

# THE ELFT SAFETY CULTURE BUNDLE

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## Violence Reduction Safety Bundle

Paul McLaughlin, Lead Nurse for Training & Development

East London  
NHS Foundation Trust



# Aims

- Summarise the rationale for and background to the Safety Culture Bundle
- Describe the 4 components of the Safety Culture Bundle
- Suggest how the 4 components can be operationalised in day to day practice

# Staff support & wellbeing



ELFT *Employee Wellbeing*

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# Why the need for a Safety Bundle?

## Mission

WHAT IS OUR ROLE IN SOCIETY?

## Vision

WHAT DOES OUR CORE PURPOSE NEED TO BE?

## Strategic outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL HELP US ACHIEVE OUR MISSION?

## Specific outcomes

WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

To improve the quality of life for all we serve

By 2022 we will build on our success and lead on the delivery of integrated care.

ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Improved population health outcomes



We will:

- Tackle with our partners and service users the wider determinants of health
- Help people lead healthier lifestyles and improve prevention of ill health
- Reduce health inequalities
- Deliver more integrated health and social care services

Improved experience of care



We will:

- Improve access to services
- Improve service user experience and the outcome of their care, addressing inequities
- Increase the numbers of people positively participating in their care and in service improvement
- Improve service user safety and reduce harm
- Support more service users to meet their recovery goals

Improved staff experience



We will:

- Improve fulfilment at work
- Develop the skills of our staff to deliver integrated care
- Improve leadership and management practice
- Improve how we listen to staff and support them to continuously develop

Improved value

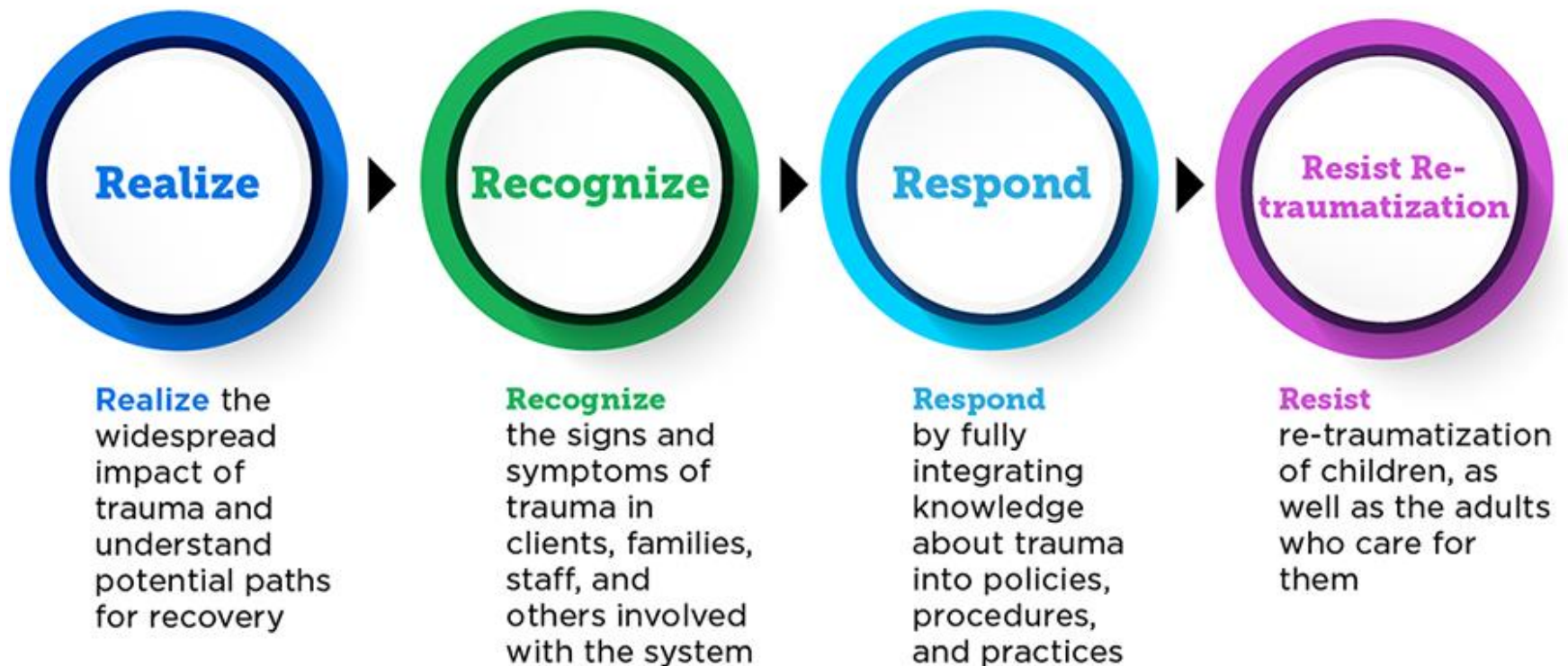


We will:

- Increase productivity while maintaining quality
- Reduce waste
- Reduce variation in clinical practice

# Trauma Informed Care

## The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Background to the Safety Bundle

- Local project started on Globe Ward in 2012
- Tower Hamlets Violence Collaborative in 2015
- Trustwide Violence Collaborative in 2016
- Has now formally become Time to Think

# The Safety Bundle

- Safety Huddles
- BVC
- Safety Cross
- Safety Discussion with Service Users

# 1. Safety Huddles



# Safety Huddles

- 3 times a day – morning, afternoon, night
- Can also be called at any time if needed
- Ideally everyone should stand
- Aim to keep meeting to about 15 minutes
- Everyone involved – 'flattened hierarchy'
- Format is flexible
- Aim is to identify and mitigate future or current risk
- Outcome: agree a plan if needed

# Safety Huddles

- Not a handover!
- Evidence suggests less likely to happen at night
- Best when all MDT attends
- Should the ward housekeeper attend?
- How should they be documented / recorded?
- How involve service users?

## 2. Brøset Violence Checklist



# **Brøset Violence Checklist**

- Validated risk assessment tool
- Enables a shared understanding of risk across the team
- Easy to complete with minimal training
- Complete 3 times a day for the first 7 days of admission and then as required
- Should link to Safety Huddles

# **Brøset Violence Checklist**

- Very suitable for adult acute wards / admission wards
- Use may be more limited in other environments
- Modified BVC
- Evidence suggests BVC may be the most effective component of the Safety Culture Bundle

# Brøset Violence Checklist

## **Brøset Violence Checklist © (BVC)**

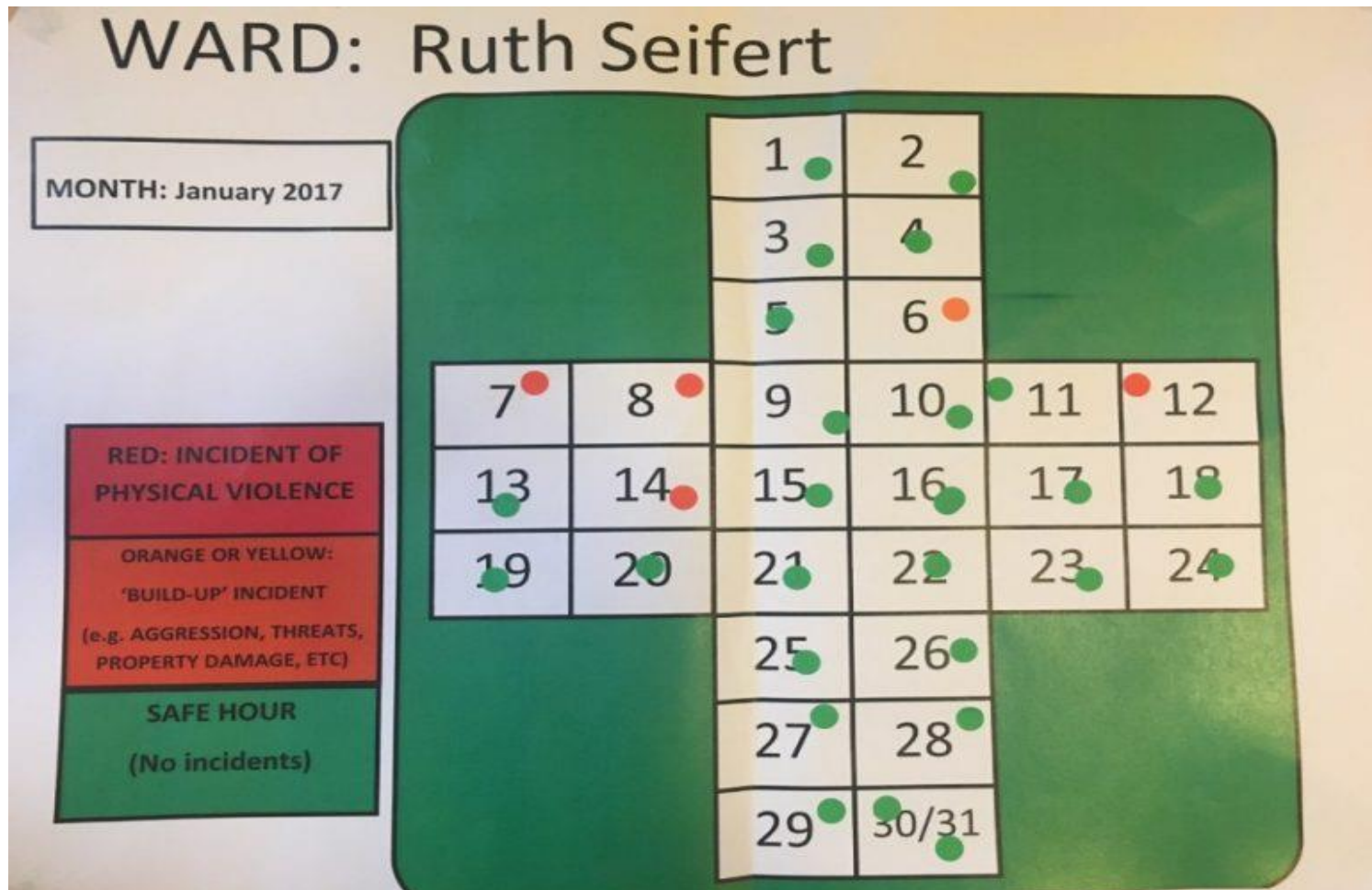
**Score patient 3 times a day for 7 days. Absence of behaviour = 0.  
Presence of behaviour = 1. Maximum score (SUM) = 6.**

Monday      /      /			
	<b>Day</b>	<b>Evening</b>	<b>Night</b>
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Attacking objects			
SUM			

# Modified BVC

East London Modified-Broset (ELMB)	
<b>Hospital</b>	
<b>Ward</b>	
<b>Assessor/Assessors</b> .....	
<b>Patient Name</b>	<b>D.O.B.</b>
<b>Date of Assessment</b>	<b>Time of assessment</b>
<b><i>Behavioral descriptor</i></b> Please score only the behavioral elements objectively present.	<b>Item present?</b> Item not present: 0 Item present: 1
<b><i>Confused</i></b>	
<b><i>Irritable</i></b>	
<b><i>Boisterous</i></b>	
<b><i>Verbal threats</i></b>	
<b><i>Physical threats</i></b>	
<b><i>Attacking objects</i></b>	
<b><i>Response to de-escalation</i></b>	
<b><i>PRN compliance (P.O./I.M.)</i></b>	
<i>Total Score 0/8</i>	
<b>Patient secluded</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Research Version</i>	

# 3. Safety Cross



# Safety Cross

- Visual and public record of safety incidents and ward safety
- Provides a focus point for shared priority of reducing risk and improving safety
- Promotes a culture of openness and transparency around risk and safety
- Provides real-time visible data which can be easily understood by all
- Different colour codes can be used for different safety incidents

## 4. Safety Discussion with Service Users



# Safety Discussion with Service Users

- Community Meetings can take place once or twice a week or more
- Safety Discussion is used as a forum to talk about how safe people feel on the ward and the ward atmosphere
- Can also be used as a debrief following safety incidents on the ward and identify shared learning
- Can also be used to generate ideas for improving safety on the ward and the service user experience
- Emphasises the idea that improving safety is based on a dialogue and partnership between service users and staff
- Link to Safety Cross

# Quality Control

- When we know a change idea ‘works’ – brings about an improvement over time – the next stage is to embed that change into what we do day in day out
- The Safety Culture Bundle should be embedded in standard work on the wards
- We are no longer ‘testing’ whether it works
- This is called ‘quality control’

# Quality Control

- Control Board
- Visual Management Board
- Standard Work
- Escalation Protocols

# Control Board

	DATE	24/01/20		UNIT SAFE?	SLAM			
	CRYSTAL	IVORY/SLAM	IVORY/SLAM	TOPAZ	EMERALD	OPAL	SAPPHIRE	GALAXY
BEDS	1/1	2/4	2/2	2	5	3/1	1	2
STAFFING	1:4	3:3	3:2	2:2	2:1	1:4	2:2	4:3
DIET	—	1	—	—	—	—	—	1
TREATMENT FAILURE	—	—	—	—	—	—	—	—
LESSONS LEARNED	—	—	—	—	—	—	—	—
UNHAPPY	1	—	—	—	—	—	—	—
1:1 OBS	—	—	—	—	—	—	—	1(2:1)
15MIN OBS	1	5	1	—	—	—	1	3
P.I. CU REFERRAL	—	1	—	—	—	—	1	—
PHYSICAL HEALTH	—	—	—	—	—	—	—	—
S136	—	—	—	—	—	—	—	—
RED FLAGS	1	—	—	—	1	1	—	—
SAFE?	4	4	4	4	4	4	4	4

# Visual Management Board

## Bow Ward Q.I. Visual Control Board

Daily

Week Starting 23/8/2021

Task	Mon	Tues	Wed	Thurs	Fri	Saturday	Sun
Red Dots	1	—	—				
Orange Dots	—	1	2				
Grey Dots	—	—	—				
Blue Dots	—	—	—				
Purple Dots	—	—	—				
Safety Cross	✓	✓	✓				
Safety Huddle	✓	✓	✓				
Seclusion	1	—	—				
Restraint	—	—	—				
Complaints	1	—	—				
Review Observation	1	1	1				
Rapid Trans	—	—	—				
Safeguarding	—	—	—				

Month: August

Task	Week 1	Week 2	Week 3	Week 4	Week 5
Red Dots	2	—	1		
Orange Dots	4	9	1		
Grey Dots	—	—	—		
Blue Dots	3	—	—		
Purple Dots	1	—	—		
Safety Cross	✓	✓	✓		
Safety Huddle	✓	✓	✓		
Seclusion	1	—	—		
Restraint	—	—	—		
Complaints	—	1	—		
Review Observation	7	7	7		
Rapid Trans	—	—	—		
Safeguarding	—	—	—		

# Visual Management Board

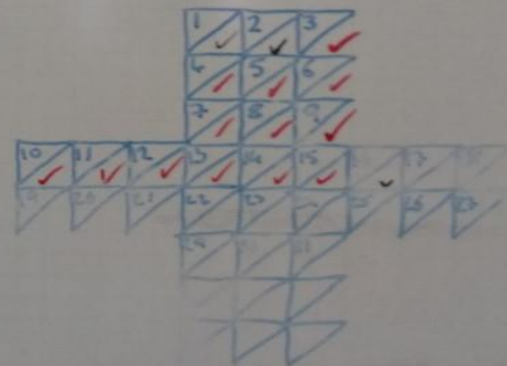
<u>DAILY REVIEW</u>							
	MONDAY 18/03/19	TUESDAY 19/03/19	WEDNESDAY 20/03/19	THURSDAY 21/03/19	FRIDAY 22/03/19	SATURDAY 23/03/19	SUNDAY 24/03/19
HUDDLES	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓
Safety Cross updated	✓	✓	✓	✓			✓
BVC	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓	AM ✓ PM ✓ Night ✓
Community meeting	1	0	1	NA	NA	NA	NA
No. of incidents in last 24 hrs	1	1	1	1	1	0	0
No. of days since last incident	0	0	1	2	0	1	2

# Visual Management Board

Task	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Red	○					○	○
Amber	○					○	○
Grey	○					○	○
Blue	○					○	○
Purple	○					○	○
Safety X	✓					✓	✓
Huddle	2/2					○	○
Complaints	○					○	○

Task	Wk1	Wk2	Wk3	Wk4	Wk5
Red	○	○	○		
Amber	○	○	○		
Grey	○	○	○		
Blue	○	○	○		
Purple	○	○	○		
Safety X	2/2	2/2	2/2		
Huddle	2/2	2/2	2/2		
Complaints	○	○	○		

- From August 2021, this board will show more information.
- It will have the usual safety cross, and also a control board.
- We'll chat about the control board at Friday's meeting.



August 2021

# Time to Think



# Time to Think

- Violence Collaboratives have become Time to Think Meetings
- The focus of quality improvement work should now be on generating and testing change ideas to reduce seclusion, restraint, and forced medication
- The Safety Culture Bundle should be part of quality control (standard work)

# Global Pandemic



# The pandemic

- The global pandemic had a huge impact on life, society, and healthcare
- It also had an impact on violence and aggression and use of restrictive interventions on wards
- They all increased
- And teams spent less time focusing on violence reduction


# Use of Force Act (Seni's Law)

- The Use of Force Act has refocused the need to reduce violence and aggression and restrictive interventions
- The use of force includes restraint, forced medication, and seclusion
- The Act means that as staff we all now have a legal duty to do everything possible to reduce the use of force across our services

# Want to know more?

- The Safety Culture Bundle should be part of your induction
- Speak to your line manager or Borough Lead Nurse
- Come to local Time to Think Meeting
- ELFT QI

<https://qi.eft.nhs.uk/resource/reducing-physical-violence-and-developing-a-safety-culture-across-wards-in-east-london/>

INNOVATIONS 

## Reducing physical violence and developing a safety culture across wards in East London

*Jen Taylor-Watt, Andy Cruickshank, James Innes, Brian Brome, Amar Shah*

**E**ast London NHS Foundation Trust has identified reducing incidents of physical violence on its inpatient mental health wards as a major quality improvement priority. In 2013, physical violence was the most frequent type of reported safety incident causing harm across the trust—responsible for 18% of all harm reported. The last national audit of violence in England identified that 18% of service users had been physically assaulted while an inpatient in a mental health setting, and this figure rose to 46% for nursing staff (Healthcare Commission, 2007).

The annual NHS staff survey shows a national average of 15–20% of staff that have reported experiencing physical violence from patients, relatives or the public in the past 12 months, in each of the past four years (2012–2015). These experiences can result in high levels of psychiatric morbidity within the staff group; high staff turnover and difficulty with retention; decreased morale; absenteeism; injury claims and reduced quality of patient care (Owen et al, 1998; Kisa, 2008; Roche et al, 2009; Chen et al, 2010).

Current knowledge on factors contributing to violence and interventions to prevent violence. The literature suggests that a broad range of factors may contribute to the escalation of aggression, including psychopathological symptoms such as delusions and hallucinations, limiting patients' freedoms or boundary setting, drug and alcohol use, frustration, overcrowding and staff attitude (Harris and Varney, 1986; Powell et al, 1994; Lancee et al, 1995; Mortimer, 1995; Shepherd and Lavender, 1999; Barlow et al, 2000; Oquendo and Mann, 2000; Duxbury and Whittington, 2005; ; Flannery et al, 2006).

Evidence for interventions to prevent incidents of violence suggests the use of structured risk assessment, the discussion of violence in ward

### ABSTRACT

Violence is the biggest cause of reported safety incidents at East London NHS Foundation Trust. Evidence suggests the utility of structured risk assessment, discussion of violence in ward community meetings and the use of restraint and sedation in psychiatric wards. The Tower Hamlets Violence Reduction Collaborative brought together six wards with the aim of reducing violence by 40% by the end of 2015. A collaborative learning system was used to test a bundle of four interventions on the four acute admissions wards and two psychiatric intensive care units. A 40% reduction in physical violence was seen across the six wards. Physical violence reduced from 12.1 incidents per 1000 occupied bed days in 2014 to 7.2 in 2015. Across the four general acute admissions wards there was a 57% reduction in physical violence. Key elements of the system that have been addressed through this work have been developing a more predictive approach, and developing a more open and shared experience of violence and aggression on the wards.

**Jen Taylor-Watt**  
Quality improvement team,  
East London NHS Foundation Trust

**Andy Cruickshank**  
Associate director of nursing for quality improvement,  
East London NHS Foundation Trust

**James Innes**  
Associate director for quality improvement  
East London NHS Foundation Trust

**Brian Brome**  
Finance department,  
East London NHS Foundation Trust

**Amar Shah**  
Associate medical director,  
East London NHS Foundation Trust  
Email: [Amar.shah@eft.nhs.uk](mailto:Amar.shah@eft.nhs.uk)

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THANK YOU!

Any  
questions?

