

Examples of 'good practice' in the management of violence Information Sheet

At our **Introductory Workshops** we asked participating trusts / mental health services to share an example of 'good practice' that takes place within their organisation, either on wards themselves, or throughout the entire trust / service. These were presented at each workshop, giving participants an opportunity to share initiatives that they are proud of, and give others ideas of initiatives that they might like to introduce into their own organisation.

This information sheet has been compiled from all of the good practice examples from all twelve workshops that took place. It combines both issues one and two of the information sheets that were sent directly to Project Leads earlier this year. If there are any ideas or initiatives that you wish to hear more about, we would encourage you to contact the relevant trust(s) using the contact details provided.

We have categorised examples of 'good practice' under the following headings:

1. Prevention of Violence	2. Effective Management of Violence	3. Post-incident System
A. Pre-incident Planning B. Provision of Training C. Policies and Procedures D. Provision of Therapies and Activities E. Service Reconfiguration F. On-site Police G. Miscellaneous	A. Rapid Response Teams	A. Recording and Reporting B. Debriefing / Post-incident Reviews C. Miscellaneous

1. Prevention of Violence A. Pre-incident Planning

Terry Twomey Coventry Teaching PCT Tel: 02476 967901
All incidences of violence are treated as a potential medical emergency
<ul style="list-style-type: none"> All physical observations are taken on admission (BP, oxygen stats, ECG reading). This enables baseline reading as a guide to identify any irregularities in readings before, during and after any potential violent incident.

John Stamp Tees, Esk & Wear Valleys (Formally Tees & N.E Yorks) Tel: 01642 516100
Focus on 'Low Expressed Emotion'
<ul style="list-style-type: none"> Development of calm therapeutic milieu using evidence based practice to lower expressed emotion. Some evidence that it has reduced the number of violent incidents. Care plans for individual patients.

Eirlys Evans East London & the City Mental Health NHS Trust Tel: 02076 554044
Out-reach / In-reach model
<ul style="list-style-type: none"> PICU staff assess and advise on potential violent incidents on acute wards.

Roseanne Austin St Andrews Hospital Tel: 01604 616241
Poole Activity Level Assessment & Care Planning
<ul style="list-style-type: none"> Developed from a tool by occupational therapist J. Poole, the level of dementia is assessed and care / activity plans are produced for each patient to determine the best level of communication with the person with dementia. This makes life more full, non-challenging and rewarding when the person behind the dementia is found.

Stuart Mival
Conwy and Denbighshire NHS Trust
Tel: 01745 5853910 ext 5408

Risk management reviews

- Risk officer co-ordinates and assists with risk management plans - pro-active approach.

Willie Kwa
West Norfolk PCT
Tel: 01553 613035

De-escalation techniques

- Quiet areas for one-to-one interaction.
- Negotiation of appropriate needs.
- Risk assessment reflected in care plans.
- Review of incident often including the client's ongoing assessment which could lead to change of practice.

Natalie Hammond
South London & Maudsley NHS Trust
Tel: 02079 192469

- Care planning upon admission.
- PSTS Leads (Promoting Safe Therapeutic Services).

Carrie Rae
Leeds Mental Health Teaching NHSTrust
Tel: 01133 055590

Primary working

- Staff training to engage with service users in order to make a full assessment.
- Debriefing process at the end of every staff shift.

Paul Sussex
Bro Morgannwg NHS Trust
Tel: 01656 753040

Care plan to individual behaviour

- Involves client with an advance directive i.e. focus on de-escalation pre incident.
- Plan to audit, de-escalation preventing incidents

Liz Lockett
Walsall Teaching PCT
Tel: 01922 858042

- Risk assessment leading to specific care planning to manage and prevent violence and aggression.

B. Provision of Training

James Cole
Dudley, Beacon and Castle PCT
Tel: 01384 456111 ext 1554

Management of Potential Aggression Training

- 4 trained staff, 2 undergoing training.
- All staff receive training and updates.
- Good tracking in place.
- Recent implementation of risk assessment/management training has resulted in reduced clinical incidents and greater awareness of risk management.

Claudine Chaloner
Sussex Partnership NHS Trust
Tel: 01323 440022 ext 3167

C&R Training

- Comprehensive C&R training.
- Regular updates.
- In-house training.

Wendy Joseph
Doncaster and South Humber NHS Trust
Tel: 01709 304285

Established Training Package

- In-house trainers advise management policy and training needs.
- Trainers also have a clinical role which keeps them up-to-date with the realities of working on a ward.
- For adult services (in Rotherham), service users participate in training and talk about their experiences of being restrained.

Andrew Cashmore
Hertfordshire Partnership NHS Trust
Tel: 01727 897081

Teamwork in violent or potentially violent incidents

- All ward-based staff are trained in strategic, control, intervention, prevention (SCIP) techniques.
- 5-day mandatory initial training plus an annual update.

Sarah Le Butt and Mahesh Chauhan
Nottinghamshire Healthcare NHS Trust
Tel: 01162 077700

Training process orientated to identify and de-escalate potentially violent incidents

- Individual skills, understanding and confidence.
- Encouraged to monitor risk.
- Emphasis on communication and future prevention.
- Breakaway and restraint.
- Contact with other organisations and review/update of training accordingly.

Liz Lines
Craven, Harrogate and District PCT
Tel: 01423 553686

C&R Training

- In-house C&R training, which allows the addition of service user input, which has so far proved informative and useful for planning future training.
- The training is based upon a de-escalation model with one of the trainers being the policy lead for Mental Health Services.

Jan Marshall
Humber Mental Health Teaching NHS Trust
Tel: 01482 389141

Personal Safety Day

- Signpost key guidance (local and national).
- Teaches de-escalation skills.
- Dispel myths about violence and aggression.
- Increase personal awareness of current skills.
- Signposts appropriate next level of training.
- Reduces anxieties about physical skill training that may be necessary.

Paul Richards
Cornwall Partnership Trust
Tel: 01208 251438

3 day elderly care training course including:

- De-escalation.
- Restraint.
- Breakaway techniques.

Roland Woloschin
Lincolnshire Partnership NHS Trust
Tel: 01529 416048

11 clinically-based staff trained to be PMVA instructors

- Teach their own staff physical and non-physical skills in the prevention and management of violence and aggression (de-escalation).
- Appears to have greatly impacted in the inpatient areas where staff attempt de-escalation in the first instance every time, rather than pre-empting situations with physical intervention.

Russell Mason
Derbyshire Mental Health NHS Trust
Tel: 01332 623756

Breakaway Training Course

- For non-nursing staff ranging from medical staff to gardeners.
- 2-day courses focus on theory and practice.

Stuart Mival
Conwy and Denbighshire NHS Trust
Tel: 01745 583910 ext 5408

Regular training (Violence and Aggression Training Department)

- Breakaway and de-escalation.

Carrie Rae
Leeds Mental Health Teaching NHS Trust
Tel: 01133 055950

C&R Training

- Good C&R Training.

Darren Eaves
Avon & Wiltshire Mental Health Partnership Trust
Tel: 01179 754887

2 day training course looking at:

- Restraint.
- Breakaway techniques.
- De-escalation.
- Good uptake and feedback.

Sue Barry, Sue Champion
North Essex Mental Health Partnership NHS Trust
Tel: 07769 674195, 01245 546487

Control and restraint team

- Trainers are clinical staff who work within teams and can offer advice.
- Trainers receive annual updates. All hands on staff receive 5 day course, then 3 day refresher annually.
- All other staff undertake a 2 day course and 1 day refresher annually.
- Both courses include CPR and Diffusion training.
- CPS documentation also identifies specific indicators to advise when C&R should not be used or modified.

Jo Roberts
Hampshire Partnership NHS Trust
Tel: 01489 581540

- Training– C&R (older person's equivalent) Rapid Tranquillisation, Breakaway, De-escalation conflict resolution.
- CPA identifies if C&R to be used.
- Risk assessment.

Tina Parish
Milton Keynes PCT
Tel: 01908 243323

- Conflict resolution – mandatory training.
- Route cause training and process for all incidents.

Pam Neilan
Bolton, Salford and Trafford NHS Trust
Tel: 01617 723659

- C&R training (recruit new training staff)

Samantha Williamson
Pennine Care NHS Trust
Tel: 01613 9224034

- Physical interventions training– different levels for certain services.

Liz Lockett
Walsall Teaching PCT
Tel: 01922 858042

- Specific training packages for service areas (e.g. older people's services, acute in-patients and community) Also have SMS– conflict resolution training.
- Education for staff on resuscitation equipment and use of pulse oximeters.

Natalie Hammond
South London & Maudsley NHS Trust
Tel: 02079 192469

- All staff trained in aggression management.
- Support staff, environmental reviews, audits.

C. Policies and Procedures

Pam Tester
Lancashire Care Trust
Tel: 01253 655646

Robust clinical policies around the management of violence and aggression

- MVA policy is standardised.
- C&R policy and rapid tranquillisation.
- development of model of seclusion and isolation.
- involvement of placement and medical team.
- allows for audit, monitoring and review of practice.

Sarah Carolan
Pembrokeshire & Derwen NHS Trust
Tel: 01267 239843

Rapid Tranquillisation procedure simplified

- Has benefited patients who receive more extensive psychological monitoring.
- Junior doctors who have a greater awareness of what is involved and expected of them.
- Ward based staff are more confident.

Julie Cooper
Hampshire Partnership NHS Trust
Tel: 01489 581540

Pinpoint alarm system

- Personal alarms for everybody on ward.
- Allocated reference team selected at handover (not everyone running).

Paul Warwick
Birmingham & Solihull Mental Health NHS Trust
Tel: 0121 301 1023

MAPPA (Multi-agency public protection arrangements)

- Based around respect and dignity.
- Control and restraint not suitable (prison techniques) so looks at techniques that do not inflict pain.
- 60% of staff should be MAPPA trained– 10 day course with annual refresher.

Tina Parish
Milton Keynes PCT
Tel: 01908 243323

- SEPIA– Electronic records — Alert system.
- Effective C&R policy.
- Observation policy.
- Clear SUI policy.
- Service user development worker.
- Chaplain– SLA spiritual support.
- Employment of STR workers.
- In-patient consultants.

Liz Lockett
Walsall Teaching PCT
Tel: 01922 858042

- Policy development to new guidelines (Rapid tranquillisation, zero tolerance policy).
- Clear observation policy and protocol.
- New bleep system improving response time– personal attack alarms.

David Reader
North West Wales NHS Trust
Tel: 01248 360490

- Introduced advance directives in admission procedure.

Simon Pyke
North East Wales NHS Trust
Tel: 01978 727366

- Rapid tranquillisation policy and care plan with service user.

D. Provision of Therapies and Activities

Phil Garnham
Oxleas NHS Foundation Trust
Tel: 01322 625753

Therapeutic working day on Medium Secure Unit

- Meaningful choice of activity.
- Protected time.
- Variety of levels of activity to meet service user need.
- Recognition of activities outside of office hours, particularly at the weekend.
- Social centre provision.
- MDT therapeutic groups.

Martin Clark
Surrey & Borders Partnership NHS Trust
Tel: 01276 605531

Protected therapeutic engagement time– pilot scheme

- Improves contact with service users.
- Meetings with multi-disciplinary team and service users on closed ward.
- Playing games.
- Feedback from service users good/helpful.
- Reduced incident rate.
- Now repeating on other wards.

Clara Wessinger
Barnet, Enfield and Haringey Mental Health NHS Trust
Tel: 02084 426774

Protected time in Enfield

- Has led to reduced incidences of violence.

Chris Dawson
The Retreat
Tel: 01904 412551 ext 2913

Therapeutic Group 'Acorn'

- Includes psycho-educational groups teaching new skills to manage emotions, i.e. Dialectical Behaviour Therapy (DBT).
- Music, Art and Drama Therapy have been tried on other units.
- Twice-daily community meetings.

Sarah Carolan
Pembrokeshire & Derwen NHS Trust
Tel: 01267 239843

Protected time initiatives

- Designated period of time where phone calls are limited to emergency.
- Focus is on one-to-one with patients.
- Group work, solution focussed approach, engagement techniques.
- Auditable paper trail.
- All patients benefit, not just the acutely unwell.

Pam Neilan
Bolton, Salford and Trafford NHS Trust
Tel: 01617 723659

- Increase work with patients (protected time).
- Social inclusion programme (Blue sky).
- Customer care projects.

David Reader
North West Wales NHS Trust
Tel: 01248 360490

- 'Getting to know' patients.
- Looking beyond behaviour—triggers etc.

Carrie Rae
Leeds Mental Health Teaching NHS Trust
Tel: 01133 055950

Therapeutic Programmes

- Therapeutic Group Programmes; Music, Art and Drama.
- Twice-daily community meetings to combat boredom.

Martin Clark
Surrey & Borders Partnership NHS Trust
Tel: 01276 605531

- One-to-one with service users— engagement.
- Service user care and treatment.
- Service user focus.
- Reduced incident rates.

Tim Goosey
Cardiff and Vale NHS Trust
Tel: 02920 693191

- Reconfigure therapeutic activities nurse.
- Modernisation of units.
- Supernumerary to nursing team.
- One-to-one and small groups.
- Ongoing training and support / supervision.

Jo Roberts
Hampshire Partnership NHS Trust
Tel: 01489 581540

- Time-out.
- Ward layout— enclosed garden.
- Pinpoint alarms given to staff in some units.

Simon Pyke
North East Wales NHS Trust
Tel: 01978 727351

- Constructive and therapeutic one-to-one time.
- Environment — single sex wards.
- Service user involvement with planning.

Samantha Williamson
Pennine Care Trust
Tel: 01619 224034

- Protected therapeutic time in some boroughs.

David McCauley
Plymouth Teaching PCT
Tel: 01752 763140

Creating a welcoming and relaxing environment for acute ward

- Furnishing and colour schemes to suit clientele.
- Consultants have offered their advice.

E. Service Reconfiguration

James Cole
Dudley, Beacon and Castle PCT
Tel: 01384 456111 ext 1554

Crisis Resolution / Home Treatment Team

- By removing more challenging patients from the acute setting into their home environment with intense specialised support, staff have been able to get involved in aspects of home treatment.
- This has forged greater links between staff groups, and given people greater options in terms of care planning and risk management planning.
- Bed occupancy has been reduced from 110% to 85% since the initiative began.
- There has been a vast reduction in violent incidents.

Joan Brock
Hampshire Partnership NHS Trust
Tel: 02380 874555

New rehab forensic unit

- 23 bed PICU with 1 bed intensive suite to manage disturbed behaviour.
- 7 DBT practitioners.
- CBT practitioner.
- Recovery model.
- Good practice— only one person has required the intensive suite in 13 months.
- Clinical supervision management supervision.
- MDT therapy review.

F. On-site Police

Stuart Mival
Conwy and Denbighshire NHS Trust
Tel: 01745 583910 ext 5408

Police presence

- Liaison police officer based on site (part-time) and security on call.

Samantha Williamson
Pennine Care Trust
Tel: 01613 9224034

- Police liaison officer attends certain meetings.

Sarah Carolan
Pembrokeshire & Derwen NHS Trust
Tel: 01267 239843

Police Training department

- Officers spend 2 days on a ward to improve understanding and awareness of mental health problems.
- Improves the relationship with the police in general.

Simon Pyke
North East Wales NHS Trust
Tel: 01978 727366

- Full time police within trust.
- Protocol between police and unit— for attendance.

G. Miscellaneous

Steve Walls
Leicestershire Partnership NHS Trust
Tel: 01162 256525

Multiple activities

- Introduction of 'Low Conflict-High Therapy' nursing model on PICU (Bowers Model).
- Targeting arousal through proactive use of Benzodiazepines.
- Implementation of zoning clinical risk monitoring system (traffic light system).
- Use of extra care philosophy: 3 staff members remain with disturbed patient to offer a range of therapeutic Interventions.

Lesley Richards
Sandwell Mental Health NHS and Social Care Trust
Tel: 01268 450803

Multiple activities

- MAPPA.
- Rapid Tranquilisation.
- De-escalation, engagement, avoidance.
- Distraction (time-out).
- Debriefing.
- SCIP for older people's services

Jane Cheeseman
South Essex Partnership NHS Trust
Tel: 01268 450803

Pilot of a ward-based consultant

- Available from 9-5, weekends and out-of-hours.
- This means there are no more ward rounds.
- More accessible and approachable for patients.
- There has already been an early indication that this has led to a reduction of violence.

Jonathan Comber
North Cumbria Mental Health & Learning Disabilities NHS Trust
Tel: 01228 603 017

Creation of PMVA Advisory Group

- Training, practising, refocusing.
- Incident monitoring trends.
- NAV forum.
- Abolishment of ward rounds making staff more visible.

John Harrington
North East London Mental Health NHS Trust
Tel: 02089 704047

Using communication skills in a graded fashion

- HCAs identify distressed or upset individuals.
- They start an intervention, i.e. communicating with patient.
- If de-escalation is unsuccessful, a qualified nurse will engage.
- Communication is honest, spelling out the need and desire to assist with any problems.
- Most communication will take place in a private room or area, to minimise distractions and enable focused communication.

Robert Hipwell
Worcestershire Mental Health Partnership NHS Trust
Tel: 01905 681558

Adult Inpatient 'Refocusing' Project:

- 21 Trackers.
- boundaries and expectations for staff, visitors and patients.
- protected engagement time.
- patient satisfaction questionnaire.
- visiting times.
- purposeful admissions.

Leanne McCrindle
Tees, Esk & Wear Valleys (formally C. Durham & Darlington)
Tel: 07913 333556

Multiple activities

- Baseline audit against NICE guideline for Management of Violence (due for re-audit June 2006).
- Clinical audit of safety in relation to essence of care.
- SHO audits of patient perceptions of the reasons behind violent incidents.
- Communication / feedback from service users is part of 2006 forward programme.
- C&R training, CPR training, de-escalation training, safe working practices (lone working) training, rapid tranquillisation training (pulse oximeter pilot).
- Ward Manager monitoring systems are centrally monitored.
- Quiet rooms, safe areas, protected meal times to provide time for relaxation.
- Purpose built PICU unit approved by the Sainsbury Centre.

Bartholomew Tenerowicz
South West London & St. George's Mental Health NHS Trust
Tel: 02087 725448

- Security patrols on the Springfield site.
- CCTV and additional security to improve staff safety (in non-clinical areas).
- Training in rapid tranquillisation and management of violence and aggression
- Zoning (a means of prioritising resources to those who are most violent)

2. Effective Management of Violence

A. Rapid Response Teams

Kingston Kamba
Central & North West London NHS Trust
Tel: 02082 372322

Incident reporting

- Clinical risk alerts to promote learning based on trend analysis of incidents.
- Passed on to key groups of staff to raise awareness.
- Relevant groups referred on to relevant policy.

Sandra Pinch
Plymouth Teaching PCT
Tel: 01752 314805

Formation of a risk group

- Consisting of risk managers, senior managers and clinicians.
- Review incident reporting specifically.
- Intended to improve practise.
- Looks at how trust policies and procedures are implemented.
- Identifies common themes.

Samantha Williamson
Pennine Care Trust
Tel: 01613 314034

- Serious incident reporting.
- Think Campaign- violence towards staff.

Jo Roberts
Hampshire Partnership NHS Trust
Tel: 01489 581540

- Incident form after violence has taken place.
- Hostility aggression care-plan

Liz Lockett
Walsall Teaching PCT
Tel: 01922 858042

- Effective incident reporting through clinical governance (risk manager) with close support links.

Pam Neilan
Bolton, Salford and Trafford NHS Trust
Tel: 01617 723659

- Incident recording (making the process easier e.g. ICIS)
- Post incident team reviews.
- Engaging patients in how to manage violence (survey meetings).
- Risk assessment.

David Reader
North West Wales NHS Trust
Tel: 01248 360490

- Recording of successful de-escalation, rather than actual incidents.
- Seclusion room not used for 12 months.

Claudine Chaloner
Sussex Partnership NHS Trust
Tel: 01323 440022 ext 3167

Response Team

- Response team within acute services.

John Evans
5 Boroughs Partnership NHS Trust
Tel: 01925 664444

Psychiatric Emergency Teams

- React to violent incidents in in-patient services.
- Identifies staff teams of 3 or 4 people who are appropriately trained in physical intervention techniques and are contacted in an emergency.

3. Post-Incident Systems A. Recording and Reporting

Clara Wessinger
Barnet, Enfield and Haringey Mental Health NHS Trust
Tel: 02084 426774

Recording

- A form has been developed to collect information about C&R incidents in addition to IR1 form.
- This information is fed through to a steering group who make recommendations about training and develop a PMVA policy.

Andy Harewood
Somerset Partnership NHS Trust
Tel: 01278 720200 / 720238

Physical Restraint Monitoring

- When physical restraint techniques are employed, a physical interventions form must be completed which provides an accurate record of the event.
- The information gathered is a platform to raise standards, ensure safety in restraint and identify triggers for violence and aggression in the future.
- Information is managed in an intranet based patient record called 'RIO', which makes data more reliable and accessible.

B. Debriefing / Post incident reviews

Linda Moore
Devon Partnership NHS Trust
Tel: 01803 654917

Debriefing (currently being piloted on an acute inpatient unit)

- Debriefing sessions for patients involved in violent incidents and carers, as individuals and in groups.
- Looks to resolve any issues that may have been unaddressed around the incident.
- Provides a forum to answer questions, with the intention to ease anxieties and prevent further aggression.

Pam Neilan
Bolton, Salford and Trafford NHS Trust
Tel: 01617 723659

- Post incident team reviews.
- Risk assessment.

Clara Wessinger
Barnet, Enfield and Haringey Mental Health NHS Trust
Tel: 02084 426774

- Debriefing interviews post-restraint in Haringey.

Emma Rooks
Camden & Islington Mental Health & Social Care Trust
Tel: 02075 303732

- Security Management Specialist in post who follows up on incidents of violence and aggression.

Kevin Connor
Avon & Wiltshire Mental Health Partnership Trust
Tel: 01225 825363

Counselling / Debriefing service for staff

- Staff often request this and find it useful.
- Group basis on individual facilitate feedback areas of concern.

Michelle Handsaker / John Mazur
Nottinghamshire Healthcare NHS Trust
Tel: 01623 785432 / 01623 784778

Debriefing / Supervision

- Staff and patients are encouraged to reflect on violent incidents and how they could have been managed differently.
- Encourage person to explore and acknowledge how they felt.
- Support and training given if required.
- Involve patients and witness in debriefing.

Bhavna Pascal
Oxfordshire & Buckinghamshire Partnership NHS Trust
Tel: 01296 565599

Multiple activities

- Serious incident reviews 3 times per month and staff from across the trust can attend: looks at lessons learnt and recommendations.
- Protected learning time in acute wards.
- 'Celebrating success' conference: ½ day, twice-yearly which consists of presentations attended by staff from across the trust.
- Older adults have their own serious incident reviews that staff in older adult services can attend.

Carrie Rae
Leeds Mental Health Teaching NHS Trust
Tel: 01133 055594

Review of management of aggression

- Quarterly meetings to discuss issues, answer questions and talk to staff.
- Monthly 'open' programme for staff to discuss any concerns.
- Risk action teams and root cause analysis.

Liz Lines
Craven, Harrogate and District PCT
Tel: 01423 553686

Root cause analysis

- Used in any situation that ends in seclusion, which is to be carried out with every violent incident.

C. Miscellaneous

Sue Smith
Cambridgeshire & Peterborough Mental Health Partnership NHS Trust
Tel: 01480 398536

'Learning the Lessons' framework

- Incident reporting and trend analysis.
- Training - Induction and ongoing, i.e. RCA, SCIP, de-escalation techniques.
- Audits.
- Complaints and PACS feedback, service user / carer viewpoints.
- Ward 'walkabouts' - visible support / monitoring by locality risk leads .

John Ruane
West London Mental Health Trust
Tel: 02083 54 8118 / 8130

Local Clinical Improvement Group at Regional Secure Unit

- Reviews violent incidents within multi-disciplinary team
- Care to be delivered is based on lessons learned and all must agree on the plan for care.
- Service user involvement to attempt to reduce violent incidences. Included in this is a review of the number of violent incidents.
- Forms part of a programme of protected time in the patient's day initiative.
- As part of the clinical improvement group, there is a review of audits that are taking place, i.e. seclusion audits, number of incidents, etc.