

Mental Health Integrated Trigger Tool

MIND THE GAP

In an era where higher acuity is demanded from mental health services which are experiencing stretched budgets, low staff morale, and higher staff sickness rates, the ability to ‘spot the signs’ of a service in distress is no longer optional, it is vital.

The quality and safety of NHS mental health services have been under intense scrutiny in recent months, with a series of high-profile scandals and investigations exposing poor care and abuse of patients. Reports on such issues often state how leaders *didn't see the signs* or *didn't take action when they had emerging insight*. As a result, there is a huge demand for an 'easy to incorporate' data-driven response which answers the question **“How do I know if my services are operating safely?”** – this is the single most important question in healthcare provision, regulation and commissioning today.

Niche have developed a data and intelligence-driven approach called the **Integrated Trigger Tool**, which supports mental health trusts, services, and provider collaboratives in answering this fundamental question.

Key parameters of understanding

Although it is a simple question, it is full of variables and uncertainties which makes answering it on a routine basis without a deep dive approach difficult:

What do we mean by 'services'? There may be wards or clinical teams that are potential outliers, but broad-based reporting hides this. Do the same wards or community teams keep popping up either in the harms data or SI reports? Unless you can spot problem areas in the context of the bigger picture, you are at risk.

What do we mean by 'safe'? The traditional metrics are often not subtle for uncovering deep-seated problems within services. Instead, a balanced dashboard of metrics is required to truly understand patient safety and enable you to triangulate both quantitative and qualitative intelligence.

Time horizons. Do you know if safety is improving or declining, and how can you quickly intervene to take appropriate action? Do the same services repeatedly emerge as problem areas?

Is there a risk of a closed-culture developing here, or worse, has this already happened? Unless you can incorporate the granular level with the whole picture, you are at risk of missing vital connections.



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Understanding patient safety issues in mental health

The complications of getting to the root causes of mental health safety issues are generally well known:



- Is the issue due to staffing levels, staff vacancies, and the use of bank and agency? Perhaps affected by the seniority and longevity of ward and team managers?
- Is it an issue of clinical practice pertaining to the therapeutic model of care e.g., the use of restraint or the use of drug therapy as a single modality?
- Is it an issue of a closed culture that has allowed such practice to go unchecked? This may be impacting incident reporting, resulting in safety flags not being raised.
- Are there much softer issues that can potentially be explanatory, such as a lack of MDT working, the absence of nurses in MDT meetings, poor staff survey results, or a lack of service user engagement? Do these softer issues all point towards a problematic care environment resulting in poor patient safety?

Of course, it could be all of these. To truly understand patient safety within services, one must be able to 'join the dots' to understand what has gone wrong when an issue is highlighted and, more importantly, be able to identify when safety could be compromised to allow for earlier intervention. This is the fundamental premise behind the development of the Niche Integrated Trigger Tool, which has been developed to help Trusts and commissioning bodies in assessing safety issues at a macro level (to alert) and a micro level (to effectively and promptly drill down into concerns).

Our intelligence-led approach

The model below shows how we work, using a range of approaches depending on existing local awareness of a problem, and existing understanding of causes and solutions. Different services and issues are likely to fall into different boxes in this quadrant, and we will apply a mix of qualitative and quantitative work to address each in the way required, with the trigger tool driving the bulk of the quantitative analysis.

Knowledge conversion quadrant

Extent of understanding causes and solutions 	<ul style="list-style-type: none"> - Low knowledge of this being a local problem - High understanding (in theory) of causes and potential solutions <p>We uncover the nature of the local problem and work with you to design a plan to implement familiar, tried-and-tested solutions. These will often be based on established practice guidelines.</p>	<ul style="list-style-type: none"> - High knowledge that this is a local problem - High understanding of causes and potential solutions <p>We design an approach to assurance, using statistical process control and similar methods to</p> <ol style="list-style-type: none"> 1. Monitor what actions are being undertaken and 2. See if the actions are having the intended effect.
	<ul style="list-style-type: none"> - Low knowledge that this is a local problem - Low understanding of causes and potential solutions <p>We analyse all agreed metrics across in-scope services, and identify which services and metrics are of high quality, and which raise concerns.</p>	<ul style="list-style-type: none"> - High knowledge that this is a local problem - Low understanding of causes and potential solutions <p>We conduct a diagnostic investigation to identify local underlying causes and design solutions suited to the local situation. These may require innovative approaches to address particular local circumstances.</p>
	Extent of awareness of the local problem 	

The knowledge conversion quadrant will be used to identify where each service sits, with the aim being to move all services and issues gradually towards the upper right quadrant. In doing so, knowledge of both the nature and scale of problems, a clear plan for improvement, and a system to provide assurance that improvement will be available for all services. For some high-performing services, this approach will also provide a framework for excellence. Here, organisations with services which are known to be of high quality – and where it is properly understood why they are of high quality – will have a basis for spreading good practice within that organisation, in ways most likely to be locally relevant and accepted.

The Integrated Trigger Tool

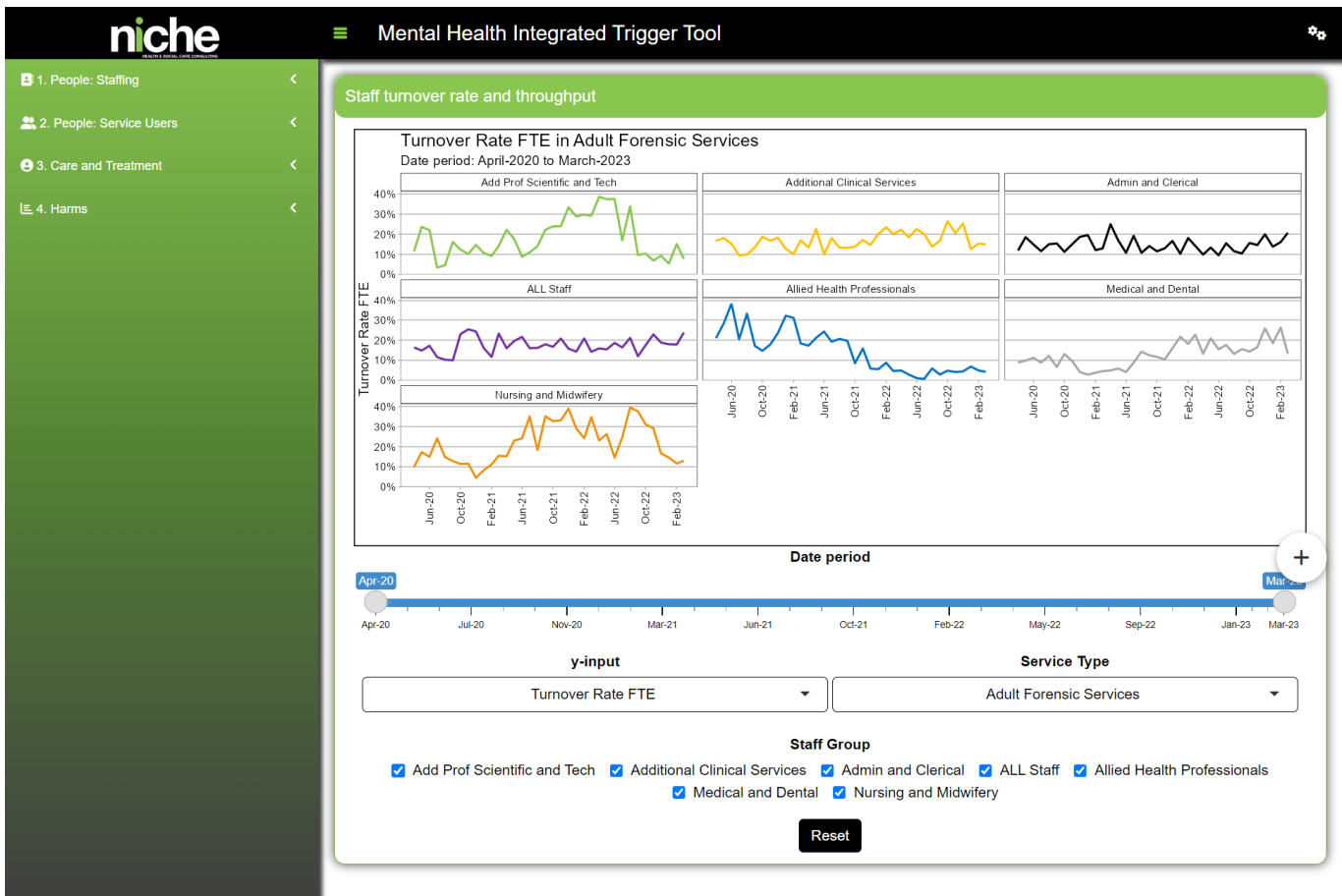
The tool is based on a bespoke **set of core indicators**, carefully selected with significant input from senior operational and clinical mental health experts, to help concisely describe a particular situation relating to care at your Trust. The indicators are grouped into four domains reflecting different areas of care quality:

- 1. People – Staffing:** Appropriate staffing plays a huge role in the delivery of safe and effective care. This goes beyond overall numbers and incorporates the knowledge, skills, experience, and mix of staff required to look after frequently complex and challenging patients.
- 2. People – Service Users:** People should have a positive experience of care, which should be responsive to a patient's personal needs.
- 3. Care and Treatment:** Services should, as far as possible, be based on evidence-based and nationally agreed best practice which ensures care is delivered in a safe environment and that patients are protected against abuse and improper treatment.
- 4. Harms:** Service users should not be exposed to any unnecessary risks during their treatment, or harmed by the care which they receive.

The data used to populate the tool is requested for a statistically meaningful period of time, to not only describe the current situation, but also monitor changes over time and assess whether a particular area is improving, deteriorating or remaining stable.

Users of the tool will be able to see at a glance the current and historic performance level of any service, ward or team, which of these are outliers, and any significant changes over time. Detailed commentary and observations are also provided against each of the indicators and domains to aid context and interpretation. Access to the tool is web-based, with access being granted to the secure website via a password-protected lock screen to an approved set of users.

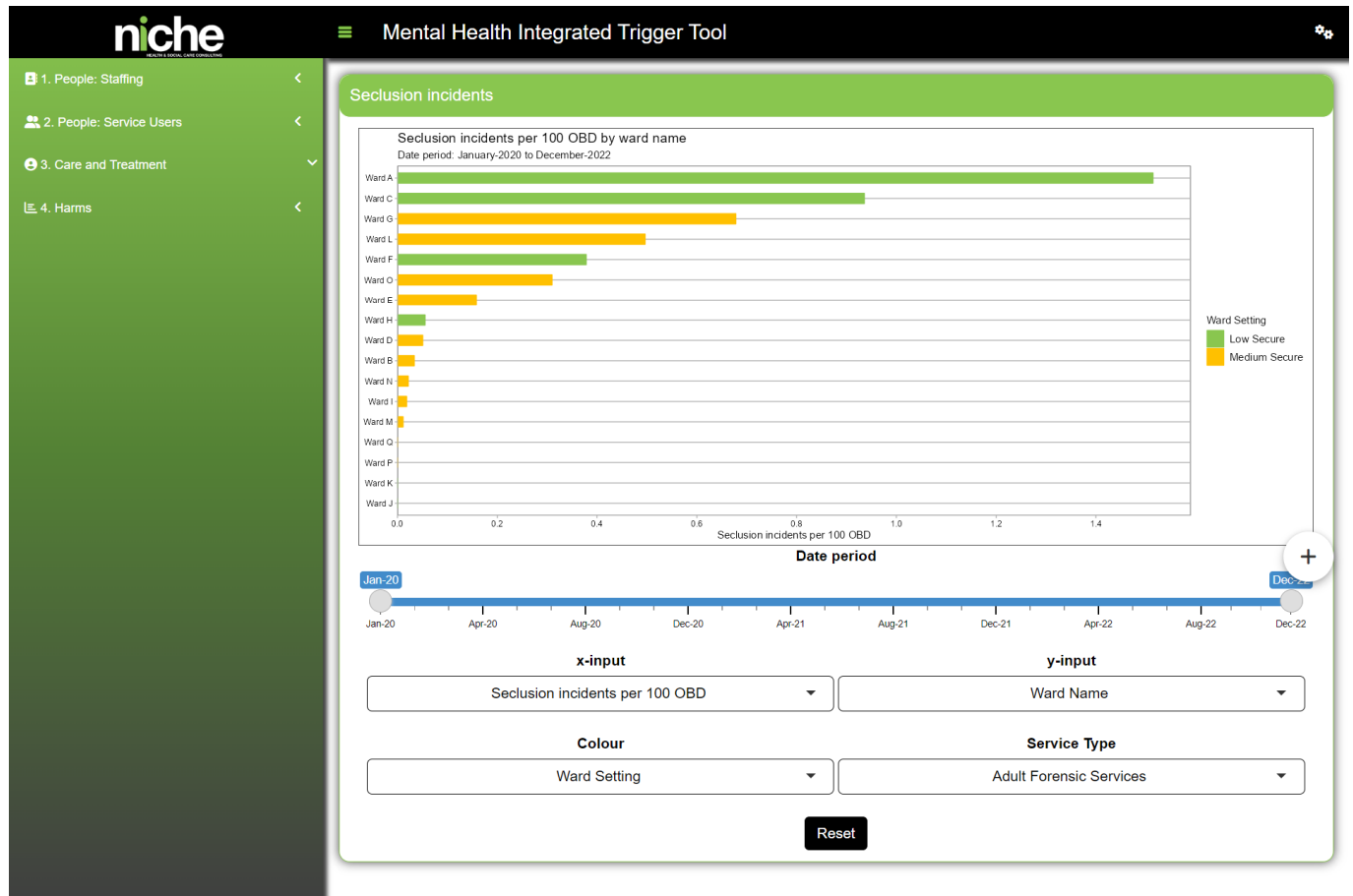
Trigger Tool End User Platform



The outputs of the tool (charts, tables, and commentary) can be downloaded as a report in PDF format, suitable for use at a Board, Committee, or at a local quality/safety huddle.

The Integrated Trigger Tool (continued)

The tool allows 'touch of a button' insights which can be triangulated with other intelligence:



Our extensive and rounded credentials

Niche offers a unique blend of the most senior mental health investigatory professionals in the country combined with top-level data science tools and techniques honed by delivering analytical solutions in mental health for the last three decades.

- **We have been the leading suppliers of independent mental health homicide investigations for the last decade.** We have a wealth of knowledge on what works well and how to spot early warning signals when care may be compromised. We have delivered over 150 high-profile mental health care and treatment reviews and so our knowledge of the mental health system is unparalleled.
- **Mental health modelling and data analytics are our core expertise.** We have delivered modelling-led assignments across all mental health care pathways ranging from individual services within trusts to whole system ICB projects.
- **We have delivered 'deep dives' into very high-profile mental health services recently using techniques outlined here.** These involve utilising our investigatory and data science teams in comprehensive, intelligence-led, and sensitive cases with successful engagement being made between multiple parties.

Next steps

We would be delighted to have a detailed conversation with you to understand your needs and how we could help. We could show you the work we have undertaken elsewhere, appropriately anonymised, to give you a sense of our approach and how we could work together to improve mental health safety within your services.

insight
integrity
impact



Tom McCarthy - Partner

Tom is a Health Economist who leads on mental health modelling projects, with a vast experience of delivering intelligence-led assignments on projects involving capacity, demand, and patient flow.



Dr Paul Smith - Director

Paul has a Doctorate in Computational Psychology and leads our analyst team. Paul has worked extensively on designing information solutions to support modelling and investigations in mental health.

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