

Scottish Patient Safety Programme

Mental Health

Measurement Framework

November 2021

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Contents

1. How to use this Measurement Framework	2
1.1 Why measure	3
1.2 Choosing Measures	3
1.3 How to measure	4
1.4 Sampling	4
1.5 Presenting data	5
2. SPSP Mental Health Measures	6
2.1 Readiness for change and identifying opportunities for improvement	7
2.2 Outcome Measures	8
2.3 Process Measures	10
2.4 Balancing Measures	13

How to use this Measurement Framework

Measures are essential to help teams to learn if the changes they are making are leading to an improvement. The measures contained in this framework will assist you and your team to measure key changes in the [SPSP Mental Health](#) change package. You may also find the framework useful in informing other measurement systems, for example, Essentials of Safe Care, Excellence in Care, incident reporting systems and assurance reporting systems. The measures contained in this framework and submission methods will be reviewed before March 2023.

Once you have completed the [readiness for change and prioritisation tool](#) and selected the changes you want make from the change package, this framework will describe the associated measures and provide guidance on how best to collect and display the data.

Please note that it is expected that relevant health and care systems will share **core measures with SPSP mental health to inform improvement support needs and identify examples of practice to be shared across Scotland. There is no mandatory national reporting requirement for the supplemental measures and these have been designed for local use within organisations and teams to measure key changes in the [SPSP Mental Health](#) change package.**

To learn more about measurement click on the link: [The Improvement Journey - Measurement \(NHS Education for Scotland\)](#)

1.1 Why measure

This measurement framework is intended to be used alongside the [SPSP Mental Health Change Package](#) to measure the impact of key changes that you want to make. Measurement helps you to:

- Recognise the variation that exists within your system and processes.
- Work out whether your changes are making an improvement.
- Help tell your improvement story.

To learn more about measurement click on the link: [Introduction to measurement for improvement \(NHS Education for Scotland\)](#)

1.2 Choosing Measures

This measurement framework contains a selection of measures for assessing and improving safety. This measurement framework can be used alongside other measurement systems, for example, Essentials of Safe Care, Excellence in Care, incident reporting systems and assurance reporting systems.

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 the incidents 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 of patients with a person centred care plan in place
- **Balancing measures:** to check for possible consequences elsewhere in the system. For example, staff experience.

To learn more about measures click on the link: [Developing your measures \(NHS Education for Scotland\)](#)

1.3 How to measure

When planning your data collection you will need to consider:

Collecting your data	Displaying your data
<ul style="list-style-type: none">• Who will collect the data?• What data will you collect?• When will you collect the data?• How will you collect/record the data?	<ul style="list-style-type: none">• What chart type you will use?• How will you share and use your data?

To learn more about data collection click on the link: [Data collection \(NHS Education for Scotland\)](#)

1.4 Sampling

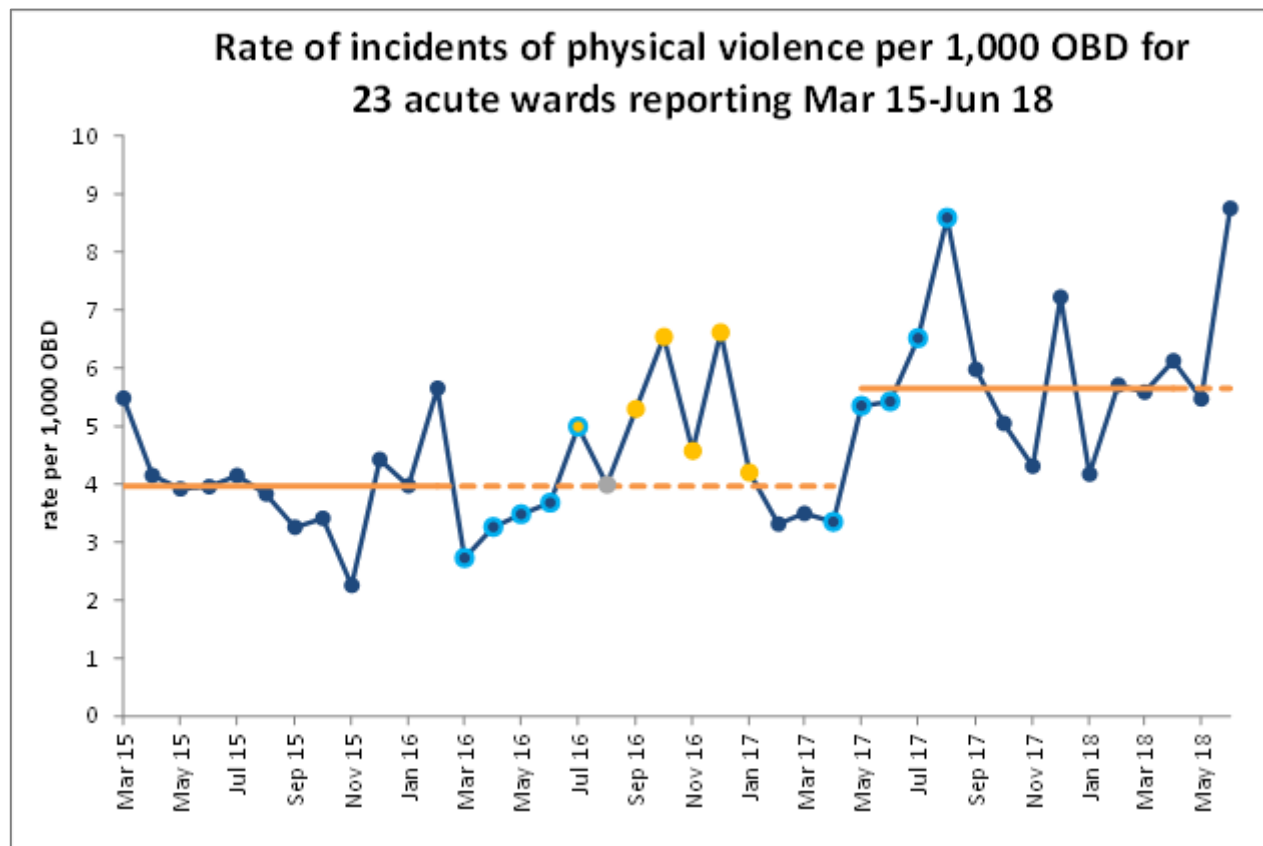
Measuring for improvement relies on small sample sizes, often referred to as 'just enough' data to learn from. When it is not possible to access a larger amount of data, it is suggested you use 'random sample' method to select 5 records per week at random to review, no less than 20 per month.

1.5 Presenting data

Run Charts (see example below) are an excellent way to present your data to help you to understand what is happening in your service. They are used to distinguish between random variation (variation that affects all processes, people and outcomes equally) and non-random variation, which could be due to the changes you have introduced. A [toolkit for generating run charts](#) has been included with this framework.

To learn more about presenting your data in a run chart click on the link: [Presenting your data \(NHS Education for Scotland\)](#)

Example of a run chart to display data.



1. SPSP Mental Health

The outcome measures highlighted in **blue** have been identified as the ‘**core**’ measures for SPSP mental health. It is expected that the relevant health and care systems share these measures with SPSP mental health to inform improvement support needs and identify examples of practice to be shared across Scotland. The process and balancing measures have been identified as ‘supplemental’ measures for local use only.

Readiness for change and identifying opportunities for improvement <ul style="list-style-type: none"> • Readiness for change and prioritisation assessment • Regular case note review to identify opportunities for improvement 	
Outcome Measures	<ul style="list-style-type: none"> • Rate of restraint per 1,000 occupied bed days • Days between incidents of restraint • Rate of seclusion per 1,000 occupied bed days • Days between episodes of seclusion • Rate of physical violence per 1,000 occupied bed days • Rate of self-harm per 1,000 occupied bed days
Process Measures	<ul style="list-style-type: none"> • Percentage of patients with a person centred care plan in place • Percentage of patients on continuous interventions where a Clinical Pause(s) is carried out • Percentage of patients who receive planned therapeutic interventions • Percentage of incidents of restraint with a completed debrief • Rate of as required (PRN) medication use per 1,000 occupied bed days
Balancing Measures	<ul style="list-style-type: none"> • Average Length of Stay • Average length of incidents of restraint • Average length of episodes of seclusion

2.1 Readiness for change and identifying opportunities for improvement

Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Readiness for change and prioritisation assessment	The readiness for change and prioritisation assessment will support you to identify the key changes you will want to make. The tool supports you to understand what might get in the way of making changes and what will support changes in practice. This is the first step in the process of introducing new changes.	<ul style="list-style-type: none"> Readiness for change assessment and prioritisation tool. 	N/A	N/A
Regular case note review to identify opportunities for improvement	<p>A regular review of case notes or adverse events helps to identify issues and types of potential and actual harm, and inform future opportunities for improvement. There are many recognised tools to support this activity, for example the Global Trigger Tool.</p> <p>The Global Trigger Tool (GTT) can be used to identify adverse events within your system and identify areas for improvement. Developed by the Institute for Healthcare Improvement, the tool is an easy-to-use tool for measuring the rate of harm over time.</p> <p>To learn more follow the links:</p> <ul style="list-style-type: none"> White Paper on Global Trigger Tool (Institute for Healthcare Improvement) Global Trigger Tool for Primary Care (Healthcare Improvement Scotland) 	<p>Review of electronic record system/case notes/template</p> <p>Number of case notes reviewed each month using locally agreed tool (aim for 20 electronic records/case notes).</p>	Monthly	Pareto Analysis

2.2 Outcome Measures

Concept/Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Rate of incidents of restraint per 1000 occupied bed days	<p>Definition: Restraint is defined as direct contact with an intention to prevent, restrict or subdue an individual's movement to prevent harm or give treatment (Department of Health, 2014). It includes the use of physical force, mechanical devices or chemicals to immobilise an individual.</p> <ul style="list-style-type: none"> • Numerator: Total number of incidents of restraint each month • Denominator: Total occupied bed days each month • Rate: Numerator/Denominator x 1,000 	Data should already be collected through incident reporting.	Monthly	Run chart
Days between incidents of restraint	Data collected: Every date where one or more incident of restraint was recorded	Data should already be collected through incident reporting.	Days between	Run chart
Rate of episodes of seclusion per 1000 occupied bed days	<p>Definition: Seclusion refers to the supervised confinement and isolation of a patient or resident, away from other patients or residents, in an area from which the patient or resident is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. It is further highlighted that it does not matter whether the place of isolation is an enclosed room (rather than, for example, a part of a larger space), or whether the door to such a space is closed or open, locked or unlocked.</p>	Data should already be collected through incident reporting.	Monthly	Run chart

Concept/Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
	<ul style="list-style-type: none"> • Numerator: Total number episodes of seclusion each month • Denominator: Total occupied bed days each month • Rate: Numerator/Denominator x 1,000 			
Days between episodes of seclusion	Data collected: Every date where one or more incident of self-harm was recorded	Data should already be collected through incident reporting.	Days between	Run chart
Rate of incidents of physical violence per 1000 occupied bed days	<p>Definition: Physical violence is defined as the use of physical force that is intended to hurt or injure another.</p> <ul style="list-style-type: none"> • Numerator: Total number of incidents of physical violence and aggression each month • Denominator: Total occupied bed days each month • Rate: Numerator/Denominator x 1,000 	Data should already be collected through incident reporting.	Monthly	Run chart
Rate of incidents of self-harm	<p>Definition: Self-harm is defined as an intentional act of self-poisoning or self-injury, and includes suicide attempts.</p> <ul style="list-style-type: none"> • Numerator: Total number of incidents of self-harm each month • Denominator: Total occupied bed days each month • Rate: Numerator/Denominator x 1,000 	Data should already be collected through incident reporting.	Monthly	Run chart

2.3 Process Measures

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Percentage (%) of patients with a person-centred care plan in place	<p>Definition: Person-centred care planning is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs safely. This can include what matters to you conversations and involving families and carers in the care process.</p> <ul style="list-style-type: none"> • Numerator: The number of records that have a person-centred care plan in place and actioned, as defined by your organisation, each week/month. • Denominator: The number of records reviewed each week/month X100. This is also measured through the national CAIR system. Please check with your local Excellence in Care Lead for more details. • Percentage: Numerator/Denominator x 100 	<p>Review of electronic record system/case notes</p> <p>Sample: 5 cases per week/No less than 20 per month</p>	Monthly	Run Chart
Percentage (%) of patients on continuous interventions where a Clinical Pause(s) is carried out	<p>Definition: Any identified requirement for periods of continuous intervention or support should, as far as possible, be anticipated, planned and specific. After an initial 8-12 hours on continuous intervention, a review – which should consider scaling down the intervention – must take place to assess its effectiveness. This is known as a clinical pause. If the continuous intervention is still in place and deemed to be</p>	Care plan	Monthly	Run chart

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
	<p>appropriate up to or after 24 hours, its purpose, the nature of the intervention and alternative plans to scale it back should be reviewed every 8-12 hours (minimum) by the clinical team</p> <ul style="list-style-type: none"> • Numerator: Total number of patients on continuous interventions where a Clinical Pause(s) is carried out each week/month. • Denominator: Total number of patients reviewed each week/month • Percentage: Numerator/Denominator x 100 			
<p>Percentage (%) of patients who receive planned therapeutic interventions</p>	<p>Definition: A therapeutic intervention or meaningful activity that is a planned effort made by either individual practitioners or the clinical team where actual or potential deterioration is apparent. The intervention, which can be psychological, physical or pharmacological may be coordinated by the patient, a practitioner or a carer and documented in the care plan. This can include the scaling up or down of interventions to meet changing needs of the patient.</p> <ul style="list-style-type: none"> • Numerator: Total number of patients who received planned therapeutic interventions each week/month. • Denominator: Total number of patients reviewed each week/month. • Percentage: Numerator/Denominator x 100 	<p>Care plan</p>	<p>Monthly</p>	<p>Run chart</p>

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Percentage (%) of incidents of restraint with a completed debrief	<p>Definition: Following an incident of restraint a debrief should be conducted with the relevant members of the clinical team, patient and family members and carers. Debriefing is a dialogue between two or more people; its goals are to discuss the actions and thought processes involved in a particular patient care situation, encourage reflection on those actions and thought processes, and incorporate improvement into future performance.</p> <ul style="list-style-type: none"> • Numerator: Total number of incidents of restraint with a completed debrief each week/month. • Denominator: Total number of incidents reviewed each week/month. • Percentage: Numerator/Denominator x 100 	Care plan	Monthly	Run chart
Rate of as required (PRN) medication use per 1000 occupied bed days	<ul style="list-style-type: none"> • Numerator: Total number of patients prescribed PRN medication each week/month. • Denominator: Total occupied bed days each month • Rate: Numerator/Denominator x 1,000 	Electronic prescribing system/Care plan	Monthly	Run chart

2.4 Balancing Measures

Concept/ Measure Name	What/ How to measure	Data Source	Frequency of Reporting	Chart Type
Average Length of Stay	<ul style="list-style-type: none"> • Numerator: Total occupied bed days for all patients discharged from ward during index month/ • Denominator: number of patients discharged during the index month. • Average length: Numerator/Denominator 	This data is routinely available from local systems. Local Boards need to set up a system for wards to receive regular updated reports.	Monthly	Run chart
Average length of incidents of restraint	<ul style="list-style-type: none"> • Numerator: Total length of time for all incidents of restraint (minutes) in each month • Denominator: Total number of incidents of restraint in each month • Average length: Numerator/Denominator 	Data should already be collected through incident reporting.	Monthly	Run chart
Average length of episodes of seclusion	<ul style="list-style-type: none"> • Numerator: Total length of time for all episodes of seclusion (minutes) in each month • Denominator: Total number of episodes of seclusion in each month • Average length: Numerator/Denominator 	Data should already be collected through incident reporting.	Monthly	Run chart

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