

# Scottish Patient Safety Programme

## Mental Health

Creating the Conditions

Measurement Framework

November 2021

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# 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](#) creating the conditions 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 there is no mandatory national reporting requirement for this measurement framework and is designed for local use within organisations and teams to measure key changes in the [SPSP mental health](#) creating the conditions 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](#) creating the conditions 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 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"><li>• Who will collect the data?</li><li>• What data will you collect?</li><li>• When will you collect the data?</li><li>• How will you collect/record the data?</li></ul> | <ul style="list-style-type: none"><li>• What chart type you will use?</li><li>• How will you share and use your data?</li></ul> |

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

## 1.4 Sampling

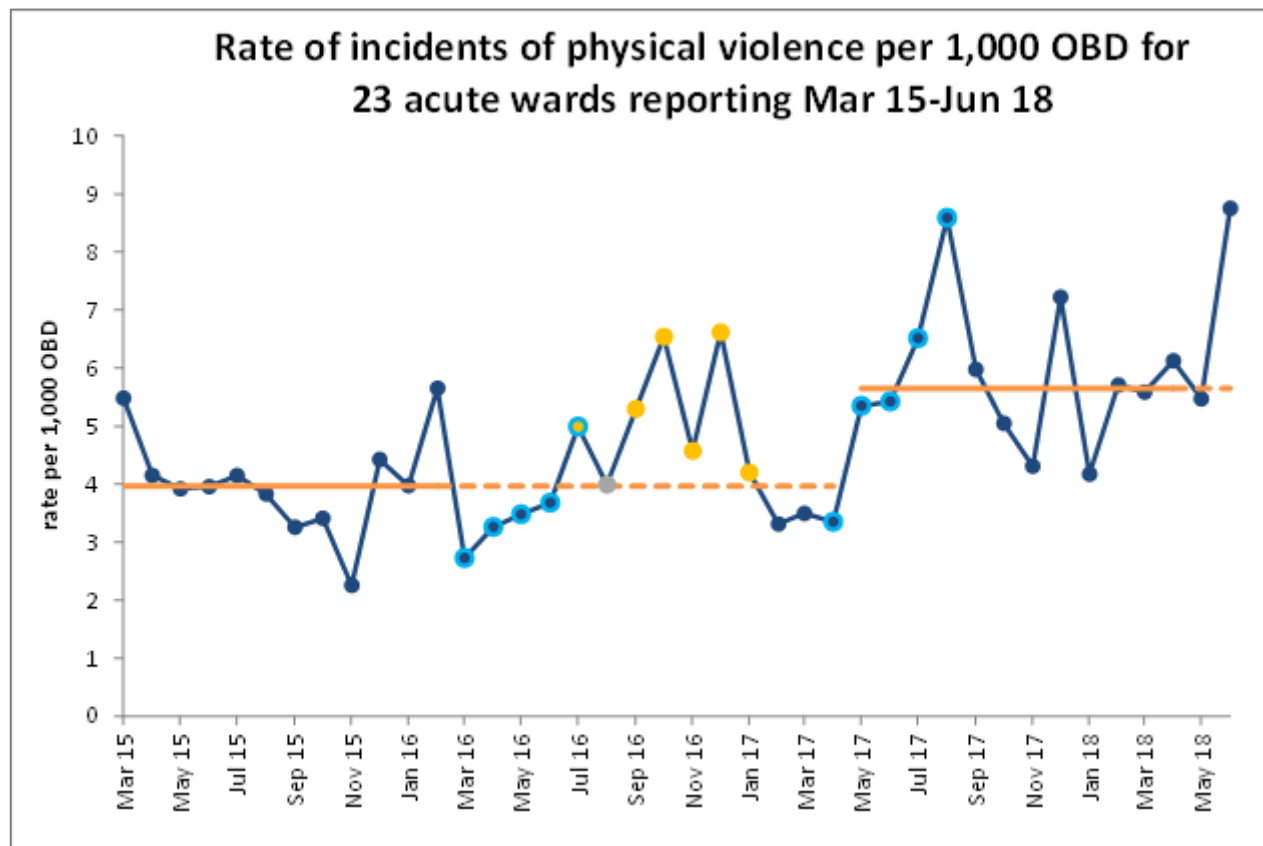
Measuring for improvement relies on small sample sizes, often referred to as 'just enough' data to learn from. When it is not possible to access a larger amount of data, it is suggested you use 'random sample' method to select 5 records per week at random to review, no less than 20 per month.

## 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.



## 2. SPSP Mental Health Creating the Conditions

|  |  |
|--|--|
| <b>Team commitment to Quality</b>        | <ul style="list-style-type: none"><li>• Leadership walk rounds</li><li>• Staff sickness (as a proxy for well-being)</li><li>• Safe staffing</li><li>• iMatter</li></ul>                            |
| <b>Systematic Processes for Learning</b> | <ul style="list-style-type: none"><li>• Safety climate tools (Staff and Patient)</li><li>• GREATix nominations</li><li>• Adverse events review to identify opportunities for improvement</li></ul> |
| <b>Effective Quality Infrastructures</b> | <ul style="list-style-type: none"><li>• Quality Improvement qualification</li></ul>  |



## 2.1 Team Commitment to Quality

| Concept/Measure Name   | What/ How to measure  | Data Source            | Frequency of Reporting | Chart Type |
|------------------------|---|------------------------|------------------------|------------|
| Leadership walk rounds | <p><b>Definition:</b> This improvement tool connects senior staff with their point of care staff via a structured conversation which can help build a culture of safety within an organisation. They can also help identify the barriers to caring for people as safely as possible. The conversations should focus on:</p> <ul style="list-style-type: none"> <li>• Key safety concerns</li> <li>• What we can do together to improve</li> <li>• Teamwork and how do your local teams operate</li> <li>• Communication, and</li> <li>• How leadership can help.</li> </ul> <p>The conversations allow organisations to identify and act on areas requiring improvement. They can also be used to educate staff about safety concepts and improvements as well as incident reporting systems.</p> <ul style="list-style-type: none"> <li>• <b>Count:</b> Number of leadership walkrounds conducted each month</li> <li>• <b>Count:</b> Number of safety issues opened as a result of leadership walkround, each month</li> <li>• <b>Count:</b> Number of closed safety issues identified on a leadership walkround, each month</li> </ul> | Data collected locally | Monthly                | N/A        |

| Concept/Measure Name | What/ How to measure  | Data Source  | Frequency of Reporting | Chart Type |
|----------------------|---|--|------------------------|------------|
| Staff sickness       | <p><b>Definition:</b> The percentage of staff who are absent from work because of injury or illness at work, Medical Exclusion or Medical Suspension.</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Total staff on sick leave in the ward/team in each month</li> <li>• <b>Denominator:</b> Funded establishment WTE</li> <li>• <b>Percentage:</b> Numerator/Denominator x 100</li> </ul>  | Scottish Standard Time System (SSTS)               | Monthly                | Run chart  |
| Safe staffing        | <p><b>Definition:</b> To provide assurance that staffing is appropriate to support high quality care.</p> <p><b>MEASURES:</b></p> <p><b>Supplementary Staffing Use</b><br/>The percentage of WTE used for supplementary staffing (overtime, excess, bank and agency) by team.</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Total WTE of supplementary staffing used on the ward/team in each month</li> <li>• <b>Denominator:</b> Funded establishment WTE</li> <li>• <b>Percentage:</b> Numerator/Denominator x 100</li> </ul> | Payroll systems<br><br>Business support mechanisms | Monthly                | N/A        |

| Concept/Measure Name | What/ How to measure  | Data Source | Frequency of Reporting | Chart Type |
|----------------------|---|-------------|------------------------|------------|
|                      | <p><b>Establishment Variance</b></p> <p><b>Definition:</b> Variance between funded establishment WTE and average contracted staff in post WTE over the course of the month.</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> Funded Establishment WTE – Average contracted in post WTE</li> <li>• <b>Denominator:</b> Funded Establishment WTE</li> <li>• <b>Percentage:</b> Numerator/Denominator x 100</li> </ul> <p><b>Workload Tools</b></p> <p><b>To learn more follow the link:</b></p> <p><a href="#">Staffing Workload Tools (Healthcare Improvement Scotland)</a></p> <p>For Nursing and Midwifery the <b>Excellence in Care</b> core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.</p> <p><b>To learn more follow the link:</b></p> <p><a href="#">Safe Staffing (Healthcare Improvement Scotland)</a></p> <p>These data are also measured through the national <b>CAIR system</b>. Please check with your local <b>Excellence in Care</b> Lead for more details.</p> |             |                        |            |

| Concept/Measure Name | What/ How to measure | Data Source | Frequency of Reporting | Chart Type |
|----------------------|----------------------|-------------|------------------------|------------|
|                      |                      |             |                        |            |

## 2.2 Systematic Processes for Learning

| Concept/ Measure Name                    | What/ How to measure  | Data Source         | Frequency of Reporting   | Chart Type |
|--|---|---------------------|--------------------------|------------|
| Safety climate tools (Staff and Patient) | <p><b>Definition:</b> Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiatives. Using a Safety Climate Survey, teams can gain information about the perceptions of staff about safety in their area or department and management's commitment to safety.</p> <p>General Practice teams can access a dedicated online Safety Climate Survey, developed by NHS Education for Scotland and hosted by Healthcare Improvement Scotland.</p> <p><b>To learn more follow the link:</b></p> <p><a href="#">Mental Health Staff Safety Climate Survey (Healthcare Improvement Scotland)</a></p> | Safety Climate Form | Bi-annually/<br>Annually | N/A        |

| Concept/ Measure Name  | What/ How to measure   | Data Source   | Frequency of Reporting | Chart Type      |
|--|--|---|------------------------|-----------------|
|  | <a href="#">Mental Health Patient Safety Climate Survey (Healthcare Improvement Scotland)</a><br><br><a href="#">Safety Culture Discussion Cards (NHS Education for Scotland)</a>  |   |                        |                 |
| Learning from Excellence - GREATix Nominations                             | <b>Definition:</b> The total number of staff nominated through the local team/ward GREATix process.  | Local GREATix database or spreadsheet   | Monthly                | Run Chart       |
| Regular review of adverse events to identify opportunities for improvement | <p><b>Definition:</b> A regular review of 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 <b>Global Trigger Tool (GTT)</b> 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><b>To learn more follow the links:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">White Paper on Global Trigger Tool (Institute for Healthcare Improvement)</a></li> <li>• <a href="#">Global Trigger Tool for Primary Care (Healthcare Improvement Scotland)</a></li> </ul> | <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 |

## 2.3 Effective Quality Infrastructures

| Concept/<br>Measure Name          | What/ How to measure   | Data Source   | Frequency of Reporting | Chart Type |
|-----------------------------------|--|---|------------------------|------------|
| Quality Improvement Qualification | <p><b>Definition:</b> Percentage of Registered nurses/midwives per Board with a Lead Level Quality Improvement Qualification out of the aspirational number with such a qualification.</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> The total number of staff with a lead level QI qualification per team/service</li> <li>• <b>Denominator:</b> The proposed aspirational number of staff with a lead level QI qualification</li> <li>• <b>Percentage:</b> Numerator/Denominator x 100</li> </ul> <p>This is also measured through the national <b>CAIR system</b>. Please check with your local <b>Excellence in Care</b> Lead for more details.</p> | Training Department/<br>Individuals Personal Development Plan | Annual                 | NA         |

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