



Slide 1:

This presentation is to provide information about how our organisation (DPT), in collaboration with SLaM aim to reduce violence in all our inpatient units across both Trusts by 50%. We aim to do this by September 2017

Co-production



Slide 2:

The entire project is co-produced and co-designed with people who have lived experience of mental health services. This provides a real depth and perspective to the programme.

South London and Maudsley **NHS**
NHS Foundation Trust

Devon Partnership **NHS**
NHS Trust

Four Steps to Safety

Proactive Care
Patient Engagement
Teamwork
Environment



The Health Foundation
Inspiring
Improvement

The slide features a blue background with a white wavy border at the bottom. In the top left, the South London and Maudsley NHS Foundation Trust logo is displayed. In the top right, the Devon Partnership NHS Trust logo is shown. The central title 'Four Steps to Safety' is prominently displayed. Below the title, four key areas for improvement are listed: Proactive Care, Patient Engagement, Teamwork, and Environment. To the right of this list is an illustration of two white 3D figures working together to place a red puzzle piece into a larger assembly of blue, yellow, and green pieces. The Health Foundation logo is positioned in the bottom left corner.

Slide 3:

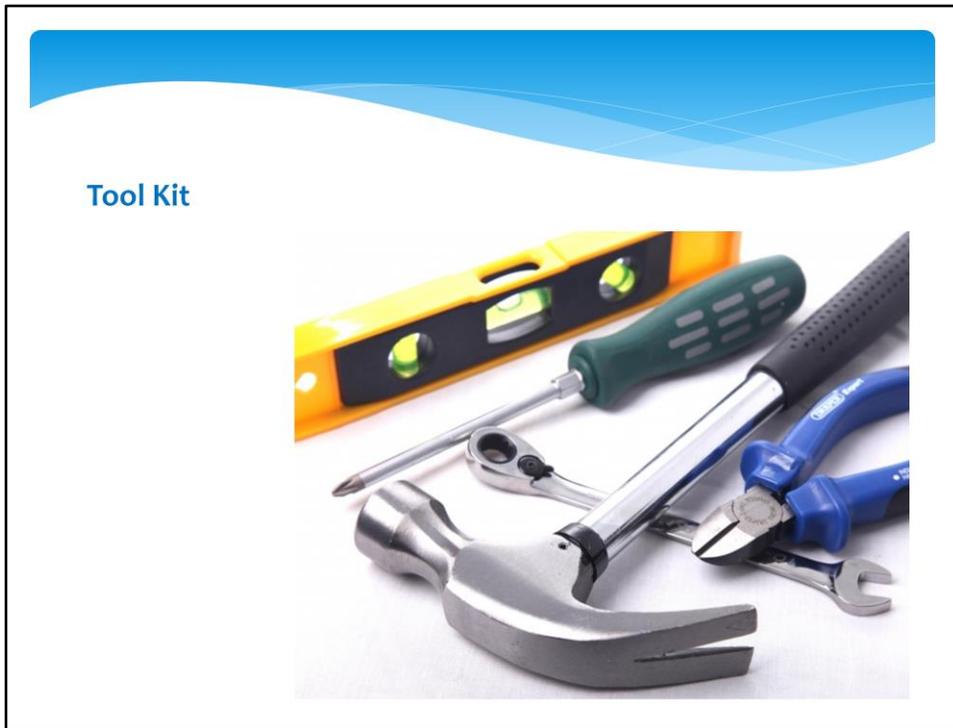
Our project is called the 4 steps to safety violence reduction programme and it specifically targets 4 areas for improvement. Our work involves supporting teams to better anticipate events, communicate well, mutually agree standards and expectations and work in partnership to create safer, happier environments.

South London and Maudsley **NHS**
NHS Foundation Trust
Violence reduction pilot programme

The Health Foundation
Inspiring Improvement

Slide 4:

Four steps to safety was piloted in South London and Maudsley, in 4 wards across 2 hospitals. This pilot reduced violence and aggression by 58% and this reduction in violence was sustained for 2 years. The Health Foundation has provided us with a grant to test 4 steps to safety across all of DPT inpatient wards and the rest of SLaM wards. The project will run for two years.



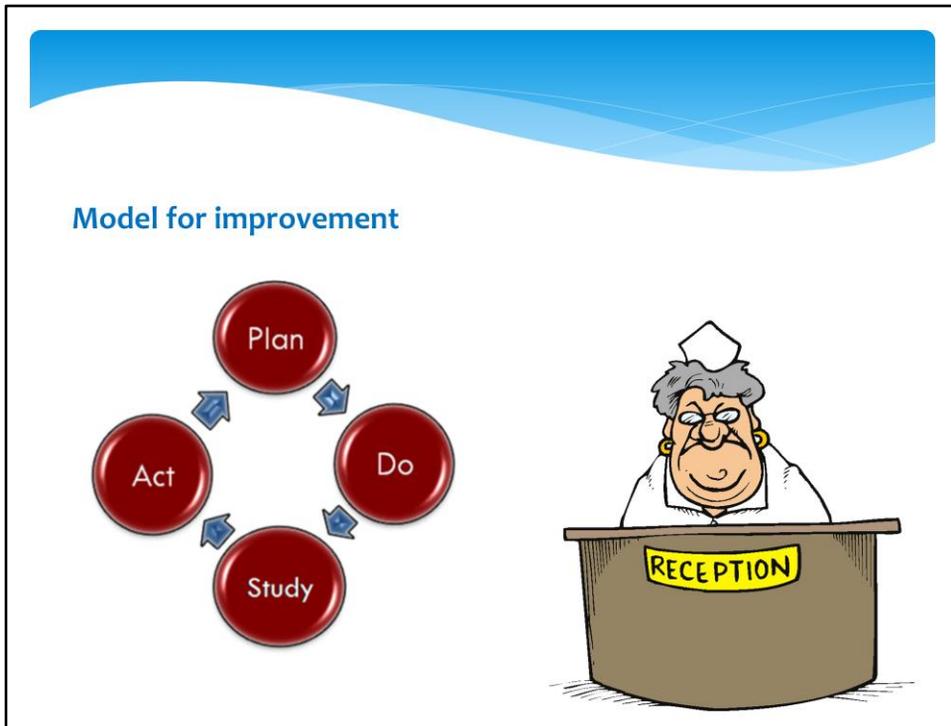
Slide 5:

The clinical toolkit is a bundle of interventions and includes a communication tool, violence prediction assessment, collaborative zoning and risk management, and a structured engagement process. It is the implementation of these interventions together that is supporting the improvement in the 4 targeted areas.



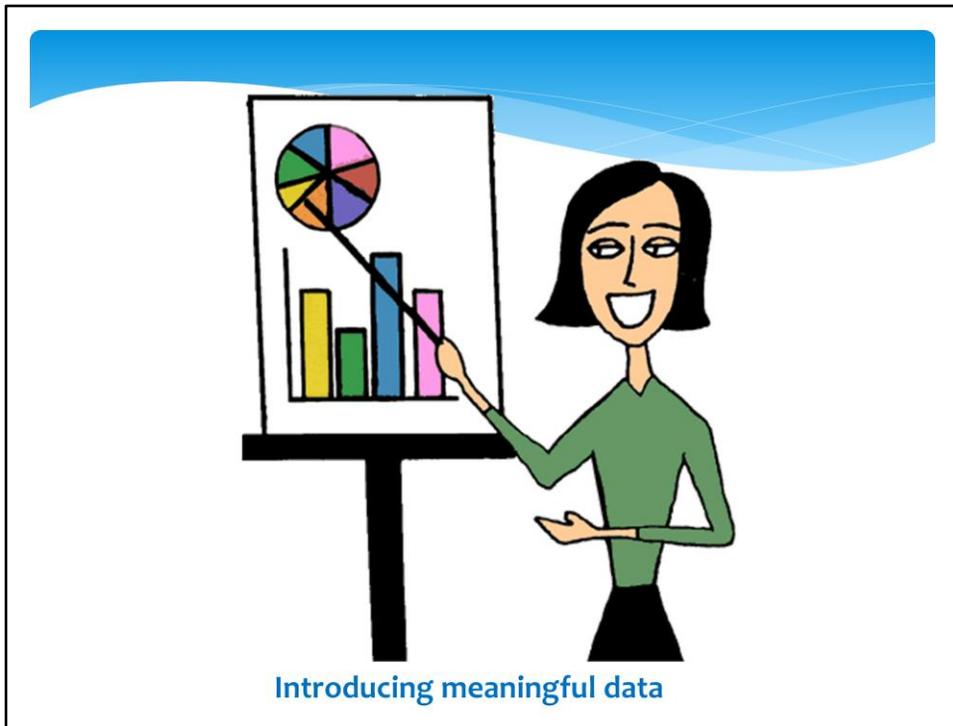
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We are very lucky in that we have dedicated facilitators for the programme. These facilitators work with individual teams to embed and sustain the interventions through training, implementation, coaching and assisting teams to analyse their data.



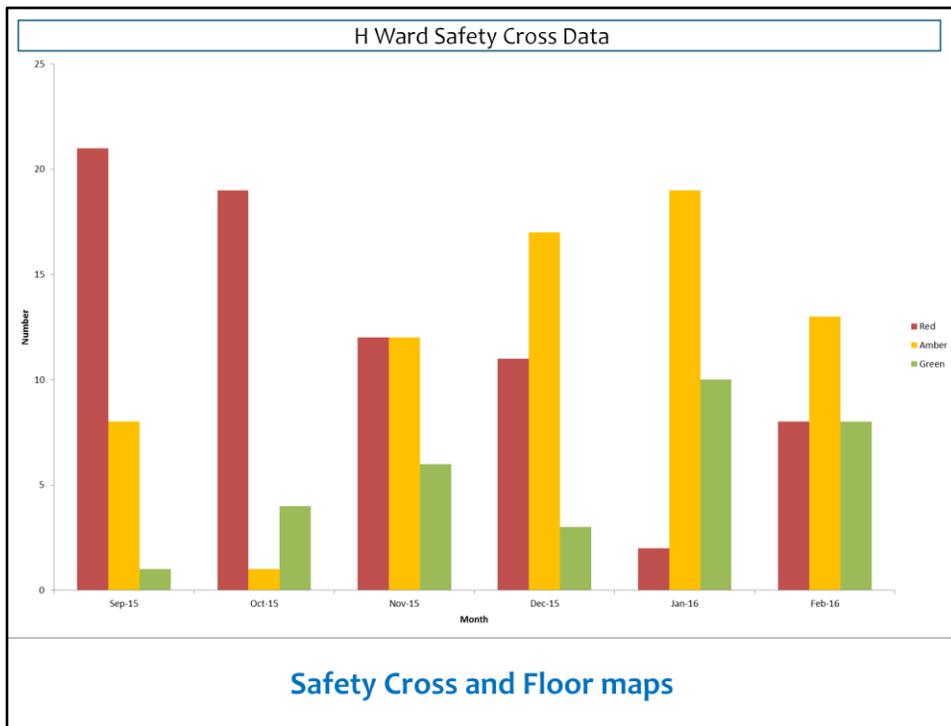
Slide 7:

We are facilitating change within our clinical areas using the Model for improvement and PDSA cycles. Teams are acquiring the skills to safely introduce the new tools and make necessary changes. We are also encouraging teams to use their new skills to support further improvement on their wards.



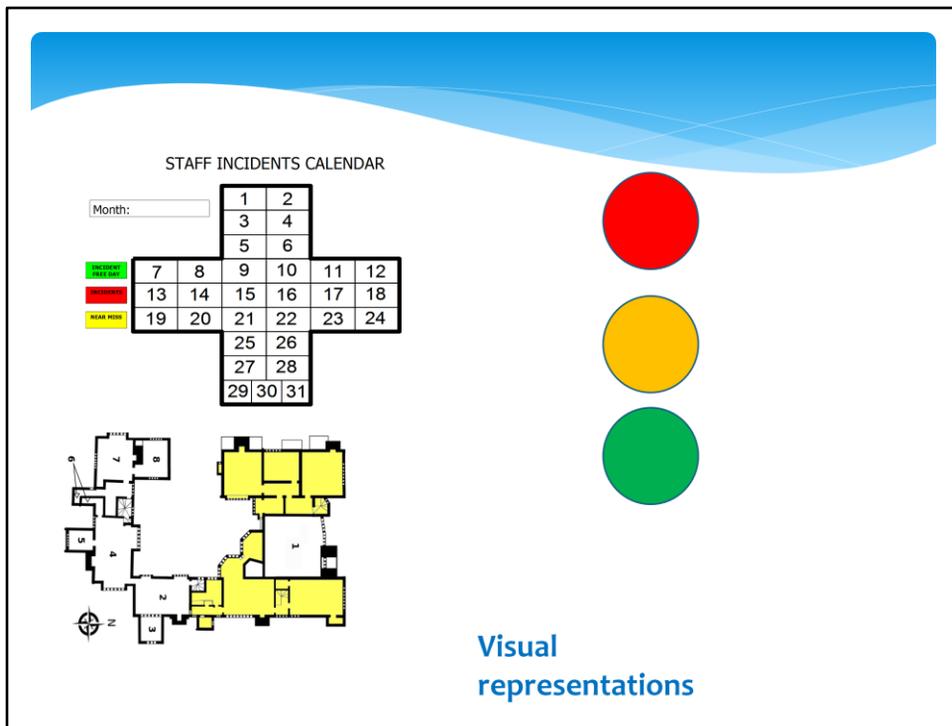
Slide 8:

We produce lots of data including outcome , process and balancing measure. Teams are trained on how to interpret this data and how to use it to initiate changes relevant to their specific area.



Slide 9:

This chart displays safety cross data collected from one ward involved in the programme. The team have discussed how their efforts, implementing the new interventions, has had a positive impact on experience and safety for all and how a more consistent approach may lead to even further improvements.



Slide 10:

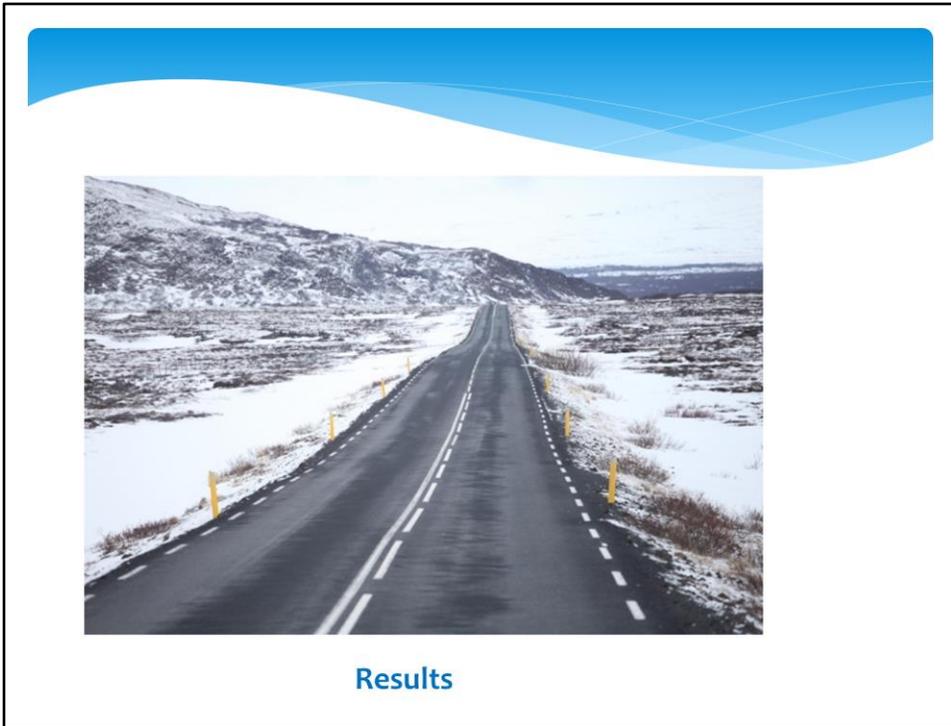
The project uses a variety of visual display tools such as safety cross, ward maps and a zoning tool. This provides an impact as an alternative to reams of qualitative data which could overwhelm staff and patients

Measurement



Slide 11:

We are talking to teams to help them understand the importance of measurement and how this process will help them to discover if the changes made are an improvement. We will be working with Clinical Team Managers to help support them to take over the monitoring and measuring of the new processes to ensure timely responses to what the data is telling them.



Results

Slide 12:

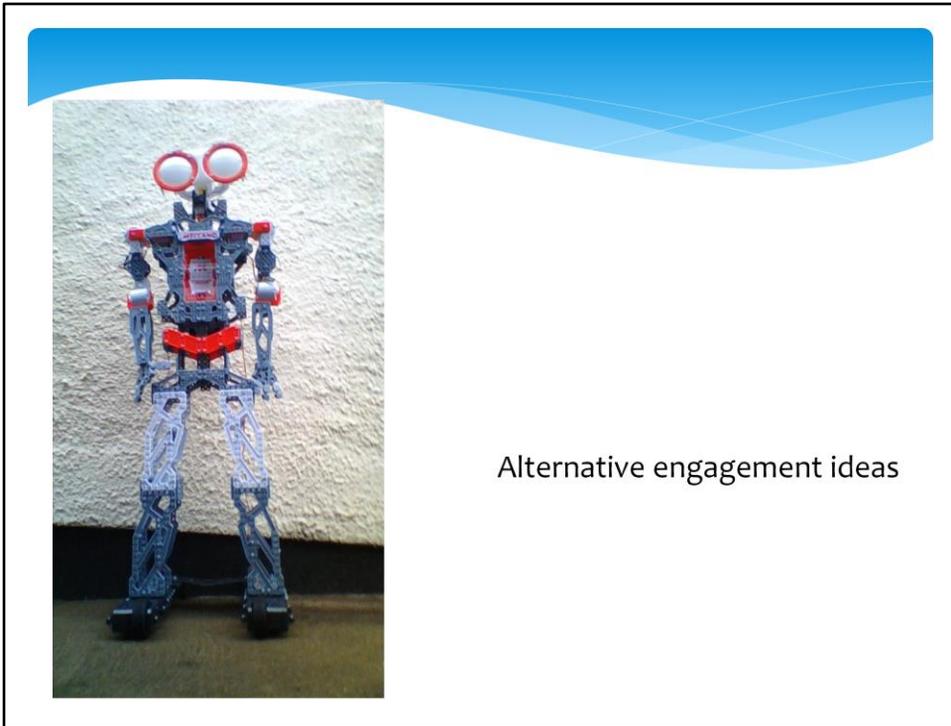
It is too early in the programme for us to make any definitive statements regarding results. However, it is clear that in some areas severity of harm is decreasing and from talking to patients we know that engagement has increased.



Breaking the rules!!!

Compact





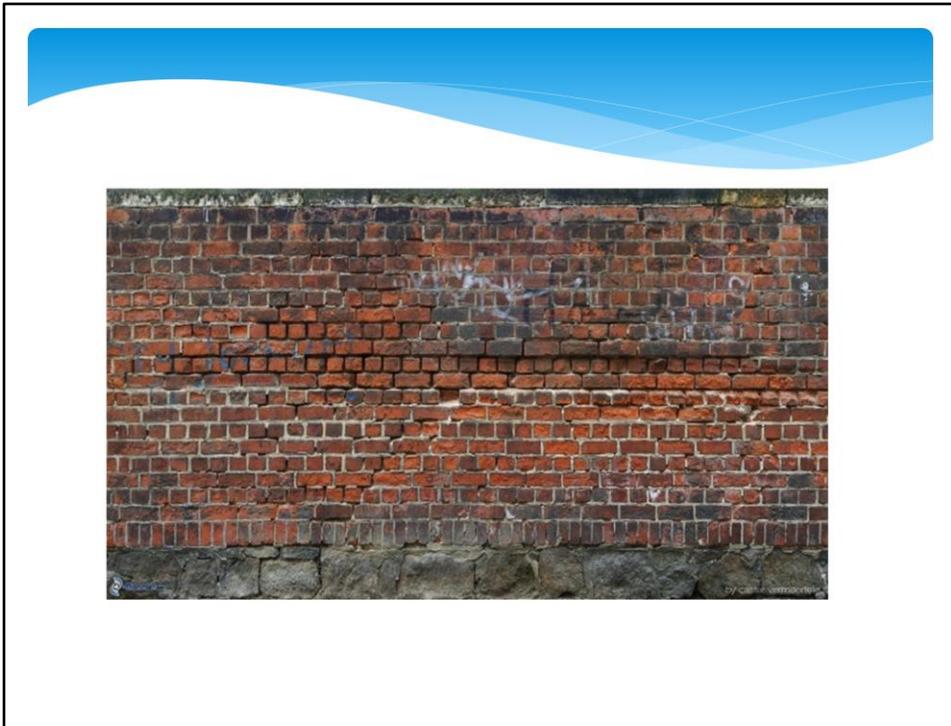
Alternative engagement ideas

Slide 14:

A large part of the project is focused around engaging patients. As we cover a variety of different wards we have had to be creative as to how this can be achieved across different settings. So far we have utilised patient forums, tea and cake mornings, patient councils and even using a robot to help engage long term patients in a secure environment.



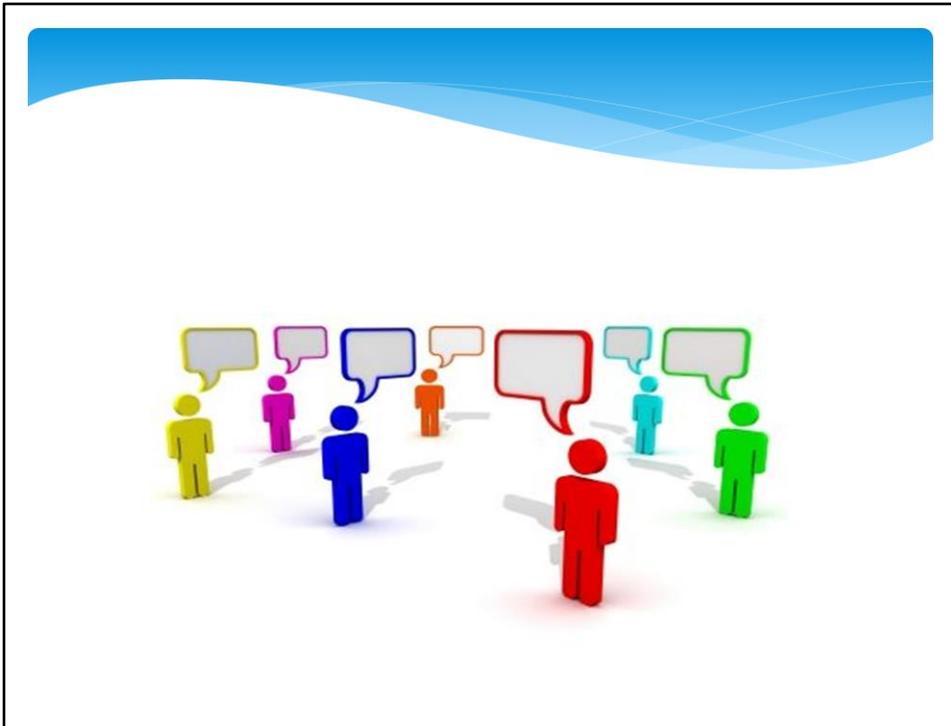
Collaborative
events



Slide 16:

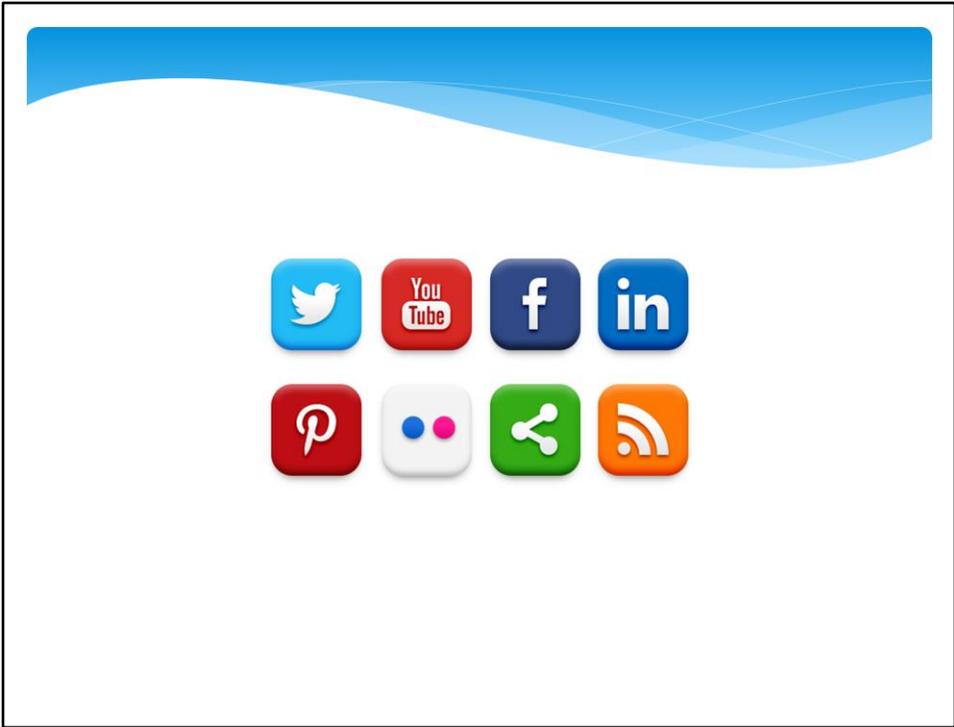
We have come across a few barriers to 4 steps and are continually learning and adapting processes as we go along. We know that ownership to the project is key to success – teams must own 4 steps themselves rather than feel it is a project that they are forced to do as a top down initiative. Therefore it is vital that teams are able to tweak interventions using PDSA so that each intervention suits each environment.





Slide 18:

We are keen to promote the project so that we can spread it's success. So far we have presented Four Steps at the International Quality Forum in Sweden and at the South of England Collaborative .





Slide 20:

We still have many wards to implement 4 steps to safety with and are constantly learning and adapting how we train staff, embed improvements and ensure that these are sustained. We aim to do this by working alongside frontline staff, people with lived experience, patients, carers, senior staff, volunteers and external trusts/ organisations.

Together we can move mountains.