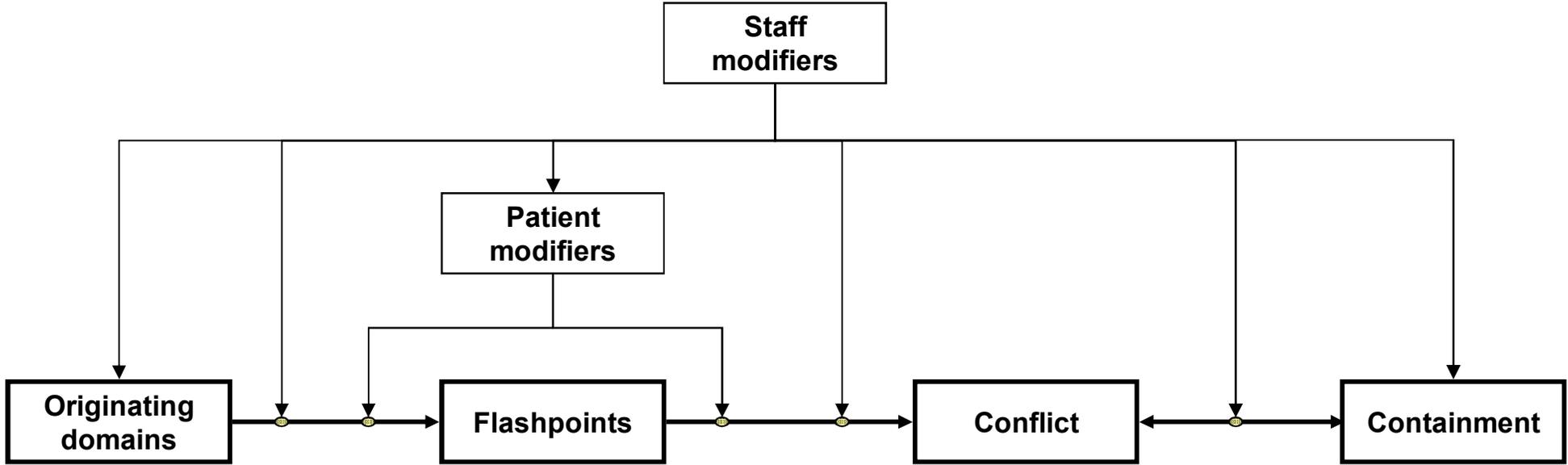


# New prospects for peace on the wards

Len Bowers  
Professor of Psychiatric Nursing  
and team

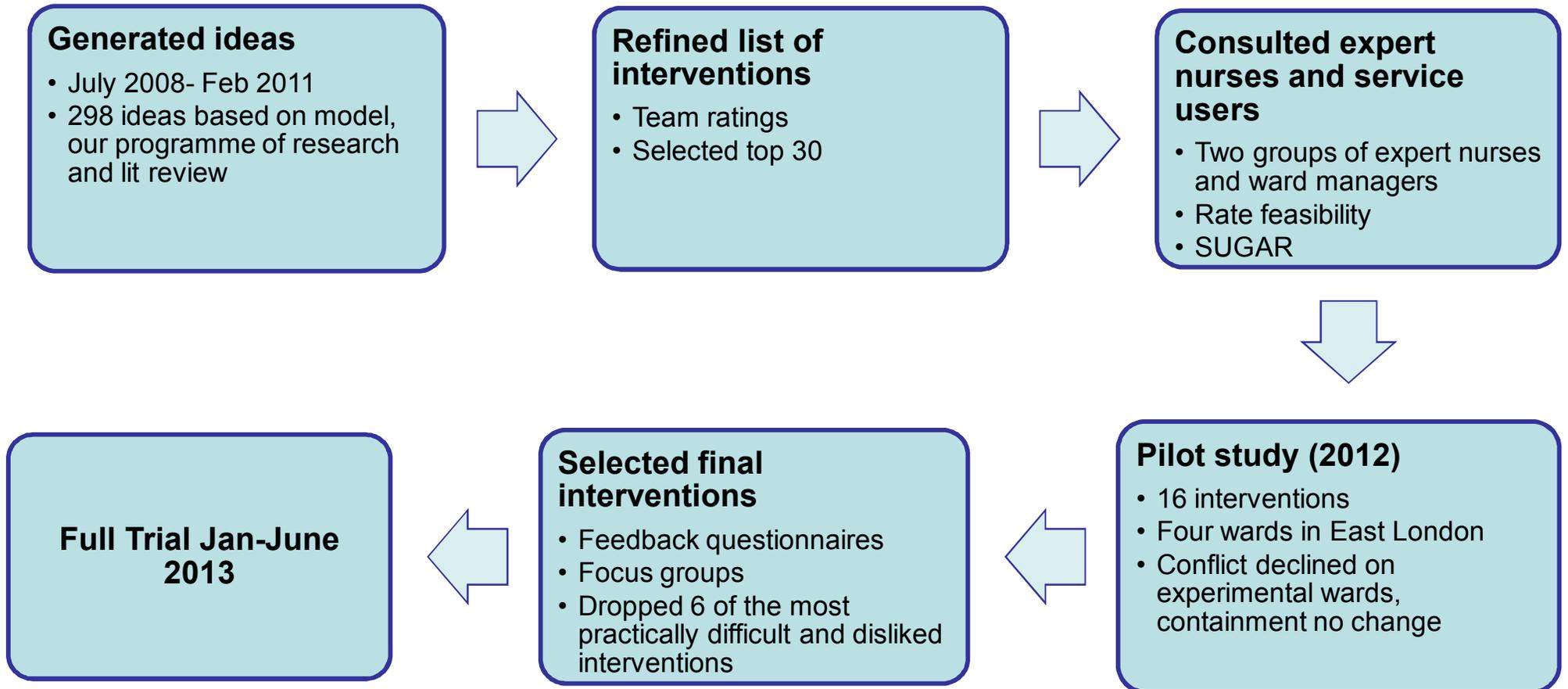


# Safewards model simple form





# Development of interventions



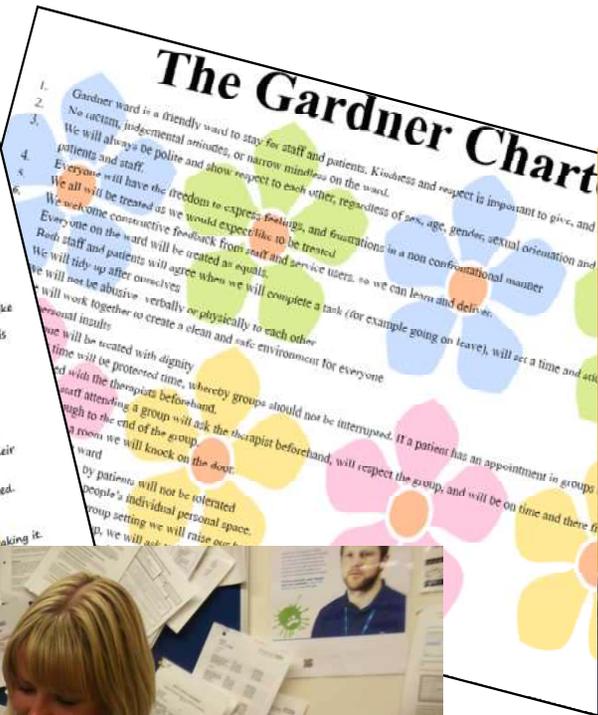


# The Safewards Trial

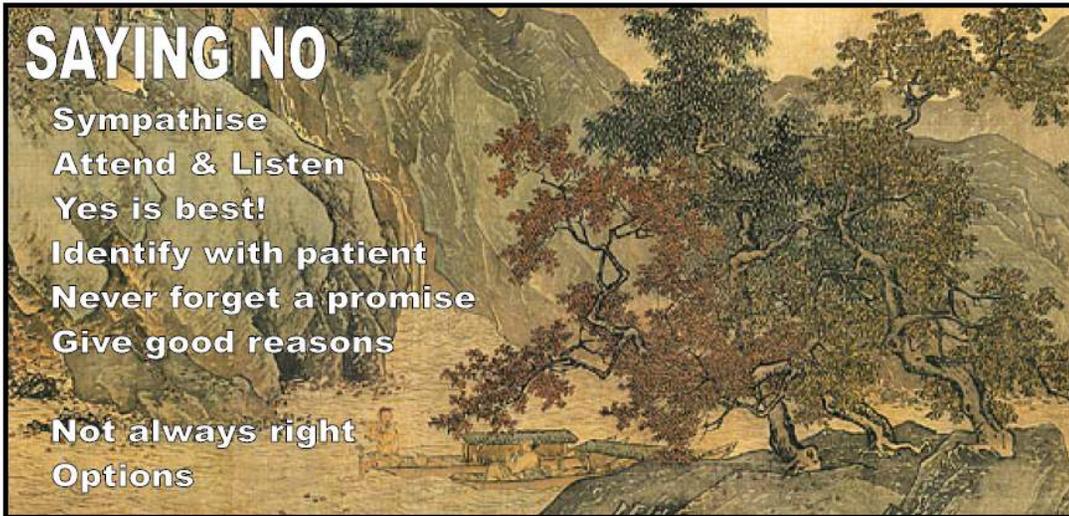
## - final intervention list -

- **Experimental intervention** (organisational): clear mutual expectations, soft words, talk down, positive words, bad news mitigation, know each other, mutual help meeting, calm down methods, reassurance, discharge messages (n = 10) + handbook
- **Control intervention** (wellbeing): desk exercises, pedometer competitions, healthy snacks, diet assessment and feedback, health and exercise magazines, health promotion literature, linkages to local sports and exercise facilities

# Clear Mutual Expectations



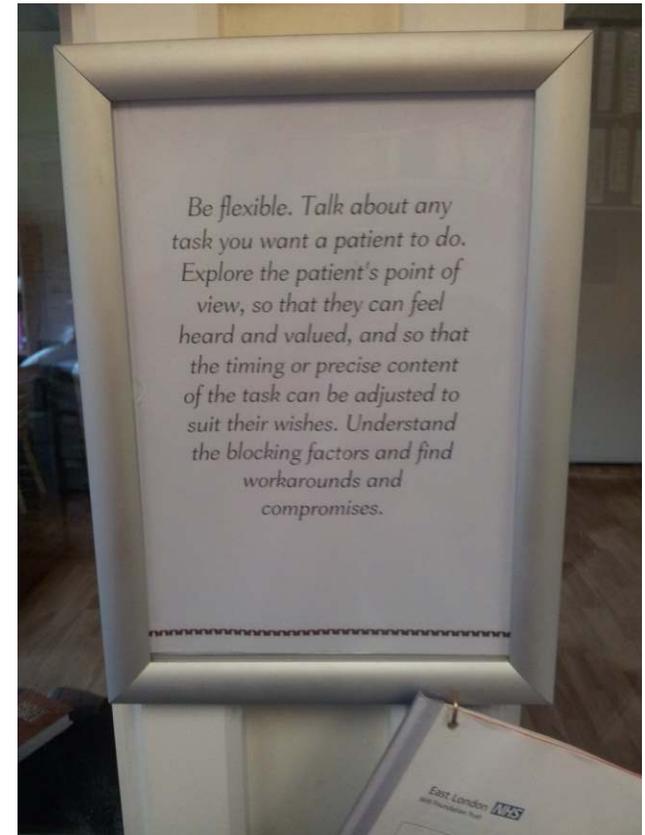
# Soft Words



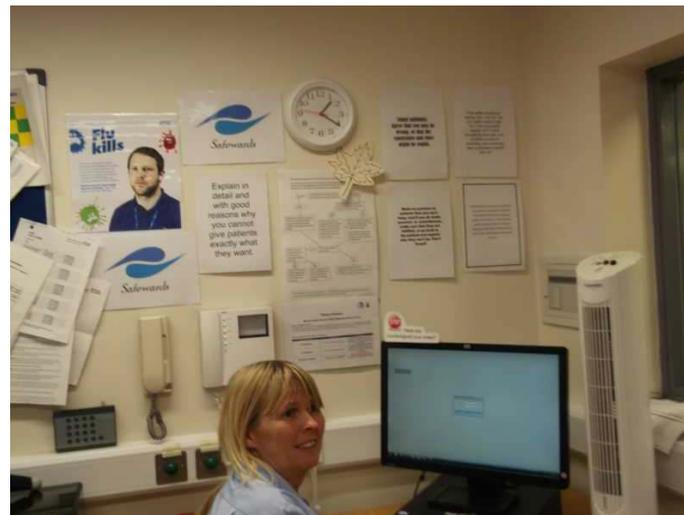
**SAYING NO**

- Sympathise
- Attend & Listen
- Yes is best!
- Identify with patient
- Never forget a promise
- Give good reasons

**Not always right**  
**Options**



*Be flexible. Talk about any task you want a patient to do. Explore the patient's point of view, so that they can feel heard and valued, and so that the timing or precise content of the task can be adjusted to suit their wishes. Understand the blocking factors and find workarounds and compromises.*



# Reassurance

- This intervention was implemented 29th March. Reassurance was given to patients following the use of restraint and seclusion to prevent self harm. The noise generated by the incident impacted on other individuals on the ward resulting in heightened anxiety. Patients who had been made aware of the incident were comforted/ reassured by staff who provided an explanation for the event, and how it was necessary for the patient's own safety. Staff made sure that their presence on the ward was visible for all patients to provide them with a sense of security and the opportunity to relay any fears.

# Mutual Help Meeting



# Bad News Mitigation



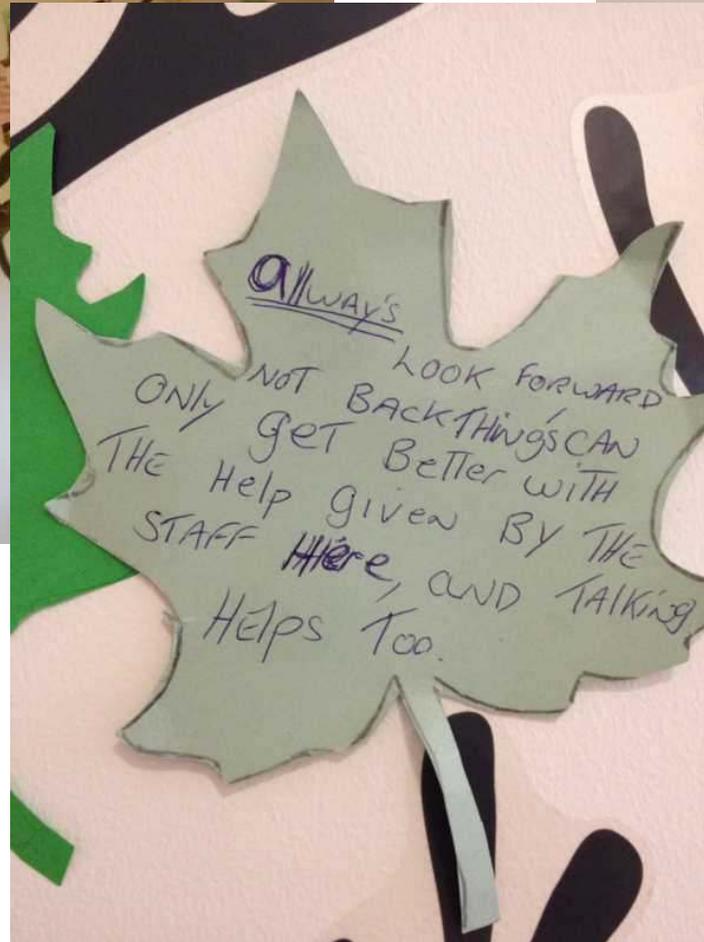
# Positive Words

- It wasn't a challenge to say something positive about each patient and it made everyone in handover smile. Afterwards the staff commented about how this had started the shift off on a positive note.  
There's been much more laughter and smiles coming from the staff and the patients have commented on how this makes them feel more able to approach the staff with their requests.

# Calm Down Methods



# Discharge Messages

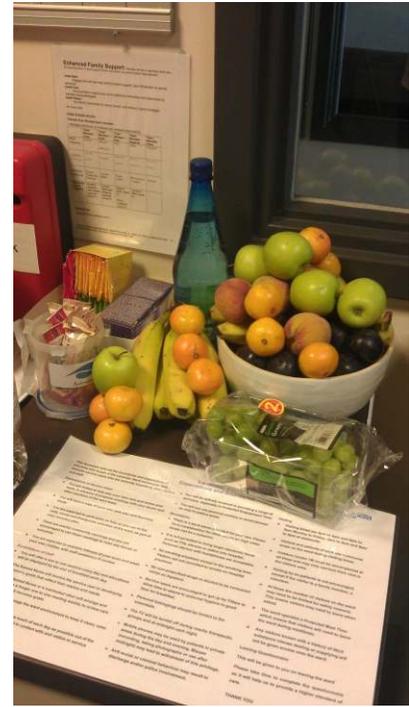


# Talk Down



# Know Each Other







# Safewards Trial

- Aim:
  - Devise a set of the most feasible interventions for inpatient nurses with potentially maximal impact on conflict and containment
  - Subject those to the most methodologically rigorous experimental test possible
  - Using the best (valid, reliable) outcome measures available



# The Safewards Trial

## - the sample -

- Included: Generic acute wards, PICUs, Triage, Assessment, Treatment.
- Excluded: forensic, elderly, CAMHS or other speciality
- Excluded: wards with two or more of the following conditions – acting ward manager, locum consultant psychiatrist, nursing vacancy rate > 30%
- 2 randomly chosen wards at each of 15 randomly chosen hospitals in SE England (42 eligible hospitals in consenting Trusts within 100 km central London)
- One Trust declined to participate, 7 hospitals excluded following selection due to planned reconfigurations/ward closures
- At each hospital, wards randomly allocated to experimental or control conditions
- All randomisation and analysis independent



*Safewards*

# The Safewards Trial

- design -

- Single blind Cluster Randomised Controlled Trial
- 8 weeks baseline data collection, 8 weeks implementation, 8 weeks outcome data collection
- Wards and researchers only informed of allocation 2 weeks before implementation started
- Wards and their staff blind as to which was the experimental and which the control intervention until after the study
- Primary outcomes: conflict and containment via PCC
- Secondary outcomes: WAS, APDQ, SHAS, SF-36, LoS, economic
- Fidelity: researcher checklist and end of study questionnaire
- Process and reaction to change: observational reports from researchers

# Main outcomes

## CONFLICT

14.6% decrease

CI 5.4 – 23.5%

$p = 0.004$

## CONTAINMENT

23.6% decrease

CI 5.8 – 35.2%

$p = 0.001$

# Formal economic analysis

- Staff time (alone) saved via Safewards: £88,384 pa (95% CI £88,096 - 88,725) at 2013 prices
- £63,915 conflict reduction, £24,470 due to less use of containment
- Cost of implementing Safewards £4,951 per year

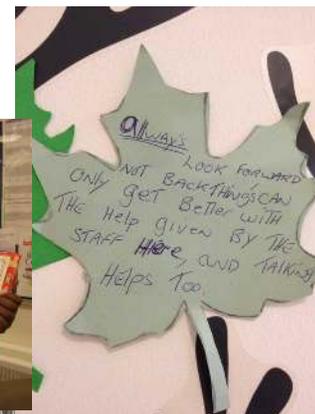
# Nursing response (observational study)

- Adoption
  - Enhancement; Enthusiastic take-up; Adaptation (positive); Dilution; Adaptation (negative)
- Ambivalence
- Resistance
  - Mild subversion; Dismissiveness; Refusal to participate; Sabotage
- Abandonment
  - Contextual; Other

# Safewards is popular

- Safewards team has had contact with 37 MH Trusts
- Nursing management association for psychiatric hospitals in Germany, ditto Switzerland, the Nursing association for adherence therapy and 5 hospitals € for translation of website and materials
- Dutch translation also imminent
- State of Victoria, Australia, \$1 million for Safewards implementation and evaluation

# Some Safewards implementers and their activities



# Why do it?: Policy



Department  
of Health

Positive and Proactive  
Care: reducing the  
need for restrictive  
interventions

Prepared by the Department of Health

## Reducing and managing conflict

43. The Safewards<sup>30</sup> model has demonstrated significant effectiveness in achieving reductions in incidents of conflict and the use of physical restraint, seclusion and rapid tranquillisation in acute UK mental health settings. A range of practical approaches can be used which have wide ranging influences on people's behaviour and staff responses so that flashpoints are avoided, de-escalation is more effectively achieved and alternatives to restrictive interventions are consolidated into practice. Many of these highly practical approaches could be replicated across broader service settings and all providers should consider the implications of the Safewards model to their context.

# Why do it?: Strong fit with nursing identity

It's nice to see people buzzing from this and so motivated

It's really good to see so many people so enthusiastic and motivated. It's really got our team talking.

It's not rocket science and it makes so much sense. It's simple.

There's been a real buzz on the ward, I think people really get it.

This could potentially flip everything on it's head and make things much better

It's common sense and it makes you think about what you do and how that helps

This is our chance as a team to think about what we do and start to try new approaches together

Very interesting. It's basic stuff that is actually useful and raises questions for us about actions and interventions

I feel a little bit excited by the evidence which shows it works. I hope members of my team recognise this

I think it's great. They are really positive, simple changes that we can make to improve nursing practice and patient care. It's exciting.

I think this positive approach to understanding and supporting each other will foster an attitude of mutual respect on the wards, and will empower individuals to manage difficult circumstances in a proactive way.

I really want us all to get going on this. It makes so much sense

It's a fantastic opportunity to enhance patient experience. For starters letting patients get to know staff

Safewards is a common sense approach to reducing incidents using 10 straightforward interventions. It has basically put into a structured format a lot of the things we all do anyway, the difference is it now has a strong evidence base behind it.

A positive session with practical techniques

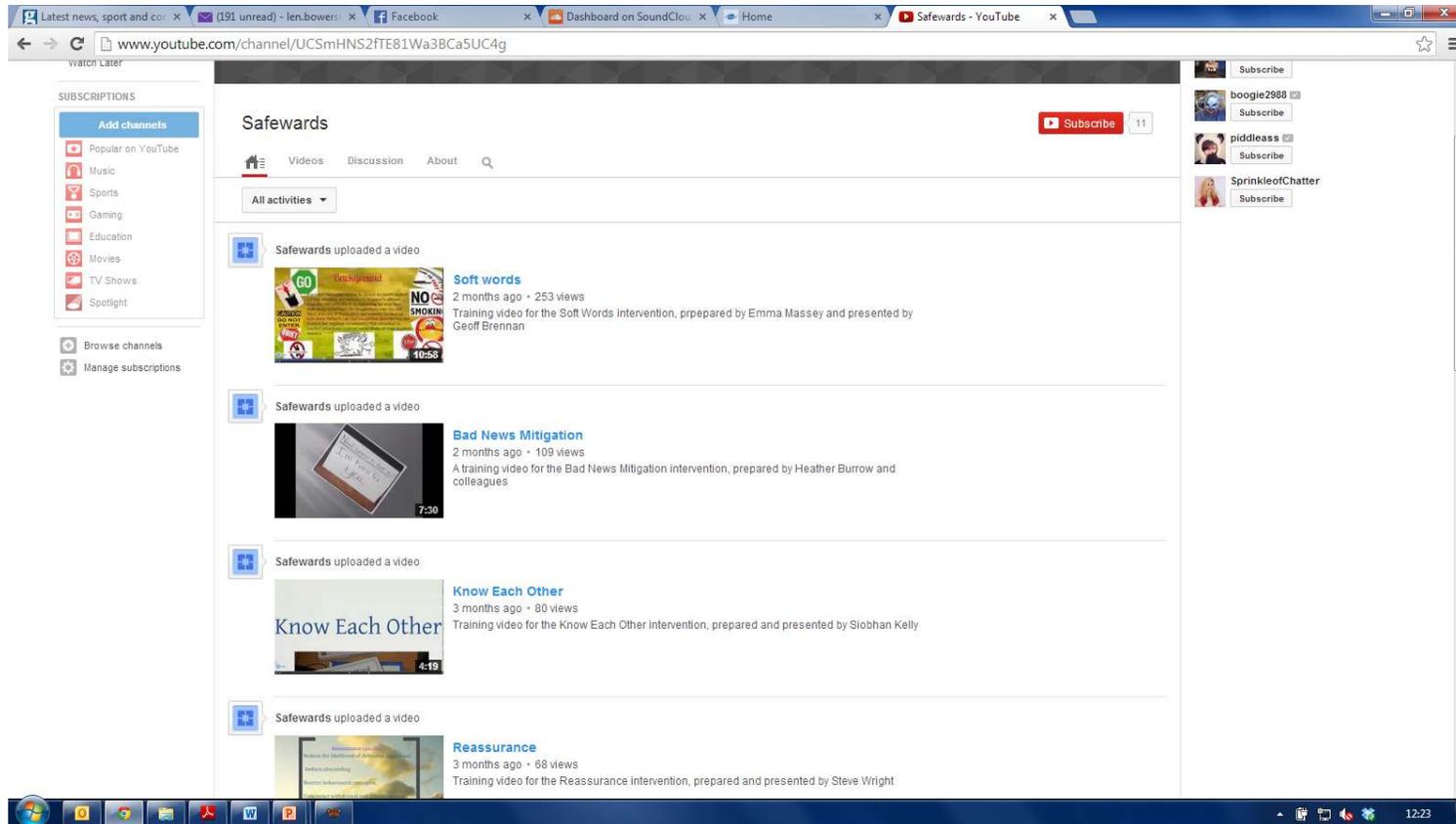
I think it's inspirational, it's going back over stuff we know and can do

Safewards will be a positive step towards improving consistency in care

# Patients 'get it' and love it

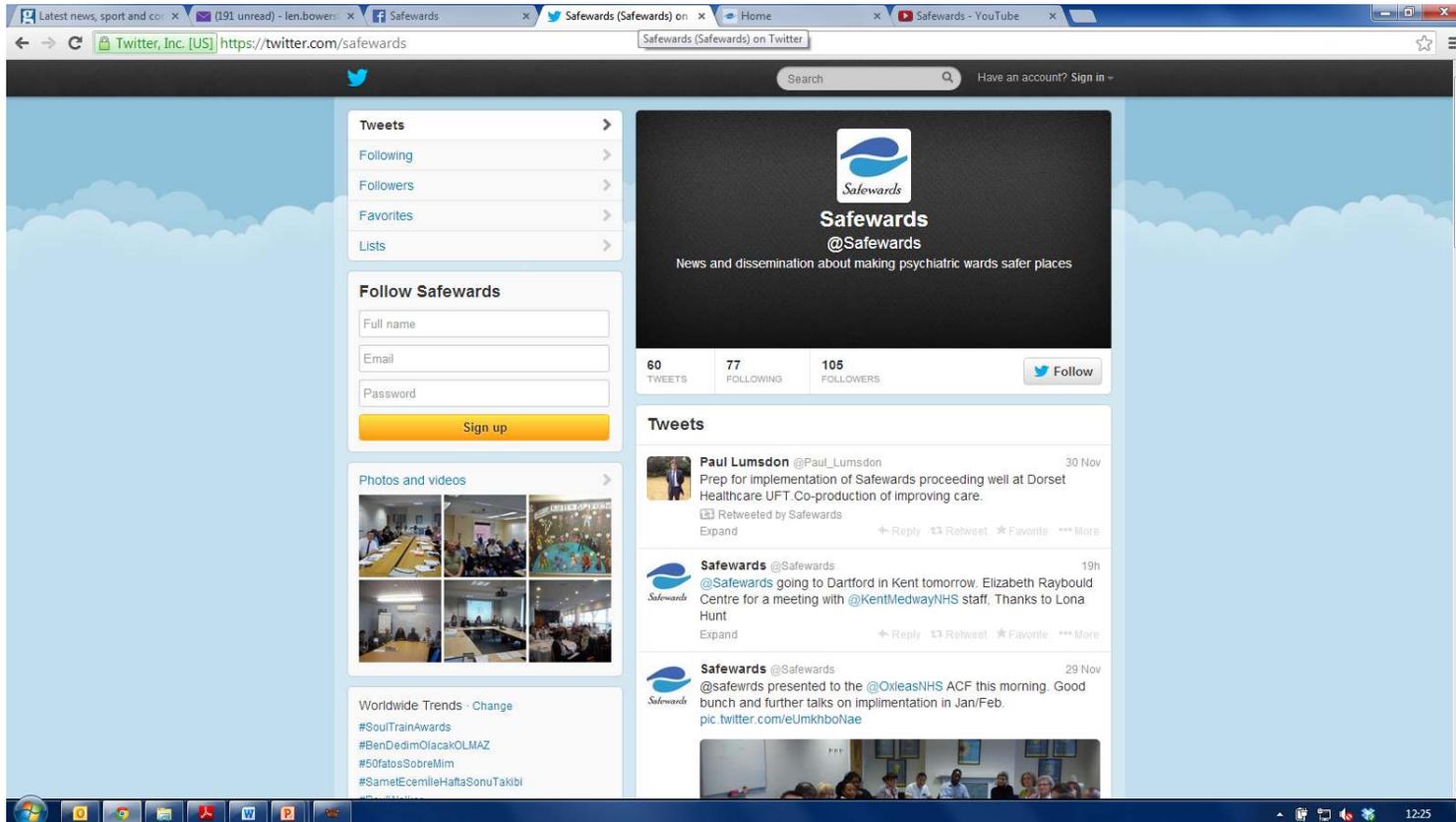
“This meeting has been empowering as has enabled people to use skills and qualities which may sometimes get lost as a result of admission to hospital. It has enabled us to take a lead in supporting each other; hospital sometimes lends itself to processes which are done to or for us so this meeting brings more balance. The helping each other meeting has helped to reduce some of the fear which is felt upon admission and has led to people feeling more embraced within the ward community straight away and gives time to verbalise and talk about admission from a peer perspective. Through the meeting we are sharing understanding and support from people who may share similar experiences and perspectives of being patients within the ward. Helping each other is something which everyone does and is a natural part of ward life; through giving this a formal forum we have opened it up to all of the ward community.” Mark, Avocet Ward

# Safewards channel on Youtube



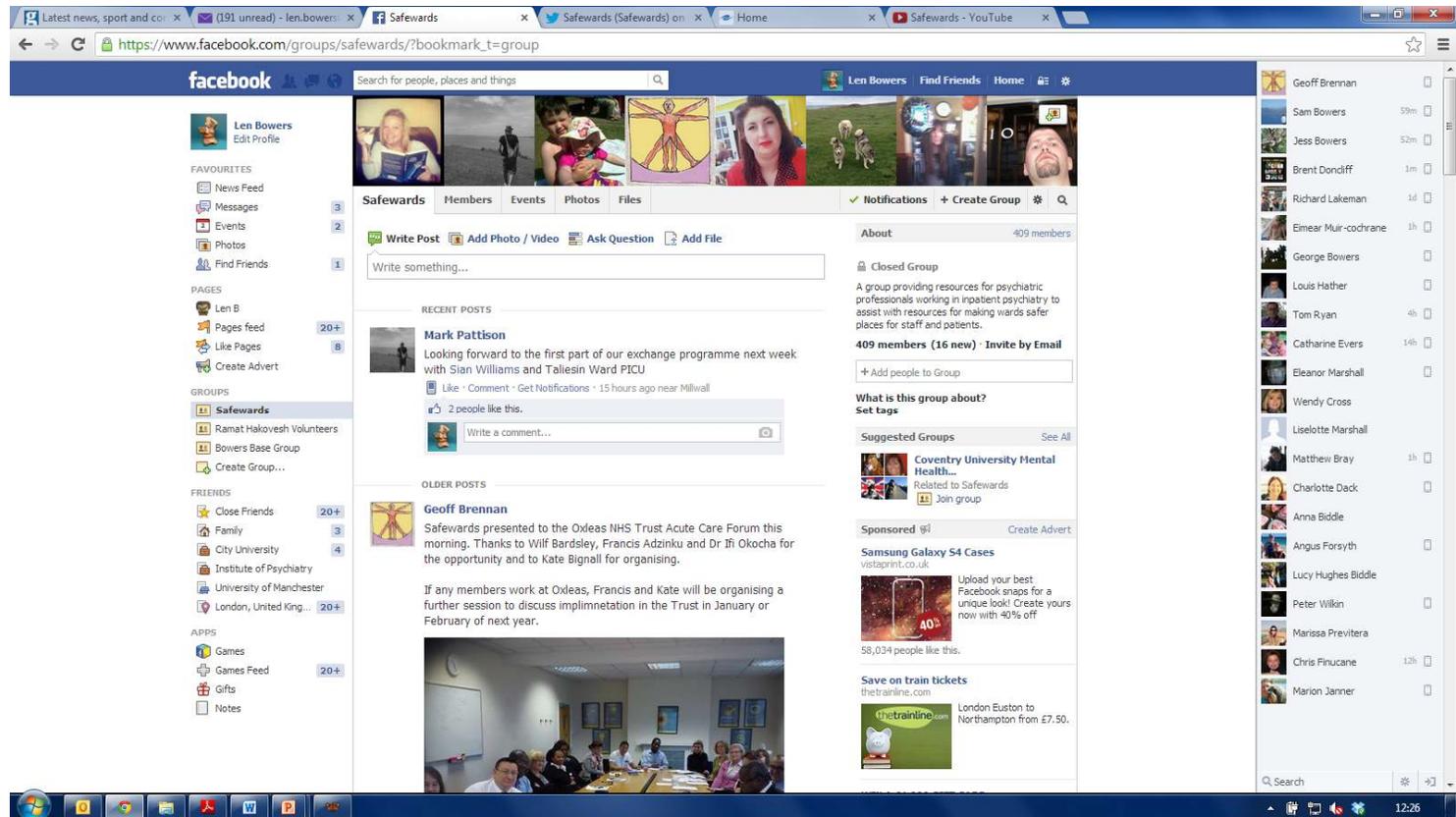
4284 views

# Safewards on Twitter



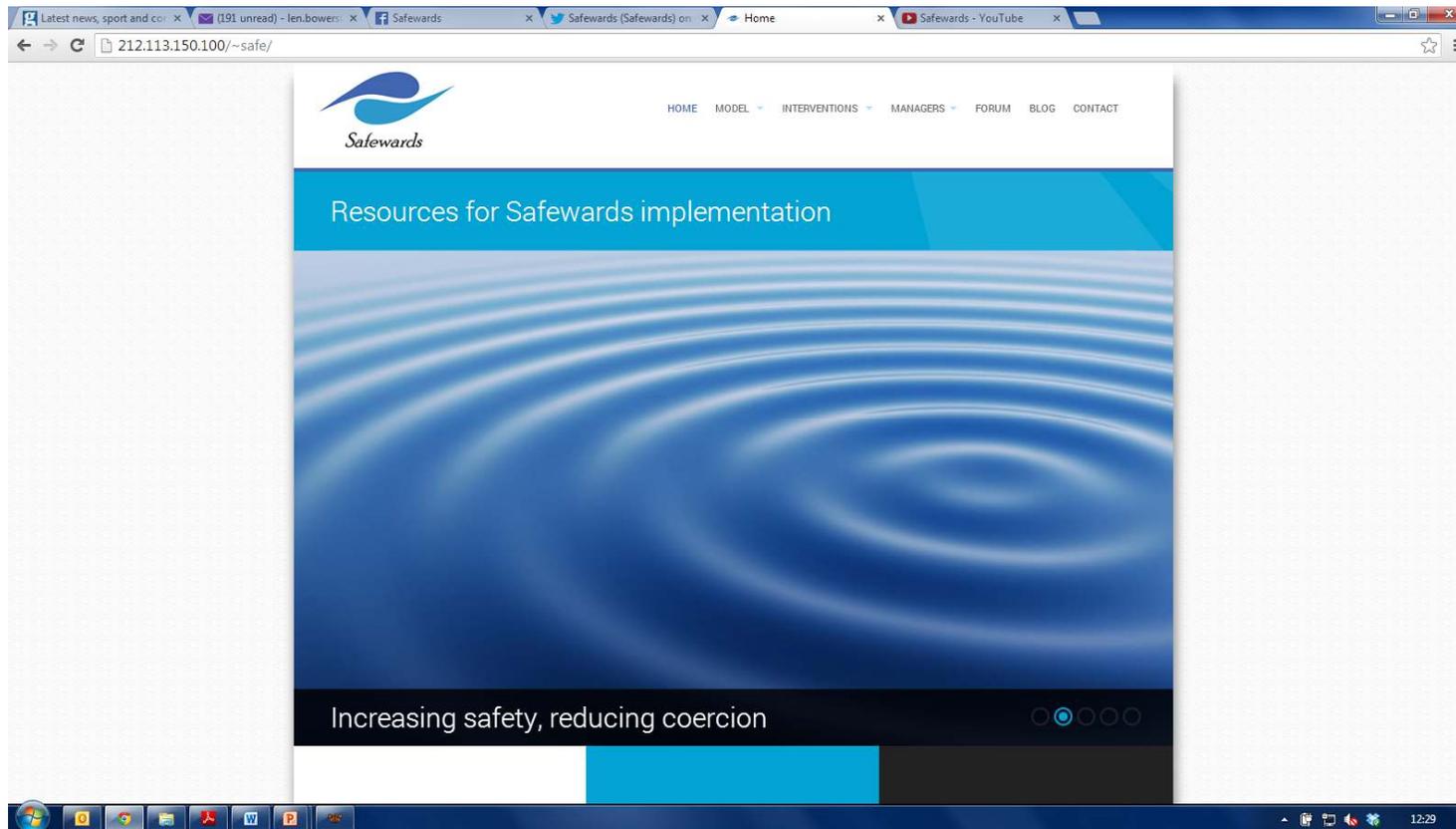
Currently 468 followers, including CEOs and DoNs

# Safewards on Facebook

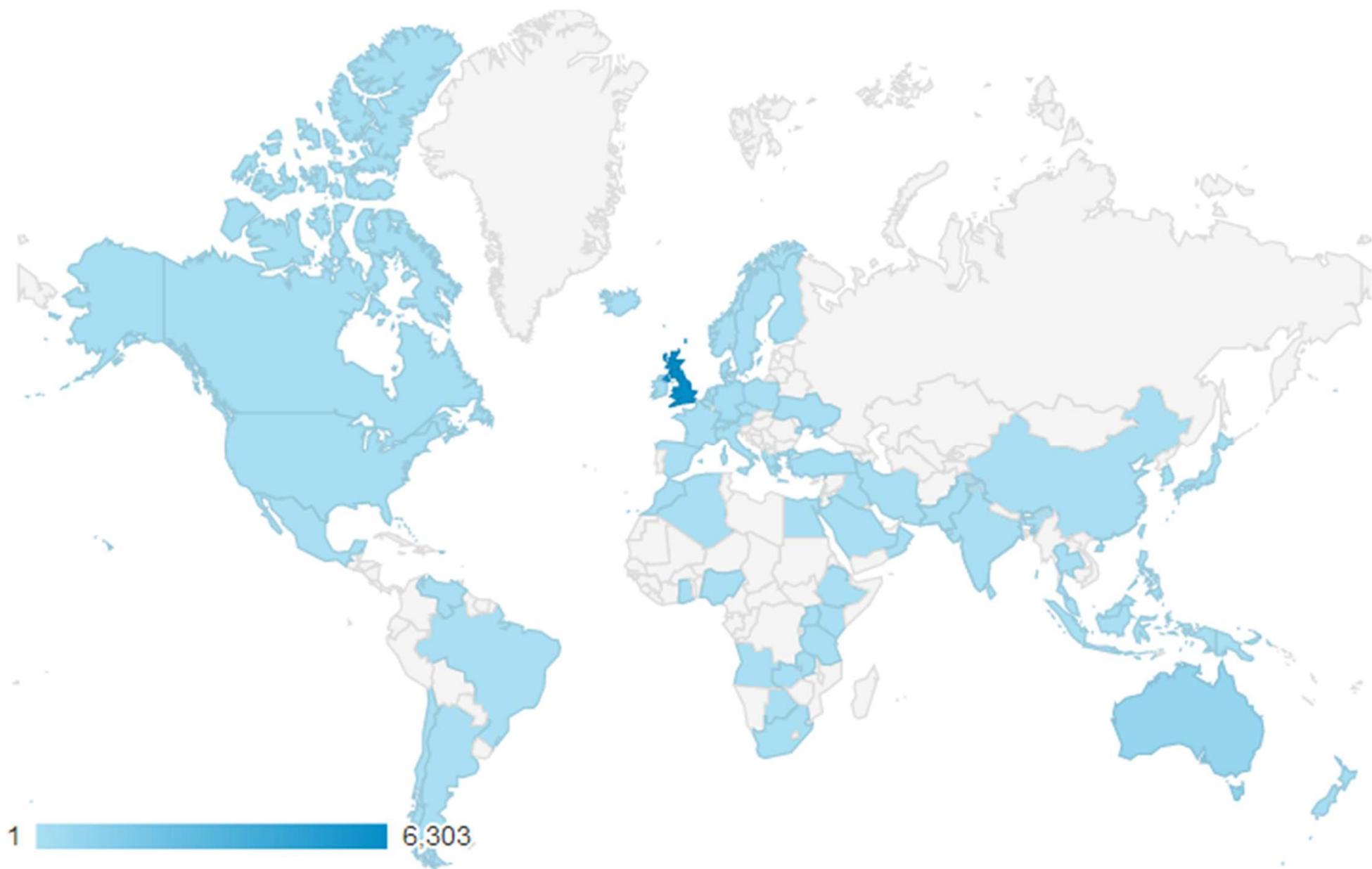


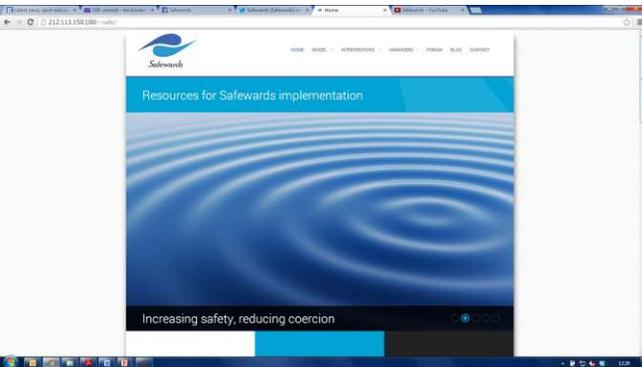
1100 international members, daily posts

# www.safewards.net



4,714 people have paid 8,324 visits to this site (so far)





# www.safewards.net

- The model – lay, easy, technical
- The interventions – 10, 30, 100!
- The evidence supporting Safewards
- Implementation guidance, with support documentation
- Audit methods and advice
- ***And The Forum***

# www.safewards.net – the forum

The screenshot shows the homepage of the Safewards forum. At the top, there are navigation tabs for 'Index', 'Recent Topics', and 'Search'. Below this is a login section for 'Guest' with fields for 'Username' and 'Password', and a 'Remember me' checkbox. A 'Login' button is present. Below the login section, there are links for 'Forgot your password?' and 'Forgot your username? Create an account'. A paragraph explains that users can continue to use their existing username and password, or link their account to a social media account (Facebook, Google+, or Twitter). Below this, there are social media login buttons for Facebook, Google+, and Twitter. A 'Board Categories' dropdown menu is visible, currently set to 'Forum > Index'. The main content area is titled 'Safewards Forum' and contains a table of forum categories:

Category	Topics	Replies	Last Post
<b>Welcome</b> We encourage new members to introduce themselves here. Get to know one another and share your interest in Safewards. Let others know where Safewards is being used.	4	16	Last Post: Open access article o ... by GBrennan 1 day 20 hours ago
<b>Interventions</b> We encourage new members to introduce themselves here. Get to know one another and share your interests. ■ Clear Mutual Expectations (2/4) ■ Soft Words (1/0) ■ Talk Down (1/0) ■ Positive Words (1/0) ■ Bad News Mitigation (1/0) ■ Know Each Other (1/0) ■ Mutual Help Meeting (1/0) ■ Calm Down Methods (2/3) ■ Reassurance (1/2) ■ Discharge Messages (1/0) ■ More and even more ideas (1/1)	13	10	Last Post: Mutual Expectations ... by GBrennan 13 hours 3 minutes ago
<b>Implementation and evaluation</b> Help, advice, and sharing of expertise on implementing and evaluating Safewards. ■ Competition entry form (0/0)	1	3	Last Post: Patient Information ... by Simon.B 22 hours 30 minutes ago
<b>Safewards for specialty wards</b> Sharing expertise and adaptation of Safewards interventions to specialty wards. ■ Child and adolescent (0/0) ■ Older people (1/4) ■ Forensic (1/1) ■ Learning disability (0/0)	2	5	Last Post: Interest in Older Ad ... by GBrennan 1 week 3 days ago

# Safewards at a personal level

“I myself, however, have incorporated the interventions into every aspect of my nursing care, and the results are fantastic”



*Safewards*

# Summary

- A brand new, large scope explanatory model has been formulated: the Safewards Model
- Its test, the Safewards RCT, has had a positive outcome
- We recommend that inpatient nurses implement these interventions
- Complementary to Starwards, which we also recommend
- Compatible with, and enhances AIMS accreditation
- There are lots of resources to help you on the web:
  - youtube safewards channel
  - twitter feed
  - [www.facebook.com/groups/safewards/](http://www.facebook.com/groups/safewards/)
  - [www.safewards.net](http://www.safewards.net)
- Join the forum, get support and help each other!
- Meet the challenge, personal and professional

[www.kcl.ac.uk/mentalhealthnursing](http://www.kcl.ac.uk/mentalhealthnursing)

[len.bowers@kcl.ac.uk](mailto:len.bowers@kcl.ac.uk)

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