how I am doing and staff will be there if I need them - I helped create my care plan with my named nurse and I feel happy all staff know it"
Time for Questions
Jamboard Session

- Click on the Jamboard link in the chat box
- You’ll stay connected to this teams call
How to Jamboard

Click on this icon to create a post it note. Enter text and then click save.

Click here to move between pages.

Interactive Feedback
Place your answers in the chat box:

1. Have there been any positive unintended consequences delivering the IOP guidance during Covid-19?

2. Have there been any negative unintended consequences delivering the IOP guidance during Covid-19?

3. What will be your key ‘takeaways’ from the NHS Tayside webinar today?
Chatter Fall...

A question will appear on the screen

Add your answer into the chat box BUT do not press send

Everyone presses send at the same time
Question 1

Rate the session...

Not so good 1

GO!!!!!
Question 2

What went well today?

GO!!!!!!
Question 3

What could have gone better?

GO!!!!!!
Next steps

• Share recording of the session
• Outputs of Jam board
• NHS Tayside Video and Case Study can be found...
• IOP Policy Webinar 26\textsuperscript{th} Jan 2021