Four Steps to Safety

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Background

• Fundamental ethos of service user co-production

• MDT review team conducted an assessment of interventions that reduce incidence of violence within in-patient settings.

• Conducted design phase over 18 months, focussing on two acute male service.

• Working with clinical team and service user consultants – decided on final interventions to incorporate in project.

• Rolled out across 4 wards including forensic and CAMHS. Average of 55% reduction in violence across all services.

• Commenced formal pilot phase across further 4 wards. Pilot phase focussed on methods for disseminating the training programme, implementation and reliability.

• Applied for funding to the Health Foundation ‘Scaling up for Improvement’ to roll out the programme Trust wide. Partnered with Devon NHS PT to increase reliability. KCL carrying out the formal evaluation.

• Formalised Four Steps to Safety Programme.
Co-production

The value of service user consultants:

• Important at every stage
• Project design
• Training design and delivery
• Data Analysis
• Adding value to facilitation, making changes within services
• Evaluation
Four Steps

System for safer care - A toolkit which:
• Uses quality improvement methods to reduce violence, focussing on four key elements:

1. **Proactive Care**
   Thinking and acting ahead of anticipated risk events, taking proactive and preventive approaches to risk management as opposed to reactive solutions to risk events.

2. **Service User Engagement**
   Healthcare professionals to encourage active service user participation by collaboratively planning for care needs with the service user.

3. **Teamwork**
   Multi-professional teams working together with the service user to attain the service user’s recovery goals.

4. **Environment**
   Exploring external and internal factors within the environment that may have an impact on violence and putting plans in place to remove or minimise these.
Project Plan

- 2 x WTE Quality Improvement Facilitators.
- 1 x WTE Service User Consultant (2x0.5).
- Delivery across 52 SLaM wards and 22 DPT wards.
- Wards allocated to cohorts, 4-6 wards per cohort in SLaM, new cohort commences every 2-3 months.
- Project to run over 2yrs.
- Formal training for team members at commencement of project.
- Design of interactive learning hub.
The Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Aim
Measurement
Change
Cycle for Learning and Improvement

Plan
Act
Study
Do
Process – Ward

1. **Recruitment**
   Recruit teams using recruitment form

2. **Data Collection**
   Commence data collection for specific areas

3. **Meeting the Team**
   Assess previous history of violence, working systems, challenges.

4. **Qualitative Data Collection**
   Ward Team Service Users

5. **Training Program**
   In-depth training, brief training, weekly follow up

6. **Training Needs Analysis**
   Assess skills of team

7. **Project Charter**
   Develop a project plan
   Plan for sustainability

8. **Qualitative Data Feedback**
   Feedback outcomes

9. **Measurement of Reliability**
   Clinical records, datix

10. **Continuous Improvement**
    Embedding and Sustainability

11. **Project Delivery**
    Implementation of the interventions
## Changes – Toolkit

<table>
<thead>
<tr>
<th>Four steps to safety</th>
<th>Toolkit - Evidenced Based Interventions</th>
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<tbody>
<tr>
<td><strong>Proactive care:</strong></td>
<td><strong>DASA</strong> - tool used to predict risk</td>
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<td></td>
<td><strong>Risk management</strong> - Plans formulated by clinicians in response to identified risks of the patient.</td>
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<td><strong>Zoning</strong> - A system where a Red Amber Green rating is used to identify care need for the patient Specific interventions are delivered in relation to the zone.</td>
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<td><strong>Patient engagement:</strong></td>
<td><strong>Compact</strong> - The community code of conduct between patients and staff on the ward. Foster a therapeutic atmosphere enhancing the development of community wellbeing.</td>
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<td><strong>Intentional Rounding</strong> - Involves health professionals regularly engaging with patients. Offers patients comfort, and ease their anxiety and make them feel safer.</td>
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<td><strong>Teamwork:</strong></td>
<td><strong>Report Out</strong> - Morning Meeting with the multi-professional team- discussion of patient care.</td>
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<td><strong>SBAR</strong> - is structured method for communicating information which improves communication</td>
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<td><strong>Escalating Risk</strong> - Set of standard identified steps to take when a patient is deteriorating</td>
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<td><strong>Environment:</strong></td>
<td><strong>Safe Wards</strong> - Intervention introduced by the team to make the ward environment safer</td>
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<td><strong>Mapping of violent incidents</strong> - provides useful information about where incidents most commonly happen on the ward Staff are then better able to target interventions to reduce incidents.</td>
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## Measurement

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Process Measures</th>
<th>Balancing Measures</th>
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<tbody>
<tr>
<td>Violent and Aggressive Incidents</td>
<td>% evidenced completion of interventions</td>
<td>Reporting rates</td>
</tr>
<tr>
<td>Safety Cross data</td>
<td>5 sets of clinical records for each intervention, per</td>
<td>Use of seclusion</td>
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<tr>
<td>Industrial Injuries</td>
<td>week, per ward</td>
<td>Use of restraint</td>
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Example – Data

Triage Safety Cross Incidents (Reds)

- Intentional Rounding
- Increase in number of beds
- Safewards
- DASA
- Local Change
- SBAR

Number of Incidents

Weeks


1.92

South London and Maudsley NHS Foundation Trust
Using data at ward level
Key Lessons

• Leadership – key to implementation
• Multi-professional team working
• Reliability of interventions
• Engagement
• Training flexibility
• Sustainability – Governance structures and processes
• Staffing – challenge when there are deficits in leadership
Next Steps and Results

• Collaborative events
• Website design
• Assessing outcomes

Results so far:
Cohorts one and two implemented 4-5 interventions at over 85% reliability. Reductions in violence are evident but not yet sustained.
Thank You!

Questions?