

TOWER HAMLETS VIOLENCE REDUCTION COLLABORATIVE

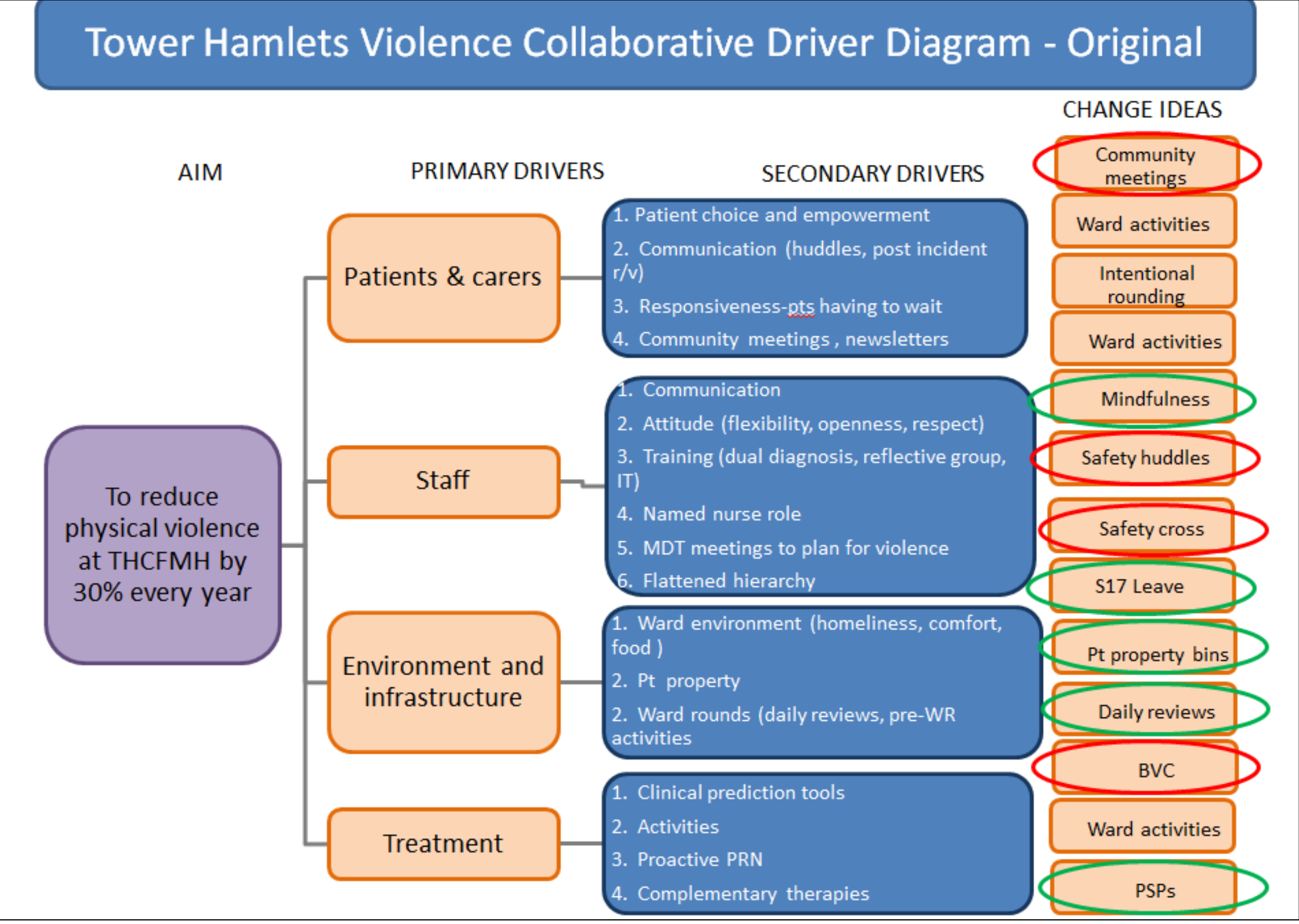
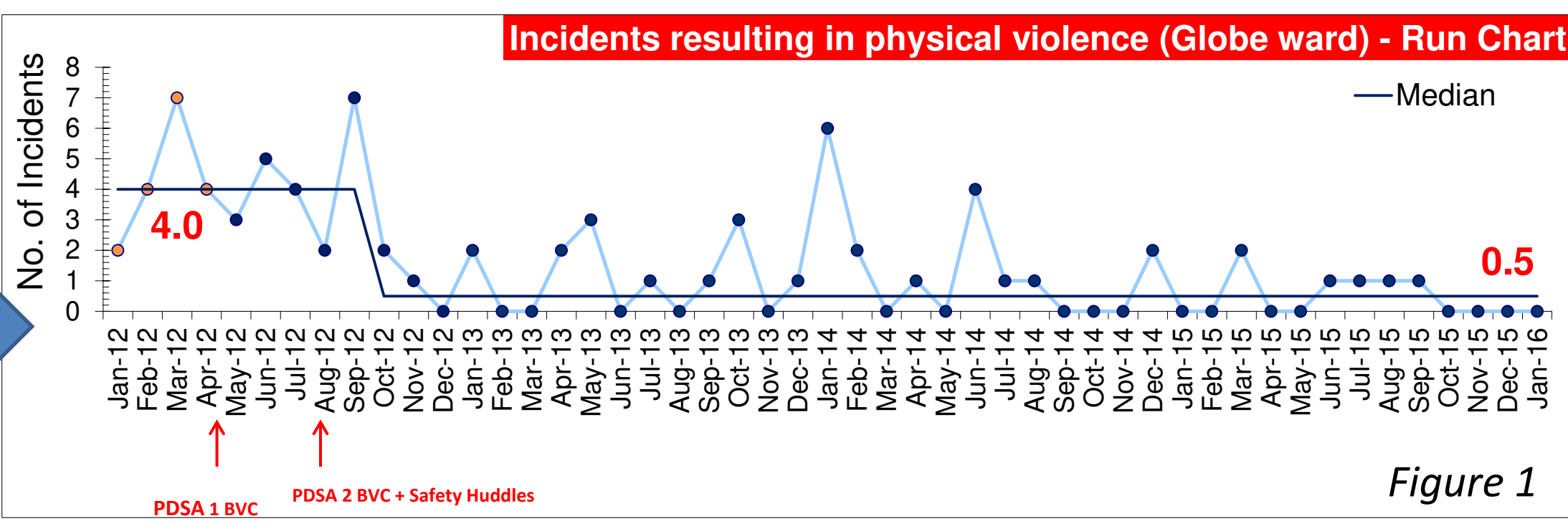
Teams on Brick Lane Ward, Globe Ward, Lea Ward, Millharbour PICU, Roman Ward & Rosebank PICU

Overall Project Lead & Sponsor: Andy Cruickshank, QI Coach: Jen Taylor-Watt (QI Lead)

Background

The Tower Hamlets Violence Reduction Collaborative was formed in September 2014 to build on the successes on one of our wards, Globe Ward, who had reduced violence by over 85%, from 4 incidents per month in 2012, to 0.5 per month, sustained since 2013 (see Figure 1).

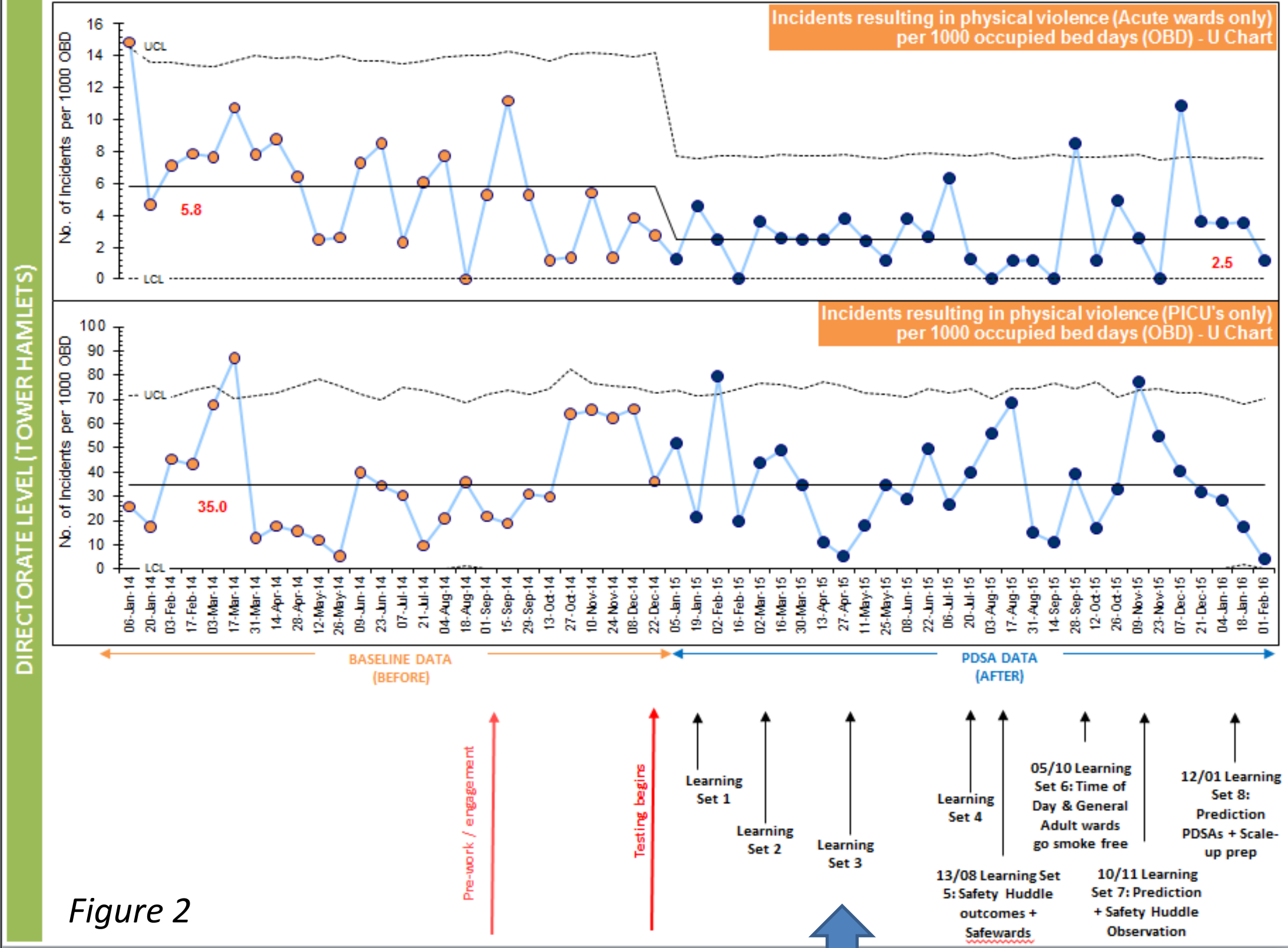
Globe was joined by the other 3 acute admissions wards and 2 Psychiatric Intensive Care Units (PICUs) to form the Tower Hamlets Violence Reduction Collaborative. Together we set out an aim to **reduce violent incidents by 30% by the end of 2015**.



Drivers and Change Ideas

In our first meeting we developed the above driver diagram, which set out what staff considered to be the main drivers of violence on our wards, as well as ideas for change. The ideas circled in red were tested by all wards. Those in green were chosen by individual wards. Our shared bundle includes:

- Introducing **Safety Huddles**, which are stand-up micro-meetings of 15 minutes maximum, during which all staff working on the wards come together to share information about service users and identify actions. There is a strong emphasis in Safety Huddle discussion on **going beyond identification of current issues to predicting likely future unmet needs and dissatisfaction which could lead to violence**.
- Using the **Broset Violence Checklist**, which is a simple validated risk assessment tool, which staff use to predict the likelihood of a service user being violent in the next 24 hours through rating their traits and behaviours. This is used for the first 72 hours of the person being on the ward and whenever staff feel it is needed subsequently (for example, when identifying concerns in Safety Huddle discussion).
- Displaying **Safety Crosses** in the public area of the ward, which are a simple calendar that staff can mark to show whether days have incidents or are incident free. This helps to focus staff and service users on the work and develop a more transparent, open and shared culture towards safety on the wards.
- Having a **Safety Discussion in ward community meetings**, which are open discussions amongst the ward community about problems and incidents on the wards, aiming to identify how we can learn from issues together and move forwards. This helps everyone (staff, service users, relatives) to understand the feelings and experiences of others, demonstrating in a very visible way that safety involves everyone on the ward and that learning from incidents is a partnership between staff and patients (and friends and family of patients too).



Evidence of improvement

The above charts show that **we have sustained a reduction in violence of 57% across the 4 acute admissions wards in 2015** (shown as a rate per 1000 OBD to take in account how busy the wards are from fortnight to fortnight). We also track process measures for reliability and balancing measures, such as use of restrictive practices (restraint, seclusion, rapid tranquilisation).

We are yet to achieve a sustained reduction in our PICUs, although since October 2015 we have seen a downward trend of 7 points, as we have focused more on prediction in our safety huddles.

Lessons and next steps

Our collaborative has a high degree of confidence that our four change ideas have enabled us to develop our safety culture on the wards, resulting in sustained reductions on the acute wards. On this basis, we are now working with City and Hackney and Newham to support them to initiate similar work. Saying this, there have been challenges and we have learnt many lessons over the past year, which we will be further tackling in Tower Hamlets, and which have informed our scale-up approach. These include:

- Importance of process measures:** we have had difficulty in consistently collecting measures which show us how reliably elements of the bundle are being used. This means it is not entirely clear which elements in the bundle yield the most benefit in terms of violence reduction. To generate this evidence we have planned a 'fractionated factorial design' for our scale up to City and Hackney and Newham, in short, a design that maximises both the ability to test the factors (items in the bundle) in isolation and combination (as well as reducing the scale of the test to a satisfactory sample size).
- Collective leadership:** it can be hard to ensure all staff are bought into improvement work and to avoid leadership of it being concentrated on 1 or 2 staff members (see our current strategy for tackling this below, which we are taking forward in current PDSAs)

